DIRECTORY

Physicians · Hospitals · Other Facilities

Cigna SureFit®
Cigna SureFit South Florida

Important plan information for:
Broward, Dade, Martin, Miami Dade, and Palm Beach Counties

cigna healthcare

Volume 3 of 5

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Service is at the heart of everything we do. Our goal is to give you: fast, accurate answers; responsive assistance; and easy, convenient ways to find information.

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Go to *www.cigna.com* to create an online personalized directory.

Introduction

WHO WE ARE

- **Cigna** is a global health service company. We're here to help you and your family live healthier, more financially secure lives. We're excited to be a part of your health and wellness journey.
- **We are where you are.** Cigna has a national presence, but we also have a local focus in most areas This means local medical directors and health services representatives work to provide you with access to quality care where you live and work.

WHAT YOU CAN EXPECT

- **Access to quality health care.** Before joining the Cigna network, health care providers must meet Cigna standards through a process we call credentialing. We regularly review credentials to make sure the providers continue to meet these standards.

- **Comprehensive health care coverage.** Your plan includes coverage for diagnosis and treatment of illness and injury. It also gives you coverage for wellness and preventive care services. Our goal is to help keep you and your family well.

- **Outstanding customer service.** We're here 24/7/365. Contact us online at *www.cigna.com*, by phone or by app. However it's convenient for you.

ABOUT THIS DIRECTORY

This directory includes a list of health care providers in your local area who are in the Cigna SureFit network. **To get the most out of your Cigna plan, you should use providers in the SureFit network.** This directory also tells you what you need to know about using your new plan. You may not need all this information now. But make sure you keep this directory in a safe place. You may want to look at it again later.

The information in this directory is accurate to the best of the company's knowledge as of the time of the last update. The directory is updated at least once each quarter, or more frequently as required by state regulations. We do not guarantee that each provider is still accepting new patients. Inclusion of a provider in this directory does not mean that your plan covers all the services that this provider offers. Always look at your plan materials (such as your Summary of Benefits) to see what your plan covers. To get the most updated information about the network providers in your area, use our online directory (www.cigna.com or www.mycigna.com) or call Cigna Customer Service at the toll-free number on the back of your Cigna ID card. You can also request a paper copy of this directory. In addition, please check with the health care provider before scheduling your appointment or receiving services to confirm the provider is participating in your plan's Cigna network.

Use this directory to

- search for in-network providers, hospitals and other health care professionals and facilities.
- look to see what providers are accepting new patients.
- download your own personalized directory to have on hand when you need it.
- find hospital scores for specific conditions/procedures through Cigna "Centers of Excellence" (for current customers only at www.mycigna.com).

Because this provider directory has been printed and mailed, it may include providers who are no longer in-network. To see the latest, most up-to-date, list you can look online. We update our online lists often, and you may find more providers than the ones listed here. You can also call us.

- Go online to www.cigna.com and click Find a Doctor and from this link you can print a personalized directory
- Use the myCigna® website or app (current customers)
- Call us. Our Customer Service Advocates are available 24/7/365, and are happy to help you find an in-network provider in your area. You can call us toll-free at 1.800.Cigna24 (1.800.244.6224).

The pages that follow contain:

- Information about your ID card
- How to choose and work with your provider
- Who to call if you need help or language assistance
- Information about the Cigna LifeSOURCE Transplant Network®
- Information about how we pay our providers
- Non-discrimination policy

YOUR CIGNA ID CARD

You get your Cigna ID card after you enroll. Keep your ID card with you at all times. Show it whenever you visit a health care provider or facility. Always check your ID card if you need help finding the name of your Cigna network and benefit plan. This will help you identify the health care providers that are in-network for your plan.

YOUR SUMMARY OF BENEFITS

Your Summary of Benefits explains what your plan covers. It includes information about what medical benefits you have. It also shows you what services your plan covers. Read this information so you know whether you have prescription drug coverage, coverage for mental health and substance use, and/or vision care coverage as a part of your Cigna plan.

DIGITAL CONTACT INFORMATION

For a Medical Group's website or email information, please contact your provider. You also can call us at the toll-free number on the back of your ID Card or call us at 1.800.Cigna24 (1.800.244.6224). A Customer Service Associate is available to help you 24/7/365.

Please Note: Not all Medical Groups have websites and/or email addresses.

PROVIDER NETWORK SELECTION CRITERIA

For more than 125 years, Cigna has been committed to building a trusted network of health care providers. The providers, hospitals, facilities and other health care professionals we contract with must meet certain credentialing requirements and agree to our billing rates. This helps make sure you have access to quality, cost-effective care. To build our network, we look at how many primary care and specialty providers are in a specific area. We also look at what hospitals, labs, and other facilities are in that area. Our goal is to build a network that gives you choice and convenient access to treatment and services. Provider networks vary by state and plan and include providers, hospitals, and health care facilities in your local area. Initially, we don't use quality or cost measures or customer experience ratings to choose providers.

CHOOSING A PROVIDER TO BE YOUR PRIMARY CARE PROVIDER

Your plan may require you to choose a Primary Care Provider (PCP) to be your personal provider. Each covered member of your family can choose his or her own PCP. Even if your plan does not require you to choose a PCP, you can still choose one for yourself and your covered dependents to help coordinate your care. Your first stop for care should be your PCP or personal provider. He or she can help decide if you need specialty care or hospitalization. In the event of a true emergency, dial 911 or go to the nearest hospital.

- Your PCP serves as a "home base" for basic care – a source of advice and direction.
- Your PCP also coordinates your care - from preventive checkups and routine medical care to specialized care and hospitalizations. He/she also keeps your medical history.
- If your plan requires referrals, your PCP will also provide you with referrals to specialists when necessary. See your plan materials to learn whether your plan requires you to have a referral before seeing a specialist.
- If your PCP is part of a medical group, your plan may require you to see a specialist who practices in that same group. Check with your PCP or call Cigna Customer Service to learn whether this requirement applies to you.
- Your PCP doesn't have to refer you to an OB/GYN. As part of your plan, you can visit an innetwork OB/GYN at any time, without a referral, even if your plan requires referrals to other types of specialists. Please note: If your PCP is part of a medical group you may be required to see an OB/GYN who practices in that same group. Check with your PCP or call Cigna Customer Service to learn whether this requirement applies to you.
- You can change your PCP at any time, for any reason.

REPORT INACCURATE INFORMATION

If you see inaccurate information for a health care provider (HCP), please help us improve your experience by reporting it using one of the following options:

- Report by phone: Call 800.244.6224

- Report by e-mail: Send an e-mail to providerupdates@cigna.com and include the following:

Name, address and specialty of the HCP as it's currently displayed (this allows us to identify the HCP you are referencing), and information you believe is inaccurate, such as name (spelling), address, phone number, whether they are accepting new patients, or their participation in a certain network or benefit plan. Cigna will verify the information you have sent and ensure it is corrected accordingly.

LANGUAGE ASSISTANCE

If you have trouble understanding English, we offer language assistance and interpretation services at no cost to you. For help, please call the Customer Service number on the back of your ID card. If you don't have (or can't find) your ID card, please call 1.800.244.6224. If you have hearing or speech loss and use Telecommunications Relay Services (TRS) or a Text Telephone (TTY), dial 711 to connect with a TRS operator.

Si le cuesta comunicarse en inglés, ofrecemos asistencia de idioma y servicios de interpretación sin costo alguno para usted. Para obtener ayuda, comuníquese con el número de Servicio al cliente que figura en la parte de atrás de su tarjeta de identificación. Si usted no tiene o no puede encontrar su tarjeta de identificación, llame al 1.800.244.6224. Si tiene algún impedimento auditivo o del habla y desea usar el servicio de retransmisión de telecomunicaciones (TRS, por sus siglas en inglés) o un teléfono de texto (TTY, por sus siglas en inglés), marque 711 para comunicarse con un operador del TRS.

Visit *www.cigna.com* or *www.mycigna.com* for current customers, to search for in-network providers. You can also find more information on health topics, preventive care and learn more about your plan's benefits and programs.

IN-NETWORK VS. OUT-OF-NETWORK HEALTH CARE PROVIDERS

In-Network Costs:

You may save money using in-network providers. In-network providers have a contract with Cigna. They agree to charge Cigna customers certain rates. These rates are usually less than what they charge non-customers. So you'll usually pay less out of pocket using in-network providers.

Your plan may require that you pay a copay, deductible or coinsurance. You're responsible for paying these amounts. In-network providers shouldn't bill you for anything else. For example, they shouldn't require you to pay any difference between their billed charges and the Cigna contract rate. If they do, we call this balance billing. In-network providers shouldn't balance bill.

Out-of-Network Costs:

Some plans include out-of-network benefits. This means you can use a provider outside of the Cigna network. Out-of-network providers don't have a contract with Cigna. This means they can charge whatever rates they want. If your plan includes out-of-network benefits, and you use an out-of-network provider, you'll probably pay more. You'll be responsible for paying the difference between what they charge and what an in-network provider charges. If your plan doesn't include out-of-network coverage, the provider may bill you directly for the full cost of services. You'll then be responsible for the full costs (except in the case of emergency services, air ambulance services, and certain services provided by out-of-network providers at an in-network hospital or ambulatory surgical center).

What happens if a provider changes their network status?

It's always a good idea to check with a provider (before scheduling your appointment or receiving services) to make sure he or she is in the Cigna network. If you see a provider that leaves the Cigna network, you may be subject to the same out-of-pocket, out-of-network costs described above. If you're currently seeing a provider for an ongoing condition or are pregnant, and your provider leaves the Cigna network, contact us. We may consider Continuity of Care Coverage for a defined period of time. You must apply for continuity of care using the Continuity of Care/Transition of Care Request Form. Please check your Summary of Benefits or call the Cigna Customer Service at the toll-free number on the back of your Cigna ID card.

Out-of-Network Reimbursement:

When we pay providers who are out-of-network, we look at several things.

- What the industry standard charge is for the specific treatment or service
- What the provider is charging
- A comparison of charges by other similar providers
- What we typically pay an in-network provider for the same type of covered service in the same geographic region
- Medicare reimbursement rates.

State Specific Surprise Billing/Balance Billing Consumer Protections:
If you have coverage under a Florida situsedplan and you receive a bill for out-of-network services rendered during an

emergency or from an out-of-network provider at an in-network setting or from an out -of-network Air Ambulance provider, state consumer protections may apply. Please contact Cigna or https://www.myfloridacfo.com/Division/Consumers/ for more information or if you believe you are being balanced billed.

FEDERAL NOTICES AND DISCLOSURES

Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or are treated by an out-of-network provider at an in-network hospital or ambulatory surgical center in the United States, you are protected from balance billing. In these cases, you shouldn't be charged more than your plan's copayments, coinsurance and/or deductible.

What is "balance billing" (sometimes called "surprise billing")?

When you see a doctor or other health care provider in the United States, you may owe certain out-of-pocket costs, like a copayment, coinsurance, or deductible. You may have additional costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

"Out-of-network" means providers and facilities that haven't signed a contract with your health plan to provide services. Out-of-network providers may be allowed to bill you for the difference between what your plan pays and the full amount charged for a service. This is called "balance billing." This amount is likely more than in-network costs for the same service and might not count toward your plan's deductible or annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in- network facility but are unexpectedly treated by an out-of-network provider. This could happen when you need anesthesia during a surgery. The surgeon may be in-network, but the anesthesiologist may be out-of-network.

Surprise medical bills could cost thousands of dollars depending on the procedure or service.

You're protected from balance billing for:

Emergency services
If you have an emergency medical condition and get emergency services from an out-of- network provider or facility in the United States the most they can bill you is your plan's in-network cost-sharing amount (such as copayments, coinsurance, and deductibles). You can't be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balanced billed for these post-stabilization services.

A state balance billing law may also apply to your health plan. For more information about these protections, please visit the section on FEDERAL and STATE-SPECIFIC NOTICES AND DISCLOSURES at www.cigna.com/legal/compliance/disclosures

Certain services at an in-network hospital or ambulatory surgical center
When you get services from an in-network hospital or ambulatory surgical center in the United States certain providers there may be out-of-network. In these cases, the most those providers can bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers can't balance bill you and may not ask you to give up your protections not to be balance billed.

If you get other types of services at these in-network facilities, out-of-network providers can't balance bill you, unless you give written consent and give up your protections.

You're never required to give up your protections from balance billing. You also aren't required to get out-of-network care. You can choose a provider or facility in your plan's network.

A state balance billing law may also apply to your health plan. For more information about these protections, please visit the section on FEDERAL and STATE-SPECIFIC NOTICES AND DISCLOSURES at www.cigna.com/legal/compliance/disclosures

When balance billing isn't allowed, you also have these protections in the United States:

·You're only responsible for paying your share of the cost (like the copayments, coinsurance, and deductible that you would pay if the provider or facility was in-network). Your health plan will pay any additional costs to out-of-network providers and facilities directly.

Generally, your health plan must:
o Cover emergency services without requiring you to get approval for services in advance (also known as "prior authorization").
o Cover emergency services by out-of-network providers.
o Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
o Count any amount you pay for emergency services or out-of-network services toward your in-network deductible and out-of-pocket limit.

If you think you've been wrongly billed,

Please call **Cigna** if you get a balance bill. Use the phone number on your ID card. You can also contact the No Surprises Help Desk at 1-800-985-3059 or http://www.cms.gov/nosurprises for more information about your rights under federal law.

A state balance billing law may also apply to your health plan. For more information about these protections, please visit the section on FEDERAL and STATE-SPECIFIC NOTICES AND DISCLOSURES at www.cigna.com/legal/compliance/disclosures for more information about your rights under state laws.

For Cigna Global Health Benefits® customers, the federal requirements only apply to plans underwritten by Cigna Health and Life Insurance Company. For all other plans underwritten outside the United States, the federal requirements specified above do not apply. If you are unsure if the federal requirements apply to your plan, please call Cigna. Use the phone number on your ID card.

The listing of a provider in this directory does not guarantee that the services provided by that provider are covered under your specific medical plan. Check the materials which describe your particular plan benefits, or call Cigna Customer Service for information about the services covered under your plan benefits. If you have questions or need assistance, please contact Customer Service at the toll-free telephone number listed in your enrollment materials or on your Cigna ID card.

Cigna LifeSOURCE Transplant Network®

As a Cigna customer, you have access to the Cigna LifeSOURCE Transplant Network®. It's a network of organ and tissue transplant centers. Developed by a team of Cigna clinical professionals, the transplant network includes respected hospitals and medical centers throughout the country.

Cigna LifeSOURCE contracts with select independent transplant facilities that are nationally recognized for their quality care. We have more than 165 facilities in our network that provide access to transplant programs coast to coast. Each Cigna LifeSOURCE program is carefully chosen to participate in the Cigna LifeSOURCE Transplant Network and must continue to meet our established quality standards. All programs must maintain minimum volumes, designated patient and graft survival outcomes, appropriate designations, and show expertise in managing individuals on the waiting lists.

Customers needing a transplant are assigned to one of our nurse case managers in our transplant case management unit. These managers have clinical experience in transplant, hematology/oncology, home health care, dialysis, critical care and community care. They have special training to manage complex transplant cases.

Services the Transplant Case Management Unit offers:

- Help finding a health care provider
- Help managing your coverage for consistency in service and benefit administration
- Access to dedicated resources for complex areas of medicine
- Information to help you understand your treatment choices
- Help with paperwork and other administrative tasks

In some instances a travel benefit is offered as a feature of the program. Your case manager can tell you if you are eligible for this benefit. As a Cigna customer, you can have access to these services when they are handled through your provider and your transplant case manager.

In-network benefits

You may not receive the in-network level of coverage for all types of transplants at all hospitals. In addition, our network of locations changes frequently. For the most current listings with the programs covered at the in-network coverage level, please visit www.cignalifesource.com or call Cigna LifeSOURCE Customer Service at 1.800.668.9682. Also, not all programs at a Cigna LifeSOURCE Transplant Network medical center are available to all customers. Please call Customer Service at 800.668.9682 for more information and to check on what your plan covers. If you're already in transplant case management, please call your case manager directly.

Preauthorization

What is preauthorization?

Preauthorization (or precertification) is a review process. It's where health care providers, including nurses, providers and/or pharmacists, work with your provider to decide if the treatment you need is medically necessary. This process helps decide if your plan covers the service.

How the process works

Your plan may require preauthorization for hospital admissions and some outpatient services. If your provider is in the Cigna network, then he or she is responsible for contacting Cigna to get preauthorization. If you use a provider who isn't in the Cigna network, then you may be responsible for contacting Cigna to request preauthorization. It's important for you to review your benefits to understand which services require preauthorization. Call us if you have questions.

When you need preauthorization, a clinical professional (most often a nurse) looks at the request using nationally recognized guidelines. These guidelines are consistent with sound clinical principles and processes. Practicing health care providers develop them. When guidelines don't exist, nurses use clinical resource tools based on clinical evidence. Anytime a nurse is unable to approve coverage for clinical reasons, he/she refers the case to a medical director. The medical director is a provider who considers each case on an individual basis. The medical director may talk with your provider to get more information about your case. If Cigna cannot approve the preauthorization request, we'll send you a letter.

When the process happens

Preauthorization happens at three different times (state-specific time frames may apply):

- Prospective review is when Cigna receives a request before you receive care. Determinations are made within 72 hours for urgent care and within 15 days for non-urgent care after receiving all necessary information. We'll notify you and your provider verbally or electronically and by mail.
- Concurrent review is when Cigna receives a request while you are receiving care. You may be in a hospital, skilled nursing facility or rehabilitation facility. Determinations are made within one business day (24 hours) of receiving all necessary information. We'll notify you and your provider verbally or electronically and by mail.
- Retrospective review is when Cigna receives a request after you have received care. Determinations related to these services are made within 30 days after receiving all necessary information. We'll notify you and your provider verbally or electronically and by mail.

If your situation requires that a determination be made right away, Cigna will perform an expedited review. This determination will be completed within 72 hours.

If we deny a request, we'll tell you why. Only providers make the decision to deny coverage. The letter we send you will explain the reason for the decision and details on how to submit additional information and/or proceed through the formal Appeals Process. You can file an appeal if you disagree with the coverage decision.

CASE MANAGEMENT

Case Management is when a Cigna Case Manager helps you with coordinating services between your

provider and different care settings. These settings can be a hospital, rehabilitation facility and even your home. The Case Manager helps by making sure you get the services you need. The Case Manager can also help by giving you information about resources available in your community for things your plan may not cover. If you think the services of a Cigna Case Manager might help you, call the number on your Cigna ID card.

Health Care Provider Compensation

HOW WE PAY YOUR HEALTH CARE PROVIDERS

Cigna wants to keep you informed about matters related to your health care plan. For that reason, we're sharing this information about how we compensate (pay) health care providers in our network. These providers include providers, hospitals, other health care practitioners, and facilities.

Cigna pays providers in ways that are intended to emphasize preventive care, promote quality care, and ensure the appropriate and cost-effective use of covered medical services and supplies. Cigna reinforces this philosophy through utilization management decisions made by its medical directors and medical management staff. Cigna employees are encouraged to promote appropriate utilization of covered health care services and to discourage underutilization.

The methods by which in-network providers agree to be compensated are described generally here. The amount and type of compensation a provider agrees to accept may vary depending upon the type of plan. For example, a hospital may agree to accept less for services provided to patients enrolled in an HMO plan than to patients enrolled in other types of plans. In addition, Cigna may attempt in various ways to promote the use of in-network providers based upon quality and cost-effectiveness measures while providing access to covered services and supplies.

DISCOUNTED FEE FOR SERVICE

Payment for services is based on an agreed-upon discounted amount from the provider's bill.

CAPITATION

Capitation is when providers get fixed, prearranged, regular payments for every patient in their practice. We pay them regularly even if patients don't receive care. Capitation offers health care providers a predictable income. It encourages them to keep their patients well through preventive care. Health care providers paid using capitation can participate in a risk-sharing arrangement with Cigna. This means they can agree to share the risk if medical costs are above or below what they plan for.

Cigna may also work with third party companies that pay health care providers. In these situations, Cigna pays a third party company a fixed amount of money. The third party company then pays the providers. The amount of money the providers get can vary depending on their contracts.

SALARY

We pay the health care providers, who work in a Cigna staff-model facility a salary. We review salary amounts each year and pay the salary no matter what services the provider actually delivers. Providers can get a performance bonus at the end of the year based on the quality of care they provide, what services they give, and whether they make cost-effective choices.

BONUSES AND INCENTIVES

Some providers may get additional payments based on their performance. We look at the quality of care they offer, what services they give, and whether they make cost-effective choices. Health care providers may also get incentives for using certain cost-effective hospitals, labs, specialists, medications, supplies, and vendors. The incentives may or may not be financial.

PER DIEM

A specific amount of money a hospital gets per day for all the services it provides. The payment may be different by type of service and length of stay.

CASE RATE

A specific amount of money paid for all the care received in a hospital for a particular stay. For example, a customer having a baby gets care during the delivery. We pay the hospital a specific amount for all the care the customer receives for that maternity stay. If you would like to know more about how your health care providers are paid, ask them. You can also contact Cigna.

Discrimination is against the law

Cigna Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, ancestry, religion, marital status, gender, sexual orientation, gender identity or sexual stereotypes.

Cigna Healthcare does not exclude people or treat them less favorably differently because of race, color, national origin, age, disability, sex, ancestry, religion, marital status, gender, sexual orientation, gender identity or sexual stereotypes.

Cigna Healthcare:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language assistance services to people whose primary language is not English in a timely manner, such as:
  - Qualified interpreters
  - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services or language assistance services, contact the Civil Rights Coordinator.

If you believe that Cigna Healthcare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, ancestry, religion, marital status, gender, sexual orientation, gender identity or sexual stereotypes, you can file a grievance with the Civil Rights Coordinator
P.O. Box 188016, Chattanooga, TN 37422,
877.822.6561 (TTY: Dial 711)

ACAGrievance@CignaHealthcare.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue,
SW Room 509F, HHH Building
Washington, DC 20201
1.800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at
https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html



Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Behavioral Health, Inc., Evernorth Care Solutions, Inc. and HMO or service company subsidiaries of Cigna Health Corporation, including Cigna HealthCare of Arizona, Inc. Cigna HealthCare of California, Inc. Cigna HealthCare of Colorado, Inc. Cigna HealthCare of Connecticut, Inc. Cigna HealthCare of Florida, Inc. Cigna HealthCare of Georgia, Inc. Cigna HealthCare of Illinois, Inc., Cigna HealthCare of Indiana, Inc., Cigna HealthCare of St. Louis, Inc., Cigna HealthCare of North Carolina, Inc., Cigna HealthCare of New Jersey, Inc., Cigna HealthCare of South Carolina, Inc., Cigna HealthCare of Tennessee, Inc., and Cigna HealthCare of Texas, Inc. ATTENTION: If you speak languages other than English, language assistance service, free of charge are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711). ATENCIÓN: Si usted habla un idioma que no sea inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Si es un cliente actual de Cigna

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Proficiency of Language Assistance Services

English – ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-244-6224 (TTY: Dial 711) or speak to your provider.

Spanish – ATENCIÓN: Si habla español, los servicios de asistencia lingüística gratuitos están disponibles para usted. También están disponibles de forma gratuita ayudas y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al 1-800-244-6224 (TTY: Marque 711) o hable con su proveedor.

Chinese – 注意：如果您讲中文，我们提供免费的语言援助服务。适当的辅助设备和服务也可以免费提供，以提供无障碍格式的信息。请拨打 1-800-244-6224（TTY：拨打 711）或与您的服务提供者联系。

Vietnamese – XIN LƯU Ý: Nếu bạn nói tiếng Viet, dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn cho bạn. Các thiết bị và dịch vụ hỗ trợ phù hợp để cung cấp thông tin ở định dạng có thể tiếp cận cũng có sẵn miễn phí. Gọi số

1-800-244-6224 (TTY: Gọi 711) hoặc nói chuyện với nhà cung cấp của bạn).

Korean – 주의: 한국어를 사용하시는 경우, 무료 언어 지원 서비스가 제공됩니다. 접근 가능한 형식으로 정보를 제공하기 위한 적절한 보조 기기 및 서비스도 무료로 제공됩니다. 1-800-244-6224 (TTY: 711 로 전화) 로 전화하시거나 제공자에게 문의하십 시오.

Tagalog – PAUNAWA: Kung ikaw ay nagsasalita ng Tagalog, ang mga libreng serbisyo ng tulong sa wika ay magagamit para sa iyo. Ang mga angkop na pantulong na kagamitan at serbisyo upang magbigay ng impormasyon sa mga naa-access na format ay magagamit din ng libre. Tumawag sa 1-800-244-6224 (TTY: Tumawag sa 711) o makipag-usap sa iyong tagapagbigay.

Russian – ВНИМАНИЕ: Если вы говорите на русском, доступны бесплатные услуги языковой помощи. Также бесплатно предоставляются соответствующие вспомогательные средства и услуги для предоставления информации в доступных форматах. Позвоните по телефону 1-800-244-6224 (TTY: Наберите 711) или обратитесь к вашему провайдеру.

Arabic - تنبيه: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر أيضًا مساعدات قابلة للوصول إليها، وذلك مجانًا. اتصل بالرقم. أو تحدث إلى مقدم الخدمة الخاص بك (اطلب 711 :TTY) 1-800-244-6224

French Creole – ATANSYON: Si ou pale Kreyòl Ayisyen, sèvis asistans lang gratis yo disponib pou ou. Ekipman ak sèvis adisyonèl ki apwopriye pou bay enfòmasyon nan fòma ki aksesib yo disponib tou gratis. Rele 1-800-244-6224 (TTY: Rele 711) oswa pale ak founisè ou a.

French – ATTENTION : Si vous parlez français, des services d'assistance linguistique gratuits sont disponibles pour vous. Des aides et des services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-244-6224 (TTY : composez le 711) ou parlez à votre fournisseur.

Portuguese – ATENÇÃO: Se você fala português, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-800-244-6224 (TTY: disque 711) ou fale com seu prestador de serviços.

Polish – UWAGA: Jeśli mówisz po polsku, dostępne są bezpłatne usługi pomocy językowej. Odpowiednie pomoce i usługi wspierające w celu dostarczenia informacji w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-800-244-6224 (TTY: wybierz 711) lub skontaktuj się ze swoim dostawcą usług.

Japanese – 注意: 日本語を話す場合は、無料の言語支援サービスが利用できます。アクセス可能な形式で情報を提供するための適切な補助機器やサービスも無料で利用できます。1-800-244-6224（TTY: 711 にダイヤル）に電話するか、提供者に話してください。

Italian – ATTENZIONE: Se parli italiano, sono disponibili per te servizi gratuiti di assistenza linguistica. Sono disponibili gratuitamente anche ausili e servizi appropriati per fornire informazioni in formati accessibili. Chiama il numero

1-800-244-6224 (TTY: comporre il 711) o parla con il tuo fornitore.

German – Achtung: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Geeignete Hilfsmittel und Dienste, um Informationen in barrierefreien Formaten bereitzustellen, sind ebenfalls kostenlos verfügbar. Rufen Sie 1-800-244-6224 an (TTY: Wählen Sie 711) oder sprechen Sie mit Ihrem Anbieter.

Persian (Farsi) - همچنین، وسایل و خدمات کمکی مناسب برای در دسترس است. خدمات رایگان کمک زبان برای شما صحبت می‌کنید د، توجه: اگر به فارسی تماس بگیرید یا با (شماره 711 را بگیرید :TTY) ارائه اطلاعات در قالبهای قابل دسترس به صورت رایگان در دسترس هستند. با شماره 1-800-244-6224. ارائه‌دهنده خود صحبت کنید

How to Read the Provider Listing

Example:

FAMILY PRACTICE	Specialty
Smith, John, MD	Provider's name and degree
(Jack)	Provider's alternate name
ID 12345678	Provider's ID number
Medical Group	Group affiliation
123 A Street	Street address
Town, State 00000	City, state, zip code
(123) 456-7890	Office phone number
Other Language(s) Spoken	Other Languages Spoken by Provider or Office Staff
Hospital Affiliation	*Affiliation with Cigna in-network Hospital(s)*

The providers listed in this directory are independent contractors. They are not the agents nor employees of, nor under the control of any Cigna company.

Participation by health care professionals or providers listed in this directory is not guaranteed and may be subject to change. Please ask your provider whether he/she is still in the network or call Customer Service.

350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
doctorkrem@aol.com

and
429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
doctorkrem@aol.com

and
323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
doctorkrem@aol.com

Kristelle Malval, Marie S, EDS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
lisette@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Kromke, Dana, MA, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole, Spanish

Krupp, Robin E, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@happierliving.com

Kruszel, Liliana B, MA, LMHC ■
782 NW Le Jeune Rd
Ste 533
Miami, FL 33126
(305) 558-7400
Digital Contact Information:
daliamer@aol.com

and
6175 NW 153rd St
Ste 404
Miami Lakes, FL 33014
(305) 558-7400
Digital Contact Information:
daliamer@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Krywinski, Steven E, MA, LMHC ■
1550 Madruga Avenue
STE 410
Coral Gables, FL 33146
(786) 355-4051
Digital Contact Information:
https://besttherapy4me.clientsecure.me/
drstevenkrywinski@gmail.com

and
1550 Madruga Avenue
Suite 406
Coral Gables, FL 33146
(786) 355-4051
Digital Contact Information:
https://besttherapy4me.clientsecure.me/
drstevenkrywinski@gmail.com

and
9010 SW 137th Ave
Miami, FL 33186
(786) 355-4051
Digital Contact Information:
https://besttherapy4me.clientsecure.me/
drstevenkrywinski@gmail.com

and
9020 SW 137th Ave
Ste 200
Miami, FL 33186
(786) 355-4051
Digital Contact Information:
drstevenkrywinski@gmail.com

Kuan, Yesenia, MD ■
1450 Madruga Avenue
STE 302
Coral Gables, FL 33146
(786) 408-4636
Digital Contact Information:
yeseniakuan.md@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Kudolo, Diane, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
dmk.lpc2011@gmail.com

Kuilan, Jessica, MSW, LCSW ■
FL
(904) 274-0611
Digital Contact Information:
http://www.magnashaven.com
jessica@magnashaven.com
Other Languages Spoken by Provider or Office Staff
Spanish

Kumbhamuelil John, Sadeep K, MSN, APRN ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
fl-credentialing@lifestance.com

Kunisch, Christina, MSW, LCSW ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
help@joinuplift.co

Kunkel, Tracii, LP, PHD ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Kunmann, Eileen, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
ebcg-support@findoctave.com

Kuppers, Alan, MS, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
Not Available

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
3850 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
http://banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

Kushner, David, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Kushnir, Sharone, LMHC, PSYD ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Kutsukos, Joann, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
llasick@advancedrecoverysystems.com

Kwarchak, Matthew, MS, LMHC ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
credentialing@vitaehealthportal.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
credentialing@vitaehealthportal.com

Kyger-Skidgel, Brenda, MED, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
members@wellnite.com

La Banca, Karina V, MC, LMHC ■
747 Ponce de Leon
Coral Gables, FL 33134
(786) 254-7394
Digital Contact Information:
healthy.solutions@att.net

and
135 San Lorenzo Ave
Ste 100
Coral Gables, FL 33146
(305) 502-3760
Digital Contact Information:
healthy.solutions@att.net

and
1200 Northwest 78th Avenue
210
Doral, FL 33126
(786) 285-3438
Digital Contact Information:
healthy.solutions@att.net

and
6329 Southwest 23rd Street
Miami, FL 33155
(786) 355-7541
Digital Contact Information:
healthy.solutions@att.net

and
7951 Southwest 40th Street
suite 200-a
Miami, FL 33155
(786) 244-9911
Digital Contact Information:
healthy.solutions@att.net

and
FL
(786) 244-9911
Digital Contact Information:
healthy.solutions@att.net

and
175 Fontainebleau Boulevard
Miami, FL 33172
(305) 343-0673
Digital Contact Information:
healthy.solutions@att.net

La Noce, Audrey, DO ■
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(954) 361-2669
Digital Contact Information:
audreylanoce@lanocepsychiatry.com

Labossiere, Danielle H, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com

Lacasse, Jennifer, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Lacayo, Irma A, MS, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
perla.delosrios@dadefamily.com

and
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
perla.delosrios@dadefamily.com

Lacayo, Kassandra, MMFT, LMFT ■
7400 Southwest 50th Terrace
STE 303
Miami, FL 33155
(786) 738-4045
Digital Contact Information:
http://psychcarecenter.com/
psychcarecc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lafata, Maygen L, DO ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
http://compasshealthsystems.com
credentialing@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://compasshealthsystems.com
credentialing@compass.md

Lafleur, Riviane, MSN, APRN, APRNCNP ■
FL
(508) 202-1011
Digital Contact Information:
office@mepsychotherapy.com

Lafratta, Joanna, MSW, LCSW ■
FL
(831) 920-7907
Digital Contact Information:
https://www.mammha.com/
alex@getmammha.com

Lagar, Maria R, MSW, LCSW ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com

Lago, Mercedes M, MMH, LMHC ■
4800 West Flagler Street
215

Coral Gables, FL 33134
(954) 368-4786
Digital Contact Information:
mercedeslago7@gmail.com

and
4689 Ponce de Leon Boulevard
Suite 200
Coral Gables, FL 33146
(786) 803-8025
Digital Contact Information:
mercedeslago7@gmail.com

and
1840 West 49th Street
606 606
Hialeah, FL 33012
(305) 846-9727
Digital Contact Information:
mercedeslago7@gmail.com

and
17670 Northwest 78th Avenue
STE 113
Hialeah, FL 33015
(716) 558-4565
Digital Contact Information:
mercedeslago7@gmail.com

and
9827 Southwest 40th Street
Miami, FL 33165
(786) 762-2922
Digital Contact Information:
mercedeslago7@gmail.com

and
6955 Northwest 77th Avenue
407
Miami, FL 33166
(786) 615-2306
Digital Contact Information:
mercedeslago7@gmail.com

and
14722 Southwest 56th Street
Miami, FL 33185
(305) 456-0572
Digital Contact Information:
mercedeslago7@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lagravere, Rose Mary, MSCC, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
acc@advancedclientcare.org

Lake, Laverne, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Lake, Michelle, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
frontdesk@insighttherapy.us

Lalama, Christina, MMH, LMHC ■
7875 SW 104th St
Ste 101
Miami, FL 33156
(305) 576-6550
Digital Contact Information:
http://www.jcsfl.org
insurance@jcsfl.org

Lam, Maria, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Lamarca, Tara, PHD, LP ■
1601 NW 12th Ave
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
Not Available

Lamazares, Mary, MS, LMHC ■
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
morecounseling@gmail.com

and
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
morecounseling@gmail.com

and
9125 SW 87th Ave
Miami, FL 33176
(305) 735-3919
Digital Contact Information:
morecounseling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lambert, Laurie, MSN, APRN, APRNCNS ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

Lamons, Jackie D, DSW, LCSW ■
FL
(954) 348-5230
Digital Contact Information:
https://www.blueoasis.online/
jackielamonsdsw@gmail.com

Lamothe, Mirline, MSN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Lampkin, Craig, MS, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Lamur, Hercule, MSN, APRN ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
http://banyanhealth.org
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
credentialing@banyanhealth.org

Lamur, Nadia, MSN, APRN ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
credentialing@banyanhealth.org
Other Languages Spoken by Provider or Office Staff
Spanish

Lance, Katherine M, MA, LPC, LPCC, PC ■
1 Alhambra Plaza
Miami, FL 33134
(888) 588-8995
Digital Contact Information:
ciga-office@foresightmentalhealth.com

Landa, Alexis L, MA, LMHC ■
1601 NW 12th Ave
Miami, FL 33136
(305) 243-9225
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
English, Spanish

Landa, Rosario, MS, LMHC ■
8353 SW 124th St
Ste 204E
Miami, FL 33156
(305) 283-7039
Digital Contact Information:
youthedmiami@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Landes, Debra M, MED, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
landeslmhc@gmail.com

Landino, Sonia, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lane, Tisha J, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
soundmindstherapy@gmail.com

Lange, Stephen M, PHD, LP ■
FL
(800) 567-5433
Digital Contact Information:
https://totallife.com/
help@prosperhealth.io

Langford, Stephanie, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Lankenau, Diana J, MN, APRN, PMHNP ■
South Red Road
Miami, FL 33155
(305) 297-7014
Digital Contact Information:
credentialing@orendapsych.com

and
FL
(305) 297-7014
Digital Contact Information:
credentialing@orendapsych.com

Lann, Brian F, MA, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Laplace, Arthur, PHD, LP ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
caqh@citrusmedassociates.com

and
150 Alhambra Circle
Floor 10
Coral Gables, FL 33134
(786) 800-3374
Digital Contact Information:
caqh@citrusmedassociates.com

and
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
caqh@citrusmedassociates.com

and
255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
caqh@citrusmedassociates.com

and
370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
caqh@citrusmedassociates.com

and
333 Southeast 2nd Avenue
Suite 2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
caqh@citrusmedassociates.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
caqh@citrusmedassociates.com

and
3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
caqh@citrusmedassociates.com

and
350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
caqh@citrusmedassociates.com

and
429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
caqh@citrusmedassociates.com

and
323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
caqh@citrusmedassociates.com

Lapomarede, Berline, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole, Haitian, Spanish

Lara, Cristian, MSN, APRN ■
14221 Southwest 120th Street
suite 207
Miami, FL 33186
(786) 247-1308
Digital Contact Information:
Not Available

Lara, Xiomara, MMH, LMHC ■
FL
(305) 303-0581
Digital Contact Information:
conflict62@hotmail.com

and
11055 Southwest 186th Street
#101
Miami, FL 33157
(305) 342-4893
Digital Contact Information:
conflict62@hotmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Larrauri, Carlos A, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
bmmedicalllc@gmail.com

and
7921 Bird Rd
Ste 41
Miami, FL 33155
(305) 425-1393
Digital Contact Information:
http://oceanhealthsystem.com
bmmedicalllc@gmail.com

and
7921 Bird Road
39
Miami, FL 33155
(786) 310-1570
Digital Contact Information:
http://oceanhealthsystem.com
bmmedicalllc@gmail.com

and
7971 Bird Road
39
Miami, FL 33155
(786) 910-7179
Digital Contact Information:
http://oceanhealthsystem.com
bmmedicalllc@gmail.com

and
10682 Fontainebleau Boulevard
Miami, FL 33172
(786) 910-7179
Digital Contact Information:
bmmedicalllc@gmail.com

Lartey, Claudia, MC, LMFT ■
FL
(470) 235-4041
Digital Contact Information:
helllo@janelledawsey.com

Lathan, Lennard D, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(800) 647-2905
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ldlathan@tcmcgpllc.com

Lau, Scheree, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Lauren, Misty Elle, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
start@bebravehealth.com

Lawrence, Natalie, MSW, LCSW, LICSW ■
FL
(508) 202-1011
Digital Contact Information:
https://www.sevenstarling.com
support@sevenstarling.com

Layden, Paul G, PHD, LP ■
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
pglayden3@bellsouth.net
Other Languages Spoken by Provider or Office Staff English

Lazar, Michael, MSW, LCSW ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
network@bircheshealth.com

Lazaro, Paulo G, MSW, LCSW ■
13499 Biscayne Blvd
Ste 208
North Miami, FL 33181
(305) 206-2899
Digital Contact Information:
paulolazarolcsw@gmail.com

and
13499 Biscayne Boulevard
218
North Miami, FL 33181
(305) 206-2899
Digital Contact Information:
paulolazarolcsw@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Lazenberry, Nokomis, MBS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
nlazenberry@arcsj.org

Leal Diaz, Carmen C, MSN, APRN ■
5911 Northwest 173rd Drive
6 6
Hialeah, FL 33015
(786) 380-9229
Digital Contact Information:
office@sweetstartcwc.com

and
2100 West 76th Street
STE 408
Hialeah, FL 33016
(786) 542-5056
Digital Contact Information:
office@sweetstartcwc.com

Leal, Julio O, MS, LMHC ■
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
la.herrera@lifestance.com

Leblanc, Irene, PSYD, LP ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
therapytreatment.irene@gmail.com

Lebon, Fenton, MD ■
14361 Commerce Way
Unit 103
Hialeah, FL 33016
(786) 638-6363
Digital Contact Information:
Not Available

and
7150 W 20th Ave
Hialeah, FL 33016
(305) 265-4441
Digital Contact Information:
Not Available

and
2400 Southwest 69th Avenue
Miami, FL 33155
(305) 265-4441
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Korean, Spanish

Lebron Ginorio, Michelle, MD ■
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
rehabcenterag@gmail.com

and
10300 Southwest 72nd Street
300
Miami, FL 33173
(786) 418-9730
Digital Contact Information:
http://www.happydreamsofkids.com
rehabcenterag@gmail.com

and
12150 Southwest 128th Court
Suite 233
Miami, FL 33186
(786) 238-7666
Digital Contact Information:
rehabcenterag@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ledesma, Luz, MSN, APRN ■
5201 Waterford District Drive
Floor 8
Miami, FL 33126
(786) 707-7135
Digital Contact Information:
luz@mindfulnessandpsychiatry.org

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(813) 467-6111
Digital Contact Information:
luz@mindfulnessandpsychiatry.org

and
20824 W Dixie Hwy
Miami, FL 33180
(407) 851-5121
Digital Contact Information:
luz@mindfulnessandpsychiatry.org
Other Languages Spoken by Provider or Office Staff
Spanish

Ledesma, Mercedes, MSW, LCSW ■
3580 Mystic Pointe Drive
Aventura, FL 33180
(415) 941-4109
Digital Contact Information:
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ledon, Nicolas I, MS, LMHC ■
4300 Biscayne Boulevard
STE 203
Miami, FL 33137
(786) 514-6362
Digital Contact Information:
http://www.baypoint-therapy.com
nledon@baypoint-therapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lee, Edmond, MSN, APRN ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Lee, IN Jin, MSN, APN, APRN, CNP, NP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
credentialing@thriveworks.com
Other Languages Spoken by Provider or Office Staff Korean

Lee, Ivy, MSN, APRN ■
12550 Biscayne Boulevard
STE 800
North Miami, FL 33181
(788) 442-5021
Digital Contact Information:
omernawaz00@aol.com
Other Languages Spoken by Provider or Office Staff English

Lee, Jessie, MSN, APRN, NP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
contact@balancedwellbeingllc.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
contact@balancedwellbeingllc.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
contact@balancedwellbeingllc.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
contact@balancedwellbeingllc.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
contact@balancedwellbeingllc.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
contact@balancedwellbeingllc.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
contact@balancedwellbeingllc.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
contact@balancedwellbeingllc.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
contact@balancedwellbeingllc.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
contact@balancedwellbeingllc.com
Other Languages Spoken by Provider or Office Staff Creole, French

Lee, Joycelyn M, PHD, LP ■
5555 Ponce De Leon Blvd
Coral Gables, FL 33146
(305) 355-9028
Digital Contact Information:
Not Available

and
1295 NW 14th St
Ste E
Miami, FL 33125
(305) 355-7000
Digital Contact Information:
Not Available

and
1120 NW 14th St
1463
Miami, FL 33136
(305) 243-6400
Digital Contact Information:
Not Available

and
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-6400
Digital Contact Information:
Not Available

and
1121 NW 14th St
Fl 1
Miami, FL 33136
(305) 243-4129
Digital Contact Information:
Not Available

Lee-Ferreira, Stephanie, LCSW, MSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

Lefler, Linda, MD ■
777 E 25th St
Ste 306
Hialeah, FL 33013
(786) 838-6092
Digital Contact Information:
dustinsode@suncoastcenter.org

Legerme, Georgio P, MD ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
ny-credentialing@lifestance.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
ny-credentialing@lifestance.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
ny-credentialing@lifestance.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
ny-credentialing@lifestance.com

Legra, Bertha V, MS, LMHC ■
419 W 49th St
Ste 210
Hialeah, FL 33012
(954) 404-7052
Digital Contact Information:
credentialing@psychiatrist4u.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Lehman, Helen G, MED, PCC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ben.lehman@feaad.org

Lehman, Lance T, MD ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

Leiva, Lucia, MSN, APRN ■
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
https://www.chgpsychiatry.com/
chgpsychiatry@gmail.com

Lemon, Tinsley, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Lemus, Robert, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Lemus, Taylor, MS, LMHC ■
1000 Brickell Avenue
Miami, FL 33131
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com

and
9016 Southwest 152nd Street
Palmetto Bay, FL 33157
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
ebcg-support@findoctave.com

Len, Mary E, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Lenel, Ciana, MSW, LCSW ■
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
fl-credentialing@lifestance.com

Lenok, Michael, MC, LMHC ■
150 Southeast 2nd Avenue
STE 1010
Miami, FL 33131
(786) 733-0700
Digital Contact Information:
http://www.gia.miami
info@giahealthcare.com

Lensch, Carolyn, MS, LCPC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Leon, Carlina D, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ksanders@statmedcaresolutions.com

Leon, Damary, MS, LMHC ■
13028 SW 120th St
9
Miami, FL 33186
(305) 490-7178
Digital Contact Information:
dleonwellness@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Leon, Erika, MSW, LCSW ●
FL
(305) 348-0477
Digital Contact Information:
fiucred@fiu.edu
Other Languages Spoken by Provider or Office Staff
Spanish

Leon Infante, Yadely, PSYD, BCBA, LMHC, LP ■
12060 Southwest 129th Court
104
Miami, FL 33186
(786) 615-3349
Digital Contact Information:
yadelyleoninfante@gmail.com

and
12060 Southwest 129th Court
201
Miami, FL 33186
(786) 615-3349
Digital Contact Information:
yadelyleoninfante@gmail.com

Leon Vega, Diego M, MPSY, LMHC ■
13590 Southwest 134th Avenue
STE 202
Miami, FL 33186
(786) 515-4569
Digital Contact Information:
luther.blisset123@gmail.com

and
FL
(305) 588-4988
(786) 515-4569
Digital Contact Information:
luther.blisset123@gmail.com

Leonce-James, Hyacynthia M, PSYD, LMHC ■
FL
(305) 219-9861
Digital Contact Information:
hleonce@yahoo.com

Lequerica Ziemba, Adriana, PSYD, LP ●
6175 NW 153rd St
Ste 205
Miami Lakes, FL 33014
(305) 502-9589
Digital Contact Information:
http://thrivepsychological.com
admin@thrivepsychological.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lester, Charles W, MD ■
2828 Coral Way
Ste 460
Coral Gables, FL 33145
(305) 642-5255
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net

and
12550 Biscayne Boulevard
STE 306
North Miami, FL 33181
(305) 642-5255
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net
Other Languages Spoken by Provider or Office Staff
Spanish

Leuschner, Siobhon, MA, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
sleuschner@kaaficounseling.com

Leveille, Dominique C, PHD, LMFT ■
15715 South Dixie Highway
STE 325
Miami, FL 33157
(305) 922-3436
Digital Contact Information:
http://blisstherapy.me
dr.dominique@blisstherapy.me
Other Languages Spoken by Provider or Office Staff
English, Creole, French

Leverette, Yulonda D, MSN, APRN, PMHNP ■
14645 Northwest 77th Avenue
101
Miami Lakes, FL 33014
(833) 769-3524
Digital Contact Information:
http://lifestance.com
telehealthsupport@cheservices.com

Levin, Bonnie, PHD, CP ■
1150 NW 14th St
Ste 609
Miami, FL 33136
(305) 243-3100
Digital Contact Information:
Not Available

Levine, Alexander, PSYD, LP ■
FL
(917) 410-0558
Digital Contact Information:
http://dralexlevine.com
dralexllevine@gmail.com

Lewis, Crystal, MC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Lewis, Mariah, MSW, LCSW ■
FL
(850) 305-1894
Digital Contact Information:
http://www.tpttherapy.org
mariahlewis@tpttherapy.org

Lewis, Sharon, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Lewis, Tammara, MS, LMHC ●
1175 Northeast 125th Street
320
Miami, FL 33161
(786) 842-0444
Digital Contact Information:
http://www.marriagefamilyservices.com
mariposawakeningtherapysvcs@gmail.com

Lewis, Tyree, MHS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Lewis-Payton, Tomecia, MS, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Leydig, Tammie, MSN, APRN, CNP ■
FL
(305) 902-6347
Digital Contact Information:
sid@instic.health

Leyva Rosales, Idalmis, MPSY, LMHC ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
idalmis@neurobehavioral.health

and
12060 SW 129th Ct
Miami, FL 33186
(786) 615-3349
Digital Contact Information:
idalmis@neurobehavioral.health
Other Languages Spoken by Provider or Office Staff
Spanish

Libby, Melody, MED, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
providerrelations@williscc.com
Other Languages Spoken by Provider or Office Staff English

Lichtshein, Gil, MD ■
1175 Northeast 125th Street
320
Miami, FL 33161
(786) 842-0444
Digital Contact Information:
http://www.marriagefamilyservices.com
mfsfrontdesk1@gmail.com

and

17325 Northwest 27th Avenue
Suite 105
Miami Gardens, FL 33056
(786) 819-0209
Digital Contact Information:
mfsfrontdesk1@gmail.com

Lieberman, Anat G, MSW, LCSW ■
2875 Northeast 191st Street
Suite 552
Aventura, FL 33180
(786) 417-2492
Digital Contact Information:
insurance@jcsfl.org
Other Languages Spoken by Provider or Office Staff Hebrew

Lieberman, Brett, MS, LMFT ■
66 W Flagler St
900
Miami, FL 33130
(786) 244-7690
Digital Contact Information:
windsongwellness@hotmail.com

Lievano, Catherine, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Lima, Olivia, MS, LMHC ●
15715 S Dixie Hwy
Ste 403
Miami, FL 33157
(305) 707-5966
Digital Contact Information:
http://movingtowardagape.com
movingtowardagape@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Lima, Ruben, MMH, LMHC ■
1000 Brickell Avenue
Miami, FL 33131
(305) 389-9509
Digital Contact Information:
credentialing@premedsys.com

and
FL
(305) 934-9411
Digital Contact Information:
credentialing@premedsys.com

and
8000 W Flagler St
Ste 201
Miami, FL 33144
(786) 805-3021
Digital Contact Information:
credentialing@premedsys.com
Other Languages Spoken by Provider or Office Staff French, Spanish

Linden, Kerry, MA, LMHC, LPC, LPCC ■
FL
(305) 902-6347
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff English

Lister, Andrew, DO ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
mcross@mygbhp.com

Lister Perez, Annet T, MN, APRN ■
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
lgarcia@keraltybh.com
Other Languages Spoken by Provider or Office Staff Spanish

Little, Jacinta L, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Little, Jennifer, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
members@wellnite.com

Little, Lisa M, MC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
counselorlisalittle@gmail.com

Liu, Xing, LCSW, MSW ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
info@riviamind.com

Livermore, Alexis N, MSN, APRN ■
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
swashburn@compass.md

Lizarraga, Lourdes L, MSED, LEP ■
1601 NW 12th Ave
Miami, FL 33136
(305) 243-3669
Digital Contact Information:
Not Available

Llamas, Angelica, MSN, APRN ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
laurap@azzurrahcc.com

and
215 Westward Dr
Miami Springs, FL 33166
(305) 887-4494
Digital Contact Information:
laurap@azzurrahcc.com
Other Languages Spoken by Provider or Office Staff Spanish

Llanes Basulto, Yasmani, MA, BCBA ■
8601 Southwest 199th Street
Cutler Bay, FL 33189
(305) 908-2999
Digital Contact Information:
viviangonzalezdiaz@gmail.com

and
10200 NW 25th St
Ste 114
Doral, FL 33172
(305) 908-2999
Digital Contact Information:
viviangonzalezdiaz@gmail.com

and
3271 NW 7th St
Ste 203
Miami, FL 33125
(786) 220-6902
Digital Contact Information:
http://www.outpatientpsycare.com
viviangonzalezdiaz@gmail.com

and
15924 SW 92nd Ave
Miami, FL 33157
(786) 636-1303
Digital Contact Information:
viviangonzalezdiaz@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Llenin, Mercedes, PHD, LMHC, LP ■
7791 Northwest 46th Street
Suite 221
Doral, FL 33166
(786) 910-9670
Digital Contact Information:
Not Available

and
6262 Bird Rd
Ste 2F
Miami, FL 33155
(305) 387-7850
Digital Contact Information:
Not Available

and
13930 SW 47th St
Ste 202
Miami, FL 33175
(305) 387-7850
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff Spanish

Lo, Lorinda, MSN, APRN ■
2464 Southwest 22nd Street
Miami, FL 33145
(305) 204-9355
Digital Contact Information:
http://www.ampmentalhealth.com
admin@ampmentalhealth.com
Other Languages Spoken by Provider or Office Staff Cantonese, Spanish

Lobo, Douglass, MC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Loewenstein, David, PHD, LP ■
1695 NW 9th Ave
1404A
Miami, FL 33136
(305) 355-7000
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
Fl 3
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
Not Available

Loftus, Stacy, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Logan, Jalinia, MSW, LCSW ■
6303 Waterford District Drive
400
Miami, FL 33126
(312) 678-1822
Digital Contact Information:
support@growthguidancecounseling.com

Logan, Lesley, PSYD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
hello@emorahealth.com

Londono, Ann, MD ■
1611 NW 12th Ave
Miami, FL 33136
(305) 585-6408
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff Spanish

Long, Brian L, MA, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
ebcg-support@findoctave.com

Longa, Alexandra, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com
Other Languages Spoken by Provider or Office Staff Spanish

Longman, Melissa, MSW, LCSW ■
7600 Southwest 57th Avenue
suite 334
South Miami, FL 33143
(786) 332-4478
Digital Contact Information:
info@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff Spanish

Lopez, Angel, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Spanish

Lopez Hernandez, Blanca M, MSN, APRN ■
8950 Southwest 74th Court
1911
Miami, FL 33156
(786) 637-0907
Digital Contact Information:
http://www.southfloridapsychiatry.co
surooj@onestoppsych.com

Lopez, Idalmis, MSN, APRN ■
13170 Southwest 128th Street
200
Miami, FL 33186
(786) 852-5198
Digital Contact Information:
https://clarityapproach.com/
clarityhealth@approachteam.com
Other Languages Spoken by Provider or Office Staff Spanish

Lopez, Jason, MD ■
18305 Biscayne Boulevard
205
Aventura, FL 33160
(786) 991-2602
Digital Contact Information:
youworth24@gmail.com

and
2925 Northeast 199th Street
Suite 302
Aventura, FL 33180
(786) 991-2600
Digital Contact Information:
youworth24@gmail.com

and
3625 Northwest 82nd Avenue
Doral, FL 33166
(786) 991-2600
Digital Contact Information:
youworth24@gmail.com

and
5190 Northwest 167th Street
201
Hialeah, FL 33014
(305) 705-4289
Digital Contact Information:
http://livelinessinc.com
youworth24@gmail.com

and

27 Northwest 13th Street
Homestead, FL 33030
(786) 339-8824
Digital Contact Information:
http://sfmhr.com
youworth24@gmail.com

and
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
youworth24@gmail.com

and
3446 Southwest 8th Street
217
Miami, FL 33135
(786) 769-5046
Digital Contact Information:
youworth24@gmail.com

and
1800 Southwest 27th Avenue
505
Miami, FL 33145
(786) 542-9914
Digital Contact Information:
youworth24@gmail.com

and
10250 Southwest 56th Street
C202
Miami, FL 33165
(754) 816-5001
Digital Contact Information:
youworth24@gmail.com

and
11401 Southwest 40th Street
#345
Miami, FL 33165
(305) 603-7063
Digital Contact Information:
http://bridgeofcaregroup.com
youworth24@gmail.com

and
2720 Southwest 97th Avenue
c 104
Miami, FL 33165
(305) 705-4289
Digital Contact Information:
youworth24@gmail.com

and
1460 Northwest 107th Avenue
41n
Miami, FL 33172
(754) 263-2050
Digital Contact Information:
youworth24@gmail.com

and
1470 Northwest 107th Avenue
M
Miami, FL 33172
(786) 238-7282
Digital Contact Information:
youworth24@gmail.com

and
13168 SW 188th St
Miami, FL 33177
(303) 812-8815
Digital Contact Information:
youworth24@gmail.com

and
20774 West Dixie Highway
b
Miami, FL 33180
(305) 549-8665
Digital Contact Information:
youworth24@gmail.com

and
12540 Southwest 8th Street
Miami, FL 33184
(305) 705-6840
Digital Contact Information:
youworth24@gmail.com

and
13195 Southwest 134th Street
101
Miami, FL 33186
(786) 227-6830
Digital Contact Information:
http://esperanzagroup.net
youworth24@gmail.com

and
9020 Southwest 137th Avenue
210
Miami, FL 33186
(786) 558-5042
Digital Contact Information:
youworth24@gmail.com

and
9020 Southwest 137th Avenue
STE 250
Miami, FL 33186
(786) 536-7588
Digital Contact Information:
youworth24@gmail.com

and
14400 Northwest 77th Court
#100
Miami Lakes, FL 33016
(786) 916-6073
Digital Contact Information:
http://www.arcmentalhealth.com
youworth24@gmail.com

and
9999 Northeast 2nd Avenue
203
Miami Shores, FL 33138
(786) 580-5131
Digital Contact Information:
youworth24@gmail.com

Lopez, Jennifer, MA, LMFT ■

3750 West 16th Avenue
232u
Hialeah, FL 33012
(786) 332-3396
Digital Contact Information:
jennylmft@gmail.com

and
10671 North Kendall Drive
5d
Miami, FL 33176
(786) 474-6469
Digital Contact Information:
jennylmft@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Jose C, MD ■

1200 Northwest 78th Avenue
210
Doral, FL 33126
(786) 285-3438
Digital Contact Information:
jorge@valcourtbehavioral.com

and
633 N Krome Ave
1
Homestead, FL 33030
(305) 763-4007
Digital Contact Information:
jorge@valcourtbehavioral.com

and
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
jorge@valcourtbehavioral.com

and
3525 NW 7th St
Miami, FL 33125
(786) 801-0218
Digital Contact Information:
jorge@valcourtbehavioral.com

and
1710 Northwest 7th Street
STE 5-6-7
Miami, FL 331253500
(786) 409-2568
Digital Contact Information:
jorge@valcourtbehavioral.com

and
3446 Southwest 8th Street
217
Miami, FL 33135
(786) 769-5046
Digital Contact Information:
jorge@valcourtbehavioral.com

and
7821 Coral Way
100
Miami, FL 33155
(786) 409-5690
Digital Contact Information:
jorge@valcourtbehavioral.com

and
7921 Bird Rd
Ste 41
Miami, FL 33155
(305) 425-1393
Digital Contact Information:
http://oceanhealthsystem.com
jorge@valcourtbehavioral.com

and
7921 Bird Road
39
Miami, FL 33155
(786) 310-1570
Digital Contact Information:
http://oceanhealthsystem.com
jorge@valcourtbehavioral.com

and
7971 Bird Road
15
Miami, FL 33155
(786) 504-5620
Digital Contact Information:
http://oceanhealthsystem.com
jorge@valcourtbehavioral.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
jorge@valcourtbehavioral.com

and
19001 Southwest 106th Avenue
c103
Miami, FL 33157
(786) 523-2352
Digital Contact Information:
jorge@valcourtbehavioral.com

and
10680 Fontainebleau Boulevard
Miami, FL 33172
(305) 794-6845
Digital Contact Information:
jorge@valcourtbehavioral.com

and
13706 Southwest 56th Street
STE 105-106
Miami, FL 331756036
(786) 523-4289
Digital Contact Information:
jorge@valcourtbehavioral.com

and
9900 Southwest 107th Avenue
STE 101
Miami, FL 33176
(305) 248-3488
Digital Contact Information:
jorge@valcourtbehavioral.com

and
12540 Southwest 8th Street
Miami, FL 33184
(305) 705-6840
Digital Contact Information:
jorge@valcourtbehavioral.com

and
6600 Cow Pen Road
250
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
jorge@valcourtbehavioral.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Josue, MD ■

15260 Southwest 280th Street
203
Homestead, FL 33032
(786) 601-7491
Digital Contact Information:
lrodriguezllbs@gmail.com

and
7270 Northwest 12th Street
430
Miami, FL 33126
(786) 615-2843
Digital Contact Information:
https://www.lasagradafamiliacenter.com
lrodriguezllbs@gmail.com

and
2141 Southwest 1st Street
201
Miami, FL 33135
(786) 920-9137
Digital Contact Information:
lrodriguezllbs@gmail.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
lrodriguezllbs@gmail.com

and
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
lrodriguezllbs@gmail.com

and
7001 SW 97th Ave
Ste 206
Miami, FL 33173
(786) 294-0123
Digital Contact Information:
https://www.chgpsychiatry.com/
lrodriguezllbs@gmail.com

and
2424 Southwest 137th Avenue
Miami, FL 331756311
(786) 655-0831
Digital Contact Information:
http://www.miamihealthmedicalcenter.us
lrodriguezllbs@gmail.com

and
9125 SW 87th Ave
Miami, FL 33176
(305) 735-3919
Digital Contact Information:
lrodriguezllbs@gmail.com

and
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
lrodriguezllbs@gmail.com

and
13155 Southwest 134th Street
221
Miami, FL 33186
(786) 652-9880
Digital Contact Information:
lrodriguezllbs@gmail.com

and
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
lrodriguezllbs@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Kety, MS, LMHC ■

2730 Southwest 3rd Avenue
Suite 202 O
Miami, FL 33129
(786) 244-3520
Digital Contact Information:
http://www.psychblossom.com
info@psychblossom.com

and
FL
(786) 244-3520
Digital Contact Information:
http://www.psychblossom.com
info@psychblossom.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Maria Elena, EDS, LMHC ■

7600 Southwest 57th Avenue
302
South Miami, FL 33143
(305) 255-6362
Digital Contact Information:
travel925@aol.com
Other Languages Spoken by Provider or Office Staff
Portuguese, French, Italian, Spanish

Lopez, Mariafernanda, MS, LMHC ■

8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
mlopezlmhc@gmail.com

and
175 SW 7th St
Ste 1100
Miami, FL 33130
(305) 908-1115
Digital Contact Information:
http://www.elevatepsychiatry.com
mlopezlmhc@gmail.com

and
175 SW 7th St
Ste 2108
Miami, FL 33130
(305) 908-1115
Digital Contact Information:
http://www.elevatepsychiatry.com
mlopezlmhc@gmail.com

and
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
http://www.elevatepsychiatry.com
mlopezlmhc@gmail.com

Lopez Medrano, Ana M, MS, LMHC, LPC ■

3408 W 84th St
Ste 305
Hialeah, FL 33018
(786) 663-3983

Digital Contact Information:
https://mentalia.us
care@thepeacefulmindfactory.com

and
FL
(786) 663-3983
Digital Contact Information:
https://mentalia.us
care@thepeacefulmindfactory.com

and
13590 Southwest 134th Avenue
210
Miami, FL 33186
(786) 663-3983
Digital Contact Information:
care@thepeacefulmindfactory.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez Palacios, Daniella A, PSYD, LP ■
1150 NW 14th St
Ste 604
Miami, FL 33136
(305) 243-7529
(305) 243-3100
Digital Contact Information:
Not Available

and
1150 NW 14th St
Ste 609
Miami, FL 33136
(305) 243-6732
(305) 243-3100
Digital Contact Information:
Not Available

and
FL
(305) 243-6732
(305) 243-7529
(305) 243-3100
Digital Contact Information:
Not Available

Lopez, Widlyne, MSW, LCSW ■
FL
(954) 281-2958
Digital Contact Information:
http://www.breakthroughcrc.com
widlynel@breakthroughcrc.org
Other Languages Spoken by Provider or Office Staff
Haitian Creole

Lopez, Yaneris, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(305) 735-3555
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez-Brignoni, Evelyn, MD ■
475 Biltmore Way
Ste 204
Coral Gables, FL 33134
(305) 670-1411
Digital Contact Information:
evelynlopezbrignonimd@gmail.com

and
FL
(305) 670-1411
Digital Contact Information:
evelynlopezbrignonimd@gmail.com

and
124 Southeast 1st Road
A
Homestead, FL 33030
(786) 255-7979
Digital Contact Information:
evelynlopezbrignonimd@gmail.com

and
31 N Krome Ave
Homestead, FL 33030
(786) 481-5909
Digital Contact Information:
http://www.infinitecc.org
evelynlopezbrignonimd@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Creole, Spanish

Loredo, Janeris, MD ■
3100 SW 62nd Ave
Miami, FL 33155
(305) 663-8439
Digital Contact Information:
ids@getixhealth.com

Lorenzen, Erin, MS, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
payors@emorahealth.com

Lorenzen, Lynette T, EDD, LMHC ■
2655 South Le Jeune Road
534
Coral Gables, FL 33134
(305) 450-1454
Digital Contact Information:
drllorenzen@yahoo.com

Lorenzo Garcia, Yarenys, MSN, APRN ■
8500 West Flagler Street
Office 107A
Miami, FL 33144
(786) 614-5085
(786) 907-5141
Digital Contact Information:
lizalexandra09@gmail.com

and
FL
(786) 614-5085
(786) 907-5141
Digital Contact Information:
lizalexandra09@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lorenzo, Janet, MSN, APRN ■
12963 West Okeechobee Road
1a
Hialeah Gardens, FL 33018
(786) 450-9918
Digital Contact Information:
gardensmedicalcenters@gmail.com

and
12963 West Okeechobee Road
Unit 1
Hialeah Gardens, FL 33018
(786) 536-9329
Digital Contact Information:
gardensmedicalcenters@gmail.com

and
1150 Northwest 72nd Avenue
ph 2
Miami, FL 33126
(786) 542-5043
Digital Contact Information:
gardensmedicalcenters@gmail.com

and
13701 SW 88th St
Ste 305
Miami, FL 33186
(786) 471-6268
Digital Contact Information:
gardensmedicalcenters@gmail.com

and
16464 Southwest 99th Lane
Miami, FL 33196
(786) 471-6268
Digital Contact Information:
gardensmedicalcenters@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lorenzo, Pablo, MSW, LCSW ■
17395 Northwest 59th Avenue
Hialeah, FL 33015
(305) 662-2185
Digital Contact Information:
joeyp@sfmhr.com

and
27 Northwest 13th Street
Homestead, FL 33030
(786) 339-8824
Digital Contact Information:
joeyp@sfmhr.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Lorenzo, Yanaisa, MA, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole, Sign Lang Amer, Spanish

Losas, Denise, MSN, APRN ■
5901 Southwest 74th Street
208
Miami, FL 33143
(954) 884-5626
Digital Contact Information:
http://www.santanamhs.com
dlosas@santanamhs.com

and
5901 Southwest 74th Street
211
Miami, FL 33143
(786) 228-6892
Digital Contact Information:
http://www.santanamhs.com
dlosas@santanamhs.com

Louis, Meagan, MA, LMHC ■
8325 Northeast 2nd Avenue
316
Miami, FL 33138
(305) 503-5758
Digital Contact Information:
i@thejourneytwcc.org
Other Languages Spoken by Provider or Office Staff
Portuguese

Louisius, Berlyne, MSN, APN, APNP, APRN, ARNP, CNS, NP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Louwagie Gordon, Alissa M, MS, LMHC ■
FL
(786) 615-3334
Digital Contact Information:
info@abcsfl.com

Lowe, Julia, MSN, APRN, APRNCNP, ARNP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
support@cerebral.com

Lowe, Lisa, MSN, APRN, CRNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
irishnurse78@gmail.com

and
FL
(305) 902-6347
(727) 626-2067
Digital Contact Information:
irishnurse78@gmail.com

Lozada, Jeremy A, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
admin@lifehealthsystem.org
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Lozada, Wimar, MMH, LMHC ■
175 Fontainebleau Boulevard
Miami, FL 33172
(407) 749-3580
Digital Contact Information:
http://www.elitemindsfl.com
eliteminds.services@gmail.com

Lozzi-Toscano, Bettina, PHD, LMHC ■
3625 Northwest 82nd Avenue
400
Doral, FL 33166
(305) 814-2981
Digital Contact Information:
intake.metmorph@gmail.com

and
FL
(305) 814-2981
Digital Contact Information:
intake.metmorph@gmail.com

and
13200 SW 128th St
Ste F2
Miami, FL 33186
(305) 964-7598
Digital Contact Information:
intake.metmorph@gmail.com

and
13205 Southwest 137th Avenue
suite 126
Miami, FL 33186
(786) 478-6688
Digital Contact Information:
intake.metmorph@gmail.com
Other Languages Spoken by Provider or Office Staff
Italian, Spanish

Luca, Luminita E, MD ■
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-2301
Digital Contact Information:
Not Available

and
1150 NW 14th St
Ste 609
Miami, FL 33136
(305) 243-4000
Digital Contact Information:
Not Available

and
1400 NW 12th Ave
E
Miami, FL 33136
(305) 689-1352
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
Miami, FL 33136
(305) 355-7148
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
1404A
Miami, FL 33136
(305) 355-7777
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
Fl 14
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
Fl 3
Miami, FL 33136
(305) 243-2301
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Romanian

Lucaciu, Aurica, MSN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

Lucci, Alex, MD ■
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:

http://lifestance.com
fl-credentialing@lifestance.com

Lucena, Williams, MS, LMHC ■
3446 Southwest 8th Street
217
Miami, FL 33135
(786) 769-5046
Digital Contact Information:
wjlusa11@gmail.com

and
1801 Coral Way
Ste 327
Miami, FL 33145
(786) 227-6020
Digital Contact Information:
http://www.bbisf.com
wjlusa11@gmail.com

and
1801 Coral Way
Ste 405
Miami, FL 33145
(786) 866-5914
Digital Contact Information:
http://www.bbisf.com
wjlusa11@gmail.com

and
12900 Southwest 128th Street
204b
Miami, FL 33186
(786) 227-6020
Digital Contact Information:
wjlusa11@gmail.com

and
13335 Southwest 124th Street
STE 103
Miami, FL 33186
(786) 831-1348
Digital Contact Information:
wjlusa11@gmail.com

and
14100 Palmetto Frontage Road
Ste 112
Miami Lakes, FL 33016
(786) 837-3540
Digital Contact Information:
wjlusa11@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Luces, Rafael, MN, APRN ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Ludman Rojzman, Gisela, MS, LMFT ■
975 Arthur Godfrey Rd
Ste 301
Miami Beach, FL 33140
(786) 315-0387
Digital Contact Information:
fernandoschutt@hotmail.com

and
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
fernandoschutt@hotmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Lugaro Vidal, Jacquenine M, MSW, LCSW ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
perla.delosrios@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Lugo-Gonzalez, Mayra L, PHD, CP ■
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(813) 467-6111
Digital Contact Information:
credentialing@cpsych.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@cpsych.com

Lukasik, Linda, MSW, LCSW ●
17801 Northwest 2nd Avenue
202
Miami, FL 33169
(954) 979-7911
Digital Contact Information:
tashaneb@4kids.us
Other Languages Spoken by Provider or Office Staff English, Spanish

Luker, Carey, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
evelazquez@tchsonline.org

Luna Delaurier, Yalemni, PSYD, LP ■
7600 South Red Road
200
South Miami, FL 33143
(786) 508-2207
Digital Contact Information:
http://www.lunapsychology.com
angelo@lunapsychology.com
Other Languages Spoken by Provider or Office Staff Spanish

Luna-Concepcion, Maykel, MD ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
bhcredentialing@baycare.org

Lundy, Megan, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Luongo, Joanna, MSN, APN, APRN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
imartin@mcbcollects.com

Luther, Jasmine M, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
fl-credentialing@lifestance.com
Other Languages Spoken by Provider or Office Staff English

Luttrell, Stefanie, MA, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
infosa@stmha.com

Lutzow, Bree, MS, BCBA, LBA ■
11276 SW 232nd St
Miami, FL 33170
(305) 912-8399
Digital Contact Information:
chris.johnson@actionbehavior.com

Lyallpuri, Romi, DNP, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
credentialing@riviamind.com

Lyles, Natasha, MSW, LCSW ■
FL
(508) 202-1011
Digital Contact Information:
fccintake@fccsprings.com
Other Languages Spoken by Provider or Office Staff English

Lynch, Kortnie L, MSN, APRN ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

MAc-Guffie, Nathalie, MMH, LMHC ■
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
nathaliemg@me.com

and
FL
(202) 410-5972
(754) 816-2311
(305) 637-6400
Digital Contact Information:
nathaliemg@me.com

Maass, Daniel W, MD ■
1611 NW 12th Ave
Miami, FL 33136
(305) 585-1111
Digital Contact Information:
Not Available

MacDonald, Kacie, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Machado, Nikolette M, MMH, LMHC ■
9220 Sunset Drive
104
Miami, FL 33173
(786) 724-4224
Digital Contact Information:
nmachado@elliementalhealth.com
Other Languages Spoken by Provider or Office Staff Spanish

Machado Toledo, Liliam, MSN, APRN ■
7500 Sw A St # 203
West Miami, FL 33144
(786) 542-5244
Digital Contact Information:
researchofmiami2023@gmail.com

Machuca, Jose R, PHD, LMHC ■
11300 Northeast 2nd Avenue
Miami Shores, FL 33168
(504) 388-5981
Digital Contact Information:
rmachuca@barry.edu
Other Languages Spoken by Provider or Office Staff Portuguese, English, Spanish

Madden, Eileen, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
maddenei@bc.edu

Maddox, Emily, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Spanish

Madison, Marlon, MSW, LCSW ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
acc@advancedclientcare.org

Madruga Pau, Rogelio D, MMH, APRN ■
3901 Northwest 79th Avenue
STE 120
Doral, FL 33166
(786) 310-4480
Digital Contact Information:
hccms.corp@gmail.com

and
4155 Southwest 130th Avenue
114
Miami, FL 33175
(956) 293-5008
Digital Contact Information:
hccms.corp@gmail.com

and
9963 Southwest 142nd Avenue
Miami, FL 33186
(956) 253-5008
Digital Contact Information:
hccms.corp@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Magarino, Sheyla, MSN, APRN ■
12595 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 701-9992
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Mahany-Schunk, Carolyn, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Mahbob, Samira, MSN, APRN, APRNCNS, ARNP, CNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@psychplus.com
Other Languages Spoken by Provider or Office Staff English

Mais, Tatiana M, MSN, APRN ■
8200 Northwest 41st Street
Suite 200
Miami, FL 33166
(754) 202-2565
Digital Contact Information:
info@savinglivescounselingcenter.com
Other Languages Spoken by Provider or Office Staff Spanish

Majeed, Zishan, MSN, APRN, APRNPMH, NP, PMHNP ■
9247 Southwest 209th Terrace
Cutler Bay, FL 33189
(305) 300-3125
Digital Contact Information:
help@joinuplift.co

and
12651 South Dixie Highway
Suite 320
Miami, FL 33156
(305) 300-3121
Digital Contact Information:
http://www.happymindswellness.com
help@joinuplift.co

and
8950 Southwest 74th Court
Suite 1808
Miami, FL 33156

(305) 300-3121
Digital Contact Information:
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
English, Urdu, Hindi

Majid, Shehram M, MD ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
director@cipclinic.com

Major, Marlea, MS, CAC, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
contact@majormhm.com

Mak, Stephanie, DO ●
FL
(786) 250-6240
Digital Contact Information:
https://www.sunflowerpsychiatry.com/about-us
info@sunflowerpsychiatry.com

Maldonado, Ana, MSN, APN, APRN, NP ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
333 Southeast 2nd Avenue
Suite 2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

Maldonado, Liliana, MS, LCSW ■
9010 Southwest 137th Avenue
218
Miami, FL 33186
(415) 941-4109
Digital Contact Information:
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff English

Maldonado, Milagros R, MS, LMHC ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
info@avilahealthgroup.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Mali, Luiza V, PHD, CP ■
1475 NW 12th Ave
C-023A
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
Not Available

and
1601 NW 12th Ave
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Mallo, Lisaimy, MSW, LCSW ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
alexandra.galvis@mypsychiatrist.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mandel, Seth, MD ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
hello@talkiatry.com

Mandri, Daniel F, MD ■
8785 SW 165th Ave
Ste 200
Miami, FL 33193
(786) 554-0008
Digital Contact Information:
drmandri@fba100.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mann, Melech D, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
melechdm@gmail.com

Manresa, Viviana, MSN, APRN ■
261 Westward Drive
suite 108-109
Miami, FL 33166
(305) 200-5176
Digital Contact Information:
vmanresapmhnp@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Manrique-Reichard, Marta E, PHD, LP ■
5940 SW 73rd St
Ste 203
South Miami, FL 33143
(305) 669-0019
Digital Contact Information:
drmmrsec@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Manso, Krystyna I, MPS, LMHC ■
5040 NW 7th St
Ste 100
Miami, FL 33126
(305) 438-2348
Digital Contact Information:
Not Available

and
100 NE 38th St
Ste 5
Miami, FL 33137
(305) 576-1599
Digital Contact Information:
Not Available

and
3000 Biscayne Blvd
Fl 5
Miami, FL 33137
(305) 576-6611
Digital Contact Information:
Not Available

Mansoor, Elana, PSYD, LP ■
1601 NW 12th Ave
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
Not Available

Mantero-Atienza, Emilio, MD ■
9611 SW 40th St
Miami, FL 33165
(305) 532-3923
Digital Contact Information:
emanterolv@bellsouth.net

Maqueira, Elvira, MSW, LCSW ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
tmedina@hbccmhc.com

Marban, Elsa M, PSYD, LP ■
2264 SW 7th St
Miami, FL 33135
(305) 631-0778
Digital Contact Information:
themarbaninstitute@hotmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Marcelin, Jeannie P, MS, LMFT, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
jeanniemarcelin@protonmail.com

Marcellus, Chizoba L, MS, LMHC ■
536 Northeast 206th Lane
Miami, FL 33179
(305) 761-9584
Digital Contact Information:
http://www.therapyislove.com
info@therapyislove.com

Marcial, Eddy, MSN, APRN ■
13205 Southwest 137th Avenue
224 224
Miami, FL 33186
(786) 290-9192
Digital Contact Information:
eddymarcial@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Marcus, Phyllis C, MC, LMFT ■
540 Northwest 165th Street
114
Miami, FL 33169
(786) 648-6550
Digital Contact Information:
horebhealthclinic@gmail.com

and
540 Northwest 165th Street
STE 110
Miami, FL 33169
(786) 648-6550
Digital Contact Information:
horebhealthclinic@gmail.com

Mare, Nicole, MSW, LCSW ■
FL
(786) 309-5635
Digital Contact Information:
innerbloom_psychotherapy@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Maria Corria Vendrell, Monica, MSN, APRNPMH ■
3580 Mystic Pointe Drive
Aventura, FL 33180
(954) 647-5298
Digital Contact Information:
admin@bellamentalhealth.com

and
8532 Southwest 8th Street
STE 290
Miami, FL 33144
(786) 927-8048
Digital Contact Information:
http://www.icaremh.com
admin@bellamentalhealth.com

and
FL
(954) 647-5298
(786) 927-8048
Digital Contact Information:
http://www.icaremh.com
admin@bellamentalhealth.com

Marin, Adrian, MMH, LMHC ■
7875 SW 104th St
Ste 101
Miami, FL 33156
(305) 899-1587
Digital Contact Information:
http://www.jcsfl.org

and
12000 Biscayne Boulevard
609
Miami, FL 33181
(305) 899-1587
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff Creole, Spanish

Marin, Cecilia M, PSYD, LP ■
340 Minorca Avenue
3
Coral Gables, FL 33134
(305) 764-2333
Digital Contact Information:
cmmarinpsyd@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Marin, Leonardo, MSCC, LMHC ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
mariafields@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
mariafields@dadefamily.com

Marini, Martina, MSW, LCSW ■
2141 Southwest 1st Street
204 205
Miami, FL 33135
(786) 515-4935
Digital Contact Information:
martina616@hotmail.com

and
10570 Northwest 27th Street
STE H102
Miami, FL 33172
(786) 409-2197
Digital Contact Information:
martina616@hotmail.com

and
FL
(786) 409-2197
Digital Contact Information:
martina616@hotmail.com

and
17027 W Dixie Hwy
Ste 120
North Miami Beach, FL 33160
(786) 763-2223
Digital Contact Information:
martina616@hotmail.com
Other Languages Spoken by Provider or Office Staff French

Markfeld, Yaron, MD ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
cred@advantumhealth.com
Other Languages Spoken by Provider or Office Staff

Hebrew

Marquez, Martha, MS, CAP, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff
Spanish

Marr, Janice, MSW, LCSW, LISW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Marrero, Arletty, MSN, APRN ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
psychiatry@intergratedhealthcare.group
and
900 West 49th Street
STE 512
Hialeah, FL 33012
(786) 536-1701
Digital Contact Information:
psychiatry@intergratedhealthcare.group
and
777 E 25th St
Ste 306
Hialeah, FL 33013
(786) 838-6092
Digital Contact Information:
psychiatry@intergratedhealthcare.group
and
351 NW 42nd Ave
Ste 406
Miami, FL 33126
(786) 536-1710
Digital Contact Information:
http://www.integratedhealthcare.group
psychiatry@intergratedhealthcare.group
and
1890 Southwest 57th Avenue
SUITE 106
Miami, FL 33155
(786) 536-1701
Digital Contact Information:
psychiatry@intergratedhealthcare.group
and
13370 Southwest 131st Street
Suite 110
Miami, FL 33186
(786) 250-4571
Digital Contact Information:
psychiatry@intergratedhealthcare.group
Other Languages Spoken by Provider or Office Staff
Spanish

Marrero, Jahaziel, MN, APRN ■
3625 Northwest 82nd Avenue
400 3
Doral, FL 33166
(305) 209-6399
Digital Contact Information:
j.marrero@animahealthcom.net
and
3625 Northwest 82nd Avenue
400 fl 4
Doral, FL 33166
(954) 852-0551
Digital Contact Information:
j.marrero@animahealthcom.net

Marriott, Ivonne, MSN, APRN ■
4601 Ponce De Leon Blvd
Ste 100
Coral Gables, FL 33146
(786) 758-3875
Digital Contact Information:
info@greenbrooktms.com

Marsal, Lesley C, PSYD, CP, LP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Marsella, Gregory Q, MD ■
1951 NW 7th Ave
Miami, FL 33136
(561) 394-2532
Digital Contact Information:
drmarsella@icloud.com

Marsh, Vicky, DO ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
akuppers@banyanhealth.org
and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
akuppers@banyanhealth.org
and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
akuppers@banyanhealth.org
and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
akuppers@banyanhealth.org
and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
akuppers@banyanhealth.org

Marshall, Justin, MC, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Marti, Carmen D, MS, APRN ■
12803 Southwest 280th Street
Homestead, FL 33032
(786) 409-5503
Digital Contact Information:
agauna@bmsbill.com
Other Languages Spoken by Provider or Office Staff
Spanish

Marticorena Martinez, Roberto, MD ■
4300 Alton Rd
Miami Beach, FL 33140
Digital Contact Information:
kowens@msmc.com
and
4302 Alton Rd
Ste 820
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com
and
4304 Alton Rd
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com
and
4304 Alton Rd
Fl 1
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martin, Alisha D, MSN, APRN ■
801 Brickell Avenue
8
Miami, FL 33131
(516) 505-7200
Digital Contact Information:
https://mindful.care/
credentialing@mindful.care

Martin, Jessica, LMHC, MA, MS ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
info@behavioralaid.com
and
17021 Southwest 120th Court
Miami, FL 33177
(786) 319-1657
Digital Contact Information:
info@behavioralaid.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martin, Latoya, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Martin, Lawanda, MPSY, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
engeditherapy@gmail.com

Martin, Precious, MSW, LCSW ■
1801 Northeast 123rd Street
334
North Miami, FL 33181
(888) 718-4915
Digital Contact Information:
http://www.rrrinc.org
info@rrrinc.org

Martinez, Amos, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Ashley S, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Daniel, PSYD, CP ■
1900 North Bayshore Drive
108
Miami, FL 33132
(954) 362-8677
Digital Contact Information:
info@hgdoctors.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Martinez, Gabriella, MC, LMHC ■
999 Ponce de Leon
1120
Coral Gables, FL 33134
(305) 605-5683
Digital Contact Information:
support@anytimecredentialing.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Martinez Garza, David, MD ■
1120 NW 14th St
1447
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
Not Available
and
1120 NW 14th St
1477
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
Not Available
and
1695 NW 9th Ave
3200
Miami, FL 33136
(305) 355-7000
Digital Contact Information:
Not Available
and
1695 NW 9th Ave
3308
Miami, FL 33136
(305) 355-7000
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
English, Spanish

Martinez, Glenda, PHD, LP ■
3408 West 84th Street
Suite 302
Hialeah, FL 33018
(305) 826-6969
Digital Contact Information:
glendam18@gmail.com
and
FL
(305) 826-6969
Digital Contact Information:
glendam18@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Ivy, MS, LMHC ■
301 Almeria Avenue
245
Coral Gables, FL 33134
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff English

Martinez, Kirenia, MSN, APRN ■
790 Northwest 107th Avenue
suite 301
Miami, FL 33172
(305) 392-0968
Digital Contact Information:
bspecialistmg@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Lidia A, DMFT, LMHC ■
FL
(786) 565-6916
Digital Contact Information:
http://www.drlidiamartinez.com
info@drlidiamartinez.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Mabel, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com

Martinez, Mitzi, MA, LMHC ■
2020 Ponce de Leon
Suite 1201
Miami, FL 33134
(305) 917-5414
Digital Contact Information:
http://www.psychologybeyond.com
mitzim.therapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez Pinanez, Constanza, MD ■
8900 N Kendall Dr
Miami, FL 33176
(786) 596-2000
Digital Contact Information:
managedcarecredentialing@baptisthealth.net

Martinez Rodriguez, Yessenia, MSN, APRN ■
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
credentialing@hcsflorida.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez Soto, Yaneisy, APRN ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
info@ffmhs.com

Martinez, Susel B, MSN, APRN ■
8950 Southwest 74th Court
1911
Miami, FL 33156
(786) 637-0907
Digital Contact Information:
info@rushcredentialing.com
Other Languages Spoken by Provider or Office Staff English

Marvin, Jennifer, MA, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
akfilson@aol.com

Marwaha, Soniya T, MD ■
1501 Biscayne Boulevard
#501
Miami, FL 33132
(818) 600-2034
Digital Contact Information:
fccintake@fccsprings.com

Mas, Alexandra, MS, LMFT ■
3970 West Flagler Street
204
Coral Gables, FL 33134
(786) 953-5978
Digital Contact Information:
lasagradafamiliacenter@gmail.com

and
9600 Northwest 25th Street
3C
Doral, FL 33172
(786) 615-2843
Digital Contact Information:
http://lasagradafamiliacenter.com
lasagradafamiliacenter@gmail.com

and
4896 Northwest 7th Street
Unit S
Miami, FL 33126
(786) 534-2023
Digital Contact Information:
lasagradafamiliacenter@gmail.com

and
5950 Southwest 40th Street
Miami, FL 33155
(786) 633-5960
Digital Contact Information:
lasagradafamiliacenter@gmail.com

and
7340 Southwest 48th Street
107
Miami, FL 33155
(305) 846-9775
Digital Contact Information:
lasagradafamiliacenter@gmail.com

and
13055 Southwest 42nd Street
STE 104
Miami, FL 33175
(305) 480-7839
Digital Contact Information:
lasagradafamiliacenter@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Mas, Oscar, DSW, LMHC ■
3971 Southwest 8th Street
STE 206
Coral Gables, FL 33134
(786) 633-5960
Digital Contact Information:
psychiatry@intergratedhealthcare.group

and
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
psychiatry@intergratedhealthcare.group

and
900 West 49th Street
STE 512
Hialeah, FL 33012
(786) 536-1701
Digital Contact Information:
http://www.integratedhealthcare.group
psychiatry@intergratedhealthcare.group

and
351 NW 42nd Ave
Ste 406
Miami, FL 33126
(786) 536-1710
Digital Contact Information:
http://www.integratedhealthcare.group
psychiatry@intergratedhealthcare.group

and
1890 Southwest 57th Avenue
SUITE 106
Miami, FL 33155
(786) 536-1701
Digital Contact Information:
psychiatry@intergratedhealthcare.group

and
13055 Southwest 42nd Street
STE 104
Miami, FL 33175
(305) 480-7839
Digital Contact Information:
psychiatry@intergratedhealthcare.group

and
13701 Southwest 88th Street
306
Miami, FL 33186
(786) 842-1489
Digital Contact Information:
psychiatry@intergratedhealthcare.group
Other Languages Spoken by Provider or Office Staff
Spanish

Mason, Shatema, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Mason-Callaway, Alani, PSYD, LP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Maspons, Ninamarie, PSYD, LP ■
7600 South Red Road
200
South Miami, FL 33143
(786) 508-2207
Digital Contact Information:
http://www.lunapsychology.com
angelo@lunapsychology.com
Other Languages Spoken by Provider or Office Staff
Spanish

Massop, Franklyn, MPSY, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 275-8860
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Mateo, Ana, MS, LMHC ■
10700 Caribbean Boulevard
UNIT 203
Cutler Bay, FL 33189
(305) 299-8005
Digital Contact Information:
hr.saludablemente@gmail.com

and
8180 Northwest 36th Street
Suite 100J
Doral, FL 33166
(305) 985-6488
Digital Contact Information:
hr.saludablemente@gmail.com

and
FL
(786) 267-2798
Digital Contact Information:
hr.saludablemente@gmail.com
Other Languages Spoken by Provider or Office Staff English

Mateo, Martha, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
ksmedicalbilling1@gmail.com

Mathai, David, MD ■
4601 Ponce De Leon Blvd
Ste 100
Coral Gables, FL 33146
(786) 758-3875
Digital Contact Information:
admin@tristarwell.com

and
FL
(305) 604-9595
Digital Contact Information:
http://www.tristarwell.com
admin@tristarwell.com

Mathew, Allin E, MSN, APRN, APRNCNP, CRNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
ipcpeadmin-west@teamhealth.com

Mathew, Charly, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

Matias Davis, Eileen, PHD, CP ■
1601 NW 12th Ave
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Matos, Angela, MSN, APRN ■
5803 Northwest 151st Street
STE 206
Miami Lakes, FL 33014
(786) 442-1869
Digital Contact Information:
bravowellcarenetworkllc@gmail.com

Matos, Marta N, PSYD, LP ■
8525 SW 92nd St
Ste B8
Miami, FL 33156
(305) 598-8879
Digital Contact Information:
matosllc@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Matos, Mirta N, PSYD, LP ■
8525 SW 92nd St
Ste B8
Miami, FL 33156
(305) 596-9989
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Matowe, Dorcas, MS, LMFT ■
FL
(888) 823-7428
Digital Contact Information:
http://www.africulturecounselingcenter.com
dorcas@africulturecounselingcenter.com

Matson, Sharon, MS, LMFT ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
admin@lotuscounseling.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
admin@lotuscounseling.com

Matthews, Quentessa, MPSY, BCBA, LBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
chris.johnson@actionbehavior.com
Other Languages Spoken by Provider or Office Staff English

Mattioli, Anthony, DO ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
mattiolimentalhealthclinic@gmail.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
mattiolimentalhealthclinic@gmail.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
mattiolimentalhealthclinic@gmail.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
mattiolimentalhealthclinic@gmail.com

Maurice, Thamar, MSN, APRN ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Mayabb, Laura, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Mayans, Judith, MD ■
7500 SW 8th St
Ste 301
Miami, FL 33144
(786) 928-0174
Digital Contact Information:
jmayansmd@yahoo.com

and
7315 Northwest 36th Street
Miami, FL 33166
(786) 345-7734
Digital Contact Information:
jmayansmd@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mayers, Darlene, MS, LMFT ■
66 W Flagler St
900
Miami, FL 33130
(786) 244-7711
Digital Contact Information:
Not Available
Other Languages Spoken by

Provider or Office Staff English

Mazzella, Kathryn L, MSN, APN, APNP, APRN, APRNPMH, NP ■
150 Alhambra Circle
Floor 10
Coral Gables, FL 33134
(786) 800-3374
Digital Contact Information:
billing101@healthandpsychiatry.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
billing101@healthandpsychiatry.com

Mazzotti, Lisa, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

McBay, Emily, MS, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

McCann, Danica, MSW, LCSW ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
credentialing@medallion.co

McCarter, Ellen, MSW, LCSW ■
1065 Southwest 8th Street
1136
Miami, FL 33130
(703) 397-8620
Digital Contact Information:
http://postpartumwell.com
info@postpartumwell.com

and
FL
(703) 397-8620
Digital Contact Information:
http://postpartumwell.com
info@postpartumwell.com

McCarthy, Michael, MSW, LCSW ■
12550 Biscayne Boulevard
STE 800
North Miami, FL 33181
(305) 479-7068
Digital Contact Information:
biscaynebaycounseling@mdofficemail.com
Other Languages Spoken by Provider or Office Staff Spanish

McCoy, Brittney, MMH, LMHC ■
8971 Southwest 142nd Avenue
11 37
Miami, FL 33186
(786) 244-7690
Digital Contact Information:
worcounselingservices@gmail.com

McCray, Valerie, PHD, HSPP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
drvaleriemccray@gmail.com

McCrea, Heather J, MD ■
1475 NW 12th Ave
Miami, FL 33136
(305) 243-6946
Digital Contact Information:
Not Available

McCready, Lori J, MC, LPCC, PC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@lifestance.com

McDaniel, Andrea N, PHD, LP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

McDevitt, Omayra, MA, LPC ■
FL
(305) 902-6347
Digital Contact Information:
start@bebravehealth.com

McDonald, Cheryl L, MSN, APRN, APRNCNP, NP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
frontdesk@buildingnewhorizons.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
frontdesk@buildingnewhorizons.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
frontdesk@buildingnewhorizons.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
frontdesk@buildingnewhorizons.com

McDonald, Margaret S, EDS, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
marscounselingservices@gmail.com

McInerney, Katalina F, PHD, LP ■
1150 NW 14th St
Miami, FL 33136
(305) 243-3100
Digital Contact Information:
Not Available

and
1150 NW 14th St
Ste 609
Miami, FL 33136
(305) 243-3100
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff Spanish

McIntyre, Lynne M, PHD, LCSW ■
3648 Saint Gaudens Road
Miami, FL 33133
(831) 920-7907
Digital Contact Information:
http://mammha.com
maureen@getmammha.com
Other Languages Spoken by Provider or Office Staff Spanish

McIntyre, Taisha L, PA, PA_C ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
https://www.compasshealthsystems.com/
credentialing@compass.md

and
FL
(305) 891-0050
(305) 279-5535
(888) 852-6672
Digital Contact Information:
http://compasshealthsystems.com
credentialing@compass.md

McKee, Sandra Darby D, MSN, APRN, APRNCNP, CRNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

McKenzie-Plez, Antwan, MA, LCMHC ■
1620 Northeast 148th Street
Miami, FL 33181
(954) 412-9698
Digital Contact Information:
kelly@credentialingconsultants.com

McKiernan, Kathleen, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

McLaughlin, Brianna, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

McLean, Herman, MS, LMHC ■
760 Northwest 53rd Street
Miami, FL 33127
(786) 277-2552
Digital Contact Information:
mcleanherman@gmail.com

and
17121 Northwest 9th Place
Miami, FL 33169
(786) 277-2552
Digital Contact Information:
mcleanherman@gmail.com

McLeod, Devin, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@thriveworks.com
Other Languages Spoken by Provider or Office Staff English, Spanish

McMakin, Dana L, PHD, LP ■
6262 Sunset Drive
Suite 500
Miami, FL 33143
(305) 669-6503
Digital Contact Information:
payer.credentialing@nicklaushealth.org

and
3100 SW 62nd Ave
Miami, FL 33155
(305) 669-6503
Digital Contact Information:
payer.credentialing@nicklaushealth.org

McMillon, Karlysse, MA, LMHC ■
1 Alhambra Plaza
Miami, FL 33134
(888) 588-8995
Digital Contact Information:
creds@foresightmentalhealth.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
creds@foresightmentalhealth.com
Other Languages Spoken by Provider or Office Staff English

McNeal, Natasha, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

McShane, Cassidy, PSYD, LP ■
1900 North Bayshore Drive
108
Miami, FL 33132
(954) 362-8677
Digital Contact Information:
bh@hgdoctors.com

McVan, Melissa, MS, LMHC ■
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(561) 289-7995
Digital Contact Information:
http://pandatherapycircle.com
pandatherapycircle@gmail.com

and
FL
(561) 289-7995
Digital Contact Information:
http://pandatherapycircle.com
pandatherapycircle@gmail.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
pandatherapycircle@gmail.com

Mcghinty, Meghan R, DNP, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Mckail, Candilla, MSN, APRN, APRNCNP, CRNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Meadowlark, Cheri A, MA, LMFT ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
credentialing@joinuplift.co
Other Languages Spoken by Provider or Office Staff English

Meadows, Samantha B, MSW, LCSW ■
333 Southeast 2nd Avenue
Suite #2000
Miami, FL 33131
(323) 545-3659
Digital Contact Information:
flowly@withassured.com

Measom, Michael, MD ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Medard, Guirlene, MSN, APRN ■

125 Northwest 206th Terrace
Miami, FL 33169
(305) 744-2154
Digital Contact Information:
vantagepsychiatry@gmail.com

Mederos, Dargel R, MSN, APRN ■
13207 Southwest 44th Lane
Miami, FL 33175
(786) 245-1687
Digital Contact Information:
Not Available

Medici, April, MSED, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
aprilmedici@yahoo.com

Medina, Evelyn I, MSW, LCSW ■
1601 NW 12th Ave
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
ebcg-support@findoctave.com

and
1601 NW 12th Ave
Fl 2
Miami, FL 33136
(305) 243-5937
Digital Contact Information:
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff
Spanish

Medina, Maria E, MS, LMHC ■
5881 Northwest 151st Street
Suite: 103
Miami Lakes, FL 33014
(786) 703-4154
Digital Contact Information:
peaceofmindmhs@hotmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Medina, Muriel, MSW, LCSW ■
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
info@aimergency.org

Medina Ramirez, Yuritza, DNP, APRN ■
FL
(786) 398-1326
Digital Contact Information:
admin@onestoppsych.com

and
261 Westward Drive
suite 108-109
Miami, FL 33166
(305) 200-5176
Digital Contact Information:
admin@onestoppsych.com

and
13195 Southwest 134th Street
101
Miami, FL 33186
(786) 227-6830
Digital Contact Information:
http://esperanzagroup.net
admin@onestoppsych.com

and
15660 Southwest 72nd Street
Miami, FL 33193
(786) 697-1150
Digital Contact Information:
admin@onestoppsych.com
Other Languages Spoken by Provider or Office Staff
Spanish

Medina Rojo, Raul, MSN, APRN ■
4445 West 16th Avenue
STE 405
Hialeah, FL 33012
(786) 233-6721
Digital Contact Information:
office@myrtleridge.us

and
1000 Brickell Avenue
Miami, FL 33131
(786) 701-9211
Digital Contact Information:
office@myrtleridge.us

and
9299 SW 152nd St
Ste 206
Palmetto Bay, FL 33157
(786) 883-0339
Digital Contact Information:
office@myrtleridge.us
Other Languages Spoken by Provider or Office Staff
English, Spanish

Medinilla, Jenrry, MSN, APRN ■
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
contact@balancedwellbeingllc.com

Medvin, Nadeen B, PHD, LP ■
1550 Madruga Avenue
STE 304
Coral Gables, FL 33146
(305) 815-1129
Digital Contact Information:
http://www.drnadeenmedvin.org
drnadeenmedvin@aol.com

and
2000 S Dixie Hwy
Ste 103
Miami, FL 33133
(305) 815-1129
Digital Contact Information:
drnadeenmedvin@aol.com

Mejia, Alejandra, MSW, LCSW ■
14645 Northwest 77th Avenue
101
Miami Lakes, FL 33014
(833) 769-3524
Digital Contact Information:
http://lifestance.com
dougblessington@gmail.com

Mejia, Fernando, MD ■
18901 Southwest 106th Avenue
229 230
Cutler Bay, FL 33157
(786) 506-9008
Digital Contact Information:
ybhsbilling@gmail.com

and
7925 Northwest 12th Street
SUITE 401
Doral, FL 33126
(786) 640-0613
Digital Contact Information:
ybhsbilling@gmail.com

and
705 East 8th Avenue
201
Hialeah, FL 33010
(786) 655-0774
Digital Contact Information:
ybhsbilling@gmail.com

and
2100 West 76th Street
STE 408
Hialeah, FL 33016
(786) 542-5056
Digital Contact Information:
ybhsbilling@gmail.com

and
207 North Krome Avenue
Homestead, FL 33030
(305) 257-8065
Digital Contact Information:
ybhsbilling@gmail.com

and
4896 Northwest 7th Street
Unit S
Miami, FL 33126
(786) 534-2023
Digital Contact Information:
ybhsbilling@gmail.com

and
5950 Southwest 40th Street
Miami, FL 33155
(786) 633-5960
Digital Contact Information:
ybhsbilling@gmail.com

and
7804 Coral Way
Miami, FL 33155
(305) 965-8714
Digital Contact Information:
ybhsbilling@gmail.com

and
280 Westward Dr
Miami, FL 33166
(305) 922-3410
Digital Contact Information:
ybhsbilling@gmail.com

and
2450 Southwest 137th Avenue
206
Miami, FL 33175
(305) 381-5420
Digital Contact Information:
ybhsbilling@gmail.com

and
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
ybhsbilling@gmail.com

and
14471 S Dixie Hwy
Miami, FL 33176
(786) 803-8826
Digital Contact Information:
http://www.amorementalhealthcorp.com
ybhsbilling@gmail.com

and
11981 Southwest 144th Court
202
Miami, FL 33186
(305) 418-0580
Digital Contact Information:
ybhsbilling@gmail.com

and
13205 Southwest 137th Avenue
206 208
Miami, FL 33186
(786) 592-2063
Digital Contact Information:
http://dominguezcommunitycenter.com
ybhsbilling@gmail.com

and
9010 Southwest 137th Avenue
101
Miami, FL 33186
(786) 803-8826
Digital Contact Information:
http://amorementalhealthcorp.com
ybhsbilling@gmail.com

and
13205 Southwest 137th Avenue
STE 132
Miami, FL 331865334
(786) 478-6369
Digital Contact Information:
http://dominguezcommunitycenter.com
ybhsbilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mejia Jimenez, Ana, MSN, APRN ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
info@elevatepsychiatry.com

and
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
info@elevatepsychiatry.com
Other Languages Spoken by Provider or Office Staff
Spanish

Melchor Beaupre, Regina, PSYD, LP ■
4302 Alton Rd
Ste 820
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com

and
4304 Alton Rd
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com

and
4306 Alton Rd
Fl 2
Miami Beach, FL 33140
(305) 535-3300
Digital Contact Information:
kowens@msmc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Melegi, Soraya F, MSW, LCSW ■
1550 Madruga Ave
Ste 509
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
sorayamelegi7@gmail.com

and
4649 Ponce de Leon
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
sorayamelegi7@gmail.com

and
8900 Southwest 192nd Drive
Cutler Bay, FL 33157
(786) 536-9714
Digital Contact Information:
sorayamelegi7@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Melgar, Liza, MS, LMHC ■
4445 West 16th Avenue
STE 405
Hialeah, FL 33012
(786) 233-6721
Digital Contact Information:
http://www.managedmentalhealthllc.com
info@managedmentalhealth.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Mellado, Claudia, MSCC, LMHC ■
1380 Northeast Miami Gardens Drive
Suite 220 A
North Miami Beach, FL 33179
(305) 302-7819
Digital Contact Information:
http://www.emotionalcare.us
claumell001@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Melman, Angela J, MMH, LMHC ■
FL
(786) 805-7098
Digital Contact Information:
angelamelman1@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Melo, Evelyn, MA, LMHC ■
8785 SW 165th Ave
Ste 200
Miami, FL 33193
(786) 587-9656
Digital Contact Information:
melopsych@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mena, Rebekah, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
admin@lifehealthsystem.org
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Mena, Yaima M, MMH, LMHC ■
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
sseacoast22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Menachem, Kari, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Menard Clinton, Cynthia, MS, LMHC ■
FL
(484) 808-5908
Digital Contact Information:
cynthiamenardclinton@hotmail.com

Mendelson, Drew B, PSYD, LP ■
1120 NW 14th St
1477
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
Not Available

and
1121 NW 14th St
Fl 1
Miami, FL 33136
(305) 243-4129
Digital Contact Information:
Not Available

and
1400 NW 12th Ave
2005
Miami, FL 33136
(305) 689-1352
Digital Contact Information:
Not Available

and
1475 Northwest 12th Avenue
Miami, FL 33136
(305) 243-4129
Digital Contact Information:
Not Available

Mendes, Monica, PSYD, LP ■
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-2301
Digital Contact Information:
Not Available

Mendez, Gitged, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Mendez, Iraisy, MSN, APRN ■
3971 Southwest 8th Street
STE 206
Coral Gables, FL 33134
(786) 633-5960
Digital Contact Information:
iraisymendez@gmail.com

and
4896 Northwest 7th Street
Unit S
Miami, FL 33126
(786) 534-2023
Digital Contact Information:
iraisymendez@gmail.com

and
5950 Southwest 40th Street
Miami, FL 33155
(786) 633-5960
Digital Contact Information:
iraisymendez@gmail.com

and
7700 North Kendall Drive
807
Miami, FL 33156
(786) 332-9540
Digital Contact Information:
iraisymendez@gmail.com

and
22339 Southwest 112th Avenue
Miami, FL 33170
(786) 332-9540
Digital Contact Information:
iraisymendez@gmail.com

and
7600 Southwest 57th Avenue
102
South Miami, FL 33143
(305) 275-8573
Digital Contact Information:
https://mindandsoultherapy.org/
iraisymendez@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mendez, Lianet, MS, LMHC ■
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
counseling@lianetmendez.com

and
9125 SW 87th Ave
Miami, FL 33176
(305) 735-3919
Digital Contact Information:
counseling@lianetmendez.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mendez Luaces, Luis E, DNP, APRN ■
330 Southwest 27th Avenue
#701
Miami, FL 33135
(305) 363-1880
Digital Contact Information:
http://empowerpsychiatry.net
info@empowerpsychiatry.med
Other Languages Spoken by Provider or Office Staff
Spanish

Mendez, Manuel, MC, LMHC ■
705 East 8th Avenue
201
Hialeah, FL 33010
(786) 655-0774
Digital Contact Information:
healingtouchinc@msn.com

and
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
2387 West 68th Street
301
Hialeah, FL 33016
(786) 655-0774
Digital Contact Information:
healingtouchinc@msn.com

and
3383 Northwest 7th Street
312
Miami, FL 33125
(786) 703-8965
Digital Contact Information:
healingtouchinc@msn.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 695-8672
Digital Contact Information:
healingtouchinc@msn.com

and
3817 West Flagler Street
Miami, FL 33134
(305) 456-2776
Digital Contact Information:
healingtouchinc@msn.com

and
7299 West Flagler Street
Miami, FL 33144
(786) 953-4698
Digital Contact Information:
healingtouchinc@msn.com

and
7360 Southwest 24th Street
17a
Miami, FL 33155
(786) 570-3130
Digital Contact Information:
healingtouchinc@msn.com

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
4155 Southwest 130th Avenue
108
Miami, FL 33175
(786) 695-8672
Digital Contact Information:
healingtouchinc@msn.com

and
14875 Northwest 77th Avenue
Suite 204
Miami Lakes, FL 33014
(786) 321-1400
Digital Contact Information:
healingtouchinc@msn.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mendez, Melonie, EDS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 275-8860
Digital Contact Information:
http://www.abctestingservices.com
frontdesk@abctestingservices.com

Mendez, Rossana, MSW, LCSW ■
11367 Southwest 248th Terrace
Princeton, FL 33032
(786) 879-5355
Digital Contact Information:
http://themind-gym.com
rossanamendezcole@themissingkeyllc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mendez Tamayo, Cynthia M, MS, LMFT ■
7100 SW 99th Ave
Ste 203
Miami, FL 33173
(305) 720-4774
Digital Contact Information:
cynmendez8@gmail.com

and
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
cynmendez8@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mendoza, Liana M, MD ■
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
info@infinitecc.org

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
info@infinitecc.org

and
31 N Krome Ave
Homestead, FL 33030
(786) 481-5909
Digital Contact Information:
http://infinitecompletecare.com
info@infinitecc.org

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
info@infinitecc.org

and
3926 Northwest 167th Street
Miami Gardens, FL 33054
(305) 827-3252
Digital Contact Information:
info@infinitecc.org
Other Languages Spoken by Provider or Office Staff
Spanish

Mendoza, Regina, PSYD, LP ■
7600 Southwest 57th Avenue
307
South Miami, FL 33143
(305) 262-0806
Digital Contact Information:
drmendoza@reginamendoza.com
Other Languages Spoken by Provider or Office Staff
Spanish

Menendez, Ibis M, MSN, APRN ■
1840 West 49th Street
#404
Hialeah, FL 33012
(305) 828-9980
Digital Contact Information:
empathybhsbilling@gmail.com

and
900 West 49th Street
STE 400
Hialeah, FL 33012
(305) 587-2231
Digital Contact Information:
empathybhsbilling@gmail.com

and
5911 Northwest 173rd Drive
6 6
Hialeah, FL 33015
(786) 380-9229
Digital Contact Information:
empathybhsbilling@gmail.com

and
7590 Northwest 186th Street
109
Hialeah, FL 33015
(305) 688-1700
Digital Contact Information:
empathybhsbilling@gmail.com

and
5590 W 20th Ave
Ste 404
Hialeah, FL 33016
(305) 826-9330
Digital Contact Information:
empathybhsbilling@gmail.com

and
7315 Northwest 36th Street
Miami, FL 33166
(786) 345-7734
Digital Contact Information:
empathybhsbilling@gmail.com

and
12030 Southwest 129th Court
107a
Miami, FL 33186
(305) 432-4032
Digital Contact Information:
empathybhsbilling@gmail.com

and
17325 Northwest 27th Avenue
206 207
Miami Gardens, FL 33056
(786) 822-7270
Digital Contact Information:
empathybhsbilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Menendez-Martinez, Geysha M, PSYD, LP ■
9570 SW 107th Ave
Ste 202
Miami, FL 33176
(786) 391-1383
Digital Contact Information:
drmenendez@psydservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Meotti, Lisa, MSW, LCSW ■
215 Westward Dr
Miami Springs, FL 33166
(305) 887-4494
Digital Contact Information:
http://www.springsdr.com
credentialing@springsdr.com

Mercado, Michelle, MSW, LCSW ■
1951 NW 17th Ave
Miami, FL 33125
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla@dadefaily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla@dadefaily.com

Merida, Sirena N, BA, LCSW ■
1601 NW 12th Ave
Miami, FL 33136
(305) 243-3669
Digital Contact Information:
Not Available

and
1120 Northwest 14th Street
RM 1213
Miami, FL 331362107
(305) 243-6660
Digital Contact Information:
Not Available

Merritt, Christopher, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Merryfield, Elizabeth, PSYD, LP ■
FL
(800) 567-5433
Digital Contact Information:
rjacobs@thesupportivecare.com

Mesa, Dayani, MN, APRN ■
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
https://www.chgpsychiatry.com/
chgpsychiatry@gmail.com

Mesa, Janny, MD ■
10700 Caribbean Boulevard
Suite 214
Cutler Bay, FL 33189
(786) 740-0516
Digital Contact Information:
http://www.genesiswellnesscorp.com
janny.mesa100@gmail.com

and
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
janny.mesa100@gmail.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
janny.mesa100@gmail.com

and
FL
(305) 914-4589
Digital Contact Information:
janny.mesa100@gmail.com

and
3898 West Flagler Street
Miami, FL 33134
(954) 280-2056
Digital Contact Information:
janny.mesa100@gmail.com

and
1800 Southwest 27th Avenue
505
Miami, FL 33145
(786) 542-9914
Digital Contact Information:
janny.mesa100@gmail.com

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
janny.mesa100@gmail.com

and
13205 Southwest 137th Avenue
224 224
Miami, FL 33186
(786) 290-9192
Digital Contact Information:
janny.mesa100@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Mesa, Leonel E, PSYD, LMHC ■
FL
(786) 208-4831
Digital Contact Information:
drmesa@neurofeedbackofml.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Mesa Villalonga, Mireisy, MS, APRN ■
FL
(786) 409-5503
Digital Contact Information:
agauna@bmsbill.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Metellus, Phara C, MSN, NP ■
66 W Flagler St
900
Miami, FL 33130
(786) 244-7711
Digital Contact Information:
credentialing@growtherapy.com

Meyer, Sean P, PHD, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
information@flces.com
Other Languages Spoken by Provider or Office Staff German

Michael, Shemise, MC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
shemise@ssmcounselinggroup.com

Michaels, S Renee, MSW, LCSW ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
drreneemindworks@gmail.com

Michel, Rosie, MSN, APRN ■
111 Northwest 183rd Street
Suite 203
Miami, FL 33169
(786) 809-4101
Digital Contact Information:
http://heavenlysoulscare.com
heavenlysoulscare@gmail.com

and
12955 Biscayne Blvd
Ste 320
North Miami, FL 33181
(305) 895-3231
Digital Contact Information:
heavenlysoulscare@gmail.com
Other Languages Spoken by Provider or Office Staff Creole, French, Spanish

Middlebrooks, Quilette, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Mieses, Yuberilys, MSCC, LMHC ■
9010 Southwest 137th Avenue
232
Miami, FL 33186
(305) 482-3516
Digital Contact Information:
yuberilys.mieses@yahoo.com

and
9010 Southwest 137th Avenue
Suite 241
Miami, FL 33186
(305) 482-3516
Digital Contact Information:
yuberilys.mieses@yahoo.com
Other Languages Spoken by Provider or Office Staff Spanish

Migoyo, Zulaymis, MS, LMHC ■
19001 Southwest 106th Avenue
c103
Miami, FL 33157
(786) 523-2352
Digital Contact Information:
jpabehavior@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Milano, Elizabeth, MSW, LCSW ■
FL
(904) 345-0548
Digital Contact Information:
http://www.emilanocounseling.com
elizabeth.milano.lcsw@gmail.com

Mildor, Manouchka, MSN, APRN ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(773) 985-3539
Digital Contact Information:
https://bethpsychiatry.com
credentialing.5@scribealign.com

Milian, Monica, MS, LMHC ■
5901 SW 74th St
Ste 412
Miami, FL 33143
(786) 717-5028
Digital Contact Information:
http://www.gablespsychology.com
monica.milian@comcast.net

and
15715 S Dixie Hwy
Ste 303
Miami, FL 33157
(786) 380-5084
Digital Contact Information:
monica.milian@comcast.net

and
9260 Sunset Dr
Ste 201
Miami, FL 33173
(786) 380-5084
Digital Contact Information:
monica.milian@comcast.net

and
9380 Sunset Dr
Ste B238
Miami, FL 33173
(786) 380-5084
Digital Contact Information:
monica.milian@comcast.net

and
10691 Southwest 88th Street
Suite 110
Miami, FL 33176
(786) 380-5084
Digital Contact Information:
monica.milian@comcast.net
Other Languages Spoken by Provider or Office Staff Spanish

Millar, Jennifer, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
hello@talkiatry.com

Millares, Giselle, MPSY, LMHC ■
9010 SW 137th Ave
Ste 233
Miami, FL 33186
(786) 236-1323
Digital Contact Information:
gmillares@hcnetwork.org

and
9010 Southwest 137th Avenue
231
Miami, FL 33186
(415) 941-4109
Digital Contact Information:
gmillares@hcnetwork.org
Other Languages Spoken by Provider or Office Staff English, Spanish

Millares, Sylma M, MSN, APRN ■
2001 Northwest 107th Avenue
412
Doral, FL 33172
(786) 548-8322
Digital Contact Information:
milarefbilling@gmail.com

and
14740 Southwest 26th Street
Miami, FL 33185
(305) 388-1118
Digital Contact Information:
milarefbilling@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Miller, Carmen F, MMFT, LMFT ■
15600 Northwest 67th Avenue
204 208
Hialeah, FL 33014
(786) 542-6127
Digital Contact Information:
credentialing@chrysalishealth.com

and
640 W Palm Dr
Ste D
Homestead, FL 33034
(786) 601-7757
Digital Contact Information:
credentialing@chrysalishealth.com

and
640 West Palm Drive
c
Homestead, FL 33034
(305) 793-4701
Digital Contact Information:
credentialing@chrysalishealth.com

and
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com

and
10250 Southwest 56th Street
C202
Miami, FL 33165
(754) 816-5001
Digital Contact Information:
credentialing@chrysalishealth.com

and
10511 Southwest 88th Street
c103
Miami, FL 33176
(786) 530-7427
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Spanish

Miller, Jeffrey A, MA, LCSW ■
5801 Northeast 4th Court
Miami, FL 33137
(786) 218-7937
Digital Contact Information:
dhbilling3@gmail.com

and
9999 Northeast 2nd Avenue
301
Miami Shores, FL 33138
(786) 218-7937
Digital Contact Information:
dhbilling3@gmail.com
Other Languages Spoken by Provider or Office Staff French, Spanish

Miller, Jennyffer, MD ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
jmiller@orlandorecovery.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
jmiller@orlandorecovery.com

Miller, John W, MD ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
http://www.compasshealthsystem.com
credentialing@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
https://www.compasshealthsystems.com/
credentialing@compass.md

and
FL
(305) 891-0050
(305) 279-5535
Digital Contact Information:
https://www.compasshealthsystems.com/
credentialing@compass.md

Miller, Kim P, PHD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Miller, Mark M, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
aycmarc@mail.com

Miller, Rosalie, MSED, LCSW ■
1120 Northwest 14th Street
1212
Miami, FL 33136
(305) 243-6660
Digital Contact Information:
Not Available

and
1601 NW 12th Ave
Miami, FL 33136
(305) 243-3669
Digital Contact Information:
Not Available

Miller, Sharon, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Miller, Tameka S, PHD, LP ■
FL
(508) 202-1011
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Milton, Dorothy, MS, LCSW ■
10810 Northwest 22nd Court
Miami, FL 33167
(786) 879-1162
Digital Contact Information:
aristokatzpsychotherapy@gmail.com

Mineo, Alyssa, PSYD, LP ■
FL
(800) 567-5433
(909) 679-3482
Digital Contact Information:
http://helloinnerwell.com
admin@atabariatrics.com

Ming, Naila, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
patients_accounts@aspirehp.org

Minnella, Michael E, MA, LCPC ●
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
admin@growingclaritycounseling.com

Miora, Deborah, LP, MA, PHD ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

Miramontes, Sandra, MC, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Miranda, Carolina, MSN, APRN ■
8950 Southwest 74th Court
1911
Miami, FL 33156
(786) 637-0907
Digital Contact Information:
http://southfloridapsychiatry.co
info@rushcredentialing.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Miranda, Mairelys, MSN, APRN ■
9350 SW 72nd St
Ste 116
Miami, FL 33173
(954) 589-1971
Digital Contact Information:
ajndcorp@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Miranda-Tourino, Mary, MSW, LCSW ■
12595 Southwest 137th Avenue
STE 110
Miami, FL 33186
(305) 465-9379
Digital Contact Information:
mary.miranda@mymail.barry.edu
Other Languages Spoken by Provider or Office Staff
English, Spanish

Miro Rivera, Chelimer, MA, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
payors@emorahealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mirtenbaum, Daniel S, PSYD, LP ■
6175 NW 153rd St
Ste 404
Miami Lakes, FL 33014
(305) 558-7400
Digital Contact Information:
credentialing.tifft@gmail.com

Missaoui, Sara, PA, PA_C ■
801 Brickell Avenue
8
Miami, FL 33131
(516) 505-7200
Digital Contact Information:
https://mindful.care/
vnedilia@mindful.care

Mitchell, Cheryl L, MC, LPCC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@lionrockrecovery.com

and
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
https://www.emorahealth.com/
info@lionrockrecovery.com
Other Languages Spoken by Provider or Office Staff English

Mitchell, Kendall, MS, LMHC ■
4300 Biscayne Boulevard
STE 203
Miami, FL 33137
(727) 732-4305
Digital Contact Information:
billing@tbacgroup.com

Mitchell, Oluwakemi, DNP, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
insurance@wellnite.com

and
FL
(602) 562-7383
Digital Contact Information:
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Mitchell, Stacey L, MSN, APRN, ARNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
beautifulmindsfayetteville@gmail.com

Mitchell, Tachianna, MSN, APRN ■
FL
(305) 902-6347
Digital Contact Information:
admin@sparkwg.com

Mitchell, Wendy M, MSW, LCSW ■
605 77th Street
5 5
Miami Beach, FL 33141
(786) 499-8718
Digital Contact Information:
credentialing@cspm365.com

Mizgala, Jonathan, DNP, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Mizrahi, David, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Moenck, Karina, MA, LMHC ■
1601 Northwest 12th Avenue
2047
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
Not Available

Mohsini, Nina, MSN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
credentialing@riviamind.com

Moise, Monique, MSN, APRN ■
FL
(754) 364-6154
Digital Contact Information:
cred03@zmedsolutions.net

Molina, Judith, MS, LMHC ●
11200 Southwest 8th Street
Miami, FL 33174
(305) 348-0477
Digital Contact Information:
fiucred@fiu.edu

Molina, Margie, PSYD, LP ■
FL
(305) 669-2549
Digital Contact Information:
drmargiemolina@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Molina, Marino, MD ■
625 E 49th St
Hialeah, FL 33013
(305) 681-7789
Digital Contact Information:
marinomolina1@gmail.com

and
625 E 49th St
Fl 2
Hialeah, FL 33013
(305) 681-7770
Digital Contact Information:
marinomolina1@gmail.com

and
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
http://www.ibhflorida.com
marinomolina1@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Molina Paz, Ania K, MSN, APRN ■
FL
(561) 707-7607
Digital Contact Information:
ania_98@yahoo.es
Other Languages Spoken by Provider or Office Staff
Spanish

Molinar, Tatiana, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mondeja, Yanisleidy, DNP, APRN ■
9000 Southwest 137th Avenue
107
Miami, FL 33186
(305) 603-7824
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Mondoa, Rose, DNP, APRN, APRNPMH, CNP ■
FL
(508) 202-1011
Digital Contact Information:
scheduling@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Monestine, Janice B, MSW, LCSW ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

Montanez, Alyssa, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Montanez, Ruben, MSN, NP ■
8846 Southwest 6th Street

Miami, FL 33144
(746) 486-8000
Digital Contact Information:
blueskymhaccess@gmail.com

Montero, Arasay, MSN, APRN ■
640 W Palm Dr
Ste D
Homestead, FL 33034
(786) 601-7757
Digital Contact Information:
solutiodrivenconsulting@gmail.com

and
640 West Palm Drive
c
Homestead, FL 33034
(305) 793-4701
Digital Contact Information:
solutiodrivenconsulting@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Montero, Ariadna, PSYD, LP ■
7950 W Flagler St
Ste 106
Miami, FL 33144
(305) 269-3900
Digital Contact Information:
http://www.healthymindspsy.com
drgmartinez.psychologist@gmail.com

and
7950 West Flagler Street
Suite 101
Miami, FL 33144
(305) 239-7725
Digital Contact Information:
http://www.healthymindspsy.com
drgmartinez.psychologist@gmail.com

and
FL
(305) 239-7725
Digital Contact Information:
http://www.healthymindspsy.com
drgmartinez.psychologist@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Montero, Kenia, MN, APRN ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
http://www.dgphealthandwellness.com
info@healthandwellness.com

and
12964 Southwest 133rd Court
33
Miami, FL 33186
(786) 943-4340
Digital Contact Information:
info@healthandwellness.com

and
FL
(786) 943-4340
Digital Contact Information:
info@healthandwellness.com

and
6750 Southwest 155th Avenue
Miami, FL 33193
(786) 943-4340
Digital Contact Information:
info@healthandwellness.com
Other Languages Spoken by Provider or Office Staff
Spanish

Montes De Oca, Yilian, MS, LCMHC, LCPC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ymontesy@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Montes, Jose, MMH, LMHC ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
http://universalcommunityservices.com
admin@universalcommunityservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Montgomery, Karon, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
titancbh@gmail.com

Montgomery, Millie, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Montgomery, Mimose, MSW, LCSW ■
FL
(305) 713-3261
Digital Contact Information:
therapeuticresilience@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole

Montilla, Claudia A, MS, LMHC ■
8450 Northwest 102nd Avenue
210
Doral, FL 33178
(305) 495-4075
Digital Contact Information:
info@paradisehealthgroup.com

and
5901 Northwest 183rd Street
Suite 264
Hialeah, FL 33015
(786) 418-9790
Digital Contact Information:
https://oasismentalhealthcenter.com
info@paradisehealthgroup.com

and
8591 Northwest South River Drive
Medley, FL 33166
(305) 456-3000
Digital Contact Information:
info@paradisehealthgroup.com

and
4905 Northwest 72nd Avenue
5
Miami, FL 33166
(786) 391-3816
Digital Contact Information:
http://paradisehealthgroup.com
info@paradisehealthgroup.com

and
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
info@paradisehealthgroup.com

and
9125 SW 87th Ave
Miami, FL 33176
(305) 735-3919
Digital Contact Information:
info@paradisehealthgroup.com

and
13335 Southwest 124th Street
STE 101
Miami, FL 33186
(786) 842-3635
Digital Contact Information:
info@paradisehealthgroup.com

and
8100 Northwest 155th Street
100
Miami Lakes, FL 33016
(786) 615-2531
Digital Contact Information:
info@paradisehealthgroup.com

Montoya, Veronica, MS, LMHC ■
3150 Southwest 38th Avenue
Suite: 1309
Coral Gables, FL 33133
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
vmontoya@insideouttherapycenter.com

and
3150 Southwest 38th Avenue
Suite 1307
Miami, FL 33146
(786) 768-8014
Digital Contact Information:
http://insideouttherapycenter.com
vmontoya@insideouttherapycenter.com
Other Languages Spoken by Provider or Office Staff English

Montpellier, Olga, MMH, LMHC ■
306 Alcazar Avenue
200
Coral Gables, FL 33134
(305) 967-8725
Digital Contact Information:
http://www.ajmmedicalcenter.com
eternitylives24@gmail.com

and
2100 West 76th Street
STE 201
Hialeah, FL 33016
(786) 353-2324
Digital Contact Information:
eternitylives24@gmail.com

and
FL
(786) 353-2324
Digital Contact Information:
eternitylives24@gmail.com

and
7811 Coral Way
103
Miami, FL 33155
(305) 484-8371
Digital Contact Information:
http://www.iq-medical-center.com
eternitylives24@gmail.com

and
3421 SW 107th Ave
Miami, FL 33165
(305) 392-1774
Digital Contact Information:
eternitylives24@gmail.com

and
12955 Southwest 42nd Street
STE 2
Miami, FL 33175
(305) 364-5711
Digital Contact Information:
eternitylives24@gmail.com

and
9010 Southwest 137th Avenue
suite 116
Miami, FL 33186
(305) 639-8685
Digital Contact Information:
eternitylives24@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Moore, Aareon C, MA, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
hello@emorahealth.com

Moore, Audrea, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
3amcounselingservices@gmail.com

Moore, Brandi, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/payors@emorahealth.com

Moore, Constance, LCSW, MSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
insurance@wellnite.com

Moore, Monique, MC, LMHC ■
1951 Northwest 7th Avenue
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
moniquem.lmhc@gmail.com

and
FL
(305) 902-6347
(904) 960-3119
Digital Contact Information:
moniquem.lmhc@gmail.com

Moore, Nyiesha S, MSN, APNP, NP ■
FL
(508) 202-1011
Digital Contact Information:
Not Available

Moore, Shauntae, MC, LPC ■
FL
(508) 202-1011
Digital Contact Information:
https://www.ehomebehavioralcare.com/
scheduling@ehomegroup.com

Moore, Siobhan T, MS, APRN ■
2464 Southwest 22nd Street
Miami, FL 33145
(305) 204-9355
Digital Contact Information:
http://www.ampmentalhealth.com
admin@ampmentalhealth.com

Mora, Brenda, MS, LMHC ■
FL
(786) 488-8103
Digital Contact Information:
http://www.sfacounseling.org
info@sfacounseling.org
Other Languages Spoken by Provider or Office Staff
Spanish

Mora, Joseph J, PHD, LP ■
10621 North Kendall Drive
Suite #203
Miami, FL 33176
(305) 456-6976
Digital Contact Information:
davalos.credentialing@novitams.com

Mora-Hammer, Junior, MSW, LCSW ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
http://banyanhealth.org
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
credentialing@banyanhealth.org

Morales, Alfonso, MSSW, LCSW ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Morales, Annemarie, MSW, LCSW ■

9220 Sunset Drive
104
Miami, FL 33173
(786) 724-4224
Digital Contact Information:
dpinadelgado@vita-cog.com
Other Languages Spoken by Provider or Office Staff
Spanish

Morales, Beatriz, MS, LMHC, LPC ■

975 Arthur Godfrey Rd
Ste 301
Miami Beach, FL 33140
(786) 315-0387
Digital Contact Information:
bmorales@ibhflorida.com

and

160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
http://www.ibhflorida.com
bmorales@ibhflorida.com

and

FL
(305) 816-6300
Digital Contact Information:
http://www.ibhflorida.com
bmorales@ibhflorida.com
Other Languages Spoken by Provider or Office Staff
Spanish

Morales, Edelis, MSN, APRN ■

7951 Southwest 40th Street
suite 200-a
Miami, FL 33155
(786) 244-9911
Digital Contact Information:
lfortun@keraltybh.com

and

FL
(786) 244-9911
Digital Contact Information:
lfortun@keraltybh.com
Other Languages Spoken by Provider or Office Staff
German, Spanish

Morales Gainza, Robert, MSN, APRN ■

7811 Coral Way
106
Miami, FL 33155
(305) 412-0138
Digital Contact Information:
equilibriummhs@gmail.com

and

14221 Southwest 120th Street
Suite 221
Miami, FL 33186
(786) 247-1308
Digital Contact Information:
equilibriummhs@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Morales Gonzalez, Jose, MD ■

299 Alhambra Circle
STE 210
Coral Gables, FL 33134
(786) 558-5729
Digital Contact Information:
http://www.polyclinichc.com
adnanmaqsood@bostonneurobehavioral.com

and

FL
(786) 558-5729
(305) 637-6400
Digital Contact Information:
http://www.polyclinichc.com
adnanmaqsood@bostonneurobehavioral.com

and

4005 Northwest 114th Avenue
22 22
Doral, FL 33178
(305) 260-6913
Digital Contact Information:
adnanmaqsood@bostonneurobehavioral.com

and

395 Northwest 14th Avenue
2
Homestead, FL 33030
(786) 349-4350
Digital Contact Information:
adnanmaqsood@bostonneurobehavioral.com

and

7392 Northwest 35th Terrace
301
Miami, FL 33122
(786) 353-2329
Digital Contact Information:
adnanmaqsood@bostonneurobehavioral.com

and

7392 Northwest 35th Terrace
Suite 302
Miami, FL 33122
(786) 353-2792
Digital Contact Information:
adnanmaqsood@bostonneurobehavioral.com

and

150 Southeast 2nd Avenue
STE 1010
Miami, FL 33131
(786) 733-0700
Digital Contact Information:
adnanmaqsood@bostonneurobehavioral.com

and

5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
adnanmaqsood@bostonneurobehavioral.com

and

20612 Northwest 27th Avenue
Miami Gardens, FL 33056
(305) 637-6400
Digital Contact Information:
adnanmaqsood@bostonneurobehavioral.com
Other Languages Spoken by Provider or Office Staff
Spanish

Morales, Jilem C, MS, LMHC ■

11890 Southwest 8th Street
STE 309
Miami, FL 331841710
(305) 220-6060
Digital Contact Information:
http://www.blueangelcare.net
wmustelier@aol.com

Morales, Lisset, MS, LMHC ■

2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 661-5511
Digital Contact Information:
lissetmr@bellsouth.net

and

7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
http://appliedbhs.com
lissetmr@bellsouth.net
Other Languages Spoken by Provider or Office Staff
English, Spanish

Morales, Marielsie, MSW, LCSW ■

8950 Southwest 74th Court
Suite 2201
Miami, FL 33156
(786) 306-8200
Digital Contact Information:
http://www.onyiamind.com
info@onyiamind.com
Other Languages Spoken by Provider or Office Staff
Spanish

Morales, Mayelin, MSW, LCSW ■

10200 Northwest 25th Street
211
Doral, FL 33172
(305) 381-0346
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and

1444 West 49th Street
Hialeah, FL 33012
(786) 703-5459
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and

900 West 49th Street
STE 400
Hialeah, FL 33012
(305) 587-2231
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and

5941 Northwest 173rd Drive
6
Hialeah, FL 33015
(786) 360-4328
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and

8001 West 26th Avenue
6 6
Hialeah, FL 33016
(786) 372-3262
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and

8551 Northwest South River Drive
Medley, FL 33166
(305) 603-9344
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and

7925 Northwest 12th Street
405
Miami, FL 33126
(786) 401-7278
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and

5455 Southwest 8th Street
230
Miami, FL 33134
(786) 629-8836
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and

1250 Southwest 27th Avenue
Suite 506
Miami, FL 33135
(786) 536-9278
Digital Contact Information:
http://rehabcenterag.com
mayelinmoraleslcsw@gmail.com

and

4905 Northwest 72nd Avenue
5
Miami, FL 33166
(786) 391-3816
Digital Contact Information:
http://paradisehealthgroup.com
mayelinmoraleslcsw@gmail.com

and

5080 Northwest 74th Avenue
Miami, FL 33166
(786) 372-3262
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and

13335 Southwest 124th Street
STE 211
Miami, FL 33186
(786) 429-1770
Digital Contact Information:
mayelinmoraleslcsw@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Morales, Natasha, MA, LMHC ■

2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com
Other Languages Spoken by Provider or Office Staff Creole

Morales, Odelkys, MS, LMHC ■

151 NW 11th St
Ste W201
Homestead, FL 33030
(786) 521-5925
Digital Contact Information:
http://www.monarchallhealth.com
monarchallhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Morassi, Merceydes, MS, BCBA, LMHC ■

1000 Brickell Avenue
Miami, FL 33131
(954) 325-8558
Digital Contact Information:
help@comprehensivecounselor.org
Other Languages Spoken by Provider or Office Staff
Spanish

Moreda-Mendez, Yanet, MSN, APRN ■

10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
http://www.dgphealthandwellness.com
info@kaaficounseling.com

and

1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
info@kaaficounseling.com
Other Languages Spoken by Provider or Office Staff
Spanish

Morel, Nicole, MSW, LCSW ■

1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
payors@emorahealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Moreno, Jesus E, MS, LMHC ■

1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
perla@dadefamily.com

and

9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla@dadefamily.com

Moreno, Nicole, MA, LMHC ■

7400 SW 87th Ave
260
Miami, FL 33173
(786) 595-8040
Digital Contact Information:
managedcarecredentialing@baptisthealth.net

Morgan, Jennifer, MC, LMHC ■

11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
wavespsychotherapybilling@gmail.com

and

19300 West Dixie Highway
2 2
Miami, FL 33180
(786) 396-0359
Digital Contact Information:
wavespsychotherapybilling@gmail.com

Moriyon, Milko, MN, APRN ■

11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
yavila@avilahealthgroup.com

and

664 East 25th Street
102
Hialeah, FL 33013
(786) 409-5361
Digital Contact Information:
yavila@avilahealthgroup.com

Morley, Chanrika, MS, LMHC ■

815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
fl-credentialing@lifestance.com

Moroz, Ilona, MSN, APRN ■

FL
(305) 396-8228
Digital Contact Information:
ivmpsychiatry@gmail.com
Other Languages Spoken by Provider or Office Staff
Ukrainian, Russian, Spanish

Morphis, Melissa, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Morris, Alison R, MS, LMFT ■
17501 Biscayne Boulevard
450
Aventura, FL 33160
(754) 246-4363
Digital Contact Information:
alizoneingroup@gmail.com

Morris, Marsha, MSN, APRN, ARNP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://happierliving.com
hamza@wisemedsolutions.com
Other Languages Spoken by Provider or Office Staff English

Morris, Robert G, PHD, LP ■
FL
(800) 567-5433
Digital Contact Information:
dr.morris@paragonmentalhealth.com

Morris, Shezetta, MA, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
jenny.silverio@lifehealthsystem.org

Mortimer, Justin M, MD ■
150 Southeast 2nd Avenue
STE 1010
Miami, FL 33131
(786) 733-0700
Digital Contact Information:
credentail@valuecareclinic.com

and
1501 Biscayne Boulevard
#200
Miami, FL 33132
(786) 652-2450
Digital Contact Information:
credentail@valuecareclinic.com

Moses, Lia E, MS, LMHC ■
7600 Red Road
102
South Miami, FL 33143
(305) 456-1014
Digital Contact Information:
http://www.mindandsoultherapy.org
liamoses@yahoo.com

and
FL
(305) 456-1014
Digital Contact Information:
http://www.mindandsoultherapy.org
liamoses@yahoo.com
Other Languages Spoken by Provider or Office Staff Spanish

Mosquera, Aracelis, MSW, LCSW ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
info@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and
10691 N Kendall Dr
Ste 110
Miami, FL 33176
(786) 548-1022
Digital Contact Information:
info@dadefamily.com

Moss, Erin M, MMH, LMHC ■
1688 Meridian Avenue
608
Miami Beach, FL 33139
(716) 507-1124
Digital Contact Information:
http://www.erinmmoss.com
erinmmossprivatepractice@gmail.com

Moss, Melissa, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Moss, Roston, DNP, APRN ■
3105 Northwest 107th Avenue
Suite: 400
Doral, FL 33172
(954) 324-7650
Digital Contact Information:
sarduy@live.com

and
9220 Sunset Drive
104
Miami, FL 33173
(786) 724-4224
Digital Contact Information:
sarduy@live.com

Mousavi, Mahsa, MD ■
10689 N Kendall Dr
Ste 300
Miami, FL 33176
(305) 558-7400
Digital Contact Information:
hello@talkiatry.com

and
10689 N Kendall Dr
Ste 314
Miami, FL 33176
(305) 558-7400
Digital Contact Information:
hello@talkiatry.com

Mouyal, Gabriel I, MC, LMHC ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
help@joinuplift.co

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff Spanish

Mowerman, Samuel, MD ■
1120 NW 14th St
1477
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
lvgonzalez@hcnetwork.org

and
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-6400
Digital Contact Information:
lvgonzalez@hcnetwork.org

and
1695 NW 9th Ave
3308
Miami, FL 33136
(305) 355-7000
Digital Contact Information:
lvgonzalez@hcnetwork.org

and
1695 NW 9th Ave
Fl 14
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
lvgonzalez@hcnetwork.org
Other Languages Spoken by Provider or Office Staff Spanish

Mueller, Jessica, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Mueser, James A, MS, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
medicalbilling@nyfoundling.org

Muffett, Stephanie, MSED, LMHC ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Muggli, Tina M, MA, LMFT ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
arscredentialing@advancedrecoverysystems.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Muldrow, Edward J, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
emuldrow3@aol.com

Mullings, Natalee S, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@caringtherapistsofbroward.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
info@caringtherapistsofbroward.com

and
1504 Bay Road
2003 2003
Miami Beach, FL 33139
(646) 374-2827
Digital Contact Information:
info@caringtherapistsofbroward.com

and
FL
(646) 374-2827
Digital Contact Information:
info@caringtherapistsofbroward.com

Mullowney, Jennifer F, MSW, LCSW ■
FL
(800) 567-5433
(508) 202-1011
Digital Contact Information:
https://totallife.com/
jfmullowney@gmail.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
jfmullowney@gmail.com

Mungo, Amani Amanda, MA, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
amungoppcc@gmail.com

Mungur, Vyata, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff French

Muniz, Jose, MSN, APRN ■
6141 Sunset Drive
402
South Miami, FL 33143
(786) 507-8300
Digital Contact Information:
lauraine@linofernandezmd.com
Other Languages Spoken by Provider or Office Staff Spanish

Muniz, Lissette, MA, LMHC ■
1 Alhambra Plaza
PH # 1451
Miami, FL 33134
(888) 588-8995
Digital Contact Information:
http://www.foresightmentalhealth.com
lm.becomingwellness@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Munoz Vignau, Asuncion M, MSN, APRN ■
3414 West 84th Street
Suite D110
Hialeah, FL 33018
(305) 825-4320
Digital Contact Information:
marinavignau@comcast.net

and
3416 West 84th Street
C-108
Hialeah, FL 33018
(305) 557-1555
Digital Contact Information:
marinavignau@comcast.net
Other Languages Spoken by Provider or Office Staff Spanish

Munoz-Abraham, Omar, MD ■
1121 NW 14th St
Fl 1
Miami, FL 33136
(305) 243-4129
Digital Contact Information:
Not Available

and
1400 NW 12th Ave
Miami, FL 33136
(305) 689-1352
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff English, Spanish

Munoz-Bustamante, Jorge, MSW, LCSW ■
385 Alhambra Circle
suite c
Coral Gables, FL 33134
(305) 445-9554
Digital Contact Information:
http://wearemindtherapy.com
info@mindpromanagement.com

and
2103 Coral Way
Ste 405
Miami, FL 33145
(305) 445-9554
Digital Contact Information:
info@mindpromanagement.com
Other Languages Spoken by Provider or Office Staff
Spanish

Munson, Jillian, MC, LMHC ■
999 Ponce de Leon
1120
Coral Gables, FL 33134
(305) 605-5683
Digital Contact Information:
http://lovediscovery.org
jwill2007@yahoo.com

Murphy, Cassandra, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole, Spanish

Murray, Tyisaia, MSN, APN, APRN, APRNCNP, NP ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
klarienmentalwellness@yahoo.com

and
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
klarienmentalwellness@yahoo.com

and
255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
klarienmentalwellness@yahoo.com

and
370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
klarienmentalwellness@yahoo.com

and
333 Southeast 2nd Avenue
Suite #2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
klarienmentalwellness@yahoo.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
klarienmentalwellness@yahoo.com

and
3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
klarienmentalwellness@yahoo.com

and
350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
klarienmentalwellness@yahoo.com

and
323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
klarienmentalwellness@yahoo.com

Musselman, Dominique L, MD ■
1120 NW 14th St
1477
Miami, FL 33136
(305) 243-2301
Digital Contact Information:
Not Available

and
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-2301
Digital Contact Information:
Not Available

and
1475 NW 12th Ave
Miami, FL 33136
(305) 243-4129
Digital Contact Information:
Not Available

and
1475 NW 12th Ave
C021
Miami, FL 33136
(305) 243-4126
Digital Contact Information:
Not Available

and
1611 NW 12th Ave
Miami, FL 33136
(305) 585-1111
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
3308
Miami, FL 33136
(305) 355-7148
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
Fl 3
Miami, FL 33136
(305) 355-9006
Digital Contact Information:
Not Available

Mustacchio, Ryan P, MSN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Musykanski, Perla S, MPSY, LMHC ■
3580 Mystic Pointe Drive
Aventura, FL 33180
(305) 343-2878
Digital Contact Information:
brendan.phillips@credentialing.com

and
1045 Kane Concourse
207-208
Bay Harbor Islands, FL 33154
(305) 343-2878
Digital Contact Information:
brendan.phillips@credentialing.com

and
1045 Kane Concourse
207
Bay Harbor Islands, FL 33154
(305) 343-2878
Digital Contact Information:
brendan.phillips@credentialing.com

Mwangi, Carolyn, MS, NP ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
arscredentialing@advancedrecoverysystems.com

Myer, Sharon M, PHD, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
drsmyer@gmail.com

Myers, Katrina F, MA, LMFT, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Mynatt, Maggie M, MS, LMHC ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
ehoyos@lotuscounseling.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
http://www.lotuscounseling.com
ehoyos@lotuscounseling.com

Nadell, James, PSYD, LP ■
20601 Old Cutler Road
Cutler Bay, FL 33189
(914) 441-0722
Digital Contact Information:
jnadell2000@gmail.com

and
14707 S Dixie Hwy
Ste 211
Miami, FL 33176
(305) 259-6433
Digital Contact Information:
jnadell2000@gmail.com

and
8900 N Kendall Dr
Miami, FL 33176
(914) 441-0722
Digital Contact Information:
jnadell2000@gmail.com

and
FL
(305) 259-6433
Digital Contact Information:
jnadell2000@gmail.com

Nagel, Alexandra, MA, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@mhrcflorida.com

Naghvi, Marjan, PHD, LMHC ■
1065 Southwest 8th Street
570
Miami, FL 33130
(888) 903-5505
Digital Contact Information:
credentialing@extendedhealthservices.us

Nahrstedt, Thomas R, MS, LMHC ■
1550 Madruga Avenue
suite 329
Coral Gables, FL 33146
(305) 860-6435
Digital Contact Information:
tom@tjpgrove.com
Other Languages Spoken by Provider or Office Staff English

Nainaparampil, Jaison, MD ■
698 Northeast 1st Avenue
3309 3309
Miami, FL 33132
(305) 929-3057
Digital Contact Information:
http://www.jjnmdllc.com
jaison@jjnmdllc.com

and
FL
(305) 929-3057
Digital Contact Information:
http://www.jjnmdllc.com
jaison@jjnmdllc.com

Nammur, Sarai, MC, LMHC ■
15325 Northwest 60th Avenue
#105
Miami Lakes, FL 33014
(305) 512-5388
Digital Contact Information:
sarai@sarainammur.com
Other Languages Spoken by Provider or Office Staff
Spanish

Nankivell, Martina, PA, PA_C ■
4300 Biscayne Boulevard
STE 203
Miami, FL 33137
(877) 400-0540
Digital Contact Information:
https://forallmentalhealth.com
info@forallmentalhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Napoles, Arlet, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Creole, Spanish

Napoles Garcia, Amed, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Narikkattu, Agnes, MSN, APRN ■
2828 Coral Way
Ste 460
Coral Gables, FL 33145
(954) 406-5220
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net

and
12550 Biscayne Boulevard
STE 306
North Miami, FL 33181
(305) 642-5255
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net

Narvaez, Teresa, PHD, LMHC ■
10637 N Kendall Dr
Ste 7K
Miami, FL 33176
(786) 205-2470
Digital Contact Information:
tetena@bellsouth.net
Other Languages Spoken by Provider or Office Staff
English, Spanish

Nash, Donald P, PSYD, LP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
credentialing@caravelautism.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@caravelautism.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@caravelautism.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
credentialing@caravelautism.com

Nasserzare, Jahanbakhsh, MD ■
1380 Northeast Miami Gardens Drive
Suite 140
Miami, FL 33179
(305) 940-0064
Digital Contact Information:
jnasserzaremd@gmail.com
Other Languages Spoken by Provider or Office Staff
German, Farsi

Natalio, Jenny, MSW, LCSW ■
2212 Northwest 91st Street

Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Nava Urdaneta, Mariangela, PSYD, LP ■
7600 South Red Road
127
South Miami, FL 33143
(786) 508-2207
Digital Contact Information:
http://www.lunapsychology.com
angelo@lunapsychology.com

and
7600 South Red Road
200
South Miami, FL 33143
(786) 508-2207
Digital Contact Information:
http://www.lunapsychology.com
angelo@lunapsychology.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Navarrete, Thais, MMFT, LMFT ●
12150 Southwest 128th Court
136
Miami, FL 33186
(305) 562-8804
Digital Contact Information:
thais@thaisnavarrete.com
Other Languages Spoken by Provider or Office Staff Spanish

Navarro-Gonzalez, Nancy, MD ■
7392 Northwest 35th Terrace
STE 303
Miami, FL 33122
(786) 695-2202
Digital Contact Information:
Not Available

and
100 NE 38th St
Ste 5
Miami, FL 33137
(305) 576-1599
Digital Contact Information:
Not Available

and
1 NE 167th St
Miami, FL 33162
(305) 947-7133
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff Spanish

Naves-Arellano, Kristine A, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@lifestance.com

Nazon, Marc, MA, LMFT ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Neapolitan, Vickie M, MSW, LCSW, LISW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Nedock, Shirley, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Neff, Christina, MA, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Nelson, Bonice, MSSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Nelson, Jennifer D, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Neri, Joshua, MA, LMHC ■
17670 Northwest 78th Avenue
STE 113
Hialeah, FL 33015
(716) 558-4565
Digital Contact Information:
empoweredcommunitysolutons@gmail.com

and
15715 South Dixie Highway
226
Miami, FL 33157
(305) 849-4186
Digital Contact Information:
empoweredcommunitysolutons@gmail.com

and
5600 Southwest 135th Avenue
STE 203
Miami, FL 33183
(786) 953-4962
Digital Contact Information:
empoweredcommunitysolutons@gmail.com

and
12595 Southwest 137th Avenue
STE 201
Miami, FL 33186
(786) 770-4832
Digital Contact Information:
empoweredcommunitysolutons@gmail.com

and
13205 Southwest 137th Avenue
130
Miami, FL 33186
(786) 773-4191
Digital Contact Information:
empoweredcommunitysolutons@gmail.com

and
13335 SW 124th St
Ste 106
Miami, FL 33186
(786) 842-3964
Digital Contact Information:
empoweredcommunitysolutons@gmail.com

and
13590 Southwest 134th Avenue
205c
Miami, FL 33186
(786) 754-6474
Digital Contact Information:
empoweredcommunitysolutons@gmail.com

and
FL
(786) 773-4191
(727) 455-9330
Digital Contact Information:
empoweredcommunitysolutons@gmail.com

and
975 Arthur Godfrey Road
Suite 308
Miami Beach, FL 33140
(305) 456-1014
Digital Contact Information:
http://www.mindandsoultherapy.org
empoweredcommunitysolutons@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Nesci, Jacqueline C, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(305) 395-5978
Digital Contact Information:
Not Available

and
FL
(305) 395-5978
Digital Contact Information:
Not Available

Nesic, Natasha, MC, LMHC ■
951 Northeast 167th Street
102c
North Miami Beach, FL 33162
(786) 333-9097
Digital Contact Information:
info@mentalhealthandarttherapy.com
Other Languages Spoken by Provider or Office Staff English, Croatian, Bosnian, Serbian

Nesterenko, Yulia, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com

Neuhut, Samuel A, MD ■
21150 Biscayne Blvd
Ste 202
Miami, FL 33180
(305) 791-1420
Digital Contact Information:
hcaps.payorrequest@hcahealthcare.com

Neves, Tirza, MS, LMHC ■
975 Arthur Godfrey Road
Suite 308
Miami Beach, FL 33140
(305) 456-1014
Digital Contact Information:
administration@mindandsoultherapy.com

and
7600 Red Road
102
South Miami, FL 33143
(305) 456-1014
Digital Contact Information:
administration@mindandsoultherapy.com

and
7600 Southwest 57th Avenue
102
South Miami, FL 33143
(305) 456-1014
Digital Contact Information:
administration@mindandsoultherapy.com
Other Languages Spoken by Provider or Office Staff Portuguese, English, Spanish

Newbold, Portia J, MSCC, LMHC ■
1469 NW 36th St
Miami, FL 33142
(305) 635-7444
Digital Contact Information:
mstoker@nhcmhc.org

Newman, Steven D, PSYD, LP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
steve@drstevenewman.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
steve@drstevenewman.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
steve@drstevenewman.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
steve@drstevenewman.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
steve@drstevenewman.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
steve@drstevenewman.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
steve@drstevenewman.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
steve@drstevenewman.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
steve@drstevenewman.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
steve@drstevenewman.com
Other Languages Spoken by Provider or Office Staff English

Ngandjo Yepndjouo, Sariette, MSN, APN, APRN, NP ■
FL
(305) 902-6347
Digital Contact Information:
brandy.marriner@geodehealth.com
Other Languages Spoken by Provider or Office Staff French

Nguyen, Phuc Duyen, MSN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Nicewicz, Holly, DO ■
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(954) 361-2669
Digital Contact Information:
hollynicewicz@lanocepsychiatry.com

Nicholas, Melissa, MSN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Nicholas, Nichelle, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Nichols, Janice, MSW, LCSW, LICSW, LISW-CP ■
1221 Brickell Avenue

Suite 900
Miami, FL 33131
(866) 478-3978
Digital Contact Information:
birches@withassured.com

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(833) 322-0977
Digital Contact Information:
http://www.joinmonument.com
birches@withassured.com

and
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
birches@withassured.com

Nicklaus, Neesha, MSN, APRN ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
sunshinepsychiatry33913@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Nicks, Darlene, MSW, LCSW, LICSW ■
333 Southeast 2nd Avenue
Suite #2000
Miami, FL 33131
(256) 701-4502
Digital Contact Information:
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Nieves, D'Elia, MD ■
4300 Biscayne Boulevard
STE 203
Miami, FL 33137
(877) 400-0540
Digital Contact Information:
https://forallmentalhealth.com
administration@mindandsoultherapy.com

and
975 Arthur Godfrey Road
Suite 308
Miami Beach, FL 33140
(305) 456-1014
Digital Contact Information:
http://www.mindandsoultherapy.org
administration@mindandsoultherapy.com

and
9299 SW 152nd St
Palmetto Bay, FL 33157
(305) 479-6538
Digital Contact Information:
administration@mindandsoultherapy.com

and
FL
(305) 479-6538
(877) 400-0540
Digital Contact Information:
administration@mindandsoultherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Nightingale, Atara, PA, PA_C ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
http://www.compasshealthsystem.com
credentialing@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystem.com
credentialing@compass.md

and
FL
(305) 891-0050
(305) 279-5535
(954) 771-7743
(954) 447-0010
(561) 752-9490
Digital Contact Information:
http://www.compasshealthsystem.com
credentialing@compass.md
Other Languages Spoken by Provider or Office Staff
Hebrew

Nisar, Mohammad A, MD ■
1603 Northeast 7th Avenue
Miami, FL 33137
(305) 374-1065
Digital Contact Information:
bgray@symplr.com

Nitsch, Elizabeth, PSYD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Nixon, Cara, PSYD, LP ■
FL
(800) 567-5433
Digital Contact Information:
https://totallife.com/
drcaranixon@yahoo.com

Njagi, Catherine, MSN, APRN ■
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Nkwanyuo, Esther, MSN, APRNCNP ■
4300 Biscayne Boulevard
STE 203
Miami, FL 33137
(817) 412-3067
Digital Contact Information:
enkwanyuo@gmail.com

Nodal, Alina C, MD ■
5951 NW 173rd Dr
B-7
Hialeah, FL 33015
(305) 557-1030
Digital Contact Information:
dr.alinanodal@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Nodal, Guido F, MD ■
7315 Northwest 36th Street
Miami, FL 33166
(786) 345-7734
Digital Contact Information:
cynthia.genovesi@ynhh.org

and
15495 Eagle Nest Lane
STE 215
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
cynthia.genovesi@ynhh.org

and
6600 Cow Pen Road
250
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
cynthia.genovesi@ynhh.org

and
215 Westward Dr
Miami Springs, FL 33166
(305) 887-4494
Digital Contact Information:
cynthia.genovesi@ynhh.org
Other Languages Spoken by Provider or Office Staff
Spanish

Nodal, Idalmis, MC, LMHC ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
tmedina@hbccmhc.com
Other Languages Spoken by Provider or Office Staff English

Nodarse, Linette, MPSY, LMHC ■
6625 Miami Lakes Drive
448
Miami Lakes, FL 33014
(305) 779-8565
Digital Contact Information:
http://www.comprehensive-assessment.com
lnodarselmhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Noel, Natacha, EDS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
lisette@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Noguera Mujica, Marihelena, MS, LMHC ■
17670 Northwest 78th Avenue
STE 113
Hialeah, FL 33015
(716) 558-4565
Digital Contact Information:
ebcg-support@findoctave.com

Nolan, Robert, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Nord-Roseau, Rachell, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Norton, Jeanne, MSN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

Novales, Rosabel, MS, LMHC ■
2500 Northwest 79th Avenue
Suite 211
Doral, FL 33122
(786) 675-8650
Digital Contact Information:
ymbehavioralhealth@gmail.com

and
Home Based Services Only
Doral, FL 33122
(786) 675-8650
Digital Contact Information:
ymbehavioralhealth@gmail.com

and
782 Northwest 42nd Avenue
Suite 4
Miami, FL 33126
(786) 337-0885
Digital Contact Information:
ymbehavioralhealth@gmail.com

and
Home Based Services Only
Miami Lakes, FL 33016
(786) 622-5743
Digital Contact Information:
ymbehavioralhealth@gmail.com

Novikov, Olga, MD ■
1065 Southwest 8th Street
570
Miami, FL 33130
(888) 903-5505
Digital Contact Information:
scheduling@telapsychiatry.com

Novoa, Trilce, MSCC, LMHC ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
solutiondrivenconsulting@gmail.com

Nunez, Aixa, MSW, LCSW ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 334-8099
Digital Contact Information:
credentialing@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com

and
12030 Southwest 129th Court
206
Miami, FL 33186
(305) 432-4032
Digital Contact Information:
credentialing@behavioralaid.com

Nunez, Patricia V, MS, LMHC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com
Other Languages Spoken by Provider or Office Staff
Spanish

Nunez, Shannon, MA, LMHC ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
arscredentialing@advancedrecoverysystems.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Nunez, Yanet, MSN, APRN ■
14221 Southwest 120th Street
208
Miami, FL 33186
(786) 302-5850
Digital Contact Information:
ynunez208@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Nwakudu, Chiedza, DNP, APN ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@natobehealthcare.com

Nyabiosi, Dorothy, MSN, APRN ■
FL
(508) 202-1011
Digital Contact Information:
support@sevenstarling.com

O'Connor, Knequisha L, MSN, APRN ■
11430 North Kendall Drive
106
Miami, FL 33176

(305) 279-5535
Digital Contact Information:
Not Available

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
Not Available

O'Farrill-Berges, Betsy, MS, LMFT ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

O'Leary, Moya, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

O'Neill, Gloria M, MSN, APRN ■
7855 Northwest 52nd Street
Doral, FL 33166
(305) 450-9651
Digital Contact Information:
info@rushcredentialing.com

Occean, Andrelita, MMH, LCMHC ■
7950 W Flagler St
Ste 106
Miami, FL 33144
(305) 269-3900
Digital Contact Information:
drgmartinez.psychologist@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Creole, French

Occelus, Ranovy, MSN, APRN, APRNCNP, NP ■
FL
(508) 202-1011
Digital Contact Information:
credentialing@sevenstarling.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@sevenstarling.com
Other Languages Spoken by Provider or Office Staff English

Ochoa Basulto, Anett, MPSY, LMHC ■
9260 Southwest 72nd Street
103 bldg 6
Miami, FL 33173
(786) 359-4448
Digital Contact Information:
anettochoa2015@gmail.com

and
13335 Southwest 124th Street
STE 211
Miami, FL 33186
(786) 551-8253
Digital Contact Information:
anettochoa2015@gmail.com

Octa, Christina, MC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
tocta.me@gmail.com

Odera, Lynda, MSN, APRN ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
credentialing@banyanhealth.org

Odum, Lesli S, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
leslie.odum@gmail.com

Ogugua, Adeola A, MSN, APRN, NP ■
FL
(305) 902-6347
Digital Contact Information:
hr.credentialing@sohomd.com
Other Languages Spoken by Provider or Office Staff English

Ojeda, Ana, PSYD, LP ■
3100 SW 62nd Ave
Miami, FL 33155
(305) 666-6511
Digital Contact Information:
payer.credentialing@mch.com

Ojeda, Guillermo, MSN, APRN ■
1550 Madruga Avenue
Suite 406
Coral Gables, FL 33146
(210) 864-2466
Digital Contact Information:
infodesk@bregmanmedicalgroup.com

Ojo, Kofoworola, MD ■
2730 Southwest 3rd Avenue
701
Miami, FL 33129
(201) 389-2729
Digital Contact Information:
https://sklifestylepsychiatry.com
kofoojomd@gmail.com

and
FL
(201) 389-2729
Digital Contact Information:
https://sklifestylepsychiatry.com
kofoojomd@gmail.com

Okoloedo, Christian, MSN, APRNCNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
mia.schmidt@televerohealth.com
Other Languages Spoken by Provider or Office Staff English

Okonkwo, Chinyere O, MSN, NP, PMHNP ■
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
info@aimergency.org

Okoye, Nkechinyere, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Okpaleke, Ifeoma B, MSN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
registration@happierliving.com

Okwuadigbo, Olaocha B, MD ■
790 Northwest 107th Avenue
Suite 107
Miami, FL 33172
(770) 492-2960
Digital Contact Information:
cheryl@qualitycredentialinginc.com

and
14891 Southwest 159th Court
Miami, FL 33196
(877) 910-0647
Digital Contact Information:
cheryl@qualitycredentialinginc.com

Oladunni, Olasumbo, MSN, APRN, APRNCNP, CNS, CRNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Olcsvay, Gwen, MSW, CAC, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
German

Olisaeke, Emelda, MSN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Oliva, Ivan, MSN, APRN ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
olivaob91@gmail.com

Oliva, Michael, MSN, APRN ■
FL
(786) 564-0426
(321) 399-2899
Digital Contact Information:
info@mavaorg.com

Oliva-Garcia, Isbell, MS, ABA, LMHC ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
FL
(305) 303-6631
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Oliver Guerra, Yamilet, MSN, APRN ■
2650 Southwest 27th Avenue
Suite 305
Miami, FL 33133
(786) 353-9812
Digital Contact Information:
regionspraxiscare@gmail.com

and
22133 South Dixie Highway
Miami, FL 33170
(786) 504-3119
Digital Contact Information:
regionspraxiscare@gmail.com

and
13205 Southwest 137th Avenue
STE 132
Miami, FL 331865334
(786) 475-4279
Digital Contact Information:
http://dominguezcommunitycenter.com
regionspraxiscare@gmail.com

and
9299 SW 152nd St
Palmetto Bay, FL 33157
(305) 479-6538
Digital Contact Information:
regionspraxiscare@gmail.com
Other Languages Spoken by Provider or Office Staff English

Oliver, Natasha, MC, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
safespace@therapyterrace.com

Olivera Cuevas, Gladys Mariam, MSN, APRN ■
1490 West 49th Place
suite 309
Hialeah, FL 33012
(305) 846-9333
Digital Contact Information:
credentialing@edgemdsolution.com

Olivera Fria, Beatriz, MSW, LCSW ■
12448 Southwest 127th Avenue
Miami, FL 33186
(786) 864-1030
Digital Contact Information:
psolis@vecinohealthcenters.org
Other Languages Spoken by Provider or Office Staff
Spanish

Olszanski, Leandro, EDM, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
lolszanski@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Olti Weissbrun, Vivian, MD ■
1680 Meridian Ave
Ste 501
Miami Beach, FL 33139
(305) 531-5341
Digital Contact Information:
llong@dgcmhc.org

and
1150 Northeast 125th Street
North Miami, FL 33161
(305) 403-0653
Digital Contact Information:
llong@dgcmhc.org
Other Languages Spoken by Provider or Office Staff Haitian Creole, Spanish

Omega, Reynald, MSN, APRN, CNP ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
intake@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
intake@compass.md
Other Languages Spoken by Provider or Office Staff Creole, French, Spanish

Omokpo, Ololade, MSN, APN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
help@joinuplift.co

Onibudo, Jennifer, MED, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/payors@emorahealth.com

Onifade, Beatrice, MN, APRN ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770

Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

and
17940 Northwest 27th Avenue
Miami Gardens, FL 33056
(954) 478-6577
Digital Contact Information:
insurance@wellnite.com

Onodu, Racheal O, MSN, APRNCNP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
amasherhealth@gmail.com

Orama, Kamir A, PSYD, LP ■
2020 Ponce de Leon
Suite 1201
Miami, FL 33134
(305) 917-5414
Digital Contact Information:
http://www.psychologybeyond.com
oramapsyd@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ordover, Samantha, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
English, Gujarati, Haitian Creole, Haitian, Spanish

Orfao-Martin, Claudia, MSW, LICSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
mollymar@yahoo.com
Other Languages Spoken by Provider or Office Staff
Portuguese, English

Orin, Ramon S, MA, LMHC ■
12030 Southwest 129th Court
Suite 211
Miami, FL 33186
(305) 639-8760
Digital Contact Information:
rorin31@bellsouth.net

and
12360 Southwest 132nd Court
STE 202
Miami, FL 33186
(786) 250-3396
Digital Contact Information:
rorin31@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Orozco, Amanda, MA, LMHC ■
9220 Sunset Drive
104
Miami, FL 33173
(786) 724-4224
Digital Contact Information:
https://www.vita-cog.com/
admin@vita-cog.com

Orozco Vega, Roberto A, MD ■
5901 Southwest 74th Street
211
Miami, FL 33143
(786) 228-6892
Digital Contact Information:
http://www.santanamhs.com

Orr, Christiana, MA, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
credentialing@thriveworks.com
Other Languages Spoken by Provider or Office Staff Sign Lang Amer

Ortega, Alexandra, PSYD, LP ■
1695 NW 9th Ave
3200
Miami, FL 33136
(305) 355-7000
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ortega, Laura R, MS, LMFT ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
contact@elevatepsychiatry.com

and
1711 W 38th Pl
Ste 1207
Hialeah, FL 33012
(786) 592-0940
Digital Contact Information:
contact@elevatepsychiatry.com

and
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
contact@elevatepsychiatry.com

and
16201 SW 95th Ave
Ste 101
Miami, FL 33157
(786) 592-0940
Digital Contact Information:
contact@elevatepsychiatry.com

Ortega, Melissa, MPSY, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
melissaortegams@gmail.com

and
12485 Southwest 137th Avenue
STE 212
Miami, FL 33186
(305) 998-8060
Digital Contact Information:
melissaortegams@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ortega, Patricia L, MSED, LMHC ■
9010 Southwest 137th Avenue
Ste 216
Miami, FL 33186
(305) 794-7078
Digital Contact Information:
p.ortegalmhc@gmail.com

Ortega-Goggins, Enid, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole, Spanish

Ortiz, Christian, MD ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@chcsbc.org

and
FL
(305) 395-5978
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@chcsbc.org

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(305) 395-5978
Digital Contact Information:
http://www.bayshoreintegratedhealth.com
credentialing@chcsbc.org
Other Languages Spoken by Provider or Office Staff
Spanish

Ortiz, Cindy-Joy, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Ortiz Villegas, Yenitza I, MS, LMHC ■
2828 Coral Way
560
Coral Gables, FL 33145
(786) 238-7298
Digital Contact Information:
yortizlmhc@gmail.com

and
3785 Northwest 82nd Avenue
117
Doral, FL 33166
(786) 238-7321
(786) 238-7298
Digital Contact Information:
yortizlmhc@gmail.com

and
FL
(786) 238-7321
(786) 238-7298
Digital Contact Information:
yortizlmhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Orue, Isis, CD, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Osborne, Michael, BA, CADC-II ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
kjohnson@tanner.org

and
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
https://www.emorahealth.com/
kjohnson@tanner.org

Osher, Carol, MSSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Osinowo, Joy, MSN, APN, APNP, APRN, APRNCNS, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
help@joinuplift.co

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(305) 395-5978
Digital Contact Information:
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff English

Osorio, Lina, MS, LMHC ■
FL
(415) 992-6155
(786) 337-3808
Digital Contact Information:
http://www.mindcounselinggroup.com
kelli@daybreakhealth.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Osorio, Yanira, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
tori@paxhealth.net

Otero Desantiago, Luis A, MMH, LMHC ■
FL
(954) 850-1859
Digital Contact Information:
luis@ctraumacare.com

Oubadji, Michelle, MSW, LCSW ■
FL
(415) 941-4109
(754) 444-8004
Digital Contact Information:
http://www.bundletherapy.com
admin@bundletherapy.com

and
1400 Northeast Miami Gardens Drive
212
Miami, FL 33179
(415) 941-4109
(754) 444-8004
Digital Contact Information:
http://www.bundletherapy.com
admin@bundletherapy.com
Other Languages Spoken by Provider or Office Staff
Portuguese, English, Spanish

Ovadia, Tamara C, MSW, LCSW ■
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
fl-credentialing@lifestance.com

Overholt, Kristen P, MSCC, LMHC ■
2600 S Douglas Rd
Ste 1003
Coral Gables, FL 33134
(305) 445-0477
Digital Contact Information:
ana@coralgablescounseling.com

Owen, Adrian B, MA, LMHC, LPCC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
birches@withassured.com

Owens, Alana, MC, LCSW ■
1951 Northwest 7th Avenue
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
Not Available

Owens, Anju R, MC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Oyaga, Alberto, MSN, APRN ■
2001 Northwest 107th Avenue
412
Doral, FL 33172
(786) 548-8322
Digital Contact Information:
retreatmedicalcenter@gmail.com

and
777 E 25th St
Ste 212
Hialeah, FL 33013
(786) 409-7329
Digital Contact Information:
retreatmedicalcenter@gmail.com

and
244 Biscayne Boulevard

2007 2007
Miami, FL 33132
(786) 968-4172
Digital Contact Information:
retreatmedicalcenter@gmail.com

and
1818 West Flagler Street
Miami, FL 33135
(786) 755-2892
Digital Contact Information:
http://www.goldengatemedicalgroup.com
retreatmedicalcenter@gmail.com

and
1818 West Flagler Street
Ste 2
Miami, FL 33135
(786) 755-2892
Digital Contact Information:
http://www.goldengatemedicalgroup.com
retreatmedicalcenter@gmail.com

and
7116 Southwest 47th Street
Miami, FL 33155
(786) 794-2655
Digital Contact Information:
retreatmedicalcenter@gmail.com

and
5673 Southwest 137th Avenue
Miami, FL 33183
(305) 385-3949
Digital Contact Information:
retreatmedicalcenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Oyerinde, Anthonia O, MSN, APRNCNP, PMHNP ■
FL
(305) 902-6347
Digital Contact Information:
http://www.bebravehealth.com
Other Languages Spoken by Provider or Office Staff Igbo, English, Yoruba

Oyerinde, Mercy O, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
woodstock.support@thriveworks.com
Other Languages Spoken by Provider or Office Staff English

Pabon, Hernan, MD ■
7374 SW 93rd Ave
Ste 201A
Miami, FL 33173
(786) 753-7467
Digital Contact Information:
info@doctorsccs.com

and
9000 Southwest 137th Avenue
#116
Miami, FL 33186
(305) 671-3503
Digital Contact Information:
http://www.behavioralccs.com
info@doctorsccs.com

and
9000 Southwest 137th Avenue
Suite 103
Miami, FL 33186
(305) 671-3503
Digital Contact Information:
http://www.behavioralccs.com
info@doctorsccs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pace, Caroline, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Pacheco, Sandra, MS, LMHC ■
1801 Northeast 123rd Street
303
North Miami, FL 33181
(305) 510-0912
Digital Contact Information:
spachecolmhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pacios, Greter, MSN, APRN ■
13370 Southwest 131st Street
Suite 110
Miami, FL 33186
(786) 250-4571
Digital Contact Information:
infogarciahs@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Padilla, Americo F, MD ■
3100 SW 62nd Ave
Miami, FL 33155
(305) 666-6511
Digital Contact Information:
americo.padilla@nicklaushealth.org

and
3100 SW 62nd Ave
Fl 2
Miami, FL 33155
(786) 624-5747
Digital Contact Information:
americo.padilla@nicklaushealth.org

and
8955 SW 87th Ct
Ste 112
Miami, FL 33176
(305) 722-7210
Digital Contact Information:
americo.padilla@nicklaushealth.org
Other Languages Spoken by Provider or Office Staff
Spanish

Padilla, Vicki, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Padrino, Natacha M, MD ■
7811 Coral Way
106
Miami, FL 33155
(305) 412-0138
Digital Contact Information:
vdacommunitycenter@gmail.com

and
13055 Southwest 42nd Street
STE 104
Miami, FL 33175
(305) 480-7839
Digital Contact Information:
vdacommunitycenter@gmail.com

and
14247 Southwest 42nd Street
Miami, FL 33175
(786) 817-2976
Digital Contact Information:
vdacommunitycenter@gmail.com

and
12448 Southwest 127th Avenue
Miami, FL 33186
(786) 864-1030
Digital Contact Information:
vdacommunitycenter@gmail.com

and
17340 Northwest 27th Avenue
Miami Gardens, FL 33056
(786) 255-0613
Digital Contact Information:
vdacommunitycenter@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Padro, Mariela T, MD ■
975 Arthur Godfrey Road
Ste 302
Miami Beach, FL 33140
(305) 456-1014
Digital Contact Information:
http://www.mindandsoultherapy.org
padromd@mindandsoultherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Padron, Adis E, MS, LMHC ■
1840 West 49th Street
304
Hialeah, FL 33012
(786) 803-8596
Digital Contact Information:
fl-credentialing@lifestance.com

and
13205 Southwest 137th Avenue
206 208
Miami, FL 33186
(786) 592-2063
Digital Contact Information:
fl-credentialing@lifestance.com

and
14645 Northwest 77th Avenue
101
Miami Lakes, FL 33014
(833) 769-3524
Digital Contact Information:
http://lifestance.com
fl-credentialing@lifestance.com
Other Languages Spoken by Provider or Office Staff
Spanish

Padron, Barbara, MS, LMFT ■
1575 West 53rd Street
Hialeah, FL 33012
(305) 707-5966
Digital Contact Information:
movingtowardagape@gmail.com

and
15715 S Dixie Hwy
Ste 403
Miami, FL 33157
(305) 707-5966
Digital Contact Information:
movingtowardagape@gmail.com

Padron, Felix O, PSYD, LMHC ■
Catalonia Avenue
Coral Gables, FL 33134
(305) 448-6000
Digital Contact Information:
doctorpadron@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Padron, Yudit, MSN, APRN ■
5190 Northwest 167th Street
201
Hialeah, FL 33014
(305) 705-4289
Digital Contact Information:
information@dadefamilly.com

and
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
information@dadefamilly.com

and
7821 Coral Way
100
Miami, FL 33155
(786) 409-5690
Digital Contact Information:
information@dadefamilly.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
information@dadefamilly.com

and
13226 SW 8th St
Miami, FL 33184
(786) 518-3353
Digital Contact Information:
information@dadefamilly.com

Paez, Ronaldys, MSN, APRN ■
FL
(305) 615-5145
Digital Contact Information:
http://www.araratpsychiatry.com
info@araratpsychiatry.com

Pagano, Lindsay, MSW, LCSW ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Pages, Vanessa L, PSYD, LP ■
255 University Drive
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
v.pages@harmonyatthegables.com

and
2550 Douglas Road
201
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
v.pages@harmonyatthegables.com

and
401 Coral Way
Ste # 105
Coral Gables, FL 33134
(786) 534-4979
Digital Contact Information:
v.pages@harmonyatthegables.com

and
717 Ponce de Leon
STE 307
Coral Gables, FL 33134
(305) 952-3247
Digital Contact Information:
v.pages@harmonyatthegables.com

and
1840 West 49th Street
709
Hialeah, FL 33012
(786) 393-0315
Digital Contact Information:
v.pages@harmonyatthegables.com

and
419 West 49th Street
212
Hialeah, FL 33012
(305) 299-1614
Digital Contact Information:
v.pages@harmonyatthegables.com

and
4445 West 16th Avenue
STE 602
Hialeah, FL 33012
(813) 999-1524
Digital Contact Information:
v.pages@harmonyatthegables.com

and
5911 Northwest 173rd Drive
6 6
Hialeah, FL 33015
(786) 380-9229
Digital Contact Information:
v.pages@harmonyatthegables.com

and
10550 Northwest 77th Court
401
Hialeah Gardens, FL 33016
(786) 332-3340
Digital Contact Information:
v.pages@harmonyatthegables.com

and
7392 Northwest 35th Terrace
Ste 203-204
Miami, FL 33122
(786) 310-7667
Digital Contact Information:
v.pages@harmonyatthegables.com

and
815 NW 57th Ave
Ste 400
Miami, FL 33126
(786) 693-6500
Digital Contact Information:
v.pages@harmonyatthegables.com

and
1428 Brickell Ave
Ste 403
Miami, FL 33131
(305) 915-5708
Digital Contact Information:
v.pages@harmonyatthegables.com

and
2650 Southwest 27th Avenue
Suite 305
Miami, FL 33133
(786) 353-9812
Digital Contact Information:
http://www.harmonyatthegablesclinic.com
v.pages@harmonyatthegables.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
v.pages@harmonyatthegables.com

and
4471 Northwest 36th Street
Unit 202
Miami, FL 33166
(786) 558-4800
Digital Contact Information:
v.pages@harmonyatthegables.com

and
9375 Fontainebleau Boulevard
l119 l119
Miami, FL 33172
(305) 889-8015
Digital Contact Information:
v.pages@harmonyatthegables.com

and
9380 Southwest 72nd Street
245
Miami, FL 33173
(305) 381-5434
Digital Contact Information:
v.pages@harmonyatthegables.com

and
9380 Sunset Drive
b240
Miami, FL 33173
(786) 534-4979
Digital Contact Information:
v.pages@harmonyatthegables.com

and
931 Southwest 122nd Avenue
Miami, FL 33184
(305) 603-9235
Digital Contact Information:
v.pages@harmonyatthegables.com

and
12001 SW 128th Ct
Ste 102
Miami, FL 33186
(786) 971-7920
Digital Contact Information:
v.pages@harmonyatthegables.com

and
13255 Southwest 137th Avenue
ste 217
Miami, FL 33186
(305) 502-3760
Digital Contact Information:
v.pages@harmonyatthegables.com

and
5803 Northwest 151st Street
suite#200 B
Miami Lakes, FL 33014
(786) 612-4461
Digital Contact Information:
v.pages@harmonyatthegables.com

and
8181 Northwest 154th Street
STE 112
Miami Lakes, FL 33016
(786) 360-5883
Digital Contact Information:
v.pages@harmonyatthegables.com

and
1190 Northwest 95th Street
307
Miami Shores, FL 33150
(407) 572-8053
Digital Contact Information:
v.pages@harmonyatthegables.com
Other Languages Spoken by Provider or Office Staff
French, Spanish

Paisley, Michelle N, MSW, LCSW ■
FL
(508) 202-1011
Digital Contact Information:
support@sevenstarling.com

Palaez, Alexandra, MS, LMFT ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
draida@mpsmentalhealth.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
draida@mpsmentalhealth.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
draida@mpsmentalhealth.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
draida@mpsmentalhealth.com
Other Languages Spoken by Provider or Office Staff
French, Russian, Spanish

Palamara, Sherry A, PSYD, LP ■
3105 Northwest 107th Avenue
Suite: 400
Doral, FL 33172
(305) 920-3921
Digital Contact Information:
shpalamara@aol.com

and
10305 NW 41st St
Ste 205
Doral, FL 33178
(305) 994-7420
Digital Contact Information:
shpalamara@aol.com

and
407 Lincoln Rd
Ste 6L
Miami Beach, FL 33139
(305) 994-7420
Digital Contact Information:
shpalamara@aol.com

Palancar Gainza, Eleanis, MSN, APRN ■
7000 West 12th Avenue
15
Hialeah, FL 33014
(305) 395-4919
Digital Contact Information:
xantoswellness25@gmail.com

and
12550 Biscayne Boulevard
STE 507
North Miami, FL 33181
(305) 204-1209
Digital Contact Information:
xantoswellness25@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Palau, Barbara K, MSS, LMHC ■
12970 SW 133rd Ct
Miami, FL 33186
(786) 263-3676
Digital Contact Information:
bkpalau@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Palenque, Yoni R, MSN, APRN ■
2000 Northwest 87th Avenue
Suite 201
Doral, FL 33172
(954) 561-6222
Digital Contact Information:
info@ventremedical.com

and
5901 Southwest 74th Street
408
Miami, FL 33143
(305) 735-3555
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Palenzuela, Joanne, MA, LMHC ■
1601 NW 12th Ave
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
Not Available

Palermo, Brittany, MSN, APNP, APRN, APRNCNP, CRNP, NP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
brittany.palermo@chenaltherapy.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com
Other Languages Spoken by Provider or Office Staff English

Palle, Hysintine, DNP, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
administration@empowermenthealthllc.com

Palomino, Mariaelena, MSED, LMFT ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
info@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
info@behavioralaid.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pandini, Heli, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
credentialing@thriveworks.com

Pantano, Lisa, MC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
leigh.pantano@gmail.com

Papirno, Naomi, MSED, LMFT ■
1951 NW 17th Ave
Miami, FL 33125
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

Papuchis, Kristie, MSW, CSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
help@joinuplift.com

Parashar, Sunil D, MD ■
3323 Northeast 163rd Street
North Miami Beach, FL 33160
(989) 583-6800
Digital Contact Information:
rachel.johnson@curemd.com

Pareras, Aixa, MC, LMHC ■
14225 SW 42nd St
Miami, FL 33175
(305) 221-8200
Digital Contact Information:
http://www.drvidalzas.com
melbag.avzcounseling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Paris, Emilia, MC, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Parlade, Meaghan, PHD, LP ■
1601 Northwest 12th Avenue
2047
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
Not Available

Parnes, Tanya, MS, LMHC ■
FL
(305) 570-7695
Digital Contact Information:
matterofmindcounseling@gmail.com

Parodi, Laura, MPSY, LMFT ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
bravosmentalhealthcare@gmail.com

and
2100 West 76th Street
#209
Hialeah, FL 33016
(786) 201-1088
Digital Contact Information:
bravosmentalhealthcare@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Parra, Belarmino, MSN, APRN ■
FL
(305) 321-7718
Digital Contact Information:
Not Available

Parra, Jenny, MD ■
3785 Northwest 82nd Avenue
307
Doral, FL 33166
(305) 898-5420
Digital Contact Information:
jenparrahmb@outlook.com

and
5701 Southwest 107th Avenue
203

Miami, FL 33173
(305) 315-4170
Digital Contact Information:
jenparrahmb@outlook.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Parrado, Arlette C, MSW, LCSW ■
815 Northwest 57th Avenue
325
Miami, FL 33126
(786) 364-6510
Digital Contact Information:
acparradolcsw@gmail.com
Other Languages Spoken by Provider or Office Staff English

Parsons, Charity, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Pascal, Shlomo, MD ■
900 East 9th Street
Hialeah, FL 33010
(305) 381-5294
Digital Contact Information:
info@btpmentalhealth.com

and
790 Northwest 107th Avenue
Suite 110
Miami, FL 33172
(305) 964-5426
Digital Contact Information:
info@btpmentalhealth.com

and
13205 Southwest 137th Avenue
suite 126
Miami, FL 33186
(786) 478-6688
Digital Contact Information:
info@btpmentalhealth.com

and
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
info@btpmentalhealth.com
Other Languages Spoken by Provider or Office Staff
Hebrew, Spanish, Romanian

Paster, Karen, MSN, APN, APRN, CRNP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
courtney@conscientiamd.com
Other Languages Spoken by Provider or Office Staff English

Pastori, Farah G, MSN, APRN, NP ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Patel, Dhruti M, MD ■
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
Fl 14
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
Fl 3
Miami, FL 33136
(305) 355-7148
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Gujarati

Patel, Leila M, MSN, APRN ■
FL
(786) 250-6240
Digital Contact Information:
info@thepractice.co

Patel, Punam, MD ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@hupcfl.com
Other Languages Spoken by Provider or Office Staff English

Patel-Steingart, Gita M, MA, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@elitedna.com

Patsicostas, Susan, MS, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
strive@strivementalhealthllc.com

Patterson, Elizabeth A, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
billing@ddsistems.com

Patterson, Trakeeta A, MSW, LCSW ■
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
dreamagainservices@gmail.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
dreamagainservices@gmail.com

Pattison, Gretchen, DO ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Patton, Jacquelyn, MACP, LMHC ●
8500 SW 92nd Street
206
Miami, FL 33156
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
billing@livewelltherapygroup.com

and
7600 Southwest 57th Avenue
suite 334
South Miami, FL 33143
(786) 332-4478
Digital Contact Information:
billing@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Paul, Michelle J, MN, APRN ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Paula Jorge, Lynette D, MSN, APRN ■
8323 Northwest 12th Street
108
Doral, FL 33126
(305) 400-8511
Digital Contact Information:
http://www.cbhwestcoast.com
info@cbhwestcoast.com

Payne, Kurt, CD, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Pazos, Flora, MA, CSW, LMHC ■
3785 Northwest 82nd Avenue
307
Doral, FL 33166
(239) 491-2753
Digital Contact Information:
peacefulprogressmiami@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pazos, Vivian, MS, LMFT ■
4005 Northwest 114th Avenue
22 22
Doral, FL 33178
(305) 260-6913
Digital Contact Information:
ebcg-support@findoctave.com

and
1469 NW 36th St
Miami, FL 33142
(305) 635-7444
Digital Contact Information:
ebcg-support@findoctave.com

Peacock Smith, Leandra, MSN, APN, NP ■
FL
(305) 902-6347
Digital Contact Information:
start@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Peana, Ana M, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Pearl, Betsy, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
drphelps@bocaratonpsychiatry.com

Pedroso, Denia, MN, APRN ■
FL
(786) 361-9564
Digital Contact Information:
ecjmedservicescorp@gmail.com

Peguero, Dianelys, MSN, APRN ■
4910 East 2nd Avenue
Hialeah, FL 33013
(954) 239-8860
Digital Contact Information:
adminsomosvida@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Peicher De Fleischer, Clara, MS, LMHC ■
12000 Biscayne Boulevard
303
Miami, FL 33181
(305) 933-9820
Digital Contact Information:
http://www.jcsfl.org

and
12000 Biscayne Boulevard
609
Miami, FL 33181
(305) 933-9820
Digital Contact Information:
http://www.jcsfl.org

Pelaez, Dally M, MSW, LCSW ■
9370 Southwest 72nd Street
Suite #A-213
Miami, FL 33173
(305) 999-1083
Digital Contact Information:
upliftbhs@gmail.com

and
FL
(305) 807-9545
Digital Contact Information:
upliftbhs@gmail.com

Pelaez, Janys, MSN, APRN ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
http://banyanhealth.org
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
credentialing@banyanhealth.org

Pelaez Munsey, Sandra R, MSN, APRN ■
8323 Northwest 12th Street
Ste 206
Doral, FL 33126
(305) 373-3424
Digital Contact Information:
drasimnisar@gmail.com

and
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
drasimnisar@gmail.com

and
2300 West 84th Street
Ste 601
Hialeah, FL 33016
(305) 363-4001
Digital Contact Information:
drasimnisar@gmail.com

and
2311 Northwest 7th Street
Miami, FL 33125
(786) 789-6021
Digital Contact Information:
drasimnisar@gmail.com

and
7921 Bird Rd
Ste 41
Miami, FL 33155
(305) 425-1393
Digital Contact Information:
drasimnisar@gmail.com

and
7971 Bird Road
15
Miami, FL 33155
(786) 504-5620
Digital Contact Information:
drasimnisar@gmail.com

and
7001 SW 97th Ave
Ste 206
Miami, FL 33173
(786) 294-0123
Digital Contact Information:
https://www.chgpsychiatry.com/
drasimnisar@gmail.com

and
7001 Southwest 97th Avenue
206a

Miami, FL 33173
(305) 373-3424
Digital Contact Information:
https://www.chgpsychiatry.com/
drasimnisar@gmail.com

and
13706 Southwest 56th Street
STE 105-106
Miami, FL 331756036
(786) 523-4289
Digital Contact Information:
drasimnisar@gmail.com

and
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
drasimnisar@gmail.com

and
5391 Northwest 36th Street
Miami Springs, FL 33166
(305) 418-0580
Digital Contact Information:
drasimnisar@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Peleg-Oren, Neta, PHD, LCSW ■
2627 NE 203rd St
Ste 113
Miami, FL 33180
(786) 877-0919
Digital Contact Information:
npelegoren@gmail.com
Other Languages Spoken by Provider or Office Staff
Hebrew

Pellot, Gladys J, MS, LMHC ■
31 N Krome Ave
Homestead, FL 33030
(786) 481-5909
Digital Contact Information:
http://www.infinitecompletecare.com
info@infinitecc.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

Peluso, Mark, MSW, LCSW ■
66 W Flagler St
900
Miami, FL 33130
(786) 244-7690
Digital Contact Information:
http://provider.growtherapy.com/search
mark.humanup@gmail.com

Pena, Edgar, MS, LMHC ■
1354 Washington Avenue
221
Miami Beach, FL 33139
(305) 766-8064
Digital Contact Information:
http://www.mbbehavioralhealth.com
mbbehavioralhealth1@yahoo.com

and
15495 Eagle Nest Lane
STE 215
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
mbbehavioralhealth1@yahoo.com

and
6600 Cow Pen Road
250
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
mbbehavioralhealth1@yahoo.com

and
215 Westward Dr
Miami Springs, FL 33166
(305) 887-4494
Digital Contact Information:
mbbehavioralhealth1@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pena, Elsie, MC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
help@joinuplift.co

Pena, Frances, MSW, LCSW ■
8100 SW 81st Dr
Ste 290
Miami, FL 33143
(305) 975-4049
Digital Contact Information:
credentialing@joinuplift.co

and
16095 SW 150th St
Miami, FL 33196
(305) 975-4049
Digital Contact Information:
credentialing@joinuplift.co
Other Languages Spoken by Provider or Office Staff
Spanish

Pena, Francisco, MMH, LMHC ■
FL
(786) 536-9714
Digital Contact Information:
http://www.abc4s.com
admin@abc4s.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pena Garcia, Ibis, PSYD, LP ■
8200 Northwest 41st Street
135
Doral, FL 33166
(305) 599-2111
Digital Contact Information:
cdps.doral@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pena, Giliana G, MSSW, LCSW ■
8300 West Flagler Street
170
Miami, FL 33144
(786) 633-5171
Digital Contact Information:
olympushcs@gmail.com

and
14400 Northwest 77th Court
#100
Miami Lakes, FL 33016
(786) 916-6073
Digital Contact Information:
olympushcs@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pena Pacheco, Nariel, MSN, APRN ■
18901 Southwest 106th Avenue
229
Miami, FL 33157
(786) 506-9008
Digital Contact Information:
advancecommunity71@gmail.com

and
10031 Southwest 40th Street
Miami, FL 33165
(786) 442-9628
Digital Contact Information:
advancecommunity71@gmail.com

Pena Perez, Astrid E, MC, LMHC ■
FL
(786) 975-9866
Digital Contact Information:
astridpena.mhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Penalver, Alberto A, MD ■
2780 Southwest 37th Avenue
Suite 206
Miami, FL 33133
(305) 646-0112
Digital Contact Information:
haquinotapia@pmrconsulting.net
Other Languages Spoken by Provider or Office Staff
Spanish

Penaranda, Yohan, MS, LMHC ■
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
http://brightsyhealthfl.com
brightsyhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Penate, Aurora, MS, LMHC ■
2550 Douglas Road
Ste #301
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
http://www.mindandsoultherapy.org
daylen.ponce@nicklaushealth.org

and
3100 SW 62nd Ave
Miami, FL 33155
(305) 663-8439
Digital Contact Information:
daylen.ponce@nicklaushealth.org
Other Languages Spoken by Provider or Office Staff
Spanish

Penichet, Abigail, MSN, APRN ■
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(954) 361-2669
Digital Contact Information:
admin@everyrosellc.com

Peral, Nikita R, MS, LMHC ●
3081 Salzedo Street
Suite 202 -S
Coral Gables, FL 33134
(786) 254-1443
Digital Contact Information:
rootedwellnessmiami@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Peralbo Perez, Juan V, MSN, APRNPMH ■
15935 Northwest 57th Avenue
Hialeah, FL 33014
(786) 953-5506
Digital Contact Information:
jessica@sanmiguelwellnesscenter.com

and
12030 Southwest 129th Court
107a
Miami, FL 33186
(305) 432-4032
Digital Contact Information:
jessica@sanmiguelwellnesscenter.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Peralta, Luisa, PSYD, LP ■
2525 Ponce de Leon
Suite 300
Coral Gables, FL 33134
(954) 608-1739
Digital Contact Information:
dr.luisaperalta@gmail.com

Peraza, Dania, MSN, APRN ■
FL
(305) 824-0637
Digital Contact Information:
bccsoperations@doctorsccs.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
bccsoperations@doctorsccs.com

Peraza Llanes, Alexander, MSN, APRN ■
2000 Northwest 87th Avenue
Suite 201
Doral, FL 33172
(954) 561-6222
Digital Contact Information:
info@ventremedical.com

and
5901 Southwest 74th Street
408
Miami, FL 33143
(305) 735-3555
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perdomo, Dolores, PHD, LCSW ■
5555 Ponce De Leon Blvd
Coral Gables, FL 33146
(305) 355-9028
Digital Contact Information:
Not Available

and
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-2301
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
1404A
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
Fl 3
Miami, FL 33136
(305) 355-7000
Digital Contact Information:
Not Available

Perdomo, Marlen, MS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Pereda, Raquel, MS, LMHC, LPCC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Pereda, Vanessa, PSYD, LP ■
7600 South Red Road
200
South Miami, FL 33143
(786) 508-2207
Digital Contact Information:
http://www.lunapsychology.com
angelo@lunapsychology.com

Peredo, Carolina, MPSY, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
credentialing@banyanhealth.org

Pereira, Zamira, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Spanish

Perera, Leanette, MS, LMHC ■
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
info@btpmentalhealth.com

Perera, Mirbelys, MD ■
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez Arias, Yanet, MSN, APRN ■
14201 Southwest 120th Street
suite 110
Miami, FL 33186
(786) 238-7492
Digital Contact Information:
https://mitierramedicalgroup.com
office@mitierramedicalgroup.com

Perez, Arlines, MS, BCBA ■
14722 Southwest 56th Street
Miami, FL 33185
(305) 456-0572
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Perez, Belkis B, MSN, NP ■
FL
(305) 579-2885
Digital Contact Information:
http://www.lumimindpsychiatrywellness.com
lumimindpsychwell@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Perez Benitez, Carlos I, PHD, LP ■
1701 W Flagler St
Ste 310
Miami, FL 33135
(786) 467-7006
Digital Contact Information:
carlosisraelphd@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez Cabrera, Enia, MSN, APRN ■
3785 Northwest 82nd Avenue
307
Doral, FL 33166
(305) 898-5420
Digital Contact Information:
credentialing@premedsys.com

and
3621 SW 107th Ave
Miami, FL 33165
(786) 534-8366
Digital Contact Information:
http://serenitycommunitycenter.com
credentialing@premedsys.com

and
8111 Southwest 157th Place
Miami, FL 33193
(786) 496-2221
Digital Contact Information:
credentialing@premedsys.com

Perez, Claudia, MMH, BCBA ■
Home Based Services Only
Miami, FL 33155
(786) 262-5559
Digital Contact Information:
namastebehaviortherapy@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Perez, Dania, MSN, APRN ■
4155 Southwest 130th Avenue
Suite 114B
Miami, FL 33175
(305) 546-9013
Digital Contact Information:
nicanoragent83@gmail.com

and
FL
(305) 546-9013
Digital Contact Information:
nicanoragent83@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Elisaul, MS, LMHC ■
FL
(305) 399-5900
Digital Contact Information:
therapeutic.taps@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Guadalupe, MS, LMHC ■
7875 SW 104th St
Ste 101
Miami, FL 33156
(305) 899-1587
Digital Contact Information:
http://www.jcsfl.org
help@joinuplift.co

and
11890 Southwest 8th Street
Suite 204
Miami, FL 33184
(415) 941-4109
(786) 683-9840
Digital Contact Information:
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Isabel M, EDS, LMHC ■
8672 Bird Rd
Ste 214
Miami, FL 33155
(305) 505-3714
Digital Contact Information:
psychologicalawakenings.ip@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Jessica, PSYD, LP ■
10250 Southwest 56th Street
D202
Miami, FL 33165
(954) 388-0842
Digital Contact Information:
fenixpsychology@gmail.com

Perez, Jesus, PSYD, LP ■
215 Westward Dr
Miami Springs, FL 33166
(305) 887-4494
Digital Contact Information:
perez_29993@msn.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Lizbeth, MN, APRN ■
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
https://www.chgpsychiatry.com/
chgpsychiatry@gmail.com

Perez, Lorena, MC, LMHC ■
1603 Northeast 7th Avenue
Miami, FL 33137
(305) 374-1065
Digital Contact Information:
http://camillus.org
alexo@camillus.org
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Lourdes, MMFT, LMFT ■
9240 Sunset Dr
Ste 202
Miami, FL 33173
(305) 763-3965
Digital Contact Information:
nextchaptercounseling18@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Perez Lujan, Dalgys, MC, LMHC ■
2500 Northwest 79th Avenue
233
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
gandgmedicalcenter@gmail.com

and
3785 Northwest 82nd Avenue
307
Doral, FL 33166
(305) 898-5420
Digital Contact Information:
gandgmedicalcenter@gmail.com

and
1165 West 49th Street
suite 207
Hialeah, FL 33012
(305) 703-3386
Digital Contact Information:
gandgmedicalcenter@gmail.com

and
15935 Northwest 57th Avenue
Hialeah, FL 33014
(786) 953-5506
Digital Contact Information:
gandgmedicalcenter@gmail.com

and
7392 Northwest 35th Terrace
Suite 302
Miami, FL 33122
(786) 353-2792
Digital Contact Information:
gandgmedicalcenter@gmail.com

and
9900 Southwest 107th Avenue
STE 101
Miami, FL 33176
(305) 964-5381
Digital Contact Information:
gandgmedicalcenter@gmail.com

and
FL
(786) 703-9779
(305) 703-3386
Digital Contact Information:
https://www.gandgmedicalcenter.com
gandgmedicalcenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez Machin, Lisyen, MSN, APRN ■
900 West 49th Street
STE 512
Hialeah, FL 33012
(786) 536-1701
Digital Contact Information:
credentialing@premedsys.com

and
351 NW 42nd Ave
Ste 406
Miami, FL 33126
(786) 536-1710
Digital Contact Information:
credentialing@premedsys.com

and
1890 Southwest 57th Avenue
SUITE 106
Miami, FL 33155
(786) 536-1701
Digital Contact Information:
http://www.integratedhealthcare.group
credentialing@premedsys.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Madiane, MACP, LMHC ■
12150 Southwest 128th Court
Suite 108
Miami, FL 33186
(786) 732-0607
Digital Contact Information:
madiane@mpbehavioral.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Magalys D, PHD, LMFT ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
info@myschoolpsychologistinc.com
Other Languages Spoken by Provider or Office Staff English

Perez, Milena J, MBS, LMHC ■
782 Northwest 42nd Avenue
suite 329
Miami, FL 33126
(305) 766-3159
Digital Contact Information:
mjpatherapy@gmail.com

and
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
mjpatherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Perez, Nelson M, MS, LMHC ■
2500 Northwest 79th Avenue
Suite 227
Doral, FL 33122
(305) 456-9396
Digital Contact Information:
info@jagcommunityhealth.com

and
10200 Northwest 25th Street
211
Doral, FL 33172
(305) 381-0346
Digital Contact Information:
info@jagcommunityhealth.com

and
1840 West 49th Street
Ste 408
Hialeah, FL 33012
(305) 603-9202
Digital Contact Information:
info@jagcommunityhealth.com

and
10300 Southwest 72nd Street
250b
Miami, FL 33173
(787) 433-7751
Digital Contact Information:
info@jagcommunityhealth.com

and
9350 Southwest 72nd Street
105
Miami, FL 33173
(786) 401-7579
Digital Contact Information:
info@jagcommunityhealth.com

and
FL
(786) 607-2257
Digital Contact Information:
http://www.harmonyhealth.com
info@jagcommunityhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Rosa A, MSN, APRN ■
6262 Bird Road
Ste 2K
Miami, FL 33155
(305) 692-0421
Digital Contact Information:
Not Available

Perez, Rosbel, MSN, APRN ■
8532 Southwest 8th Street
STE 290
Miami, FL 33144
(786) 927-8048
Digital Contact Information:
http://www.icaremh.com
dovebehavioralhealth@gmail.com

Perez Verdecia, Frank, PSYD, LP ■
2020 Ponce de Leon
Suite 1201
Miami, FL 33134
(305) 917-5414
Digital Contact Information:
perezverdecia@psychologybeyond.com

Other Languages Spoken by Provider or Office Staff Spanish

Perez, Veronica, MS, LMHC ■
7600 Red Road
102
South Miami, FL 33143
(305) 456-1014
Digital Contact Information:
http://www.mindandsoultherapy.org
administration@mindandsoultherapy.com

Perez, Victoria, MSW, LCSW ■
12540 Southwest 8th Street
Miami, FL 33184
(305) 705-6840
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Perez-Carrion, Jessenia, PSYD, LCP ■
100 NE 15th St
Ste 101D
Homestead, FL 33030
(833) 779-8646
Digital Contact Information:
perezc.jessenia@gmail.com

and
FL
(486) 499-5327
Digital Contact Information:
https://www.healinghavenpsychology.com/
perezc.jessenia@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Perez-Castro, Josefina, MSW, LCSW ■
5001 SW 74th Ct
Ste 104
Miami, FL 33155
(305) 663-0013
Digital Contact Information:
anagabilling@gmail.com

and
6955 NW 77th Ave
Ste 401
Miami, FL 33166
(305) 663-0013
Digital Contact Information:
anagabilling@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Perez-Delgado, Julio C, MBS, BCBA, LMHC ■
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(786) 592-2323
Digital Contact Information:
contact@emphourinc.com

and
2000 S Dixie Hwy
Ste 104
Miami, FL 33133
(786) 592-2323
Digital Contact Information:
https://www.evernorth.com/behavioral-care
contact@emphourinc.com
Other Languages Spoken by Provider or Office Staff Spanish

Perez-Lima, Lisette M, PHD, LP ■
6262 Sunset Drive
Suite 500
Miami, FL 33143
(305) 669-6503
Digital Contact Information:
payer.credentialing@nicklaushealth.org

and
3100 SW 62nd Ave
Miami, FL 33155
(305) 669-6503
Digital Contact Information:
payer.credentialing@nicklaushealth.org
Other Languages Spoken by Provider or Office Staff Spanish

Perez-Pacheco, Robinson A, MSW, LCSW ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com

Perez-Ritter, Massiel, MS, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
massielps23@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Perez-Santana, Christina, PSYD, CP, LP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
perez31239@gmail.com

and
7700 North Kendall Drive
807
Miami, FL 33156
(786) 457-2971
Digital Contact Information:
perez31239@gmail.com

and
8785 SW 165th Ave
Ste 200
Miami, FL 33193
(784) 415-2022
Digital Contact Information:
perez31239@gmail.com

and
8785 Southwest 165th Avenue
200 fl 2
Miami, FL 33193
(784) 415-2022
Digital Contact Information:
perez31239@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Perez-Suarez, Neyma, MN, APRN ■
2500 Northwest 79th Avenue
Suite 227
Doral, FL 33122
(305) 456-9396
Digital Contact Information:
admin@pirismedicalcenter.com

and
7483 Southwest 24th Street
201b
Miami, FL 33165
(786) 479-5058
Digital Contact Information:
admin@pirismedicalcenter.com

and
13335 Southwest 124th Street
STE 204
Miami, FL 33186
(786) 732-6192
Digital Contact Information:
admin@pirismedicalcenter.com
Other Languages Spoken by Provider or Office Staff Spanish

Pericles, Jessica, MS, APRN ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(773) 782-7609
Digital Contact Information:
https://bethpsychiatry.com
credentialing.5@scribealign.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
https://bethpsychiatry.com
credentialing.5@scribealign.com

Perlata Pena, Junior, MSN, APRN ■
5705 West 12th Lane
Hialeah, FL 33012
(786) 682-6393
Digital Contact Information:
rcarmona@rcpsychiatryim.net
Other Languages Spoken by Provider or Office Staff English

Perlowin, Paulette G, MSN, ARNP ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com

Perreira, Dyan, MSN, APRN ●
12651 South Dixie Highway
Suite 320
Miami, FL 33156
(305) 300-3121
Digital Contact Information:
bhanks@mwhc.net

Perrin, Miriam, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
redentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Peskin, Abigail, PHD, LP ■
1601 NW 12th Ave
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
admin@aliciasplace.org

Peters-Kurtz, Andee, MSW, LCSW, LICSW ■
333 Southeast 2nd Avenue
Suite 2000
Miami, FL 33131
(323) 454-3659
Digital Contact Information:
andeelicsw@gmail.com

Petit-Jean, Christine, MSW, LCSW, LICSW ■
FL
(786) 967-7873
Digital Contact Information:
https://parakletostherapeutic.com/
ptsdatyourservice@gmail.com
Other Languages Spoken by Provider or Office Staff English

Petras, Amber, MSN, APRN, CNP ■
5915 Ponce de Leon
23 26
Coral Gables, FL 33146
(786) 664-7810
Digital Contact Information:
https://southfloridaintegrativemed.com
sm@southfloridaintegrativemed.com

Petrosky, Michael, MAT, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
help@joinuplift.co

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff Spanish

Pettit, Jeremy, PHD, LP ■
11200 Southwest 8th Street
Miami, FL 33174
(305) 348-0477
Digital Contact Information:
fiucred@fiu.edu

Pettit, Sara, MSW, LCSW ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
credentialing@riviamind.com

Pettus, Tenisha, PHD, LMFT ■
FL
(786) 724-4224
Digital Contact Information:
admin@vita-cog.com

Petty, Regina, MSN, APN, APRN, APRNCNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@tb3llc.com

Pettyjohn, Sarah, MSW, LCSW ●
804 Northwest 21st Terrace
Suite 203
Miami, FL 33127
(305) 563-3136
Digital Contact Information:
http://myperspectivecounseling.com
deanna.rogers112@gmail.com

Pfeifle, Shannon, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Phelan, Sean M, MS, LMHC ■
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
fl-credentialing@lifestance.com

and
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
fl-credentialing@lifestance.com

Phelps, Sharion, MS, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Phillips, Kasi L, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@thriveworks.com

and
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
credentialing@thriveworks.com

Phillips, Meghan A, MS, LCSW ■
14645 Northwest 77th Avenue
101
Miami Lakes, FL 33014
(833) 769-3524
Digital Contact Information:
http://lifestance.com
fl-credentialing@lifestance.com

Phillips-Samuels, Gwendolyn, MSW, LCSW ■
1601 NW 12th Ave
Miami, FL 33136
(305) 243-3669
Digital Contact Information:
Not Available

and
1120 Northwest 14th Street
RM 1213
Miami, FL 331362107
(305) 243-6660
Digital Contact Information:
Not Available

Philogene, Ronald D, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
rdphilogene@gmail.com
Other Languages Spoken by Provider or Office Staff Creole

Philogene, Sherline, MSN, APRN ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
credentialing@pscpalmbeach.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
credentialing@pscpalmbeach.com

Phung, Phung T, MD ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
credentialing@lifestance.com

Pico-Guardado, Daima, PSYD, LP ■
10691 N Kendall Dr
Ste 105
Miami, FL 33176
(305) 668-6018
Digital Contact Information:
cartayagroup@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Piernik, Nancelina, MC, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
payors@emorahealth.com

Pierral, Julimar J, MMH, LMHC ■
3850 SW 87th Ave
Ste 102
Miami, FL 33165
(786) 615-4443
Digital Contact Information:
floridapsychotherapygroup@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Pierre, Jason, MSN, APN, PMHNP ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Pierre Jean, Felicie, MSN, NP ■
18117 Biscayne Boulevard
1554
Miami, FL 33160
(786) 652-1444
Digital Contact Information:
felserghealth@accesscarefl.com
Other Languages Spoken by Provider or Office Staff English

Pierre, Urmene, DNP, APRN ■
510 Northwest 98th Street
Miami, FL 33150
(754) 266-5509
Digital Contact Information:
info.goodshepherd20@gmail.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, French

Pierre-Louis, Nicole, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Pierre-Philippe, Kerry, MSW, LCSW ■
901 E 10th Ave
Ste 39
Hialeah, FL 33010
(305) 637-6400
Digital Contact Information:
https://www.jtchs.org/about-us/hcncredentialingcoordinators@hcnetwork.org

and
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
hcncredentialingcoordinators@hcnetwork.org

and
5607 NW 27th Ave
1
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
hcncredentialingcoordinators@hcnetwork.org

and
1100 NW 71st St
Miami, FL 33150
(305) 637-6400
Digital Contact Information:
https://www.jtchs.org/about-us/hcncredentialingcoordinators@hcnetwork.org

and
20612 Northwest 27th Avenue
Miami Gardens, FL 33056
(305) 637-6400
Digital Contact Information:
https://www.jtchs.org/about-us/hcncredentialingcoordinators@hcnetwork.org

Pillow, Bailey, MED, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Pimentel, Monica, MSN, APRN, PMHNP ■
FL
(305) 509-8686
(407) 462-1254
Digital Contact Information:
http://www.brighter-you.com
info@brighter-you.com

Pina-Anastasiadis, William A, PSYD, LP ■
11200 Southwest 8th Street
Miami, FL 33174
(305) 348-0477
Digital Contact Information:
fiucred@fiu.edu

Pina-Delgado, Daema, PSYD, LP ■
9220 Sunset Drive
104
Miami, FL 33173
(786) 724-4224
Digital Contact Information:
dpinadelgado@vita-cog.com

Pineda, Cinia M, MSN, APRN ■
8950 Southwest 74th Court
1911
Miami, FL 33156
(786) 637-0907
Digital Contact Information:
info@rushcredentialing.com
Other Languages Spoken by Provider or Office Staff Spanish

Pineiro, Carmen, MS, LMHC ■
100 NE 38th St
Ste 5
Miami, FL 33137
(305) 576-1599
Digital Contact Information:
cbolivar@borinquenhealth.org

Pineyro, Cindy, MC, LMHC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
http://www.behavioralaid.com
info@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
info@behavioralaid.com

Pinnock, Sarina, LCSW, MSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

Pino, Fernando, MD ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
fpinomd@gmail.com

and
7700 Southwest 88th Street
503
Miami, FL 33156
(305) 595-1949
Digital Contact Information:
fpinomd@gmail.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
fpinomd@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Pino, Leydis, PSYD, BCBA, LCP ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 317-4478
Digital Contact Information:
https://crystalabatherapy.com/
services@cmnbtherapy.com

and
1000 Brickell Avenue
Miami, FL 33131
(754) 234-0643
Digital Contact Information:
services@cmnbtherapy.com

and
9502 Southwest 166th Court
Miami, FL 33196
(754) 234-0643
Digital Contact Information:
services@cmnbtherapy.com

Pinzon-Nino, Maria, MC, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Pitaluga, Iris, MS, LMHC ■
1360 South Dixie Highway
355
Coral Gables, FL 33146
(305) 648-9344
Digital Contact Information:
alternatives1@msn.com

and
1360 South Dixie Highway
350
Coral Gables, FL 33146
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
alternatives1@msn.com
Other Languages Spoken by Provider or Office Staff English

Pitt, Samantha, MSN, APRN ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Pittman, June, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Creole, Haitian, Spanish

Pittman, Lethea, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Placil, Sainfonie, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com

and
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Sign Lang Amer, Spanish

Plasencia, Belkis, MSN, APRN ■
7921 Bird Rd
Ste 41
Miami, FL 33155
(305) 425-1393
Digital Contact Information:
ynhcsaba@gmail.com

and
7971 Bird Road
39
Miami, FL 33155
(786) 910-7179
Digital Contact Information:
ynhcsaba@gmail.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
ynhcsaba@gmail.com

and
7001 SW 97th Ave
Ste 206
Miami, FL 33173
(786) 294-0123
Digital Contact Information:
https://www.chgpsychiatry.com/
ynhcsaba@gmail.com

and
9425 Southwest 72nd Street
Suite 251
Miami, FL 33173
(305) 305-6573
Digital Contact Information:
ynhcsaba@gmail.com

and
13706 Southwest 56th Street
STE 105-106
Miami, FL 331756036
(786) 523-4289
Digital Contact Information:
ynhcsaba@gmail.com

and
7990 Southwest 117th Avenue
132
Miami, FL 33183

(786) 294-0123
Digital Contact Information:
ynhcsaba@gmail.com

and
13335 Southwest 124th Street
STE 101
Miami, FL 33186
(786) 842-3635
Digital Contact Information:
ynhcsaba@gmail.com

and
13501 Southwest 128th Street
STE 114
Miami, FL 33186
(786) 250-3440
Digital Contact Information:
ynhcsaba@gmail.com

and
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
ynhcsaba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Plattor, Joel R, PHD, LP ■
15715 South Dixie Highway
Suite 210
Miami, FL 33157
(305) 663-5808
Digital Contact Information:
drjoel@bellsouth.net

Podkulski, Melissa E, PA, PA_C ■
801 Brickell Avenue
8
Miami, FL 33131
(516) 505-7200
Digital Contact Information:
https://mindful.care/
richard.benson@avernuscorp.com
Other Languages Spoken by Provider or Office Staff English

Poitier, Joseph W, MD ■
1469 NW 36th St
Miami, FL 33142
(305) 635-7444
Digital Contact Information:
quietmindsinc@yahoo.com

and
12955 Biscayne Blvd
Ste 320
North Miami, FL 33181
(305) 895-3231
Digital Contact Information:
quietmindsinc@yahoo.com

Pola, Lourdes E, PHD, LP ■
1840 W 49th St
Ste 306
Hialeah, FL 33012
(305) 826-9293
Digital Contact Information:
lourdespola@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Polanco, Diliana B, MSW, LCSW ■
2140 West Flagler Street
202
Miami, FL 33135
(786) 663-2822
Digital Contact Information:
jxross12@gmail.com

and
FL
(786) 663-2822
Digital Contact Information:
jxross12@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Polites, Nancy, MSW, LCSW ■
55 Miracle Mile
Miami, FL 33134
(772) 486-4417
Digital Contact Information:
nancyelsie@gmail.com

Pollas, Landy F, MSN, APRN, NP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
lgoswami@essenmed.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
lgoswami@essenmed.com

Polvado, Teah, MSSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Ponce, Jessica M, MC, LMHC ■
2601 SW 37th Ave
Ste 904
Miami, FL 33133
(800) 457-4573
Digital Contact Information:
http://www.hupcfl.com
info@hupcfl.com

Ponce, Juan, MSN, APRN ■
8323 Northwest 12th Street
108
Doral, FL 33126
(305) 400-8511
Digital Contact Information:
http://www.cbhwestcoast.com
info@cbhwestcoast.com

and
180 Northwest 62nd Street
Miami, FL 33150
(786) 360-5625
Digital Contact Information:
info@cbhwestcoast.com

and
13501 Southwest 128th Street
Suite 112
Miami, FL 33186
(786) 732-2383
Digital Contact Information:
info@cbhwestcoast.com

and
FL
(786) 803-8826
Digital Contact Information:
https://amorementalhealthcorp.com
info@cbhwestcoast.com

and
15305 Northwest 60th Avenue
Ste 100
Miami Lakes, FL 33014
(786) 536-7561
Digital Contact Information:
info@cbhwestcoast.com

and
13886 West Dixie Highway
North Miami, FL 33161
(786) 360-5625
Digital Contact Information:
info@cbhwestcoast.com

Ponce, Paula L, MA, LMHC ■
FL
(305) 798-3389
Digital Contact Information:
paulaponce@bellsouth.net

Poole, Jennifer, MC, LMHC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
christina@credentialingconsultants.com

Poole-Parks, Clarissa, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Porrata, Yenny, MN, APRN ■
1840 West 49th Street
suite 717
Hialeah, FL 33012
(308) 854-7952
Digital Contact Information:
yennypo62@gmail.com

and
FL
(308) 854-7952
Digital Contact Information:
yennypo62@gmail.com

and
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
http://www.miamipersonalmanagement.com
yennypo62@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Porres Milian, Aleksander, MSN, APRN ■
4726 West Flagler Street
Miami, FL 33134
(305) 446-9155
Digital Contact Information:
aporresfamilymedicine@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Portales, Rocio A, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
Spanish

Porter, J'Briel E, MSW, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
admin@itsofok.com
Other Languages Spoken by Provider or Office Staff
Chinese, Urdu, Spanish, Hindi

Portillo, Cimelitza, MMH, LMHC ■
9425 SW 72nd St
Ste 265
Miami, FL 33173
(305) 279-8400
Digital Contact Information:
safeharbormha@att.net

Posada, Stephanie, MMH, LMHC ■
2500 Southwest 107th Avenue
41
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
lgomez@abcsfl.com

and
FL
(786) 615-3334
Digital Contact Information:
lgomez@abcsfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Potter, Elizabeth D, DO ■
3750 West 16th Avenue
232u
Hialeah, FL 33012
(786) 332-3396
Digital Contact Information:
drphelps@bocaratonpsychiatry.com

and
3750 West 16th Avenue
Suite # 114
Hialeah, FL 33012
(305) 846-9171
Digital Contact Information:
drphelps@bocaratonpsychiatry.com

and
1800 Southwest 27th Avenue
505
Miami, FL 33145
(786) 542-9914
Digital Contact Information:
drphelps@bocaratonpsychiatry.com

and
7769 Northwest 48th Street
330
Miami, FL 33166
(786) 332-4705
Digital Contact Information:
drphelps@bocaratonpsychiatry.com

and
13205 Southwest 137th Avenue
suite 126
Miami, FL 33186
(786) 713-0383
Digital Contact Information:
http://yjwcare.com
drphelps@bocaratonpsychiatry.com

and
13255 Southwest 137th Avenue
SUITE 215
Miami, FL 33186
(786) 713-0383
Digital Contact Information:
http://yjwcare.com
drphelps@bocaratonpsychiatry.com

and
13335 Southwest 124th Street
STE 101
Miami, FL 33186
(786) 842-3635
Digital Contact Information:
drphelps@bocaratonpsychiatry.com

and
15190 Southwest 136th Street
11
Miami, FL 33196
(786) 701-8416
Digital Contact Information:
drphelps@bocaratonpsychiatry.com

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
drphelps@bocaratonpsychiatry.com

Potts, Payton, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Potwin, Tiffany, MC, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Poulsen, Raul, MD ■
255 University Dr
Fl 2
Coral Gables, FL 33134
(305) 663-6366
Digital Contact Information:
doctorpoulsen@gmail.com

and
2550 Douglas Road
Ste #301
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
doctorpoulsen@gmail.com

and
1400 NW 12th Ave
E
Miami, FL 33136
(305) 689-1352
Digital Contact Information:
doctorpoulsen@gmail.com

and
1611 NW 12th Ave
Miami, FL 33136
(305) 585-7040
Digital Contact Information:
doctorpoulsen@gmail.com

and
1695 NW 9th Ave
1404
Miami, FL 33136
(305) 355-9128
Digital Contact Information:
doctorpoulsen@gmail.com

and

1695 NW 9th Ave
Fl 14
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
doctorpoulsen@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Poulton, Nigel G, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@psychplus.com

Poviones Garbalosa, Rosa M, MSN, ARNP ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
jfmhpartners@gmail.com

and
8200 SW 117th Ave
Ste 202
Miami, FL 33183
(305) 274-9206
Digital Contact Information:
jfmhpartners@gmail.com

and
14400 Northwest 77th Court
#100
Miami Lakes, FL 33016
(786) 916-6073
Digital Contact Information:
jfmhpartners@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Powe, Ruth, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
Other Languages Spoken by Provider or Office Staff English

Powell, Brooke, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Powell, Mary, MSN, ARNP ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
mpowell@nextgenerationvillage.com

Power, Vanessa, MSW, LCSW ■
FL
(888) 339-9404
Digital Contact Information:
https://180healthpartners.com
credentialing@sagesocialservices.com

Pozo, Darinka, MSN, APRN ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff Spanish

Pozo, Iraida, MS, LMHC ■
85 Grand Canal Drive
UNIT 203
Miami, FL 33144
(786) 536-7816
Digital Contact Information:
uwhealth2019@gmail.com

and
7805 Coral Way
Ste 131
Miami, FL 33155
(786) 307-2066
Digital Contact Information:
uwhealth2019@gmail.com

and
7815 Coral Way
Ste 108
Miami, FL 33155
(305) 264-1344
Digital Contact Information:
uwhealth2019@gmail.com

and
5600 Southwest 135th Avenue
100
Miami, FL 33183
(305) 603-9104
Digital Contact Information:
uwhealth2019@gmail.com

Pozo, Oscar D, MD ■
FL
(305) 554-0808
Digital Contact Information:
odpozo@bellsouth.net

and
180 Northwest 62nd Street
Miami, FL 33150
(786) 360-5625
Digital Contact Information:
odpozo@bellsouth.net

and
13501 Southwest 128th Street
Suite 112
Miami, FL 33186
(786) 732-2383
Digital Contact Information:
odpozo@bellsouth.net

and
13886 West Dixie Highway
North Miami, FL 33161
(786) 360-5625
Digital Contact Information:
odpozo@bellsouth.net

and
12651 South Dixie Highway
Pinecrest, FL 33156
(305) 479-9090
Digital Contact Information:
odpozo@bellsouth.net
Other Languages Spoken by Provider or Office Staff Spanish

Prada, Anais M, MSSW, LCSW ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
ehoyos@lotuscounseling.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
http://www.lotuscounseling.com
ehoyos@lotuscounseling.com
Other Languages Spoken by Provider or Office Staff Spanish

Prado, Haydee, PSYD, LP ■
8550 W Flagler St
Ste 105
Miami, FL 33144
(305) 551-5787
Digital Contact Information:
haydeeprado@yahoo.com
Other Languages Spoken by Provider or Office Staff Spanish

Prado, Javier M, MD ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
jprado@wfhcfl.org
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Prakash, Sanil, MSN, APRN, NP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
credentialing@psychplus.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@psychplus.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@psychplus.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
credentialing@psychplus.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@psychplus.com
Other Languages Spoken by Provider or Office Staff English

Prebble, Christine, MS, LPC ■
FL
(929) 209-6109
Digital Contact Information:
harry.williams@gettrucare.com

Predestin Carrier, Venise, PSYD, LP ■
7600 South Red Road
200
South Miami, FL 33143
(786) 508-2207
Digital Contact Information:
http://www.lunapsychology.com
angelo@lunapsychology.com

and
FL
(786) 508-2207
Digital Contact Information:
angelo@lunapsychology.com
Other Languages Spoken by Provider or Office Staff Creole

Premice, Claudette, MSN, APRN ■
111 Northwest 183rd Street
Suite 203
Miami, FL 33169
(786) 809-4101
Digital Contact Information:
info@providerscarebilling.com
Other Languages Spoken by Provider or Office Staff Creole, French

Presken, Gessica, MS, LMHC ■
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
admin@lotuscounseling.com

and
FL
(831) 920-7907
Digital Contact Information:
http://www.mammha.com
admin@lotuscounseling.com

and
2999 NE 191st St
Miami, FL 33180
(305) 915-5748
Digital Contact Information:
admin@lotuscounseling.com

Press, Meredith A, MSN, APRN, NP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
fl-credentialing@lifestance.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
fl-credentialing@lifestance.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
fl-credentialing@lifestance.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
fl-credentialing@lifestance.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
fl-credentialing@lifestance.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
fl-credentialing@lifestance.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
fl-credentialing@lifestance.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
fl-credentialing@lifestance.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
fl-credentialing@lifestance.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
fl-credentialing@lifestance.com

Presswood, William K, LPC ■
151 NW 11th St
Ste W201
Homestead, FL 33030
(786) 521-5925
Digital Contact Information:
http://www.monarchallhealth.com
monarchallhealth@gmail.com

Preval, Falicia, MC, LMHC ■
1031 Ives Dairy Rd
Ste 228
Miami, FL 33179
(786) 320-5559
Digital Contact Information:
faliciap@aol.com

and
1031 Ives Dairy Road
Miami, FL 33179
(786) 627-3321
Digital Contact Information:
faliciap@aol.com

and
1001 North Miami Beach Boulevard
North Miami Beach, FL 33162
(786) 320-5559
Digital Contact Information:
faliciap@aol.com

Preval, Herve, MS, LPC, LPCC ■
11890 Southwest 8th Street
STE 309
Miami, FL 331841710
(786) 281-3935
Digital Contact Information:
http://www.blueangelcare.net
hpreval@prevalandassociates.net

and
FL
(786) 281-3935
Digital Contact Information:
http://www.prevalandassociates.net
hpreval@prevalandassociates.net
Other Languages Spoken by Provider or Office Staff English, Creole, French

Prevor, Ruth C, PHD, LP ■
2020 Northeast 163rd Street
OFFICE 300P

North Miami Beach, FL 33162
(305) 680-9544
Digital Contact Information:
ruthprevor@msn.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Prevost, Daniella, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Price, Christina, MSW, LCSW, LICSW ■
FL
(800) 567-5433
Digital Contact Information:
Not Available

Price, Janice, MSW, LCSW ■
1469 NW 36th St
Miami, FL 33142
(305) 635-7444
Digital Contact Information:
mstoker@nhcmhc.org

Price, Tushanna N, MA, LMFT ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Prieto, Glenn C, MS, LMHC ■
10994 Southwest 184th Street
Cutler Bay, FL 33157
(305) 964-5530
Digital Contact Information:
kinitrohealth@gmail.com

and
FL
(305) 964-5530
Digital Contact Information:
kinitrohealth@gmail.com

Prieto, Iliana, MMFT, LMFT ■
5190 Northwest 167th Street
201
Hialeah, FL 33014
(305) 705-4289
Digital Contact Information:
http://livelinessinc.com
livelinessinc@gmail.com

and
Home Based Services Only
Miami Gardens, FL 33014
(305) 640-5739
Digital Contact Information:
livelinessinc@gmail.com

Prime, Sabella, MSN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Probst, Weston, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Proulx, Margaret, MS, LMHC, LPC, LPCMH ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Puchalapalli, Avinash, MD ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
providerscred@bridgesstreetmedpractice.com

and
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
providerscred@bridgesstreetmedpractice.com

and
255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
providerscred@bridgesstreetmedpractice.com

and
370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
providerscred@bridgesstreetmedpractice.com

and
333 Southeast 2nd Avenue
Suite #2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
providerscred@bridgesstreetmedpractice.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
providerscred@bridgesstreetmedpractice.com

and
3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
providerscred@bridgesstreetmedpractice.com

and
350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
providerscred@bridgesstreetmedpractice.com

and
429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
providerscred@bridgesstreetmedpractice.com

and
323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
providerscred@bridgesstreetmedpractice.com

Puech, Andrea, MS, LMHC ■
5001 SW 74th Ct
Ste 104
Miami, FL 33155
(305) 663-0013
Digital Contact Information:
http://www.anagapsychotherapy.com
puech5@gmail.com

and
6955 NW 77th Ave
Ste 401
Miami, FL 33166
(305) 663-0013
Digital Contact Information:
puech5@gmail.com
Other Languages Spoken by Provider or Office Staff
English, French, Spanish

Puente Cardelle, Bertha, MSN, APRN ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
arscredentialing@advancedrecoverysystems.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Puentes, Katheryne, PHD, LMFT ■
21301 Northeast 26th Avenue
Miami, FL 33180
(305) 981-6362
Digital Contact Information:
theluminescentmindllc@gmail.com

Puig, Gabriela, MSW, LCSW ■
1150 Northwest 14th Street
FL 7
Miami, FL 33136
(305) 243-4530
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Pujals, Jessica, MS, LMHC, LPC ●
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
jessicapujals@yahoo.com

and
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
http://www.miamipersonalmanagement.com
jessicapujals@yahoo.com

and
3621 SW 107th Ave
Miami, FL 33165
(786) 534-8366
Digital Contact Information:
http://serenitycommunitycenter.com
jessicapujals@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pujula, Yolanda, MS, LMFT ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
westmiamicmhc@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Pulgaron, Elizabeth, PHD, LP ■
1601 NW 12th Ave
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Punjwani, Sohail S, MD ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
http://compasshealthsystems.com
intake@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(888) 852-6672
Digital Contact Information:
http://compasshealthsystems.com
intake@compass.md
Other Languages Spoken by Provider or Office Staff
Urdu, Hindi

Pupo Salva, Sandra, MSN, APRN ■
3750 West 16th Avenue
208 210
Hialeah, FL 33012
(305) 301-3283
Digital Contact Information:
https://www.serenitytms.com/
serenitytmscorp@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Purdy, Sarah, PA, PA_C ■
777 Brickell Avenue
Miami, FL 33131
(800) 951-8257
Digital Contact Information:
sarahgracepurdy@yahoo.com

Pushka, Alexander, MD ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(954) 369-4111
Digital Contact Information:
hollywoodpractice@hotmail.com
Other Languages Spoken by Provider or Office Staff
Ukrainian, Russian

Pyritz, Beth, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com
Other Languages Spoken by Provider or Office Staff
English

Quann, Aaron, MS, LMHC ■
FL
(305) 902-6347
(909) 442-0618
(202) 410-5972
Digital Contact Information:
http://www.joinuplift.co
help@joinuplift.co

Quesada Carvajal, Luannys, MS, APRN ■
14400 Northwest 77th Court
#100
Miami Lakes, FL 33016
(786) 916-6073
Digital Contact Information:
contact@arcmentalhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Quesada, Gonzalo, MD ■
6101 Southwest 76th Street
South Miami, FL 33143
(786) 640-0602
Digital Contact Information:
jane@tmsstartitup.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Quevedo, Katia, PSYD, LP ■
6955 Northwest 77th Avenue
310
Miami, FL 33166
(786) 558-5637
Digital Contact Information:
recoverybehavioral@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Quijano, Tiffany, MC, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Quiles, Yadira, BS, LCSW ■
1601 NW 12th Ave
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
Not Available

Quinonez, Anais, MS, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
counselingoncall@gmail.com

Quinonez Meza, Javier, MSN, APRN ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Quintana, Amauri A, DNP, APRN ■
1000 Brickell Avenue
Miami, FL 33131
(786) 238-7364
Digital Contact Information:
abdullah@sixequation.com

and
1 NE 167th St
Miami, FL 33162
(305) 947-7133
Digital Contact Information:
abdullah@sixequation.com

and
2646 Southwest 87th Avenue
Miami, FL 33165
(305) 947-7133
Digital Contact Information:
abdullah@sixequation.com

Quintana, Noelia M, MD, LMHC ■
8725 Northwest 18th Terrace
Suite 202
Doral, FL 33172
(305) 487-2532
Digital Contact Information:
office@mitierramedicalgroup.com

and
3750 West 16th Avenue
104
Hialeah, FL 33012
(305) 200-5648
Digital Contact Information:
office@mitierramedicalgroup.com

and
1150 Northwest 72nd Avenue
350
Miami, FL 33126
(786) 228-7801
Digital Contact Information:
office@mitierramedicalgroup.com

and
1150 Northwest 72nd Avenue
540
Miami, FL 33126
(786) 228-7801
Digital Contact Information:
office@mitierramedicalgroup.com

and
14201 Southwest 120th Street
suite 110
Miami, FL 33186
(786) 238-7492
Digital Contact Information:
https://mitierramedicalgroup.com
office@mitierramedicalgroup.com

and
14221 Southwest 120th Street
223
Miami, FL 33186
(786) 690-2296
Digital Contact Information:
office@mitierramedicalgroup.com

and
14261 Southwest 120th Street
Suite #113
Miami, FL 33186
(786) 558-4169
Digital Contact Information:
https://mitierramedicalgroup.com
office@mitierramedicalgroup.com
Other Languages Spoken by Provider or Office Staff English

Quintana, Yanexi, MS, LMHC ■
FL
(305) 520-9686
Digital Contact Information:
healthymindscounselingllc13@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Quintanilla, Claudia, MS, LMHC ■
FL
(786) 258-8499
Digital Contact Information:
http://www.virtual-counseling.com
service@virtual-counseling.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Quintero, Lari J, MSN, APRN, PMHNP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
info@bloommhw.com

Quintero, Marcela, PHD, LP ■
1601 NW 12th Ave
Miami, FL 33136
(305) 243-3669
Digital Contact Information:
Not Available

and
1120 Northwest 14th Street
RM 1213
Miami, FL 331362107
(305) 243-6660
Digital Contact Information:
Not Available

Quintero, Rosaly, MMH, LMHC ■
5001 SW 74th Ct
Ste 104
Miami, FL 33155
(305) 663-0013
Digital Contact Information:
anagabilling@gmail.com

and
6955 NW 77th Ave
Ste 401
Miami, FL 33166
(305) 663-0013
Digital Contact Information:
anagabilling@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Quintin, Brianne, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Qureshi, Sana, MD ■
3661 S Miami Ave
Ste 301A
Miami, FL 33133
(305) 392-3270
Digital Contact Information:
sanaqureshimd@gmail.com
Other Languages Spoken by Provider or Office Staff Creole, Spanish

Raad, Raymond, MD ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Rabatin, Stephanie, MED, LPCC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Rabinovich, Melana, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
contact@gmindpsy.com
Other Languages Spoken by Provider or Office Staff Russian

Rabinowitz, Carla, MMFT, LMFT ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
soflotherapygroup@gmail.com

and
13205 Southwest 137th Avenue
STE 132
Miami, FL 331865334
(754) 269-5304
Digital Contact Information:
http://dominguezcommunitycenter.com
soflotherapygroup@gmail.com

and
975 Arthur Godfrey Rd
Ste 301
Miami Beach, FL 33140
(786) 315-0387
Digital Contact Information:
soflotherapygroup@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Rabkin-Turner, Jodi, MS, LMHC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
bellaneph@yahoo.com

Raez, Maria L, MSN, APRN ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
http://www.dgphealthandwellness.com
info@dgphealthandwellness.com

Raffaele, Jacqueline L, DNP, APRN, NP, PMHNP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
credentialing@thriveworks.com

Rahming, Devonne, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Raiford, Sally T, MACP, LMFT ■
150 Alhambra Circle
Floor 10
Coral Gables, FL 33134
(786) 800-3374
Digital Contact Information:
sallie354@yahoo.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
sallie354@yahoo.com

Raigeluw, Lisa, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Raimey, Andrea B, MSW, LISW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
andrear@essentialreflectionscc.com

Rainuzzo, Silvana L, MC, LMHC ■
FL
(954) 682-0264
Digital Contact Information:
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Rako, Andrea L, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
brittany.irwin@livewellcounselingllc.com

Ralat Martinez, Raquel, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
credentialing@joinuplift.co
Other Languages Spoken by Provider or Office Staff Spanish

Ramirez, Leidy, MS, LMHC ●
7950 Northwest 53rd Street
STE 237
Doral, FL 33166
(786) 536-4420
Digital Contact Information:
emilie@credentialingconsultants.com

and
5979 Northwest 151st Street
STE 120
Hialeah, FL 33014
(786) 536-4420
Digital Contact Information:
emilie@credentialingconsultants.com

Ramirez, Lisandra, MSN, NP ■
770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
asalivio@joinlavender.com

Ramirez, Lisandra, MMH, LMHC ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
primementalcare24@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Ramirez, Lisandra, MSN, NP ■
7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
asalivio@joinlavender.com

Ramirez, Lisandra, MMH, LMHC ■
15260 Southwest 280th Street
113 114
Homestead, FL 33032
(305) 998-7885
Digital Contact Information:
primementalcare24@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Ramirez, Lisandra, MSN, NP ■
5201 Blue Lagoon Dr
Miami, FL 33126
(888) 684-2779
Digital Contact Information:

asalivio@joinlavender.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
asalivio@joinlavender.com

and
80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
asalivio@joinlavender.com

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
asalivio@joinlavender.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
asalivio@joinlavender.com

and
830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
asalivio@joinlavender.com

Ramirez, Lisandra, MMH, LMHC ■
3446 Southwest 8th Street
217
Miami, FL 33135
(786) 769-5046
Digital Contact Information:
primementalcare24@gmail.com

and
2915 Biscayne Boulevard
Suite 300-4
Miami, FL 33137
(786) 398-4747
Digital Contact Information:
primementalcare24@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ramirez, Lisandra, MSN, NP ■
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(888) 684-2779
Digital Contact Information:
asalivio@joinlavender.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
asalivio@joinlavender.com

Ramirez, Luisa, MS, LCSW ■
5911 Northwest 173rd Drive
11 11
Hialeah, FL 33015
(786) 655-9992
Digital Contact Information:
http://arkprov.com
ian.martineau@credentialing.com

Ramirez-Velasquez, Karla D, MS, LMHC ■
3785 Northwest 82nd Avenue
117
Doral, FL 33166
(786) 238-7321
Digital Contact Information:
http://www.kydsmiamitherapy.com
kramirezpsychotherapy@gmail.com

and
FL
(786) 238-7321
Digital Contact Information:
http://www.kydsmiamitherapy.com
kramirezpsychotherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ramlall, Niyama, MED, LMFT ■
7600 South Red Road
200
South Miami, FL 33143
(786) 508-2207
Digital Contact Information:
http://www.lunapsychology.com
angelo@lunapsychology.com

Ramos, Alfredo, MSW, LMHC ■
10700 Caribbean Boulevard
UNIT 203
Cutler Bay, FL 33189
(305) 299-8005
Digital Contact Information:
http://www.positivemindful.com
positivemindful@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ramos, Cristina, MA, LMFT, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
admin@wellmindedcounseling.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ramos, Josie C, MD ■
1550 Madruga Ave
Ste 509
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
yvette@stellarhealthfl.com

and
1150 Northwest 72nd Avenue
ph 2
Miami, FL 33126
(786) 542-5043
Digital Contact Information:
http://1stcarecms.com
yvette@stellarhealthfl.com

and
FL
(786) 536-9714
Digital Contact Information:
yvette@stellarhealthfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ramos-Elvir, Diana, MC, LMHC ■
4975 Northwest 167th Street
Miami Gardens, FL 33055
(786) 367-9709
Digital Contact Information:
ebcg-support@findoctave.com

Rampersad, Tricia, MC, LPC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
care@forthealth.com

Ramsey, Kathleen, PHD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
hello@emorahealth.com

Rankovic, Alecia, DNP, APRN, APRNCNP ■
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(239) 380-8220
Digital Contact Information:
infodesk@bregmanmedicalgroup.com

Ransom, Courtney, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Rapp, Katja M, MC, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
members@wellnite.com
Other Languages Spoken by Provider or Office Staff
German

Rappoport, Elisa M, MSW, LCSW-R ■
FL
(516) 458-1705
Digital Contact Information:
lisarw2690@gmail.com
Other Languages Spoken by Provider or Office Staff
Hebrew

Rashid, Rokshana, MC, LMHC ■
FL
(786) 233-6721
Digital Contact Information:
info@managedmentalhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ravitz, Casey, PHD, LP ■
7600 South Red Road
200
South Miami, FL 33143
(786) 508-2207
Digital Contact Information:
http://www.lunapsychology.com
admin@lunapsychology.com

Ray, Jeffrey L, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
jraylmhc@icloud.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
jraylmhc@icloud.com

Ray, Taylor, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Rebman, Glen H, DO ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Rebuck, Jasmine, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
ellieil19701@elliementalhealth.com

Reece, Danielle E, MS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
lisette@abctestingservices.com

Reed, Andrew J, PHD, HSPP, LP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Reeves, Margaret, PHD, LMHC ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
mreeves2005@aol.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
mreeves2005@aol.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
mreeves2005@aol.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
mreeves2005@aol.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
mreeves2005@aol.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
mreeves2005@aol.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
mreeves2005@aol.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
mreeves2005@aol.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
mreeves2005@aol.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
mreeves2005@aol.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Regalado, Alejandra, MPSY, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com

Reichard, Michelle, MS, LMHC ■
14400 Northwest 77th Court
#100
Miami Lakes, FL 33016
(786) 916-6073
Digital Contact Information:
http://www.arcmentalhealth.com
yisabel@arcmentalhealth.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Reis, Maria, MC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Reisdorf, Sonia, DNP, APN, ARNP ■
2820 Northeast 214th Street
Ste 801
Aventura, FL 33180
(256) 500-8688
Digital Contact Information:
sreisdorf1@gmail.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
sreisdorf1@gmail.com

Reiter, Anu, MSN, CNP, NP, PMHNP ■
FL
(508) 202-1011
Digital Contact Information:
https://www.sevenstarling.com
credentialing.1@scribelign.com

Reitkopf, Thalia, MMH, LMHC ■
FL
(510) 842-5421
Digital Contact Information:
https://growthegarden.wixsite.com/grow
thaliareitkopf@gmail.com

Rejas Cabrera, Dennis, DNP, APRN ■
2740 Southwest 19th Terrace
Miami, FL 33145
(786) 318-1778
Digital Contact Information:
http://www.vitalmindpsychiatrycare.com
dennisr92@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Remedioz Gonzalez, Yuri, MSN, APRN ■
5040 Northwest 7th Street
610
Miami, FL 33126
(786) 505-9442
Digital Contact Information:
http://www.gpsycare.com
officeadmin@gpsycare.com

and
8700 West Flagler Street
150
Miami, FL 33174
(305) 479-2584
Digital Contact Information:
http://megamedicalcenter.com
officeadmin@gpsycare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Remsen, Caitlyn, MSW, LMHC ■
8500 SW 92nd Street
206
Miami, FL 33156
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
info@livewelltherapygroup.com

and
7600 Southwest 57th Avenue
suite 334
South Miami, FL 33143
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
info@livewelltherapygroup.com

Renner, Mikaela, MS, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Renucci, Robin, MC, LPC ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(503) 427-8094
Digital Contact Information:
help@joinuplift.co

Resnik, Susan, MED, LMHC ■
1065 Southwest 8th Street
1109
Miami, FL 33130
(786) 651-4198
Digital Contact Information:
http://www.perfectmatchcouplecounseling.com
oxfordcounselingservices@gmail.com

and
1000 5th St
Ste 207
Miami Beach, FL 33139
(786) 651-4198
Digital Contact Information:
oxfordcounselingservices@gmail.com

Reves Oquendo, Delaine, MA, BCBA ■
15260 SW 280th St
Ste 205
Homestead, FL 33032
(305) 707-7237
Digital Contact Information:
http://www.familybehaviorservices.org
admin@familybehavioralservices.org
Other Languages Spoken by Provider or Office Staff
Spanish

Revilla, Bernardo, MSN, APRN ■
5190 Northwest 167th Street
201
Hialeah, FL 33014
(305) 705-4289
Digital Contact Information:
http://livelinessinc.com
genesisconsultingservices39@gmail.com

Rexach, Dolores, MSN, APRN ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
contact@elevatepsychiatry.com

and
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
contact@elevatepsychiatry.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rey, Gustavo J, PHD, CP ■
1150 NW 14th St
Ste 609
Miami, FL 33136
(305) 243-3100
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
English, Spanish

Reyes Echemendia, Rocio, MSN, APRN ■
770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
5201 Blue Lagoon Dr
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Reyes, Glanel, MS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
lisette@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Reyes, Jorge, MSN, APRN ■
15495 Eagle Nest Lane
STE 215
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
info@valcourtbehavioral.com

and
6600 Cow Pen Road
250
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
info@valcourtbehavioral.com

and
215 Westward Dr
Miami Springs, FL 33166
(305) 887-4494
Digital Contact Information:
info@valcourtbehavioral.com

Reyes, Kristal A, MSW, LMSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com
Other Languages Spoken by Provider or Office Staff
Swedish, Chinese, Zulu, Tigrigna, German, Telugu, Urdu, Lebanese, Spanish, Polish, Indian, Tagalog, Portuguese, English, Arabic, French, Russian, Danish, Italian, Yoruba, Hindi

Reyes, Madeline B, MPSY, LMHC ■
5941 Northwest 173rd Drive
6 6
Hialeah, FL 33015
(786) 360-4328
Digital Contact Information:
blueparadisemedicalcenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Reyes Miranda, Enio, MSN, APRN ■
600 Northwest 35th Avenue
202 203
Miami, FL 33125
(786) 907-4984
Digital Contact Information:
yny.behavioralservices@gmail.com

and
8370 West Flagler Street
STE 242
Miami, FL 33144
(786) 321-1600
Digital Contact Information:
yny.behavioralservices@gmail.com

and
790 Northwest 107th Avenue
Suite 110
Miami, FL 33172
(305) 964-5426
Digital Contact Information:
yny.behavioralservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Reyes Ocampo, Arturo, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
help@joinuplift.co

Reyes Salguerio, Melissa, PSYD, LP ■
3100 SW 62nd Ave
Miami, FL 33155
(305) 663-8439
Digital Contact Information:
http://www.nicklauschildrens.org
payer.credentialing@nicklaushealth.org
Other Languages Spoken by Provider or Office Staff
Spanish

Reyes, Sarah E, MSW, LCSW ■
4101 Pine Tree Drive
Miami Beach, FL 33140
(352) 345-6218
Digital Contact Information:
http://www.readytoelevate.org
elevatepd.therapy@gmail.com

Reyes Soto, Ibis, MSN, APRN ■
14221 Southwest 120th Street
Suite 125
Miami, FL 33186
(305) 482-1452
Digital Contact Information:
yisabel@arcmentalhealth.com

and
FL
(305) 482-1452
Digital Contact Information:
yisabel@arcmentalhealth.com

and
14400 Northwest 77th Court
#100
Miami Lakes, FL 33016
(786) 916-6073
Digital Contact Information:
http://www.arcmentalhealth.com
yisabel@arcmentalhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Reyes, William, MS, LMHC ■
2264 SW 7th St
Miami, FL 33135
(305) 338-9798
Digital Contact Information:
mytherapistwr@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Reynolds, Dwight, PSYD, LP ■
15715 S Dixie Hwy
Ste 327
Miami, FL 33157
(305) 234-0776
Digital Contact Information:
drdmiami@gmail.com

and
FL
(305) 234-0776
Digital Contact Information:
drdmiami@gmail.com

Reynolds, Stacy, MA, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/

ebcg-support@findoctave.com

Rhone, Traci, MS, LMHC ■
FL
(305) 333-6769
Digital Contact Information:
rhonetraci@gmail.com

Ricart, Francisco, MD ■
5040 NW 7th St
107
Miami, FL 33126
(305) 576-1599
Digital Contact Information:
serene@sshealthgroup.com

and
100 NE 38th St
Ste 5
Miami, FL 33137
(305) 576-1599
Digital Contact Information:
serene@sshealthgroup.com

and
2691 Northeast 2nd Avenue
Miami, FL 33137
(305) 576-1599
Digital Contact Information:
serene@sshealthgroup.com

and
4180 Southwest 74th Court
204
Miami, FL 33155
(786) 432-0107
Digital Contact Information:
serene@sshealthgroup.com
Other Languages Spoken by Provider or Office Staff Spanish

Ricci, Jason B, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Rice, Jeffrey, MS, LMHC ■
1005 N Krome Ave
Ste 121
Homestead, FL 33030
(305) 423-6385
Digital Contact Information:
jillian@thriveworks.com

Richard, Rachel, MSW, LCSW ●
8500 SW 92nd Street
206
Miami, FL 33156
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
billing@livewelltherapygroup.com

and
11050 Southwest 88th Street
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
billing@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff Spanish

Richard-Pean, Midlaine, MSN, APRN ■
FL
(305) 902-6347
Digital Contact Information:
credentialing.4@scribealign.com

Richards, Terry, PHD, LP ■
1717 North Bayshore Drive
3456 3456
Miami, FL 33132
(305) 343-3810
Digital Contact Information:
Not Available

and
21110 Biscayne Blvd
Ste 304
Miami, FL 33180
(305) 343-3810
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff English

Richardson, Kallyn, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Richardson, Vanessa, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
contact@balancedwellbeingllc.com

Richburg, Elizabeth, MC, LPC ■
FL
(508) 202-1011
Digital Contact Information:
https://www.sevenstarling.com
support@sevenstarling.com

Riche, Amy, MSN, APRN ■
602 Northeast 36th Street
19
Miami, FL 33137
(786) 220-1969
Digital Contact Information:
credentialing@practolytics.com

Richmond, Laquana, EDS, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
lrichmond@assuredcs.org

Ricketts, Charlene A, MSN, APRN ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
credentialing@compass.md

and
FL
(305) 279-5535
(954) 771-7743
(888) 852-6672
(561) 752-9490
Digital Contact Information:
http://www.compasshealthsystems.com
credentialing@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(888) 852-6672
Digital Contact Information:
http://www.compasshealthsystems.com
credentialing@compass.md

Rico, Sandra, MS, LMHC ■
10689 SW 88th St
Ste 305
Miami, FL 33176
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff Spanish

Ridgeley, Connie, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Ridgeway, Deborah, MSW, LCSW, LMSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Rienas, Christopher A, MD ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
credentialing@compass.md

and
FL
(305) 279-5535
Digital Contact Information:
credentialing@compass.md

Rieumont, Miriela, MSN, APRN ■
15190 Southwest 136th Street
11
Miami, FL 33196
(786) 701-8416
Digital Contact Information:
masvidamedicalcenter@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Rife, Tammy, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Riley, Taneisha, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Rinde-Oberferst, Stefani, MSW, LCSW ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Rio, Azkena, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
blossom@withassured.com

and
1818 West Flagler Street
300
Miami, FL 33135
(786) 755-2891
Digital Contact Information:
http://www.retreatmedical.us
blossom@withassured.com

and
7116 Southwest 47th Street
Miami, FL 33155
(786) 794-2655
Digital Contact Information:
blossom@withassured.com

Riojas, Johanna, PSYD, LP ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
333 Southeast 2nd Avenue
Suite 2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

and
3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

Rios, Rosa, MSW, LCSW ■
FL
(305) 804-9121
Digital Contact Information:
http://www.sfacounseling.org
info@sfacounseling.org
Other Languages Spoken by Provider or Office Staff English, Spanish

Rios, Stephanie, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
smrios1979@gmail.com

Rios, Tyra, MA, LMFT ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Ripoll, Carlos, MN, APRN ■
1450 Madruga Avenue
405
Coral Gables, FL 33146
(786) 356-3715
Digital Contact Information:
supervisor@newsinrisecm.com

and
1840 West 49th Street
Suite 727
Hialeah, FL 33012
(786) 715-3086
Digital Contact Information:
supervisor@newsinrisecm.com

and
17670 Northwest 78th Avenue
STE 113
Hialeah, FL 33015
(716) 558-4565
Digital Contact Information:
supervisor@newsinrisecm.com

and
7392 Northwest 35th Terrace
207
Miami, FL 33122
(786) 353-2329
Digital Contact Information:
supervisor@newsinrisecm.com

and
2311 Northwest 7th Street
Miami, FL 33125
(786) 706-2246
Digital Contact Information:
supervisor@newsinrisecm.com

and
7950 West Flagler Street
Suite 101

Miami, FL 33144
(305) 239-7725
Digital Contact Information:
supervisor@newsinrisecm.com

and
4180 Southwest 74th Court
204
Miami, FL 33155
(786) 432-0107
Digital Contact Information:
supervisor@newsinrisecm.com

and
19001 Southwest 106th Avenue
c103
Miami, FL 33157
(786) 523-2352
Digital Contact Information:
supervisor@newsinrisecm.com

and
22133 South Dixie Highway
Miami, FL 33170
(786) 504-3119
Digital Contact Information:
supervisor@newsinrisecm.com

and
790 Northwest 107th Avenue
Suite 303
Miami, FL 33172
(786) 605-1660
Digital Contact Information:
supervisor@newsinrisecm.com

and
FL
(305) 239-7725
(786) 605-1660
Digital Contact Information:
supervisor@newsinrisecm.com

and
9900 Southwest 107th Avenue
STE 101
Miami, FL 33176
(305) 964-5381
Digital Contact Information:
supervisor@newsinrisecm.com

and
13155 Southwest 134th Street
202
Miami, FL 33186
(786) 504-3119
Digital Contact Information:
http://esperanzagroup.net
supervisor@newsinrisecm.com

and
13195 Southwest 134th Street
101
Miami, FL 33186
(786) 227-6830
Digital Contact Information:
http://esperanzagroup.net
supervisor@newsinrisecm.com

and
9745 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 701-2401
Digital Contact Information:
supervisor@newsinrisecm.com

Riter, James A, MSW, LCSW ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
credentialing@medallion.co

Ritter, Jared T, MD ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
eastersealscred@symplr.com

Rivas, Brenda, MSN, APRN ■
14221 Southwest 120th Street
Suite 211
Miami, FL 33186
(786) 247-1308
Digital Contact Information:
Not Available

Rivas, Linda M, BS, CSW ■
1601 NW 12th Ave
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
Not Available

and
1120 Northwest 14th Street
RM 1213
Miami, FL 331362107
(305) 243-6660
Digital Contact Information:
Not Available

Rivas-Carrillo, Jorge, MSW, LCSW ■
2124 Northeast 123rd Street
STE 220
North Miami, FL 33181
(786) 828-0947
Digital Contact Information:
https://blossomfl.com
jorge.rivas@thefloridacenter.org
Other Languages Spoken by Provider or Office Staff Spanish

Rivas-Torres, Maria T, MD ■
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
cavalos@med.miami.edu

and
1611 NW 12th Ave
Miami, FL 33136
(305) 585-1111
Digital Contact Information:
cavalos@med.miami.edu

and
1695 NW 9th Ave
Miami, FL 33136
(305) 355-7148
Digital Contact Information:
cavalos@med.miami.edu

and
1695 NW 9th Ave
1404A
Miami, FL 33136
(305) 355-7777
Digital Contact Information:
cavalos@med.miami.edu

and
1695 NW 9th Ave
Fl 3
Miami, FL 33136
(305) 243-2301
Digital Contact Information:
cavalos@med.miami.edu
Other Languages Spoken by Provider or Office Staff Spanish

Rivera, Audrey, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Rivera, Destiny, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Rivera, Eva, MC, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/payors@emorahealth.com
Other Languages Spoken by Provider or Office Staff Spanish

Rivera, Frances, MMFT, LMFT ■
FL
(888) 339-9404
Digital Contact Information:
referral@1800healthpartners.com

Rivera, Gretel, MS, LMHC ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com

and
10300 Sunset Drive
Suite 114
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com
Other Languages Spoken by Provider or Office Staff French, Spanish

Rivera, Henry R, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@adaugeohealthcare.com

Rivera, Ian, MSW, CAC, LCSW ■
FL
(909) 442-0618
(800) 567-5433
(202) 410-5972
Digital Contact Information:
https://totallife.com/
help@joinuplift.co

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff English

Rivera Quinones, Elizabeth A, MA, LMHC ■
1 Alhambra Plaza
PH # 1451
Miami, FL 33134
(888) 588-8995
Digital Contact Information:
http://www.foresightmentalhealth.com
ciga-office@foresightmentalhealth.com

Rivera Torres, Gabriel, MSN, APRN ■
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
lgarcia@keraltybh.com

and
2450 Southwest 137th Avenue
Suite# 230
Miami, FL 33175
(305) 459-3207
Digital Contact Information:
http://www.hidalgopsychiatry.com
lgarcia@keraltybh.com

and
FL
(305) 459-3207
Digital Contact Information:
http://www.hidalgopsychiatry.com
lgarcia@keraltybh.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Rivera, Yesenia, PSYD, LP ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 317-4478
Digital Contact Information:
https://crystalabatherapy.com/
info@cmpsclinical.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, French, Italian, Spanish

Rivero, Anisleidy, MS, LMHC ■
FL
(786) 254-1211
Digital Contact Information:
http://www.healingmindcounseling.com
ani.rivero@healingmindcounseling.com
Other Languages Spoken by Provider or Office Staff Spanish

Rivero, Claudia, MSN, APRN ■
7221 SW 24th St
Ste 206
Miami, FL 33155
(786) 648-4447
Digital Contact Information:
help@joinuplift.co

and
12030 Southwest 129th Court
Suite 211
Miami, FL 33186
(305) 639-8760
Digital Contact Information:
help@joinuplift.co

and
12700 Southwest 128th Street
STE 108
Miami, FL 33186
(786) 732-0865
Digital Contact Information:
help@joinuplift.co

and
9020 Southwest 137th Avenue
210
Miami, FL 33186
(786) 558-5042
Digital Contact Information:
help@joinuplift.co

Rivero Fundora, Liliam, MN, APRN ■
640 W Palm Dr
Ste D
Homestead, FL 33034
(786) 601-7757
Digital Contact Information:
socialadv18@gmail.com

Rivero, Manuel, MSN, APRN ■
8765 Northwest 110th Street
Hialeah Gardens, FL 33018
(786) 389-2691
Digital Contact Information:
muhammad@rxcredentialing.com

and
8955 SW 87th Ct
Ste 112
Miami, FL 33176
(305) 722-7210
Digital Contact Information:
muhammad@rxcredentialing.com

and
11890 Southwest 8th Street
403
Miami, FL 33184
(786) 362-5981
Digital Contact Information:
muhammad@rxcredentialing.com

Rivero-Conil, Sara C, PSYD, LP ■
6262 Sunset Drive
Suite 500
Miami, FL 33143
(305) 669-6503
Digital Contact Information:
payer.credentialing@nicklaushealth.org

and
3100 SW 62nd Ave
Miami, FL 33155
(305) 669-6503
Digital Contact Information:
payer.credentialing@nicklaushealth.org
Other Languages Spoken by Provider or Office Staff Spanish

Rizo, Naylin, MMH, LMHC ■
1840 West 49th Street
709
Hialeah, FL 33012
(786) 393-0315
Digital Contact Information:
flnewvision@gmail.com

and
2100 West 76th Street
STE 408
Hialeah, FL 33016
(786) 542-5056
Digital Contact Information:
flnewvision@gmail.com

and
730 Northwest 107th Avenue
104
Miami, FL 33172
(305) 504-1749
Digital Contact Information:
flnewvision@gmail.com

and
730 Northwest 107th Avenue
110
Miami, FL 33172

(305) 249-1183
Digital Contact Information:
flnewvision@gmail.com

and
12150 Southwest 128th Court
Ste 228
Miami, FL 33186
(786) 227-6314
Digital Contact Information:
flnewvision@gmail.com

and
12150 Southwest 128th Court
Suite 233
Miami, FL 33186
(786) 238-7666
Digital Contact Information:
flnewvision@gmail.com

and
13701 Southwest 88th Street
306
Miami, FL 33186
(786) 842-1489
Digital Contact Information:
flnewvision@gmail.com

and
15305 Northwest 60th Avenue
Ste 100
Miami Lakes, FL 33014
(786) 536-7561
Digital Contact Information:
flnewvision@gmail.com

and
5803 Northwest 151st Street
STE 206
Miami Lakes, FL 33014
(305) 504-1749
Digital Contact Information:
flnewvision@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rizo, Yanisett, MSN, APRN ■
5901 Southwest 74th Street
208
Miami, FL 33143
(954) 884-5626
Digital Contact Information:
http://www.santanamhs.com
admin@santanamhs.com

and
5901 Southwest 74th Street
211
Miami, FL 33143
(786) 228-6892
Digital Contact Information:
http://www.santanamhs.com
admin@santanamhs.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rizzo, Nicole, MMFT, LMFT ■
Home Based Services Only
Doral, FL 33122
(305) 591-7898
Digital Contact Information:
goodchoicemhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Robaina, Niubis, MPSY, LMHC ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
yavila@avilahealthgroup.com

Robbins, Eric A, MD ●
18505 Northwest 75th Place
104 104
Hialeah, FL 33015
(305) 555-5421
Digital Contact Information:
melissa@blueumbrellapsychiatry.com

and
2300 West 84th Street
Ste 601
Hialeah, FL 33016
(305) 363-4001
Digital Contact Information:
melissa@blueumbrellapsychiatry.com

and
1150 Northwest 72nd Avenue
220
Miami, FL 33126
(786) 558-4899
Digital Contact Information:
melissa@blueumbrellapsychiatry.com

and
2121 Southwest 3rd Avenue
205
Miami, FL 33129
(786) 660-1301
Digital Contact Information:
melissa@blueumbrellapsychiatry.com

and
2140 West Flagler Street
202
Miami, FL 33135
(786) 707-9958
Digital Contact Information:
melissa@blueumbrellapsychiatry.com

and
3191 Southwest 22nd Street
406
Miami, FL 33145
(786) 660-1301
Digital Contact Information:
melissa@blueumbrellapsychiatry.com

and
FL
(786) 660-1301
Digital Contact Information:
melissa@blueumbrellapsychiatry.com

and
5950 Southwest 40th Street
Miami, FL 33155
(786) 633-5960
Digital Contact Information:
melissa@blueumbrellapsychiatry.com

and
7804 Coral Way
Miami, FL 33155
(305) 965-8714
Digital Contact Information:
melissa@blueumbrellapsychiatry.com

and
12485 Southwest 137th Avenue
STE 104
Miami, FL 33186
(786) 256-5335
Digital Contact Information:
melissa@blueumbrellapsychiatry.com

Roberson, Cranesha E, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@truhealingreality.com

and
111 NW 183rd St
Ste 404
Miami, FL 33169
(786) 524-4001
Digital Contact Information:
info@truhealingreality.com

Roberts, Elizabeth H, MD ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
ap@resurgencebh.com
Other Languages Spoken by Provider or Office Staff
Spanish

Roberts, Jazmin, MS, LCMHC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@growthcounselingandtherapy.com

Roberts, Kayla E, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
credentialing@flatherapy.com

Roberts, Kimberly, MED, LMHC ■
1031 Ives Dairy Road
rm 239
Miami, FL 33179
(786) 589-7248
Digital Contact Information:
kimberly@growthcounselingandtherapy.com

and
1001 North Miami Beach Boulevard
North Miami Beach, FL 33162
(786) 320-5559
Digital Contact Information:
kimberly@growthcounselingandtherapy.com

Roberts, Nicole, MSN, APN, APRN, CNP, CNS, NP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
billing101@healthandpsychiatry.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
billing101@healthandpsychiatry.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
billing101@healthandpsychiatry.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
billing101@healthandpsychiatry.com

Roberts, Nikole K, PHD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
credentialing@cerebral.com

Roberts, Ryan, MS, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
ryanrobertslpc@gmail.com

and
FL
(305) 902-6347
Digital Contact Information:
ryanrobertslpc@gmail.com

Roberts, Stephanie, MA, LMHC ■
FL
(508) 202-1011
Digital Contact Information:
support@sevenstarling.com

Robertson, Nadine, MD ■
12550 Biscayne Boulevard
STE 507
North Miami, FL 33181
(305) 204-1209
Digital Contact Information:
Not Available

and
FL
(305) 204-1209
Digital Contact Information:
Not Available

Robinson, Adrieene, MSN, APRN, APRNPMH ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Robinson, Ashley, MS, LCPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
hello@emorahealth.com

Robinson, Diana E, MS, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Robinson, Jade, MS, LMHC ■
FL
(786) 488-8103
Digital Contact Information:
http://www.sfacounseling.org
info@sfacounseling.org

Robinson, Janette, MSN, APRNCNP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
colleenirwin23@gmail.com

Robinson, Kent A, MA, LPC ■
10311 Northwest 58th Street
Doral, FL 33178
(800) 438-1772
Digital Contact Information:
lrangel@wlcfs.org

Rocha, Leslie, MS, LMHC ■
8500 SW 92nd Street
206
Miami, FL 33156
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
billing@livewelltherapygroup.com

and
7600 Southwest 57th Avenue
suite 334
South Miami, FL 33143
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
billing@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rocha, Rene, PHD, LP ■
717 Ponce De Leon Blvd
Ste 205
Coral Gables, FL 33134
(305) 859-4911
Digital Contact Information:
drrocha@msn.com

Roche, Michelle, MS, LMHC ■
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
http://brightsyhealthfl.com
brightsyhealth@gmail.com

and
1031 Ives Dairy Rd
Ste 228
Miami, FL 33179
(786) 320-5559
Digital Contact Information:
brightsyhealth@gmail.com

and
1001 North Miami Beach Boulevard
North Miami Beach, FL 33162
(786) 320-5559
Digital Contact Information:
brightsyhealth@gmail.com

Rochetto, Alexandria, MA, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
andreaburks@bayouwellness.life

Rochford Buckley, Rebecca M, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com

Rocker, Jeff, MMH, LMHC ■
777 Brickell Ave
Ste 500
Miami, FL 33131
(786) 490-2181
Digital Contact Information:
askjeffrocker@gmail.com

Rockman, Isatta, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Rodgers, Kathleen, MSN, APN ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Rodriguez, Alecia, PHD, LMFT ■
9555 Southwest 175th Terrace
Suite 227
Miami, FL 33157
(888) 241-8802
Digital Contact Information:
contact@myuniquetherapy.com

and
FL
(888) 241-8802
Digital Contact Information:
https://myuniquetherapy.com
contact@myuniquetherapy.com

Rodriguez, Alissa, MC, LMHC ■
3081 Salzedo Street
202u
Coral Gables, FL 33134
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com

and
3081 Salzedo Street
Suite 202
Coral Gables, FL 33134
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com

and
3625 Northwest 82nd Avenue
Doral, FL 33166
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com

and
3625 Northwest 82nd Avenue
400
Doral, FL 33166
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com

and
1911 Southwest 87th Avenue
Miami, FL 33165
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com

and
FL
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com

and
9016 Southwest 152nd Street
Palmetto Bay, FL 33157
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Andrea, MC, LMHC ■
8500 SW 92nd Street
203
Miami, FL 33156
(786) 332-4478
Digital Contact Information:
billing@livewelltherapygroup.com

and
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
billing@livewelltherapygroup.com

and
11050 Southwest 88th Street
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
billing@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Anely, MSW, LCSW ■
10590 Northwest 27th Street
suite e103 b
Doral, FL 33172
(305) 640-8632
Digital Contact Information:
blessmedicalservice@gmail.com

and
10031 Southwest 40th Street
Miami, FL 33165
(786) 442-9628
Digital Contact Information:
blessmedicalservice@gmail.com

and
12260 Southwest 8th Street
130
Miami, FL 33184
(415) 941-4109
Digital Contact Information:
blessmedicalservice@gmail.com

Rodriguez, Annmarie, MC, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Barbara, MN, APRN ■
8785 SW 165th Ave
Miami, FL 33193
(786) 921-5451
Digital Contact Information:
peacefulminds1206@gmail.com

Rodriguez, Dianelys, MN, APRN ■
3000 Biscayne Boulevard
Suite 216
Miami, FL 33137
(786) 220-1969
Digital Contact Information:
credentialing@practolytics.com

and
602 Northeast 36th Street
19
Miami, FL 33137
(786) 220-1969
Digital Contact Information:
credentialing@practolytics.com

and
1411 Coral Way
Miami, FL 33145
(305) 204-9355
Digital Contact Information:
credentialing@practolytics.com

and
12595 Southwest 137th Avenue
STE 110
Miami, FL 33186
(305) 465-9379
Digital Contact Information:
http://www.pmcen.com
credentialing@practolytics.com

Rodriguez Ezcurdia, Rudy, MSN, APRN ■
330 Southwest 27th Avenue
307 309
Miami, FL 33135
(786) 762-2644
Digital Contact Information:
largavidafd@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Felix N, MD ■
3785 Northwest 82nd Avenue
307
Doral, FL 33166
(305) 898-5420
Digital Contact Information:
bdcred@firsthealth.org

and
1840 West 49th Street
#404
Hialeah, FL 33012
(305) 828-9980
Digital Contact Information:
bdcred@firsthealth.org

and
10671 North Kendall Drive
5d
Miami, FL 33176
(786) 416-0811
Digital Contact Information:
bdcred@firsthealth.org

Rodriguez Fernandez, Maylin, MSN, APRN ■
3901 Northwest 79th Avenue
250
Doral, FL 33166
(239) 342-6516
Digital Contact Information:
midynamicmedicalgroup@gmail.com

and
FL
(239) 342-6516
Digital Contact Information:
midynamicmedicalgroup@gmail.com

Rodriguez Freijo, Selma, MSW, LCSW ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
help@joinuplift.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
help@joinuplift.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Garcia, Carlos E, MS, LMHC ■
7392 Northwest 35th Terrace
Suite 302
Miami, FL 33122
(786) 353-2792
Digital Contact Information:
shalompsychotherapycenter@gmail.com

Rodriguez Garcia, Daniel, MC, LMHC ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
lifetimesolutionsagency@gmail.com

and
5757 Waterford District Drive
Unit 172
Miami, FL 33126
(786) 524-2880
Digital Contact Information:
http://www.lifetimesolutionsagency.com
lifetimesolutionsagency@gmail.com

and
Monterey Street
Miami, FL 33134
(786) 803-8306
Digital Contact Information:
lifetimesolutionsagency@gmail.com

and
14471 S Dixie Hwy
Miami, FL 33176
(786) 803-8826
Digital Contact Information:
http://www.amorementalhealthcorp.com
lifetimesolutionsagency@gmail.com

and
9010 Southwest 137th Avenue
101
Miami, FL 33186
(786) 803-8826
Digital Contact Information:
http://amorementalhealthcorp.com
lifetimesolutionsagency@gmail.com

and
8785 SW 165th Ave
Ste 104
Miami, FL 33193
(786) 703-1538
Digital Contact Information:
lifetimesolutionsagency@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Garlobo, Maelia, MSN, APRN ■
12595 Southwest 137th Avenue
STE 110
Miami, FL 33186
(305) 465-9379
Digital Contact Information:
pmcibilling228@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Gloria, MSW, LCSW ■
9010 SW 137th Ave
Ste 233
Miami, FL 33186
(786) 236-1323
Digital Contact Information:
http://healing-recovery.com
mrodriguez@healing-recovery.com

Rodriguez Gutierrez, Lisney, MSN, APRN ■
5901 Southwest 74th Street
211
Miami, FL 33143

(786) 228-6892
Digital Contact Information:
http://www.santanamhs.com
lisney_lia@hotmail.com

and
9425 SW 72nd St
Miami, FL 33173
(786) 200-1071
Digital Contact Information:
lisney_lia@hotmail.com

and
9425 Sunset Drive
Suite 251
Miami, FL 33173
(786) 310-6004
Digital Contact Information:
lisney_lia@hotmail.com

Rodriguez, Irina, MMFT, LMFT ■
2157 Southwest 13th Avenue
3
Miami, FL 33145
(786) 878-1331
Digital Contact Information:
i.rodriguezlmft@gmail.com

and
FL
(786) 254-1572
Digital Contact Information:
i.rodriguezlmft@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Isabel, MSW, LCSW ■
11200 Southwest 8th Street
Miami, FL 33174
(305) 348-0477
Digital Contact Information:
fiucred@fiu.edu

Rodriguez, Jan, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
admin@lifehealthsystem.org
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Jennicke, MC, LMHC ■
151 NW 11th St
Ste W201
Homestead, FL 33030
(786) 521-5925
Digital Contact Information:
monarchallhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Jorge G, MN, PMHNP ■
11850 Southwest 175th Terrace
Miami, FL 33177
(305) 399-6370
Digital Contact Information:
jorgegainza92@gmail.com

Rodriguez, Julieta, PHD, LP ■
15715 S Dixie Hwy
Ste 401
Miami, FL 33157
(786) 255-4693
Digital Contact Information:
jr3015@aol.com

and
15715 S Dixie Hwy
Ste 406
Miami, FL 33157
(786) 255-4693
Digital Contact Information:
jr3015@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Kathleen, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Keyla, MC, LMHC ■
10700 Caribbean Boulevard
203 203
Cutler Bay, FL 33189
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
ebcg-support@findoctave.com

Rodriguez, Kimberley, MS, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
pandatherapycircle@gmail.com

Rodriguez, Linda M, MC, LMHC ■
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
fl-intake@lifestance.com

Rodriguez, Lisandra B, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
fl-credentialing@lifestance.com

Rodriguez, Luann, MS, LMFT ■
18901 Southwest 106th Avenue
Suite #108
Miami, FL 33157
(786) 231-0910
Digital Contact Information:
luann.rodriguezlmft@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Lucero M, MD ■
10305 NW 41st St
Ste 205
Doral, FL 33178
(305) 718-9800
Digital Contact Information:
rodriquezlucero.md@gmail.com

and
10305 Northwest 41st Street
202
Doral, FL 33178
(305) 718-9800
Digital Contact Information:
rodriquezlucero.md@gmail.com

and
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://lifehealthsystem.org
rodriquezlucero.md@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Mabel, MSN, APRN, ARNP, CNS, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@a3medicalbilling.com

Rodriguez, Mabel, MMH, LMHC ■
12159 Southwest 132nd Court
100
Miami, FL 33186
(786) 422-2073
Digital Contact Information:
comprehensivecounseling86@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Maribel, MD ■
4304 Alton Rd
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com

Rodriguez, Migdalia G, MS, LMHC ■
1901 West Flagler Street
7
Miami, FL 33135
(786) 612-5973
Digital Contact Information:
spectrumcmh@gmail.com

and
13205 Southwest 137th Avenue
130
Miami, FL 33186
(786) 773-4191
Digital Contact Information:
spectrumcmh@gmail.com

and
FL
(786) 773-4191
(315) 873-2936
Digital Contact Information:
spectrumcmh@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Milian, Karel, MD ■
2500 Northwest 79th Avenue
233
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
andersonbilling1001@gmail.com

and
2500 Northwest 79th Avenue
Suite 189
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
andersonbilling1001@gmail.com

and
351 NW 42nd Ave
Ste 406
Miami, FL 33126
(786) 536-1710
Digital Contact Information:
andersonbilling1001@gmail.com

and
1890 Southwest 57th Avenue
SUITE 106
Miami, FL 33155
(786) 536-1701
Digital Contact Information:
andersonbilling1001@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Miriam, MS, LMHC ■
216 Catalonia Avenue
105
Coral Gables, FL 33134
(786) 236-1323
Digital Contact Information:
mrodriguez@healing-recovery.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Miriam, MSSW, LCSW ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Rodriguez, Miriam, MS, LMHC ■
9010 SW 137th Ave
Ste 233
Miami, FL 33186
(786) 236-1323
Digital Contact Information:
mrodriguez@healing-recovery.com

and
9010 Southwest 137th Avenue
232
Miami, FL 33186
(415) 941-4109
Digital Contact Information:
mrodriguez@healing-recovery.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Monica C, MSN, APRN ■
12651 South Dixie Highway
Suite 320
Miami, FL 33156
(305) 300-3121
Digital Contact Information:
info@icarepsychiatry.org

and
8950 Southwest 74th Court
Suite 1808
Miami, FL 33156
(305) 300-3121
Digital Contact Information:
info@icarepsychiatry.org

and
FL
(786) 325-7643
(305) 209-4966
Digital Contact Information:
http://icarepsychiatry.com
info@icarepsychiatry.org

Rodriguez, Pablo R, MPSY, LMHC ■
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
http://novacommunityservice.com
info@novacshealth.com
Other Languages Spoken by Provider or Office Staff
German, Spanish

Rodriguez, Pedro A, MD ■
258 NE 27th St
Miami, FL 33137
(305) 573-9898
Digital Contact Information:
parodriguezmd@gmail.com

Rodriguez Perez, Jacnery, MPSY, LMFT ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
Not Available

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
http://banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
Not Available

Rodriguez Ramos, Meilyn, PSYD, LP ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Regalado, Dinorah, MSN, APRN ■
3901 Northwest 79th Avenue
256
Doral, FL 33166
(305) 992-2421
Digital Contact Information:
alvarezmedicalsolutions@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Renzo, MSN, APRN ■

2820 Northeast 214th Street
Ste 801
Aventura, FL 33180
(256) 500-8688
Digital Contact Information:
https://www.joinblossomhealth.com
blossom@withassured.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
blossom@withassured.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
blossom@withassured.com

Rodriguez, Romy, MMH, LMHC ■
8200 Northwest 41st Street
Suite 200
Miami, FL 33166
(786) 241-7695
Digital Contact Information:
drgmartinez.psychologist@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Roxana M, MSW, LCSW-C ■
17801 Northwest 2nd Avenue
212
Miami, FL 33169
(305) 235-2616
Digital Contact Information:
Not Available

and
11000 Southwest 220th Street
Miami, FL 33170
(305) 235-2616
Digital Contact Information:
Not Available

and
22790 SW 112th Ave
Miami, FL 33170
(305) 235-2616
Digital Contact Information:
Not Available

Rodriguez, Taymi, MS, APRN ■
FL
(786) 860-5104
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com

and
15260 Southwest 280th Street
203
Homestead, FL 33032
(786) 601-7491
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com

and
2121 Southwest 3rd Avenue
205
Miami, FL 33129
(786) 660-1301
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com

and
3191 Southwest 22nd Street
406
Miami, FL 33145
(786) 660-1301
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com

and
7921 Bird Road
39
Miami, FL 33155
(786) 310-1570
Digital Contact Information:
http://oceanhealthsystem.com
lisbetrodriguez@llbillingoffice.com

and
7971 Bird Road
39
Miami, FL 33155
(786) 910-7179
Digital Contact Information:
http://oceanhealthsystem.com
lisbetrodriguez@llbillingoffice.com

and
4905 Northwest 72nd Avenue
5
Miami, FL 33166
(786) 391-3816
Digital Contact Information:
http://paradisehealthgroup.com
lisbetrodriguez@llbillingoffice.com

and
10680 Fontainebleau Boulevard
Miami, FL 33172
(305) 794-6845
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com

and
9350 SW 72nd St
Ste 116
Miami, FL 33173
(305) 992-9768
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com

and
12781 SW 42nd St
Ste G
Miami, FL 33175
(786) 227-3661
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com

and
13155 Southwest 134th Street
221
Miami, FL 33186
(786) 652-9880
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com

and
18142 Southwest 97th Avenue
Palmetto Bay, FL 33157
(786) 701-9179
Digital Contact Information:
http://www.guevaramedicalservices.com
lisbetrodriguez@llbillingoffice.com

and
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Von Marie, DSW, LCSW ■
15600 Southwest 288th Street
UNIT 404
Homestead, FL 33033
(305) 963-8928
Digital Contact Information:
http://rootedhealingwellness.com
dr.v@consultwithv.com

Rodriguez, Yaritza, MSW, LICSW ■
FL
(855) 757-7273
Digital Contact Information:
http://www.rebuildinghope.org
yaritza@hopesacpc.org
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Yesenia, MS, LMHC ●
11200 Southwest 8th Street
Miami, FL 33174
(305) 348-0477
Digital Contact Information:
fiucred@fiu.edu
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Zunilda, MSN, APRN ■
8756 Southwest 8th Street
Miami, FL 33174
(786) 223-9751
Digital Contact Information:
jyjpsychservices@gmail.com

Rodriguez-Cambas, Ailyn, MPSY, LMHC ■
11009 Southwest 186th Street
Cutler Bay, FL 33157
(786) 732-7979
Digital Contact Information:
circleoflifementalhealth@gmail.com

and
2100 Southwest 22nd Street
502
Miami, FL 33145
(786) 963-0128
Digital Contact Information:
circleoflifementalhealth@gmail.com

and
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
circleoflifementalhealth@gmail.com

and
10031 Southwest 40th Street
Miami, FL 33165
(786) 442-9628
Digital Contact Information:
circleoflifementalhealth@gmail.com

and
5600 Southwest 135th Avenue
100
Miami, FL 33183
(305) 603-9104
Digital Contact Information:
circleoflifementalhealth@gmail.com

Rodriguez-Hevia, Victoria, MC, LMHC ■
1450 Madruga Avenue
STE 302
Coral Gables, FL 33146
(305) 333-0181
Digital Contact Information:
theintuitivecouncelingcenter@gmail.com

Rodriguez-Prada, Margarita, MSCC, LMHC ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
tmedina@hbccmhc.com

Rodriguez-Ruiz, Franchesca, MA, LMFT ■
770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
5201 Blue Lagoon Dr
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(305) 395-5978
Digital Contact Information:
credentialing@happierliving.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Rodriguez-Ruiz, Tania, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
fl-credentialing@lifestance.com

Roero, Lauren, PA, PA_C ■
1065 NE 125th St
Ste 206
North Miami, FL 33161
(888) 852-6672
Digital Contact Information:
laurenroero@yahoo.com

Rogers, Deanna, MSW, LCSW ■
804 NW 21st St
214
Miami, FL 33127
(401) 855-0860
Digital Contact Information:
deanna.rogers112@gmail.com

and
804 Northwest 21st Street
203
Miami, FL 33127
(305) 563-3136
Digital Contact Information:
deanna.rogers112@gmail.com

Rohaidy, Rachel, MD ■
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
Not Available

and
7400 SW 87th Ave
260
Miami, FL 33173
(786) 595-8040
Digital Contact Information:
Not Available

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
Not Available

and
8950 N Kendall Dr
Ste 104W
Miami, FL 33176
(786) 595-8040
Digital Contact Information:
Not Available

Roiko, Kellyn, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Rojas, Alberto, MD ■
33550 South Dixie Highway
106
Florida City, FL 33034
(786) 601-7712
Digital Contact Information:
http://www.sunshinecommunitybs.com
dreduardo305@gmail.com

and
15536 Northwest 77th Court
Hialeah, FL 33016
(305) 621-8051
Digital Contact Information:
dreduardo305@gmail.com

and
5590 West 20th Avenue
200 201
Hialeah, FL 33016
(305) 557-1555
Digital Contact Information:
http://lifestarwellnesscenter.com
dreduardo305@gmail.com

and
3414 West 84th Street
Suite D110

Hialeah, FL 33018
(305) 825-4320
Digital Contact Information:
dreduardo305@gmail.com

and
3416 West 84th Street
C-108
Hialeah, FL 33018
(305) 557-1555
Digital Contact Information:
http://lifestarwellnesscenter.com
dreduardo305@gmail.com

and
3659 S Miami Ave
Miami, FL 33133
(305) 815-0055
Digital Contact Information:
dreduardo305@gmail.com

and
5950 Southwest 40th Street
Miami, FL 33155
(786) 633-5960
Digital Contact Information:
dreduardo305@gmail.com

and
7480 Southwest 40th Street
430
Miami, FL 33155
(786) 536-4266
Digital Contact Information:
dreduardo305@gmail.com

and
7815 Coral Way
Ste 108
Miami, FL 33155
(305) 264-1344
Digital Contact Information:
dreduardo305@gmail.com

and
19100 Southwest 106th Avenue
12 12
Miami, FL 33157
(786) 360-2852
Digital Contact Information:
dreduardo305@gmail.com

and
10677 North Kendall Drive
ste 5-a
Miami, FL 33176
(786) 296-2773
Digital Contact Information:
http://toplifecaresolutions.com
dreduardo305@gmail.com

and
12030 Southwest 129th Court
Suite 211
Miami, FL 33186
(305) 639-8760
Digital Contact Information:
http://www.believeandtrusttcm.com
dreduardo305@gmail.com

and
13590 Southwest 134th Avenue
201
Miami, FL 33186
(786) 227-6258
Digital Contact Information:
dreduardo305@gmail.com

and
9000 Southwest 137th Avenue
Suite 103
Miami, FL 33186
(305) 671-3503
Digital Contact Information:
http://www.behavioralccs.com
dreduardo305@gmail.com

and
9020 Southwest 137th Avenue
STE 250
Miami, FL 33186
(786) 536-7588
Digital Contact Information:
dreduardo305@gmail.com

and
14400 Northwest 77th Court
#100
Miami Lakes, FL 33016
(786) 916-6073
Digital Contact Information:
dreduardo305@gmail.com

Rojas, Jonathan, MS, LMFT ■
14221 Southwest 120th Street
suite 207
Miami, FL 33186
(786) 247-1308
Digital Contact Information:
ksmedicalbilling1@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rojas, Paola, MC, LMHC ■
3081 Salzedo Street
Suite 202
Coral Gables, FL 33134
(415) 941-4109
Digital Contact Information:
ebcg-support@findoctave.com

Rojas, Rafael, MSN, APRN ■
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
yny.behavioralservices@gmail.com

and
1400 Northwest 12th Avenue
Miami, FL 33136
(305) 243-5302
Digital Contact Information:
yny.behavioralservices@gmail.com

and
1475 NW 12th Ave
Fl 3
Miami, FL 33136
(305) 243-5302
Digital Contact Information:
yny.behavioralservices@gmail.com

and
1611 NW 12th Ave
Miami, FL 33136
(305) 243-5302
Digital Contact Information:
yny.behavioralservices@gmail.com

and
790 Northwest 107th Avenue
Suite 110
Miami, FL 33172
(305) 385-9919
Digital Contact Information:
yny.behavioralservices@gmail.com

and
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
yny.behavioralservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rojas, Sheila, MSN, APRN ■
2423 Southwest 147th Avenue
682
Miami, FL 33175
(305) 317-2426
Digital Contact Information:
tcmsolutioncenters@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rojas, Yamile, MS, LMHC ■
4302 Alton Rd
Ste 500
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
hpreval@prevalandassociates.net

and
FL
(786) 281-3935
Digital Contact Information:
hpreval@prevalandassociates.net
Other Languages Spoken by Provider or Office Staff
Spanish

Roman, Carla, MS, LMHC ■
FL
(786) 485-3932
Digital Contact Information:
swflmedicalgroupllc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Roman, Ingrid, PSYD, LP ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 661-5511
Digital Contact Information:
dr.ingridroman1@gmail.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
http://appliedbhs.com
dr.ingridroman1@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Romeo, Leticia C, MSN, APRN ■
7971 Bird Road
39
Miami, FL 33155
(786) 910-7179
Digital Contact Information:
ajndcorp@gmail.com

and
9350 SW 72nd St
Ste 116
Miami, FL 33173
(786) 504-5620
Digital Contact Information:
ajndcorp@gmail.com

Romero, Angelica V, MA, LCSW, LICSW, LISW ■
7900 Southwest 57th Avenue
Ste 24
South Miami, FL 33143
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
Spanish

Romero Fernandez, Nancy, MN, APRN ■
14411 Commerce Way
fl # 330
Hialeah, FL 33016
(305) 450-9301
Digital Contact Information:
http://nossmedicalcorp.com
masvidamedicalcenter@gmail.com

and
801 Northwest 37th Avenue
212
Miami, FL 33125
(305) 504-6131
Digital Contact Information:
masvidamedicalcenter@gmail.com

Romero, Karen, MS, LMHC ■
1200 Northwest 78th Avenue
210
Doral, FL 33126
(786) 285-3438
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
5190 Northwest 167th Street
201
Hialeah, FL 33014
(305) 705-4289
Digital Contact Information:
http://livelinessinc.com
genesisconsultingservices39@gmail.com

and
2720 Southwest 97th Avenue
c 104
Miami, FL 33165
(305) 705-4289
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
4995 Northwest 72nd Avenue
209
Miami, FL 33166
(786) 651-4190
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
13195 Southwest 134th Street
102
Miami, FL 33186
(305) 964-5236
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Romero, Odalis, MS, LMHC ■
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff English

Romero, Sophia, MS, LMFT ■
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
https://www.chgpsychiatry.com/
coastalhcbilling@gmail.com

Romero-Ramos, Maria, MSW, LCSW ■
11750 SW 40th St
Miami, FL 33175
(706) 204-1366
Digital Contact Information:
sheree.meyers@inpatientpsych.org
Other Languages Spoken by Provider or Office Staff
Spanish

Rondeau, Juan C, MD ■
1 Alhambra Plaza
Miami, FL 33134
(833) 969-6463
Digital Contact Information:
fax@brainhealthusa.com

Rondina, Katherine M, MSN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
hr.credentialing@sohomd.com
Other Languages Spoken by Provider or Office Staff English

Ronke, Angelica, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(877) 644-6008
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.com

Rooks, Joshua, PHD, LP ■
FL
(305) 204-5664
Digital Contact Information:
http://www.joshuarooksphd.com
rooksjoshua@gmail.com

Roque, Alicia, MS, LMHC ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
newbeginnignbehavior@yahoo.com

and
7580 Northwest 186th Street
202 202
Hialeah, FL 33015
(786) 385-5347
Digital Contact Information:
newbeginnignbehavior@yahoo.com

and
5455 Southwest 8th Street
230
Miami, FL 33134
(786) 629-8836
Digital Contact Information:
newbeginnignbehavior@yahoo.com

and
11890 Southwest 8th Street
403
Miami, FL 33184
(786) 362-5981
Digital Contact Information:

newbeginnignbehavior@yahoo.com

Rosado, Stephanie, PSYD, LP ■
FL
(786) 738-6468
Digital Contact Information:
http://mentalhealthofmiami.com
frontdesk@mentalhealthofmiami.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rosario, Tamara, MS, LMHC ■
11077 Biscayne Boulevard
410
Miami, FL 33161
(888) 494-0808
Digital Contact Information:
https://tamara-rosario.clientsecure.me
office@sbhss.net
Other Languages Spoken by Provider or Office Staff
Spanish

Rosario-Rosa, Junisa, MA, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
lisette@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rose, Barbara Krystal, MS, LMHC ■
1065 NE 125th St
Ste 206
North Miami, FL 33161
(888) 852-6672
Digital Contact Information:
http://www.compasshealthsystems.com
credentialing@compass.md

and
1065 NE 125th St
Ste 409
North Miami, FL 33161
(888) 852-6672
Digital Contact Information:
http://www.compasshealthsystems.com
credentialing@compass.md

and
FL
(888) 852-6672
Digital Contact Information:
http://www.compasshealthsystems.com
credentialing@compass.md

Rose, Jennifer, MSN, APRN ■
1031 Ives Dairy Rd
Ste 228
Miami, FL 33179
(786) 320-5559
Digital Contact Information:
growthllc@growthcounselingandtherapy.com

and
1001 North Miami Beach Boulevard
North Miami Beach, FL 33162
(786) 320-5559
Digital Contact Information:
growthllc@growthcounselingandtherapy.com

Rosellon, Naybi, DNP, APRN ■
5901 Southwest 74th Street
211
Miami, FL 33143
(786) 228-6892
Digital Contact Information:
http://www.santanamhs.com
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Rosen, Tanya, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ar@growthandtransitionscounseling.com

Rosenberg, Mercedes E, PSYD, LMHC, LP ■
11110 N Kendall Dr
Ste 200
Miami, FL 33176
(305) 596-3335
Digital Contact Information:
mrosenberg12@bellsouth.net
Other Languages Spoken by Provider or Office Staff
French, Spanish

Rosenblat, Taylor P, PHD, LP ■
1601 NW 12th Ave
4046
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
Not Available

Rosenson, Robert, EDD, LMHC ■
2000 S Dixie Hwy
Ste 104
Miami, FL 33133
(305) 562-2873
Digital Contact Information:
reachdrrosenson@gmail.com

Ross-Bey, Jaresa D, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
nicholas@summittherapeuticservices.com

Ross-Copes, Stephanie N, MC, LCPC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
shreekanth.k@bikhamhealthcare.com
Other Languages Spoken by Provider or Office Staff English

Roth, Jennifer, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Roth, Samantha, MC, LMHC ■
3580 Mystic Pointe Drive
Suite #112
Aventura, FL 33180
(786) 472-2324
Digital Contact Information:
samantha@dailyvictoriescounseling.com

Rouse, Kerrie, PHD, LMHC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
network@bircheshealth.com

Roussin, Lisa, MSN, APRN ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
333 Southeast 2nd Avenue
Suite #2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Rowe, Davin, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Ruaix, Antonia E, MD ■
3271 NW 7th St
Ste 203
Miami, FL 33125
(786) 220-6902
Digital Contact Information:
onesoulbilling@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ruano, Edgar O, MC, LMHC, LPCC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Rubin, Jamie, PA, PA_C ■
1065 NE 125th St
Ste 206
North Miami, FL 33161
(888) 852-6672
Digital Contact Information:
Not Available

Rubin, Kay, PHD, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
acc@advancedclientcare.org

Rudge, Bianca, MSW, LCSW ■
3481 Mystic Pointe Drive
Aventura, FL 33180
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
info@talcmhc.org
Other Languages Spoken by Provider or Office Staff
Hebrew, Spanish

Rueda Acosta, Reynaldo, MSN, PMHNP ■
9350 Southwest 72nd Street
112
Miami, FL 33173
(786) 665-6567
Digital Contact Information:
info@gleeclinic.com

and
8748 Southwest 8th Street
Miami, FL 33174
(786) 665-6567
Digital Contact Information:
http://gleeclinic.com
info@gleeclinic.com

Rueda-Lara, Maria, MD ■
1121 NW 14th St
Miami, FL 33136
(305) 243-4129
Digital Contact Information:
Not Available

and
1121 NW 14th St
Fl 1
Miami, FL 33136
(305) 243-4129
Digital Contact Information:
Not Available

and
1475 NW 12th Ave
C-023A
Miami, FL 33136
(305) 243-4129
Digital Contact Information:
Not Available

and
1611 NW 12th Ave
Miami, FL 33136
(305) 585-1111
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
Miami, FL 33136
(305) 355-7000
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
1404A
Miami, FL 33136
(305) 355-7777
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
Fl 3
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Ruiz, Anabel, MSN, APRN, APRNPMH, NP ■
25327 Southwest 121st Avenue
Homestead, FL 33032
(786) 252-4586
Digital Contact Information:
aopsychiatricmentalhealthservi@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ruiz, Myuna, MD ■
12803 Southwest 280th Street
Homestead, FL 33032
(786) 409-5503
Digital Contact Information:
myunar@yahoo.com

and
5200 NE 2nd Ave
Miami, FL 33137
(305) 762-1387
Digital Contact Information:
myunar@yahoo.com

and

12260 SW 8th St
Ste 154
Miami, FL 33184
(786) 409-5503
Digital Contact Information:
myunar@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ruiz Santiago, Mayte S, MD ■
900 West 49th Street
STE 512
Hialeah, FL 33012
(786) 536-1701
Digital Contact Information:
psychiatry@integratedhealthcare.group

and
351 NW 42nd Ave
Ste 406
Miami, FL 33126
(786) 536-1710
Digital Contact Information:
http://www.integratedhealthcare.group
psychiatry@integratedhealthcare.group

and
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
psychiatry@integratedhealthcare.group

and
1890 Southwest 57th Avenue
SUITE 106
Miami, FL 33155
(786) 536-1701
Digital Contact Information:
psychiatry@integratedhealthcare.group
Other Languages Spoken by Provider or Office Staff
Spanish

Ruiz, Tatiana, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
info@ffmhs.com

Russ, Cindy, MSN, APRN, ARNP, NP ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
info@mindfulhorizonspsychiatry.com

and
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
info@mindfulhorizonspsychiatry.com

and
255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
info@mindfulhorizonspsychiatry.com

and
370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
info@mindfulhorizonspsychiatry.com

and
333 Southeast 2nd Avenue
Suite #2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
info@mindfulhorizonspsychiatry.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@mindfulhorizonspsychiatry.com

and
14 Northeast 1st Avenue
1403
Miami, FL 33132
(305) 813-4433
Digital Contact Information:
info@mindfulhorizonspsychiatry.com

and
3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
info@mindfulhorizonspsychiatry.com

and
350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
info@mindfulhorizonspsychiatry.com

and
429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
info@mindfulhorizonspsychiatry.com

and
323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
info@mindfulhorizonspsychiatry.com

Russ, Olivia, MN, PMHNP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(773) 782-7609
Digital Contact Information:
https://bethpsychiatry.com
credentialing.5@scribealign.com

Russell, Tamala, MSN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Russell-Smith, Ashleigh, MN, APRN ■
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
http://brightsyhealthfl.com
brightsyhealth@gmail.com

Ryan, Melanie, MS, LMHC ■
2124 Northeast 123rd Street
STE 220
North Miami, FL 33181
(786) 828-0947
Digital Contact Information:
https://blossomfl.com
info@blossomfl.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ryan, Nannette, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Ryerson, Deanna, PSYD, LP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
billingdepartrment@howardcenter.org

Ryland, Monica, APRN, ARNP, CFNP, MSN, PMHNP ■
2500 Northwest 107th Avenue
Suite 102
Doral, FL 33172
(786) 605-9400
Digital Contact Information:
Not Available

Rzadkowolsky-Raoli, Cesare, MD ■
8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-0208
Digital Contact Information:
http://www.wellnesstherapyandmedical.com
info@doctorsccs.com

and
9000 Southwest 137th Avenue
Suite 103
Miami, FL 33186
(305) 671-3503
Digital Contact Information:
http://behavioralccs.com
info@doctorsccs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Saathoff, Tommy, MA, LMHC, LPC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
sowinghopecounseling@gmail.com

Saavedra, Briana, MC, LMHC ■
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
http://www.btpmentalhealth.com
info@btpmentalhealth.com

Saavedra, Diana, MSN, APRN ■
7100 W 20th Ave
Ste 201
Hialeah, FL 33016
(786) 899-0444
Digital Contact Information:
info@elitepsychiatricassociates.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sadang, Aurelio E, MSN, PMHNP ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
npsadang@gmail.com
Other Languages Spoken by Provider or Office Staff
Tagalog

Sadeghpour, Angelo S, MD ■
1695 NW 9th Ave
Miami, FL 33136
(305) 355-7148
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Saez, Pedro, PSYD, LP ■
7700 North Kendall Drive
809
Miami, FL 33156
(888) 456-2545
Digital Contact Information:
https://neuropsychologymiami.com/
neuropsycho90@gmail.com

Saheli, Gezel, MD ■
1065 Southwest 8th Street
570
Miami, FL 33130
(888) 903-5505
Digital Contact Information:
http://www.telapsychiatry.com
scheduling@telapsychiatry.com
Other Languages Spoken by Provider or Office Staff Farsi

Saibu, Mariam, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@happierliving.com

Saintable, Troy, MSN, APN, ARNP, CRNP, NP, PMHNP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
credentialing@joinuplift.co

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@joinuplift.co

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@joinuplift.co

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@joinuplift.co

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@joinuplift.co

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing@joinuplift.co

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
credentialing@joinuplift.co

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
credentialing@joinuplift.co

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
credentialing@joinuplift.co

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
credentialing@joinuplift.co
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole

Saiz Quintana, Maria E, MD ■
2550 Douglas Road
Suite 302
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
a.castillo@harmonyatthegables.com

and
2650 Southwest 27th Avenue
300 301a
Miami, FL 33133
(786) 353-9812
Digital Contact Information:
http://www.harmonyatthegablesclinic.com
a.castillo@harmonyatthegables.com

and
2650 Southwest 27th Avenue
Suite 305
Miami, FL 33133
(786) 353-9812
Digital Contact Information:
http://www.harmonyatthegablesclinic.com
a.castillo@harmonyatthegables.com

and
900 SW 97th Ave
Miami, FL 33174
(786) 790-4759
Digital Contact Information:
a.castillo@harmonyatthegables.com
Other Languages Spoken by Provider or Office Staff Spanish

Salah, Manar, MSN, APRN, APRNCNP, CNP, CRNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
msalahnp@gmail.com
Other Languages Spoken by Provider or Office Staff English

Salama, Sarine, MS, LMHC ■
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
sarine@serenitycounselingsolutions.org
Other Languages Spoken by Provider or Office Staff Spanish

Saland, Deborah, MSW, CAP, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Salani, Deborah, DNP, APRN ●
5915 Ponce de Leon
26
Coral Gables, FL 33146
(786) 664-7810
Digital Contact Information:
dsalani@miami.edu

Salas, Aldo Y, MMFT, LMFT ■
15946 Southwest 147th Lane
Miami, FL 33196
(786) 205-4058
Digital Contact Information:
http://www.headway.com
therapyaldosalas@gmail.com

Salas, Julia S, MA, LMHC ■
7900 Oak Ln
400
Hialeah, FL 33016
(786) 617-8078
Digital Contact Information:
http://www.miamilakescounseling.com
hello@miamilakescounseling.com

Salazar, Ana, MS, LMHC ■
2500 Northwest 107th Avenue
Suite 102
Doral, FL 33172
(786) 605-9400
Digital Contact Information:
hello@reachlink.com

Saldarriaga, Natalia, MC, LMHC ●
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
https://behavioralaid.com/
nataliasaldarriaga@rocketmail.com

Sales, Catherine, MA, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Sign Lang Amer, Spanish

Salgado, Carlos C, MD ■
800 SW 108th Ave
100
Miami, FL 33174
(786) 595-8040
Digital Contact Information:
Not Available

Salgado, Dalia, MSN, APRN ■
13170 Southwest 128th Street
200
Miami, FL 33186
(786) 852-5198
Digital Contact Information:
renacer@wellnesscmh.com

and
FL
(786) 852-5198
Digital Contact Information:
renacer@wellnesscmh.com
Other Languages Spoken by Provider or Office Staff Spanish

Salgado, Dalida, MSN, PMHNP ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
healingtouchinc@msn.com

and
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com
Other Languages Spoken by Provider or Office Staff Spanish

Salgado, Patricia, MS, LMHC ■
3625 Northwest 82nd Avenue
400 3
Doral, FL 33166
(305) 209-6399
Digital Contact Information:
leticia@alvarezconsultant.com

and
16191 Northwest 57th Avenue
Miami Gardens, FL 33014
(305) 740-5319
Digital Contact Information:
leticia@alvarezconsultant.com

and
1125 Northeast 125th Street
112
North Miami, FL 33161
(305) 209-6399
Digital Contact Information:
http://mindsetsolutionsctc.com/
leticia@alvarezconsultant.com

Salley, Amy, MSN, APRN, APRNCNP, CRNP, NP, PMHNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
hello@psychplus.com

Salters, Kyrie, MSSW, LCSW ■
30210 SW 156th Ave
Homestead, FL 33033
(786) 505-1988
Digital Contact Information:
ksbehaviorandmh@gmail.com

Saltman, Lyudmila, PSYD, LP ■
1120 NW 14th St
1447
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
therapy@miamibeachpsychologistassociates.com

and
FL
(786) 318-1933
Digital Contact Information:
therapy@miamibeachpsychologistassociates.com
Other Languages Spoken by Provider or Office Staff French, Russian, Spanish

Salva, Sasha R, MS, LMHC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com
Other Languages Spoken by Provider or Office Staff Spanish

Salvador, Nicole, MC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
fivestarlearningc@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Salvato, Fernando, MD ■
184 Palm Avenue
Miami Beach, FL 33139
(305) 324-6440
Digital Contact Information:
umpsychiatry@icloud.com

Sam, Pedro D, MS, LMHC ■
3000 Biscayne Boulevard
Suite 210C
Miami, FL 33137
(239) 999-1029
Digital Contact Information:
support@thriveworks.com

Sama, Sharon, MSN, APN, APRN, CRNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
jackrsamuel@gmail.com
Other Languages Spoken by Provider or Office Staff English

Samedi, Urseldra, MSN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Sammartano, Rachel, PA, PA_C ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
http://www.compasshealthsystems.com
intake@compass.md

and
11440 N Kendall Dr
Ste 208
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
intake@compass.md

and
1065 Northeast 125th Street
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
intake@compass.md

Sams, Tabatha N, MSN, APRN ■
2820 Northeast 214th Street
Ste 801
Aventura, FL 33180
(256) 500-8688
Digital Contact Information:
counselingthesoul@yahoo.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
counselingthesoul@yahoo.com

Samuel, Vickki Ann S, MD ■
18425 NW 2nd Ave
Ste 404B
Miami, FL 33169
(305) 549-8100
Digital Contact Information:
vssamuelmd@gmail.com

San Juan, Janella, MS, NP, PMHNP ■
FL
(305) 902-6347
Digital Contact Information:
sara.rydin@caduc.com
Other Languages Spoken by Provider or Office Staff English

San Martin, Jimmy, MS, LMFT ■
3625 Northwest 82nd Avenue
400 3
Doral, FL 33166
(305) 209-6399
Digital Contact Information:
luke@revive-rcm.com

and
1125 Northeast 125th Street
112
North Miami, FL 33161
(305) 209-6399
Digital Contact Information:
http://mindsetsolutionsctc.com/
luke@revive-rcm.com

San Salvador, Donna, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Sanchez, Alberto, MSN, PMHNP ■
12651 South Dixie Highway
Suite 320
Miami, FL 33156
(305) 300-3121
Digital Contact Information:
http://www.happymindswellness.com
pmhc_llc@outlook.com

and
FL
(305) 300-3121
Digital Contact Information:
http://www.happymindswellness.com
pmhc_llc@outlook.com

Sanchez Cardona, Danay, MS, LMHC ■
600 Northwest 35th Avenue
202 203
Miami, FL 33125
(786) 907-4984
Digital Contact Information:
yny.behavioralservices@gmail.com

and
1150 Northwest 72nd Avenue
640
Miami, FL 33126
(786) 497-3444
Digital Contact Information:
yny.behavioralservices@gmail.com

and
1495 NW 54th St
Miami, FL 33142
(786) 931-1881
Digital Contact Information:
yny.behavioralservices@gmail.com

and
6801 Northwest 77th Avenue

107
Miami, FL 33166
(786) 536-2364
Digital Contact Information:
yny.behavioralservices@gmail.com

and
790 Northwest 107th Avenue
Suite 110
Miami, FL 33172
(305) 964-5426
Digital Contact Information:
yny.behavioralservices@gmail.com

and
13226 SW 8th St
Miami, FL 33184
(305) 506-1786
Digital Contact Information:
yny.behavioralservices@gmail.com

and
Home Based Services Only
West Miami, FL 33144
(305) 262-8282
Digital Contact Information:
yny.behavioralservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sanchez, Carmela, PA, PA_C ■
18117 Biscayne Boulevard
306
Miami, FL 33160
(847) 979-9095
Digital Contact Information:
yturcih@yahoo.com

Sanchez, Enrique A, MS, CAP, LMHC ■
3625 Northwest 82nd Avenue
400
Doral, FL 33166
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Sanchez, Gabriel, MD ■
9725 South Dixie Highway
Pinecrest, FL 33156
(305) 209-0144
Digital Contact Information:
http://sanchez-md.com
gabriel@sanchez-md.com
Other Languages Spoken by Provider or Office Staff English

Sanchez, Jackeline, PHD, LP ■
3100 SW 62nd Ave
Fl 2
Miami, FL 33155
(305) 669-6503
Digital Contact Information:
payer.credentialing@nicklaushealth.org

Sanchez, Johana, MS, LMHC ■
FL
(305) 302-0087
Digital Contact Information:
http://divine-wellness.net
johanaq0217@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sanchez, Nathaly, MS, LMHC ■
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
https://www.chgpsychiatry.com/
coastalhcbilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sanchez Ortega, Roberto, MD ■
9000 Southwest 137th Avenue
Suite 103
Miami, FL 33186
(305) 671-3503
Digital Contact Information:
bccsoperations@doctorsccs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sanchez, Rebeca, MSN, APRN ●
8950 SW 74th Ct
Ste 2201
Miami, FL 33156
(786) 637-7338
Digital Contact Information:
http://southfloridapsychiatry.co
southfloridapsychiatry@outlook.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Sanchez, Roberto W, MN, APRN ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
healingtouchinc@msn.com

and
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

Sanchez, Rosa M, MS, LMHC ■
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
morecounseling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sander, Tiffani, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
joe@beaconhealthinc.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
joe@beaconhealthinc.com

Sanders, Alexandria, MA, LCPC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
http://www.bebravehealth.com
start@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Sandino, Camilo, MSN, APRN ■
3785 Northwest 82nd Avenue
307
Doral, FL 33166
(305) 898-5420
Digital Contact Information:
ahnllc43@gmail.com

and
3901 Northwest 79th Avenue
STE 120
Doral, FL 33166
(786) 310-4480
Digital Contact Information:
ahnllc43@gmail.com

and
900 West 49th Street
STE 400
Hialeah, FL 33012
(305) 713-1866
Digital Contact Information:
ahnllc43@gmail.com

and
3498 Northwest 7th Street
Miami, FL 33125
(786) 653-3719
Digital Contact Information:
ahnllc43@gmail.com

and
7805 Coral Way
Ste 131
Miami, FL 33155
(786) 307-2066
Digital Contact Information:
ahnllc43@gmail.com

and
10300 Southwest 72nd Street
101
Miami, FL 33173
(305) 200-5210
Digital Contact Information:
ahnllc43@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sandoval, Carlos J, MD ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
westmiamicmhc@bellsouth.net
Other Languages Spoken by Provider or Office Staff Italian, Spanish

Sanfiel, Emily C, MS, LMHC ■
5915 Ponce de Leon
48
Coral Gables, FL 33146
(786) 273-7630
Digital Contact Information:
Not Available

and
7700 N Kendall Dr
Ste 415
Miami, FL 33156
(786) 359-4161
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Sanfiel, Ida N, MS, LMHC ■
5915 Ponce de Leon
48
Coral Gables, FL 33146
(786) 325-3285
Digital Contact Information:
isanfiel@gmail.com

and
2500 Northwest 107th Avenue
Suite 102
Doral, FL 33172
(786) 605-9400
Digital Contact Information:
isanfiel@gmail.com

and
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
isanfiel@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Sanfiel, Patrick, MS, LMHC ■
FL
(786) 474-4980
Digital Contact Information:
http://redwheelbarrowtherapy.com
patrick@redwheelbarrowtherapy.com

Sanmiguel, Maria T, MMH, LMHC ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
westmiamicmhc@bellsouth.net

Santa, Dorilee, MS, LCMHC, LMHC ■
250 Catalonia Avenue
Suite 702
Coral Gables, FL 33134
(786) 237-8501
(415) 941-4109
Digital Contact Information:
http://healinggrowththerapy.com
service@virtual-counseling.com

and
FL
(786) 258-8499
(786) 237-8501
(415) 941-4109
Digital Contact Information:
http://healinggrowththerapy.com
service@virtual-counseling.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Santa Maria, Elizabeth C, MS, LCPC, LCSW ■
FL
(508) 202-1011
Digital Contact Information:
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff English

Santana, Jessica, MS, LMHC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 648-4447
Digital Contact Information:
credentialing@behavioralaid.com

and
7221 SW 24th St
Ste 206
Miami, FL 33155
(786) 648-4447
Digital Contact Information:
credentialing@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com

Santana Sparber, Jacqueline, PSYD, LP ■
100 NE 15th St
Ste 101D
Homestead, FL 33030
(833) 779-8646
Digital Contact Information:
drsantanasparber@keysgatewellness.com
Other Languages Spoken by Provider or Office Staff
Spanish

Santiago Fernandez, Flor De Liz, EDD, LCSW ■
10691 North Kendall Drive
304
Miami, FL 33176
(786) 771-3370
Digital Contact Information:
http://www.familybalancetherapy.com
familybalancetherapy@gmail.com

and
FL
(786) 771-3370
Digital Contact Information:
http://www.familybalancetherapy.com
familybalancetherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Santiago, Joshua, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Santiago, Melissa, MA, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Santiago, Wildelia, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147

(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
English, Spanish

Santiesteban, Liliam, DO ■
4304 Alton Rd
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Santos, Christian, MS, LMHC ●
701 Southeast 8th Place
Hialeah, FL 33010
(305) 528-1256
Digital Contact Information:
browardtherapists@gmail.com

Santos, Danae, MN, APRN ■
2199 West Flagler Street
Miami, FL 33135
(305) 643-0550
Digital Contact Information:
lfmcbilling@gmail.com

Santos, Marina, MMFT, LMFT ■
8180 Northwest 36th Street
100c
Doral, FL 33166
(305) 773-3335
Digital Contact Information:
marinamsantos@yahoo.com

and
8180 Northwest 36th Street
100d
Doral, FL 33166
(305) 773-3335
Digital Contact Information:
marinamsantos@yahoo.com

Santos, Selin, PSYD, LP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@cerebral.com

and
FL
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@cerebral.com
Other Languages Spoken by Provider or Office Staff English

Sarandrea, Jillian M, MA, LMHC ■
1 Alhambra Plaza
1451
Miami, FL 33134
(888) 588-8995
Digital Contact Information:
scheduling@foresightmentalhealth.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
scheduling@foresightmentalhealth.com
Other Languages Spoken by Provider or Office Staff English

Sardinas, Maricruz, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
admin@lifehealthsystem.org
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Sarduy, Ernesto L, DNP, APRN ■
8950 SW 74th Ct
Ste 2201
Miami, FL 33156
(786) 637-0907
Digital Contact Information:
http://southfloridapsychiatry.com
southfloridapsychiatry@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sarno, Marina L, PSYD, CP ■
1150 NW 14th St
Ste 609
Miami, FL 33136
(305) 243-7529
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Satchell-Ward, Christal, MA, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Satorre, Mayuli C, MSN, APRN ■
3785 Northwest 82nd Avenue
307
Doral, FL 33166
(305) 898-5420
Digital Contact Information:
m.satorre@harmonyatthegables.com

and
33550 South Dixie Highway
106
Florida City, FL 33034
(786) 601-7712
Digital Contact Information:
m.satorre@harmonyatthegables.com

and
1150 Northwest 72nd Avenue
ph 2
Miami, FL 33126
(786) 542-5043
Digital Contact Information:
http://1stcarecms.com
m.satorre@harmonyatthegables.com

and
2650 Southwest 27th Avenue
Suite 305
Miami, FL 33133
(786) 353-9812
Digital Contact Information:
http://www.harmonyatthegablesclinic.com
m.satorre@harmonyatthegables.com
Other Languages Spoken by Provider or Office Staff
Spanish

Satter, Jessica, EDS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
lisette@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Satulovsky, Carlos A, MD ■
3421 SW 107th Ave
Miami, FL 33165
(305) 392-1774
Digital Contact Information:
jorlowsky@bhgpa.com

and
12955 Southwest 42nd Street
STE 2
Miami, FL 33175
(786) 491-4947
Digital Contact Information:
jorlowsky@bhgpa.com
Other Languages Spoken by Provider or Office Staff Italian, Spanish

Saturne, Casandra, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
thoughtsofhopellc@gmail.com
Other Languages Spoken by Provider or Office Staff Dutch, Spanish

Saveanu, Radu V, MD ■
1120 NW 14th St
1477
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
Not Available

and
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-6400
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
1404A
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
3308
Miami, FL 33136
(305) 355-7000
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
Fl 3
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
Not Available

Savino, Katerina, BCBA, MA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
info@actionbehavior.com

Sawyer, Robert, MMH, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com

and
3191 Coral Way
Ste 602
Miami, FL 33145
(305) 799-0620
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Sawyers, Althea, MMFT, LMFT ■
FL
(202) 410-5972
(833) 322-0977
(786) 277-5563
Digital Contact Information:
http://www.quality-therapy.com
asawyers.biz@gmail.com

Scales, Ari'Ton, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Scannell, Pamela, PSYD, LP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
Other Languages Spoken by Provider or Office Staff English

Scarlatella, Lisa, MSN, APN ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Schaffer, Diana, MED, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Scharf, Linda S, PHD, LP ■
19300 West Dixie Highway
Unit 1
Aventura, FL 331802201
(305) 653-0098
Digital Contact Information:
scharflinda@outlook.com

Schatz, Nicole, PHD, LP ●
11200 Southwest 8th Street
Miami, FL 33174
(305) 348-0477
Digital Contact Information:
fiucred@fiu.edu

Schechner, Joanna, PSYD, CP, HSPP, LP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
dmccoy@prodatamgmt.com

Schenker, Maite, PHD, LP ■
1475 NW 12th Ave
C130
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
Not Available

and
1601 NW 12th Ave
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Schettino, Lynne, PHD, LP ■
FL
(305) 389-3335
Digital Contact Information:
drlschet@bellsouth.net

Schiavone, Veronica J, MSW, LCSW ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
info@riviamind.com

Schiff, Janice, MSN, APRN ■
2601 SW 37th Ave
Ste 904
Miami, FL 33133
(800) 457-4573
Digital Contact Information:
jschiff1@hotmail.com

Schild, Sven, PHD, LP ●
FL
(858) 602-2847
Digital Contact Information:
http://www.svenschild.com
sven.schild@gmail.com
Other Languages Spoken by Provider or Office Staff Sign Lang Amer

Schindler, Alina, MC, LMFT ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
rebekah@lscounseling.com
Other Languages Spoken by Provider or Office Staff English

Schlotterback, Mark, MD ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Other Languages Spoken by Provider or Office Staff English

Schlussel, Samantha, MSW, LCSW ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
birches@withassured.com

Schmid, Cecilia A, MPSY, LMHC ■
9380 SW 72nd St
Ste 238
Miami, FL 33173
(305) 632-2322
Digital Contact Information:
ceciliaschmid@hotmail.com

and
10691 N Kendall Dr
Ste 110
Miami, FL 33176
(305) 632-2322
Digital Contact Information:
ceciliaschmid@hotmail.com

Schmidt, Sandra, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
help@joinuplift.co

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff English

Schneider, Nathan T, MSN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Schroeder, Donald A, MA, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
schroederdn@gmail.com

Schutt, Horacio, MPSY, LMHC ■
20900 Northeast 30th Avenue
200 17
Aventura, FL 33180
(786) 315-0387
Digital Contact Information:
http://www.miamipsychoanalysis.net
floridapsychotherapygroup@gmail.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
floridapsychotherapygroup@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Schwartz, Cynthia, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Schwartz, Erin L, MA, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff English

Scott, Alicia N, MSN, APRN ■
3000 Biscayne Boulevard
Suite 216
Miami, FL 33137
(786) 220-1969
Digital Contact Information:
http://www.envisionmcare.com
credentialing@practolytics.com

Scott, Deborah, MC, LMHC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
credentialing@growtherapy.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@growtherapy.com

Scott, Kelly T, MSN, APN ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
john.sladewski@rwjbh.org

Scotto, Maria, MS, LMHC ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(305) 396-9010
Digital Contact Information:
sasha@livewelltherapygroup.com

and
2875 Northeast 191st Street
Suite 500
Aventura, FL 33180
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
sasha@livewelltherapygroup.com

and
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
sasha@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff English

Scotto, Nicole M, MC, LMHC ■
2875 Northeast 191st Street
528
Aventura, FL 33180
(305) 396-9010
Digital Contact Information:
https://balancedlifetherapygroup.com/
help@joinuplift.co

and
2875 Northeast 191st Street
Suite 500
Aventura, FL 33180
(415) 941-4109
Digital Contact Information:
https://balancedlifetherapygroup.com/
help@joinuplift.co

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff English

Seals, Latoya, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@bestselfwny.org

Searight, Joyel D, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
fl-credentialing@lifestance.com

Seay, Jennifer, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@hupcfl.com

Sebreros, Jennifer, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Seely, Jensyn, MSN, NP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Seidler, Jessica C, MSW, LCSW ■
2915 Biscayne Boulevard
Suite 300-4
Miami, FL 33137
(786) 398-4747
Digital Contact Information:
contactus@miamivibescounselingcenter.com

Seigel, Robert K, MSN, APRN, NP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Selem, Lissette, MD ■
5803 Northwest 151st Street
101
Miami Lakes, FL 33014
(786) 504-8070
Digital Contact Information:
https://www.vallejomedicalclinic.com/
lissetteselem@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Selem, Lourdes, MD ■
5803 Northwest 151st Street
101
Miami Lakes, FL 33014
(305) 696-8802
Digital Contact Information:
lourdesselem@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Selesky, Jaika, MS, LMHC ■
7600 South Red Road
200
South Miami, FL 33143
(786) 508-2207
Digital Contact Information:
angelo@lunapsychology.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Sequeiros, Rosa, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Seraphin, Sandrina, MSW, LCSW ■
1175 Northeast 125th Street
201
North Miami, FL 33161
(954) 900-8348
Digital Contact Information:
https://www.evernorth.com/behavioral-care
sseraphin@transparentspace.net

and
175 Northwest 125th Street
201
North Miami, FL 33168
(954) 900-8348
Digital Contact Information:
sseraphin@transparentspace.net
Other Languages Spoken by Provider or Office Staff English, Creole

Serna, Christian A, MSN, APRN ■
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com
Other Languages Spoken by Provider or Office Staff Spanish

Serna, Jairo, MSW, LCSW ●
FL
(305) 445-0477
Digital Contact Information:
jairoserna@hotmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Serra, Maria T, MMFT, LMFT ■
12001 Southwest 128th Court
Suite Suite 104
Miami, FL 33186
(786) 868-0505
Digital Contact Information:
agency@juntosbmb.com

and
15305 Northwest 60th Avenue
Ste 100
Miami Lakes, FL 33014
(786) 536-7561
Digital Contact Information:
agency@juntosbmb.com
Other Languages Spoken by Provider or Office Staff Spanish

Severins, Alicia, MSED, LCPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131

(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Sexton, Suzanne, MSW, LCSW ■
FL
(800) 567-5433
Digital Contact Information:
https://totallife.com/
care@totallife.com

Shadare, Abimbola, MSN, APN, APRN, APRNPMH, NP, PMHNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@sypore.com

Shah, Nikita, MD ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/
find-a-provider/?_patients=y

Shah, Ruiy, DNP, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/
find-a-provider/?_patients=y
credentialing@riviamind.com

Shaheed, Alycia, MS, LMHC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
http://www.behavioralaid.com
info@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
info@behavioralaid.com
Other Languages Spoken by Provider or Office Staff
Spanish

Shahwar, Durre, MSN, APN, APRN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/
find-a-provider/?_patients=y
durre.shahwar@solmentalhealth.com
Other Languages Spoken by Provider or Office Staff
Punjabi, Urdu, Hindi

Shaneyfelt, Rivon, LCSW, MSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

Sharma, Manoj Kumar, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
credentialing@wellnite.com
Other Languages Spoken by Provider or Office Staff
Marathi, Hindi

Shasha, Noah, MS, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
Not Available

Shaw, Brittney, MC, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Shead Moore, John, PSYD, LP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
lisette@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Shelby, Latronda, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

Sherrill, Jenniffer, PHD, LMHC ■
FL
(786) 258-8499
(786) 309-8667
Digital Contact Information:
http://www.virtual-counseling.com
drsherill@transcendingtraumatherapy.com

Sherrouse, Kayla, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
kiara@thechcalliance.com

Shervington, Dinora T, MS, LMFT ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
thecouples1@gmail.com

and
12150 Southwest 128th Court
Suite 105
Miami, FL 33186
(305) 338-2231
Digital Contact Information:
thecouples1@gmail.com

and
13383 SW 142nd Ter
Miami, FL 33186
(786) 362-5981
Digital Contact Information:
thecouples1@gmail.com

Sherwood, Brittany, MSN, APRN, ARNP ■
FL
(305) 902-6347
Digital Contact Information:
info@personalprivatepsychiatry.com
Other Languages Spoken by Provider or Office Staff
Spanish

Shlackman, Jed, MS, LMHC ■
12965 Southwest 112th Avenue
Miami, FL 33176
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/
behavioral-care
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff English

Shonk, Heather E, MSN, APRN, PMHNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
fl-credentialing@lifestance.com

Shrader, Josie, MA, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
payors@emorahealth.com

Shupe, Ginger, MD ■
7000 SW 62nd Ave
Ste 600
South Miami, FL 33143
(305) 284-7577
Digital Contact Information:
ammscredentialing@larkinhospital.com

Siegel, Sammi L, PHD, LMHC ■
5900 Southwest 73rd Street
207
South Miami, FL 33143
(305) 613-1101
Digital Contact Information:
siegelcounseling@gmail.com

Sifran, Susana E, MA, LMHC ■
2040 Northeast 163rd Street
305
North Miami Beach, FL 33162
(786) 553-6038
Digital Contact Information:
susanasifran@hotmail.com
Other Languages Spoken by Provider or Office Staff
Hebrew, Spanish

Sigdel, Anisha, MSN, APRNCNP, CRNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
glopez@cbmmedicalmanagement.com
Other Languages Spoken by Provider or Office Staff English

Sijo, Yusimi, PSYD, LMHC ■
5901 SW 74th St
Ste 412
Miami, FL 33143
(786) 717-5028
Digital Contact Information:
castroj@bellsouth.net

and
2307 Douglas Road
400
Miami, FL 33145
(305) 205-1965
Digital Contact Information:
castroj@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Silber, Anita, MS, LMHC ■
6175 NW 153rd St
Ste 404
Miami Lakes, FL 33014
(305) 558-7400
Digital Contact Information:
credentialing@wellnite.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Silebi, Candice, MSED, LMHC ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
westmiamicmhc@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Silva, Erik, MS, LMHC ■
8323 Northwest 12th Street
Ste 206
Doral, FL 33126
(305) 373-3424
Digital Contact Information:
info@themind-gym.com

and
FL
(754) 400-1539
Digital Contact Information:
info@themind-gym.com

and
15660 Southwest 72nd Street
Miami, FL 33193
(786) 697-1150
Digital Contact Information:
info@themind-gym.com

Silva Hector, Roberto J, MSN, APRN ■
22790 SW 112th Ave
Miami, FL 33170
(305) 235-2616
Digital Contact Information:
http://www.theagapenetwork.org
hcncredentialingcoordinators@hcnetwork.org

and
10691 North Kendall Drive
312
Miami, FL 33176
(786) 592-8470
Digital Contact Information:
hcncredentialingcoordinators@hcnetwork.org

and
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
hcncredentialingcoordinators@hcnetwork.org

Silva, Reymundo, MSN, APRN ■
1840 West 49th Street
606 606
Hialeah, FL 33012
(305) 846-9727
Digital Contact Information:
hccms.corp@gmail.com

and
3750 West 16th Avenue
226u
Hialeah, FL 33012
(786) 360-3750
Digital Contact Information:
hccms.corp@gmail.com

and
FL
(786) 360-3750
Digital Contact Information:
hccms.corp@gmail.com

and
13226 SW 8th St
Miami, FL 33184
(786) 518-3353
Digital Contact Information:
hccms.corp@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Silva-Anderson, Christina, MA, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Silva-Duluc, Silvia I, MD ■
5590 West 20th Avenue
200 201
Hialeah, FL 33016
(305) 557-1555
Digital Contact Information:
http://lifestarwellnesscenter.com
drsilva@bellsouth.net

and
3414 West 84th Street
Suite D110
Hialeah, FL 33018
(305) 825-4320
Digital Contact Information:
drsilva@bellsouth.net

and
3416 West 84th Street
C-108
Hialeah, FL 33018
(305) 557-1555
Digital Contact Information:
http://lifestarwellnesscenter.com
drsilva@bellsouth.net

and
7811 Coral Way
106
Miami, FL 33155
(305) 412-0138
Digital Contact Information:
drsilva@bellsouth.net

and
9995 SW 72nd St

Ste 208
Miami, FL 33173
(305) 412-6034
Digital Contact Information:
drsilva@bellsouth.net
Other Languages Spoken by Provider or Office Staff Spanish

Silva-Machado, Lucianne, MPSY, LMFT ■
8955 SW 87th Ct
Ste 212
Miami, FL 33176
(786) 840-3454
Digital Contact Information:
lsilva@blisshealth.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Silver, Scott, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
hr.credentialing@sohomd.com

Silverio, Ashley, MSW, LCSW ■
FL
(305) 209-8921
Digital Contact Information:
http://www.journeytothrivetherapy.com
ashleysilveriolcsw@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Silverman, Lillian, MS, LMHC ■
2801 Northeast 213th Street
Suite 1215
Aventura, FL 33180
(833) 769-3524
Digital Contact Information:
http://lifestance.com
fl-credentialing@lifestance.com

Silverman, Sarah, PSYD, LP ■
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(415) 854-8911
Digital Contact Information:
tampacred@newportcredentialing.com

Siman, Maria D, MSSW, LCSW ■
135 San Lorenzo Avenue
Suite 860
Coral Gables, FL 33146
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff English

Simmons, Elaine C, MSW, LMSW ■
FL
(800) 567-5433
Digital Contact Information:
finance@totallife.com

Simmons, Jeff, PSYD, LP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
Other Languages Spoken by Provider or Office Staff English

Simmons, Jennifer, MA, LMHC, LPC ■
FL
(508) 202-1011
Digital Contact Information:
support@sevenstarling.com

Simmons-Gilreath, Kimberly R, MSN, APRN ■
1951 NW 7th Ave
Fl 3
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com

and
1951 Northwest 7th Avenue
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com

and
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com

Simon, Vania M, MMH, LMHC ■
9425 Sunset Drive
Ste F251
Miami, FL 33173
(786) 310-6004
Digital Contact Information:
http://www.mindingthegap.net
vania@mindingthegap.net

and
FL
(786) 310-6004
Digital Contact Information:
http://www.mindingthegap.net
vania@mindingthegap.net

and
8181 Northwest 154th Street
STE 112
Miami Lakes, FL 33016
(407) 572-8053
Digital Contact Information:
vania@mindingthegap.net

and
1190 Northwest 95th Street
307
Miami Shores, FL 33150
(407) 572-8053
Digital Contact Information:
vania@mindingthegap.net

Simpson, Zilla, MPSY, LMHC ■
18951 Southwest 106th Avenue
105 106
Miami, FL 33157
(305) 233-4448
Digital Contact Information:
stepstherapycenter@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Sims, Bridgett, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@red-rock.com

Singer, Gabrielle, MSW, LCSW ■
FL
(508) 202-1011
Digital Contact Information:
info@mosaicmindscounseling.com

Singh, Robbie, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@aspirehp.org

Singh, Sham W, MD ■
39 Northeast 1st Avenue
215
Miami, FL 33132
(310) 430-7324
Digital Contact Information:
contact@bonmente.com

Singletary, Dejuan, MD ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Sinuhe Cabrera, Luis, MSN, APRN ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
laurap@azzurrahcc.com

Sio, Jessica S, MSN, APRN, NP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
credentialing@mindpath.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@mindpath.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@mindpath.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@mindpath.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@mindpath.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing@mindpath.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
credentialing@mindpath.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
credentialing@mindpath.com

and
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
credentialing@mindpath.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
credentialing@mindpath.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
credentialing@mindpath.com
Other Languages Spoken by Provider or Office Staff Spanish

Siracusa, Shannon, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Sitek, Agata, MSN, APRN, NP ■
7900 Oak Lane
Hialeah, FL 33016
(877) 515-8113
Digital Contact Information:
fax@brainhealthusa.com

Sjostrom, Lady, LMHC, MA, MS ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
info@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
info@dadefamily.com
Other Languages Spoken by Provider or Office Staff Spanish

Skidmore, Jon B, PSYD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@utahvalleypsychology.com
Other Languages Spoken by Provider or Office Staff Italian

Skjoldal, Elizabeth, PHD, CP, LP ■
8325 Northeast 2nd Avenue
316
Miami, FL 33138
(305) 503-5758
Digital Contact Information:
kim@cherryhillcounseling.com

and
FL
(305) 790-9957
Digital Contact Information:
kim@cherryhillcounseling.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Slaughter, Kimberly, MED, LMHC, LPCC ■
FL
(305) 902-6347
Digital Contact Information:
http://www.bebravehealth.com
start@bebravehealth.com

Slugh, Mitchell R, PHD, CP ■
5555 Ponce De Leon Blvd
Coral Gables, FL 33146
(305) 689-0658
Digital Contact Information:
Not Available

and
1150 NW 14th St
Ste 604
Miami, FL 33136
(305) 243-7529
Digital Contact Information:
Not Available

Smallwood, Richelle, MSW, LCSW ■
FL
(305) 902-6347
(833) 351-8255
Digital Contact Information:
credentialing@lifebulb.com

Smart-McCarthy, Madison, PHD, LCP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
hello@emorahealth.com

Smith, Andrew C, MSN, APRN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
info@riviamind.com

Smith, Devin, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
referrals@chrysalishealth.com

Smith, Erika, MC, LMHC ■
4302 Alton Rd
Ste 500
Miami Beach, FL 33140
(305) 674-2876

Digital Contact Information:
kowens@msmc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Smith, Jennifer, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Smith, Joshua, PSYD, HSPP, LP ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Smith, Kimberly L, MSW, LCSW ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
arscredentialing@advancedrecoverysystems.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Smith, Larry, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Smith, Mark C, PSYD, LP ●
2600 S Douglas Rd
Ste 1003
Coral Gables, FL 33134
(305) 445-0477
Digital Contact Information:
ana@coralgablescounseling.com

Smith, Mica, MC, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Smith, Nicole A, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
start@bebravehealth.com

Smith, Noah, MD ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
blossom@withassured.com

Smith, Ronny, MS, LPC ■
FL
(305) 902-6347
Digital Contact Information:
msabree@sabreets.com

Smith, Ryanna, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@happierliving.com

Smith, Shatema, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Smith, Teresa, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Smith, Virginia L, MS, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@growtherapy.com
Other Languages Spoken by Provider or Office Staff English

Smith-Young, Adia E, MA, LMHC ■
15715 S Dixie Hwy
Ste 406
Miami, FL 33157
(786) 269-3728
Digital Contact Information:
adia33@gmail.com
Other Languages Spoken by Provider or Office Staff English

Smulowitz, Leeba M, MSW, LCSW ■
FL
(347) 380-6424
Digital Contact Information:
libby@levtherapy.onmicrosoft.com

Snipes, Angel, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
team@medicalrcm.net

and
17560 Northwest 27th Avenue
Suite 105
Miami Gardens, FL 33056
(786) 705-6672
Digital Contact Information:
team@medicalrcm.net

Snipes, Jonathan M, MD ■
44 Northwest 17th Street
Homestead, FL 33030
(305) 209-4750
Digital Contact Information:
credentialing@thriveworks.com

Sobhan, Tanveer, MD ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
tsobhanmd@yahoo.com

and
11430 North Kendall Drive
208
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
tsobhanmd@yahoo.com

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
tsobhanmd@yahoo.com
Other Languages Spoken by Provider or Office Staff
Bengali

Sobiech, Rachel, MSSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
rachel@feelnhealwellness.com
Other Languages Spoken by Provider or Office Staff English

Sola-Castellanos, Mailyn, MC, LMHC ■
3625 Northwest 82nd Avenue
400 3
Doral, FL 33166
(305) 209-6399
Digital Contact Information:
julie.berger@drcred.com

and
1125 Northeast 125th Street
112
North Miami, FL 33161
(305) 209-6399
Digital Contact Information:
http://mindsetsolutionsctc.com/
julie.berger@drcred.com

Solares, Nani E, MA, LMHC ■
9240 Sunset Dr
Ste 202
Miami, FL 33173
(786) 803-7922
Digital Contact Information:
http://www.nanisolares.com
nanisolareslmhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Solitaire, Bianca, MC, LMHC, LPCC ■
FL
(786) 882-4532
Digital Contact Information:
https://fearlessfocusmentalhealth.com/
counselingwithbianca@gmail.com
Other Languages Spoken by Provider or Office Staff English

Solivan Matta, Paola, MMH, LMHC ■
5941 Northwest 173rd Drive
2 2
Hialeah, FL 33015
(754) 701-0221
Digital Contact Information:
http://www.abhealth.care
info@abhealth.care
Other Languages Spoken by Provider or Office Staff
Spanish

Solomon, Evelyn, MSW, LCSW ●
FL
(802) 734-5285
Digital Contact Information:
http://www.evelynsolomontherapy.com
evelynsolomontherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Hebrew

Solorzano, Gina, MSW, LCSW ■
2124 Northeast 123rd Street
STE 220
North Miami, FL 33181
(786) 828-0947
Digital Contact Information:
https://blossomfl.com
info@blossomfl.com
Other Languages Spoken by Provider or Office Staff
Hebrew, Spanish

Solorzano-Downs, Zojaim, MSW, LCSW ■
1550 Madruga Avenue
327
Coral Gables, FL 33146
(415) 941-4109
Digital Contact Information:
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff English

Sommers, Silvia, PSYD, LP ■
3100 SW 62nd Ave
Miami, FL 33155
(305) 663-8439
Digital Contact Information:
shana.johnson@mch.com

and
8525 SW 92nd St
A1
Miami, FL 33156
(305) 439-9957
Digital Contact Information:
shana.johnson@mch.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sosa Martinez, Misleny, MS, BCBA, LMHC ■
4810 Southwest 8th Street
suite 103
Coral Gables, FL 33134
(786) 353-2616
Digital Contact Information:
https://vdzleading.com/
genesisconsultingservices39@gmail.com

and
801 Monterey Street
202
Coral Gables, FL 33134
(305) 591-7898
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
Home Based Services Only
Doral, FL 33122
(305) 591-7898
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
1200 Northwest 78th Avenue
210
Doral, FL 33126
(786) 285-3438
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
5590 West 20th Avenue
200 201
Hialeah, FL 33016
(305) 557-1555
Digital Contact Information:
http://lifestarwellnesscenter.com
genesisconsultingservices39@gmail.com

and
2050 West 56th Street
SUITE 15-16
Hialeah, FL 330162601
(305) 557-1555
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
3414 West 84th Street
Suite D110
Hialeah, FL 33018
(305) 825-4320
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
3416 West 84th Street
C-108
Hialeah, FL 33018
(305) 557-1555
Digital Contact Information:
http://lifestarwellnesscenter.com
genesisconsultingservices39@gmail.com

and
5757 Waterford District Drive
Unit 172
Miami, FL 33126
(786) 524-2880
Digital Contact Information:
http://www.lifetimesolutionsagency.com
genesisconsultingservices39@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
12002 Southwest 128th Court
203
Miami, FL 33186
(786) 713-0851
Digital Contact Information:
genesisconsultingservices39@gmail.com

and

8950 Southwest 152nd Street
110
Palmetto Bay, FL 33157
(786) 542-4690
Digital Contact Information:
genesisconsultingservices39@gmail.com

and

9555 Southwest 175th Terrace
610
Palmetto Bay, FL 33157
(786) 859-0979
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Soto, Lugannys M, MS, LMHC ■

6601 Southwest 80th Street
STE 121
South Miami, FL 33143
(305) 453-4833
Digital Contact Information:
http://www.themodernpsychology.com
admin@themodernpsychology.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sotolongo, Jennifer, MS, LMHC ■

14740 Southwest 26th Street
Miami, FL 33185
(786) 464-5981
Digital Contact Information:
info@flcfd.org

Sotolongo, Niurka, MSW, LMHC ■

3955 SW 59th Ave
Miami, FL 33155
(954) 624-6016
Digital Contact Information:
niurkasotolongo@yahoo.com

Soutien, Kimberly, MC, LMHC ■

2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Spalding, Gwenevere, MS, LMHC ■

12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
gwen.lifecenter@gmail.com

Spall, Christopher, MA, CAP, LMHC ■

2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Spanos, Melina, MSN, APRN ■

2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Spence, Tracy A, MSN, APRN ■

801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@theracounsel.com

Spencer, Jessica, MSN, APRN ■

1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
hello@joinblossomhealth.com

Spencer, Marcia, MA, LMFT ■

2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
jane.mohammad@daybreakhealth.com

Spencer, Precious M, MSN, APRN, PMHNP ■

FL
(305) 902-6347
Digital Contact Information:
info@centerforsexualhealthandwellness.com

and

20535 Northwest 2nd Avenue
Suite 204
Miami, FL 33169
(772) 208-7834
Digital Contact Information:
info@centerforsexualhealthandwellness.com

Spencer Rose, Sharon, MA, LPC ■

2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Spinks, Laura, MSW, LCSW ■

2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
samantha@hudsonvalleycounseling.com

Spinner, Lynn R, MSW, LCSW ■

6175 NW 153rd St
Ste 404
Miami Lakes, FL 33014
(305) 558-7400
Digital Contact Information:
lrspin@aol.com

Spitzer, Nancy, MS, LMFT ■

801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
birches@withassured.com
Other Languages Spoken by Provider or Office Staff
English

Sporrer, Kristy, MSW, LCSW ●

FL
(305) 999-5177
Digital Contact Information:
http://www.sunlittherapy.com
kristy@sunlittherapy.com

Spracklin, Meagan, MSN, APN, APRN, APRNCNS, CRNP, NP ■

2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
Not Available

and

2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
Not Available

and

255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
Not Available

and

370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
Not Available

and

333 Southeast 2nd Avenue
Suite 2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
Not Available

and

801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

and

3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
Not Available

and

350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
Not Available

and

429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
Not Available

and

323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
English

Springer, Shawndel, MS, LMHC, LPC ■

2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
gethelp@wellqor.com

St Hubert, Sheldy, MSW, LCSW ■

1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and

801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and

117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

St-Fleur, Stephanie, MSN, APRN, NP, PMHNP ■

770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing@cerebral.com

and

7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
credentialing@cerebral.com

and

5201 Blue Lagoon Dr
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
credentialing@cerebral.com

and

6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
credentialing@cerebral.com

and

80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
credentialing@cerebral.com

and

601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@cerebral.com

and

801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@cerebral.com

and

830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@cerebral.com

and

9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(888) 684-2779
Digital Contact Information:
credentialing@cerebral.com

and

8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
credentialing@cerebral.com
Other Languages Spoken by Provider or Office Staff
English

Stallworth, Janell, MA, LMHC ■

2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
hello@wellnite.com

Stanton, Kathleen, PHD, LP ■

1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
hello@emorahealth.com

Steadman, Tiarra, MSW, LCSW ■

1150 Northwest 72nd Avenue
455
Miami, FL 33126
(561) 356-9991
Digital Contact Information:
brittani@dljclinicalservices.com

Steele, Paul, MED, LMHC, LPC ■

FL
(305) 902-6347
(202) 410-5972
Digital Contact Information:
support@joinhopscotch.com
Other Languages Spoken by Provider or Office Staff
English

Steen, Tamarie, MMH, LMHC ■

2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Stein Lifshitz, Daniel, MD ■

11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
intake@compass.md

and

1065 NE 125th St
Ste 206

North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compass-md.com
intake@compass.md
Other Languages Spoken by Provider or Office Staff Hebrew, Spanish

Steinberg, Rachel, MSW, LCSW ■
5901 Southwest 74th Street
408
Miami, FL 33143
(305) 735-3555
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com

Steiner, Joy, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Stephens, Alexia, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Spanish

Stephenson, Evonne B, MSN, APRN ■
FL
(508) 202-1011
Digital Contact Information:
enrollment@pursuecare.com

Stevens, Stevens, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Stevenson, Thalia, MS, LCMHC ■
FL
(786) 530-5410
Digital Contact Information:
http://actservicellc.com
actservices2023@gmail.com

Stewart, Kimberly, MSW, LCSW ■
FL
(321) 360-4390
(904) 479-6299
Digital Contact Information:
insightcounselingcorner@gmail.com

Stewart, Robert C, DO ■
15600 Southwest 288th Street
405b
Homestead, FL 33033
(786) 610-8167
Digital Contact Information:
amaliasclinic@acccorp.org

and
640 West Palm Drive
b
Homestead, FL 33034
(786) 610-8167
Digital Contact Information:
amaliasclinic@acccorp.org

and
9380 Sunset Drive
b240
Miami, FL 33173
(786) 534-4979
Digital Contact Information:
amaliasclinic@acccorp.org

Stewart, Tannisha, MC, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
tannishastewart@starzjourneyinc.onmicrosoft.com

Stibick, Debra L, PHD, LP ■
3663 S Miami Ave
Miami, FL 33133
(713) 789-7560
Digital Contact Information:
talk2drdeb@gmail.com

Stockhausen, Dana, MS, LCMHC, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Stoerger, Alexandra, MA, LBA ■
1120 Northwest 14th Street
RM 1213
Miami, FL 331362107
(305) 243-6660
Digital Contact Information:
Not Available

Stoetzel, Amy J, MSN, APN, APRN, APRNCNP, NP ■
770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing@svasthealthtech.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
credentialing@svasthealthtech.com

and
5201 Blue Lagoon Dr
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
credentialing@svasthealthtech.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
credentialing@svasthealthtech.com

and
80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
credentialing@svasthealthtech.com

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@svasthealthtech.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@svasthealthtech.com

and
830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@svasthealthtech.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(888) 684-2779
Digital Contact Information:
credentialing@svasthealthtech.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
credentialing@svasthealthtech.com

Stoian, Mihaela, MS, LMHC ■
FL
(954) 834-3570
Digital Contact Information:
http://grieftree.com
mstoian1217@gmail.com
Other Languages Spoken by Provider or Office Staff Romanian

Stone, Jessica, PSYD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
janine@lbeehealth.com

Stone, Margaret, MS, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
support@joinhopscotch.com
Other Languages Spoken by Provider or Office Staff English

Stone Palmer, Matthew Luke, MSW, LCSW ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
info@prioritypractice.com

Stowe, Jennifer, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
patientinfo@lucidlane.com
Other Languages Spoken by Provider or Office Staff French

Strater, Heidi, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Strauss, Robin, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
robinlindsay1120@gmail.com

Stroud, Sharla, MA, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
telehealthsupport@cheservices.com
Other Languages Spoken by Provider or Office Staff English

Stubbs, Marcie D, MA, LMHC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@lifestance.com

Suarez, Ana, MD ■
2555 Northwest 102nd Avenue
Suite 209
Doral, FL 33172
(772) 774-8361
Digital Contact Information:
hcapsenrollmentservices@hcahealthcare.com

and
5757 Waterford District Drive
Unit 172
Miami, FL 33126
(786) 524-2880
Digital Contact Information:
http://www.lifetimesolutionsagency.com
hcapsenrollmentservices@hcahealthcare.com

and
Monterey Street
Miami, FL 33134
(786) 803-8306
Digital Contact Information:
hcapsenrollmentservices@hcahealthcare.com
Other Languages Spoken by Provider or Office Staff Spanish

Suarez, Cindy, MS, LMFT ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@joinuplift.co
Other Languages Spoken by Provider or Office Staff English

Suarez, Edward, PSYD, CP ■
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
Fl 3
Miami, FL 33136
(305) 355-7000
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff Spanish

Suarez, Laura, MSN, APRN ■
10520 Northwest 26th Street
STE C101
Doral, FL 33172
(786) 353-9308
Digital Contact Information:
violethealthcorp@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Suarez, Lazaro N, MED, LMHC ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(305) 244-5299
Digital Contact Information:
https://rainbowbehavioralservices.com
rainbowbehavioralservices@gmail.com

and
11055 Southwest 186th Street
#101
Miami, FL 33157
(305) 342-4893
Digital Contact Information:
rainbowbehavioralservices@gmail.com
Other Languages Spoken by Provider or Office Staff Portuguese, Spanish

Suarez Martinez, Alejandro F, MSN, APRN ■
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
healingtouchinc@msn.com

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com
Other Languages Spoken by Provider or Office Staff Spanish

Suarez, Mercy, MA, LMHC ■
66 Valencia Avenue
402 402
Coral Gables, FL 33134
(305) 439-5939
Digital Contact Information:

mercysuarezeds@gmail.com

and

66 Valencia Avenue
903 903
Coral Gables, FL 33134
(305) 439-5939
Digital Contact Information:
mercysuarezeds@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Suarez, Miriam, MS, LMHC ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and

7221 SW 24th St
Ste 206
Miami, FL 33155
(786) 648-4447
Digital Contact Information:
http://www.fmhpllc.com
info@dadefamily.com

and

9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

Suarez, Rogelio, MD ■
4302 Alton Rd
Ste 820
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com

and

4304 Alton Rd
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com

and

4304 Alton Rd
Fl 1
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Suarez Rosa, Rosana, MS, LMHC ■
385 Alhambra Circle
suite c
Coral Gables, FL 33134
(305) 445-9554
Digital Contact Information:
info@mindpromanagement.com

and

FL
(305) 445-9554
Digital Contact Information:
info@mindpromanagement.com
Other Languages Spoken by Provider or Office Staff
Spanish

Suarez, Xiomara, MS, LMHC ■
3100 SW 62nd Ave
Miami, FL 33155
(305) 669-6503
Digital Contact Information:
payer.credentialing@nicklaushealth.org
Other Languages Spoken by Provider or Office Staff
Spanish

Suazo, Ingrid M, MS, APN, APRN, CRNP, NP, RNP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://happierliving.com
info@sublimitycare.com

and

801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@sublimitycare.com

Suchanic, Joseph B, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
jsuchanic@elliementalhealth.com

Sue Logan, Casey, MC, LMHC, LPCC ■
FL
(859) 517-4633
Digital Contact Information:
https://divinesoultherapy.clientsecure.me
caseyjameslpc@gmail.com

Suero, Michelle, MC, LMHC ■
FL
(508) 202-1011
Digital Contact Information:
https://www.sevenstarling.com
support@sevenstarling.com

Suhail, Sam, MD ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com

and

1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://happierliving.com
hello@joinblossomhealth.com

and

801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
hello@joinblossomhealth.com

and

117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com

Summer, Linda R, MSW, LCSW ■
FL
(305) 467-8384
Digital Contact Information:
lrsummer@yahoo.com

Summerson, Acelyne, MD ■
13701 Southwest 88th Street
306
Miami, FL 33186
(786) 842-1489
Digital Contact Information:
infinitywellnessgroup21@gmail.com

Suna, Elise, LMFT, MA, MSED ■
1390 South Dixie Highway
#1307
Coral Gables, FL 33146
(305) 204-2601
Digital Contact Information:
elise.suna@gmail.com

Supplice, Ludgy R, MS, APRN ■
FL
(305) 454-2759
Digital Contact Information:
suppliceludgy@hotmail.com

Sussman, Abbe B, MSW, LCSW ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and

9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

Sussman, Martin A, MSW, LCSW-R ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Sveinsson, Bjorn, MS, LMHC ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
gina@lotuscounseling.com

and

2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
gina@lotuscounseling.com

Swain, Cieria D, MC, LCSW, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
appointments@meetmarvin.com
Other Languages Spoken by Provider or Office Staff English

Swartz, Nadine, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Sweeney, Margaret C, MSN, NP ■
2801 Northeast 213th Street
Suite 1215
Aventura, FL 33180
(786) 648-6161
Digital Contact Information:
http://lifestance.com
fl-credentialing@lifestance.com
Other Languages Spoken by Provider or Office Staff English

Synder, Hannah, PHD, LP ■
1601 NW 12th Ave
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

TSO, Yanlin, MSW, CSW, LCSW, LICSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Taliancich, Mark, PHD, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
kelli@daybreakhealth.com

Talley, Kendra, MS, LMHC ■
111 NW 183rd St
Ste 404
Miami, FL 33169
(786) 524-4001
Digital Contact Information:
enrollment@welterhp.com

Tamayo, Anakarla, MC, LMHC ■
FL
(786) 344-8757
Digital Contact Information:
mtherapy@hushmail.com

Tamayo Flores, Liena, MN, APRN ■
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and

15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and

3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
healingtouchinc@msn.com

and

12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com
Other Languages Spoken by Provider or Office Staff
Spanish

Tang Bau, Robert, MSN, APRN ■
8950 SW 74th Ct
Ste 2201
Miami, FL 33156
(786) 637-7338
Digital Contact Information:
info@icarepsychiatry.org

Tang, Christopher, MD ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Tanner, Keisha, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
keishatannerlpc@gmail.com

Tanner, Susan, APRN, MSN, NP, PMHNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Tano, David R, MN, APRN ■
5590 W 20th Ave
Ste 404
Hialeah, FL 33016
(305) 826-9330
Digital Contact Information:
taimtano@gmail.com

and

17325 Northwest 27th Avenue
206 207
Miami Gardens, FL 33056
(786) 822-7270
Digital Contact Information:
taimtano@gmail.com

and

FL
(786) 718-7073
Digital Contact Information:
taimtano@gmail.com

and

7000 SW 62nd Ave
Ste 600
South Miami, FL 33143
(786) 718-7073
Digital Contact Information:
taimtano@gmail.com

Tanona, Anthony W, PSYD, LP ■
19300 West Dixie Highway
2 2
Miami, FL 33180
(305) 933-5733
Digital Contact Information:
http://www.deltapsychgroup.com
drtanona@gmail.com
Other Languages Spoken by Provider or Office Staff English

Tapia, Jonathan D, MSN, APRN ■
22133 South Dixie Highway
Miami, FL 33170
(786) 504-3119
Digital Contact Information:
https://fpmflorida.org/
credentialing@edgemdsolution.com
and
9299 SW 152nd St
Palmetto Bay, FL 33157
(305) 479-6538
Digital Contact Information:
credentialing@edgemdsolution.com
Other Languages Spoken by Provider or Office Staff Spanish

Taque, Jose C, MS, LMHC ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
ehoyos@lotuscounseling.com
and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
http://www.lotuscounseling.com
ehoyos@lotuscounseling.com
Other Languages Spoken by Provider or Office Staff Italian, Spanish

Taquechel, Elizabeth T, MSW, LCSW ■
14401 Old Cutler Road
Miami, FL 33158
(786) 573-7010
Digital Contact Information:
insurance@wellspringmiami.org
Other Languages Spoken by Provider or Office Staff Spanish

Tarr, Theodora L, PSYD, LP ■
9729 S Dixie Hwy
Miami, FL 33156
(305) 666-3650
Digital Contact Information:
dr.teddy@griefworksinc.com
and
8740 Southwest 133rd Street
Miami, FL 33176
(305) 666-3650
Digital Contact Information:
http://www.griefworksinc.com/
dr.teddy@griefworksinc.com
and
9202 Southwest 73rd Avrd
Pinecrest, FL 33156
(305) 666-3650
Digital Contact Information:
dr.teddy@griefworksinc.com

Tase, Jorge, MN, APRN ■
3625 Northwest 82nd Avenue
Suite 408
Doral, FL 33166
(305) 939-6877
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Tassy-Lewis, Sabrina, PSYD, LP ■
14411 Commerce Way
Hialeah, FL 33016
(954) 534-0432
Digital Contact Information:
tassy@nova.edu
Other Languages Spoken by Provider or Office Staff Haitian Creole, Creole

Tatum, Michelle, MS, LMHC, LPCC ■
FL
(786) 281-3935
Digital Contact Information:
http://www.prevalandassociates.net
hpreval@prevalandassociates.net

Tauler, Antonio, MD ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available
and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available
and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
Not Available
and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
Other Languages Spoken by Provider or Office Staff Spanish

Taveras, Adam, MA, LMFT ■
FL
(305) 981-6068
Digital Contact Information:
adam.brighterdays@gmail.com
and
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
adam.brighterdays@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Taveras, Madelin, MC, LMHC, PC ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
westmiamicmhc@bellsouth.net
Other Languages Spoken by Provider or Office Staff English, Spanish

Taylor, Alina, MS, LMHC ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
ataylor@therecoveryvillage.com
and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
ataylor@therecoveryvillage.com

Taylor Hernandez, Glenda, MSW, LCSW ■
4475 Southwest 8th Street
Coral Gables, FL 33134
(786) 536-2872
Digital Contact Information:
admin@fpmagency.com
and
777 E 25th St
Ste 212
Hialeah, FL 33013
(786) 542-5646
Digital Contact Information:
admin@fpmagency.com
and
22133 South Dixie Highway
Miami, FL 33170
(786) 504-3119
Digital Contact Information:
https://fpmflorida.org/
admin@fpmagency.com
Other Languages Spoken by Provider or Office Staff Spanish

Taylor, Jasmine, MA, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com

Taylor, Nicole A, PSYD, LMHC ■
20295 Northwest 2nd Avenue
Suite 110
Miami Gardens, FL 33169
(305) 974-4426
Digital Contact Information:
olympusbillingkevinp@gmail.com

Taylor, Rachael, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Taylor, Stephanie, MSW, CSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
help@joinuplift.co
and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff English

Taylor, Tanashia S, MSW, LCSW ■
18117 Biscayne Boulevard
2159
Miami, FL 33160
(305) 306-2513
Digital Contact Information:
info@favortherapy.com

Tedesco, Eleanor, MD ■
8700 North Kendall Drive
201
Miami, FL 33176
(786) 464-5496
Digital Contact Information:
etorres@chcfhc.org

Tedesco, Nicole, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Tejera, Amelie, PHD, LP ■
13930 SW 47th St
220
Miami, FL 33175
(305) 387-7850
Digital Contact Information:
Not Available
and
13930 SW 47th St
Ste 202
Miami, FL 33175
(305) 387-7850
Digital Contact Information:
Not Available
and
5600 SW 135th Ave
Ste 116
Miami, FL 33183
(305) 387-7850
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff Spanish

Telfort, Whitney, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
hello@joinblossomhealth.com

Tenenbaum, Karina, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com
Other Languages Spoken by Provider or Office Staff Spanish

Tenn-Chamberlain, Tauralee, PHD, LP ■
770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
Not Available
and
7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
Not Available
and
5201 Blue Lagoon Dr
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
Not Available
and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
Not Available
and
80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
Not Available
and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
Not Available
and
830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
Not Available
and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(888) 684-2779
Digital Contact Information:
Not Available
and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff English

Tenorio, Jaclyn, MS, LMHC, LPC ●
FL
(678) 259-9298
Digital Contact Information:
http://www.trust2change.com
info@trust2change.com
Other Languages Spoken by Provider or Office Staff Spanish

Tercero, Vanessa, MSW, LCSW ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776

Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Terrell, Charlotte R, MS, LMFT ■
FL
(305) 596-7547
Digital Contact Information:
chaterrell@aol.com

Terron, Rochely, MC, LMHC ■
815 North Homestead Boulevard
228
Homestead, FL 33030
(305) 783-8181
Digital Contact Information:
rochelyterron@gmail.com

Terry, Lisa J, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Tersy-Tuzo, Iliana, MSW, LCSW ■
1065 Northeast 125th Street
106
Miami, FL 33161
(305) 279-5535
Digital Contact Information:
http://www.compasshealthsystems.com
credentialing@compass.md
Other Languages Spoken by Provider or Office Staff
Spanish

Thadal, Stephanie, MSN, NP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
hello@joinblossomhealth.com

Theiner, Sharon F, MSW, LCSW ■
FL
(508) 202-1011
Digital Contact Information:
https://www.sevenstarling.com
chelsey.butler@credentialing.com

Theis, Deborah, PHD, LP ■
FL
(800) 567-5433
Digital Contact Information:
https://totallife.com/
providerenrollment6@deeroaks.com

Theoc, Phonia, MS, LMHC ●
FL
(786) 644-5248
Digital Contact Information:
transformingmindsandlives@gmail.com

Thomas, Andrea, MSW, CSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff English

Thomas, Delvena R, DO ■
9730 Hibiscus Street
b
Cutler Bay, FL 33157
(305) 969-7829
Digital Contact Information:
drtbehavioralservices@gmail.com

and
16400 NW 2nd Ave
Ste 100
Miami, FL 33169
(305) 981-1700
Digital Contact Information:
drtbehavioralservices@gmail.com

and
16400 Northwest 2nd Avenue
100 100
Miami, FL 33169
(305) 981-1700
Digital Contact Information:
drtbehavioralservices@gmail.com

and
15800 NW 42nd Ave
Opa Locka, FL 33054
(305) 981-1700
Digital Contact Information:
http://brainlovehelp.com
drtbehavioralservices@gmail.com

Thomas, Douglas A, MED, LMHC, LPC ■
1951 Northwest 7th Avenue
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff English

Thomas, Marcdala, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
marcdalathomas2006@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole

Thomas, Medjinn, MSN, APN, APRN, CNP, NP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

Thomas, Mehdi, DNP, PMHNP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(310) 360-7200
Digital Contact Information:
http://www.bonmente.com
contact@bonmente.com

Thomas, Mottsin, MD ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(310) 360-7200
Digital Contact Information:
contact@bonmente.com

Thompson, Emily, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Thompson, Miquia, MPSY, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Thompson, Shannon R, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@lifestance.com

Thompson, Tanya, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole, Spanish

Thompson, Winsome S, PHD, LP ■
1601 NW 12th Ave
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
Not Available

Thurman, Kali A, MSN, NP, PMHNP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
pbullock@revitalistclinic.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
pbullock@revitalistclinic.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
pbullock@revitalistclinic.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
pbullock@revitalistclinic.com

Thurston, Kim, MA, LP ■
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(888) 684-2779
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff English

Thweatt, Nicole M, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
help@joinuplift.co

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Tibby, Tanya, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com

Timerman Barbosa Da Silva, Patricia, PHD, LMFT, LMHC ■
FL
(305) 204-7764
Digital Contact Information:
info@advocate2create.com

and
3625 Northwest 82nd Avenue
400
Doral, FL 33166
(305) 204-7764
Digital Contact Information:
info@advocate2create.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Tinsley, Genee, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
referrals@chrysalishealth.com

Tiongco, Rosalinda, MS, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Tippit, Pamela L, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
info@blissbh.com

Tiska Caton, Cami, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Spanish

Todman, Aminah, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Tokar, Ephraim, MA, LMFT ■

801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
birches@withassured.com
Other Languages Spoken by Provider or Office Staff English

Tola, Noel, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/help@joinuplift.co
Other Languages Spoken by Provider or Office Staff Spanish

Tolbert, Kristen, EDD, LMHC, LPC ■
FL
(877) 799-1506
Digital Contact Information:
kristentolbert@gmail.com

and
18117 Biscayne Boulevard
2052
Miami, FL 33160
(954) 591-8526
Digital Contact Information:
kristentolbert@gmail.com

Toledo, Lismerys M, MSW, LCSW ■
3580 Mystic Pointe Drive
Suite #107
Aventura, FL 33180
(305) 423-9671
Digital Contact Information:
services@tcctherapy.com
Other Languages Spoken by Provider or Office Staff Spanish

Toledo, Tijuana, MSW, LCSW ■
2332 Galiano Street
Coral Gables, FL 33134
(305) 204-1665
Digital Contact Information:
nadir@bilwiz.com

and
FL
(305) 204-1665
Digital Contact Information:
http://www.tikvahhealinggroup.com
nadir@bilwiz.com

Tolman, Matthew, PSYD, LP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Tomczak, Kristin, MA, LMHC ■
936 Southwest 1st Avenue
106
Miami, FL 33130
(786) 936-4085
Digital Contact Information:
credentialing@resilientmbs.com

and
1010 Brickell Avenue
Unit 1806
Miami, FL 33131
(786) 936-4085
Digital Contact Information:
https://cignathn.my.salesforce-sites.com/cbus/inde
credentialing@resilientmbs.com

Tomlinson, Caroline M, MSN, APRNCNP, PMHNP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
credentialing.caroline@gmail.com
Other Languages Spoken by Provider or Office Staff English

Toney, Diann, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com

Topalian, Sona, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff Armenian

Torra, Lizet, MS, LMHC ■
11440 North Kendall Drive
e208
Miami, FL 33176
(305) 898-0849
Digital Contact Information:
billing@callisiahealthgroup.com
Other Languages Spoken by Provider or Office Staff Spanish

Torras Ceballos, Gabriela, MSCC, BCBA, LMHC ■
8300 West Flagler Street
STE 258C
Miami, FL 331446002
(786) 633-5171
Digital Contact Information:
counselingsocietymiami@gmail.com

and
2157 Southwest 13th Avenue
3
Miami, FL 33145
(786) 878-1331
Digital Contact Information:
http://www.counselingsociety.com
counselingsocietymiami@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Torre, Emilia, MD, LMHC ■
1022 East 8th Avenue
Hialeah, FL 33010
(786) 615-7829
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
2100 West 76th Street
STE 408
Hialeah, FL 33016
(786) 615-7829
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
3412 West 84th Street
e106
Hialeah, FL 33018
(305) 827-7344
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Torres, Amanda G, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
credentialing@joinuplift.co
Other Languages Spoken by Provider or Office Staff English

Torres, Amy R, MSW, LCSW ■
1120 NW 14th St
1463
Miami, FL 33136
(305) 243-1950
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff English, Spanish

Torres Carbonell, William, MSN, APRN ■
10024 Southwest 222nd Street
Cutler Bay, FL 33190
(239) 692-2776
Digital Contact Information:
info@rushcredentialing.com

Torres, Cherylyn, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Torres, Sergio, LMHC, MSCC ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
Not Available

Torres, Yumays, MN, APRN ■
3785 Northwest 82nd Avenue
307
Doral, FL 33166
(305) 266-2949
Digital Contact Information:
yfundora@managedmentalhealth.com

and
4445 West 16th Avenue
STE 405
Hialeah, FL 33012
(786) 233-6721
Digital Contact Information:
yfundora@managedmentalhealth.com

and
2650 Southwest 27th Avenue
Suite 305
Miami, FL 33133
(786) 353-9812
Digital Contact Information:
http://www.harmonyatthegablesclinic.com
yfundora@managedmentalhealth.com

and
8080 West Flagler Street
2a
Miami, FL 33144
(786) 615-2640
Digital Contact Information:
yfundora@managedmentalhealth.com

and
7700 North Kendall Drive
807
Miami, FL 33156
(786) 450-4284
Digital Contact Information:
yfundora@managedmentalhealth.com
Other Languages Spoken by Provider or Office Staff Spanish

Torres, Yuri G, MMFT, LMFT ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
info@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
info@behavioralaid.com
Other Languages Spoken by Provider or Office Staff Spanish

Tortosa, Jared, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
gbaird@counselingassociatesutah.com

Tourgeman, Isaac, PSYD, LP ■
1900 North Bayshore Drive
108
Miami, FL 33132
(954) 362-8677
Digital Contact Information:
http://www.hgdoctors.com
bh@hgdoctors.com

and
1900 North Bayshore Drive
116
Miami, FL 33132
(954) 362-8677
Digital Contact Information:
http://www.hgdoctors.com
bh@hgdoctors.com

and
1900 North Bayshore Drive
2515 2515
Miami, FL 33132
(305) 794-8756
Digital Contact Information:
http://www.hgdoctors.com
bh@hgdoctors.com

and
FL
(305) 794-8756
Digital Contact Information:
http://www.hgdoctors.com
bh@hgdoctors.com

and
2525 Southwest 75th Avenue
2515
Miami, FL 33155
(305) 794-8756
Digital Contact Information:
bh@hgdoctors.com

Tous, Ana Maria, MD ■
1360 South Dixie Highway
350
Coral Gables, FL 33146
(305) 648-9344
Digital Contact Information:
info.alternativesbehavior@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Toussaint, Lory, MS, LMHC, LPC ■
4445 West 16th Avenue
STE 405
Hialeah, FL 33012
(954) 666-5942
Digital Contact Information:
credentialing@cerebral.com

Toussaint, Nimrode, MSN, APRN ■
1000 Brickell Avenue
Miami, FL 33131
(305) 725-3379
Digital Contact Information:
credentialing@resilientmbs.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@resilientmbs.com

Towne, Angela, MSW, LCSW, LICSW, LMSW ■
FL
(508) 202-1011
Digital Contact Information:
support@sevenstarling.com

Toy, Ozan M, MD ■
1065 Southwest 8th Street
570
Miami, FL 33130
(888) 903-5505
Digital Contact Information:
http://www.telapsychiatry.com
scheduling@telapsychiatry.com

Tramel, Ahlicia, MA, LMHC ■
FL
(888) 282-3444
Digital Contact Information:
http://empathiclee.com
ahliciab08@yahoo.com
Other Languages Spoken by Provider or Office Staff English

Trana-Felipes, Silvia, MS, ABA, LMHC ■
2001 Northwest 107th Avenue
412
Doral, FL 33172
(786) 548-8322
Digital Contact Information:
empathybhsbilling@gmail.com

and
7959 NW 2nd St
Miami, FL 33126
(305) 267-6060
Digital Contact Information:
empathybhsbilling@gmail.com

and
1818 West Flagler Street

Miami, FL 33135
(786) 755-2897
Digital Contact Information:
empathybhsbilling@gmail.com

and
7315 Northwest 36th Street
Miami, FL 33166
(786) 345-7734
Digital Contact Information:
empathybhsbilling@gmail.com

and
10661 North Kendall Drive
216
Miami, FL 33176
(786) 631-4158
Digital Contact Information:
empathybhsbilling@gmail.com

and
1134 NW 136th Ave
Miami, FL 33182
(786) 631-4158
Digital Contact Information:
empathybhsbilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Traore, Aminata, MD ■
770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
5201 Blue Lagoon Dr
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Trejo, Ana, MMH, LMHC ■
FL
(786) 361-9784
Digital Contact Information:
loveandabundance2020@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Trenker, Brittany L, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Treston, Sandra, MA, LMHC ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
arscredentialing@advancedrecoverysystems.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Treto, David, MN, APRN ■
13145 Southwest 134th Street
102
Miami, FL 33186
(305) 964-5236
Digital Contact Information:
olympushcs@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Trimikliniotis, Georgia, MSED, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Trujillo, Moraima, MD ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
http://banyanhealth.org
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
credentialing@banyanhealth.org
Other Languages Spoken by Provider or Office Staff
Spanish

Trujillo, Robert A, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
robert@roberttrujillocounseling.com
Other Languages Spoken by Provider or Office Staff English

Tsirigotis, Elizabeth L, MC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
http://www.bebravehealth.com
start@bebravehealth.com

Tsyrulnykov, Eduard, MSN, APNP, NP, PMHNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
rtmssupport@truercm.com

and
1951 Northwest 7th Avenue
Miami, FL 33136
(407) 462-1254
Digital Contact Information:
rtmssupport@truercm.com
Other Languages Spoken by Provider or Office Staff
English, Ukrainian, Russian

Tucholski-Dekeles, Yvette, MS, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
ytucholskidekeles@gmail.com

Tucker, Lawrence, MD ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
lawrence@drlawrencetucker.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
lawrence@drlawrencetucker.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
lawrence@drlawrencetucker.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
lawrence@drlawrencetucker.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
lawrence@drlawrencetucker.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
lawrence@drlawrencetucker.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
http://happierliving.com
lawrence@drlawrencetucker.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
lawrence@drlawrencetucker.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
lawrence@drlawrencetucker.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
lawrence@drlawrencetucker.com

Tucker-Lewis, Apollonia, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Spanish

Tulloch, Jamilah M, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
provider-support@joinblossomhealth.com

Tunnell, Natalie, PHD, LP ■
FL
(800) 567-5433
Digital Contact Information:
https://totallife.com/
info@totallife.com

Turenne, Perette, MSN, PMHNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

and
1951 Northwest 7th Avenue
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
scheduling@happierliving.com

Turino, Berkis, MA, LMHC ■
2500 Northwest 79th Avenue
Suite 227
Doral, FL 33122
(305) 456-9396
Digital Contact Information:
healingtouchinc@msn.com

and
FL
(305) 824-0637
Digital Contact Information:
healingtouchinc@msn.com

and
5590 West 20th Avenue
200 201
Hialeah, FL 33016
(305) 557-1555
Digital Contact Information:
healingtouchinc@msn.com

and
3414 West 84th Street
Suite D110
Hialeah, FL 33018
(305) 825-4320
Digital Contact Information:
healingtouchinc@msn.com

and
3416 West 84th Street
C-108
Hialeah, FL 33018
(305) 557-1555
Digital Contact Information:
http://lifestarwellnesscenter.com
healingtouchinc@msn.com

Turner, Angela D, PHD, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
fl-credentialing@lifestance.com
Other Languages Spoken by Provider or Office Staff
Spanish

Turner, Delores E, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Turner, Rosa F, MD ■

4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
http://www.miamipersonalmanagement.com
klopez@miamipersonalmanagement.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Tyson, Darcel P, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Tyson, Deborah K, PHD, LP ■
FL
(305) 595-8225
Digital Contact Information:
debaeiou@aol.com

Ubfal, Fabiana S, MMH, LMHC ■
16375 Northeast 18th Avenue
206
North Miami Beach, FL 33162
(786) 246-4050
Digital Contact Information:
fabianamiami27@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ucciferri, Veronica, MS, LCMHC, LMHC, LPC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
veronicaucciferri@gmail.com
and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
veronicaucciferri@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ukken, Boby, MSN, APRN ■
2828 Coral Way
Ste 460
Coral Gables, FL 33145
(305) 895-0504
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net
and
12550 Biscayne Boulevard
STE 306
North Miami, FL 33181
(305) 642-5255
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net
Other Languages Spoken by Provider or Office Staff
Russian

Urdaneta, Hany D, MMH, LMHC ■
12651 South Dixie Highway
304
Miami, FL 33156
(415) 941-4109
Digital Contact Information:
http://compassmentalhealthservices.com
hurdaneta@compassmentalhealthservices.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Uribe, Ana C, MSW, LCSW, LICSW ■
10500 Northwest 26th Street
Doral, FL 33172
(305) 646-1799
Digital Contact Information:
info@sanvello.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Uribe, Liliana L, DSW, LCSW ■
2555 Northwest 102nd Avenue
STE 205
Doral, FL 33172
(305) 397-4031
Digital Contact Information:
lilyulcsw@aol.com

Ursani, Aneel A, MD ■
18117 Biscayne Boulevard
Po Box 61721
Miami, FL 33160
(206) 495-0724
Digital Contact Information:
ccservices@auctusgrp.com
Other Languages Spoken by Provider or Office Staff
English, Sign Lang Amer

Uselding, Marion E, MSW, LCSW ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
German, French, Spanish

Utrera, Tahlia, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
admin@lifehealthsystem.org
Other Languages Spoken by Provider or Office Staff
Spanish

Valcourt Rodriguez, Maria L, PSYD, LP ■
15495 Eagle Nest Lane
STE 215
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
yazmin@valcourtbehavioral.com
and
6600 Cow Pen Road
250
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
yazmin@valcourtbehavioral.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valdes, Debora, MSN, APRN ■
7315 Northwest 36th Street
Miami, FL 33166
(786) 345-7734
Digital Contact Information:
Not Available

Valdes Gonzalez, Yerma, MN, APRN ■
33497 South Dixie Highway
103b
Florida City, FL 33034
(786) 444-6003
Digital Contact Information:
ceroestrescerodepresion@gmail.com

Valdes Hernandez, Mayuly, MSN, APRN ■
255 University Dr
Fl 2
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
administration@mindandsoultherapy.com
and
2550 Douglas Road
Ste #301
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
administration@mindandsoultherapy.com
and
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
administration@mindandsoultherapy.com

Valdes, Jose G, DNP, APRN ■
FL
(305) 204-9455
Digital Contact Information:
josegvn@gmail.com
and
10689 North Kendall Drive
211
Miami, FL 33176
(305) 204-9499
Digital Contact Information:
josegvn@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valdes Vallejo, Katia, MSW, LCSW ■
Telehealth Only
Hialeah, FL 33010
(786) 656-5953
Digital Contact Information:
katia8489@gmail.com
and
4640 West Flagler Street
2
Miami, FL 33134
(305) 565-0723
Digital Contact Information:
katia8489@gmail.com
and
FL
(305) 565-0723
Digital Contact Information:
katia8489@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Valdes, Yordanys, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
mendinghealthcare@outlook.com

Valdez, Aileen, MSCC, LMHC ●
1550 Madruga Ave
Ste 509
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
https://www.abc4s.com/
inf0@abc4s.com
and
FL
(786) 536-9714
Digital Contact Information:
https://www.abc4s.com/
inf0@abc4s.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valencia, Odalys, MSW, LCSW ■
5979 Northwest 151st Street
STE 230
Miami Lakes, FL 33014
(305) 362-1875
Digital Contact Information:
odalysvalencialcsw@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valencia, Tatiana, PSYD, LP ■
3191 Coral Way
Ste 623
Miami, FL 33145
(786) 344-2849
Digital Contact Information:
tvalencia174@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valenzuela, Grace M, BA, LCSW ■
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-6660
Digital Contact Information:
Not Available
and
1601 NW 12th Ave
Miami, FL 33136
(305) 243-3669
Digital Contact Information:
Not Available

Valeron, Hortensia, MD ■
5201 Blue Lagoon Dr
Fl 8
Miami, FL 33126
(305) 554-1700
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valerstain, Dennis, MD ■
1695 NW 9th Ave
Miami, FL 33136
(305) 355-7777
Digital Contact Information:
hello@talkiatry.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Valladares, Christina, MS, LMFT ■
FL
(786) 803-2595
Digital Contact Information:
cmvalladares16@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valle, Adiaris, MSN, APRN ■
10540 Northwest 26th Street
STE G201
Doral, FL 33172
(786) 879-8040
Digital Contact Information:
office@maximamedicalcenter.com
and
777 E 25th St
Ste 306
Hialeah, FL 33013
(786) 838-6092
Digital Contact Information:
office@maximamedicalcenter.com

Valle, Amanda H, MSN, ARNP ■
22133 South Dixie Highway
Miami, FL 33170
(786) 504-3119
Digital Contact Information:
info@zodugroup.com
and
13155 Southwest 134th Street
202
Miami, FL 33186
(786) 504-3119
Digital Contact Information:
info@zodugroup.com

Valle, Martha, MMH, LMHC ■
Home Based Services Only
Miami Gardens, FL 33014
(305) 777-3883
Digital Contact Information:
acebehavioral2@gmail.com

Valmy Estivens, Vinia, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Valverde, Deborah, MA, LMHC ■
2300 West 84th Street
Ste 601
Hialeah, FL 33016
(305) 363-4001
Digital Contact Information:
dgp.healthandwellness@gmail.com
and
12030 Southwest 129th Court
Suite 211
Miami, FL 33186
(305) 639-8760
Digital Contact Information:
dgp.healthandwellness@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Van Schaick, Jessica, PA, PA_C ■

8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
contact@elevatepsychiatry.com

and
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
contact@elevatepsychiatry.com
Other Languages Spoken by Provider or Office Staff English

Vanbenschoten, Mary E, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Vance, Melissa, MS, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
pandatherapycircle@gmail.com

Vandhuynslager, Marci, MS, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
milly.cintron@marirecovery.com
Other Languages Spoken by Provider or Office Staff English

Vandy, Damaris, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@hupcfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Varela, Chily, MMH, LMHC ■
3081 Salzedo Street
202 202
Coral Gables, FL 33134
(786) 327-4840
Digital Contact Information:
cvarelalmhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vargas, Paola, MSN, APRN ■
7315 Northwest 36th Street
Miami, FL 33166
(786) 345-7734
Digital Contact Information:
empathybehavioral@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Varkey, Sheela, MN, NP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
elitecredentialingllc@gmail.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
elitecredentialingllc@gmail.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
elitecredentialingllc@gmail.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
elitecredentialingllc@gmail.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
elitecredentialingllc@gmail.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
elitecredentialingllc@gmail.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
elitecredentialingllc@gmail.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
elitecredentialingllc@gmail.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
elitecredentialingllc@gmail.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
elitecredentialingllc@gmail.com

Varon, Daniel, MD ■
4300 Alton Rd
Miami, FL 33140
(305) 674-2543
Digital Contact Information:
daniel.varon@msmc.com

and
4300 Alton Rd
Miami Beach, FL 33140
(305) 674-2543
Digital Contact Information:
daniel.varon@msmc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Varona, Monica, PSYD, LMHC ■
3625 Northwest 82nd Avenue
400 3
Doral, FL 33166
(305) 209-6399
Digital Contact Information:
mindsetsolutionsctc@gmail.com

and
900 W 49th St
Ste 522
Hialeah, FL 33012
(305) 698-7525
Digital Contact Information:
mindsetsolutionsctc@gmail.com

and
1125 Northeast 125th Street
112
North Miami, FL 33161
(305) 209-6399
Digital Contact Information:
http://mindsetsolutionsctc.com/
mindsetsolutionsctc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vassall, Robert F, MD ■
21150 Biscayne Blvd
Ste 202
Miami, FL 33180
(305) 791-1420
Digital Contact Information:
mfreeman@thirdsteprecovery.com

Vassar, Codie, MD ■
15321 South Dixie Highway
Suite 203
Miami, FL 33157
(786) 707-4934
Digital Contact Information:
info@moderneracounseling.com
Other Languages Spoken by Provider or Office Staff English

Vaughan, Mary E, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Vazquez Bueno, Osvaldo, MSN, APRN ■
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

and
13170 Southwest 128th Street
200
Miami, FL 33186
(786) 852-5198
Digital Contact Information:
insurance@wellnite.com

Vazquez, Carmene, MA, LMHC ■
2801 Northeast 183rd Street
216 216
Aventura, FL 33160
(305) 931-3845
Digital Contact Information:
vazquezcarmene450@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vazquez Garcia, Yaimara, MC, LMHC ■
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
http://brightsyhealthfl.com
brightsyhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vazquez Gonzalez, Ludys, MS, LMHC ■
FL
(786) 860-5104
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vazquez, Josh I, MS, LMHC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com

and
15715 S Dixie Hwy
Ste 403
Miami, FL 33157
(305) 707-5966
Digital Contact Information:
http://movingtowardagape.com
credentialing@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com

Vazquez, Marlon, MD ■
5901 Southwest 74th Street
408
Miami, FL 33143
(305) 735-3555
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vazquez-Bragan, Francesca, PSYD, LP ■
2550 Douglas Road
Ste #301
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
Not Available

Vazquez-Pausa, Antonio, MSW, LCSW ■
1901 SW 1st St
Miami, FL 33135
(305) 203-5230
Digital Contact Information:
http://careresource.org

and
3510 Biscayne Blvd
Miami, FL 33137
(305) 576-1234
Digital Contact Information:
http://careresource.org

Vega, Herman, PHD, CAP, LMHC ■
14411 Commerce Way
315
Hialeah, FL 33016
(305) 644-7294
Digital Contact Information:
info@totalrehabservices.com

and
14505 Commerce Way
Ste 511
Miami Lakes, FL 33016
(305) 644-7294
Digital Contact Information:
info@totalrehabservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vega, Monica, MA, LMHC ■
2500 Northwest 79th Avenue
233
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
angelcmhcorp@gmail.com

and
2500 Northwest 79th Avenue
Suite 189
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
angelcmhcorp@gmail.com

and
10300 Southwest 72nd Street
300
Miami, FL 33173
(786) 418-9730
Digital Contact Information:
http://www.happydreamsofkids.com
angelcmhcorp@gmail.com

and
17325 Northwest 27th Avenue
206 207
Miami Gardens, FL 33056
(786) 822-7270
Digital Contact Information:
angelcmhcorp@gmail.com

Velasco-Quintero, Dania, MA, LMHC ■
7590 Northwest 186th Street
109
Hialeah, FL 33015
(305) 688-1700
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
10651 North Kendall Drive
suite 120
Miami, FL 33176
(786) 963-9087
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Velazquez, Julie E, MSN, ARNP ■
13335 Southwest 124th Street
STE 211
Miami, FL 33186
(786) 551-8253

Digital Contact Information:
julievema.17@hotmail.com

and
14221 Southwest 120th Street
suite 207
Miami, FL 33186
(786) 247-1308
Digital Contact Information:
julievema.17@hotmail.com

Velazquez Perez, Lourdes, MSN, APRN ●
2550 Douglas Road
Ste #301
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
http://www.mindandsoultherapy.org
lourdes@mindandsoultherapy.com

and
3000 Biscayne Boulevard
Suite 216
Miami, FL 33137
(786) 220-1969
Digital Contact Information:
lourdes@mindandsoultherapy.com

and
602 Northeast 36th Street
19
Miami, FL 33137
(786) 220-1969
Digital Contact Information:
lourdes@mindandsoultherapy.com

and
9010 Southwest 137th Avenue
101
Miami, FL 33186
(786) 803-8826
Digital Contact Information:
http://amorementalhealthcorp.com
lourdes@mindandsoultherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Velez, Brenda, MED, LMHC, PC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
Spanish

Veliz, Diana, MSW, LCSW ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/
find-a-provider/?_patients=y
hello@talkiatry.com

Ventre, Peter, MD ■
2000 Northwest 87th Avenue
Suite 201
Doral, FL 33172
(954) 561-6222
Digital Contact Information:
info@ventremedical.com

and
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Verdin, Javier, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Vergara, Jose, MSN, APRN ■
1200 Northwest 78th Avenue
210
Doral, FL 33126
(786) 285-3438
Digital Contact Information:
requests@dbncred.com

Vergara, Yanaika, MA, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com

Verneus, Jean K, MS, LMFT ■
1825 Northwest 167th Street
SUITE 102
Opa-locka, FL 330564838
(305) 624-7450
Digital Contact Information:
http://www.cfcecares.org
jverneus@connectionpointtherapy.com
Other Languages Spoken by Provider or Office Staff Creole

Verzura, Melissa, DO ■
4304 Alton Rd
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com

Vethencourt, Viviana, MS, LMHC ■
FL
(786) 285-0741
(954) 534-6744
Digital Contact Information:
vethencourt.viviana@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vidal-Zas, Alicia R, PSYD, LP ■
14225 SW 42nd St
Miami, FL 33175
(305) 221-8200
Digital Contact Information:
arvida712@aol.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Viedma, Paula, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Vieira, Caroline, MC, LMHC, PC ■
2212 Northwest 91st Street
Miami, FL 33147
(341) 888-7637
Digital Contact Information:
contact@quelinbilling.com
Other Languages Spoken by Provider or Office Staff
Portuguese

Viera, Oelsner, MSN, APRN ■
7925 Northwest 12th Street
405
Miami, FL 33126
(786) 401-7278
Digital Contact Information:
drviera@att.net
Other Languages Spoken by Provider or Office Staff
Spanish

Viera, Tisela, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Vila, Dayana, MSN, APRN ■
4005 Northwest 114th Avenue
22 22
Doral, FL 33178
(305) 260-6913
Digital Contact Information:
billingheritagewellness@gmail.com

and
2645 SW 37th Ave
Ste 101
Miami, FL 33133
(786) 530-4080
Digital Contact Information:
billingheritagewellness@gmail.com

and
14221 Southwest 120th Street
126
Miami, FL 33186
(786) 577-3427
Digital Contact Information:
billingheritagewellness@gmail.com

and
13100 West Dixie Highway
North Miami, FL 33161
(786) 442-5021
Digital Contact Information:
billingheritagewellness@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Villa, Brian R, MD ■
4689 Ponce de Leon Boulevard
Suite 200
Coral Gables, FL 33146
(786) 803-8025
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
2500 Northwest 79th Avenue
Suite 227
Doral, FL 33122
(305) 456-9396
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
10520 Northwest 26th Street
STE C101
Doral, FL 33172
(786) 353-9308
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
1400 Northwest 107th Avenue
Suite 310
Doral, FL 33172
(305) 898-0849
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
1840 W 49th St
Ste 605
Hialeah, FL 33012
(305) 456-7785
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
5590 W 20th Ave
Ste 404
Hialeah, FL 33016
(305) 826-9330
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
2311 Northwest 7th Street
Miami, FL 33125
(786) 706-2246
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
1818 West Flagler Street
Miami, FL 33135
(786) 794-2655
Digital Contact Information:
http://www.goldengatemedicalgroup.com
bvillamdpllcbilling@gmail.com

and
1818 West Flagler Street
202
Miami, FL 33135
(786) 755-2892
Digital Contact Information:
http://www.goldengatemedicalgroup.com
bvillamdpllcbilling@gmail.com

and
1818 West Flagler Street
300
Miami, FL 33135
(786) 755-2891
Digital Contact Information:
http://www.goldengatemedicalgroup.com
bvillamdpllcbilling@gmail.com

and
1818 West Flagler Street
Ste 2
Miami, FL 33135
(786) 755-2892
Digital Contact Information:
http://www.goldengatemedicalgroup.com
bvillamdpllcbilling@gmail.com

and
3080 W Flagler St
Miami, FL 33135
(786) 547-2832
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
FL
(239) 499-0900
(786) 794-2655
(305) 495-9014
(786) 755-2891
Digital Contact Information:
http://www.goldengatemedicalgroup.com
bvillamdpllcbilling@gmail.com

and
85 Grand Canal Drive
UNIT 203
Miami, FL 33144
(786) 536-7816
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
7116 Southwest 47th Street
Miami, FL 33155
(786) 794-2655
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
4995 Northwest 72nd Avenue
102
Miami, FL 33166
(786) 360-3584
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
11430 North Kendall Drive
d309
Miami, FL 33176
(305) 898-0849
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
13701 Southwest 88th Street
306
Miami, FL 33186
(786) 842-1489
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
17325 Northwest 27th Avenue
206 207
Miami Gardens, FL 33056
(786) 822-7270
Digital Contact Information:
bvillamdpllcbilling@gmail.com

Villa Livesay, Natasha, MMH, LMHC ■
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
tashavilla88@gmail.com

and
13640 North Kendall Drive
1005
Miami, FL 33186
(305) 859-4522
Digital Contact Information:
tashavilla88@gmail.com

and
FL
(305) 859-4522
Digital Contact Information:
tashavilla88@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Villa, Veronica, MSCC, LMHC ■
FL
(786) 443-8532
Digital Contact Information:
http://cptftl.square.side
vfvilla72@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Villalobos, Yolianys C, MPSY, LMHC ■
2801 Northwest 79th Avenue
Doral, FL 33122
(786) 466-1000
Digital Contact Information:
Not Available

and
1150 NW 14th St
Miami, FL 33136
(305) 243-3100
Digital Contact Information:
Not Available

and

1150 NW 14th St
Ste 410
Miami, FL 33136
(305) 243-3100
Digital Contact Information:
Not Available

and
9333 SW 152nd St
Palmetto Bay, FL 33157
(305) 251-2500
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Villalonga, Gladyslene, MSN, APRN ■
27502 Southwest 134th Court
Homestead, FL 33032
(786) 499-2154
Digital Contact Information:
gladyslene@comcast.net
Other Languages Spoken by Provider or Office Staff
Spanish

Villani Capo, Marina, PSYD, LP ■
6262 Sunset Drive
Suite 500
Miami, FL 33143
(305) 669-6503
Digital Contact Information:
payer.credentialing@nicklaushealth.org

and
3100 SW 62nd Ave
Fl 2
Miami, FL 33155
(305) 663-8439
Digital Contact Information:
http://www.nicklaushealth.org
payer.credentialing@nicklaushealth.org

and
FL
(305) 663-8439
Digital Contact Information:
http://www.nicklaushealth.org
payer.credentialing@nicklaushealth.org

Villar, Geidi, MS, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
blossom@withassured.com

Villar-Loubet, Olga M, PSYD, LP ■
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-2301
Digital Contact Information:
Not Available

and
1150 NW 14th St
411
Miami, FL 33136
(305) 689-1352
Digital Contact Information:
Not Available

and
1400 NW 10th Ave
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
Not Available

and
1475 NW 12th Ave
C-023A
Miami, FL 33136
(305) 243-4900
Digital Contact Information:
Not Available

Villaverde, Ana, MSW, LCSW ■
306 Alcazar Avenue
301
Coral Gables, FL 33134
(786) 359-4814
Digital Contact Information:
universalclinical@gmail.com

and
3990 West Flagler Street
300
Coral Gables, FL 33134
(786) 266-0956
Digital Contact Information:
universalclinical@gmail.com

and
4810 Southwest 8th Street
suite 103
Coral Gables, FL 33134
(786) 353-2616
Digital Contact Information:
universalclinical@gmail.com

and
801 Monterey Street
202
Coral Gables, FL 33134
(786) 803-8306
Digital Contact Information:
universalclinical@gmail.com

and
19100 Southwest 106th Avenue
12
Cutler Bay, FL 33157
(786) 360-2852
Digital Contact Information:
universalclinical@gmail.com

and
10590 Northwest 27th Street
suite e103 b
Doral, FL 33172
(305) 640-8632
Digital Contact Information:
universalclinical@gmail.com

and
14411 Commerce Way
330
Hialeah, FL 33016
(786) 701-8416
Digital Contact Information:
http://nossmedicalcorp.com/
universalclinical@gmail.com

and
640 W Palm Dr
Ste D
Homestead, FL 33034
(786) 601-7757
Digital Contact Information:
universalclinical@gmail.com

and
1150 Northwest 72nd Avenue
700
Miami, FL 33126
(305) 815-1277
Digital Contact Information:
universalclinical@gmail.com

and
5040 NW 7th St
Ste 750
Miami, FL 33126
(786) 359-4013
Digital Contact Information:
universalclinical@gmail.com

and
5757 Waterford District Drive
Unit 172
Miami, FL 33126
(786) 353-2616
Digital Contact Information:
universalclinical@gmail.com

and
7270 Northwest 12th Street
810
Miami, FL 33126
(786) 718-2390
Digital Contact Information:
universalclinical@gmail.com

and
7270 Northwest 12th Street
870
Miami, FL 33126
(787) 206-1040
Digital Contact Information:
universalclinical@gmail.com

and
1250 South Miami Avenue
APT 2402
Miami, FL 33130
(786) 360-2852
Digital Contact Information:
universalclinical@gmail.com

and
2901 Southwest 8th Street
Suite 206
Miami, FL 33135
(786) 971-7920
Digital Contact Information:
universalclinical@gmail.com

and
85 Grand Canal Drive
UNIT 203
Miami, FL 33144
(786) 536-7816
Digital Contact Information:
universalclinical@gmail.com

and
5000 Southwest 75th Avenue
111
Miami, FL 33155
(786) 801-1916
Digital Contact Information:
universalclinical@gmail.com

and
7815 Coral Way
#108
Miami, FL 33155
(305) 264-1344
Digital Contact Information:
universalclinical@gmail.com

and
9999 Southwest 72nd Street
suite 101
Miami, FL 33173
(786) 816-2263
Digital Contact Information:
universalclinical@gmail.com

and
9600 SW 8th St
Ste 16
Miami, FL 33174
(786) 803-8827
Digital Contact Information:
universalclinical@gmail.com

and
13028 Southwest 120th Street
FL 1
Miami, FL 33186
(786) 971-7920
Digital Contact Information:
universalclinical@gmail.com

and
13335 SW 124th St
Ste 106
Miami, FL 33186
(786) 842-3964
Digital Contact Information:
universalclinical@gmail.com

and
13335 Southwest 124th Street
Suite 205
Miami, FL 33186
(305) 964-5082
Digital Contact Information:
universalclinical@gmail.com

and
9020 Southwest 137th Avenue
210
Miami, FL 33186
(786) 558-5042
Digital Contact Information:
universalclinical@gmail.com

and
9020 Southwest 137th Avenue
STE 250
Miami, FL 33186
(786) 536-7330
Digital Contact Information:
universalclinical@gmail.com

and
8181 Northwest 154th Street
STE 112
Miami Lakes, FL 33016
(786) 360-5883
Digital Contact Information:
universalclinical@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Villaverde, Oscar M, MD ■
8700 N Kendall Dr
Ste 218
Miami, FL 33176
(305) 274-7671
Digital Contact Information:
sabrina@mdcred.com
Other Languages Spoken by Provider or Office Staff
Spanish

Viltz, Leslie R, MED, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@talbertsmedical.com

Vinas, Amaya M, MSN, APRN ■
1695 NW 9th Ave
3308
Miami, FL 33136
(305) 355-7000
Digital Contact Information:
credentialing@mindfulhc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Virdo, Andrea, MS, LMHC, LPC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Virella, Betty, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole, Spanish

Virts, Emily, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Vizcaino, Olga M, MSN, APRN ■
2100 West 76th Street
201 206
Hialeah, FL 33016
(786) 353-2324
Digital Contact Information:
olgamaria861@yahoo.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
olgamaria861@yahoo.com

and
8950 Southwest 74th Court
1911
Miami, FL 33156
(786) 637-7338
Digital Contact Information:
olgamaria861@yahoo.com

and
6001 Northwest 153rd Street
203
Miami Lakes, FL 33014
(786) 459-2466
Digital Contact Information:
olgamaria861@yahoo.com

and
FL
(602) 562-7383
(786) 459-2466
Digital Contact Information:
olgamaria861@yahoo.com

Volcy, Valery, MSN, APRN, CNP, CNS, NP, PMHNP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Von Der Heyde, Michelle, MSN, APRN ■
3191 Coral Way
607

Miami, FL 33145
(305) 290-2175
Digital Contact Information:
mindrefinedenroll@gmail.com

and

FL
(305) 290-2175
Digital Contact Information:
mindrefinedenroll@gmail.com

Von Schirach, Alicia, PHD, LMHC ■
2655 S Le Jeune Rd
Fl 5
Miami, FL 33134
(305) 993-9413
Digital Contact Information:
dravonschirach@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vossos, Helene B, DNP, APRN ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
jay@healthgroupz.com

Wachholder, Hara, MS, LMHC ■
10700 Caribbean Boulevard
UNIT 203
Cutler Bay, FL 33189
(305) 299-8005
Digital Contact Information:
hara.wachholder@gmail.com

Wacker, Brooke L, MSN, APRN, APRNCNS, NP, PMHNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
providerenrollment@mcr.health
Other Languages Spoken by Provider or Office Staff English

Waddell, Mashonda, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Waddle, Heather, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Waldie, Amy M, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ncscd@comcast.net

Waldo, Izabella K, DNP, APRN, PMHNP ■
382 Northeast 191st Street
Miami, FL 33179
(305) 609-8634
Digital Contact Information:
scheduling@regionalpsychiatry.com
Other Languages Spoken by Provider or Office Staff
German, Russian, Polish

Walen, Monique, DNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
support@azovahealth.com

Walker, Alexes, MSN, APRN ■
FL
(305) 902-6347
Digital Contact Information:
Not Available

Walker, Audi, MMH, LMHC ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
westmiamicmhc@bellsouth.net

Walker, Calvin S, MSN, APN, APRN, NP, PMHNP ■
770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
jerry.e@zas-services.com

and

7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
jerry.e@zas-services.com

and

5201 Blue Lagoon Dr
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
jerry.e@zas-services.com

and

6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
jerry.e@zas-services.com

and

80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
jerry.e@zas-services.com

and

601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
jerry.e@zas-services.com

and

830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
jerry.e@zas-services.com

and

9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(888) 684-2779
Digital Contact Information:
jerry.e@zas-services.com

and

8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
jerry.e@zas-services.com

Walker, Kelli L, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@thriveworks.com
Other Languages Spoken by Provider or Office Staff English

Walker, Natasha, DNP, APRN ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
arscredentialing@advancedrecoverysystems.com

and

8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Walker, Ryan, PA, PA_C ■
6303 Waterford District Drive
400 400
Miami, FL 33126
(786) 404-1575
Digital Contact Information:
info@elevatepsychiatry.com

Walker, Scott, MD ■
427 Washington Ave
Miami Beach, FL 33139
(305) 514-0813
Digital Contact Information:
Not Available

and

18360 NW 47th Ave
Miami Gardens, FL 33055
(786) 800-5631
Digital Contact Information:
Not Available

Walker-Lee, Sandra, DNP, APRN, APRNCNP, NP, PMHNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@pobpsychiatry.com

Wallace, Henry H, MS, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Wallace, Nicole J, MED, LCMHC ■
22027 Southwest 112th Avenue
a
Miami, FL 33170
(786) 957-2988
Digital Contact Information:
http://www.transformcc10.com
transformationcc10@gmail.com

Wallace-Collins, Sharaya, MA, LMHC, LPC, LPCMH ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
info@forthealth.com

Wallis, Brittany L, MC, LMFT ■
101 Majorca Avenue
Coral Gables, FL 33134
(786) 618-2627
Digital Contact Information:
blswallis@gmail.com

and

FL
(786) 618-2627
Digital Contact Information:
blswallis@gmail.com

Walsh, Annette C, MSN, APRN ■
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
credentialing@compass.md

Walsh, Elizabeth, APN, MSN, NP, PMHNP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
Not Available

Walterhoefer, Jessica, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
hello@psychplus.com
Other Languages Spoken by Provider or Office Staff
Chinese, English, Spanish, Hindi

Walton, Diamesha, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Wamahiu, Joan W, MSN, APN ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
credentialing@riviamind.com

Wandler, Kevin R, MD ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
arscredentialing@advancedrecoverysystems.com

and

8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Wang, Wen AO Dana, MD ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
nwittenborn@riviamind.com

Wanis, Morcos, MD ■
7000 SW 62nd Ave
Ste 600
South Miami, FL 33143
(305) 284-7577
Digital Contact Information:
ammscredentialing@larkinhospital.com
Other Languages Spoken by Provider or Office Staff Arabic

Ward, Kristina L, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Ware, Laverne, MC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Warner, Randy T, MD ■
3000 Biscayne Boulevard
Suite 216
Miami, FL 33137
(786) 220-1969
Digital Contact Information:
nhurley@npcatlantis.com

and

602 Northeast 36th Street
19
Miami, FL 33137
(786) 220-1969
Digital Contact Information:
nhurley@npcatlantis.com

Washington-Hyde, C Renee, MD ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:

https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Wasmer, Denise, MS, LMHC, LPC ■
1221 Brickell Avenue
ste 900
Miami, FL 33131
(786) 244-7690
Digital Contact Information:
denisewasmer@gmail.com

and
15225 SW 68th Ave
Miami, FL 33157
(786) 244-7690
Digital Contact Information:
denisewasmer@gmail.com

Watkins, Raquel, MSN, NP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
Not Available

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
Not Available

Watnick, Jerett Y, DO ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
https://www.compasshealthsystems.com/intake@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compass-md.com
intake@compass.md

Watson, Shanika, MA, LCSW ■
1601 NW 12th Ave
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
Not Available

and
1120 Northwest 14th Street
RM 1213
Miami, FL 331362107
(305) 243-6660
Digital Contact Information:
Not Available

Waugh, Odalys J, PHD, LMHC ■
5201 Waterford District Drive
888
Miami, FL 33126
(305) 321-7226
Digital Contact Information:
morecounseling@gmail.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
morecounseling@gmail.com

and
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
morecounseling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Waweru, Jane W, DNP, APRN, APRNCNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Weatherly, Charmaine, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/payors@emorahealth.com

Weaver, Timothy L, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
lildecor01@gmail.com

Webb, Ophelia, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/tish.demedici@bmcjax.com
Other Languages Spoken by Provider or Office Staff
English, Creole

Weinstein, Allison, PHD, CP ■
1475 NW 12th Ave
C130
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
Not Available

and
1601 NW 12th Ave
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
Not Available

Weiss, Robert, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
credentialer@gmail.com

Weiss, Ziona, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
info@hupcfl.com

Welch, Heather, MSW, LCSW, LMSW ■
FL
(508) 202-1011
Digital Contact Information:
https://www.sevenstarling.com
support@sevenstarling.com

Welch, Joy, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@joinuplift.co

Wells, Jacqueline, MA, LMHC ■
2801 Northeast 213th Street
Suite 1215
Aventura, FL 33180
(833) 769-3524
Digital Contact Information:
http://lifestance.com
fl-credentialing@lifestance.com
Other Languages Spoken by Provider or Office Staff English

Werner, Andrew, EDS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
lisette@abctestingservices.com

Westbrook, Megan, MSN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Weuste, Michael, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

White, Emma, MC, LMHC ■
3081 Salzedo Street
Suite 202
Coral Gables, FL 33134
(305) 330-0588
Digital Contact Information:
griff_pysch@yahoo.com

and
3625 Northwest 82nd Avenue
400
Doral, FL 33166
(305) 330-0588
Digital Contact Information:
griff_pysch@yahoo.com

White, Samantha, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
frontdesk@highersightscounseling.com

White, Sharice, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
mshain@seniorcaretherapy.com

Whiteside, Deon D, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@thriveworks.com

Whiting, Detra, MSW, LICSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Whittington, Brittany N, MS, LMHC ■
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
http://www.crystalabatherapy.com
info@cmpsclinical.com

Wideman, Stacy, MSN, APRN, ARNP, NP ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
invigorationhealth@gmail.com

Wigder, Rivka, MSW, LCSW ■
1110 Brickell Ave
Ste 407
Miami, FL 33131
(786) 800-9207
Digital Contact Information:
info@collectivecounselingsolutions.com

and
FL
(786) 800-9207
(844) 222-0550
Digital Contact Information:
info@collectivecounselingsolutions.com

Wiggins, Anzola R, MSN, APN ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
info@rrinc.org

and
1801 Northeast 123rd Street
334
North Miami, FL 33181
(888) 718-4915
Digital Contact Information:
http://www.rrrinc.org
info@rrrinc.org

Wilbur, Heather N, MSN, APRN ■
901 E 10th Ave
Ste 39
Hialeah, FL 33010
(305) 637-6400
Digital Contact Information:
fl-credentialing@lifestance.com

and
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
fl-credentialing@lifestance.com

and
5607 NW 27th Ave
1
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
fl-credentialing@lifestance.com

and
FL
(305) 637-6400
Digital Contact Information:
fl-credentialing@lifestance.com

and
20612 Northwest 27th Avenue
Miami Gardens, FL 33056
(305) 637-6400
Digital Contact Information:
fl-credentialing@lifestance.com

Wilcoxon, Kaffie G, MA, LMHC, LPC ■
1 Alhambra Plaza
1451
Miami, FL 33134
(888) 588-8995
Digital Contact Information:
credentialing@thriveworks.com
Other Languages Spoken by Provider or Office Staff
English, Sign Lang Amer

Wilkerson-Holton, Ramona, PHD, APRN, NP ■
FL
(201) 706-1511
Digital Contact Information:
scheduling@happierliving.com

Wilkie, Heather, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Wilkins, Anita, MSN, APRNCNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
billing@insynchhealth.com

Williams, Belle, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779

Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Williams, Betty, MC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Williams Dauphin, Jinia, MS, LMHC ■
540 Northwest 165th Street
114
Miami, FL 33169
(786) 648-6550
Digital Contact Information:
jiniaw@msn.com

and
12555 Biscayne Boulevard
1001
North Miami, FL 33181
(786) 925-4656
Digital Contact Information:
http://adatherapyccc.com
jiniaw@msn.com

and
FL
(786) 925-4657
Digital Contact Information:
jiniaw@msn.com

Williams, Diamond T, MS, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
info@maraslighthouse.com
Other Languages Spoken by Provider or Office Staff English

Williams, Julia, MSW, LCSW ■
1951 NW 7th Ave
Fl 3
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
help@joinuplift.co

and
1951 Northwest 7th Avenue
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
help@joinuplift.co

Williams, Kabrena, MS, BCBA, LBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(410) 538-2574
Digital Contact Information:
info@appliedabc.com
Other Languages Spoken by Provider or Office Staff English

Williams, Kinya N, MC, LMHC, LPC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@growtherapy.com

Williams, Melissa D, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
drmissywilliams@gmail.com

Williams, Morgan, MS, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
insurance@wellnite.com

Williams, Pamela, MSN, CNS, PMHCNS ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
Not Available

Williams, Richard, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Williams, Vashaun O, MD ■
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(714) 274-7577
Digital Contact Information:
contact@sensiblecare.com

Williams, Wendy H, MSN, APRNCNP, CRNP, NP ■
770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
5201 Blue Lagoon Dr
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Williams-Jeanty, Miesha N, MED, LMHC ■
FL
(305) 306-7409
Digital Contact Information:
admin@nzingasplace.com

Willis, Toni, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Willis, Tyler, MSW, LCSW ■
FL
(858) 224-2692
Digital Contact Information:
tyler@willishealth.com

Wilsom, Kayla, MSW, LCSW ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
therapy@mindflowmindcare.com

Wilson, Aisya, MSW, LCSW ●
804 Northwest 21st Terrace
Suite 203
Miami, FL 33127
(305) 563-3136
Digital Contact Information:
https://www.myperspectivecounseling.com/
info@myperspectivecounseling.com

Wilson, Carolyn F, MSW, LCSW ■
15260 SW 280th St
Ste 205
Homestead, FL 33032
(305) 707-7237
Digital Contact Information:
http://www.familybehaviorservices.org
info@theracounsel.com

Wilson, Kristian M, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
aspirationsjax@gmail.com

Wilson, Mia R, EDD, CAP, LMHC ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(866) 478-3978
Digital Contact Information:
miarwilson@aol.com

Wilson, Valerie, MSW, LCSW ■
1951 Northwest 7th Avenue
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
vallen@brimcounseling.com

and
FL
(305) 902-6347
Digital Contact Information:
vallen@brimcounseling.com

Wiltshire, Michelle C, PSYD, LP ■
18117 Biscayne Boulevard
#1352
Miami, FL 33160
(929) 266-9477
Digital Contact Information:
http://wasabiwell.com
michellewiltshirepsyd@gmail.com

Winstrom, Jeanie M, MC, LMHC, LPC ■
1065 Southwest 8th Street
570
Miami, FL 33130
(888) 903-5505
Digital Contact Information:
credentialing@happierliving.com

Wint, Marsha, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Winters, Heather, MED, LMHC ■
3625 Northwest 82nd Avenue
400 3
Doral, FL 33166
(305) 209-6399
Digital Contact Information:
luke@revive-rcm.com

and
1125 Northeast 125th Street
112
North Miami, FL 33161
(305) 209-6399
Digital Contact Information:
luke@revive-rcm.com

Wintroub, Daniel J, MSN, APN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Wise, Quilon, MSN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com
Other Languages Spoken by Provider or Office Staff English

Wise, Shaquila, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Wisniewski, Tricia, MSN, APRN ■
770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
5201 Blue Lagoon Dr
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
830 Brickell Plaza
Miami, FL 33131

(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Wolford-Ward, Stephenie J, MA, LCMHC, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
stepheniewolfordlmt@gmail.com

Wonesh, Bria, MED, LMHC ■
1175 Northeast 125th Street
320
Miami, FL 33161
(786) 842-0444
Digital Contact Information:
http://www.marriagefamilyservices.com
marriagefamilyservices@comcast.net

Wong, Carmen, MSN, APRN, CNP, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
hr.credentialing@sohomd.com

Wood, Destinie J, MSW, LCSW ■
FL
(508) 202-1011
Digital Contact Information:
support@sevenstarling.com

Wood, Jami L, MSW, LCSW, LISW ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
credential@pamhc.org

Wood, Shaniqua T, MSW, LCSW ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
shae@orbitbilling.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
shae@orbitbilling.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
shae@orbitbilling.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
shae@orbitbilling.com

Woodall, Shandria, MC, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
help@joinuplift.co

Wooden, Johneisha, MA, LMHC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@thriveworks.com

Woods, Yvonne, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Woody, Angel, MSN, APNP, APRN, APRNCNP, CNP, DO, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Wool, Sorcha, MSW, LCSW ■
1951 Northwest 7th Avenue
Miami, FL 33136
(571) 934-3936
Digital Contact Information:
admin@supportiveengagemet.com

and
FL
(305) 902-6347
Digital Contact Information:
admin@supportiveengagemet.com
Other Languages Spoken by Provider or Office Staff Sign Lang Amer

Woolery, Nickesha, MSN, APRN ■
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
info@aimergency.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
info@aimergency.com
Other Languages Spoken by Provider or Office Staff English, Haitian Creole, Filipino, French, Spanish

Worthalter, Dr Peysaf, MD ■
20824 W Dixie Hwy
Miami, FL 33180
(305) 654-0907
Digital Contact Information:
http://worthaltermd.com
worthaltermd@aol.com

and
20900 Biscayne Blvd
Miami, FL 33180
(305) 682-7000
Digital Contact Information:
worthaltermd@aol.com

and
1825 Northwest 167th Street
SUITE 102
Opa-locka, FL 330564838
(305) 624-7450
Digital Contact Information:
http://www.cfcecares.org
worthaltermd@aol.com
Other Languages Spoken by Provider or Office Staff Spanish

Wright, Brittany J, PHD, LP ■
1121 NW 14th St
Fl 1
Miami, FL 33136
(305) 243-4129
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff English

Wright, Sonya, MA, LMHC ■
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
info@thejourneytwcc.org
Other Languages Spoken by Provider or Office Staff Creole, Spanish

Wright, Terrence, MS, LPCMH ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
angela@credentialingconsultants.com

Wunderman, Terilee, PHD, LP ■
8600 SW 92nd Street
#203
Kendall, FL 33156
(305) 595-6633
Digital Contact Information:
https://www.drwunderman.com/
tw@drwunderman.com

Wurm, Gwen R, MD ■
1150 NW 14th St
411
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
Not Available

Wyss, Isabel, MS, LMHC ■
9220 Sunset Drive
104
Miami, FL 33173
(786) 724-4224
Digital Contact Information:
https://www.vita-cog.com/
admin@vita-cog.com

Xavier, Elisabeth, MED, LMHC ■
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(714) 274-7577
Digital Contact Information:
https://sensiblecare.com/
contact@sensiblecare.com

Yanez, Devon, MSN, APRN ■
1380 Northeast Miami Gardens Drive
Suite 215
North Miami Beach, FL 33179
(305) 981-6362
Digital Contact Information:
npyanez@browardpalmhc.com

Yanez, Vicente, MSW, LCSW ■
814 Ponce de Leon Boulevard
STE 418
Coral Gables, FL 33134
(305) 469-1648
Digital Contact Information:
vy@infionline.net
Other Languages Spoken by Provider or Office Staff Spanish

Yasin, Aleyah R, PHD, LMFT ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
credentialing@banyanhealth.org

Ybarra, Glenda, MSN, APRN ■
8950 Southwest 74th Court
1911
Miami, FL 33156
(786) 637-7338
Digital Contact Information:
info@rushcredentialing.com

Yepez, Maria, MS, LMHC ■
2020 Ponce de Leon
Suite 1201
Miami, FL 33134
(305) 917-5414
Digital Contact Information:
http://www.psychologybeyond.com
mariay.therapy@gmail.com

Yepez, Rosaura M, MSSW, LCSW ■
650 Northeast 22nd Terrace
Suite 202-06
Homestead, FL 33033
(786) 377-6487
Digital Contact Information:
http://homesteadtherapyservicesllc.com
ryepez@homesteadtherapyservicesllc.com

Yera-Abad, Natalia, MA, LMHC ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
arscredentialing@advancedrecoverysystems.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Yin, Emily G, MN, APRN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamed.com

Yorker, Dale I, PHD, CP ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
credentialing@tillytherapy.com

Yorker, Erin, MPSY, LMHC ■
1065 Southwest 8th Street
1136
Miami, FL 33130
(703) 772-5097
Digital Contact Information:
https://www.postpartumwell.com
office@postpartumwell.org

Young, Harold W, MSN, APRN, ARNP, CNP, CNS, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Youngblood, Darrell, MSN, CRNP, LNP, NP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688

Digital Contact Information:
credentialing@happierliving.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Yousef, Rhonda, DNP, APRN ●
FL
(786) 839-3773
Digital Contact Information:
http://www.blysspsychiatry.com
rhonda.yousef@gmail.com
Other Languages Spoken by Provider or Office Staff Arabic

Yun, Fabiola Joowon, DNP, APRN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com
Other Languages Spoken by Provider or Office Staff Korean, Japanese

Yuvienco, Christopher, MSN, APN, APRN, APRNCNP, CRNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Zackery, Melissa, MSN, APN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Zadok, Alexia, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
care@joinuplift.co

Zafar, Mohsin, MD ■
13205 Southwest 137th Avenue
224 224
Miami, FL 33186
(786) 290-9192
Digital Contact Information:
cmg-enrollment@credentialingmanagementgroup.com

Zalcberg, Natalia, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Zambrana Nieves, Thayra, PSYD, LP ■
381 North Krome Avenue
11
Homestead, FL 33030
(305) 824-6801
Digital Contact Information:
monarchallhealth@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Zambrano, Karen M, PSYD, LP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 259-6977
Digital Contact Information:
http://www.abctestingservices.com
lisette@abctestingservices.com
Other Languages Spoken by Provider or Office Staff Spanish

Zamora, Danae, MC, LMHC ■
15190 SW 136th St
Ste 25
Miami, FL 33196
(786) 365-5916
Digital Contact Information:
healingtalkscounseling@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Zapatha, Susan, MC, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Zappalorta, George, MSW, LCSW ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
help@joinuplift.co

Zaragoza Sosa, Jaime, MN, APRN ■
10024 Southwest 222nd Street
Cutler Bay, FL 33190
(786) 770-9527
Digital Contact Information:
info@providerassist.net

Zarate, Yolanda B, MD ■
790 Northwest 107th Avenue
Suite 110
Miami, FL 33172
(305) 964-5426
Digital Contact Information:
flbehaviorhealthgroupllc@outlook.com

and
4302 Alton Rd
Ste 845
Miami Beach, FL 33140
(305) 674-7498
Digital Contact Information:
flbehaviorhealthgroupllc@outlook.com

and
FL
(305) 674-7498
Digital Contact Information:
flbehaviorhealthgroupllc@outlook.com
Other Languages Spoken by Provider or Office Staff French, Spanish

Zauss, Mark, MA, CAP, LMHC, LPC ■
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(646) 961-3553
Digital Contact Information:
http://www.joinmonument.com
insurance@joinmonument.com

Zayas-Bazan, Maria, PSYD, LP ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
info@behavioralaid.com
Other Languages Spoken by Provider or Office Staff Spanish

Zaydlin, Michelle, MD ■
1695 NW 9th Ave
3308
Miami, FL 33136
(305) 355-7000
Digital Contact Information:
hello@talkiatry.com

Zelinger-Kaufman, Bascha, MED, BCBA ■
1380 Northeast Miami Gardens Drive
Suite 255
Miami, FL 33179
(954) 651-2969
Digital Contact Information:
info@appliedabc.com
Other Languages Spoken by Provider or Office Staff English

Zellars, Monique, MSW, LCSW ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Zemel, Leah, MSW, LCSW ■
1121 NW 14th St
Fl 1
Miami, FL 33136
(305) 243-4129
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff English

Zerpa, Arelys, MS, LMHC ■
789 Northwest 27th Avenue
Miami, FL 33125
(772) 241-9222
Digital Contact Information:
goldenyearsmedicalcenter@gmail.com

and
10030 Southwest 40th Street
A
Miami, FL 33165
(305) 400-8899
Digital Contact Information:
goldenyearsmedicalcenter@gmail.com

and
9380 Southwest 72nd Street
245
Miami, FL 33173
(305) 381-5434
Digital Contact Information:
goldenyearsmedicalcenter@gmail.com

and
10651 North Kendall Drive
suite 120
Miami, FL 33176
(786) 963-9087
Digital Contact Information:
goldenyearsmedicalcenter@gmail.com

and
13501 Southwest 128th Street
Suite 112
Miami, FL 33186
(786) 732-2383
Digital Contact Information:
goldenyearsmedicalcenter@gmail.com

and
FL
(786) 338-8999
(305) 400-8899
Digital Contact Information:
goldenyearsmedicalcenter@gmail.com

and
8181 Northwest 154th Street
STE 112
Miami Lakes, FL 33016
(407) 572-8053
Digital Contact Information:
goldenyearsmedicalcenter@gmail.com

and
1190 Northwest 95th Street
307
Miami Shores, FL 33150
(407) 572-8053
Digital Contact Information:
goldenyearsmedicalcenter@gmail.com

and
12651 South Dixie Highway
Pinecrest, FL 33156
(305) 554-0808
Digital Contact Information:
goldenyearsmedicalcenter@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Zervigon, Estela, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Spanish

Zimerman, Veronica, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Zipper, Rachel, PSYD, CP, LP ■
150 Alhambra Circle
Floor 10
Coral Gables, FL 33134
(786) 800-3374
Digital Contact Information:
dr.rachel@compassionatepsych.com

and
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779

Digital Contact Information:
dr.rachel@compassionatepsych.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
dr.rachel@compassionatepsych.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
dr.rachel@compassionatepsych.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
dr.rachel@compassionatepsych.com
Other Languages Spoken by Provider or Office Staff English

Zitnick, Michelle S, MSN, APRN ■
975 West 41st Street
308
Miami Beach, FL 33140
(305) 905-2349
Digital Contact Information:
Not Available

Zoque, Dasniellis, MSN, APRN ■
351 NW 42nd Ave
Ste 406
Miami, FL 33126
(786) 536-1710
Digital Contact Information:
credentialing@premedsys.com

and
1890 Southwest 57th Avenue
SUITE 106
Miami, FL 33155
(786) 536-1701
Digital Contact Information:
http://www.integratedhealthcare.group
credentialing@premedsys.com

Zumar, Lorraine M, MC, LMHC, LPC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Zuniga, Ana M, PSYD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
azunigapsyd@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Zurbaran, Marjorie, MS, LMHC ■
195 Giralda Avenue
h
Coral Gables, FL 33134
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
administration@mindandsoultherapy.com

and
2550 Douglas Road
Ste #301
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
http://www.mindandsoultherapy.org
administration@mindandsoultherapy.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Zverinskiy, Aleksandr, MD ■
FL
(305) 902-6347
Digital Contact Information:
http://www.bebravehealth.com
start@bebravehealth.com
Other Languages Spoken by Provider or Office Staff Russian

APPOINTMENTS-EVENING

Abdool-Ghany, Faheema, PHD, BCBA-D ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

and
12985 Southwest 130th Court
204 204
Miami, FL 33186
(305) 735-3878
Digital Contact Information:
http://www.abasquad.com
providerenrollment@acornhealth.com

Abraham, Desiree, MSN, APRN ■
11890 Southwest 8th Street
404
Miami, FL 33184
(305) 491-1213
Digital Contact Information:
http://healthylivingcaremh.com
desireeabraham@yahoo.com
Other Languages Spoken by Provider or Office Staff Spanish

Abraham Padron, Zamira, PHD, BCBA ■
8550 West Flagler Street
STE 118
Miami, FL 33144
(786) 391-4113
Digital Contact Information:
loveinservicesprivate@gmail.com

and
13155 Southwest 42nd Street
STE 204
Miami, FL 33175
(786) 486-9756
Digital Contact Information:
loveinservicesprivate@gmail.com

and
13469 Southwest 29th Street
Miami, FL 33175
(786) 486-9756
Digital Contact Information:
loveinservicesprivate@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Abraham, Steven K, PSYD, LP ■
150 Alhambra Circle
Floor 10
Coral Gables, FL 33134
(786) 800-3374
Digital Contact Information:
ndcclakeland@gmail.com

and
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
ndcclakeland@gmail.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
ndcclakeland@gmail.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
ndcclakeland@gmail.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
ndcclakeland@gmail.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
ndcclakeland@gmail.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
ndcclakeland@gmail.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
ndcclakeland@gmail.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
ndcclakeland@gmail.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
ndcclakeland@gmail.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
ndcclakeland@gmail.com

Abreu, Helen, MS, BCBA ■
Home Based Services Only
Doral, FL 33126
(407) 800-6086
Digital Contact Information:
milestonesaba2023@gmail.com

and
2450 Southwest 137th Avenue
232
Miami, FL 33175
(786) 360-6496
Digital Contact Information:
milestonesaba2023@gmail.com

and
12900 Southwest 128th Street
Suite 107
Miami, FL 33186
(786) 312-2665
Digital Contact Information:
milestonesaba2023@gmail.com

and
13416 Southwest 128th Street
Miami, FL 33186
(786) 732-0247
Digital Contact Information:
http://milestones-aba.org
milestonesaba2023@gmail.com

Acea, Yanisleidy, MSN, NP ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Acevedo, Glory A, MMH, LMHC ■
800 Crandon Blvd
Ste 201
Key Biscayne, FL 33149
(786) 239-3055
Digital Contact Information:
keybiscaynecounseling@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Acosta, Carolina, MA, LMHC, LPC ■
10311 Northwest 58th Street
Doral, FL 33178
(800) 438-1772
Digital Contact Information:
lrangel@wlcfs.org
Other Languages Spoken by Provider or Office Staff Spanish

Acosta Cruz, Yerania, MED, BCBA ■
22550 Southwest 103rd Avenue
Cutler Bay, FL 33190
(786) 486-5186
Digital Contact Information:
genesiswscorp@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 732-2139
Digital Contact Information:
genesiswscorp@gmail.com

Acosta, Indhira, MA, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
https://tillytherapy.com/
bbbinterventions@gmail.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
https://tillytherapy.com/
bbbinterventions@gmail.com

Acosta, Manuel, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

and
11430 North Kendall Drive
106
Miami, FL 33176
(888) 852-6672
Digital Contact Information:
credentialing@wellnite.com

Acosta, Sarah, MMH, LMHC ■
FL
(786) 708-2221
Digital Contact Information:
helpinghandscounseling1@gmail.com

Acosta Soriano, Thabatha, MS, BCBA ■
2500 Northwest 79th Avenue
295
Doral, FL 33122
(305) 896-8161
Digital Contact Information:
info@newlifeaba.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 477-1193
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff Spanish

Acosta Valdes, Misleiny, MA, BCBA ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/services@cmnbtherapy.com

and
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/services@cmnbtherapy.com

Acuna, Nancy M, MSN, APRN ■
10031 Southwest 40th Street
Miami, FL 33165
(786) 442-9628
Digital Contact Information:

encantohealthcommunityservices@gmail.com

and
9732 SW 24th St
Miami, FL 33165
(305) 221-0660
Digital Contact Information:
encantohealthcommunityservices@gmail.com

and
11430 North Kendall Drive
106
Miami, FL 33176
(786) 703-1605
Digital Contact Information:
encantohealthcommunityservices@gmail.com

Aday, Reyna, PHD, LMHC ■
7990 Southwest 117th Avenue
Ste 215
Kendall, FL 33183
(786) 963-9770
Digital Contact Information:
http://www.wholeisticcg.com
wholeisticpsychiatry@gmail.com

and
FL
(786) 583-4725
(786) 963-9770
Digital Contact Information:
http://www.reynaaday.com
wholeisticpsychiatry@gmail.com

and
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
http://www.wholeisticcg.com
wholeisticpsychiatry@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Adderley, Brian, MSW, LCSW ■
FL
(305) 902-6347
(315) 873-2936
Digital Contact Information:
jane.mohammad@daybreakhealth.com

Adderley, Oddette P, PHD, LMHC ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
opieea@hotmail.com

Adle, Joy, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Adler, Shalom, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Agic, Christine, MSW, LCSW ■
2500 SW 107TH AVE
42
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
inbox.mhcares@gmail.com

Agresti, Louisa K, MSN, APRN, NP, PMHNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Aguiar, Heloisa G, MA, LMHC ■
8547 Southwest 214th Lane
Cutler Bay, FL 33189
(305) 775-3105
Digital Contact Information:
lola0211@email.com

and
2000 S Dixie Hwy
Ste 104
Miami, FL 33133
(305) 775-3105
Digital Contact Information:
lola0211@email.com

and
13499 Biscayne Blvd
Ste 208
North Miami, FL 33181
(305) 775-3105
Digital Contact Information:
lola0211@email.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Aguila Cudeiro, Yudy, MSED, BCBA ■
Home Based Services Only
Hialeah, FL 33010
(786) 267-8467
Digital Contact Information:
amhscorp@yahoo.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
amhscorp@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Aguilar Corzo, Marieyis, MBS, BCBA ■
12905 Southwest 42nd Street
STE 111
Miami, FL 33175
(786) 558-4091
Digital Contact Information:
miraclebehavior@gmail.com

and
14750 Southwest 26th Street
STE 114
Miami, FL 33185
(786) 536-9441
Digital Contact Information:
miraclebehavior@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Aguilar, Elsa, BS, BCABA ■
14707 South Dixie Highway
Suite 200
Miami, FL 33176
(305) 321-5177
Digital Contact Information:
administration@familybehaviortherapy.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Aguilar, Jose G, MSN, CNP, NP ■
8846 Southwest 6th Street
Miami, FL 33144
(746) 486-8000
Digital Contact Information:
patti@clearviewcounselinggroup.org
Other Languages Spoken by Provider or Office Staff
Spanish

Aguilar, Rosalva, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
lisa.kane@gulfshorescounselingcenter.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Aguilera, Magalis, PSYD, CP, LP ■
9240 SW 72nd St
Ste 106
Miami, FL 33173
(305) 595-8787
Digital Contact Information:
drmagaliaguilera@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Aguilera, Maribel, MD ■
8049 NW 155th St
Miami Lakes, FL 33016
(305) 822-2330
Digital Contact Information:
maguileramd@aol.com
Other Languages Spoken by Provider or Office Staff English

Aguirre, Nelda, PHD, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/payors@emorahealth.com

Ahmed, Michelle, MS, LMFT ■
FL
(312) 912-1033
Digital Contact Information:
http://foodforhearttherapy.com
michelleahmedmft@gmail.com
Other Languages Spoken by Provider or Office Staff
Bengali

Ait Belkacem, Kamilia, PA, PA_C ■
801 Brickell Avenue
8
Miami, FL 33131
(516) 505-7200
Digital Contact Information:
https://mindful.care/
vnedilia@mindful.care

Akinduro, Ingrid, MA, BCBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
https://tillytherapy.com/mayelrgaspe@brightfutureabasolutions.com

and
1951 NW 7th Ave
Ste 600
Miami, FL 33136
(929) 384-7193
Digital Contact Information:
mayelrgaspe@brightfutureabasolutions.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Alamo Ortiz, Silvia E, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 263-0207
Digital Contact Information:
stepbehavior@yahoo.com

and
13590 Southwest 134th Avenue
Suite 207
Miami, FL 33186
(305) 263-0207
Digital Contact Information:
stepbehavior@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alarcon Farina, Jacquelin, MPSY, BCBA ■
3750 West 16th Avenue
218
Hialeah, FL 33012
(786) 409-3231
Digital Contact Information:
proactivehealthcare2016@gmail.com

and
8660 West Flagler Street
STE 121
Miami, FL 33144
(305) 600-4774
Digital Contact Information:
proactivehealthcare2016@gmail.com

and
13590 Southwest 134th Avenue
104
Miami, FL 33186
(305) 896-8161
Digital Contact Information:
proactivehealthcare2016@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alayon, Carlos, MS, LMHC ■
10500 Northwest 26th Street
Doral, FL 33172
(305) 646-1799
Digital Contact Information:
calayon@hotmail.com

and
1710 Northwest 7th Street
5
Miami, FL 33125
(239) 250-9411
Digital Contact Information:
calayon@hotmail.com

and
2311 Northwest 7th Street
Miami, FL 33125
(786) 706-2246
Digital Contact Information:
calayon@hotmail.com

and
790 Northwest 107th Avenue
Suite 303
Miami, FL 33172
(786) 603-9858
Digital Contact Information:
calayon@hotmail.com

and
11960 SW 39th Ter
Miami, FL 33175
(786) 514-6406
Digital Contact Information:
calayon@hotmail.com

and
13170 Southwest 128th Street
200
Miami, FL 33186
(786) 852-5198
Digital Contact Information:
calayon@hotmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alayon, Yanetsi, MSN, APRN ■
12060 Southwest 129th Court
201
Miami, FL 33186
(786) 615-3349
Digital Contact Information:
office@neurobehavioral.health

and
FL
(786) 615-3349
Digital Contact Information:
office@neurobehavioral.health

Albelo Capote, Yusmeisy, MS, BCBA ■
1701 W Flagler St
Ste 310
Miami, FL 33135
(786) 467-7006
Digital Contact Information:
http://www.floridacognitive.com
miamicognitive@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Albero, Amy, MSW, LCSW, LICSW ■
1110 Brickell Avenue
Suite 502
Miami, FL 33131
(203) 693-4917
Digital Contact Information:
http://www.revivecfw.com
amyalbero@revivecfw.com

Albitar, Tarek, DNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

Alcantara, Josie, MS, LMHC ■
FL
(305) 508-0886
Digital Contact Information:
josie@alpinecounseling.miami
Other Languages Spoken by Provider or Office Staff
Spanish

Alduncin Lopez, Anabel, BS, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
intouchcommunityserv@gmail.com

Alea Garcia, Alina, MSSW, BCBA ■
123 N Krome Ave
Ste 104
Homestead, FL 33030
(786) 349-4559
Digital Contact Information:
referrals@ffmhs.com

and
Home Based Services Only
Homestead, FL 33030
(786) 349-4559
Digital Contact Information:
referrals@ffmhs.com

Alea, Yadimet, MS, BCBA ■
Home Based Services Only
Naranja, FL 33032
(786) 717-2220
Digital Contact Information:
yadimet93@icloud.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alegria, Mario R, PHD, LP ●
6360 SW 48th St
Miami, FL 33155
(321) 273-9407
Digital Contact Information:
ma47alegria@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Aleman, Jessica M, PSYD, LP ■
3735 Southwest 8th Street
201
Coral Gables, FL 33134
(305) 200-3921
Digital Contact Information:
http://www.oceanpsychologygroup.com
alemanpsychology@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Aleman Martinez, Claudia, MA, BCBA ■
Home Based Services Only
South Miami, FL 33143
(305) 763-2117
Digital Contact Information:
claudia.alemanmartinez@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Alexandre, Vanessa, MSN, APRN, NP, PMHNP ■
FL
(305) 902-6347
Digital Contact Information:
ifhpenrollment@institute.org

Alfonso, Cyndia, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 558-8246
Digital Contact Information:
forwardbehaviorhr@gmail.com

and
175 Fontainebleau Boulevard
Miami, FL 33172
(786) 558-8246
Digital Contact Information:
forwardbehaviorhr@gmail.com

and
8950 Southwest 152nd Street
106a
Palmetto Bay, FL 33157
(786) 398-2965
Digital Contact Information:
forwardbehaviorhr@gmail.com

and
8950 Southwest 152nd Street
112
Palmetto Bay, FL 33157
(786) 432-0829
Digital Contact Information:
forwardbehaviorhr@gmail.com

and
8950 Southwest 152nd Street
116
Palmetto Bay, FL 33157
(786) 669-2619
Digital Contact Information:
forwardbehaviorhr@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alfonso, Hiran, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Alfonso Leyva, Hansel, MA, BCBA ■
15924 SW 92nd Ave
Miami, FL 33157
(786) 636-1303
Digital Contact Information:
maria.aviles@hhfcfl.com

Ali, Nashat S, MC, LCPC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
scheduling@happierliving.com

Alizo, Silvia, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
hr@thepiecefits.com

Allen, Caitlin, MC, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
hello@emorahealth.com

Allen-De Arce, Adriana, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alleyne, Amanda, MSSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Ally, Tiffany, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Almeida, Silvia, MSW, LCSW ■
1734 Southwest 82nd Place
Miami, FL 33155
(201) 218-8383
Digital Contact Information:
silvia.almeida@holistiktherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Almeida Wallace, Diana, MC, LMHC ■
5915 Ponce de Leon
48
Coral Gables, FL 33146
(305) 934-6453
Digital Contact Information:
dalmeida87@hotmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, English, French, Spanish

Almonte, Ricardo, MS, LMHC ■
250 Catalonia Avenue
suite 403
Coral Gables, FL 33134
(321) 405-2805
Digital Contact Information:
https://harvestingjoypsychologicalservices.com
harvestingjoycounseling@gmail.com

Alonso, Ariane, MBS, BCBA ■
1490 West 49th Place
Suite 401
Hialeah, FL 33012
(786) 294-0255
Digital Contact Information:
info@bmmaba.com

and
10261 Southwest 72nd Street
Miami, FL 33173
(786) 773-3654
Digital Contact Information:
info@bmmaba.com

and
7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
info@bmmaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alonso, Jose M, MMH, BCBA ■
6405 Northwest 36th Street
#123
Virginia Gardens, FL 33166
(786) 872-4325
Digital Contact Information:
http://www.abyshs.com
ytrabado@abyshs.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Alonso, Leticia, MS, BCABA ■
12360 Southwest 132nd Court
STE 205
Miami, FL 33186
(786) 429-3738
Digital Contact Information:
favyhcs@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Alonso, Maria D, PSYD, LCSW ■
3191 Coral Way
Ste 402
Miami, FL 33145
(786) 709-8556
Digital Contact Information:
dr.malonso@yahoo.com

and
3191 Coral Way
Ste 604
Miami, FL 33145
(786) 709-8556
Digital Contact Information:
dr.malonso@yahoo.com
Other Languages Spoken by Provider or Office Staff English

Alonso, Marilyn, MPSY, BCBA ■
8601 Southwest 199th Street
Cutler Bay, FL 33189
(305) 908-2999
Digital Contact Information:
marygley@bellsouth.net

and
10200 NW 25th St
Ste 114
Doral, FL 33172
(305) 908-2999
Digital Contact Information:
marygley@bellsouth.net

and
40 Northwest 8th Street
Homestead, FL 33030
(305) 908-2999
Digital Contact Information:
marygley@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Alonso, Yanelis, MS, BCBA ■
8300 Northwest 53rd Street
Suite 102
Doral, FL 33166
(786) 769-5222
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
175 Fontainebleau Boulevard
Miami, FL 33172
(305) 590-1085
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Alpizar, Alina, MS, BCBA ■
7900 Oak Ln
400
Hialeah, FL 33016
(786) 622-5743
Digital Contact Information:
ymbehavioralhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
Korean, Spanish

Alsakloull, Majd, MS, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff Arabic

Alsina Triay, Maria D, MS, BCBA ■
6175 Northwest 153rd Street
STE 215
Miami Lakes, FL 33014
(305) 200-3326
Digital Contact Information:
asmtherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Altamiranda, Rosina E, MS, LMHC ●
11921 South Dixie Highway
STE 215
Pinecrest, FL 331564449
(786) 718-3890
Digital Contact Information:
rosina@nhorizonscs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Altamirano, Marveed, MA, BCBA ■
13590 Southwest 134th Avenue
104
Miami, FL 33186
(305) 896-8161
Digital Contact Information:
thrivingmindscenter@gmail.com

Alvarado, August E, PHD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
contact@coloradocac.com

Alvarado, Gizelle, MED, LPC ■
1951 Northwest 7th Avenue
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
pinnacleeptx@aol.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Alvarez, Arlinnes, MMH, LMHC ■
FL
(305) 804-9121

Digital Contact Information:
http://www.sfacounseling.org
arlinnes@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Creole, Spanish

Alvarez, Catherine, MS, BCBA ■
2300 West 84th Street
Ste 601
Hialeah, FL 33016
(305) 363-4001
Digital Contact Information:
http://www.vytalyzeminds.net
info@vytalyzeminds.net
Other Languages Spoken by Provider or Office Staff
Spanish

Alvarez Crespo, Arianna, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 424-7040
Digital Contact Information:
admin@pmbehaviorgroup.com
and
12595 Southwest 137th Avenue
Suite 208
Miami, FL 33186
(305) 424-7040
Digital Contact Information:
admin@pmbehaviorgroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alvarez, Gianinne M, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
info@livewelltherapygroup.com
and
7600 Southwest 57th Avenue
suite 334
South Miami, FL 33143
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
info@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alvarez Gonzalez, Alejandro, MA, BCBA ■
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
credentialing@creativekidstherapyinc.com

Alvarez, Idolidia, MS, BCBA, LMHC ■
941 Southwest 87th Avenue
Suite A
Miami, FL 33174
(786) 873-9392
Digital Contact Information:
dmbehavioralsolutions@gmail.com
and
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 522-3900
Digital Contact Information:
dmbehavioralsolutions@gmail.com
and
6405 Northwest 36th Street
Virginia Gardens, FL 33166
(786) 238-2008
Digital Contact Information:
dmbehavioralsolutions@gmail.com
Other Languages Spoken by Provider or Office Staff English

Alvarez, Lisbeth, MS, BCBA ■
13590 Southwest 134th Avenue
104
Miami, FL 33186
(305) 896-8161
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alvarez, Marie, MSCC, LMHC ■
7700 North Kendall Drive
707
Miami, FL 33156
(305) 298-8649
Digital Contact Information:
rosorio@miamicounseling.com

Alvarez, Mayaly, MS, LMHC ●
11921 South Dixie Highway
STE 215
Pinecrest, FL 331564449
(786) 718-3890
Digital Contact Information:
malva@nhorizonscs.com

Alvarez, Mirisleydis, MS, BCBA ■
Home Based Services Only
Hialeah, FL 33013
(786) 486-3909
Digital Contact Information:
malvarezbcba@gmail.com
and
3271 NW 7th St
Ste 203
Miami, FL 33125
(786) 220-6902
Digital Contact Information:
malvarezbcba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alvarez, Olivia, MS, BCBA ■
9415 Southwest 72nd Street
101
Miami, FL 33173
(305) 662-6448
Digital Contact Information:
oliviaalvarezaba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alvarez, Stephanie, MS, LMHC ●
FL
(561) 590-7063
Digital Contact Information:
http://innerworkcounseling.com
contact@innerworkcounseling.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alvarez, Susana, MS, BCBA ■
10447 Southwest 108th Avenue
e278 e278
Miami, FL 33176
(305) 283-7789
Digital Contact Information:
danielam@fittingpiecestx.com

Alvarez Toledo, Claudia, MS, BCBA ■
8300 NW 53rd St
Ste 350
Miami, FL 33166
(305) 776-0728
Digital Contact Information:
risenconsultants@outlook.com
and
8785 Southwest 165th Avenue
307
Miami, FL 33193
(786) 956-7480
Digital Contact Information:
risenconsultants@outlook.com
and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
risenconsultants@outlook.com

Alvarez-Jimenez, Anabel, PHD, LP ■
6175 NW 153rd St
Ste 205
Miami Lakes, FL 33014
(305) 814-8558
Digital Contact Information:
aalvarez@thrivepsychological.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alvarez-Salvat, Rose M, PHD, LP ■
6262 Sunset Drive
Suite 500
Miami, FL 33143
(305) 669-6503
Digital Contact Information:
shana.johnson@mch.com
and
3100 SW 62nd Ave
Fl 2
Miami, FL 33155
(305) 663-8439
Digital Contact Information:
shana.johnson@mch.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Alvey, Tiffany A, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
members@wellnite.com

Amadeo, Audrey L, MS, BCBA ■
8785 SW 165th Ave
Ste 103
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
hashtagtherapyinc@gmail.com
and
8785 SW 165th Ave
Ste 104
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
hashtagtherapyinc@gmail.com
and
Home Based Services Only
Miami Gardens, FL 33055
(305) 301-5971
Digital Contact Information:
hashtagtherapyinc@gmail.com

Amador, Georgina M, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 356-8161
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
English, Spanish

Amador, Ruth Narumi, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
sheryl.shumate@colapsych.com
Other Languages Spoken by Provider or Office Staff
Spanish

Amar, Eliana, MS, BCBA, LMFT ■
1000 Brickell Avenue
Miami, FL 33131
(786) 402-2300
Digital Contact Information:
eliana.amar@yahoo.com
and
14331 Southwest 120th Street
201
Miami, FL 33186
(786) 329-9993
Digital Contact Information:
eliana.amar@yahoo.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Amat, Marina L, MS, BCBA ■
1570 West 38th Place
12 12
Hialeah, FL 33012
(786) 615-2514
Digital Contact Information:
behaviorplusservices@gmail.com
and
8300 NW 53rd St
Ste 350
Miami, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com
and
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
behaviorplusservices@gmail.com
and
Home Based Services Only
Virginia Gardens, FL 33166
(786) 522-7203
Digital Contact Information:
behaviorplusservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Amaya-Ordonez, Esmeralda, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Amza, Torie, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Anaya, Alissa, MS, LMHC ●
FL
(561) 590-7063
Digital Contact Information:
http://innerworkcounseling.com
contact@innerworkcounseling.com

Anderson, Susan L, MA, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
susanandersonmalpc@gmail.com

Andre, Gladys, MSW, LCSW ■
FL
(954) 638-7462
(786) 281-3935
Digital Contact Information:
gandre0417@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Creole

Andreu, Claudia M, MMH, LMHC ■
7000 SW 97th Ave
Ste 121
Miami, FL 33173
(305) 342-5044
Digital Contact Information:
claumar.0222@gmail.com

Anestin, Monica, MA, BCBA ■
909 North Miami Beach Boulevard
STE 301
North Miami Beach, FL 33162
(305) 822-7202
Digital Contact Information:
kim@appliedbehavior.net

Angel, Juan, MA, LMFT ■
1533 Sunset Drive
215
Miami, FL 33143
(954) 648-9492
Digital Contact Information:
juanmartinangel83@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Angel, Laurie R, MSN, APRN ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
momofben@bellsouth.net

Angel, Nicole, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Annan, Grace, MSW, LCSW ■

2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
scheduling@ehomegroup.com
Other Languages Spoken by Provider or Office Staff Italian

Anselme, Angelique, MS, LMHC ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
info@elevatepsychiatry.com
Other Languages Spoken by Provider or Office Staff Spanish

Anta Vergara, Zoila, MSN, APRN ■
3105 Northwest 107th Avenue
400 h11
Doral, FL 33172
(305) 514-9045
Digital Contact Information:
zelenapsych@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Antoine, Nisha, MPSY, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Applefield, Christine, MA, LMFT ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
hello@emorahealth.com

Aquaro, Simona, MA, BCBA ■
12700 Southwest 122nd Avenue
108 110
Miami, FL 33186
(786) 227-6003
Digital Contact Information:
indese@indese.net
Other Languages Spoken by Provider or Office Staff Italian, Spanish

Arana, Ashley, MS, LMHC ■
250 Catalonia Avenue
suite 403
Coral Gables, FL 33134
(321) 405-2805
Digital Contact Information:
https://harvestingjoypsychologicalservices.com
asharanma.harvestingjoy@gmail.com

Arandia, Eloisa, MMFT, BCBA, LMHC ■
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arandia Hernandez, Elynor M, MS, BCBA ■
8785 Southwest 165th Avenue
307
Miami, FL 33193
(786) 956-7480
Digital Contact Information:
behaviorplusservices@gmail.com
and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arango, Alejandra J, MS, LMHC ■
FL
(786) 556-4040
Digital Contact Information:
aarango505@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arauco, Andrea R, MSW, LCSW ■
FL
(305) 982-7434
Digital Contact Information:
http://www.mamayinbloomcounseling.com/
andrearararauco@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Araujo Talledo, Andrea, PSYD, LP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Arce, Ana I, MA, BCBA ■
12973 Southwest 112th Street
151
Miami, FL 33186
(305) 204-7037
Digital Contact Information:
info@onebehavior.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Arce Reyes, Maebys, MPSY, BCBA ■
1900 Southwest 22nd Street
#205
Miami, FL 33145
(305) 648-7212
Digital Contact Information:
genesisconsultingservices39@gmail.com

Arcia Leal, Daniela, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 204-8290
Digital Contact Information:
info@mistherapt.com
and
5767 Northwest 151st Street
b
Miami Lakes, FL 33014
(786) 431-5801
Digital Contact Information:
info@mistherapt.com
Other Languages Spoken by Provider or Office Staff
Russian, Yiddish, Spanish

Arencibia, Judith, EDS, BCBA ■
1840 West 49th Street
720
Hialeah, FL 33012
(786) 803-8593
Digital Contact Information:
amdja26@gmail.com
Other Languages Spoken by Provider or Office Staff
Russian, Italian, Spanish

Ariza, Julian, MD ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
info@elevatepsychiatry.com
and
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
info@elevatepsychiatry.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arjones Betancourt, Sadielys, MS, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
genesisconsultingservices39@gmail.com

Armstrong, Sharifa, MSW, LCSW ■
1825 Northwest 167th Street
SUITE 102
Opa-locka, FL 330564838
(305) 624-7450
Digital Contact Information:
http://www.cfcecares.org
wbrown@cfceinc.org
Other Languages Spoken by Provider or Office Staff Haitian Creole, Creole, Spanish

Arnaez, Elizabeth, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
jenny.silverio@lifechg.org
Other Languages Spoken by Provider or Office Staff
Spanish

Arnesen Hernandez, Zuhe C, MA, BCBA ■
12985 Southwest 130th Court
204 204
Miami, FL 33186
(305) 735-3878
Digital Contact Information:
info@abasquad.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Arocha, Dalkis, MPSY, BCBA ■
HOME BASED SERVICES ONLY
Miami, FL 33178
(305) 280-5732
Digital Contact Information:
developmentalimprovements@outlook.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Aroche, Gladys, MPSY, LMHC ■
5881 Northwest 151st Street
111
Miami Lakes, FL 33014
(305) 440-8920
Digital Contact Information:
gac25@ymail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arriola, Vivianne, PSYD, LP ■
FL
(786) 206-7723
Digital Contact Information:
vivianne.arriola@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arroyo, Linda M, MC, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
lindaarroyo.mft@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arroyo-Carrion, Katia, PHD, LP ■
215 Westward Dr
Miami Springs, FL 33166
(305) 887-4494
Digital Contact Information:
drcarswell@wellnesspsychservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arrue Gonzalez, Juliet F, MS, BCBA ■
18951 Southwest 106th Avenue
105 106
Miami, FL 33157
(305) 233-4448
Digital Contact Information:
stepbystepbehavioralservices@gmail.com
and
13813 Southwest 32nd Street
Miami, FL 33175
(786) 597-3813
Digital Contact Information:
stepbystepbehavioralservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arthur, Felecia M, MSW, LISW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@homefrontha.com

Artiles, Laura M, PHD, LP ■
7100 SW 99th Ave
Ste 203
Miami, FL 33173
(305) 270-3737
Digital Contact Information:
artileslauraphdp@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Artiles Lopez, Dora M, PHD, BCABA ■
18951 Southwest 106th Avenue
105 106
Miami, FL 33157
(305) 233-4448
Digital Contact Information:
info@brightfuturebehavioral.com
and
13205 Southwest 137th Avenue
#212
Miami, FL 33186
(786) 732-6298
Digital Contact Information:
info@brightfuturebehavioral.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Artime, Anais, MS, BCBA ■
13205 Southwest 137th Avenue
#212
Miami, FL 33186
(786) 732-6298
Digital Contact Information:
inspirebehaviorconsultant@gmail.com
and
9502 Southwest 166th Court
Miami, FL 33196
(754) 234-0643
Digital Contact Information:
inspirebehaviorconsultant@gmail.com
and
8203 Southwest 124th Street
Pinecrest, FL 33156
(561) 564-1466
Digital Contact Information:
inspirebehaviorconsultant@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arvon, Coral, PHD, LCSW, LMFT ■
2627 Northeast 203rd Street
118
Aventura, FL 33180
(305) 936-8000
Digital Contact Information:
http://arvonandassociates.com
drarvon@arvonandassociates.com
and
6919 Southwest 18th Street
219
Miami, FL 33175
(305) 936-8000
Digital Contact Information:
http://arvonandassociates.com
drarvon@arvonandassociates.com

Assinthe, Jeanne, MSW, LCSW ■
FL
(786) 779-8898
Digital Contact Information:

http://www.amitiewellness.com
jeanne@amitiewellness.com
Other Languages Spoken by Provider or Office Staff English, Haitian Creole, French, Spanish

Atabong, Leke, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Athuman, Kimberly, MSW, LCSW, LISW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Augustin, Sabine, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com
Other Languages Spoken by Provider or Office Staff Haitian Creole

Avila Tamayo, Yudelmis, MPSY, BCBA ■
100 Northeast 15th Street
203
Homestead, FL 33030
(786) 404-3075
Digital Contact Information:
allstaraba22@gmail.com

and

30908 Southwest 192nd Avenue
Homestead, FL 33030
(786) 404-3148
Digital Contact Information:
allstaraba22@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Avilus, Kristel, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Ayers, Jesse, MSW, LISW ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
info@lionrockrecovery.com

Azam, Safir, MD ■
960 W 41st St
Ste 106
Miami Beach, FL 33140
(305) 434-2148
Digital Contact Information:
patientcare887@gmail.cm
Other Languages Spoken by Provider or Office Staff Arabic

Azaret, Janell M, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 853-8355
Digital Contact Information:
jmazaret@gmail.com

and

1512 Southwest 14th Terrace
Miami, FL 33145
(786) 853-8355
Digital Contact Information:
jmazaret@gmail.com

and

4525 Southwest 146th Court
Miami, FL 33175
(305) 807-1909
Digital Contact Information:
jmazaret@gmail.com

and

12985 Southwest 130th Court
204 204
Miami, FL 33186
(305) 735-3878
Digital Contact Information:
http://www.abasquad.com
jmazaret@gmail.com

Azarian, Eliana, MC, LMHC ■
FL
(561) 590-7063
Digital Contact Information:
http://innerworkscounseling.com
contact@innerworkcounseling.com

Azucena, Natalia, MSW, LCSW ■
18710 Southwest 107th Avenue
UNIT 15
Cutler Bay, FL 33157
(786) 459-9945
Digital Contact Information:
callisiabilling@gmail.com

and

7392 Northwest 35th Terrace
Suite 302
Miami, FL 33122
(786) 353-2792
Digital Contact Information:
callisiabilling@gmail.com

and

2141 Southwest 1st Street
201
Miami, FL 33135
(786) 920-9137
Digital Contact Information:
callisiabilling@gmail.com

and

8390 West Flagler Street
220
Miami, FL 33144
(305) 402-4835
Digital Contact Information:
http://newmooncmhc.com
callisiabilling@gmail.com

and

9425 Southwest 72nd Street
225
Miami, FL 33173
(780) 353-2369
Digital Contact Information:
callisiabilling@gmail.com

and

5209 Northwest 36th Street
Miami Springs, FL 33166
(786) 712-7752
Digital Contact Information:
callisiabilling@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Azze, Lilianet, MPSY, BCBA ■
1275 West 47th Place
#449
Hialeah, FL 33012
(305) 425-1338
Digital Contact Information:
magicbehavioralcare@gmail.com

and

Home Based Services Only
Hialeah, FL 33012
(305) 425-1338
Digital Contact Information:
magicbehavioralcare@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Babanin, Ellen P, MMFT, LMFT ■
FL
(786) 488-8103
Digital Contact Information:
http://www.sfacounseling.org
info@monarcabehavioralhealth.com

Bacaro, Janiett, MA, BCBA ■
110 West 17th Street
Hialeah, FL 33010
(786) 267-8467
Digital Contact Information:
jbm.terapeuta@gmail.com

and

Home Based Services Only
Hialeah, FL 33010
(786) 267-8467
Digital Contact Information:
jbm.terapeuta@gmail.com

and

4410 West 16th Avenue
unit 41
Hialeah, FL 33012
(786) 267-2830
Digital Contact Information:
http://www.abastarbehavioral.com
jbm.terapeuta@gmail.com

and

2459 West 70th Street
Hialeah, FL 33016
(786) 571-0939
Digital Contact Information:
jbm.terapeuta@gmail.com

and

Home Based Services Only
Miami, FL 33155
(786) 747-4949
Digital Contact Information:
jbm.terapeuta@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Badia, Lourdes, MA, LMHC ■
2550 Douglas Road
Ste #301
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
lbadia@aol.com

and

1338 SW 8th St
Miami, FL 33135
(786) 953-8874
Digital Contact Information:
lbadia@aol.com

and

8080 West Flagler Street
2a
Miami, FL 33144
(786) 615-2640
Digital Contact Information:
lbadia@aol.com

and

13270 Southwest 8th Street
Miami, FL 33184
(786) 631-4972
Digital Contact Information:
lbadia@aol.com
Other Languages Spoken by Provider or Office Staff Spanish

Baez, Damaris, MA, BCABA ■
14707 South Dixie Highway
Suite 200
Miami, FL 33176
(305) 321-5177
Digital Contact Information:
administration@familybehaviortherapy.com

Baez, Naeyjalite, MS, BCBA, LBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 218-6596
Digital Contact Information:
naeyjalite@stoneofhelpaba.com
Other Languages Spoken by Provider or Office Staff English

Bailey, Paul, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
bailey.paulliii@gmail.com
Other Languages Spoken by Provider or Office Staff English

Bailey, Zafria, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Baker, Brandon K, DO ■
1550 Madruga Avenue
STE 201
Coral Gables, FL 33146
(305) 740-8103
Digital Contact Information:
infodesk@bregmanmedicalgroup.com

and

15600 Southwest 288th Street
UNIT 202
Homestead, FL 33033
(786) 601-7682
Digital Contact Information:
infodesk@bregmanmedicalgroup.com

and

7959 NW 2nd St
Miami, FL 33126
(305) 267-6060
Digital Contact Information:
infodesk@bregmanmedicalgroup.com

and

7805 Coral Way
Ste 131
Miami, FL 33155
(786) 307-2066
Digital Contact Information:
infodesk@bregmanmedicalgroup.com

and

8700 West Flagler Street
406
Miami, FL 33174
(786) 558-5549
Digital Contact Information:
infodesk@bregmanmedicalgroup.com
Other Languages Spoken by Provider or Office Staff Spanish

Baker, Melissa, EDS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Baker, Traci, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff Spanish

Balan, Aurora, MS, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Balart, Maylen, MPSY, BCBA ■
4800 Northwest 167th Street
Miami Gardens, FL 33014
(305) 515-2726
Digital Contact Information:
http://www.lightingbehavior.com
lightingbehaviorservices@gmail.com

and

8203 Southwest 124th Street
Pinecrest, FL 33156
(786) 533-3846
Digital Contact Information:
lightingbehaviorservices@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Banegas, Kelvin, MSW, LCSW ■
FL
(516) 469-2135
Digital Contact Information:
kelvinbanegaslcsw@gmail.com

Barbero, Aldo J, MED, BCBA ■
20335 West Country Club Drive
1410 1410
Aventura, FL 33180
(786) 523-9153
Digital Contact Information:
info@bluecompassbehavioral.com
Other Languages Spoken by Provider or Office Staff English

Barciela, Gilberto, MSN, APRNPMH ■
1000 Brickell Avenue
Miami, FL 33131

(561) 231-2594
Digital Contact Information:
forwardwithfc@gmail.com

Barhold, Theresa, BCBA, MS ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
Not Available

Barker, Kaylee, MS, BCBA ■
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
credentialing@creativekidstherapyinc.com

Barkey, Adam D, PSYD, LP ■
11900 Biscayne Boulevard
Miami, FL 33181
(786) 949-0001
Digital Contact Information:
http://www.curectneuro.com
credentialing@curectneuro.com

Barnes, Yvette, MSW, LCSW ■
1150 Northwest 72nd Avenue
640
Miami, FL 33126
(786) 497-3444
Digital Contact Information:
yvette@stellarhealthfl.com
Other Languages Spoken by Provider or Office Staff Spanish

Barnett, Capus, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Baron, Darlise, MSW, LCSW ■
18441 NW 2nd Ave
Ste 116
Miami, FL 33169
(786) 320-8722
Digital Contact Information:
http://www.baroncounseling.com
info@baroncounseling.com

and
18441 NW 2nd Ave
Ste 216
Miami, FL 33169
(786) 320-8722
Digital Contact Information:
http://www.baroncounseling.com
info@baroncounseling.com
Other Languages Spoken by Provider or Office Staff Creole, Haitian

Barone, Andrea V, MS, BCBA ■
12973 Southwest 112th Street
151
Miami, FL 33186
(305) 204-7037
Digital Contact Information:
jeanne@onebehavior.com
Other Languages Spoken by Provider or Office Staff Spanish

Barrague, Maria, MPSY, LCMHC ■
1000 Brickell Avenue
Miami, FL 33131
(305) 467-8879
Digital Contact Information:
namastebehaviortherapy@yahoo.com

and
5600 SW 135th Ave
Ste 112
Miami, FL 33183
(305) 746-4507
Digital Contact Information:
namastebehaviortherapy@yahoo.com

and
12855 Southwest 136th Avenue
104
Miami, FL 33186
(305) 467-8879
Digital Contact Information:
namastebehaviortherapy@yahoo.com

Barrancos, Lara S, MS, BCBA ■
Home Based Services Only
Aventura, FL 33180
(305) 283-0442
Digital Contact Information:
behaviorplusservices@gmail.com

and
8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-2822
Digital Contact Information:
behaviorplusservices@gmail.com

and
6761 Southwest 6th Street
Miami, FL 33144
(305) 283-0442
Digital Contact Information:
behaviorplusservices@gmail.com

and
8300 NW 53rd St
Ste 350
Miami, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com

and
Home Based Services Only
Opa-locka, FL 33054
(305) 283-0442
Digital Contact Information:
behaviorplusservices@gmail.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com

and
Home Based Services Only
West Miami, FL 33144
(305) 283-0442
Digital Contact Information:
behaviorplusservices@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Barreiro Sanchez, Marla, MA, BCBA ■
1400 Northwest 107th Avenue
306
Miami, FL 33172
(786) 817-7444
Digital Contact Information:
office@behavioralinterventionforautism.com

Barrera, Lourdes, MPSY, LMHC ■
19001 Southwest 106th Avenue
c103
Miami, FL 33157
(786) 523-2352
Digital Contact Information:
hopeandserenity4you@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Barreras, Rosemary, MSED, LMFT ●
101 Majorca Avenue
Coral Gables, FL 33134
(954) 998-3372
Digital Contact Information:
rosemarybreiss@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Barreto, Camila, MA, LMFT ■
20225 Northeast 34th Court
APT 2511
Aventura, FL 33180
(805) 453-2525
Digital Contact Information:
http://www.connectedbeings.com
connectedbeings@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Barreto, Lourdes A, MSSW, LCSW ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
referrals@ffmhs.com
Other Languages Spoken by Provider or Office Staff Spanish

Barrington-Cruz, Chala, MSW, LCSW ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(866) 478-3978
Digital Contact Information:
beginningnew4u@gmail.com

Barrios-Mendez, Maria E, MSCC, LMHC ■
7700 North Kendall Drive
807
Miami, FL 33156
(786) 897-3729
Digital Contact Information:
mebm78@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Barroso, Alina, MD, LMHC ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Barroso, Rosa M, MC, LMHC ■
8004 Northwest 154th Street
418
Hialeah, FL 33016
(305) 530-8119
Digital Contact Information:
r@rbarrosolmhc.com

and
FL
(305) 530-8119
(305) 239-7725
Digital Contact Information:
r@rbarrosolmhc.com

and
7950 West Flagler Street
Suite 101
Miami, FL 33144
(305) 239-7725
Digital Contact Information:
r@rbarrosolmhc.com
Other Languages Spoken by Provider or Office Staff Spanish

Bass, India, MMH, LMHC ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://myschoolpsychologistinc.com
india.lmhc@gmail.com

and
FL
(305) 520-9813
Digital Contact Information:
http://www.myschoolpsychologistinc.com
india.lmhc@gmail.com

Baster, Katerine, BA, BCABA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
http://www.appliedbhs.com
dabs@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff Spanish

Baster Lahera, Yennis, MED, BCBA ■
Home Based Services Only
Hialeah, FL 33012
(786) 728-8966
Digital Contact Information:
abatherapyevolution@gmail.com

Basterrechea, Lianette, MED, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
credentialing@tillytherapy.com

Bates, Colana, MA, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Batista, Maylin, PHD, LMHC ■
6001 Northwest 153rd Street
157
Miami Lakes, FL 33014
(415) 941-4109
Digital Contact Information:
http://www.intent-therapy.com
intenttherapy@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Batista Rubio, Pedro, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 329-9993
Digital Contact Information:
koodollc4@gmail.com

Baumann, Cindy, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Bauza Estrada, Mirtha E, MN, APRN ■
12448 Southwest 127th Avenue
Miami, FL 33186
(786) 864-1030
Digital Contact Information:
excellentmccontracting@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Bavaresco, Norma P, MS, BCBA ■
8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-2822
Digital Contact Information:
http://www.mgmbehavioral.com
info@newlifeaba.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
13055 Southwest 42nd Street
STE 104
Miami, FL 33175
(305) 480-7839
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff Spanish

Baylac Mingo, Sofia, MS, BCBA ■
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
https://stepforwardaba.com/
info@stepforwardaba.com

Beard, Hope, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Beaubrun, Lucika, MA, LMHC ■
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(561) 289-7995

Digital Contact Information:
pandatherapycircle@gmail.com

Beck, Michelle, MSN, CNS-PMH ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(786) 780-1408
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Becker, Steven, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

Becker, Susan, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
monarchbillingandbeyond@gmail.com

Beebe, Alicia D, MSN, APRN, ARNP ■
FL
(305) 902-6347
Digital Contact Information:
hurdbw@aol.com

Begley, Doreen, LMHC, MA ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
Not Available

Belcher, Briana, MS, LMHC ■
3625 Northwest 82nd Avenue
400 3
Doral, FL 33166
(305) 209-6399
Digital Contact Information:
briana@mindfuldirectionscc.com

and
9822 Northeast 2nd Avenue
2
Miami Shores, FL 33138
(786) 350-1567
Digital Contact Information:
http://www.mindfuldirectionscc.com
briana@mindfuldirectionscc.com

and
1125 Northeast 125th Street
112
North Miami, FL 33161
(305) 209-6399
Digital Contact Information:
http://mindsetsolutionsctc.com/
briana@mindfuldirectionscc.com

Belfort, Elsie P, MSN, CNP, NP ■
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing@orendapsych.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, French

Belizaire, Nadly, MS, LMHC ■
FL
(786) 708-1478
Digital Contact Information:
http://peacewaytherapy.com
nadly@peacewaytherapy.com
Other Languages Spoken by Provider or Office Staff English, Haitian Creole, Creole, Haitian

Bell, Rebekah, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Bello Rivera, Yetiem, MS, BCBA ■
8333 NW 53rd St
Ste 450
Miami, FL 33166
(786) 442-4379
Digital Contact Information:
yetiem.bello@professionalhbservices.com

and
Home Visits Only
Virginia Gardens, FL 33166
(786) 442-4379
Digital Contact Information:
http://www.professionalhbservices.com
yetiem.bello@professionalhbservices.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Benavides, Mirella N, MS, BCBA ■
7460 Southwest 117th Avenue
Kendall, FL 33183
(305) 521-9556
Digital Contact Information:
http://thepuzzlebuilders.com/
mirella.benavides@gmail.com

and
8266 Mills Drive
Miami, FL 33283
(305) 521-9556
Digital Contact Information:
mirella.benavides@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Bencid Gonzalez, Diana, MMH, BCBA ■
Home Based Services Only
Miami Gardens, FL 33014
(305) 777-3883
Digital Contact Information:
acebehavioral2@gmail.com

Benito, Jorge, MD ■
5590 W 20th Ave
Ste 404
Hialeah, FL 33016
(305) 826-9330
Digital Contact Information:
taimtano@gmail.com

and
13240 SW 82nd Ave
Miami, FL 33156
(786) 718-7073
Digital Contact Information:
taimtano@gmail.com

and
17325 Northwest 27th Avenue
206 207
Miami Gardens, FL 33056
(786) 822-7270
Digital Contact Information:
taimtano@gmail.com

and
7000 SW 62nd Ave
Ste 600
South Miami, FL 33143
(786) 718-7073
Digital Contact Information:
taimtano@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Benjamin, Andrene, MSN, PMHNP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
admin@transcendcf.com

Bennett, Nicholas, PSYD, LP ■
390 Northeast 191st Street
Miami, FL 33179
(805) 225-4446
Digital Contact Information:
doctor.bennett@outlook.com

Bent Diaz, Trudie, MS, BCBA, LBA ■
1201 Northeast 200th Street
Miami, FL 33179
(954) 599-2260
Digital Contact Information:
clinical@getanswersnow.com

Benton, Lacy, MED, BCBA ■
2525 Ponce de Leon Boulevard
370
Miami, FL 33134
(888) 343-7222
Digital Contact Information:
http://www.pbhd.health
crd@autismhomesupport.com

Berg, Joseph L, PSYD, LCSW ■
909 North Miami Beach Boulevard
STE 301
North Miami Beach, FL 33162
(305) 822-7202
Digital Contact Information:
billing@appliedbehavior.net
Other Languages Spoken by Provider or Office Staff Spanish

Bergues, Jennifer, BS, BCBA ■
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
lightingbehaviorservices@gmail.com

and
8203 Southwest 124th Street
Pinecrest, FL 33156
(786) 533-3846
Digital Contact Information:
lightingbehaviorservices@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Bermudez, Jose, PSYD, LP ■
9425 SW 72nd St
Ste 267
Miami, FL 33173
(305) 981-6806
Digital Contact Information:
jbpsyd@gmail.com

Bernal, Liliam, MSW, LCSW ■
FL
(954) 716-1718
Digital Contact Information:
https://www.mswservices.org
sw@yaconsulting.org
Other Languages Spoken by Provider or Office Staff English, Spanish

Bernard, Courtney, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
courtneyl@cwcrecovery.com

Berra, Daniela R, MS, BCBA ■
13501 Southwest 136th Street
STE 205
Miami, FL 33186
(305) 209-4321
Digital Contact Information:
http://sunshinespectrumaba.com
info@sunshinespectrumaba.com
Other Languages Spoken by Provider or Office Staff Spanish

Berrios, Lorell, MSW, LCSW ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(503) 427-8094
Digital Contact Information:
qplspc@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Berroa, Melida, MSW, LCSW ■
1840 West 49th Street
Suite 727
Hialeah, FL 33012
(786) 715-3086
Digital Contact Information:
mamtherapeutic@gmail.com

and
17670 Northwest 78th Avenue
STE 113
Hialeah, FL 33015
(716) 558-4565
Digital Contact Information:
mamtherapeutic@gmail.com

and
8950 SW 74th Ct
Ste 2201
Miami, FL 33156
(786) 577-3427
Digital Contact Information:
mamtherapeutic@gmail.com

and
20535 Northwest 2nd Avenue
210
Miami, FL 33169
(305) 934-4382
Digital Contact Information:
https://mamtherapeutic.com
mamtherapeutic@gmail.com

and
FL
(305) 934-4382
Digital Contact Information:
https://mamtherapeutic.com
mamtherapeutic@gmail.com

and
14221 Southwest 120th Street
126
Miami, FL 33186
(786) 577-3427
Digital Contact Information:
mamtherapeutic@gmail.com

and
10201 Hammocks Boulevard
Suite 122
Miami, FL 33196
(305) 934-4382
Digital Contact Information:
mamtherapeutic@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Berry, Nicole, PHD, LMHC ■
465 West 41st Street
Miami Beach, FL 33140
(786) 376-0773
Digital Contact Information:
nicoleberrys@gmail.com
Other Languages Spoken by Provider or Office Staff English, Turkish, Spanish

Betancourt, Amneris, PHD, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff Spanish

Bez, Yasin, MD ■
1695 NW 9th Ave
3308
Miami, FL 33136
(305) 355-7148
Digital Contact Information:
yasinbez.us@gmail.com

and
1695 NW 9th Ave
Fl 14
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
yasinbez.us@gmail.com

and
1695 NW 9th Ave
Fl 3
Miami, FL 33136
(305) 243-2301
Digital Contact Information:
yasinbez.us@gmail.com
Other Languages Spoken by Provider or Office Staff Turkish

Bhaskarla, Niveditha, MD ■
1190 NW 95th St
Ste 110
Miami, FL 33150
(786) 353-2187
Digital Contact Information:
heather.spence@credentialing.com

Bianchi, Fiorella, MSW, LCSW ■
2555 Northwest 102nd Avenue
STE 205
Doral, FL 33172
(786) 372-6788
Digital Contact Information:

http://www.holisticmindscollective.org
bianchisw@gmail.com

and
7000 West 12th Avenue
15
Hialeah, FL 33014
(305) 395-4919
Digital Contact Information:
bianchisw@gmail.com

and
FL
(305) 395-4919
Digital Contact Information:
bianchisw@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bibas, Silvia M, MACP, LMHC ■
5590 West 20th Avenue
200 201
Hialeah, FL 33016
(305) 557-1555
Digital Contact Information:
http://lifestarwellnesscenter.com
sbibas999@gmail.com

and
3416 West 84th Street
C-108
Hialeah, FL 33018
(305) 557-1555
Digital Contact Information:
http://lifestarwellnesscenter.com
sbibas999@gmail.com

Bickman, Suzanne, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Biggs, Morgan, MD ■
18591 South Dixie Highway
1120
Cutler Bay, FL 33157
(727) 213-3416
Digital Contact Information:
morganbiggs2@gmail.com

and
20825 Southwest 85th Court
Cutler Bay, FL 33189
(727) 213-3416
Digital Contact Information:
morganbiggs2@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 551-8253
Digital Contact Information:
morganbiggs2@gmail.com

and
12955 Southwest 42nd Street
STE 2
Miami, FL 33175
(786) 491-4947
Digital Contact Information:
morganbiggs2@gmail.com

and
12001 SW 128th Ct
Ste 102
Miami, FL 33186
(786) 971-7920
Digital Contact Information:
morganbiggs2@gmail.com

and
13501 Southwest 128th Street
STE 114
Miami, FL 33186
(786) 250-3440
Digital Contact Information:
morganbiggs2@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Bingham, Lauren E, EDD, BCBA ■
8450 Northwest 102nd Avenue
225
Doral, FL 33178
(786) 749-8548
Digital Contact Information:
jcamarillo@dreamteambehavioralservices.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 749-8548
Digital Contact Information:
jcamarillo@dreamteambehavioralservices.com

Birchette, Karen, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
hello@emorahealth.com

Birdsong, Marianna, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app

Bischoff, Patricia, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
geneva@thriveworks.com
Other Languages Spoken by Provider or Office Staff English

Bishop, Amie, MS, LCMHC, LCPC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Blain, Jahmeal, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Blakeman, Jamie, MC, LCPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Blanco, Mercy, MD ■
4175 W 20th Ave
Hialeah, FL 33012
(786) 631-4158
Digital Contact Information:
info@blancomedicalcenter.com

and
1645 Southwest 107th Avenue
Ste 114A
Miami, FL 33165
(786) 631-4158
Digital Contact Information:
info@blancomedicalcenter.com

and
10661 North Kendall Drive
216
Miami, FL 33176
(786) 631-4158
Digital Contact Information:
info@blancomedicalcenter.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Blanco Sanchez, Lianne, MSN, APRN ■
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
lfortun@keraltybh.com

and
2100 West 76th Street
STE 408
Hialeah, FL 33016
(786) 542-5056
Digital Contact Information:
lfortun@keraltybh.com

and
15190 Southwest 136th Street
Suite 4
Miami, FL 33196
(786) 252-5223
Digital Contact Information:
lfortun@keraltybh.com

and
FL
(786) 252-5223
Digital Contact Information:
lfortun@keraltybh.com

Blanco, Stephanie, MPSY, BCBA, LBA ■
11276 SW 232nd St
Miami, FL 33170
(732) 523-2327
Digital Contact Information:
freddie.maxwell@amromed.com

Blitzer, Paola, MS, LMHC ■
1045 Kane Concourse
207-208
Bay Harbor Islands, FL 33154
(305) 866-3866
Digital Contact Information:
paolabmhc@gmail.com

and
1045 Kane Concourse
207
Bay Harbor Islands, FL 33154
(561) 901-8846
Digital Contact Information:
paolabmhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Blodgett, Jacqueline, EDD, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
abowman@thelotuscenter.org

Blumtritt, Cesar E, PHD, BCABA, LMHC ■
10200 Northwest 25th Street
201
Doral, FL 33172
(305) 406-3689
Digital Contact Information:
http://www.foundartacademy.org
denalicrt@aol.com

and
10200 Northwest 25th Street
STE 204
Doral, FL 33172
(305) 406-3689
Digital Contact Information:
http://www.foundartacademy.org
denalicrt@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bobadilla Leon, Nancy, MPSY, BCBA ■
18951 Southwest 106th Avenue
105 106
Miami, FL 33157
(305) 233-4448
Digital Contact Information:
therapy110@gmail.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
therapy110@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bodan, Dayra L, PSYD, LP ■
6405 Northwest 36th Street
112
Virginia Gardens, FL 33166
(305) 871-3131
Digital Contact Information:
therapeuticalli@bellsouth.net
Other Languages Spoken by Provider or Office Staff
English, Spanish

Bodkin, Gabrielle, MS, LMHC ■
FL
(786) 770-0618
Digital Contact Information:
http://www.youremotionsmatter.org
info@youremotionsmatter.org
Other Languages Spoken by Provider or Office Staff
Spanish

Boland, Teresa M, MS, ARNP, LMFT ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
totalhealthsolutions@protonmail.com

Bolden, Simone K, MSW, LCSW ■
FL
(800) 567-5433
Digital Contact Information:
https://totallife.com/
asands@claritynwi.com

Bolivar, Carmen L, MS, LMHC ■
5201 Blue Lagoon Dr
Ste 800
Miami, FL 33126
(305) 707-8615
Digital Contact Information:
highrisewellness@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bolt, Giselle M, MSN, APRN, APRNCNP ■
427 Washington Ave
Miami Beach, FL 33139
(305) 514-0813
Digital Contact Information:
credentialing@cancommunityhealth.org

and
18360 NW 47th Ave
Miami Gardens, FL 33055
(786) 800-5631
Digital Contact Information:
credentialing@cancommunityhealth.org
Other Languages Spoken by Provider or Office Staff English

Bonafe, Laura, MS, BCBA ■
12985 Southwest 130th Court
204 204
Miami, FL 33186
(305) 735-3878
Digital Contact Information:
info@mistherapy.com

and
Home Based Services Only
Miami Gardens, FL 33014
(786) 606-7766
Digital Contact Information:
info@mistherapy.com

Bond, Steven, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Bonet Gongora, Yanet, MMH, APRN ■
3100 SW 62nd Ave
Fl 2
Miami, FL 33155
(305) 663-8439
Digital Contact Information:
equilibriumcommunitycare@gmail.com

Bonfim, Alyssaa, MS, BCBA ■
12750 Northwest 17th Street
216 216
Miami, FL 33182
(888) 527-8037
Digital Contact Information:
admin@behaviorprofessionaltherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Booker, Ebony C, MSS, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770

Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ebonyb135@gmail.com

Borda, Margarita, MA, LMHC ■
123 Madeira Avenue
204
Coral Gables, FL 33134
(305) 898-6607
Digital Contact Information:
margaritaborda123@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Borek, Izayana, MS, LMFT ■
151 Northwest 11th Street
w201 w
Homestead, FL 33030
(786) 521-5925
Digital Contact Information:
http://monarchallhealth.com
monarchallhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Borges, Ariel, MC, BCBA, LMHC ■
330 Southwest 27th Avenue
STE 301
Miami, FL 33135
(786) 254-1572
Digital Contact Information:
http://www.counselingsociety.com
arborgesu@gmail.com

and
2157 Southwest 13th Avenue
3
Miami, FL 33145
(786) 254-1572
Digital Contact Information:
http://www.counselingsociety.com
arborgesu@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Borges, Edward L, MSW, LCSW ■
3625 Northwest 82nd Avenue
Suite 408
Doral, FL 33166
(305) 939-6877
Digital Contact Information:
help@joinuplift.co

and
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
help@joinuplift.co

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
Spanish

Borot, Sarah, MBS, BCBA ■
2898 Northwest 79th Avenue
Doral, FL 33122
(305) 597-3861
Digital Contact Information:
http://www.koalaaba.com
sborot@koalaaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Borroto, Ivana, MS, BCBA ■
12973 Southwest 112th Street
151
Miami, FL 33186
(305) 204-7037
Digital Contact Information:
jeanne@onebehavior.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bortnik, Debora, MA, LMHC ■
9240 SW 72nd St
Ste 202
Miami, FL 33173
(305) 815-2787
Digital Contact Information:
dbortnik@bellsouth.net

Bosch Batule, Monica J, MSW, LCSW ■
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
http://www.hscflorida.com
mbosch@keraltybh.com

and
3621 SW 107th Ave
Miami, FL 33165
(786) 534-8366
Digital Contact Information:
http://serenitycommunitycenter.com
mbosch@keraltybh.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Botero, Sara M, MS, LMFT ■
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
morecounseling@gmail.com

and
9745 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 701-2401
Digital Contact Information:
morecounseling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bottiglieri, Ashley, MA, BCBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
info@fbsaba.com
Other Languages Spoken by Provider or Office Staff English

Bouza, Amarilys, MS, BCBA ■
585 East 49th Street
11
Hialeah, FL 33013
(305) 970-9165
Digital Contact Information:
admin@mbinstitute.org

and
Home Based Services Only
West Miami, FL 33144
(786) 404-1017
Digital Contact Information:
admin@mbinstitute.org
Other Languages Spoken by Provider or Office Staff
Spanish

Bowers, Derek, MC, LMFT ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
hello@emorahealth.com

Bowes, Jaclyn, PHD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
hello@emorahealth.com

Bowland, Juliana, PSYD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
hello@emorahealth.com

Boyer, Franchezka, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com
Other Languages Spoken by Provider or Office Staff
Spanish

Boyle, Kelly A, MA, LMFT ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
starfamilytherapy@gmail.com

Boza Dominguez, Annia D, MS, BCBA ■
Home Based Services Only
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
gperez@hbccmhc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bradley, Aniek, MS, LMFT ■
15190 SW 136th St
Ste 25
Miami, FL 33196
(786) 285-2396
Digital Contact Information:
aniekbradley72@gmail.com

Bradley, Kacynthia, MSW, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Braga, Timothy R, MSN, APRNCNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(305) 395-5978
Digital Contact Information:
scheduling@happierliving.com

and
FL
(305) 395-5978
Digital Contact Information:
scheduling@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Bravo, Lorena, MA, BCBA ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(954) 577-7790
Digital Contact Information:
http://www.behavior-analysis.org
baicredentialing@behavior-analysis.org

Brazlavsky, Jodi L, MSW, LCSW ■
17501 Biscayne Boulevard
450
Aventura, FL 33160
(305) 933-5733
Digital Contact Information:
jbrazlavsky@gmail.com

and
19300 West Dixie Highway
2 2
Miami, FL 33180
(305) 720-5634
Digital Contact Information:
http://www.deltapsychgroup.com
jbrazlavsky@gmail.com

Brazzini, Mijanou, MPSY, LMHC ■
13205 Southwest 137th Avenue
suite 126
Miami, FL 33186
(786) 713-0383
Digital Contact Information:
http://yjwcare.com
mbrazzini61@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Breske, Kristen, MA, LMHC ■
FL
(786) 258-8499
Digital Contact Information:
http://www.virtual-counseling.com
kpatterson.lmhc@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Brimm, James, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
attaulllah.azz@gmail.com

Brito, Ana, MMH, LMHC ■
3661 S Miami Ave
Ste 503
Miami, FL 33133
(305) 856-1082
Digital Contact Information:
smontano@jcsfl.org

and
7875 SW 104th St
Ste 101
Miami, FL 33156
(305) 899-1587
Digital Contact Information:
http://www.jcsfl.org
smontano@jcsfl.org
Other Languages Spoken by Provider or Office Staff
Hebrew, Spanish

Brito, Christian, MS, BCBA ■
11251 SW 240th Ln
Homestead, FL 33032
(305) 912-8399
Digital Contact Information:
weareuniqueaba@gmail.com

and
11276 SW 232nd St
Miami, FL 33170
(305) 912-8399
Digital Contact Information:
weareuniqueaba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Brito, Keity, LCSW, MSW ■
FL
(909) 442-0618
(202) 410-5972
(305) 209-5141
Digital Contact Information:
http://www.joinuplift.co
support@tryminded.com
Other Languages Spoken by Provider or Office Staff
Spanish

Broche, Anibis, MMH, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 979-7309
Digital Contact Information:
anibisbroche@gmail.com

and
11401 SW 40th St
Ste 340
Miami, FL 33165
(786) 907-4925
Digital Contact Information:
anibisbroche@gmail.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
anibisbroche@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Brodeur, Brittany, MS, BCBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
credentialing@alpacahealth.io

Brook, Robin, PHD, LMHC ■
111 Northeast 1st Street
FL 8
Miami, FL 33132
(888) 344-4549
Digital Contact Information:
rbrooks@transformationalhealth.net
Other Languages Spoken by Provider or Office Staff
English, Creole, Haitian, French, Spanish

Brookes, Ingrid, MS, LMHC ■

10300 Southwest 72nd Street
275d
Miami, FL 33173
(888) 853-7908
Digital Contact Information:
http://www.bettermindtherapycorp.com
vasallojane@yahoo.com
Other Languages Spoken by Provider or Office Staff Spanish

Brown, Candace, MA, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
credentialing@tillytherapy.com

Brown, Dustin Q, MC, LMHC ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
myschoolpsychologist@outlook.com
Other Languages Spoken by Provider or Office Staff Spanish

Brown, Georgiette, MSN, APRN ■
FL
(305) 771-1302
Digital Contact Information:
https://drghealthandwellness.com/
drghealthandwellness@gmail.com

Brown, Kala M, MSW, LCSW ■
FL
(786) 212-0289
Digital Contact Information:
admin@mentalmovement.org

Brown, Kameka L, PHD, APN, APRNCNP, ARNP ■
FL
(508) 202-1011
Digital Contact Information:
office@cartwheelcare.org

Brown, Kathryn, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Browning, Jennifer, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
members@wellnite.com

Bruno, Eliz, MS, LMFT ■
FL
(305) 804-9121
(202) 410-5972
(786) 505-4543
Digital Contact Information:
amimft85@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Bruno Harrold, Gania, MSW, LCSW ■
17166 Northeast 19th Avenue
North Miami Beach, FL 33162
(954) 247-4603
Digital Contact Information:
intherapywetrust101@gmail.com
Other Languages Spoken by Provider or Office Staff English

Brunson, Donna F, PMHNP ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
info@mindstronghealth.com

and
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
info@mindstronghealth.com

and
255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
info@mindstronghealth.com

and
370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
info@mindstronghealth.com

and
333 Southeast 2nd Avenue
Suite #2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
info@mindstronghealth.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@mindstronghealth.com

and
3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
info@mindstronghealth.com

and
350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
info@mindstronghealth.com

and
429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
info@mindstronghealth.com

and
323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
info@mindstronghealth.com

Bryant, Melissa, MA, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
info@hupcfl.com

Bugaj, Erika L, MSW, LICSW ■
FL
(202) 531-5385
Digital Contact Information:
hello@dandelioncounselingcare.com

Bulin, Alicia, MSN, APRN, NP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(786) 422-1636
Digital Contact Information:
http://www.bonmente.com
contact@bonmente.com

Bullock-Funches, Tenecia, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Bunker, Nacona, PSYD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
hello@emorahealth.com

Burchett, Kiana, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Burgess, Sara E, MA, LBA ■
1065 Southwest 8th Street
1459
Miami, FL 33130
(855) 853-0228
Digital Contact Information:
bcbasarachildrensmilestone@gmail.com

Burghardt, Elizabeth M, MS, LMHC ■
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
morecounseling@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Burns, Cheyanne K, MSN, APN, APRN, ARNP, CNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
enrollment@wellpsyche.com

Burns, Lonnie, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Burr, Tamara, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Burrell, Allison, PHD, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Burrell, D'Arthana, MSN, APRN, ARNP, NP ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
credentialing.6@extendedhealthservices.us

and
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing.6@extendedhealthservices.us

and
255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing.6@extendedhealthservices.us

and
370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
credentialing.6@extendedhealthservices.us

and
333 Southeast 2nd Avenue
Suite #2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing.6@extendedhealthservices.us

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing.6@extendedhealthservices.us

and
3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
credentialing.6@extendedhealthservices.us

and
350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
credentialing.6@extendedhealthservices.us

and
429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
credentialing.6@extendedhealthservices.us

and
323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
credentialing.6@extendedhealthservices.us

Busbee, Haven N, MA, BCBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
mwood@cbiaba.com

Bush, Jeffrey H, MC, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Bush, Rebeca, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
jenny.silverio@lifechg.org

Bussey-Martin, Shantara L, MSW, LCSW ■
FL
(786) 751-1565
Digital Contact Information:
https://www.teatimets.com/
sbusseymartin@teatimets.com

Butcher, Stefanie, MSW, LISW-CP ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
provider.enroll@curnahelth.com

Caballero De Pina, Nallyvis, MSN, APRN ■
13170 Southwest 128th Street
200
Miami, FL 33186
(786) 852-5198
Digital Contact Information:
clarityhealth@approachteam.com

Caballero, Marianela, PSYD, LMHC ■
2550 NW 72nd Ave
Ste 309
Miami, FL 33122

(786) 703-2828
Digital Contact Information:
guidanceandinsightinc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Caballero, Yoselin, MS, BCBA ■
Home Based Services Only
Miami Gardens, FL 33014
(305) 777-3866
Digital Contact Information:
shbcenter18300@gmail.com

Cabranes, Gretchen, MA, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 275-8860
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cabrera, Carlos, MS, LMHC ■
10515 Southwest 40th Street
Miami, FL 33165
(786) 615-2208
Digital Contact Information:
miamimental@gmail.com

and
10521 Southwest 40th Street
Miami, FL 33165
(786) 853-4285
Digital Contact Information:
miamimental@gmail.com

Cabrera, Gabriela M, MMH, LMHC ■
10691 Southwest 88th Street
Suite 110
Miami, FL 33176
(305) 595-5485
Digital Contact Information:
compuexbilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cabrera, Isabel, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 930-6967
Digital Contact Information:
clinicare23@outlook.com

and
10691 North Kendall Drive
#202
Miami, FL 33176
(786) 534-7172
Digital Contact Information:
clinicare23@outlook.com

and
12460 Southwest 8th Street
Miami, FL 33184
(786) 801-0944
Digital Contact Information:
clinicare23@outlook.com

and
FL
(786) 534-7172
(954) 294-6770
Digital Contact Information:
clinicare23@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cabrera, Laura, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 301-7706
Digital Contact Information:
info@llminds.com

Cabrera, Michelle, MA, BCBA, LBA ■
10691 North Kendall Drive
211
Miami, FL 33176
(305) 984-4343
Digital Contact Information:
cristina@creativekidstherapyinc.com

and
9710 East Indigo Street
Suite 201
Palmetto Bay, FL 33157
(786) 277-6210
Digital Contact Information:
cristina@creativekidstherapyinc.com

Cabrera Vega, Ileana, MPSY, BCBA ■
13740 Southwest 260th Lane
213 213
Homestead, FL 33032
(954) 913-3832
Digital Contact Information:
megan@amromed.com

and
15715 South Dixie Highway
412
Miami, FL 33157
(786) 316-7186
Digital Contact Information:
megan@amromed.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
megan@amromed.com

and
13301 Southwest 132nd Avenue
209 209
Miami, FL 33186
(786) 713-5553
Digital Contact Information:
megan@amromed.com

and
13416 Southwest 128th Street
Miami, FL 33186
(786) 732-0247
Digital Contact Information:
megan@amromed.com

Cabrera, Xenia M, MSW, LCSW ■
15476 Northwest 77th Court
112
Miami Lakes, FL 33016
(786) 229-9919
Digital Contact Information:
xcabrera@xmcmentalwellness.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cabrera-Lopez, Jennifer, MSN, APRN ■
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(954) 361-2669
Digital Contact Information:
mominshah@lanocepsychiatry.com

Cabrera-Ortiz, Eidys, MS, BCBA ■
10515 Southwest 40th Street
Miami, FL 33165
(786) 615-2208
Digital Contact Information:
miamimental@gmail.com

Caceres, Crystal, MA, BCBA ■
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
services@cmnbtherapy.com

and
Home Based Services Only
Doral, FL 33126
(786) 382-6959
Digital Contact Information:
services@cmnbtherapy.com

Caceres, Daniris, MMH, LMHC ■
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
morecounseling@gmail.com

Caldera, Urania M, MS, BCBA ■
10920 Southwest 184th Street
Miami, FL 33157
(305) 378-5775
Digital Contact Information:
http://www.slbtherapy.com
umcaldera@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Calderon, Eileen C, PSYD, LP ●
100 Miracle Mile
330
Coral Gables, FL 33134
(305) 445-9554
Digital Contact Information:
wellpathbehavior@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Calderon, Kelly M, MA, BCBA ■
585 East 49th Street
11
Hialeah, FL 33013
(305) 970-9165
Digital Contact Information:
info@brightstartllc.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Calleja, Katia, MSN, APRN ■
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
solutiondrivenconsulting@gmail.com

and
8200 SW 117th Ave
Ste 301
Miami, FL 33183
(305) 279-1501
Digital Contact Information:
solutiondrivenconsulting@gmail.com

and
FL
(260) 202-4860
Digital Contact Information:
solutiondrivenconsulting@gmail.com

Calloway, Crystal, MSW, LCSW ■
FL
(704) 298-9914
Digital Contact Information:
http://www.asehealingcenter06.org
setzertherapist22@gmail.com

Calvo, Alejandro F, MS, BCBA ■
8300 NW 53rd St
Ste 350
Miami, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Calvo, Greta, MMH, LMHC ●
6175 NW 153rd St
Ste 205
Miami Lakes, FL 33014
(305) 814-8558
Digital Contact Information:
http://www.thrivepsychological.com
gcalvo@thrivepsychological.com
Other Languages Spoken by Provider or Office Staff
Spanish

Camarena, Lizeth, MSED, BCBA ■
909 North Miami Beach Boulevard
STE 301
North Miami Beach, FL 33162
(305) 822-7202
Digital Contact Information:
insurance@appliedbehavior.net
Other Languages Spoken by Provider or Office Staff
Hebrew, Haitian Creole, Creole, French, Spanish

Camejo, Stephanie, PSYD, LP ■
8500 SW 92nd Street
206
Miami, FL 33156
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
sasha@livewelltherapygroup.com

Camille, Anael, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff Creole

Campagna Bonomo, Samantha E, MS, LMHC ■
1550 Madruga Ave
Ste 509
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
campagnatherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Campbell, Mary L, MCAP, LCAS ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
birches@withassured.com

Campbell, Sarah, PHD, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Campbell, Valencia L, MSW, LCSW, LICSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Campillo Juig, Eric R, MSN, APRN ■
3750 West 16th Avenue
232u
Hialeah, FL 33012
(786) 332-3396
Digital Contact Information:
campillomedical583@gmail.com

and
7821 Coral Way
100
Miami, FL 33155
(786) 409-5690
Digital Contact Information:
campillomedical583@gmail.com

and
Home Based Services Only
Miami, FL 33155
(786) 747-4949
Digital Contact Information:
campillomedical583@gmail.com

and
9380 Southwest 72nd Street
250
Miami, FL 33173
(305) 310-8747
Digital Contact Information:
campillomedical583@gmail.com

and
5600 Southwest 135th Avenue
STE 216
Miami, FL 33183
(786) 536-6196
Digital Contact Information:
campillomedical583@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Campos, Alex, MPSY, BCBA ■
Home Based Services Only
Miami, FL 33155
(786) 612-7186
Digital Contact Information:
alextcampos@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Campos, Catherine, MSSW, LCSW ■
1000 Brickell Avenue

Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Campos, Gloria E, MPSY, BCBA ■
8281 SW 27th Ter
Miami, FL 33155
(786) 509-2538
Digital Contact Information:
gloriaelenacampos@yahoo.com

and
Home Based Services Only
Miami, FL 33155
(786) 509-2538
Digital Contact Information:
gloriaelenacampos@yahoo.com

Canales, Sharon, MS, BCBA ■
12360 Southwest 132nd Court
STE 205
Miami, FL 33186
(786) 429-3738
Digital Contact Information:
favyhcs@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Canavaciolo, Heidy, MSN, APRN ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
http://www.dgphealthandwellness.com
info@dgphealthandwellness.com

and
3621 SW 107th Ave
Miami, FL 33165
(786) 534-8366
Digital Contact Information:
http://serenitycommunitycenter.com
info@dgphealthandwellness.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Cancemi, Alexis, PHD, LMHC ■
FL
(754) 201-4741
Digital Contact Information:
http://www.alexismentalhealth.com
acancemi7099@yahoo.com

Canto Galan, Yanelys, MPSY, BCBA ■
1275 West 47th Place
#449
Hialeah, FL 33012
(305) 425-1338
Digital Contact Information:
magicbehavioralcare@gmail.com

and
Home Based Services Only
Miami Gardens, FL 33014
(305) 640-5739
Digital Contact Information:
magicbehavioralcare@gmail.com

Capriata, Olga J, MSW, LCSW ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
http://lotuscounseling.com
admi@lotuscounseling.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
http://www.lotuscounseling.com
admi@lotuscounseling.com

and
7811 Coral Way
106
Miami, FL 33155
(305) 412-0138
Digital Contact Information:
admi@lotuscounseling.com

and
13930 SW 47th St
Ste 202
Miami, FL 33175
(305) 387-7850
Digital Contact Information:
admi@lotuscounseling.com

and
5600 SW 135th Ave
Ste 116
Miami, FL 33183
(305) 387-7850
Digital Contact Information:
admi@lotuscounseling.com
Other Languages Spoken by Provider or Office Staff
Spanish

Carabantes, Mariana, PSYD, LP ■
4675 Ponce de Leon
303
Coral Gables, FL 33146
(786) 554-3868
Digital Contact Information:
http://drmarianacarabantes.com
miamipsychologist@drmarianacarabantes.com

and
FL
(786) 554-3868
Digital Contact Information:
http://drmarianacarabantes.com
miamipsychologist@drmarianacarabantes.com
Other Languages Spoken by Provider or Office Staff
Spanish

Carabase, Marikate, MED, BCBA, LBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
marikate.greene@gmail.com

and
382 Northeast 191st Street
Miami, FL 33179
(561) 537-6153
Digital Contact Information:
marikate.greene@gmail.com

Caraza Cruz, Anabel, MS, BCBA ■
1140 West 50th Street
SUITE 304
Hialeah, FL 33012
(786) 267-2830
Digital Contact Information:
anabelcaraza@gmail.com

and
1840 West 49th Street
#714
Hialeah, FL 33012
(305) 699-8388
Digital Contact Information:
anabelcaraza@gmail.com

and
4410 West 16th Avenue
unit 41
Hialeah, FL 33012
(786) 267-2830
Digital Contact Information:
http://www.abastarbehavioral.com
anabelcaraza@gmail.com

and
21505 Southwest 177th Avenue
Miami, FL 33187
(786) 226-2816
Digital Contact Information:
http://www.abatodayinc.com
anabelcaraza@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Carballo, Clarisa, MS, LMHC ■
5901 Northwest 183rd Street
Suite 128
Hialeah, FL 33015
(786) 409-4872
Digital Contact Information:
http://onesoulcmh.com
onesoulbilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Carballo, Grettel, MC, LMHC ■
1901 West Flagler Street
7
Miami, FL 33135
(786) 612-5973
Digital Contact Information:
grettel2587@gmail.com

and
13195 Southwest 134th Street
101
Miami, FL 33186
(786) 227-6830
Digital Contact Information:
http://esperanzagroup.net
grettel2587@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Carballo, Mercedes, MC, LMHC ■
10689 N Kendall Dr
Ste 215
Miami, FL 33176
(305) 310-4245
Digital Contact Information:
http://mentalwellness.care
mercy.carballo@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cardenas, Carlos, MSED, LMFT ■
10689 SW 88th St
Ste 305
Miami, FL 33176
(305) 975-9449
Digital Contact Information:
mgme.cc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cardet Ibarra, Maria P, MS, BCBA ■
30392 Old Dixie Highway
Homestead, FL 33030
(786) 283-0175
Digital Contact Information:
vanessa@amromed.com

and
14204 Southwest 289th Terrace
Homestead, FL 33033
(305) 878-1255
Digital Contact Information:
vanessa@amromed.com

and
12985 Southwest 130th Court
101 101
Miami, FL 33186
(786) 205-0090
Digital Contact Information:
vanessa@amromed.com

and
27132 South Dixie Highway
Naranja, FL 33032
(786) 283-0175
Digital Contact Information:
vanessa@amromed.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
vanessa@amromed.com

Cardona, Diana C, MS, LMHC ■
5201 Blue Lagoon Dr
Ste 848
Miami, FL 33126
(855) 634-0984
Digital Contact Information:
contact@influentialtherapy.com

Carey, Gabrielle, MHS, LMHC ■
12000 Biscayne Boulevard
Miami, FL 33181
(786) 490-5988
Digital Contact Information:
gabbycaresofsouthfl@gmail.com

and
FL
(786) 490-5988
Digital Contact Information:
http://www.gabbycares.com
gabbycaresofsouthfl@gmail.com

Carey, Robert, PSYD, LP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

Caridad Fernandez, Ernestina, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 732-7516
Digital Contact Information:
familylovenetworks@gmail.com

Carlyon, Corey, MA, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Carmona, Marta, PSYD, LP ■
7600 South Red Road
200
South Miami, FL 33143
(786) 508-2207
Digital Contact Information:
nicole.squire@leehealth.org

Carmona Rodriguez, Danisley, MS, BCBA ■
10631 Southwest 88th Street
135
Miami, FL 33176
(786) 603-6567
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
10691 North Kendall Drive
207
Miami, FL 33176
(786) 401-6113
Digital Contact Information:
genesisconsultingservices39@gmail.com

Carne, Taylor, MA, LMFT ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Carnet Beira, Garry, MS, BCBA ■
5901 Northwest 183rd Street
Suite 264
Hialeah, FL 33015
(786) 803-2664
Digital Contact Information:
https://oasismentalhealthcenter.com
nkitching@readysetconnect.org
Other Languages Spoken by Provider or Office Staff
Spanish

Carney-Paine, Victoria, MSW, LCSW ■
255 University Drive
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
info@coralgablescounseling.com

and
2550 Douglas Road
Ste #301
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
info@coralgablescounseling.com

and
2600 S Douglas Rd
Ste 1003
Coral Gables, FL 33134
(305) 445-0477

Digital Contact Information:
http://www.coralgablescounseling.com
info@coralgablescounseling.com

and
FL
(561) 567-8795
Digital Contact Information:
info@coralgablescounseling.com

Caro, Denis, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

Caro, Marjorie, MD ■
5860 W Flagler St
Miami, FL 33144
(305) 264-7808
Digital Contact Information:
drcaro@hotmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Carreras Martinez, Monica, MA, BCBA ■
2020 Ponce de Leon
Suite 1201
Miami, FL 33134
(305) 917-5414
Digital Contact Information:
mirta@psychologybeyond.com

and
8370 W Flagler St
Ste 226
Miami, FL 33144
(305) 917-5414
Digital Contact Information:
mirta@psychologybeyond.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Carroll, Christian, MS, LMFT, LMHC, LPC, LPCMH ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Carroza, Mirna H, MPSY, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff Italian, Spanish

Cartaya, Andres, PSYD, LP ■
10691 N Kendall Dr
Ste 105
Miami, FL 33176
(305) 668-6018
Digital Contact Information:
cartayagroup@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cartaya, Rosa M, MA, LMHC ■
9370 Southwest 72nd Street
Suite #A-213
Miami, FL 33173
(305) 972-9530
Digital Contact Information:
rmcartay@hotmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Carter, Nakylia, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/payors@emorahealth.com

Carvajal, Maria, MS, BCBA ■
Home Based Services Only
Hialeah, FL 33012
(561) 460-0284
Digital Contact Information:
info@brightfuturebehavioral.com

Casanueva, Yanely, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 537-7016
Digital Contact Information:
bcbaworkteam@gmail.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(786) 287-4039
Digital Contact Information:
bcbaworkteam@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Casas-Justice, Libia T, MSW, LCSW ■
10631 North Kendall Drive
Suite 1201
Miami, FL 33176
(305) 270-6100
Digital Contact Information:
libiacasas@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Casiano, Ada L, MS, LMFT ■
7765 SW 87th Ave
Ste 104
Miami, FL 33173
(305) 494-0956
Digital Contact Information:
acasiano@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Casillas, Isis, MSW, BCBA ■
9415 SW 72nd St
Ste 131
Miami, FL 33173
(305) 662-6448
Digital Contact Information:
http://www.miamibehaviortherapy.com
info@miamibehaviortherapy.com

and
9415 Southwest 72nd Street
101
Miami, FL 33173
(305) 662-6448
Digital Contact Information:
http://www.miamibehaviortherapy.com
info@miamibehaviortherapy.com

Caso, Sabrina, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

Castellon, Adela, MS, BCBA ■
10200 Northwest 25th Street
STE 204
Doral, FL 33172
(305) 406-3689
Digital Contact Information:
http://www.foundartacademy.org
castellonadela@yahoo.com

and
14125 Northwest 80th Avenue
304
Miami Lakes, FL 33016
(786) 305-7222
Digital Contact Information:
castellonadela@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Caster, Valjeanne, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Castillero, Yalilis, BS, BCBA ■
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
credentialing@southbillcare.com
Other Languages Spoken by Provider or Office Staff
Latvian, Spanish

Castillo, Brandon, MS, BCBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
brandon.castillo@shaping-change.com

Castillo, Fiorella Paola, MC, LMHC ●
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
info@elevatepsychiatry.com

and
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
info@elevatepsychiatry.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Castillo, Karina, MA, LMHC ■
FL
(786) 258-8499
Digital Contact Information:
http://www.virtual-counseling.com
service@virtual-counseling.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Castillo Llanes, Lisandra, MSN, APRN ■
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
contact@balancedwellbeingllc.com

and
5607 NW 27th Ave
1
Miami, FL 33142
(239) 278-3660
Digital Contact Information:
contact@balancedwellbeingllc.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(786) 833-7633
Digital Contact Information:
contact@balancedwellbeingllc.com

and
20612 Northwest 27th Avenue
Miami Gardens, FL 33056
(305) 637-6400
Digital Contact Information:
contact@balancedwellbeingllc.com

Castillo, Sandra, PSYD, LP ■
3081 Salzedo Street
Suite 202
Coral Gables, FL 33134
(786) 567-8160
Digital Contact Information:
castillo043@gmail.com

and
11385 Southwest 32nd Street
Miami, FL 33165
(786) 567-8160
Digital Contact Information:
castillo043@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Castillo-Benitez, Beatriz, MSN, APRN ■
FL
(305) 549-0094
Digital Contact Information:
beatrizcastillob2018@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Castro De La Cruz, Beatriz, MPSY, BCBA ■
8300 Northwest 53rd Street
Suite 102
Doral, FL 33166
(786) 769-5222
Digital Contact Information:
genesisconsultingservices39@gmail.com

Castro, Helen, MS, BCBA ■
1140 West 50th Street
STE 303
Hialeah, FL 330123411
(305) 231-3371
Digital Contact Information:
monica.castro@riosplace.com

and
12135 Northeast 8th Avenue
North Miami, FL 33161
(954) 292-8645
Digital Contact Information:
https://riosplace.com/monica.castro@riosplace.com

Castro, Katia, MED, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
credentialing@thriveworks.com
Other Languages Spoken by Provider or Office Staff
English, Sign Lang Amer, Spanish

Castro, Kenia, MD ■
4160 W 16th Ave
Ste 301
Hialeah, FL 33012
(305) 690-0332
Digital Contact Information:
keniacastromdpa@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Castro, Mabel, MSW, LCSW ■
20535 NW 2nd Ave
Ste 204
Miami, FL 33169
(305) 900-3566
Digital Contact Information:
http://www.merakiliving.net
mcastro@merakiliving.net
Other Languages Spoken by Provider or Office Staff
Spanish

Castro, Mairelis, MS, LMHC ■
2450 Southwest 137th Avenue
Suite# 230
Miami, FL 33175
(305) 459-3207
Digital Contact Information:
http://www.hidalgopsychiatry.com
calvarez@blueangelcare.net

and
2460 Southwest 137th Avenue
250
Miami, FL 33175
(305) 459-3207
Digital Contact Information:
http://www.hidalgopsychiatry.com
calvarez@blueangelcare.net

and
11890 Southwest 8th Street
STE 309
Miami, FL 331841710
(305) 220-6060
Digital Contact Information:
http://www.blueangelcare.net
calvarez@blueangelcare.net

Castro, Olga M, MS, LMHC ■
11890 Southwest 8th Street
STE 309
Miami, FL 331841710
(305) 220-6060
Digital Contact Information:
http://www.blueangelcare.net
calvarez@blueangelcare.net
Other Languages Spoken by Provider or Office Staff
Spanish

Castro, Synthia, MHS, LBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 873-0935
Digital Contact Information:
intake@rainbowstepsaba.com

and
4310 Southwest 164th Court
Miami, FL 33185
(305) 905-0631
Digital Contact Information:
intake@rainbowstepsaba.com
Other Languages Spoken by Provider or Office Staff

Spanish

Castro Turuseta, Maggie B, MPSY, BCBA ■
10261 Southwest 72nd Street
Miami, FL 33173
(786) 773-3654
Digital Contact Information:
info@bmmaba.com

and
7900 Northwest 155th Street
304
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
info@bmmaba.com

and
7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
info@bmmaba.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Cata, Karina, MN, ARNP ■
4982 Palm Avenue
Hialeah, FL 33012
(305) 479-3262
Digital Contact Information:
kcata@kcm.health
Other Languages Spoken by Provider or Office Staff
Spanish

Catoe, Whitney, MA, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Cavassa, Adriana A, MA, BCBA ■
12750 Southwest 128th Street
Suite #201
Miami, FL 33186
(786) 592-2051
Digital Contact Information:
https://www.behavioraccservices.com
office@behavioraccservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cazeau, B Winnifred, MSW, LCSW-C ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Ceballo, Mayelin, MPSY, LMHC ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
office@neurobehavioral.health

and
12060 Southwest 129th Court
201
Miami, FL 33186
(786) 615-3349
Digital Contact Information:
office@neurobehavioral.health
Other Languages Spoken by Provider or Office Staff
Spanish

Ceballos Marin, Veronica I, MMH, LMHC ■
14221 Southwest 120th Street
225
Miami, FL 33186
(786) 373-7359
Digital Contact Information:
inspirationaljourneymhc@gmail.com
Other Languages Spoken by Provider or Office Staff English

Celestin, Jaceline, MS, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
jcelestherapist@gmail.com

Cendejas, Marisol, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
members@wellnite.com
Other Languages Spoken by Provider or Office Staff
Spanish

Centeno, Neydis, PSYD, BCBA ■
7235 Southwest 24th Street
204
Miami, FL 33155
(786) 452-0257
Digital Contact Information:
maximumachieversllc@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Center, Steve S, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
anne.lawson@bowencenter.org

Centurion, Ana M, PSYD, LP ■
FL
(305) 684-3690
Digital Contact Information:
anamcenturionpsyd@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cepero, Erika, MED, LBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
credentialing@alpacahealth.io

Cerne Constantin, Kery, MMH, LMHC ■
16800 Northeast 15th Avenue
304 304
North Miami Beach, FL 33162
(305) 419-6446
Digital Contact Information:
http://www.plscaw.com
ddunn@unifiedcm.com

Cervera, Carol, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 853-8355
Digital Contact Information:
cristina@creativekidstherapyinc.com

and
1512 Southwest 14th Terrace
Miami, FL 33145
(786) 853-8355
Digital Contact Information:
cristina@creativekidstherapyinc.com

and
13195 Southwest 134th Street
Ste. 201
Miami, FL 33186
(786) 206-6500
Digital Contact Information:
cristina@creativekidstherapyinc.com

and
FL
(786) 206-6500
Digital Contact Information:
cristina@creativekidstherapyinc.com

and
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
cristina@creativekidstherapyinc.com

Chama, Humphrey, MSN, APRNCNP ■
FL
(305) 902-6347
Digital Contact Information:
handmhealthcareoftx@gmail.com

Chambers, Brittany, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Chambre, Karen F, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
wardchambre@gmail.com
Other Languages Spoken by Provider or Office Staff Afar

Chance Kayd, Quenton, MS, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
kaydquenton@gmail.com

Charlemagne, Leila T, PSYD, LP ■
100 NE 38th St
Ste 5
Miami, FL 33137
(305) 576-1599
Digital Contact Information:
cbolivar@borinquenhealth.org
Other Languages Spoken by Provider or Office Staff
Spanish

Charles, Abbdady, MSN, APRN ■
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
help@joinuplift.co

Charles, Richard, MA, LMFT ■
5190 Northwest 167th Street
113
Hialeah, FL 33014
(786) 716-1166
Digital Contact Information:
pierreamoreau@familyempowermentmhc.org
Other Languages Spoken by Provider or Office Staff Haitian Creole, French

Charles, Saskia, MS, LMHC ■
1825 Northwest 167th Street
SUITE 102
Opa-locka, FL 330564838
(305) 624-7450
Digital Contact Information:
http://www.cfcecares.org
rgay@cfceinc.org
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole, Creole, Spanish

Chasteen, Heather, MN, APRN, APRNCNP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
credentialing@flatherapy.com
Other Languages Spoken by Provider or Office Staff English

Chatman, Sheila, MC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Chaves, Yelitza, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Chavez, Katerin, MC, LMHC ■
FL
(786) 490-6828
Digital Contact Information:
https://www.psychologytoday.com/profile/467192
katerin0_01@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Chelak, Elizabeth, MSW, LCSW ■
1110 Brickell Ave
Ste 407
Miami, FL 33131
(561) 501-3092
Digital Contact Information:
info@traumatherapywpb.com
Other Languages Spoken by Provider or Office Staff
Russian

Chemerinsky, Graciela, MPSY, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com

and
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cheri'E Thompson, Taylor, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

and
13195 Southwest 134th Street
Ste. 201
Miami, FL 33186
(888) 880-9270
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

Chernov, Valeriy M, MD ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
svetcher@optonline.net

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
svetcher@optonline.net

and
1065 Northeast 125th Street
300
North Miami, FL 33161
(888) 852-6672
Digital Contact Information:
http://www.compasshealthsystems.com
svetcher@optonline.net
Other Languages Spoken by Provider or Office Staff
Russian

Chiarenza, Daniella, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Chiarini, Stephan G, MSED, LMFT ■

10241 SW 103rd Ct
Miami, FL 33176
(305) 790-2899
Digital Contact Information:
ovichsan@yahoo.com

and
9010 SW 137th Ave
Ste 212
Miami, FL 33186
(305) 790-2899
Digital Contact Information:
ovichsan@yahoo.com

Chin, Dhaima, MSW, LCSW, LICSW ■
4005 Northwest 114th Avenue
22 22
Doral, FL 33178
(305) 260-6913
Digital Contact Information:
miamigardenscounseling@gmail.com

and
8950 SW 74th Ct
Ste 2201
Miami, FL 33156
(786) 577-3427
Digital Contact Information:
miamigardenscounseling@gmail.com

and
2720 Southwest 97th Avenue
C-105
Miami, FL 33165
(786) 332-4330
Digital Contact Information:
miamigardenscounseling@gmail.com

and
2740 Southwest 97th Avenue
111a a 111
Miami, FL 33165
(786) 332-4330
Digital Contact Information:
miamigardenscounseling@gmail.com

and
20295 NW 2nd Ave
Ste 302
Miami, FL 33169
(305) 900-3475
Digital Contact Information:
miamigardenscounseling@gmail.com

and
20535 NW 2nd Ave
Ste 204
Miami, FL 33169
(305) 900-3475
Digital Contact Information:
miamigardenscounseling@gmail.com

and
20535 Northwest 2nd Avenue
suite 125
Miami, FL 33169
(305) 900-3504
Digital Contact Information:
miamigardenscounseling@gmail.com

and
14221 Southwest 120th Street
126
Miami, FL 33186
(786) 577-3427
Digital Contact Information:
miamigardenscounseling@gmail.com

and
10201 Hammocks Boulevard
Suite 122
Miami, FL 33196
(786) 557-3427
Digital Contact Information:
miamigardenscounseling@gmail.com

Chiu, Chantel, PHD, LP ■
15325 Northwest 60th Avenue
#105
Miami Lakes, FL 33014
(305) 512-5388
Digital Contact Information:
docs@trinitycmhc.com
Other Languages Spoken by Provider or Office Staff Spanish

Choudhury, Ian, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com
Other Languages Spoken by Provider or Office Staff English

Choute, Daphne, MS, LMHC ■
FL
(305) 804-9121
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Choute-Edouard, Sonia, APRN, MSN, NP ■
66 West Flagler Street
Miami, FL 33130
(347) 875-0473
Digital Contact Information:
admins@wholenesstradition.com

and
1031 Ives Dairy Rd
Ste 228
Miami, FL 33179
(786) 477-6179
Digital Contact Information:
admins@wholenesstradition.com

and
12550 Biscayne Boulevard
STE 800
North Miami, FL 33181
(788) 442-5021
Digital Contact Information:
admins@wholenesstradition.com

Chuairey, Jessica, MS, BCBA ■
Home Based Services Only
Doral, FL 33126
(407) 800-6086
Digital Contact Information:
prokidzabatherapy@yahoo.com

and
13404 Southwest 128th Street
Miami, FL 33186
(305) 433-0897
Digital Contact Information:
prokidzabatherapy@yahoo.com
Other Languages Spoken by Provider or Office Staff Portuguese, German, French, Spanish

Ciabattoni, Lissette, MSW, LCSW ■
FL
(407) 494-0465
(954) 998-2623
Digital Contact Information:
lissette214@gmail.com

and
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
lissette214@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Cid, Arturo A, MSW, LCSW ■
11900 Biscayne Blvd
Ste 504
Miami, FL 33181
(305) 804-7843
Digital Contact Information:
cidcounseling@gmail.com

and
17071 West Dixie Highway
103 103
North Miami Beach, FL 33160
(305) 804-7843
Digital Contact Information:
cidcounseling@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Cipolla, Anthony, MSW, LCSW ■
2500 SW 107TH AVE
42
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
info@abcsfl.com

and
FL
(415) 941-4109
(909) 442-0618
(202) 410-5972
(415) 342-6011
(786) 615-3334
Digital Contact Information:
http://www.joinuplift.co
info@abcsfl.com
Other Languages Spoken by Provider or Office Staff English

Cipriani, Donna C, PHD, LMHC, LP ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
dr.donnacipriani@gmail.com
Other Languages Spoken by Provider or Office Staff Italian

Ciraulo, Salvatore, MA, BCBA, LBA ■
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
aharrell@mercypluscare.com

Clark, Altheresa, MSW, LCSW ■
111 NW 183rd St
Ste 404
Miami, FL 33169
(786) 524-4001
Digital Contact Information:
altheresa.clark@yahoo.com

Clark, Jennifer, MA, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Clark, Sandra, MC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
sjohnson@gmhcinc.org

Clavijo Hernandez, Ana, MBS, BCBA ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
sucel@practice-mgmt.com

and
Home Based Services Only
Hialeah, FL 33013
(786) 592-6680
Digital Contact Information:
sucel@practice-mgmt.com

and
2300 West 84th Street
404a
Hialeah, FL 33016
(786) 681-8494
Digital Contact Information:
sucel@practice-mgmt.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
sucel@practice-mgmt.com

and
18303 Southwest 153rd Place
Miami, FL 33187
(786) 343-9391
Digital Contact Information:
sucel@practice-mgmt.com

and
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
sucel@practice-mgmt.com

Clayton, Lakeytha, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
lakeytha@lgmrestorationwellness.org

Clemente, Rita, MS, BCBA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
http://www.appliedbhs.com
dabs@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Clicque, Chelsea A, PSYD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
support@dallastherapeutic.com

Closner, Jonathan, MC, LCPC, LMHC, LPC ■
1000 5th St
Ste 200
Miami Beach, FL 33139
(786) 389-0094
Digital Contact Information:
jonathan@turningpointsandbeyond.com

Cloud, Kayla, MC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Cnobel Massion, Monica, MC, LCPC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Codling, Marion, MS, APRN ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(954) 369-4111
Digital Contact Information:
referrals@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff English, Haitian Creole, Spanish

Coello, Jenny, MS, BCBA, LBA, LMHC ■
15325 Northwest 60th Avenue
#105
Miami Lakes, FL 33014
(305) 512-5388
Digital Contact Information:
info@kidsbehavioralnetwork.com

and
14411 Commerce Way
350
Miami Lakes, FL 33016
(786) 333-2975
Digital Contact Information:
info@kidsbehavioralnetwork.com
Other Languages Spoken by Provider or Office Staff English, Sign Lang Amer, Spanish

Coet, Andrew, MA, BCBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
https://tillytherapy.com/
info@excelleratedtc.com

Cohen, Hershenta, MD ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
hello@talkiatry.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
hello@talkiatry.com

Cohen, Jennifer, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Cohen, Regina, MSED, BCBA ■
21011 Northeast 25th Court
Miami, FL 33180
(305) 988-5115
Digital Contact Information:
info@abarockin.com

Cohen, Sonia, MSSW, LCSW ■
12000 Biscayne Boulevard
303
Miami, FL 33181
(305) 933-9820
Digital Contact Information:
http://www.jcsfl.org
insurance@jcsfl.org

and
12000 Biscayne Boulevard
609
Miami, FL 33181
(305) 899-1587
Digital Contact Information:
http://www.jcsfl.org
insurance@jcsfl.org
Other Languages Spoken by Provider or Office Staff
Spanish

Cohen, Yuka, PSYD, LP ■
FL
(786) 949-0001
Digital Contact Information:
http://www.curectneuro.com
credentialing@curectneuro.com

Coizeau, Henri, PSYD, CP ■
1360 South Dixie Highway
355
Coral Gables, FL 33146
(305) 648-9344
Digital Contact Information:
southcoastpsychotherapy@gmail.com

and
FL
(800) 567-5433
Digital Contact Information:
https://totallife.com/
southcoastpsychotherapy@gmail.com

Cole, Tila, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Coleman, Lora A, DSW, LCSW ■
10750 Caribbean Boulevard
203
Cutler Bay, FL 33189
(305) 298-6561
Digital Contact Information:
lcinnervisions@aol.com
Other Languages Spoken by Provider or Office Staff English

Collado, Dayanay, MS, BCBA ■
Home Based Services Only
Hialeah, FL 33012
(561) 460-0284
Digital Contact Information:
info@brightfuturebehavioral.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Collado, Tamara, MSED, BCBA ■
9800 Caribbean Boulevard
Cutler Bay, FL 33189
(305) 968-3011
Digital Contact Information:
tamaracollado1974@gmail.com

and
10300 Southwest 72nd Street
250b
Miami, FL 33173
(305) 939-6878
Digital Contact Information:
tamaracollado1974@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Collazo, Amanda, MA, BCBA ■
Home Based Services Only
Hialeah, FL 33010
(305) 280-5730
Digital Contact Information:
clinicare23@outlook.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 534-7172
Digital Contact Information:
clinicare23@outlook.com

and
12750 Northwest 17th Street
216 216
Miami, FL 33182
(888) 527-8037
Digital Contact Information:
http://www.brightstartpossibility.com
clinicare23@outlook.com
Other Languages Spoken by Provider or Office Staff
Hebrew, English, Spanish

Collazo, Yaraled, MPH, BCBA ■
2500 Northwest 79th Avenue
Suite 180
Doral, FL 33122
(786) 253-7868
Digital Contact Information:
cristina@creativekidstherapyinc.com

and
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
cristina@creativekidstherapyinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

College Arzola, Lellany, MS, BCBA ■
Home Based Services Only
Doral, FL 33126
(786) 637-2974
Digital Contact Information:
admin@mycommunityss.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 732-2139
Digital Contact Information:
admin@mycommunityss.com

and
13501 Southwest 128th Street
114a
Miami, FL 33186
(786) 732-2139
Digital Contact Information:
admin@mycommunityss.com

Collins, Danielle, MSN, APRN ●
FL
(954) 295-7333
Digital Contact Information:
bluebutterflypsychserv@gmail.com

Collins, Eddie, MA, LMHC, LPC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
hello@bircheshealth.com

Collins, Marjorie, MSN, APRN ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Coloccia, Elinor G, PSYD, CP, LP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
admin@psychologyaz.com

Colon Rodriguez, Lyllymar, PHD, LP ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 661-5511
Digital Contact Information:
dr.ingridroman1@gmail.com

and
100 NE 15th St
Ste 101D
Homestead, FL 33030
(833) 779-8646
Digital Contact Information:
dr.ingridroman1@gmail.com

and
7950 W Flagler St
Ste 105
Miami, FL 33144
(305) 661-5511
Digital Contact Information:
dr.ingridroman1@gmail.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 661-5511
Digital Contact Information:
dr.ingridroman1@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Colvin, Cindy, EDS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Comas, Jesus, BS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 875-7812
Digital Contact Information:
info@bhavioralcorporation.com
Other Languages Spoken by Provider or Office Staff
Spanish

Comerford, Elaine, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Commella, Noreen, PSYD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@healthyyoungminds.com

Compierchio, Nicole, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

Concepcion Toledano, Niurka, MS, BCBA ■
100 Northeast 15th Street
203
Homestead, FL 33030
(786) 542-4690
Digital Contact Information:
professionalbaskills@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 542-4690
Digital Contact Information:
professionalbaskills@gmail.com

and
8950 Southwest 152nd Street
110
Palmetto Bay, FL 33157
(786) 542-4690
Digital Contact Information:
professionalbaskills@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Conde, Krystal, MS, BCBA ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
stpfl@tcbbilling.com

and
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
stpfl@tcbbilling.com

and
11455 West Flagler Street
417
Miami, FL 33174
(786) 308-6757
Digital Contact Information:
stpfl@tcbbilling.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Haitian, Japanese, French, Russian, Italian, Spanish, Vietnamese

Conley, Makenzie, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

Consolo, Jennifer, MSW, LCSW ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Contreras, Cindy, MS, BCBA ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(954) 577-7790
Digital Contact Information:
http://www.behavior-analysis.org
baicredentialing@behavior-analysis.org
Other Languages Spoken by Provider or Office Staff
Spanish

Contreras Molerio, Yelena, BS, BCBA ■
10300 Southwest 72nd Street
300
Miami, FL 33173
(561) 608-3573
Digital Contact Information:
http://www.happydreamsofkids.com
happydreamsofkids@gmail.com

Contreras-Schwartz, Joanna, PHD, LCSW, LCSW-R, LISW-CP, LMSW ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850

Digital Contact Information:
ajcheney@sosapartners.com

Cook, Chaz, MS, LMHC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
http://sunbeamfamilyservices.org
drandall@teampathways.com

Cook, Shawndrika, MS, LMHC, PC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Cooley-Neals, Shakeela, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Cooper, Catherine, MC, LPC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Cooper, Courtney, MS, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
acc@advancedclientcare.org

Cordiano, Kiera, MS, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Cordido Vega, Mariana, MA, BCBA ■
7925 Northwest 12th Street
130 130
Doral, FL 33126
(786) 870-5090
Digital Contact Information:
http://www.limitlesslearningaba.com
info@limitlesslearningaba.com

and
7875 Northwest 12th Street
118
Miami, FL 33126
(786) 505-4449
Digital Contact Information:
info@limitlesslearningaba.com

Cordova, Carlos A, MS, LMHC ■
2141 SW 1st St
Ste 103
Miami, FL 33135
(305) 644-6024
Digital Contact Information:
help@coralcmhc.net
Other Languages Spoken by Provider or Office Staff
Spanish

Cordoves, Lazaro H, MD ■
1150 Northwest 72nd Avenue
350
Miami, FL 33126
(786) 228-7801
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
1150 Northwest 72nd Avenue
540
Miami, FL 33126
(786) 228-7801
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Corniffe, Khadine, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
pandatherapycircle@gmail.com

Corona, Kathleen, MPSY, LCSW ■
11890 Southwest 8th Street
403
Miami, FL 33184
(305) 433-1396
Digital Contact Information:
brightsyhealth@gmail.com

and
11890 Southwest 8th Street
Suite 207
Miami, FL 33184
(786) 362-5981
Digital Contact Information:
brightsyhealth@gmail.com

and
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
brightsyhealth@gmail.com

Correa, Richard, MSW, LCSW, LMFT ■
123 N Krome Ave
Ste 201
Homestead, FL 33030
(786) 339-0686
Digital Contact Information:
richardcorrea2@aol.com

Corrieri, Arthur, MS, LMHC ■
9425 SW 72nd St
Ste 265
Miami, FL 33173
(305) 279-8400
Digital Contact Information:
acorrieri_@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Cortellesso, Ashley, MA, BCBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(410) 538-2574
Digital Contact Information:
https://tillytherapy.com/
credentialing@elemy.com

and
8785 SW 165th Ave
Ste 104
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
http://www.behavioralfamilysolutions.com
credentialing@elemy.com

Cos Salmon, Hugo, MSN, APRN ■
1671 West 37th Street
Suite #3
Hialeah, FL 33012
(305) 728-4880
Digital Contact Information:
hcos@chwcm.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

Cotayo, Michael J, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
http://www.wellnite.com
Other Languages Spoken by Provider or Office Staff English

Coto Hernandez, Zulia, MS, BCBA ■
7920 Northwest 168th Terrace
Miami Lakes, FL 33016
(786) 879-2117
Digital Contact Information:
info@abcsfl.com

Couper, Sarah, MSN, APRN ■
4300 Biscayne Boulevard
STE 203
Miami, FL 33137
(877) 400-0540
Digital Contact Information:
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Cox, Ester, MSW, CSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Crawford, Brooklyn, MA, BCBA ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(954) 577-7790
Digital Contact Information:
baicredentialing@behavior-analysis.org

Crawford, Cecilia, PSYD, LP ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Crespo Padron, Julio, MSN, APRN ■
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
lfortun@keraltybh.com
Other Languages Spoken by Provider or Office Staff
Spanish

Crider, Tiffany, MS, LMHC ■
FL
(305) 812-6018
Digital Contact Information:
http://www.prevailandprogress.com
tiffanysimone@prevailandprogress.com

Crisp, Nicholas S, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
info@improvinglivescounseling.com

Crocker, Gayle, PSYD, LMHC ■
16400 NW 2nd Ave
Ste 100
Miami, FL 33169
(954) 588-3612
Digital Contact Information:
gaylecrocker@hotmail.com

and
FL
(954) 588-3612
Digital Contact Information:
gaylecrocker@hotmail.com

Cronin, Kathleen, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
scheduling@happierliving.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
scheduling@happierliving.com

Croskey, Luvernice, PHD, LCSW, LMFT ■
12955 Biscayne Boulevard
STE 204
Miami, FL 33181
(305) 895-3307
Digital Contact Information:
luvernicecroskey@gmail.com
Other Languages Spoken by Provider or Office Staff English

Cross, Kamilah, MSW, LCSW ■
1425 Northwest 193rd Terrace
Miami Gardens, FL 33169
(954) 825-8500
Digital Contact Information:
yourworthllc@gmail.com

Crowdis, Marissa A, DO ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
ehoyos@lotuscounseling.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
ehoyos@lotuscounseling.com

Cruz, Gladys, MA, BCBA ■
28802 Southwest 160th Court
Homestead, FL 33033
(786) 379-4261
Digital Contact Information:
therapy110@gmail.com

and
18951 Southwest 106th Avenue
105 106
Miami, FL 33157
(305) 233-4448
Digital Contact Information:
therapy110@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Cruz, Grace Marlyn, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Cruz, Natalia, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
3750 Northwest 87th Avenue
744
Miami, FL 33178
(786) 899-0308
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cruz-Torres, Nichole, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
nichole@therapywithnichole.com

Cue, Zandra, MPSY, LMHC ■
3191 Coral Way
Ste 402
Miami, FL 33145
(786) 218-4039
Digital Contact Information:
zandracue@yahoo.com

Cuervo Betancourt, Natacha, BCBA, BS, MED ■
5407 Southwest 131st Court

Miami, FL 33175
(305) 209-1095
Digital Contact Information:
angelesesperan@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cuesta, Daniella, MA, BCBA ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(954) 577-7790
Digital Contact Information:
baicredentialing@behavior-analysis.org
Other Languages Spoken by Provider or Office Staff
Spanish

Cueto Fernandez, Rachel, MS, BCBA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
http://www.appliedbhs.com
dabs@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cueto, Yenni C, MED, BCBA ■
3750 West 16th Avenue
218
Hialeah, FL 33012
(786) 409-3231
Digital Contact Information:
blossomingmindsllc@gmail.com

and
1670 Northeast 191st Street
Miami, FL 33179
(786) 532-0898
Digital Contact Information:
blossomingmindsllc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cuevas, Nardelis, MPSY, LMFT ■
4982 Palm Avenue
Hialeah, FL 33012
(305) 479-3262
Digital Contact Information:
admin@kcm.health

and
215 Westward Dr
Miami Springs, FL 33166
(305) 887-4494
Digital Contact Information:
admin@kcm.health
Other Languages Spoken by Provider or Office Staff
Spanish

Cuevas Rojas, Maytee R, MSN, APRN ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
http://www.dgphealthandwellness.com
info@dgphealthandwellness.com

and
1469 NW 36th St
Miami, FL 33142
(305) 635-7444
Digital Contact Information:
info@dgphealthandwellness.com

and
17325 Northwest 27th Avenue
Suite 105
Miami Gardens, FL 33056
(786) 819-0209
Digital Contact Information:
info@dgphealthandwellness.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Cuna, Yordanka, MS, BCBA ■
1840 W 49th St
Ste 420
Hialeah, FL 33012
(786) 553-3150
Digital Contact Information:
myhappyaba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cunill, Lauren N, MA, BCBA ■
11925 Southwest 72nd Street
Miami, FL 33183
(305) 562-4683
Digital Contact Information:
http://www.shapingacademy.com
info@shapingacademy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Curbelo, Luis, MSN, APRN ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
infinitywellnessgroup21@gmail.com

and
14471 S Dixie Hwy
Miami, FL 33176
(786) 803-8826
Digital Contact Information:
http://www.amorementalhealthcorp.com
infinitywellnessgroup21@gmail.com

and
13701 Southwest 88th Street
306
Miami, FL 33186
(786) 842-1489
Digital Contact Information:
infinitywellnessgroup21@gmail.com

and
9010 Southwest 137th Avenue
101
Miami, FL 33186
(786) 803-8826
Digital Contact Information:
http://amorementalhealthcorp.com
infinitywellnessgroup21@gmail.com

Curras, Michelle M, MSSW, LCSW ■
1000 Brickell Avenue
Miami, FL 33131
(786) 536-5702
Digital Contact Information:
laibehavior@gmail.com

and
981 NW 132nd Ave W
Miami, FL 33182
(786) 536-5702
Digital Contact Information:
laibehavior@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Curtis, Kormasah K, MMFT, LMFT ■
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
contactus@embracecounselingusa.com

Cwalinski, Ana, ABA, BCBA, MS ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(954) 577-7790
Digital Contact Information:
info@behavior-analysis.org

D'Agostino, Leah, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

D'Souza, Connolly G, MSW, CAP, LCSW ■
2929 SW 3rd Ave
Ste 510
Miami, FL 33129
(305) 858-0662
Digital Contact Information:
healingsolutionllc@att.net
Other Languages Spoken by Provider or Office Staff Indian, Spanish

Dagher, Ibrahim, DO ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Dahab, Faten, MPSY, LMHC ■
9822 Northeast 2nd Avenue
2
Miami Shores, FL 33138
(786) 505-7502
Digital Contact Information:
fatima@mindfuldirectionscc.com

and
FL
(786) 505-1145
Digital Contact Information:
fatima@mindfuldirectionscc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Daino, Giamarie, PSYD, LP ■
12700 Biscayne Boulevard
301
North Miami, FL 33181
(305) 467-4597
Digital Contact Information:
https://www.drdainotherapy.com/
drdaino@protonmail.com

Damiani Coca, Milagros, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
admission@beaconbehaviortherapy.com

and
11077 Biscayne Boulevard
Suite 211
Miami, FL 33161
(305) 974-5388
Digital Contact Information:
http://www.beaconbehavioraltherapy.com
admission@beaconbehaviortherapy.com

and
Home Based Services Only
Miami Shores, FL 33161
(786) 523-9912
Digital Contact Information:
admission@beaconbehaviortherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Damron, Heather, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
Bulgarian

Danauy Del Toro, Yesmin, MN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
office@myrtleridge.us
Other Languages Spoken by Provider or Office Staff
Spanish

Dangla, Marjorie, MSW, LCSW ■
Doral
Doral, FL 33178
(305) 926-6106
Digital Contact Information:
blissfulsoultherapy01@gmail.com

Daniel, Dania, MS, BCBA ■
Home Based Services Only
Doral, FL 33126
(305) 433-5489
Digital Contact Information:
dania.daniel@danielhealthcorp.com

and
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
dania.daniel@danielhealthcorp.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(410) 538-2574
Digital Contact Information:
https://tillytherapy.com/
dania.daniel@danielhealthcorp.com

and
2157 Southwest 13th Avenue
3
Miami, FL 33145
(786) 878-1331
Digital Contact Information:
dania.daniel@danielhealthcorp.com

and
14358 Southwest 159th Terrace
Miami, FL 33177
(786) 419-1501
Digital Contact Information:
dania.daniel@danielhealthcorp.com
Other Languages Spoken by Provider or Office Staff
Spanish

Darcy-Dowler, Jaimie, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Darias-Montano, Marlen, BCBA, MED ■
8890 Southwest 24th Street
210
Miami, FL 33165
(786) 715-9774
Digital Contact Information:
dariasbehavioralservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Darko, Awura A, MS, BCBA ■
1065 Southwest 8th Street
1459
Miami, FL 33130
(855) 853-0228
Digital Contact Information:
awura.darko3@gmail.com

Dashevsky, Jessica, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff
Russian

Davidson, Iyana, MS, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff English

Davila Aguilar, Christina M, MA, BCBA ■
1840 W 49th St
Ste 420
Hialeah, FL 33012
(786) 553-3150

Digital Contact Information:
myhappyaba@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Davila, Francisco, MSW, LCSW, LMSW ■
801 Brickell Avenue
8
Miami, FL 33131
(516) 505-7200
Digital Contact Information:
https://mindful.care/
dtarasiuk@mindful.care

Davis, Christina, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
billing@regionalpsychiatry.com

Davis, Jasmine M, PHD, LP ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
ehoyos@lotuscounseling.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
http://www.lotuscounseling.com
ehoyos@lotuscounseling.com

Davis, Joy J, MSW, LCSW ●
150 NW 79th St
342
Miami, FL 33150
(305) 230-4598
Digital Contact Information:
http://www.affirmingyouth.org
joy@affirmingyouth.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

Davis, Shane, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Davis, Shelena, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Davis-Pope, Jordyn, MSW, LCSW ■
5335 Northwest 87th Avenue
Doral, FL 33178
(786) 551-9550
Digital Contact Information:
info@monarchcounselinggroup.com
Other Languages Spoken by Provider or Office Staff English

Davis-Rosario, Safiyah R, MSW, LCSW ■
FL
(786) 318-1591
Digital Contact Information:
http://www.sanctuarytcs.com
safiyahdv@hotmail.com

De Aguayo, Andrea, PSYD, LP ■
3625 Northwest 82nd Avenue
400o
Doral, FL 33166
(786) 407-3375
Digital Contact Information:
drandrea@srfhealinghelp.com

De Carvalho, Marcello, MSN, APRN ■
3081 Salzedo Street
202 e3
Coral Gables, FL 33134
(786) 755-4801
Digital Contact Information:
hailey.welsh@credentialing.com

and
13540 SW 135th Ave
Miami, FL 33186
(786) 231-0800
Digital Contact Information:
hailey.welsh@credentialing.com
Other Languages Spoken by Provider or Office Staff
Spanish

De La Maza, Claudia, MA, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
genesisconsultingservices39@gmail.com

De La Nuez, Laura, PSYD, LP ■
2100 Ponce de Leon
STE 1015
Coral Gables, FL 33134
(786) 797-7788
Digital Contact Information:
lauradelanuez@bellsouth.net

De Sautu-Dominguez, Erika, MS, LMHC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
credentialing@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com
Other Languages Spoken by Provider or Office Staff
Spanish

De Souza, Maria B, PSYD, LP ■
FL
(954) 629-0248
Digital Contact Information:
http://www.drbetinadesouza.com
betina@drbetinadesouza.com

De Souza, Vacir, MA, LMHC ■
7900 Oak Ln
400
Hialeah, FL 33016
(786) 622-5743
Digital Contact Information:
palmbehavioral2@gmail.com

DeFilippo, Antonio F, MD ■
9350 Sunset Drive
118
Miami, FL 33173
(786) 713-2440
Digital Contact Information:
dianna@infinitebehavioral.com
Other Languages Spoken by Provider or Office Staff Italian

Deane, Yanique, MSW, LCSW ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
itsyourtime1086@gmail.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
itsyourtime1086@gmail.com

Dearmas, Vanessa M, MMH, LMHC ■
FL
(305) 505-7558
Digital Contact Information:
empoweringmindsetllc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Debasa Marimon, Gretel, MSED, BCBA ■
2500 Northwest 79th Avenue
Suite 180
Doral, FL 33122
(786) 253-7868
Digital Contact Information:
gretel.debasa@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Deblasio, Kristie, PHD, LCP ■
FL
(800) 567-5433
Digital Contact Information:
southcoastpsychotherapy@gmail.com
Other Languages Spoken by Provider or Office Staff English

Debord, Renee R, MA, LMHC ●
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Debrady, Denise, MSSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ddebrady@yahoo.com

Decker, Sallee, MSW, LCSW, LICSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
noah@medsolercm.com

Deforges, Laure, MC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Degarmo Sesin, Paula S, MS, BCBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(410) 538-2574
Digital Contact Information:
https://tillytherapy.com/
hphpeds@advantumhealth.com

Dehaut, Yves, MN, APRN ●
20760 Northeast 4th Court
APT 106
Miami, FL 33179
(305) 331-8695
Digital Contact Information:
chanmedicalbilling@gmail.com
Other Languages Spoken by Provider or Office Staff Creole

Dejimenez, Emily, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Del Llano Lemus, Laura, MSN, APRN ■
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(954) 361-2669
Digital Contact Information:
laura051289@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Del Rio, Giannina, MMFT, LMFT ■
610 Española Way
Miami Beach, FL 33139
(305) 899-1587
Digital Contact Information:
insurance@jcsfl.org

Del Risco Fuentes, Alina, MA, BCBA ■
FL
(786) 574-1276
Digital Contact Information:
info@bmmaba.com

and
10261 Southwest 72nd Street
Miami, FL 33173
(786) 773-3654
Digital Contact Information:
info@bmmaba.com

and
7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
info@bmmaba.com

Del Sol Padron, Hanalally, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 772-1577
Digital Contact Information:
hanalally.delsol@yahoo.com

and
7001 Southwest 97th Avenue
104
Miami, FL 33173
(786) 772-1577
Digital Contact Information:
hanalally.delsol@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Del Toro, Yilliam V, MS, BCBA, LBA ■
226 Southwest 8th Avenue
Miami, FL 33130
(305) 537-9490
Digital Contact Information:
opusmentalhealthcenter@gmail.com

and
1350 Southwest 57th Avenue
West Miami, FL 33144
(786) 404-1017
Digital Contact Information:
opusmentalhealthcenter@gmail.com

and
Home Based Services Only
West Miami, FL 33144
(786) 404-1017
Digital Contact Information:
opusmentalhealthcenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Deleon, Orlando, MSSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
providerenrollment5@deeroaks.com
Other Languages Spoken by Provider or Office Staff
Spanish

Delgado Dorticos, Amilkar, MS, BCBA ■
15260 SW 280th St
Ste 205
Homestead, FL 33032
(305) 707-7237
Digital Contact Information:
http://www.familybehaviorservices.org
therapy110@gmail.com

and
18951 Southwest 106th Avenue
105 106
Miami, FL 33157
(305) 233-4448
Digital Contact Information:
therapy110@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Delgado Marquez, Marice, EDM, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 227-6003
Digital Contact Information:
marice2490@gmail.com

and
12700 Southwest 122nd Avenue
108 110
Miami, FL 33186
(786) 227-6008
Digital Contact Information:
marice2490@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Delgado, Mayrelis, MS, BCBA ■
3401 Northwest 82nd Avenue
105e
Doral, FL 33122
(786) 614-3121
Digital Contact Information:
Not Available

and
Home Based Services Only
Doral, FL 33122
(786) 614-3121
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Delgado, Miguel, MED, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Delgado, Raymond, MED, BCBA ■
4750 Northwest 184th Terrace
Miami Gardens, FL 33055
(305) 301-5971
Digital Contact Information:
hashtagtherapyinc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Delgado Rodriguez, Yessica, MS, BCBA ■
2300 West 84th Street
404a
Hialeah, FL 33016
(786) 681-8494
Digital Contact Information:
yessicadelgado87@gmail.com

and
13055 Southwest 42nd Street
STE 104
Miami, FL 33175
(305) 480-7839
Digital Contact Information:
yessicadelgado87@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Delgado, Samantha, MBS, BCBA ■
Home Based Services Only
Miami Lakes, FL 33018
(305) 343-0783
Digital Contact Information:
samantha.delgado.10@gmail.com
Other Languages Spoken by Provider or Office Staff
Haitian, Spanish

Delgado Santana, Arletty, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 299-7782
Digital Contact Information:
genesisconsultingservices39@
gmail.com

and
Northwest 6 Street
Miami, FL 33172
(786) 487-8801
Digital Contact Information:
genesisconsultingservices39@
gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Delgado-Abraham, Saily, LMHC, MS ■
1250 SW 27th Ave
Miami, FL 33135
(786) 536-9278
Digital Contact Information:
rehabcenterag@gmail.com

and
5950 Southwest 40th Street
Miami, FL 33155
(786) 633-5960
Digital Contact Information:
rehabcenterag@gmail.com

and
7001 SW 97th Ave
Ste 208
Miami, FL 33173
(786) 380-7171
Digital Contact Information:
rehabcenterag@gmail.com

and
14201 Southwest 120th Street
suite 110
Miami, FL 33186
(786) 803-8826
Digital Contact Information:
rehabcenterag@gmail.com

and
975 Arthur Godfrey Rd
Ste 308
Miami Beach, FL 33140
(305) 456-1014
Digital Contact Information:
https://mindandsoultherapy.org/
rehabcenterag@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Delicio, Elizabeth, MMH, LMHC ■
7789 Northwest 48th Street
375
Doral, FL 33166
(786) 409-3800
Digital Contact Information:
zulma.alvarado@
dynastymentalhealth.com

and
1840 W 49th St
Ste 517
Hialeah, FL 33012
(786) 558-8465
Digital Contact Information:
zulma.alvarado@
dynastymentalhealth.com

and
1840 W 49th St
Ste 605
Hialeah, FL 33012
(305) 456-7785
Digital Contact Information:
zulma.alvarado@
dynastymentalhealth.com

and
3701 Southwest 107th Avenue
Miami, FL 33165
(305) 553-8343
Digital Contact Information:
zulma.alvarado@
dynastymentalhealth.com

and
8200 Northwest 41st Street
Suite 200
Miami, FL 33166
(786) 587-9432
Digital Contact Information:
zulma.alvarado@
dynastymentalhealth.com

and
760 Northwest 107th Avenue
110
Miami, FL 33172
(786) 409-3800
Digital Contact Information:
zulma.alvarado@
dynastymentalhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Deller, Cletus, MS, LMHC, LPCC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.
app
insurance@wellnite.com

Delva, Shirley, PHD, LP ■
2020 Northeast 163rd Street
300f
North Miami Beach, FL 33162
(305) 209-1014
Digital Contact Information:
http://behavioralsolutionsmiami.com
sdelva92@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Creole, Haitian

Demerritt, Magda, MSW, LCSW ■
FL
(786) 906-8656
Digital Contact Information:
referrals@wonderfulcounselorllc.
com
Other Languages Spoken by Provider or Office Staff Creole

Der Rohe-Borghese, Gema Y, MSW, BCBA, LBA, LCSW ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
orlando@pbhd.health

and
2525 Ponce de Leon Boulevard
370
Miami, FL 33134
(954) 408-1568
Digital Contact Information:
orlando@pbhd.health
Other Languages Spoken by Provider or Office Staff Haitian Creole

Desantis, Danielle L, PSYD, LMFT, LP ■
FL
(401) 371-0223
Digital Contact Information:
http://www.drdanielledesantis.com
drdanielledesantis@gmail.com

Desarmes, Michelle, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
finn.garrison@bellmedex.com

Deshmukh, Parikshit, MD ■
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
Not Available

Desroches, Moramed, MSN, APRN, CRNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole, French, Spanish

Diaz Alsina, Laura V, MS, BCBA ■
Home Based Services Only
Hialeah, FL 33012
(305) 200-3326
Digital Contact Information:
asmtherapy@gmail.com

and
12985 Southwest 130th Court
101 101
Miami, FL 33186
(786) 205-0090
Digital Contact Information:
asmtherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz, Arlene E, MS, LMHC ■
1360 South Dixie Highway
355
Coral Gables, FL 33146
(305) 342-9761
Digital Contact Information:
arly07@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz Cabrera, Yuleisvi, MS, BCBA ■
2210 Northwest 92nd Avenue
e1
Doral, FL 33172
(786) 208-7539
Digital Contact Information:
vivianaicare@gmail.com

and
7801 Northwest 37th Street
Lp-201
Doral, FL 33195
(305) 468-9899
Digital Contact Information:
vivianaicare@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 468-9899
Digital Contact Information:
vivianaicare@gmail.com

and
2500 SW 107TH AVE
42
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
vivianaicare@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz Colina, Maria J, BA, BCBA ■
Home Based Services Only
Doral, FL 33126
(305) 433-5489
Digital Contact Information:
vanessa@amromed.com

and
27132 South Dixie Highway
Naranja, FL 33032
(786) 283-0175
Digital Contact Information:
vanessa@amromed.com

Diaz, David, MS, LMFT ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
http://www.behavioralaid.com
info@behavioralaid.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz Encinosa, Barbara M, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
mamisol58@yahoo.es

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
mamisol58@yahoo.es

and
13301 Southwest 132nd Avenue
201 201
Miami, FL 33186
(305) 509-5537
Digital Contact Information:
mamisol58@yahoo.es

Diaz, Laura, MN, APRN ■

14722 Southwest 56th Street
Miami, FL 33185
(305) 456-0572
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
13190 Southwest 134th Street
106
Miami, FL 33186
(786) 209-0023
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
17325 Northwest 27th Avenue
Suite 105
Miami Gardens, FL 33056
(786) 819-0209
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz, Lazaro, MSW, LCSW ■
313 Palm Avenue
Hialeah, FL 33010
(786) 470-9144
Digital Contact Information:
jxross12@gmail.com

and
3420 West 84th Street
104
Hialeah, FL 33018
(786) 409-3338
Digital Contact Information:
jxross12@gmail.com

and
317 North Krome Avenue
Homestead, FL 33030
(305) 257-8065
Digital Contact Information:
jxross12@gmail.com

and
3080 W Flagler St
Miami, FL 33135
(786) 547-2832
Digital Contact Information:
jxross12@gmail.com

and
8360 West Flagler Street
201
Miami, FL 33144
(786) 870-5487
Digital Contact Information:
jxross12@gmail.com

and
10021 Southwest 40th Street
Miami, FL 33165
(786) 464-0673
Digital Contact Information:
jxross12@gmail.com

and
10300 Southwest 72nd Street
414
Miami, FL 33173
(813) 468-7905
Digital Contact Information:
jxross12@gmail.com

and
9600 Southwest 8th Street
47
Miami, FL 33174
(305) 456-9035
Digital Contact Information:
jxross12@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Diaz, Lissainet, MA, BCBA ■
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
lissainet.diaz@cultivatebhe.com

Diaz, Michelle, MS, LABA ■
HOME BASED SERVICES ONLY
Miami, FL 33178
(786) 660-1074
Digital Contact Information:
mdiaz@bostonblc.org
Other Languages Spoken by Provider or Office Staff English

Diaz, Milagros, MMFT, LMFT ■
7400 Southwest 50th Terrace
STE 303
Miami, FL 33155
(786) 738-4045
Digital Contact Information:
http://psychcarecenter.com/
psychcarecc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz Mir, Gabriela S, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 394-5105
Digital Contact Information:
gabrielabcba96@gmail.com

and
12001 Southwest 128th Court
Suite Suite 104
Miami, FL 33186
(786) 868-0505
Digital Contact Information:
gabrielabcba96@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz, Miya, MS, BCBA ■
7801 Northwest 37th Street
Lp-201
Doral, FL 33195
(305) 468-9899
Digital Contact Information:
vivianaicare@gmail.com

and
1150 Northwest 72nd Avenue
ph 2
Miami, FL 33126
(786) 542-5043
Digital Contact Information:
http://1stcarecms.com
vivianaicare@gmail.com

and
11890 Southwest 8th Street
405
Miami, FL 33184
(786) 439-7098
Digital Contact Information:
http://britobehaviorservices.com
vivianaicare@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Creole, Spanish

Diaz Palmero, Yuranis, MPSY, LMHC ■
3785 Northwest 82nd Avenue
307
Doral, FL 33166
(305) 266-2949
Digital Contact Information:
info@oasismentalhealthcenter.com

and
Northwest 92nd Avenue
Doral, FL 33172
(305) 266-2949
Digital Contact Information:
info@oasismentalhealthcenter.com

and
5901 Northwest 183rd Street
310
Hialeah, FL 33015
(786) 418-9790
Digital Contact Information:
https://oasismentalhealthcenter.com
info@oasismentalhealthcenter.com

and
1250 Southwest 27th Avenue
Suite 506
Miami, FL 33135
(786) 536-9278
Digital Contact Information:
info@oasismentalhealthcenter.com

and
330 Southwest 27th Avenue
STE 609
Miami, FL 33135
(786) 743-0801
Digital Contact Information:
info@oasismentalhealthcenter.com

and
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
info@oasismentalhealthcenter.com

and
9125 SW 87th Ave
Miami, FL 33176
(305) 735-3919
Digital Contact Information:
info@oasismentalhealthcenter.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz Reyes, Lourdes, MS, BCBA ■
12360 SW 132nd Ct
Ste 201
Miami, FL 33186
(786) 701-9605
Digital Contact Information:
aba-ojtcorp@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz Rodriguez, Tahnee, MSN, APRN ■
13055 Southwest 42nd Street
205
Miami, FL 33175
(786) 417-9395
Digital Contact Information:
https://onemorelight.org/
omlhspsychiatry@gmail.com

and
FL
(786) 417-9395
Digital Contact Information:
https://onemorelight.org/
omlhspsychiatry@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Diaz, Stephanie, MA, BCBA ■
10855 Southwest 72nd Street
UNIT 1-5
Miami, FL 33173
(305) 720-2166
Digital Contact Information:
info@stepforwardaba.com

and
333 W 41st St
Ste 414
Miami Beach, FL 33140
(305) 720-2166
Digital Contact Information:
https://stepforwardaba.com/
info@stepforwardaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz-Amaran, Yosvel, MSW, LCSW ■
3901 Northwest 79th Avenue
STE 120
Doral, FL 33166
(786) 310-4480
Digital Contact Information:
yosveld@yahoo.es

and
640 W Palm Dr
Ste D
Homestead, FL 33034
(786) 601-7757
Digital Contact Information:
yosveld@yahoo.es

and
640 West Palm Drive
c
Homestead, FL 33034
(305) 793-4701
Digital Contact Information:
yosveld@yahoo.es

and
1150 Northwest 72nd Avenue
220
Miami, FL 33126
(786) 558-4899
Digital Contact Information:
yosveld@yahoo.es

and
1150 Northwest 72nd Avenue
350
Miami, FL 33126
(786) 228-7801
Digital Contact Information:
yosveld@yahoo.es

and
1150 Northwest 72nd Avenue
540
Miami, FL 33126
(786) 228-7801
Digital Contact Information:
yosveld@yahoo.es

and
7805 Coral Way
Ste 131
Miami, FL 33155
(786) 307-2066
Digital Contact Information:
yosveld@yahoo.es

and
7811 Coral Way
Ste 130
Miami, FL 33155
(786) 307-2066
Digital Contact Information:
yosveld@yahoo.es

and
280 Westward Drive
Miami Springs, FL 33166
(786) 391-0744
Digital Contact Information:
http://www.rosswellnesscenters.com
yosveld@yahoo.es

and
Home Based Services Only
Naranja, FL 33032
(786) 953-3599
Digital Contact Information:
yosveld@yahoo.es
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz-Llorens, Rigoberto B, MSN, APRNPMH ■
2828 Coral Way
Ste 460
Coral Gables, FL 33145
(305) 642-5255
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net

and
8765 Northwest 110th Street
Hialeah Gardens, FL 33018
(786) 389-2691
Digital Contact Information:
ghines@hinesandassociates.net

and
12550 Biscayne Boulevard
STE 306
North Miami, FL 33181
(305) 642-5255
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net

Diaz-Paniagua, Panny, MED, LMHC ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
credentialing@compass.md

and
9900 Southwest 107th Avenue
STE 101
Miami, FL 33176
(305) 964-5381
Digital Contact Information:
credentialing@compass.md

and
Home Based Services Only
Miami Lakes, FL 33016
(561) 764-7093
Digital Contact Information:
credentialing@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
credentialing@compass.md
Other Languages Spoken by Provider or Office Staff
Spanish

Dieguez, Nora, PHD, LP ■
385 Alhambra Circle
suite c
Coral Gables, FL 33134
(305) 445-9554
Digital Contact Information:
http://wearemindtherapy.com
info@mindpromanagement.com
Other Languages Spoken by Provider or Office Staff
Spanish

Dieppa, Jessica B, MS, LMHC ●
10815 Southwest 145th Place
Miami, FL 33186
(305) 989-0493
Digital Contact Information:
http://www.guidedpathstherapy.com
jessica.dieppa22@gmail.com

Other Languages Spoken by Provider or Office Staff
Spanish

Dieppa, Renan, MS, LMHC ■
8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-2822
Digital Contact Information:
http://www.mgmbehavioral.com
mgmbehavioral@gmail.com

and

13301 Southwest 132nd Avenue
209 209
Miami, FL 33186
(786) 713-5553
Digital Contact Information:
mgmbehavioral@gmail.com

Dietsch-Vazquez, Liliana, MED, BCBA ■
8200 Northwest 41st Street
Suite 200
Miami, FL 33166
(786) 774-7729
Digital Contact Information:
http://www.integrativemethods.com
info@integrativemethods.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diez, Aileen, MMH, LMHC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(305) 439-4434
Digital Contact Information:
aileen.diez10@gmail.com

Diez De Sollano, Carina, MSW, LCSW ■
2100 Coral Way
Coral Gables, FL 33145
(786) 320-1677
Digital Contact Information:
http://www.ydzm.org
rossconsultingandcredentialing@gmail.com

and

7925 Northwest 12th Street
225
Doral, FL 33126
(305) 456-4378
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and

3750 West 16th Avenue
208 210
Hialeah, FL 33012
(305) 301-3283
Digital Contact Information:
https://www.serenitytms.com/
rossconsultingandcredentialing@gmail.com

and

2100 West 76th Street
201 206
Hialeah, FL 33016
(786) 353-2324
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and

5590 W 20th Ave
Ste 404
Hialeah, FL 33016
(305) 826-9330
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and

FL
(305) 338-6219
Digital Contact Information:
rossconsultingandcredentialing@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diggs, Teanna, MSW, LCSW ●
1065 Southwest 8th Street
1136
Miami, FL 33130
(703) 772-5097
Digital Contact Information:
https://www.postpartumwell.com
info@postpartumwell.com

and

FL
(703) 772-5097
Digital Contact Information:
https://www.postpartumwell.com
info@postpartumwell.com

Dimitrjevitch, Sasha, MS, LMHC ■
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
billing@peaktherapycenter.com

Dixon, Passion, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
ortiz4professionalservicesllc@gmail.com

Dobano Amador, Oscar A, MSN, APRN ■
10031 Southwest 40th Street
Miami, FL 33165
(786) 442-9628
Digital Contact Information:
admin@medicalwellnesscent.com

and

3621 SW 107th Ave
Miami, FL 33165
(786) 534-8366
Digital Contact Information:
http://serenitycommunitycenter.com
admin@medicalwellnesscent.com

Dobie, Patricia A, MS, LCMHC, LCPC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
appointments@meetmarvin.com

Dole, Kathryn, PSYD, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Dominguez, Alejandro, MS, BCBA ■
18901 Southwest 106th Avenue
a 227
Cutler Bay, FL 33157
(786) 732-7516
Digital Contact Information:
goodbehavior.as@gmail.com

and

1000 Brickell Avenue
Miami, FL 33131
(786) 732-7516
Digital Contact Information:
goodbehavior.as@gmail.com

and

15715 South Dixie Highway
330
Miami, FL 33157
(786) 732-0842
Digital Contact Information:
goodbehavior.as@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Dominguez Alvarez, Dayami, MS, BCBA ■
7779 Northwest 146th Street
Hialeah, FL 33016
(786) 702-6868
Digital Contact Information:
dayami@childrenbehavioraltherapy.com

Dominguez, Alyssa, MS, BCBA ■
9425 Southwest 72nd Street
164
Miami, FL 33173
(305) 279-2286
Digital Contact Information:
taylor@freshstartsnow.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Dominguez, Arturo, MMH, LMHC ■
FL
(305) 967-9201
(786) 233-6127
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and

8551 Northwest South River Drive
Medley, FL 33166
(305) 603-9344
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and

8660 West Flagler Street
209
Miami, FL 33144
(305) 603-9985
Digital Contact Information:
http://www.newhealthrehab.com
rossconsultingandcredentialing@gmail.com

and

15715 South Dixie Highway
226
Miami, FL 33157
(305) 849-4186
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and

10300 Sunset Drive
Suite 310
Miami, FL 33173
(786) 238-7063
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and

5600 Southwest 135th Avenue
STE 216
Miami, FL 33183
(786) 536-6196
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

Dominguez, Ashley, MS, LMHC ■
FL
(305) 497-4998
Digital Contact Information:
https://thecounselorcare.com
ashley@thecounselorcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Dominguez, Doris M, MSW, LCSW ■
9010 SW 137th Ave
Ste 236
Miami, FL 33186
(305) 772-9681
Digital Contact Information:
doris@dmdtherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Dominguez Suarez, Roberto, MS, BCBA ■
13416 Southwest 128th Street
Miami, FL 33186
(786) 732-0247
Digital Contact Information:
http://milestones-aba.org
milestonesaba2023@gmail.com

Dominguez Tamayo, Yaliagny D, BS, BCABA ■
3300 West 84th Street
10 10
Hialeah, FL 33018
(561) 909-8980
Digital Contact Information:
privateinsurancechildgarden@gmail.com
Other Languages Spoken by Provider or Office Staff Creole, Spanish

Dominguez, Yoelkis, MS, BCBA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
http://www.appliedbhs.com
dabs@appliedbhs.com

and

7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Donado Giovannetti, Carlos A, MPSY, LMHC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
http://www.behavioralaid.com
info@behavioralaid.com

and

9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
info@behavioralaid.com
Other Languages Spoken by Provider or Office Staff
Spanish

Donaldson, Kaeron, MSW, LCSW ■
2124 Northeast 123rd Street
STE 220
North Miami, FL 33181
(786) 828-0947
Digital Contact Information:
https://blossomfl.com
info@blossomfl.com
Other Languages Spoken by Provider or Office Staff
Hebrew, Spanish

Doran, Brianna, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
help@joinuplift.co

and

2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Dorney, Rochelle, MA, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
rochelle.frankel@belleve.us

Dorrough-Ewing, Elisa W, MSW, LCSW, LICSW ■
FL
(305) 902-6347
(239) 652-0260
Digital Contact Information:
https://bebravehealth.com/
roxanne.jubithana@aspirehp.org
Other Languages Spoken by Provider or Office Staff English

Dougery, Jonelle K, MS, LMHC ■
9010 SW 137th Ave
Ste 212
Miami, FL 33186
(305) 710-2599
Digital Contact Information:
jonelle.dougery@gmail.com

and

9010 Southwest 137th Avenue
Ste 216
Miami, FL 33186
(305) 710-2599
Digital Contact Information:
jonelle.dougery@gmail.com

Douglas, Katherine A, MS, LMFT ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
http://www.behavioralaid.com
info@behavioralaid.com

Dowd, David, MSW, LCSW ■
8750 Southwest 144th Street

Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com
Other Languages Spoken by Provider or Office Staff Spanish

Dowell, Lavern, MSN, APRN ■
848 Brickell Avenue
5
Miami, FL 33131
(904) 765-0665
Digital Contact Information:
egood@ahawc.org

Downs, Darrell L, PHD, LP ■
5825 Sunset Drive
STE 205
South Miami, FL 33143
(305) 663-0704
Digital Contact Information:
dldphd@gmail.com

Doyle, Alissa D, MA, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
jon@beyondabatherapy.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
jon@beyondabatherapy.com

and
1951 NW 7th Ave
Ste 600
Miami, FL 33136
(929) 384-7193
Digital Contact Information:
jon@beyondabatherapy.com

Doyley-Green, Natalie S, MSN, APRN, NP ■
2820 Northeast 214th Street
Aventura, FL 33180
(256) 500-8688
Digital Contact Information:
hello@joinblossomhealth.com

and
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
http://happierliving.com
hello@joinblossomhealth.com

and
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com

and
255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com

and
370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://happierliving.com
hello@joinblossomhealth.com

and
333 Southeast 2nd Avenue
Suite #2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
hello@joinblossomhealth.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
hello@joinblossomhealth.com

and
3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
http://happierliving.com
hello@joinblossomhealth.com

and
350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com

and
429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com

and
323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com

Drake, Maureen Z, MC, LMHC ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
diana.casciato@outlook.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
http://www.lotuscounseling.com
diana.casciato@outlook.com

Dreher, Faatimah, MS, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
acc@advancedclientcare.org

Driggs, Yenny, MBS, BCBA ■
17324 Northwest 63rd Avenue
Hialeah, FL 33015
(786) 879-2117
Digital Contact Information:
dchsbehavioranalysis@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Drumb, Lisa, MA, BCBA, LBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
info@appliedabc.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Duba, William J, MS, LMHC ■
1666 79th Street Causeway
211
North Bay Village, FL 33141
(305) 244-0090
Digital Contact Information:
billduba@gmail.com

and
7525 East Treasure Drive
1016 1016
North Bay Village, FL 33141
(305) 244-0090
Digital Contact Information:
billduba@gmail.com
Other Languages Spoken by Provider or Office Staff Portuguese, Spanish

Dube, Alok, MD ■
1710 Northwest 7th Street
5
Miami, FL 33125
(239) 250-9411
Digital Contact Information:
infinitywellnessgroup21@gmail.com

and
1495 NW 54th St
Miami, FL 33142
(305) 205-4328
Digital Contact Information:
infinitywellnessgroup21@gmail.com

and
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
infinitywellnessgroup21@gmail.com

and
9350 SW 72nd St
Ste 116
Miami, FL 33173
(305) 992-9768
Digital Contact Information:
infinitywellnessgroup21@gmail.com

and
9125 SW 87th Ave
Miami, FL 33176
(305) 735-3919
Digital Contact Information:
infinitywellnessgroup21@gmail.com

and
13701 Southwest 88th Street
306
Miami, FL 33186
(954) 217-2444
Digital Contact Information:
infinitywellnessgroup21@gmail.com

Dubois, Rose, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

Duenas, Barbara, MS, LMFT ■
FL
(786) 671-4939
Digital Contact Information:
http://www.duenasmentalhealth.com
barbara@duenasmentalhealth.com

Dufresne, Rachel, MSW, LCSW ■
FL
(786) 505-4485
Digital Contact Information:
rdufresnelcsw@gmail.com

Dumbar, Yadira, MS, BCBA ■
Home Based Services Only
Hialeah, FL 33012
(561) 460-0284
Digital Contact Information:
lifetimecareservices@gmail.com

and
8743 Southwest 9th Terrace
4
Miami, FL 33174
(786) 360-2869
Digital Contact Information:
lifetimecareservices@gmail.com

and
5801 Northwest 151st Street
206
Miami Lakes, FL 33014
(305) 504-1749
Digital Contact Information:
lifetimecareservices@gmail.com

and
FL
(305) 504-1749
Digital Contact Information:
lifetimecareservices@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Dunwoody, Circe A, MSW, LCSW ■
FL
(786) 512-2161
Digital Contact Information:
circedunwoody@ymail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Duran, Gladys A, MSW, LCSW ●
FL
(305) 321-9998
Digital Contact Information:
http://pivotalbeginnings.com
gduran@pivotalbeginnings.com
Other Languages Spoken by Provider or Office Staff Spanish

Duran, Yessenia, MED, LBA ■
10920 Southwest 184th Street
Miami, FL 33157
(305) 378-5775
Digital Contact Information:
http://www.slbtherapy.com
yessenia.duran@live.com
Other Languages Spoken by Provider or Office Staff Spanish

Durand, Tekisha, MSW, LCSW ■
FL
(305) 833-3203
Digital Contact Information:
https://headway.co/providers/tekisha-durand
yourswagteam@gmail.com
Other Languages Spoken by Provider or Office Staff Creole

Durgin, Cheryl, MED, LBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
cheryl@blessings-ranch.com

Durkin, Michelle L, MA, LCPC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
mdurkin@riseabovecs.com

Dutton, Amber C, MSW, LCSW ■
FL
(415) 424-4266
Digital Contact Information:
credentialing@hazel.co

Duvalier, Leanne J, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ljdtherapy@ljdtherapy.onmicrosoft.com

Duvert, Nathaniel, MMFT, LMFT ■
1065 Southwest 8th Street
1287
Miami, FL 33130
(617) 333-8740
Digital Contact Information:
http://www.joinhopscotch.com
nduvert2005@yahoo.com
Other Languages Spoken by Provider or Office Staff Creole

Earley, Christina, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@daybreakhealth.com
Other Languages Spoken by Provider or Office Staff English

Ebert, Maryellen, EDS, LMHC ■
5001 SW 74th Ct
Ste 104
Miami, FL 33155
(305) 663-0013
Digital Contact Information:
leleebert@hotmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Ebro, Ibis, MS, BCBA ■
Home Based Services Only
Miami Gardens, FL 33014
(305) 417-1535
Digital Contact Information:
ibisebro@gmail.com

Other Languages Spoken by Provider or Office Staff Spanish

Echemendia Lozano, Nasihely, MSN, APRNPMH ■
5881 Northwest 151st Street
Suite: 103
Miami Lakes, FL 33014
(786) 703-4154
Digital Contact Information:
lozanopsychnp@sanchez-md.com

and
9725 South Dixie Highway
Pinecrest, FL 33156
(305) 209-0144
Digital Contact Information:
lozanopsychnp@sanchez-md.com

Edmonson, Diana, DNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Edrosa, Caridad B, MBS, BCBA ■
10711 Southwest 216th Street
103 103
Goulds, FL 33170
(305) 965-9682
Digital Contact Information:
info@abcsfl.com

and
2500 SW 107TH AVE
42
Miami, FL 33165
(305) 965-9682
Digital Contact Information:
http://www.abcsfl.com
info@abcsfl.com

and
FL
(786) 615-3334
Digital Contact Information:
info@abcsfl.com

and
12750 Southwest 128th Street
Suite #201
Miami, FL 33186
(786) 592-2051
Digital Contact Information:
http://www.behavioraccservices.com
info@abcsfl.com

and
13501 Southwest 128th Street
114a
Miami, FL 33186
(786) 732-2139
Digital Contact Information:
info@abcsfl.com

Edwards, Raina, MS, LMHC, LPC ■
FL
(202) 410-5972
(786) 273-7736
Digital Contact Information:
info@strengthsandsolutions.com

Edwards, Shanica, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
comptherapeutic@gmail.com

Ehrentreu, Dana, MSW, LCSW ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
nj-patientaccess@harmonybaywellness.com

Eisenstein, Irene M, MPSY, LMHC ■
3850 Mystic Pointe Dr
Miami, FL 33180
(305) 525-6306
Digital Contact Information:
http://psicoterapiaespanol.com
ireneeisenstein@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Eklund, Melissa, MMH, LMHC ■
8200 Northwest 41st Street
Suite 200
Miami, FL 33166
(754) 202-2565
Digital Contact Information:
https://savinglives.clientsecure.me/
melissa@savinglivescounselingcenter.com

El-Bahtity, Bassem F, MD ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
credentialing@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
credentialing@compass.md

Elder, Carol, MS, LMFT ■
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(561) 609-2996
Digital Contact Information:
http://www.pandatherapycircle.com/
pandatherapycircle@gmail.com

Elder, Michelle D, MSW, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Elkin, Belkys, PSYD, LP ■
2655 South Le Jeune Road
ph 2 # a-10
Coral Gables, FL 33134
(305) 928-1466
Digital Contact Information:
http://www.doctorelkin.com
belkysandy@msn.com
Other Languages Spoken by Provider or Office Staff Spanish

Elma, Linda S, MSW, LCSW ■
11601 Biscayne Boulevard
303
Miami, FL 33181
(954) 278-0487
Digital Contact Information:
http://lsmsmentalhealth.com
info@lindaelmalcsw.com
Other Languages Spoken by Provider or Office Staff Creole

Emile, Sybil, MA, BCBA ■
18451 Northeast 27th Place
Aventura, FL 33160
(786) 683-2398
Digital Contact Information:
eandc@rethinkbilling.com

Enamorado, Lizaida, MSN, APNP, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
info@kaiwellhealth.com

and
111 Northeast 1st Street
FL 8
Miami, FL 33132
(602) 562-7383
Digital Contact Information:
info@kaiwellhealth.com

and
15321 South Dixie Highway
Suite 203
Miami, FL 33157
(786) 707-4934
Digital Contact Information:
info@kaiwellhealth.com

and
12985 Southwest 130th Court
102-2
Miami, FL 33186
(786) 707-4934
Digital Contact Information:
http://www.kaiwellhealth.com
info@kaiwellhealth.com

and
FL
(602) 562-7383
(305) 707-4394
(786) 707-4934
Digital Contact Information:
http://www.kaiwellhealth.com
info@kaiwellhealth.com
Other Languages Spoken by Provider or Office Staff Spanish

Encio, Reina, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
jenny.silverio@lifehealthsystem.org
Other Languages Spoken by Provider or Office Staff Spanish

England, Kelly L, DNP, APN, APRN, APRNCNP, CNP, NP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Enriquez, Daniela, MA, BCBA ■
9425 Southwest 72nd Street
164
Miami, FL 33173
(305) 279-2286
Digital Contact Information:
http://freshstartsnow.com
daniela.enriquez0912@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Ergin, Bahattin, MSN, APRN ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.co

and
203 Poinciana Island Drive
Sunny Isles Beach, FL 33160
(410) 236-0305
Digital Contact Information:
credentialing@wellnite.co

Ervin, Tracy, MSN, APRN ■
4300 Biscayne Boulevard
STE 203
Miami, FL 33137
(877) 400-0540
Digital Contact Information:
https://forallmentalhealth.com
aubrey@drcred.com

Escalona, Ana, MMH, LMHC ■
10700 Caribbean Boulevard
Suite 101
Cutler Bay, FL 33189
(305) 777-3883
Digital Contact Information:
escalonalmhc@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Escobar, Karla, MS, BCBA ■
Home Based Services Only
Doral, FL 33126
(305) 433-5489
Digital Contact Information:
yiliam@kidstherapyconnection.com

and
7800 Southwest 57th Avenue
205
South Miami, FL 33143
(305) 854-2471
Digital Contact Information:
http://www.kidstherapyconnection.com
yiliam@kidstherapyconnection.com
Other Languages Spoken by Provider or Office Staff Spanish

Escobar Lozada, Betsy, MS, BCBA ■
6625 Miami Lakes Drive
226
Hialeah, FL 33014
(305) 777-3884
Digital Contact Information:
Not Available

Eshgh, Cameron, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Espaillat, Ricardo K, MD ■
3219 W 4th Ave
Na
Hialeah, FL 33012
(305) 261-6633
Digital Contact Information:
rkespaillat@yahoo.com

and
1975 West 76th Street
Hialeah, FL 33014
(305) 479-3262
Digital Contact Information:
rkespaillat@yahoo.com
Other Languages Spoken by Provider or Office Staff Spanish

Esparza, Yumi, MMH, BCBA ■
Home Based Services Only
Hialeah, FL 33012
(561) 962-1286
Digital Contact Information:

counselorbroward@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Espejo, Meryl, MA, BCBA ■
5 Olive Drive
15 15
Hialeah, FL 33010
(305) 417-9879
Digital Contact Information:
https://www.behavior-track.com/
info@behavior-track.com

Espejo, Rafael, MA, BCBA ■
5 Olive Dr
Apt 15
Hialeah, FL 33010
(305) 417-9879
Digital Contact Information:
http://www.behavior-track.com
info@behavior-track.com

and
Home Based Services Only
Hialeah, FL 33010
(305) 417-9879
Digital Contact Information:
info@behavior-track.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Espinal, Daylied, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Espinal, Quisqueya, MSN, APRN ■
12060 Southwest 129th Court
104
Miami, FL 33186
(786) 615-3349
Digital Contact Information:
office@neurobehavioral.health

and
12060 Southwest 129th Court
201
Miami, FL 33186
(786) 615-3349
Digital Contact Information:
office@neurobehavioral.health
Other Languages Spoken by Provider or Office Staff Spanish

Espinosa, Hugo, MD ■
4982 Palm Avenue
Hialeah, FL 33012
(305) 479-3262
Digital Contact Information:
madyryanllc@gmail.com

and
1975 West 76th Street
Hialeah, FL 33014
(305) 479-3262
Digital Contact Information:
http://www.kcmhealthcare.com
madyryanllc@gmail.com

and
5965 Southwest 8th Street
Miami, FL 33144
(305) 479-3262
Digital Contact Information:
http://www.kcm.healthcare.com
madyryanllc@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Essen, Laura A, MSW, LCSW ■
401 Miracle Mile Ste 204
Miami, FL 33134
(305) 823-3438
Digital Contact Information:
laura@lauraessen.com

and
6460 Main St Apt 110
110
Miami Gardens, FL 33014
(305) 823-3438
Digital Contact Information:
laura@lauraessen.com

and
15485 Eagle Nest Lane
#130
Miami Lakes, FL 33014
(305) 823-3438
Digital Contact Information:
laura@lauraessen.com

Estevanell, Joshua, MBS, BCBA ■
631 Northwest 45th Avenue
100
Miami, FL 33126
(786) 343-8890
Digital Contact Information:
http://guilservices.com
guilservices001@gmail.com

and
Home Based Services Only
Miami Lakes, FL 33018
(786) 536-7908
Digital Contact Information:
guilservices001@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Estevez, Mercy M, MSW, LCSW ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
lifelinecounseling2225@gmail.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
http://www.lotuscounseling.com
lifelinecounseling2225@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Estinvil, Rosemery, MSN, APRN ■
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
lgarcia@keraltybh.com

Estrada, Gabriela E, BA, BCBA ■
365 Northwest 16th Street
Homestead, FL 33030
(305) 546-6160
Digital Contact Information:
abaforlittles@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Estrada, Giselle, MS, LMHC ■
250 Catalonia Avenue
Suite 702
Coral Gables, FL 33134
(321) 405-2805
Digital Contact Information:
https://harvestingjoypsychologicalservices.com
harvestingjoycounseling@gmail.com

Estrada, Paola, MSW, LCSW ■
6175 NW 153rd St
Ste 404
Miami Lakes, FL 33014
(305) 558-7400
Digital Contact Information:
kim@appliedbehavior.net

Eusebio, Julia, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Evans-Gean, Amy, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Ewald, Claudia, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

and
1400 Northeast Miami Gardens Drive
103
Miami, FL 33179
(305) 244-0971
Digital Contact Information:
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Exposito, Roxana, MPSY, BCBA ■
8601 Southwest 199th Street
Cutler Bay, FL 33189
(305) 908-2999
Digital Contact Information:
mario@mghomecare.com

and
10200 NW 25th St
Ste 114
Doral, FL 33172
(305) 908-2999
Digital Contact Information:
http://www.mghomecare.com
mario@mghomecare.com

and
40 Northwest 8th Street
Homestead, FL 33030
(305) 908-2999
Digital Contact Information:
mario@mghomecare.com
Other Languages Spoken by Provider or Office Staff Spanish

Exum, Angela L, PHD, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(341) 888-7637
Digital Contact Information:
Not Available

Exume-Noel, Estherline, DNP, APRN, PMHNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@crossfunctionalcare.com

Falcon, Mariam, MED, BCBA ■
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
http://novacommunityservice.com
info@novacshealth.com
Other Languages Spoken by Provider or Office Staff Spanish

Fall, Kevin, PHD, LP ■
FL
(800) 567-5433
Digital Contact Information:
https://totallife.com/
frontdesk@insighttherapy.us

Famada, Kaelyn N, MA, BCBA ■
6055 Northwest 104th Avenue
Suite 2
Doral, FL 33178
Digital Contact Information:
http://dstherapies.com
ana.ospina@dstherapies.com
Other Languages Spoken by Provider or Office Staff Spanish

Fang, Tianbin, MS, LMHC ■
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
http://brightsyhealthfl.com
brightsyhealth@gmail.com
Other Languages Spoken by Provider or Office Staff English, Mandarin

Fay, Robert A, MS, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

Febles, Livia, MPSY, BCBA ■
2500 Southwest 107th Avenue
37
Miami, FL 33165
(305) 228-3780
Digital Contact Information:
excellentcare1@att.net

Febres, Julissa M, MA, BCBA ■
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
https://stepforwardaba.com/
admin@stepforwardaba.com
Other Languages Spoken by Provider or Office Staff Hebrew, Spanish

Fedd, Roslyn, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Federick, Jasmine, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Feijo, Roberto, BS, BCABA ■
Home Based Services Only
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
southfloridabbf@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Felix, Emilienne, MSN, APRN ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Felix, Stephanie, MS, BCBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
credentialing@alpacahealth.io

Fenby, Malia, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Feng, Jojo, MSW, LCSW, LCSW-R ■
FL
(347) 687-8895
Digital Contact Information:
jojo.feng@protonmail.com
Other Languages Spoken by Provider or Office Staff Chinese, Russian, Mandarin

Fenton Hodge, Yivell M, MS, BCBA ■
7875 Northwest 12th Street
118
Miami, FL 33126
(786) 505-4449
Digital Contact Information:
http://southfloridabehavior.com
info@southfloridabehavio.com

and
10855 Southwest 72nd Street
UNIT 1-5
Miami, FL 33173
(305) 720-2166
Digital Contact Information:
info@southfloridabehavio.com
Other Languages Spoken by Provider or Office Staff Spanish

Ferguson, Camira, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Fernandez, Adriano, BS, BCABA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
http://www.appliedbhs.com
dabs@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez Calienes, Lauren, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 238-7237
Digital Contact Information:
credentialing@practolytics.com

and
8532 Southwest 8th Street
STE 290
Miami, FL 33144
(786) 927-8048
Digital Contact Information:
credentialing@practolytics.com

and
12460 Southwest 8th Street
2024
Miami, FL 33184
(786) 801-0944
Digital Contact Information:
credentialing@practolytics.com

and
9710 East Indigo Street
Suite 201
Palmetto Bay, FL 33157
(786) 277-6210
Digital Contact Information:
credentialing@practolytics.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Carla A, MS, LMHC ■
999 Ponce de Leon
102
Coral Gables, FL 33134
(844) 309-6676
Digital Contact Information:
http://www.yourwholehealth.net
info@yourwholehealth.net

and
FL
(844) 309-6676
Digital Contact Information:
http://www.yourwholehealth.net
info@yourwholehealth.net

Fernandez, Cindy, MSED, BCBA ■
10200 NW 25th St
Ste 114
Doral, FL 33172
(305) 908-2999
Digital Contact Information:
reachingwellness@hotmail.com

and
782 Northwest 42nd Avenue
Suite 4
Miami, FL 33126
(786) 337-0885
Digital Contact Information:
reachingwellness@hotmail.com

and
9380 Sunset Drive
b165
Miami, FL 33173
(786) 337-0585
Digital Contact Information:
reachingwellness@hotmail.com

Fernandez De Castro, Erika, MSW, LCSW ■
1450 Madruga Avenue
407
Coral Gables, FL 33146
(786) 395-9162
Digital Contact Information:
morecounseling@gmail.com

and
FL
(786) 395-9162
Digital Contact Information:
morecounseling@gmail.com

and
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
morecounseling@gmail.com

Fernandez, Geisy, MS, BCBA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@brightfuturebehavioral.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
info@brightfuturebehavioral.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Isabel, MSN, APRN ■
15450 New Barn Road
200
Miami Lakes, FL 33014
(305) 900-3970
Digital Contact Information:
http://www.neurozenpsychiatry.com
isabelfernandezrn@gmail.com

and
FL
(305) 900-3970
Digital Contact Information:
http://www.neurozenpsychiatry.com
isabelfernandezrn@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Ismarie, MSW, LCSW ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
ismarie.fernandez@gmail.com

and
2999 Northeast 191st Street
600
Miami, FL 33180
(786) 981-0640
Digital Contact Information:
ismarie.fernandez@gmail.com

Fernandez, Janelle M, MPSY, LMHC ■
14225 SW 42nd St
Miami, FL 33175
(305) 221-8200
Digital Contact Information:
arvida712@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Jennifer, MS, BCBA, LBA ■
11601 Biscayne Boulevard
Miami, FL 33181
(786) 206-4151
Digital Contact Information:
info@appliedabc.com

and
909 North Miami Beach Boulevard
STE 301
North Miami Beach, FL 33162
(305) 822-7202
Digital Contact Information:
info@appliedabc.com

Fernandez, Lianny, MPSY, LMHC ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
yavila@avilahealthgroup.com

and
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
yavila@avilahealthgroup.com

and
306 Westward Dr
Miami Springs, FL 33166
(786) 588-7894
Digital Contact Information:
yavila@avilahealthgroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Lino B, MD ■
6141 Sunset Drive
402
South Miami, FL 33143
(305) 967-8144
Digital Contact Information:
office@linofernandezmd.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Marta, MA, BCBA ■
1400 Northwest 107th Avenue
306
Miami, FL 33172
(786) 817-7444
Digital Contact Information:
martafernandezneumann@yahoo.com

and
13866 Southwest 56th Street
Miami, FL 33175
(786) 380-8585
Digital Contact Information:
martafernandezneumann@yahoo.com

Fernandez, Nallivy, MPSY, LMHC ■
20334 NW 2nd Ave
Miami, FL 33169
(954) 744-0899
Digital Contact Information:
http://fieldsofivy.com
nallyfdez@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Norys T, MSW, LCSW ■
9055 Southwest 73rd Court
1003 1003
Miami, FL 33156
(786) 473-9252
Digital Contact Information:
norysfernandez@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Rey, MS, BCBA ■
10300 Southwest 72nd Street
250b
Miami, FL 33173
(305) 939-6878
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez Rodriguez, Ernesto, MS, BCBA ■
15295 Northwest 60th Avenue
STE 100
Miami Lakes, FL 33014
(305) 316-2055
Digital Contact Information:
heightservicespro@gmail.com

Fernandez, Soraya, MMH, LMHC ■
2300 West 84th Street
STE 104
Hialeah, FL 33016
(305) 903-3168
Digital Contact Information:
cgomezbmcmhc@gmail.com

and
13416 Southwest 128th Street
Miami, FL 33186
(786) 732-0247
Digital Contact Information:
cgomezbmcmhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Tania M, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 534-7172
Digital Contact Information:
clinicare23@outlook.com

Fernandez, Vanessa B, MSW, BCBA ■
8200 Northwest 41st Street
Suite 200
Miami, FL 33166
(305) 401-5259
Digital Contact Information:
vanessa.bcba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez-Guzman, Natasha V, MMH, LMHC ■
15715 South Dixie Highway
Suite 320
Miami, FL 33157
(786) 475-2309
Digital Contact Information:
natashafdez@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ferran, Flavia M, BA, BCABA ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/services@cmnbtherapy.com

and
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/services@cmnbtherapy.com
Other Languages Spoken by Provider or Office Staff
Portuguese, English, Haitian Creole, Japanese, French, Russian, Italian, Spanish, Vietnamese

Ferrandiz, George, MSW, LCSW ■
101 Majorca Avenue
Coral Gables, FL 33134
(305) 448-6988
Digital Contact Information:
fer101@msn.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ferrer, Barbara, MS, BCBA, LMHC ■
FL
(786) 724-4224
Digital Contact Information:
https://www.vita-cog.com/enrollpriv@bikhamhealthcare.com

and
9220 Sunset Drive
104
Miami, FL 33173
(786) 724-4224
Digital Contact Information:
enrollpriv@bikhamhealthcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ferrer, Jezabell, EDM, BCBA ■
10300 Southwest 72nd Street
#354
Miami, FL 33173
(786) 444-7996
Digital Contact Information:
jzadvancedbehaviorservices@gmail.com

Fesperman, Patricia, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Fiallo, Irma R, MSW, LCSW ■
FL
(909) 442-0618
(202) 410-5972
(786) 471-7485
Digital Contact Information:
http://orendapsych.com
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
Spanish

Fickey, Melissa Dawn, MD ■
2600 Douglas Road
Suite 711
Coral Gables, FL 33134
(813) 662-5919
Digital Contact Information:
https://embracinglifetoday.com
mfvilardebo@gmail.com

and
FL
(813) 662-5919
Digital Contact Information:
https://embracinglifetoday.com
mfvilardebo@gmail.com

Figueredo Isaac, Liudmila, MED, BCABA ■
13205 Southwest 137th Avenue
#212
Miami, FL 33186
(786) 732-6298
Digital Contact Information:
florentina1943@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Figuereo Sabeta, Solange, MC, LMHC ■
10300 Florida 986
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Figueroa, Bianca, MC, LMHC ■
7875 SW 104th St
Ste 101
Miami, FL 33156
(305) 899-1587
Digital Contact Information:
Not Available

and
12000 Biscayne Boulevard
303
Miami, FL 33181
(305) 899-1587
Digital Contact Information:
http://www.jcsfl.org
Other Languages Spoken by Provider or Office Staff
Hebrew, English, Russian, Spanish

Figueroa, Danais, MA, BCBA ■
3750 West 16th Avenue
218
Hialeah, FL 33012
(786) 409-3231
Digital Contact Information:
credentialing@kidsspotrehab.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@kidsspotrehab.com

Filkins, Kaitlin, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Fischer, Tara M, MSN, APRN ■
FL
(305) 984-8209
Digital Contact Information:
tara.fisch326@gmail.com

Fishberger, Andrea J, MSW, LCSW ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
andreafishberger@me.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
andreafishberger@me.com

and
FL
(914) 924-4827
Digital Contact Information:
andreafishberger@me.com

Fitzgerald, Caitlyn, MD ■
10540 Northwest 26th Street
STE G201
Doral, FL 33172
(786) 879-8040
Digital Contact Information:
advancedcaresfl@outlook.com

and
33497 South Dixie Highway
103b
Florida City, FL 33034
(786) 444-6003
Digital Contact Information:
advancedcaresfl@outlook.com

and
FL
(786) 444-6003
Digital Contact Information:
advancedcaresfl@outlook.com

and
777 E 25th St
Ste 306
Hialeah, FL 33013
(786) 838-6092
Digital Contact Information:
advancedcaresfl@outlook.com

and
1401 Northwest 17th Avenue
Miami, FL 33125
(813) 816-8075
Digital Contact Information:
advancedcaresfl@outlook.com

and
2100 Southwest 22nd Street
502
Miami, FL 33145
(786) 963-0128
Digital Contact Information:
advancedcaresfl@outlook.com

and
13195 Southwest 134th Street
102
Miami, FL 33186
(305) 964-5236
Digital Contact Information:
advancedcaresfl@outlook.com

and
8785 SW 165th Ave
Ste 104
Miami, FL 33193
(786) 703-1538
Digital Contact Information:
advancedcaresfl@outlook.com

Fitzpatrick, Panayiota, MED, LMHC ■
360 Northwest 27th Street
Miami, FL 33127
(929) 209-6109
Digital Contact Information:
fl-patientaccess@harmonybaywellness.com

Fleurme, Giorvanie, MSN, APRN ■
FL
(305) 902-6347
(305) 200-6090
Digital Contact Information:
giorvanie@gmail.com
Other Languages Spoken by Provider or Office Staff
Hebrew, German, Haitian Creole, Creole, French, Spanish

Flood, Jacquelyn, PSYD, LP ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
https://tillytherapy.com/
credentialing@tillytherapy.com

and
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
credentialing@tillytherapy.com

and
FL
(888) 700-8993
Digital Contact Information:
credentialing@tillytherapy.com

Flores, Aida A, MS, LMHC ■
FL
(305) 494-9791
Digital Contact Information:
aflores@kaaficounseling.com
Other Languages Spoken by Provider or Office Staff
Spanish

Flores, Christian, MSW, LCSW ■
2915 Biscayne Boulevard
Suite 300-4
Miami, FL 33137
(786) 398-4747
Digital Contact Information:
contactus@miamivibescounselingcenter.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fluxa-Cutie, Alina, MPSY, LMHC ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
afmpsychologicalservices@gmail.com
Other Languages Spoken by Provider or Office Staff English

Fogel, Vivian, MS, LMFT ■
1001 North Miami Beach Boulevard
North Miami Beach, FL 33162
(786) 320-5559
Digital Contact Information:
growthllc@growthcounselingandtherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Foley, Diane, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
newhope32937@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fong, Bridgette, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fonseca, Odalys, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 715-8511
Digital Contact Information:
interbehavcorp@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Font Garcia, Luis E, MN, APRN ■
15536 Northwest 77th Court
Hialeah, FL 33016
(305) 621-8051
Digital Contact Information:
dreduardo305@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fontanes, Paula, MS, LMFT ■
FL
(786) 378-4565
Digital Contact Information:
paulafontanes10@gmail.com

and
9745 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 378-4565
Digital Contact Information:
paulafontanes10@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Foraker, Michelle, MS, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
http://www.btgcoaching.com
michelle@btgcoaching.com

Forbes, Laurie J, MSW, LCSW, LMFT ■
2000 S Dixie Hwy
Ste 103
Miami, FL 33133
(305) 794-6685
Digital Contact Information:
ljforbes@aol.com

and
1000 Lincoln Rd
Ste 234A
Miami Beach, FL 33139
(305) 794-6685
Digital Contact Information:
ljforbes@aol.com

and
FL
(305) 794-6685
Digital Contact Information:
ljforbes@aol.com

and
16499 Northeast 19th Avenue
Suite 213
North Miami Beach, FL 33162
(305) 794-6685
Digital Contact Information:
ljforbes@aol.com

Forman, Katrina, MSW, LCSW ■
7270 Northwest 12th Street
430
Miami, FL 33126
(786) 615-2843
Digital Contact Information:
info@universalcwfl.com

and
FL
(800) 567-5433
Digital Contact Information:
info@universalcwfl.com

Forte, Parker, MC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
contact@fortifiedcounseling.com

Forteza Cordero, Judith, MA, BCABA ■
2500 Northwest 79th Avenue
Suite 211
Doral, FL 33122
(786) 675-8650
Digital Contact Information:
dleonintegritybehaviorservice@gmail.com

and
10482 Northwest 31st Terrace
STE 2A
Doral, FL 33172
(786) 765-7550
Digital Contact Information:
dleonintegritybehaviorservice@gmail.com

and
Home Based Services Only
Hialeah, FL 33012
(561) 460-0284
Digital Contact Information:
dleonintegritybehaviorservice@gmail.com

and
131 Northeast 8th Street
Homestead, FL 33030
(786) 291-3979
Digital Contact Information:

dleonintegritybehaviorservice@gmail.com

Fox, Iris T, MSW, LCSW ■
3580 Mystic Pointe Drive
Aventura, FL 33180
(786) 414-1574
Digital Contact Information:
iris@ifoxtherapy.com

Fraga, Alicia, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
admissions@abaalliancecareservices.com

and
8300 NW 53rd St
Ste 350
Miami, FL 33166
(305) 776-0728
Digital Contact Information:
admissions@abaalliancecareservices.com

and
9570 Southwest 107th Avenue
104c
Miami, FL 33176
(786) 267-2830
Digital Contact Information:
admissions@abaalliancecareservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Francis, Ashley, MSW, LCSW, LISW ■
FL
(508) 202-1011
Digital Contact Information:
hello@havenroomtherapy.com
Other Languages Spoken by Provider or Office Staff English

Francis, Jasmin, MA, BCBA ■
16201 Northeast 13th Avenue
North Miami Beach, FL 33162
(786) 955-6224
Digital Contact Information:
http://www.superkidsaba.com
jasmin@superkidsaba.com

and
17121 Northeast 6th Avenue
North Miami Beach, FL 33162
(305) 952-3161
Digital Contact Information:
jasmin@superkidsaba.com
Other Languages Spoken by Provider or Office Staff
Hebrew, Spanish

Franco, Maritere, PHD, LMHC ■
17931 Northwest 85th Avenue
Hialeah, FL 33015
(786) 556-5507
Digital Contact Information:
maritere.franco@icloud.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(786) 622-5743
Digital Contact Information:
maritere.franco@icloud.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 960-7124
Digital Contact Information:
maritere.franco@icloud.com

and
175 Fontainebleau Boulevard
Miami, FL 33172
(305) 960-7124
Digital Contact Information:
maritere.franco@icloud.com

and
FL
(305) 912-1135
Digital Contact Information:
maritere.franco@icloud.com
Other Languages Spoken by Provider or Office Staff
Spanish

Franco Paz, Jean, BS, BCBA ■
Home Based Services Only
Hialeah, FL 33010
(305) 280-5730
Digital Contact Information:
shakira@behaviorchangefl.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
shakira@behaviorchangefl.com

Francois, Esther, MA, BCBA ■
14125 Northwest 80th Avenue
304
Miami Lakes, FL 33016
(786) 305-7222
Digital Contact Information:
christy@southfloridaaba.org

Francois, Rodna, MA, LMHC ■
3580 Mystic Pointe Drive
Aventura, FL 33180
(786) 759-9394
Digital Contact Information:
balanceyourworldyouth@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Creole, Haitian

Frank, Randi, MC, LMHC ■
9822 Northeast 2nd Avenue
2
Miami Shores, FL 33138
(786) 505-7502
Digital Contact Information:
http://www.mindfuldirectionscc.com
randi@mindfuldirectionscc.com

Freire, Anthony, MA, LMHC ■
14211 Southwest 120th Street
107
Miami, FL 33186
(917) 592-2345
Digital Contact Information:
anthonyfreire@gmail.com

Frias Cabrera, Yicel, MS, BCBA ■
13155 Southwest 42nd Street
STE 204
Miami, FL 33175
(786) 486-9756
Digital Contact Information:
loveinservicesprivate@gmail.com

and
13469 Southwest 29th Street
Miami, FL 33175
(786) 486-9756
Digital Contact Information:
loveinservicesprivate@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Friedlander, Christopher, MSN, APRN ■
4601 Ponce De Leon Blvd
Ste 100
Coral Gables, FL 33146
(786) 758-3875
Digital Contact Information:
http://www.greenbrooktms.com
greenbrook@sutherlandglobal.com

Friedman, Rachel, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Frontela Fernandez, Ailyn, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 732-7516
Digital Contact Information:
familylovenetworks@gmail.com

and
10300 Southwest 72nd Street
#354
Miami, FL 33173
(305) 787-2924
Digital Contact Information:
familylovenetworks@gmail.com

Fruge, Candace, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Fuentes Deleon, Romy, MED, BCBA ■
8601 Southwest 199th Street
Cutler Bay, FL 33189
(305) 908-2999
Digital Contact Information:
yordanka@mghomecare.com

and
10200 Northwest 25th Street
STE 114
Doral, FL 33172
(956) 884-4944
Digital Contact Information:
yordanka@mghomecare.com

and
40 Northwest 8th Street
Homestead, FL 33030
(305) 908-2999
Digital Contact Information:
yordanka@mghomecare.com

and
9380 Sunset Drive
b165
Miami, FL 33173
(786) 337-0585
Digital Contact Information:
yordanka@mghomecare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fuentes, Faniley, MS, BCBA ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
info@newlifeaba.com

and
1000 Brickell Avenue
Miami, FL 33131
(754) 234-0643
Digital Contact Information:
info@newlifeaba.com

and
14750 Southwest 26th Street
STE 114
Miami, FL 33185
(786) 536-9441
Digital Contact Information:
info@newlifeaba.com

and
9502 Southwest 166th Court
Miami, FL 33196
(754) 234-0643
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fuentes, Monica M, MMH, LMHC ■
18901 Southwest 106th Avenue
#224
Miami, FL 33157
(786) 732-0071
Digital Contact Information:
http://www.peaceofmindmh.com
monicafuentes@peaceofmindmh.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fundora, Ronnie, MA, BCBA ■
FL
(786) 569-6783
Digital Contact Information:
team@achievebehaviorcenters.com

Funes, Catherine F, PSYD, LP ■
1900 North Bayshore Drive
108
Miami, FL 33132
(954) 362-8677
Digital Contact Information:
bh@hgdoctors.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gabriel, Geraldine, MSN, APN ■
13727 Southwest 152nd Street
161
Miami, FL 33177
(973) 283-5985
Digital Contact Information:
info@embracepwc.com

Gaddis, Virginia B, MA, LMHC, LPC ■
299 Alhambra Circle
STE 210
Coral Gables, FL 33134
(786) 558-5729
Digital Contact Information:
credentialing@growtherapy.com

and
FL
(786) 244-7690
(786) 558-5729
Digital Contact Information:
credentialing@growtherapy.com

and
26023 South Dixie Highway
Homestead, FL 33032
(786) 504-3365
Digital Contact Information:
credentialing@growtherapy.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@growtherapy.com

and
3898 West Flagler Street
Miami, FL 33134
(954) 280-2056
Digital Contact Information:
credentialing@growtherapy.com

Gainza Mayo, Mariela D, MSN, APRN ■
7971 Bird Road
15
Miami, FL 33155
(786) 504-5620
Digital Contact Information:
kenia.rodriguez@ffmhs.com

and
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Galan Goicochea, Rosalia, MBS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 433-0897
Digital Contact Information:
bluelifetherapy@gmail.com
Other Languages Spoken by Provider or Office Staff Kreol, Spanish

Galano Fito, Liliana, BA, BCABA ■
1535 N Goldeneye Ln
Homestead, FL 33035
(786) 212-5530
Digital Contact Information:
info@cornerstone-cba.com

Galban, Jazmin, MPSY, BCBA ■
Home Based Services Only
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
gperez@hbccmhc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Galiboglu, Samet, MD ■
1110 Brickell Avenue
STE 400
Miami, FL 33131
(201) 389-2729
Digital Contact Information:
sametgaliboglumd@gmail.com

and
999 Brickell Avenue
410
Miami, FL 33131
(201) 389-2729
Digital Contact Information:
sametgaliboglumd@gmail.com
Other Languages Spoken by Provider or Office Staff Turkish

Gallimore, Ingrid, MSW, LCSW ■

2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Galvez, Gema, MS, LPC ■
10300 Southwest 72nd Street
275d
Miami, FL 33173
(888) 853-7908
Digital Contact Information:
http://www.bettermindtherapycorp.com
gemagalvez@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gama, Ana Iris, MS, BCBA ■
1570 West 38th Place
12 12
Hialeah, FL 33012
(786) 615-2514
Digital Contact Information:
solutions@cobohomehealthservices.com

and
4410 West 16th Avenue
unit 41
Hialeah, FL 33012
(786) 267-2830
Digital Contact Information:
solutions@cobohomehealthservices.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 536-7470
Digital Contact Information:
solutions@cobohomehealthservices.com

Gammage, Traci, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Gandara, Elena, BA, BCABA ■
Home Based Services Only
Doral, FL 33122
(305) 603-8747
Digital Contact Information:
lightingbehaviorservices@gmail.com

and
1275 West 47th Place
#449
Hialeah, FL 33012
(305) 425-1338
Digital Contact Information:
lightingbehaviorservices@gmail.com

and
4800 Northwest 167th Street
Miami Gardens, FL 33014
(305) 515-2726
Digital Contact Information:
http://www.lightingbehavior.com
lightingbehaviorservices@gmail.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(786) 254-5372
Digital Contact Information:
lightingbehaviorservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gandia Blanco, Adeline, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 695-8789
Digital Contact Information:
group@innovatiobhc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garaboa Niebla, Jisell, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
bluelifetherapy@gmail.com

and
13404 Southwest 128th Street
Miami, FL 33186
(305) 433-0897
Digital Contact Information:
http://www.bluelifetherapy.com
bluelifetherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Albert L, MSN, APRN ■
2700 Southwest 27th Avenue
Miami, FL 33133
(305) 942-5246
Digital Contact Information:
info@doctorsccs.com

and
10661 North Kendall Drive
216
Miami, FL 33176
(786) 631-4158
Digital Contact Information:
info@doctorsccs.com

and
9000 Southwest 137th Avenue
Suite 103
Miami, FL 33186
(305) 671-3503
Digital Contact Information:
info@doctorsccs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Arletis, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 534-7172
Digital Contact Information:
clinicare23@outlook.com

Garcia, Armando, MSSW, LCSW ■
8200 Northwest 41st Street
Suite 200
Miami, FL 33166
(305) 613-2842
Digital Contact Information:
https://savinglives.clientsecure.me/melissa@savinglivescounselingcenter.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Garcia Arteaga, Teresa, MS, BCBA ■
2721 SW 137th Ave
Ste 113
Miami, FL 33175
(786) 558-7248
Digital Contact Information:
http://pensandoconvargas.com
tgarcia@thinkingwithvargas.com

Garcia Bonhomme, Carla, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Garcia, Carla, MSN, APRN ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
info@elevatepsychiatry.com

and
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
info@elevatepsychiatry.com

and
12550 Biscayne Boulevard
STE 800
North Miami, FL 33181
(788) 442-5021
Digital Contact Information:
info@elevatepsychiatry.com

Garcia De Porto, Marieta, MMH, LMHC ■
7925 Northwest 12th Street
118
Doral, FL 33126
(786) 536-2143
Digital Contact Information:
http://psrmindandbodyrehab.com
correamentalhealth@gmail.com

and
650 Northeast 22nd Terrace
212 214
Homestead, FL 33033
(786) 312-4478
Digital Contact Information:
correamentalhealth@gmail.com

and
13205 Southwest 137th Avenue
#212
Miami, FL 33186
(786) 732-6298
Digital Contact Information:
correamentalhealth@gmail.com

and
13205 Southwest 137th Avenue
206 208
Miami, FL 33186
(786) 592-2063
Digital Contact Information:
correamentalhealth@gmail.com

and
FL
(786) 385-9838
Digital Contact Information:
correamentalhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Dennise, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Garcia, Diana, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

and
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

Garcia Diaz, Marta, MSN, APRN ■
7490 Southwest 23rd Street
201
Miami, FL 33155
(786) 953-8221
Digital Contact Information:
medilineinc@yahoo.com

and
7315 Northwest 36th Street
Miami, FL 33166
(786) 345-7734
Digital Contact Information:
medilineinc@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Eliani, MED, BCBA ■
2804 Del Prado Blvd S
209
Miami, FL 33194
(786) 800-4916
Digital Contact Information:
aba@confidentmindsllc.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Garcia, Estrella, MBS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 875-7812
Digital Contact Information:
jcabrera@mymbcinc.com

and
10691 North Kendall Drive
#202
Miami, FL 33176
(786) 534-7172
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Janice, MPSY, BCBA ■
9415 SW 72nd St
Ste 131
Miami, FL 33173
(305) 662-6448
Digital Contact Information:
http://www.miamibehaviortherapy.com
jgarc813@fiu.edu

and
9415 Southwest 72nd Street
101
Miami, FL 33173
(305) 662-6448
Digital Contact Information:
http://www.miamibehaviortherapy.com
jgarc813@fiu.edu

Garcia, Lauren, MED, LMHC ■
2212 Northwest 91st Street
4058
Miami, FL 33147
(341) 888-7637
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
lauren.garcia371@gmail.com

Garcia, Lisette, MC, LMHC ■
12030 Southwest 129th Court
Suite 211
Miami, FL 33186
(305) 639-8760
Digital Contact Information:
http://www.believeandtrusttcm.com
info@believeandtrusttcm.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia Lorenzo, Rachel, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 701-9079
Digital Contact Information:
rachel.garcia1515@gmail.com

and
12968 Southwest 133rd Court
Miami, FL 33186
(786) 701-9079
Digital Contact Information:
http://www.brighterpathservices.com
rachel.garcia1515@gmail.com

Garcia, Manuel Antonio, MD ■
1695 Northwest 110th Avenue
309
Miami, FL 33172
(305) 551-2828
Digital Contact Information:
magmdoffice@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Maria, MS, LMHC ■
15715 S Dixie Hwy
Ste 403
Miami, FL 33157
(305) 707-5966
Digital Contact Information:
movingtowardagape@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Maria J, MS, LMFT ■
8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-2822
Digital Contact Information:
tashaneb@4kids.us

and
17801 Northwest 2nd Avenue
202
Miami, FL 33169
(954) 979-7911
Digital Contact Information:
tashaneb@4kids.us
Other Languages Spoken by Provider or Office Staff
English, Spanish

Garcia, Mirtha M, BA, BCABA ■
2550 Northwest 72nd Avenue
115
Miami, FL 33122
(786) 536-2012

Digital Contact Information:
http://sunshinebehaviorhc.com
sunshinebehaviorhealthcare@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Orlando, MMFT, LMFT ■
FL
(202) 410-5972
(786) 260-3985
Digital Contact Information:
http://www.choosingtherapy.com
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
English, Spanish

Garcia Paja, Yanaydis, BS, BCBA ■
Home Based Services Only
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
mpmcmhc@miamipersonalmanagement.com

Garcia, Rossely N, MA, BCBA ■
18451 Northeast 27th Place
Aventura, FL 33160
(786) 683-2398
Digital Contact Information:
info@appliedabc.com

Garcia Sanchez, Lilian I, MS, ABA, LMHC ■
30392 Old Dixie Highway
Homestead, FL 33030
(786) 283-0175
Digital Contact Information:
behaviorplusservices@gmail.com

and
30350 SW 156th Ave
Homestead, FL 33033
(786) 481-9833
Digital Contact Information:
behaviorplusservices@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
behaviorplusservices@gmail.com

and
8300 NW 53rd St
Ste 350
Miami, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
behaviorplusservices@gmail.com

and
27132 South Dixie Highway
Naranja, FL 33032
(786) 283-0175
Digital Contact Information:
behaviorplusservices@gmail.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com

Garcia Serrano, Lisandra, MSN, APRN ■
2720 Southwest 97th Avenue
C-105
Miami, FL 33165
(786) 332-4330
Digital Contact Information:
lisandragarcia1985@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Sively, MS, BCBA ■
10300 Southwest 72nd Street
250b
Miami, FL 33173
(305) 939-6878
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Garcia, Vanessa J, MS, LBA ■
10143 Costa Del Sol Boulevard
Doral, FL 33178
(917) 284-9393
Digital Contact Information:
info@abaastepatatimecare.com

and
64 Northwest 54th Street
103
Miami, FL 33127
(305) 767-1924
Digital Contact Information:
http://www.autismspecialtygroup.com
info@abaastepatatimecare.com

Garcia Vazquez, Claudia, MS, BCBA ■
11890 Southwest 8th Street
STE 309
Miami, FL 331841710
(305) 220-6060
Digital Contact Information:
iregalado@growingsmilesaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcon, Jose Nadine, PSYD, LP ■
419 W 49th St
Ste 219
Hialeah, FL 33012
(954) 404-7052
Digital Contact Information:
dr.garcon@comcast.net
Other Languages Spoken by Provider or Office Staff Creole

Gargallo Dominguez, Arys L, MPSY, BCBA ■
5050 Northwest 74th Avenue
107
Miami, FL 33166
(305) 640-8280
Digital Contact Information:
arysleyda@gmail.com

and
14221 Southwest 120th Street
Suite 214
Miami, FL 33186
(786) 452-1185
Digital Contact Information:
arysleyda@gmail.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 640-8280
Digital Contact Information:
arysleyda@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garibay Esparza, Manuel, MA, BCBA ■
7925 Northwest 12th Street
130 130
Doral, FL 33126
(786) 870-5090
Digital Contact Information:
http://www.limitlesslearningaba.com
adminabc@abcbehavior.live

and
2947 Coconut Avenue
2 2
Miami, FL 33133
(786) 541-5735
Digital Contact Information:
adminabc@abcbehavior.live

Garrett, Khalilah, MSW, LCSW ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
support@thriveworks.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
support@thriveworks.com
Other Languages Spoken by Provider or Office Staff English

Garrote, Lazaro J, MA, BCBA ■
7990 Southwest 117th Avenue
Suite 134
Kendall, FL 33183
(305) 741-2218
Digital Contact Information:
lgarrote@buildablocktherapy.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 741-2218
Digital Contact Information:
lgarrote@buildablocktherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gaston-Toussaint, Gloriann, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Gatliff, Benjamin, MS, BCBA, LMHC, LPC ■
66 W Flagler St
900
Miami, FL 33130
(610) 306-2618
Digital Contact Information:
delegation@psychplus.com

and
777 Brickell Ave
Ste 500
Miami, FL 33131
(786) 490-2181
Digital Contact Information:
http://rockerhealth.org
delegation@psychplus.com

and
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(561) 289-7995
Digital Contact Information:
http://pandatherapycircle.com
delegation@psychplus.com

Gaz, Tzipora, MED, LBA ■
1000 Brickell Avenue
Miami, FL 33131
(347) 893-1266
Digital Contact Information:
licensedbaps@gmail.com
Other Languages Spoken by Provider or Office Staff
Hebrew, Russian, Yiddish, Spanish

Geier, Nicole, APRN, DNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Genen, Lawrence R, MD ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
provider@3peaksmedical.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com
Other Languages Spoken by Provider or Office Staff English

Gentil Gomez, Mayte, MSN, APRN ■
7811 Coral Way
106
Miami, FL 33155
(305) 412-0138
Digital Contact Information:
maytegentil@gmail.com

and
9995 SW 72nd St
Ste 208
Miami, FL 33173
(305) 412-6034
Digital Contact Information:
maytegentil@gmail.com

Gerecht, Joseph, EDM, BCBA, LBA ■
1688 Meridian Avenue
600 & 700
Miami Beach, FL 33139
(786) 655-8200
Digital Contact Information:
licensedbaps@gmail.com
Other Languages Spoken by Provider or Office Staff
Hebrew, Russian, Yiddish, Spanish

Gerenz, Matthew, MD ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
js@mdgain.com

Gerstein, Myriam, MSW, LCSW ■
901 E 10th Ave
Ste 39
Hialeah, FL 33010
(305) 637-6400
Digital Contact Information:
http://www.jtchs.org
mgerstein@jtchs.org

and
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
http://jtchs.org
mgerstein@jtchs.org

and
5607 NW 27th Ave
1
Miami, FL 33142
(305) 805-1700
Digital Contact Information:
mgerstein@jtchs.org

and
1100 NW 71st St
Miami, FL 33150
(305) 637-6400
Digital Contact Information:
mgerstein@jtchs.org

and
1190 NW 95th St
Ste 100
Miami, FL 33150
(305) 637-6400
Digital Contact Information:
mgerstein@jtchs.org

and
FL
(305) 637-6400
Digital Contact Information:
mgerstein@jtchs.org

and
20612 Northwest 27th Avenue
Miami Gardens, FL 33056
(305) 637-6400
Digital Contact Information:
http://jtchs.org
mgerstein@jtchs.org

and
490 Opa Locka Blvd
Opa Locka, FL 33054
(305) 637-6400
Digital Contact Information:
http://www.jtchs.org
mgerstein@jtchs.org
Other Languages Spoken by Provider or Office Staff
Spanish

Gevorkyan, Mishela I, MSN, APN, APRN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
info@diana.health
Other Languages Spoken by Provider or Office Staff
Russian, Spanish

Gibbons, Denise, MC, LMHC ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
info@hupcfl.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
info@hupcfl.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
info@hupcfl.com

Gil, Elida E, MS, BCBA ■
9560 SW 107th Ave
Ste 106
Miami, FL 33176
(786) 899-0308
Digital Contact Information:
mortega@tlhproject.com

and
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
mortega@tlhproject.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gil, Lissette, MC, LMHC ■
1000 Brickell Avenue
Miami, FL 33131
(305) 903-3505
Digital Contact Information:
glorialissettegil@gmail.com

and
10661 North Kendall Drive
Suite 228
Miami, FL 33176
(305) 595-5485
Digital Contact Information:
glorialissettegil@gmail.com

and
10691 Southwest 88th Street
Suite 110
Miami, FL 33176
(305) 595-5485
Digital Contact Information:
glorialissettegil@gmail.com

and
12150 Southwest 128th Court
Suite 233
Miami, FL 33186
(786) 238-7666
Digital Contact Information:
glorialissettegil@gmail.com

and
12485 Southwest 137th Avenue
STE 109
Miami, FL 33186
(786) 592-2748
Digital Contact Information:
glorialissettegil@gmail.com

and
8765 Southwest 165th Avenue
203
Miami, FL 33193
(786) 238-7666
Digital Contact Information:
glorialissettegil@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gil, Margarita I, PHD, LP ■
419 W 49th St
Ste 218
Hialeah, FL 33012
(786) 277-9565
Digital Contact Information:
psychology@drmargaritagil.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gil, Yanelis, MSN, APRN ■
13195 Southwest 134th Street
102
Miami, FL 33186
(305) 964-5236
Digital Contact Information:
advancedcaresfl@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Giles, Caitlin, MS, BCBA ■
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
https://stepforwardaba.com/
info@stepforwardaba.com

Gillems, Tina, MSW, LCSW ■
18117 Biscayne Boulevard
1229
Miami, FL 33160
(305) 900-3836
Digital Contact Information:
tinagillems@gmail.com

Gillespie, Marjorie, PHD, APRN ■
64 W 63rd St
B202
Hialeah, FL 33012
(954) 431-7676
Digital Contact Information:
dr.gillespie@hotmail.com

and
16400 NW 2nd Ave
Ste 100
Miami, FL 33169
(954) 431-7676
Digital Contact Information:
dr.gillespie@hotmail.com

Gimenez, Roberto, DNP, PMHNP ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
fiucred@fiu.edu

and
3383 Northwest 7th Street
FL 2
Miami, FL 33125
(305) 643-4797
Digital Contact Information:
fiucred@fiu.edu

and
711 Northwest 23rd Avenue
Ste 301
Miami, FL 33125
(305) 643-4797
Digital Contact Information:
fiucred@fiu.edu

and
330 Southwest 27th Avenue
STE 609
Miami, FL 33135
(786) 743-0801
Digital Contact Information:
fiucred@fiu.edu

and
8348 Southwest 40th Street
Miami, FL 33155
(786) 528-6770
Digital Contact Information:
fiucred@fiu.edu

and
800 SW 108th Ave
100
Miami, FL 33174
(786) 595-8040
Digital Contact Information:
fiucred@fiu.edu
Other Languages Spoken by Provider or Office Staff
Spanish

Gineman, Ashley, BCBA, LBA, MPSY ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(410) 538-2574
Digital Contact Information:
care@tillytherapy.com

Ginyard, Domoniquie, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Giron, Yamilet, BA, BCBA ■
30350 SW 156th Ave
Homestead, FL 33033
(786) 481-9833
Digital Contact Information:
admin@specialwayaba.com

and
Home Based Services Only
Homestead, FL 33034
(786) 612-9793
Digital Contact Information:
admin@specialwayaba.com

and
6175 Northwest 153rd Street
STE 215
Miami Lakes, FL 33014
(305) 200-3326
Digital Contact Information:
http://asmtherapy.com
admin@specialwayaba.com

and
27132 South Dixie Highway
Naranja, FL 33032
(786) 283-0175
Digital Contact Information:
admin@specialwayaba.com

Glasper, Tiffany, MSW, LCSW ■
7400 Southwest 88th Street
Miami, FL 33156
(786) 414-6666
Digital Contact Information:
http://www.memorytrainingflorida.com
adavis.mtca@gmail.com

Glover, Ashley R, MS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
lisette@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
German, Haitian Creole, Haitian, Spanish, Vietnamese

Goicoechea, Alejandro, MPSY, LMHC ■
15190 SW 136th St
Ste 25
Miami, FL 33196
(786) 626-3970
Digital Contact Information:
alegoicoe@yahoo.com

Gold, Suzanne, MSW, LCSW ■
9990 Southwest 77th Avenue
217
Miami, FL 33156
(305) 323-1994
Digital Contact Information:
suzy@goldcounseling.net

Goldberg, Miriam B, MED, LBA ■
1000 Brickell Avenue
Miami, FL 33131
(347) 893-1266
Digital Contact Information:
sjakoubek@gchmoinc.com

and
633 Northeast 167th Street
FL 8 # 829
Miami, FL 33162
(305) 930-5648
Digital Contact Information:
http://precisionfamilytherapy.com
sjakoubek@gchmoinc.com

and
633 Northeast 167th Street
fl 8 # 829
Miami, FL 33162
(305) 930-5648
Digital Contact Information:
http://precisionfamilytherapy.com
sjakoubek@gchmoinc.com

and
1042 Northeast 179th Terrace
North Miami Beach, FL 33162
(646) 431-6994
Digital Contact Information:
sjakoubek@gchmoinc.com

Goldstein, Eric, PHD, LP ■
5975 Sunset Drive
803
South Miami, FL 33143
(305) 662-5299
Digital Contact Information:
egold1953@gmail.com

Gomez, Amelia, MBS, BCBA ■
2500 SW 107TH AVE
42
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
info@abcsfl.com

and
FL
(786) 615-3334
Digital Contact Information:
info@abcsfl.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gomez, Christie, MC, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
payors@emorahealth.com

and
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
payors@emorahealth.com

Gomez Garcia, Daylen, MEQ, BCBA ■
11478 Southwest 237th Terrace
Homestead, FL 33032
(551) 323-8077
Digital Contact Information:
daylengomezbacb@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gomez Garcia, Victor E, MS, LMHC ■
12030 Southwest 129th Court
Suite 211
Miami, FL 33186
(305) 639-8760
Digital Contact Information:
http://www.believeandtrusttcm.com
admin@believeandtrusttcm.com

Gomez, Lissette, MA, LMFT ■

2500 SW 107TH AVE
42
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
info@abcsfl.com

and
FL
(786) 615-3334
Digital Contact Information:
info@abcsfl.com
Other Languages Spoken by Provider or Office Staff
English, Creole, Spanish

Gomez, Luis M, MSN, APRN ■
14400 Northwest 77th Court
#100
Miami Lakes, FL 33016
(786) 916-6073
Digital Contact Information:
soflabillers@gmail.com

Gomez, Odalys, MSS, BCBA ■
2500 Southwest 107th Avenue
41
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
info@abcsfl.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
info@abcsfl.com

and
Home Based Services Only
Miami Gardens, FL 33014
(305) 640-5739
Digital Contact Information:
info@abcsfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzales Rocca, Patricia U, MA, LMFT ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gonzalez, Alexandra, MS, BCBA ■
1550 Madruga Avenue
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
agonzalez14@outlook.com

and
4374 Southwest 164th Court
Miami, FL 33185
(786) 351-7052
Digital Contact Information:
agonzalez14@outlook.com

and
13416 Southwest 128th Street
Miami, FL 33186
(786) 732-0247
Digital Contact Information:
agonzalez14@outlook.com

Gonzalez Arman, Jesus M, MA, BCBA ■
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
https://stepforwardaba.com/
info@stepforwardaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez Bejar, Carmen L, BA, BCABA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
http://www.appliedbhs.com
dabs@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com

and
10300 Southwest 72nd Street
#354
Miami, FL 33173
(305) 787-2924
Digital Contact Information:
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Brittany, MA, BCBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
credentialing@alpacahealth.io

Gonzalez Buigas, Nubia, DNP, APRN ■
1454 Southwest 1st Street
Suite #130
Miami, FL 33135
(786) 353-2872
Digital Contact Information:
nubiagonzalez2002@yahoo.com

and
6724 West Flagler Street
Suite B
Miami, FL 33144
(786) 353-2872
Digital Contact Information:
https://psiquiatriajungiana.com
nubiagonzalez2002@yahoo.com

and
FL
(786) 353-2872
Digital Contact Information:
https://psiquiatriajungiana.com
nubiagonzalez2002@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Dayani, MS, BCBA ■
13683 Southwest 278th Terrace
Homestead, FL 33032
(786) 886-6446
Digital Contact Information:
vanessa@amromed.com

and
15924 SW 92nd Ave
Miami, FL 33157
(786) 636-1303
Digital Contact Information:
vanessa@amromed.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
vanessa@amromed.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gonzalez, Ernesto, MPH, BCBA ■
17324 Northwest 63rd Avenue
Hialeah, FL 33015
(786) 879-2117
Digital Contact Information:
dchsbehavioranalysis@gmail.com

Gonzalez Garcia, Freysdman, MSW, LCSW ■
900 West 49th Street
B001
Hialeah, FL 33012
(305) 850-3316
Digital Contact Information:
credentialing@billimd.com

and
900 West 49th Street
b505
Hialeah, FL 33012
(786) 663-2822
Digital Contact Information:
credentialing@billimd.com

and
10300 Southwest 72nd Street
261d
Miami, FL 33173
(786) 327-3694
Digital Contact Information:
credentialing@billimd.com

and
12595 Southwest 137th Avenue
STE 110
Miami, FL 33186
(305) 465-9379
Digital Contact Information:
credentialing@billimd.com

Gonzalez Gil, Manuel, MSCC, LMHC ■
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Gloria, PHD, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
professional_counseling@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez Ibarra, Maria L, MS, LMHC ■
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
http://www.hscflorida.com
credentialing@hcsflorida.com

and
4090 Northwest 97th Avenue
300
Doral, FL 33178
(786) 332-4705
Digital Contact Information:
credentialing@hcsflorida.com

and
900 East 9th Street
Hialeah, FL 33010
(305) 381-5294
Digital Contact Information:
credentialing@hcsflorida.com

and
8001 West 26th Avenue
6 6
Hialeah, FL 33016
(786) 372-3262
Digital Contact Information:
credentialing@hcsflorida.com

and
7392 Northwest 35th Terrace
301
Miami, FL 33122
(786) 666-0475
Digital Contact Information:
credentialing@hcsflorida.com

and
7392 Northwest 35th Terrace
Suite 302
Miami, FL 33122
(786) 353-2792
Digital Contact Information:
credentialing@hcsflorida.com

and
1800 Southwest 27th Avenue
505
Miami, FL 33145
(786) 542-9914
Digital Contact Information:
credentialing@hcsflorida.com

and
9350 SW 72nd St
Ste 116
Miami, FL 33173
(305) 992-9768
Digital Contact Information:
credentialing@hcsflorida.com

and
7500 Sw A St # 203
West Miami, FL 33144
(786) 542-5244
Digital Contact Information:
credentialing@hcsflorida.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Jacqueline, MSSW, LCSW ■
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
sasha@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gonzalez, Juan Carlos, MMFT, LMFT ■
7765 SW 87th Ave
Ste 104
Miami, FL 33173
(786) 229-2614
Digital Contact Information:
jc@jcgcounseling.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez Lastre, Yamilet L, MS, BCBA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
dabs.credentialing@appliedbhs.com

and
8040 Northwest 95th Street
217
Hialeah Gardens, FL 33016
(786) 655-3929
Digital Contact Information:
dabs.credentialing@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
http://appliedbhs.com
dabs.credentialing@appliedbhs.com

Gonzalez, Maria C, DMFT, LMFT ■
306 Alcazar Avenue
200
Coral Gables, FL 33134
(305) 967-8725
Digital Contact Information:
cristalchcl1@gmail.com

and
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
cristalchcl1@gmail.com

and
8245 Northwest 36th Street
#3
Doral, FL 33166
(786) 326-6308
Digital Contact Information:
cristalchcl1@gmail.com

and
1840 W 49th St
Ste 607
Hialeah, FL 33012
(305) 828-9980
Digital Contact Information:
cristalchcl1@gmail.com

and

2100 West 76th Street
#209
Hialeah, FL 33016
(786) 201-1088
Digital Contact Information:
cristalchcl1@gmail.com

and
5353 Southwest 8th Street
Miami, FL 33134
(786) 452-0149
Digital Contact Information:
cristalchcl1@gmail.com

and
8080 West Flagler Street
1a
Miami, FL 33144
(786) 615-2640
Digital Contact Information:
cristalchcl1@gmail.com

and
8500 West Flagler Street
Office 107A
Miami, FL 33144
(786) 907-5141
Digital Contact Information:
cristalchcl1@gmail.com

and
7420 Southwest 48th Street
a
Miami, FL 33155
(786) 362-5981
Digital Contact Information:
cristalchcl1@gmail.com

and
10300 Southwest 72nd Street
414
Miami, FL 33173
(813) 468-7905
Digital Contact Information:
cristalchcl1@gmail.com

and
11890 Southwest 8th Street
Suite 207
Miami, FL 33184
(786) 362-5981
Digital Contact Information:
cristalchcl1@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Maria E, MBS, BCBA ■
10691 North Kendall Drive
#202
Miami, FL 33176
(754) 400-7702
Digital Contact Information:
clinicare23@outlook.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
clinicare23@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Maylin, MS, LMHC, LPC ■
1550 Madruga Ave
Ste 509
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
kenia.romero@abc4s.com

and
4649 Ponce de Leon
STE 404
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
kenia.romero@abc4s.com

and
1150 Northwest 72nd Avenue
640
Miami, FL 33126
(786) 497-3444
Digital Contact Information:
kenia.romero@abc4s.com

and
15715 South Dixie Highway
Suite 320
Miami, FL 33157
(786) 761-1709
Digital Contact Information:
http://www.strongmindmh.com
kenia.romero@abc4s.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Misleydis, MC, LMHC ■
215 Westward Dr
Miami Springs, FL 33166
(305) 887-4494
Digital Contact Information:
genesisconsultingservices39@gmail.com

Gonzalez Orta, Carlos, MS, BCBA ■
1840 West 49th Street
Suite 723
Hialeah, FL 33012
(786) 333-4275
Digital Contact Information:
http://helpinghandstc.com
info@brightfuturebehavioral.com

Gonzalez Otano, Gipsia, MA, BCBA ■
9010 SW 137th Ave
Ste 212
Miami, FL 33186
(786) 762-2474
Digital Contact Information:
gipsia@goodbehaviorbeginnings.net
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Sabrina, DSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Gonzalez Santana, Mariolys, MS, BCBA ■
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
credentialing@southbillcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Sheila, MA, BCBA ■
3170 Coral Way
1608 1608
Coral Gables, FL 33145
(786) 577-7228
Digital Contact Information:
http://behavior-evolution.com
contact@behavior-evolution.com

and
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
contact@behavior-evolution.com

and
10964 Southwest 182nd Lane
Miami, FL 33157
(786) 577-7228
Digital Contact Information:
http://behavior-evolution.com
contact@behavior-evolution.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez Valdes, Yarobys, MPSY, BCBA ■
8180 Northwest 36th Street
225
Doral, FL 33166
(786) 817-4129
Digital Contact Information:
https://amazingkiddosbehavior.com
bcba.ygv86@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 537-7016
Digital Contact Information:
bcba.ygv86@gmail.com

Gonzalez Varela, Janet, MS, BCBA ■
10691 North Kendall Drive
207
Miami, FL 33176
(305) 640-8342
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
13301 Southwest 132nd Avenue
112 112
Miami, FL 33186
(305) 640-8342
Digital Contact Information:
https://yamtherapyservices.com
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Yanet, MA, BCBA ■
Home Based Services Only
Hialeah, FL 33012
(305) 570-0775
Digital Contact Information:
info@sunnydaybehavioral.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Yanetsi S, MS, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Yxis, MS, LMHC ■
1000 Brickell Avenue
Miami, FL 33131
(305) 822-7202
Digital Contact Information:
kim@appliedbehavior.net

and
909 North Miami Beach Boulevard
STE 301
North Miami Beach, FL 33162
(305) 822-7202
Digital Contact Information:
https://appliedbehavior.net/
kim@appliedbehavior.net

and
FL
(305) 822-7202
Digital Contact Information:
https://appliedbehavior.net/
kim@appliedbehavior.net
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez-Joya, Diana, MSW, LCSW ■
3081 Salzedo Street
Suite 202
Coral Gables, FL 33134
(786) 229-6074
Digital Contact Information:
tdjoya@msn.com

Goolkasian, Alexis, MC, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Gordon, Natalie, MSW, LCSW, LMFT ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
melissa1amaya@yahoo.com

Gordon-Battle, Belinda M, MS, LMHC ■
FL
(240) 472-3486
Digital Contact Information:
bgordonbattle@gmail.com

Gorham, Tania, MMFT, LMFT ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
gorhamtania@gmail.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
gorhamtania@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gorman, Douglas P, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@thriveworks.com

Goss, Jerron, MSCC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
http://www.wellnite.com
admin@blkhaven.com

Gosset, Stephanie M, MS, LMHC ■
2600 S Douglas Rd
Ste 1003
Coral Gables, FL 33134
(305) 445-0477
Digital Contact Information:
niegosset@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gotthold, Bessie, MS, LMHC ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
westmiamicmhc@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Grabowitz, Ellen, MD ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Graham, Whitney, MA, BCBA ■
9425 Southwest 72nd Street
164
Miami, FL 33173
(305) 279-2286
Digital Contact Information:
whitney@amadoorbehaviorco.com

Grana, Antonella, MSN, APRN ■
5915 Ponce de Leon
26
Coral Gables, FL 33146
(786) 664-7810
Digital Contact Information:
jtayntor@healthassets.com
Other Languages Spoken by Provider or Office Staff
Spanish

Granado, Omar, MA, BCBA ■
Home Based Services Only
Doral, FL 33126
(407) 800-6086
Digital Contact Information:
opusmentalhealthcenter@gmail.com

and
930 Hialeah Drive
Hialeah, FL 33010
(786) 398-1509
Digital Contact Information:
opusmentalhealthcenter@gmail.com

and
12855 Southwest 136th Avenue
104
Miami, FL 33186
(305) 467-8879
Digital Contact Information:
opusmentalhealthcenter@gmail.com

and
1350 Southwest 57th Avenue
West Miami, FL 33144

(786) 404-1017
Digital Contact Information:
opusmentalhealthcenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Granado Perez, Mayelin, MSED, BCBA ■
110 West 17th Street
Hialeah, FL 33010
(786) 267-8467
Digital Contact Information:
kdbehaviorservices@gmail.com

Grand, Cristina, PSYD, LP ■
4770 Biscayne Blvd
Ste 1440
Miami, FL 33137
(305) 596-4663
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Grant, Sandra, MSN, APRN ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
info@hupcfl.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@hupcfl.com

Grava, Lilian, MS, LMFT ■
385 Alhambra Circle
suite c
Coral Gables, FL 33134
(305) 445-9554
Digital Contact Information:
http://wearemindtherapy.com
info@behavioralaid.com

and
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
http://www.behavioralaid.com
info@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
info@behavioralaid.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Green, E'Ula, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Green, Gwendolyn P, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(877) 644-6008
Digital Contact Information:
https://appointment.wellnite.com
insurance@wellnite.com

Green, Lindolyn, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Green, Nikole, MC, LCPC, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Green, Sari, MS, LCMHC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Green-Scott, Alicia, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
allygreen66@aol.com

Green-Scott, Dashima, MSED, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Greenblatt, Jodi, MS, LMFT ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
acc@advancedclientcare.org
Other Languages Spoken by Provider or Office Staff
Afrikaans

Gregory, Alysa M, MSSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Grenier, Ivan, MSN, APRN ■
2001 Northwest 107th Avenue
412
Doral, FL 33172
(786) 548-8322
Digital Contact Information:
xavier@southhealthmed.com

and
7959 NW 2nd St
Miami, FL 33126
(305) 267-6060
Digital Contact Information:
xavier@southhealthmed.com

and
3080 W Flagler St
Miami, FL 33135
(305) 456-1600
Digital Contact Information:
xavier@southhealthmed.com

and
5673 Southwest 137th Avenue
Miami, FL 33183
(305) 385-3949
Digital Contact Information:
xavier@southhealthmed.com
Other Languages Spoken by Provider or Office Staff
Spanish

Griff, Richard, PSYD, LP ■
3081 Salzedo Street
Suite 202
Coral Gables, FL 33134
(305) 330-0588
Digital Contact Information:
griff_pysch@yahoo.com

and
3625 Northwest 82nd Avenue
400
Doral, FL 33166
(305) 330-0588
Digital Contact Information:
griff_pysch@yahoo.com

and
19300 West Dixie Highway
2 2
Miami, FL 33180
(305) 330-0588
Digital Contact Information:
griff_pysch@yahoo.com

Grigorova, Marina, MS, LMHC ■
FL
(646) 453-6777
Digital Contact Information:
marinag2804@gmail.com
Other Languages Spoken by Provider or Office Staff
Bulgarian

Groobman, Yanelis, MSN, APRN ■
13195 Southwest 134th Street
102
Miami, FL 33186
(305) 964-5236
Digital Contact Information:
advancedcaresfl@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Grossfeld, Brooke L, MMH, LMHC ■
FL
(305) 501-1674
Digital Contact Information:
https://www.psychologytoday.com/us/therapists/broo
brookegtherapy@gmail.com

Grunglasse, Maria E, MS, LCPC ■
FL
(207) 210-2672
Digital Contact Information:
esmeraldagrunglasse@yahoo.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Guas, Valeria, MS, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
11890 Southwest 8th Street
STE 309
Miami, FL 331841710
(305) 220-6060
Digital Contact Information:
http://www.blueangelcare.net
credentialing@happierliving.com

Guedes, Sabrina, MA, BCBA ■
7801 Northwest 37th Street
Lp-201
Doral, FL 33195
(305) 468-9899
Digital Contact Information:
vivianaicare@gmail.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
vivianaicare@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Creole, Spanish

Guemez, Maidember, MMH, LMHC ■
13335 Southwest 124th Street
Suite 212
Miami, FL 33186
(786) 515-4569
Digital Contact Information:
mguemez@sfcounselinggroup.org

and
13590 Southwest 134th Avenue
STE 202
Miami, FL 33186
(786) 515-4569
Digital Contact Information:
mguemez@sfcounselinggroup.org
Other Languages Spoken by Provider or Office Staff
Spanish

Gueron, Orly, MSED, LMFT ■
2999 NE 191st St
Ste 705
Miami, FL 33180
(305) 924-6555
Digital Contact Information:
orly@orlygueron.com
Other Languages Spoken by Provider or Office Staff
Hebrew

Guerra, Evelyn, MS, LMHC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
credentialing@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com
Other Languages Spoken by Provider or Office Staff
Spanish

Guerrelus, Elange, MC, LMHC ■
2801 Northeast 213th Street
Suite 1215
Aventura, FL 33180
(833) 769-3524
Digital Contact Information:
fl-credentialing@lifestance.com
Other Languages Spoken by Provider or Office Staff
English, French

Guerrero, Claudia P, MPSY, BCBA ■
13866 Southwest 56th Street
Miami, FL 33175
(786) 953-4446
Digital Contact Information:
btherapyconsultants@gmail.com

Guerrero, Cristina, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 277-1571
Digital Contact Information:
cristina@alternative-behavior.com

and
15715 South Dixie Highway
410
Miami, FL 33157
(786) 277-1571
Digital Contact Information:
http://www.alternative-behavior.com
cristina@alternative-behavior.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Guevara, Heidi, MC, LMHC ■
250 Catalonia Avenue
Suite 702
Coral Gables, FL 33134
(321) 405-2805
Digital Contact Information:
https://harvestingjoypsychologicalservices.com
harvestingjoypsyservices@gmail.com

and
250 Catalonia Avenue
suite 403
Coral Gables, FL 33134
(321) 405-2805
Digital Contact Information:
https://harvestingjoypsychologicalservices.com
harvestingjoypsyservices@gmail.com

and
3833 Southwest 8th Street
Coral Gables, FL 33134
(321) 405-2805
Digital Contact Information:
harvestingjoypsyservices@gmail.com

and
5901 Northwest 183rd Street
120a
Hialeah, FL 33015
(786) 409-4872
Digital Contact Information:
http://onesoulcmh.com
harvestingjoypsyservices@gmail.com

and
5901 Northwest 183rd Street
Suite 128
Hialeah, FL 33015
(786) 409-4872
Digital Contact Information:
http://onesoulcmh.com
harvestingjoypsyservices@gmail.com

Guevara, Orlando, MS, BCBA ■
Home Based Services Only
Doral, FL 33122
(305) 603-8747
Digital Contact Information:
withoutlimitstherapy@gmail.com

and
7801 Northwest 37th Street
Lp-201
Doral, FL 33195
(305) 468-9899
Digital Contact Information:
withoutlimitstherapy@gmail.com

and
15884 Southwest 137th Avenue
Miami, FL 33177
(305) 456-6002
Digital Contact Information:
withoutlimitstherapy@gmail.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
withoutlimitstherapy@gmail.com
Other Languages Spoken by Provider or Office Staff Portuguese, Creole, Spanish

Guibert Reyes, Wilfredo, MS, BCBA ■
8300 NW 53rd St
Ste 350
Miami, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Guilbe, Angelika, MSCC, LMHC ■
FL
(754) 307-6860
Digital Contact Information:
http://www.solrivercounseling.com
angie_guilbe@yahoo.com

Guskovict, Kristen, MSW, LCSW ■
FL
(917) 628-6231
Digital Contact Information:
kguskovict@heartofaidwork.com

Gutierrez, Beatriz, MSN, APRN ■
FL
(954) 765-6505
Digital Contact Information:
https://optimalmindandwellness.com/our-focus
beatriz@optimalmindandwellness.com

Gutierrez, Helen, MS, BCBA ■
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
credentialing@creativekidstherapyinc.com

Gutierrez, Marilyn S, MS, BCBA ■
FL
(305) 204-8745
Digital Contact Information:
https://www.wowabatherapy.com/insurance@wowabatherapy.com
Other Languages Spoken by Provider or Office Staff Spanish

Gutierrez, Maritery, MBS, BCBA ■
13155 Southwest 42nd Street
STE 204
Miami, FL 33175
(786) 486-9756
Digital Contact Information:
loveinservicesinc@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Gutierrez, Marta, MS, BCBA ■
13055 Southwest 42nd Street
205
Miami, FL 33175
(305) 846-9079
Digital Contact Information:
eandgtherapycorp@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Gutierrez, Rina L, MS, LMFT ■
10229 Northwest 9th Street Circle
204 204
Miami, FL 33172
(786) 457-9963
Digital Contact Information:
http://rinagutierrez.com
lic.rinagutierrez@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Guzman, Jennifer, MED, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/paige@daybreakhealth.com

Haber, Alberto H, MHS, LMHC ■
1045 Kane Concourse
207-208
Bay Harbor Islands, FL 33154
(305) 866-3866
Digital Contact Information:
ahaberlmhc@aol.com

and
1045 Kane Concourse
207
Bay Harbor Islands, FL 33154
(305) 866-3866
Digital Contact Information:
ahaberlmhc@aol.com
Other Languages Spoken by Provider or Office Staff Portuguese, Spanish

Hakiel-Calcaterra, Judy, MA, LMHC ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
jhctherapy@gmail.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
jhctherapy@gmail.com

Hale, Mecia, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
rcm_enrollment@eastersealsmorc.org

Halim, Anjelica J, MS, BCBA ■
7990 Southwest 117th Avenue
Suite 134
Kendall, FL 33183
(305) 741-2218
Digital Contact Information:
ajacome@buildablocktherapy.com

Hall, Magenta V, MSN, APRN ■
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
providercredentialing@aimmccs.com
Other Languages Spoken by Provider or Office Staff English

Hall, Stephanie, MSW, LCSW, LICSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/info@kbtcounseling.com

Halliday, Anna, MED, LMHC ■
3580 Mystic Pointe Drive
Suite 108
Aventura, FL 33180
(305) 205-3810
Digital Contact Information:
support@hstherapycollective.com

and
820 Northeast 143rd Street
North Miami, FL 33161
(305) 205-3810
Digital Contact Information:
http://hstherapycollective.com
support@hstherapycollective.com

Hamilton, Andrea, MC, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/help@joinuplift.co

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Hamilton, Richard A, PHD, LP ■
8900 N Kendall Dr
Miami, FL 33176
(786) 596-2000
Digital Contact Information:
hamiltonphd@hotmail.com

and
8950 N Kendall Dr
Ste 104W
Miami, FL 33176
(305) 665-8700
Digital Contact Information:
hamiltonphd@hotmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Hamner, Becky, MSN, NP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
veda.joshi@televerohealth.com
Other Languages Spoken by Provider or Office Staff English

Hampton, Megan, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Hansen, Angela M, MSW, LCSW ■
395 Northwest 14th Avenue
2
Homestead, FL 33030
(786) 349-4350
Digital Contact Information:
supramedicalbilling@gmail.com

and
8300 West Flagler Street
124
Miami, FL 33144
(305) 877-6650
Digital Contact Information:
supramedicalbilling@gmail.com

and
4995 Southwest 72nd Avenue
401
Miami, FL 33155
(786) 558-5860
Digital Contact Information:
supramedicalbilling@gmail.com

and
10300 SW 72nd St
Ste 230
Miami, FL 33173
(786) 536-5710
Digital Contact Information:
supramedicalbilling@gmail.com

and
10300 Southwest 72nd Street
Suite 350
Miami, FL 33173
(305) 603-9204
Digital Contact Information:
supramedicalbilling@gmail.com

and
10677 North Kendall Drive
ste 5-a
Miami, FL 33176
(786) 296-2773
Digital Contact Information:
supramedicalbilling@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Hardanian, Shahnawz, MS, BCBA ■
14645 Northwest 77th Avenue
Suite 105
Miami Lakes, FL 33014
(202) 420-8359
Digital Contact Information:
info@littleleaves.org

Harker, Kim Kimberly, MPSY, LAC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
grant@soulful-recovery.com

Harmon, Aprill, MSSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Harmon, Portia, MC, LMHC, LPCC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Harper, Jannet, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Harris, Brian, MA, LMHC ■
FL
(786) 733-6422
Digital Contact Information:
http://www.elliementalhealth.com
fl-credentialing@lifestance.com

Harris, Keith, MSW, LMSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Harris, Thais T, MSW, LCSW, LISW-CP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
sc-credentialing@lifestance.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
sc-credentialing@lifestance.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131

(888) 684-2779
Digital Contact Information:
http://happierliving.com
sc-credentialing@lifestance.com

Harrison, Doris, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Hart, Monique, MSW, LCSW, LICSW ■
FL
(508) 202-1011
Digital Contact Information:
http://orendapsych.com
mohart@3qhartcounseling.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
mohart@3qhartcounseling.com

Hart, Phyllis, EDD, LMHC, MA ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Harvey, Hope, MC, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
hello@jwrgrp.com

Hasboun, Alexandra, MSED, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
hello@talkiatry.com
Other Languages Spoken by Provider or Office Staff Haitian Creole

Hashmi, Abia, MA, LCPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
abia@talktherapywithabia.com
Other Languages Spoken by Provider or Office Staff Urdu

Hassan, Hamlet R, MD ■
4475 Southwest 8th Street
Coral Gables, FL 33134
(786) 536-2872
Digital Contact Information:
bcd.ahcs@outlook.com

and
3146 Coral Way
FL 2
Coral Gables, FL 33145
(786) 953-8874
Digital Contact Information:
bcd.ahcs@outlook.com

and
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
bcd.ahcs@outlook.com

and
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
bcd.ahcs@outlook.com

and
664 E 25th St
Hialeah, FL 33013
(786) 409-2651
Digital Contact Information:
bcd.ahcs@outlook.com

and
664 East 25th Street
102
Hialeah, FL 33013
(786) 409-5361
Digital Contact Information:
bcd.ahcs@outlook.com

and
7490 Southwest 23rd Street
201
Miami, FL 33155
(786) 953-8221
Digital Contact Information:
bcd.ahcs@outlook.com

and
760 Northwest 107th Avenue
110
Miami, FL 33172
(786) 409-3800
Digital Contact Information:
bcd.ahcs@outlook.com

and
10511 North Kendall Drive
c201
Miami, FL 33176
(305) 274-5319
Digital Contact Information:
bcd.ahcs@outlook.com
Other Languages Spoken by Provider or Office Staff Spanish

Haughton, Verona, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
hello@joinblossomhealth.com

Hawkins, Erin, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
sanderson@medicalbillingwholesaler.com

Hayes, Karen O, MSW, LCSW ■
FL
(352) 530-3344
Digital Contact Information:
kpomiami@gmail.com

Hazan, Jack, MC, LMHC ■
1504 Bay Road
2003
Miami Beach, FL 33139
(917) 453-9306
Digital Contact Information:
clientcae@modernthерapygroup.com
Other Languages Spoken by Provider or Office Staff English

Heard, Chelsea, MSSW, LCSW ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
chelseaheardcounseling@gmail.com

Hebra, Nancy, BS, BCABA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 964-5356
Digital Contact Information:
abacentersolutions@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Hechavarria, Lianet, MPSY, BCBA ■
Home Based Services Only
Miami Gardens, FL 33014
(305) 640-5739
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Heit, Stacey, MD ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Helmi, Jehan F, MD ■
1501 Biscayne Boulevard
#501
Miami, FL 33132
(818) 600-2034
Digital Contact Information:
amanda.kudoba@uhsinc.com
Other Languages Spoken by Provider or Office Staff English, Turkish, Arabic

Hennessy, Carrie, MA, BCBA, LBA ■
1065 Southwest 8th Street
1459
Miami, FL 33130
(855) 853-0228
Digital Contact Information:
julie.mangine@joinsproutthерapy.com

Hennings, Sydne, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Henriquez, Maribi, MSW, LCSW ■
14261 Southwest 120th Street
108 628
Miami, FL 33186
(786) 372-0096
Digital Contact Information:
contact@projectchula.com

and
FL
(786) 372-0096
Digital Contact Information:
contact@projectchula.com

Henry, Sheryl, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Heredia Gonzalez, Laura, MS, BCBA ■
Home Based Services Only
Hialeah, FL 33012
(305) 200-3326
Digital Contact Information:
asmtherapy@gmail.com

and
12150 Southwest 128th Court
125
Miami, FL 33186
(305) 964-5191
Digital Contact Information:
asmtherapy@gmail.com

and
6175 Northwest 153rd Street
STE 215
Miami Lakes, FL 33014
(305) 200-3326
Digital Contact Information:
asmtherapy@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Hernandez, Ada, MS, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Hernandez, Alhena, MSED, BCBA ■
14204 Southwest 289th Terrace
Homestead, FL 33033
(305) 878-1255
Digital Contact Information:
abatoday7@gmail.com

and
21505 Southwest 177th Avenue
Miami, FL 33187
(786) 226-2816
Digital Contact Information:
http://www.abatodayinc.com
abatoday7@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Hernandez Alvarez, Nylen, MSN, APRN ■
5901 Southwest 74th Street
211
Miami, FL 33143
(786) 228-6892
Digital Contact Information:
http://www.santanamhs.com
admin@santanamhs.com
Other Languages Spoken by Provider or Office Staff Spanish

Hernandez, Ania, MS, BCBA ■
12060 Southwest 129th Court
Suite 205
Miami, FL 33186
(786) 864-9113
Digital Contact Information:
Not Available

Hernandez, Belkis, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
office@cartwheelcare.org

Hernandez, Bianca F, MS, BCBA ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
admin@aspirebehavioral.org

and
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
admin@aspirebehavioral.org

and
333 West 41st Street
Suite 324
Miami, FL 33140
(786) 673-9355
Digital Contact Information:
https://stepforwardaba.com/
admin@aspirebehavioral.org

Hernandez Blondin, William, MS, BCBA ■
306 Westward Dr
Miami Springs, FL 33166
(786) 588-7894
Digital Contact Information:
office@smartbatherapy.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
office@smartbatherapy.com
Other Languages Spoken by Provider or Office Staff Spanish

Hernandez Cardenache, Rene D, PSYD, LP ■
1295 NW 14th St
Ste E
Miami, FL 33125
(305) 689-1352
Digital Contact Information:
ccardenache@yahoo.com

and
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-2301
Digital Contact Information:
ccardenache@yahoo.com

and
1695 NW 9th Ave
1404A
Miami, FL 33136
(305) 355-9028
Digital Contact Information:

ccardenache@yahoo.com

and
1695 NW 9th Ave
Fl 14
Miami, FL 33136
(305) 243-4782
Digital Contact Information:
ccardenache@yahoo.com

and
1695 NW 9th Ave
Fl 3
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
ccardenache@yahoo.com

and
12955 SW 42nd St
Miami, FL 33175
(305) 559-0050
Digital Contact Information:
ccardenache@yahoo.com
Other Languages Spoken by Provider or Office Staff Spanish

Hernandez, Diana, MC, LMHC ■
2500 Southwest 107th Avenue
41
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
info@abcsfl.com
Other Languages Spoken by Provider or Office Staff Spanish

Hernandez, Edgar, LCMHC, MMH ■
2828 Coral Way
560
Coral Gables, FL 33145
(786) 238-7298
Digital Contact Information:
Not Available

Hernandez Gamboa, Marbelia, MS, BCBA ■
10515 Southwest 40th Street
Miami, FL 33165
(786) 615-2208
Digital Contact Information:
miamimental@gmail.com

Hernandez Izquierdo, Dianelys, BS, BCABA ■
7500 Northwest 25th Street
Suite 254
Miami, FL 33122
(786) 391-8613
Digital Contact Information:
amecaprovider@gmail.com

Hernandez, Juan D, MED, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
contracting@confidanthealth.com

Hernandez, Julia, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 450-2918
Digital Contact Information:
glowingmindsaba@gmail.com

and
10300 Southwest 72nd Street
250b
Miami, FL 33173
(305) 939-6878
Digital Contact Information:
glowingmindsaba@gmail.com
Other Languages Spoken by Provider or Office Staff Sign Lang Amer, Spanish

Hernandez Lauzardo, Ana N, MA, BCBA ■
15924 SW 92nd Ave
Miami, FL 33157
(786) 636-1303
Digital Contact Information:
maria.aviles@hhfcfl.com
Other Languages Spoken by Provider or Office Staff Spanish

Hernandez, Lecsy, MA, BCBA, LMHC ■
770 Ponce de Leon
307
Coral Gables, FL 33134
(786) 344-8757
Digital Contact Information:
mtherapy@hushmail.com

and
770 Ponce de Leon
Ste 305
Coral Gables, FL 33134
(786) 344-8757
Digital Contact Information:
mtherapy@hushmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 695-8672
Digital Contact Information:
mtherapy@hushmail.com

and
4155 Southwest 130th Avenue
108
Miami, FL 33175
(786) 695-8672
Digital Contact Information:
mtherapy@hushmail.com

Hernandez, Leidy L, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 964-7927
Digital Contact Information:
credentialing@tillytherapy.com

and
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
credentialing@tillytherapy.com

and
12970 Southwest 133rd Court
a
Miami, FL 33186
(786) 445-5607
Digital Contact Information:
http://specialneedscareinc.com
credentialing@tillytherapy.com

and
FL
(786) 352-7621
(833) 458-0386
Digital Contact Information:
credentialing@tillytherapy.com
Other Languages Spoken by Provider or Office Staff Spanish

Hernandez, Lenay, MS, BCBA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

Hernandez Lopez, Yusday D, BS, BCBA ■
3300 West 84th Street
Unit 10
Hialeah, FL 33018
(305) 335-0407
Digital Contact Information:
http://www.childgardens.com
privateinsurancechildgarden@gmail.com
Other Languages Spoken by Provider or Office Staff Creole, Spanish

Hernandez, Mariah C, MA, BCBA ■
13155 SW 134th St
Ste 207
Miami, FL 33186
(785) 358-6559
Digital Contact Information:
http://www.superherospeechtherapy.com
jennifer.horta@superherospeechtherapy.com
Other Languages Spoken by Provider or Office Staff Spanish

Hernandez, Marian D, MPSY, BCBA ■
10200 Northwest 25th Street
STE 204
Doral, FL 33172
Digital Contact Information:
info@foundartacademy.org
Other Languages Spoken by Provider or Office Staff Spanish

Hernandez Montero, Yoswliany E, MS, BCBA ■
100 Northeast 15th Street
203
Homestead, FL 33030
(786) 404-3075
Digital Contact Information:
maria.aviles@hhfcfl.com

and
15924 SW 92nd Ave
Miami, FL 33157
(786) 636-1303
Digital Contact Information:
maria.aviles@hhfcfl.com
Other Languages Spoken by Provider or Office Staff Spanish

Hernandez, Natalie, PSYD, LP ■
7600 South Red Road
200
South Miami, FL 33143
(786) 508-2207
Digital Contact Information:
http://www.lunapsychology.com
angelo@lunapsychology.com
Other Languages Spoken by Provider or Office Staff Spanish

Hernandez, Nayelys, MA, BCBA ■
1180 North Krome Avenue
Homestead, FL 33030
(786) 349-4700
Digital Contact Information:
mleon@mykidtherapycenter.com

and
49 NW 17th St
Homestead, FL 33030
(786) 349-4700
Digital Contact Information:
mleon@mykidtherapycenter.com

and
14425 Country Walk Drive
Miami, FL 33186
(786) 349-4700
Digital Contact Information:
mleon@mykidtherapycenter.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Hernandez, Nick, BA, BCBA ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(305) 273-3773
Digital Contact Information:
http://www.behavior-analysis.org
jalvarez@behavior-analysis.org
Other Languages Spoken by Provider or Office Staff Spanish

Hernandez, Niurvict, MBS, BCBA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
http://appliedbhs.com
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff Spanish

Hernandez, Osmany, MSW, BCBA ■
14221 Southwest 120th Street
227
Miami, FL 33186
(305) 300-3004
Digital Contact Information:
abamasterpro@yahoo.com
Other Languages Spoken by Provider or Office Staff Spanish

Hernandez Quesada, Olga, MS, BCBA ■
100 Northeast 15th Street
203
Homestead, FL 33030
(786) 404-3075
Digital Contact Information:
professionalbaskills@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Hernandez Rodriguez, Dailen, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 402-2267
Digital Contact Information:
elcbehavior21@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Hernandez Ruiz, Katiana E, MS, LMHC ■
5901 Southwest 74th Street
Suite 201
South Miami, FL 33143
(786) 638-9074
Digital Contact Information:
hummingmindsmia@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Hernandez, Tomas H, MS, LMHC ■
1840 W 49th St
Ste 607
Hialeah, FL 33012
(305) 828-9980
Digital Contact Information:
thhemail@yahoo.com

and
15260 SW 280th St
Ste 205
Homestead, FL 33032
(305) 707-7237
Digital Contact Information:
http://www.familybehaviorservices.org
thhemail@yahoo.com

and
7225 Northwest 25th Street
311
Miami, FL 33122
(786) 709-5683
Digital Contact Information:
thhemail@yahoo.com

Hernandez, Victor J, MS, BCBA ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
info@bhavioralcorporation.com
Other Languages Spoken by Provider or Office Staff Spanish

Hernandez, Yandy, MMH, LMHC ■
1250 Southwest 27th Avenue
207
Miami, FL 33135
(786) 522-7203
Digital Contact Information:
cabehavior@gmail.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(786) 522-7203
Digital Contact Information:
cabehavior@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Hernandez, Yanet, MSN, APRN ■
FL
(239) 244-2022
(786) 440-0904
Digital Contact Information:
http://www.mdpsclinic.com
consulting@fdgmso.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Hernandez-Cuevas, Maria, MS, LMHC ■
10691 Southwest 88th Street
Suite 110

Miami, FL 33176
(305) 595-5485
Digital Contact Information:
mariahcuevas@gmail.com

Hernandez-Pereira, Gabriela, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
credentialingaba@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Hernando, Roberto A, MD ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
martinez.mhpartners@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Herrera, Anouk, MSW, LCSW ■
380 Giralda Avenue
507w
Coral Gables, FL 33134
(786) 277-2938
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
10200 Northwest 25th Street
211
Doral, FL 33172
(305) 381-0346
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
900 West 49th Street
STE 400
Hialeah, FL 33012
(305) 587-2231
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
1150 Northwest 72nd Avenue
700
Miami, FL 33126
(305) 815-1277
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
7270 Northwest 12th Street
Suite 810
Miami, FL 33126
(786) 718-2390
Digital Contact Information:
http://www.globalrehab.com
rossconsultingandcredentialing@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 832-6630
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
11401 Southwest 40th Street
#345
Miami, FL 33165
(305) 603-7063
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
4995 Northwest 72nd Avenue
102
Miami, FL 33166
(786) 360-3584
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
12700 Southwest 128th Street
STE 108
Miami, FL 33186
(786) 732-0865
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
13205 Southwest 137th Avenue
224 225
Miami, FL 33186
(786) 290-9192
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
13335 Southwest 124th Street
STE 214
Miami, FL 33186
(786) 429-1495
Digital Contact Information:
rossconsultingandcredentialing@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Herrera, Carolina, MA, LMHC ■
FL
(786) 770-0618
(315) 873-2936
Digital Contact Information:
cherrera@youremotionsmatter.org
Other Languages Spoken by Provider or Office Staff
Spanish

Herrera, Gregory, MS, BCBA ■
7990 Southwest 117th Avenue
Suite 134
Kendall, FL 33183
(305) 741-2218
Digital Contact Information:
gherrera@buildablocktherapy.com

Herrera, Isabella M, MA, LMHC ■
3625 Northwest 82nd Avenue
400
Doral, FL 33166
(954) 372-7584
Digital Contact Information:
http://isabellaherrera.com
isabellaherreramg@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Herrera, Korina, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Herrera, Ludim E, MSN, APRN ■
1710 Northwest 7th Street
STE 5-6-7
Miami, FL 331253500
(786) 409-2568
Digital Contact Information:
novosbhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Herrera Oro, Soley, BA, BCABA ■
13301 Southwest 132nd Avenue
209 209
Miami, FL 33186
(786) 713-5553
Digital Contact Information:
info@behaviorassociates.org
Other Languages Spoken by Provider or Office Staff
Spanish

Hershman, Kelley P, MA, LMHC ■
14211 Southwest 120th Street
107
Miami, FL 33186
(917) 592-2345
Digital Contact Information:
khershman@thesohocenter.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hester, Karina, MS, LMFT ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Hickman, Toni D, PSYD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
hello@emorahealth.com

Hicks, Beth, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
http://happierliving.com
hello@emorahealth.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
hello@emorahealth.com

Hidalgo, Ana H, MA, BCBA ■
9379 West 32nd Lane
Hialeah, FL 33018
(954) 812-1642
Digital Contact Information:
rebecca@stepforwardaba.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Hidalgo Anias, Niurka M, MS, BCBA ■
4410 West 16th Avenue
unit 41
Hialeah, FL 33012
(786) 267-2830
Digital Contact Information:
http://www.abastarbehavioral.com
behaviorplusservices@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
behaviorplusservices@gmail.com

and
8300 NW 53rd St
Ste 350
Miami, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
behaviorplusservices@gmail.com

Hierholzer, Autumn, MSW, LCSW ■
2999 Northeast 191st Street
600
Miami, FL 33180
(786) 981-0640
Digital Contact Information:
ga1@turnwell.com

Hill, Denise, CAP, MA ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
Not Available

Hill, Marcell L, EDM, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
hmossaba@fullspectrumaba.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
hmossaba@fullspectrumaba.com

Hill, Marchita, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@happierliving.com

Hodgson, Sidney, MS, LMHC ■
10300 Southwest 72nd Street
#123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
myschoolpsychologist@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hollinger, Julia M, PSYD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Honore, Lucenda L, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@heightsadc.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(503) 427-8094
Digital Contact Information:
https://www.emorahealth.com/
info@heightsadc.com
Other Languages Spoken by Provider or Office Staff Haitian

Hope, Maria M, MS, LMHC ■
13054 Southwest 133rd Court
FL 2
Miami, FL 33186
(305) 407-8165
Digital Contact Information:
mercyb.familytherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hopps, Allison M, MSN, APRN ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Horwitz, Andrea, MSW, LCSW ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
contact@daopl.rog

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
contact@daopl.rog

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
contact@daopl.rog

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
contact@daopl.rog

Houston, Mark, MSW, LCSW ■
FL
(305) 859-1272
Digital Contact Information:

https://305therapy.com
info@305therapy.com

Hoyos, Julieth, MS, LMHC ■
1175 Northeast 125th Street
320
Miami, FL 33161
(786) 842-0444
Digital Contact Information:
http://www.marriagefamilyservices.com
marriagefamilyservices@comcast.net

Huber, Rose, PSYD, LP ■
7330 Southwest 62nd Place
STE 210
South Miami, FL 33143
(786) 801-3883
Digital Contact Information:
info@miamivipsurgery.com

Hunt, Jennifer L, MS, LMHC ■
1 Alhambra Plaza
Miami, FL 33134
(888) 588-8995
Digital Contact Information:
billing@regionalpsychiatry.com

Hunt, Megan, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Huss, Margaret R, MC, LCMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
credentialing@thriveworks.com

Hussain, Jasmine, MA, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Hutchings, Ryan, MA, LMFT ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
hello@handspringhealth.com

Hutchinson, Shamarla, MA, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
credentialing@tillytherapy.com

Iannicelli, Arlette, MS, BCBA ■
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
arlette@therpaycareservices.com

and
306 Westward Dr
Miami Springs, FL 33166
(786) 588-7894
Digital Contact Information:
http://www.smartbatherapy.com
arlette@therpaycareservices.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(786) 522-7203
Digital Contact Information:
arlette@therpaycareservices.com

Ibarra, Melissa J, MS, LMHC ■
9220 Sunset Drive
104
Miami, FL 33173
(786) 724-4224
Digital Contact Information:
admin@vita-cog.com

and
FL
(786) 497-3375
Digital Contact Information:
https://www.srfhealinghelp.net/
admin@vita-cog.com
Other Languages Spoken by Provider or Office Staff English

Ibarra, Teresita, MS, BCBA, LMFT ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
http://www.appliedbhs.com
kairoscounselinggroup@gmail.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
http://appliedbhs.com
kairoscounselinggroup@gmail.com

and
8707 Southwest 159th Path
Miami, FL 33193
(786) 444-6433
Digital Contact Information:
kairoscounselinggroup@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Iglesias, Marta, MS, LMHC ■
3081 Salzedo Street
Suite 202
Coral Gables, FL 33134
(786) 294-5624
Digital Contact Information:
http://www.mi-counselor.com
lyam@credentialingconsultants.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Iglesias Ruano, Dianeibis, MS, BCBA ■
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
abaintake@creativekidstherapyinc.com

Incera, Cesar B, MPSY, LMHC ■
9485 SW 72nd St
Ste A202
Miami, FL 33173
(305) 670-0204
Digital Contact Information:
cince3@aol.com
Other Languages Spoken by Provider or Office Staff
French, Spanish

Infante Lobaina, Ruth, PSYD, LP ■
5200 NE 2nd Ave
Miami, FL 33137
(305) 762-1450
Digital Contact Information:
iruth95@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ingraham, Megan, PHD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
hello@emorahealth.com

Insua, Marco, MS, BCABA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

Iqbal, Sabih H, MD ■
2100 Coral Way
Coral Gables, FL 33145
(786) 320-1677
Digital Contact Information:
http://www.ydzm.org
hassan.nazir@trumediq.com

and
19001 Southwest 106th Avenue
Suite C-109
Cutler Bay, FL 33157
(305) 255-9806
Digital Contact Information:
http://miamihealthcenterss.com
hassan.nazir@trumediq.com

and
3750 West 16th Avenue
208 210
Hialeah, FL 33012
(305) 301-3283
Digital Contact Information:
https://www.serenitytms.com/
hassan.nazir@trumediq.com

and
600 Northwest 35th Avenue
202 203
Miami, FL 33125
(786) 907-4984
Digital Contact Information:
hassan.nazir@trumediq.com

and
1000 Brickell Avenue
Ste 715-1871
Miami, FL 33131
(800) 954-4558
Digital Contact Information:
hassan.nazir@trumediq.com

and
7481 Southwest 40th Street
Miami, FL 33155
(786) 536-9143
Digital Contact Information:
hassan.nazir@trumediq.com

and
12255 Southwest 132nd Court
Miami, FL 33186
(305) 964-5157
Digital Contact Information:
hassan.nazir@trumediq.com

and
12700 Southwest 128th Street
STE 108
Miami, FL 33186
(786) 830-0212
Digital Contact Information:
hassan.nazir@trumediq.com

and
13335 Southwest 124th Street
STE 211
Miami, FL 33186
(786) 551-8253
Digital Contact Information:
hassan.nazir@trumediq.com

Ireton, Vivian L, MSW, LCSW ■
66 W Flagler St
900
Miami, FL 33130
(786) 244-7690
Digital Contact Information:
rgunton@lumenhealthservices.com

and
1221 Brickell Avenue
ste 900
Miami, FL 33131
(786) 244-7690
Digital Contact Information:
rgunton@lumenhealthservices.com

and
2212 Northwest 91st Street
Miami, FL 33147
(341) 888-7637
Digital Contact Information:
rgunton@lumenhealthservices.com

Iriarte, Rebecca M, MS, BCBA ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(305) 273-3773
Digital Contact Information:
http://www.behavior-analysis.org
aillobre@behavior-analysis.org
Other Languages Spoken by Provider or Office Staff
Spanish

Irvin, Shicara, MSN, APRN, ARNP, CNS, NP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
kiara@thechcalliance.com
Other Languages Spoken by Provider or Office Staff Sign Lang Amer

Isakharova, Susana, MSED, BCBA ■
13301 Southwest 132nd Avenue
209 209
Miami, FL 33186
(786) 713-5553
Digital Contact Information:
info@behavior123.com
Other Languages Spoken by Provider or Office Staff
Hebrew, English, German, Ukrainian, Russian, Yiddish, Spanish, Polish

Iturrizaga, Tancy M, MA, BCBA ■
13195 Southwest 134th Street
Suite 106
Miami, FL 33186
(786) 250-3220
Digital Contact Information:
billing@peaktherapycenter.com

and
13195 Sw 13th St Ste 106
Miami, FL 33186
(786) 250-3220
Digital Contact Information:
billing@peaktherapycenter.com

and
13501 Southwest 136th Street
STE 205
Miami, FL 33186
(305) 209-4321
Digital Contact Information:
http://sunshinespectrumaba.com
billing@peaktherapycenter.com

and
14629 Southwest 104th Street
505
Miami, FL 33186
(786) 226-0835
Digital Contact Information:
billing@peaktherapycenter.com

Izekor, Abiola O, MSN, APRNCNP, NP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

Izquierdo, Isabella, MACP, BCBA ■
9350 SW 72nd St
Ste 100
Miami, FL 33173
(305) 279-2286
Digital Contact Information:
isaizquierdo20@gmail.com

Izquierdo, Sharon R, BS, BCBA ■
Home Based Services Only
Doral, FL 33126
(407) 800-6086
Digital Contact Information:
prokidzabatherapy@yahoo.com

and
123 N Krome Ave
Ste 104
Homestead, FL 33030
(786) 349-4559
Digital Contact Information:
prokidzabatherapy@yahoo.com

and
131 Northeast 8th Street
Homestead, FL 33030
(786) 291-3979
Digital Contact Information:
prokidzabatherapy@yahoo.com

and
14204 Southwest 289th Terrace
Homestead, FL 33033
(305) 878-1255
Digital Contact Information:
prokidzabatherapy@yahoo.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 445-9554
Digital Contact Information:
prokidzabatherapy@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Jabrayan, Marine W, MA, BCBA ■
13195 Southwest 134th Street
Ste. 201
Miami, FL 33186
(561) 421-5111
Digital Contact Information:
marine@behavioralfamilysolutions.com

and
8785 SW 165th Ave
Ste 104
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
https://behavioralfamilysolutions.com/
marine@behavioralfamilysolutions.com
Other Languages Spoken by Provider or Office Staff
Spanish

Jackson, Candice, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Jackson, Clarissa, MA, BCBA ■
FL
(909) 255-0195
Digital Contact Information:
http://bxhub.org
admin@bxhub.org

Jackson Dorman, Lynn, MS, LCSW, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
resolutionlynn@gmail.com

Jackson, Karla, MS, LCMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
payors@emorahealth.com

Jacobstein, Amy J, PSYD, LP ■
10305 NW 41st St
Ste 205
Doral, FL 33178
(305) 718-9800
Digital Contact Information:
amyjacobstein@gmail.com

and
8200 SW 117th Ave
Ste 202
Miami, FL 33183
(305) 274-9206
Digital Contact Information:
amyjacobstein@gmail.com

Jacoby, Victoria L, DNP, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
arscredentialing@advancedrecoverysystems.com

Jaisingh, Nathan, MSN, APN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
info@benchmarkpsychservices.com

Jangira, Henry, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Jaramillo, Kate M, MMFT, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@joinuplift.co

Jean Baptiste, Anastasia E, MS, BCBA ■
10200 Northwest 25th Street
STE 204
Doral, FL 33172
(305) 406-3689
Digital Contact Information:
http://www.foundartacademy.org
thelighthousetherapycenter@gmail.com

Jean Mary, Jean Rony, MD ■
3500 NW 17th Ave
Miami, FL 33142
(305) 633-6777
Digital Contact Information:
jmrmedicalservicesinc@gmail.com
Other Languages Spoken by Provider or Office Staff Creole

Jean-Baptiste, Odeline, MSW, LCSW ■
12000 Biscayne Boulevard
Ste 211
North Miami, FL 33181
(305) 705-5611
Digital Contact Information:
http://therapywalkinnovativecounseling.com
odeline@therapywalkinnovativecounseling.com

and
FL
(305) 705-5611
Digital Contact Information:
http://therapywalkinnovativecounseling.com
odeline@therapywalkinnovativecounseling.com

Jean-Francois, Herold, MSN, APRN ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Jefferson, Shanna, MSW, LCSW, LISW-CP ■
FL
(800) 567-5433
Digital Contact Information:
http://therapywithshanna.com
appointments@meetmarvin.com

Jenkins, Helena, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(347) 893-1266
Digital Contact Information:
helena@growwellaba.com

and
FL
(305) 930-5648
(347) 893-1266
Digital Contact Information:
helena@growwellaba.com

Jenssen, Mary, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Jerez, Tatiana, MA, BCBA ■
1900 Southwest 22nd Street
#205
Miami, FL 33145
(305) 648-7212
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Jerome-Saintil, Magdala, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, French

Jessica, Mata, BA, BCABA ■
4800 Northwest 167th Street
Miami Gardens, FL 33014
(305) 515-2726
Digital Contact Information:
http://www.lightingbehavior.com
lightingbehaviorservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Jimenez, Alyssa, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Jimenez, Giselle L, MS, LMFT ■
11890 Southwest 8th Street
STE 309
Miami, FL 331841710
(305) 220-6060
Digital Contact Information:
http://www.blueangelcare.net
info@blueangelcare.net

Jimenez Jorge, Marisleydi, MA, BCBA ■
1022 East 8th Avenue
Hialeah, FL 33010
(786) 615-7829
Digital Contact Information:
ddrehabbeacon@gmail.com

and
3412 West 84th Street
e106
Hialeah, FL 33018
(305) 827-7344
Digital Contact Information:
ddrehabbeacon@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Jimenez, Mirelys, MSN, APRNPMH ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
info@elevatepsychiatry.com

and
363 S Homestead Blvd
Homestead, FL 33030
(305) 908-1115
Digital Contact Information:
info@elevatepsychiatry.com

and
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
info@elevatepsychiatry.com

and
13926 SW 47th St
Miami, FL 33175
(305) 908-1115
Digital Contact Information:
info@elevatepsychiatry.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Johannes, Izabella A, MS, BCBA ■
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
admin@stepforwardaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

John-Idiagbonya, Tenni, DNP, APN, APRNCNS, CRNP, CRNPPMH, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Johnson, Chermora, MS, LCPC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff English

Johnson, Delisea K, MSW, LCSW ■
FL
(508) 202-1011
Digital Contact Information:
http://www.bpoqe.org
support@advantagepointbehavioral.com

Johnson, Keisha H, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
gaelbyron@gmail.com

Johnson, Lisa A, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Johnson, Sherika, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770

Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Jones, Alicia, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Jones, Amy, MSW, LCSW ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Jones, Tala, MA, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
https://tillytherapy.com/
credentialing@tillytherapy.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
credentialing@tillytherapy.com

and
1951 NW 7th Ave
Ste 600
Miami, FL 33136
(929) 384-7193
Digital Contact Information:
credentialing@tillytherapy.com

Jones, Toni-Anne, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Jorge, Ada, MED, BCBA ■
3383 Northwest 7th Street
313
Miami, FL 33125
(786) 558-9474
Digital Contact Information:
trudy@medvaultconsultants.com

Jorge, Cecilia M, MD ■
31 N Krome Ave
Homestead, FL 33030
(786) 481-5909
Digital Contact Information:
https://www.infinitecc.org/
info@infinitecc.org
Other Languages Spoken by Provider or Office Staff
Spanish

Jorge, Yohanna, MA, BCBA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
credentialing.dpt@gmail.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
http://appliedbhs.com
credentialing.dpt@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Joseph, Marie I, MSN, APRN ■
111 Northwest 183rd Street
Suite 203
Miami, FL 33169
(786) 809-4101
Digital Contact Information:
heavenlysoulscare@gmail.com
Other Languages Spoken by Provider or Office Staff Creole

Joseph, Shatavia, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Joubert Collazo, Leslie, MMH, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
ultrahealth86@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Julian, Cassandra, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Kalilikane, Samantha, PSYD, LP ■
9220 Sunset Drive
104
Miami, FL 33173
(786) 724-4224
Digital Contact Information:
4imuacenter@gmail.com

Kamara, Edward, MA, LBA ■
1065 Southwest 8th Street
1459
Miami, FL 33130
(855) 853-0228
Digital Contact Information:
edwardkamarachildrensmilestone@gmail.com

Kanenbley, Melissa, MSW, LCSW ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
acc@advancedclientcare.org

Kang, Hyun H, MSW, LCSW ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
ppoon@riviamind.com
Other Languages Spoken by Provider or Office Staff Korean

Kaplan, Alexander, MS, LCSW ■
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
btaalex11@yahoo.com

Kaplan, Milana M, MD ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(954) 369-4111
Digital Contact Information:
kleymany@hotmail.com
Other Languages Spoken by Provider or Office Staff
Russian

Karoub, Arielle E, MS, LCMHC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Kastris, Tina, MS, BCBA ■
Home Based Services Only
Hialeah, FL 33013
(786) 592-6680
Digital Contact Information:
ababillingservices@gmail.com

Katz, Lauren, MA, BCBA ■
11025 SW 84th St
Ste 8
Miami, FL 33173
(833) 971-1230
Digital Contact Information:
info@cdaintensivelearning.com
Other Languages Spoken by Provider or Office Staff
Spanish

Kay, Alexander, MSW, LCSW ■
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(561) 289-7995
Digital Contact Information:
pandatherapycircle@gmail.com

Kburg, Regina I, PSYD, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
office@pasadenaclinicalgroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Keane, Edward M, MC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
edwardmkeane@gmail.com

Keaton, Latanya B, MED, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Kelso, Tracy, MA, CAP, LMHC ■
1951 NW 7th Ave
Fl 3
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
kelsot@bebravehealth.com

Keltgen, Joan, MED, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Kempler, Arielle, MSW, LCSW ■
1110 Brickell Avenue
Suite 502
Miami, FL 33131
(203) 693-4917
Digital Contact Information:
info@revivecfw.com

Kerker, Austin, MA, LCSW ■
16499 Northeast 19th Avenue
Suite 106
Miami, FL 33162
(305) 337-6237
Digital Contact Information:
http://recovery112.com
recovery112info@gmail.com

Kessler, David S, MSW, LCSW ■
245 Northeast 14th Street
Ste. 209
Miami, FL 33132
(305) 987-1748
Digital Contact Information:
http://www.davidskessler.com
david@davidskessler.com
Other Languages Spoken by Provider or Office Staff
Spanish

Khachatryan, Sunny, PHD, LMHC, LPCC ■
1001 Brickell Bay Dr
2701
Miami, FL 33131
(305) 742-5429
Digital Contact Information:
appointments@meetmarvin.com

Khan, Saira, MA, BCBA ■
13195 Southwest 134th Street
Suite 106
Miami, FL 33186
(786) 250-3220
Digital Contact Information:
saira.khan.nunez@gmail.com

and
13501 Southwest 136th Street
STE 205
Miami, FL 33186
(305) 209-4321
Digital Contact Information:
http://sunshinespectrumaba.com
saira.khan.nunez@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Kidane Davis, Pascale, MSN, APRN ■
FL
(786) 761-1155
(888) 947-3888
Digital Contact Information:
https://www.virtualpsychiatriccare.com/
pascalenp11@gmail.com

Kiesch, Joy, MSW, LCSW ■
2915 Biscayne Boulevard
Suite 300-4
Miami, FL 33137
(786) 398-4747
Digital Contact Information:
contactus@goldenvibescounseling.com

Kifer, Koyt B, MC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff Sign Lang Amer

Killackey, Debra, MMH, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
professional_counseling@yahoo.com

and
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
professional_counseling@yahoo.com

King, Lakendra, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
jane.mohammad@daybreakhealth.com

Klanot, Paula, PSYD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
hello@emorahealth.com

Klaskala, Marta C, MS, LMHC, LPCC ■
11890 Southwest 8th Street
STE 309

Miami, FL 331841710
(305) 964-5236
Digital Contact Information:
http://www.blueangelcare.net
jxross12@gmail.com

Kline, Christopher, PHD, LP ■
770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
aswood71@gmail.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
aswood71@gmail.com

and
5201 Blue Lagoon Dr
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
aswood71@gmail.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
aswood71@gmail.com

and
80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
aswood71@gmail.com

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
aswood71@gmail.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
aswood71@gmail.com

and
830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
aswood71@gmail.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(888) 684-2779
Digital Contact Information:
aswood71@gmail.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
aswood71@gmail.com

Klingberg, Natalie, MA, BCBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
matt.potak@behavioranalysissolutions.com

Kluver-Williams, Alethea M, MTH, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Knieriss, Lorinda, MED, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Knight, Jade, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
shanell.adams@cultivatebhe.com
Other Languages Spoken by Provider or Office Staff English

Knight, Myah, MED, LCPC, LMHC, LPC, LPCC ■
FL
(561) 730-2398
(508) 202-1011
Digital Contact Information:
hello@lbeehealth.com

Knuth, John, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Ko, Soo, MS, BCBA ■
777 Brickell Ave
Ste 500
Miami, FL 33131
(305) 330-4660
Digital Contact Information:
ajlba@mbhpays.com

and
2520 Coral Way
2 19
Miami, FL 33145
(855) 832-6727
Digital Contact Information:
ajlba@mbhpays.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Kochen, Adriana, MSW, LCSW ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
http://www.behavioralaid.com
credentialing@behavioralaid.com

and
7811 Coral Way
106
Miami, FL 33155
(305) 412-0138
Digital Contact Information:
credentialing@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com
Other Languages Spoken by Provider or Office Staff
Spanish

Kockler, Lucas, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Kolb-Jackson, Elizabeth, MED, BCBA ■
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
lsantiago@camenbehavioral.org

Konicki, Emily, MS, LMFT ■
1175 Northeast 125th Street
320
Miami, FL 33161
(786) 842-0444
Digital Contact Information:
http://www.marriagefamilyservices.com
marriagefamilyservices@comcast.net

Konovalova, Allison, MMFT, LMFT ■
1125 Northeast 125th Street
501
North Miami, FL 33161
(305) 900-7146
Digital Contact Information:
blumcounselinggroup@gmail.com

Korner, Jacqueline, MS, BCBA ■
1400 Northeast Miami Gardens Drive
Ste 211
Miami, FL 33179
(786) 274-7777
Digital Contact Information:
http://www.positivebehaviortreatment.com
pbtinc@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Krakowski, David, MSSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Kramer, David R, MD ■
2828 Coral Way
Ste 460
Coral Gables, FL 33145
(512) 212-4670
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net

and
12550 Biscayne Boulevard
STE 306
North Miami, FL 33181
(305) 642-5255
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net
Other Languages Spoken by Provider or Office Staff
Spanish

Kremin, Daniel P, PHD, LP ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
doctorkrem@aol.com

and
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
doctorkrem@aol.com

and
255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
doctorkrem@aol.com

and
370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
doctorkrem@aol.com

and
333 Southeast 2nd Avenue
Suite #2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
doctorkrem@aol.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
doctorkrem@aol.com

and
3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
doctorkrem@aol.com

and
350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
doctorkrem@aol.com

and
429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
doctorkrem@aol.com

and
323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
doctorkrem@aol.com

Kroes, Hendrik, MS, BCBA ■
18443 Southwest 87th Place
Cutler Bay, FL 33157
(305) 699-3241
Digital Contact Information:
http://www.luxabatherapy.com
info@luxabatherapy.com

and
10625 Southwest 112th Avenue
201 201
Miami, FL 33176
(305) 699-3241
Digital Contact Information:
info@luxabatherapy.com

and
10625 Southwest 112th Avenue
APT 201
Miami, FL 33176
(786) 367-5726
Digital Contact Information:
info@luxabatherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Krupp, Robin E, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@happierliving.com

Kruszel, Liliana B, MA, LMHC ■
782 NW Le Jeune Rd
Ste 533
Miami, FL 33126
(305) 558-7400
Digital Contact Information:
daliamer@aol.com

and
6175 NW 153rd St
Ste 404
Miami Lakes, FL 33014
(305) 558-7400
Digital Contact Information:
daliamer@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Krywinski, Steven E, MA, LMHC ■
1550 Madruga Avenue
STE 410
Coral Gables, FL 33146
(786) 355-4051
Digital Contact Information:
https://besttherapy4me.clientsecure.me/
drstevenkrywinski@gmail.com

and
1550 Madruga Avenue
Suite 406
Coral Gables, FL 33146
(786) 355-4051
Digital Contact Information:
https://besttherapy4me.clientsecure.me/
drstevenkrywinski@gmail.com

and
9010 SW 137th Ave
Miami, FL 33186
(786) 355-4051
Digital Contact Information:
https://besttherapy4me.clientsecure.me/
drstevenkrywinski@gmail.com

and
9020 SW 137th Ave
Ste 200
Miami, FL 33186
(786) 355-4051
Digital Contact Information:
drstevenkrywinski@gmail.com

Kudolo, Diane, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
dmk.lpc2011@gmail.com

Kugel, Elina, PSYD, LP ■
11900 Biscayne Boulevard
Miami, FL 33181
(786) 949-0001
Digital Contact Information:
http://www.curectneurotx.com
credentialing@curectneuro.com

Kuilan, Jessica, MSW, LCSW ■
FL
(904) 274-0611
Digital Contact Information:
http://www.magnashaven.com
jessica@magnashaven.com
Other Languages Spoken by Provider or Office Staff
Spanish

Kushner, David, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Kushnir, Sharone, LMHC, PSYD ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Kyger-Skidgel, Brenda, MED, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
members@wellnite.com

La Noce, Audrey, DO ■
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(954) 361-2669
Digital Contact Information:
audreylanoce@lanocepsychiatry.com

Laborda, Nevenka, EDS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 536-7470
Digital Contact Information:
dadebehavioralservices@gmail.com

and
8950 SW 74th Ct
Ste 2201
Miami, FL 33156
(305) 479-5983
Digital Contact Information:
dadebehavioralservices@gmail.com

and
12135 Northeast 8th Avenue
North Miami, FL 33161
(954) 292-8645
Digital Contact Information:
https://riosplace.com/
dadebehavioralservices@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Labrada, Linet, MA, BCBA ■
20774 West Dixie Highway
b
Miami, FL 33180
(305) 549-8665
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lacasse, Jennifer, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Lacayo, Irma A, MS, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
perla.delosrios@dadefamily.com

and
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
perla.delosrios@dadefamily.com

Lacayo, Kassandra, MMFT, LMFT ■
7400 Southwest 50th Terrace
STE 303
Miami, FL 33155
(786) 738-4045
Digital Contact Information:
http://psychcarecenter.com/
psychcarecc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lacosta, Lisette, MS, BCBA ■
657 South Drive
Miami Springs, FL 33166
(786) 860-5161
Digital Contact Information:
lisette@lacostatherapy.com

and
657 South Drive
#403
Miami Springs, FL 33166
(786) 860-5161
Digital Contact Information:
lisette@lacostatherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ladron De Guevara, Edey, MBS, BCBA ■
6215 West 20th Avenue
409 409
Hialeah, FL 33012
(786) 810-3656
Digital Contact Information:
ddrehabbeacon@gmail.com

and
Home Based Services Only
Hialeah, FL 33012
(786) 810-3656
Digital Contact Information:
ddrehabbeacon@gmail.com

Lagar, Maria R, MSW, LCSW ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com

Lagravere, Rose Mary, MSCC, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
acc@advancedclientcare.org

Lake, Laverne, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Lake, Michelle, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
frontdesk@insighttherapy.us

Lalama, Christina, MMH, LMHC ■
7875 SW 104th St
Ste 101
Miami, FL 33156
(305) 576-6550
Digital Contact Information:
http://www.jcsfl.org
insurance@jcsfl.org

Lamazares, Mary, MS, LMHC ■
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
morecounseling@gmail.com

and
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
morecounseling@gmail.com

and
9125 SW 87th Ave
Miami, FL 33176
(305) 735-3919
Digital Contact Information:
morecounseling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lamons, Jackie D, DSW, LCSW ■
FL
(954) 348-5230
Digital Contact Information:
https://www.blueoasis.online/
jackielamonsdsw@gmail.com

Lamour, Carolyn, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

Lampkin, Craig, MS, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Lance, Katherine M, MA, LPC, LPCC, PC ■
1 Alhambra Plaza
Miami, FL 33134
(888) 588-8995
Digital Contact Information:
ciga-office@foresightmentalhealth.com

Landa, Rosario, MS, LMHC ■
8353 SW 124th St
Ste 204E
Miami, FL 33156
(305) 283-7039
Digital Contact Information:
youthedmiami@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Landes, Debra M, MED, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
landeslmhc@gmail.com

Landino, Sonia, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lane, Tisha J, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
soundmindstherapy@gmail.com

Langan, Alexandria M, MS, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
cred@cubetherapybilling.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
cred@cubetherapybilling.com

and
1951 NW 7th Ave
Ste 600
Miami, FL 33136
(929) 384-7193
Digital Contact Information:
cred@cubetherapybilling.com

Lange, Stephen M, PHD, LP ■
FL
(800) 567-5433
Digital Contact Information:
https://totallife.com/
help@prosperhealth.io

Langford, Stephanie, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Lankenau, Diana J, MN, APRN, PMHNP ■
South Red Road
Miami, FL 33155
(305) 297-7014
Digital Contact Information:
credentialing@orendapsych.com

and
FL
(305) 297-7014
Digital Contact Information:
credentialing@orendapsych.com

Lann, Brian F, MA, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Laplace, Arthur, PHD, LP ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
caqh@citrusmedassociates.com

and
150 Alhambra Circle
Floor 10
Coral Gables, FL 33134
(786) 800-3374
Digital Contact Information:
caqh@citrusmedassociates.com

and
2332 Galiano Street
floor 2
Coral Gables, FL 33134

(888) 684-2779
Digital Contact Information:
caqh@citrusmedassociates.com

and
255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
caqh@citrusmedassociates.com

and
370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
caqh@citrusmedassociates.com

and
333 Southeast 2nd Avenue
Suite 2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
caqh@citrusmedassociates.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
caqh@citrusmedassociates.com

and
3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
caqh@citrusmedassociates.com

and
350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
caqh@citrusmedassociates.com

and
429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
caqh@citrusmedassociates.com

and
323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
caqh@citrusmedassociates.com

Lara, Cristian, MSN, APRN ■
14221 Southwest 120th Street
suite 207
Miami, FL 33186
(786) 247-1308
Digital Contact Information:
Not Available

Larrauri, Carlos A, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
bmmedicalllc@gmail.com

and
7921 Bird Rd
Ste 41
Miami, FL 33155
(305) 425-1393
Digital Contact Information:
http://oceanhealthsystem.com
bmmedicalllc@gmail.com

and
7921 Bird Road
39
Miami, FL 33155
(786) 310-1570
Digital Contact Information:
http://oceanhealthsystem.com
bmmedicalllc@gmail.com

and
7971 Bird Road
39
Miami, FL 33155
(786) 910-7179
Digital Contact Information:
http://oceanhealthsystem.com
bmmedicalllc@gmail.com

and
10682 Fontainebleau Boulevard
Miami, FL 33172
(786) 910-7179
Digital Contact Information:
bmmedicalllc@gmail.com

Lashley, Lisa, LP, PSYD ■
16853 Northeast 2nd Avenue
s102
North Miami Beach, FL 33162
(954) 262-4317
Digital Contact Information:
Not Available

Lathan, Lennard D, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(800) 647-2905
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ldlathan@tcmcgpllc.com

Lau, Scheree, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Lauvince, Woodline, MS, BCBA ■
FL
(561) 560-0064
(833) 458-0386
Digital Contact Information:
http://kokorocare.org
support@modbehavioraba.com

Lauzurique Tenorio, Grace, MA, BCBA ■
15260 SW 280th St
Ste 205
Homestead, FL 33032
(305) 707-7237
Digital Contact Information:
http://www.familybehaviorservices.org
admin@familybehavioralservices.org

and
Home Based Services Only
Miami Gardens, FL 33014
(786) 919-3784
Digital Contact Information:
admin@familybehavioralservices.org

Layden, Paul G, PHD, LP ■
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
pglayden3@bellsouth.net
Other Languages Spoken by Provider or Office Staff English

Lazaro, Paulo G, MSW, LCSW ■
13499 Biscayne Blvd
Ste 208
North Miami, FL 33181
(305) 206-2899
Digital Contact Information:
paulolazarolcsw@gmail.com

and
13499 Biscayne Boulevard
218
North Miami, FL 33181
(305) 206-2899
Digital Contact Information:
paulolazarolcsw@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Lazo, Dunia, MED, BCBA, LMHC ■
13301 Southwest 132nd Avenue
Suite 210
Miami, FL 33186
(305) 964-7983
Digital Contact Information:
http://www.brighthealingservices.com
info@brighthealingservices.com

Lazo, Nara, MS, BCBA ■
2828 Coral Way
560
Coral Gables, FL 33145
(786) 238-7298
Digital Contact Information:
info@brightfuturebehavioral.com

and
Home Based Services Only
Hialeah, FL 33012
(561) 460-0284
Digital Contact Information:
info@brightfuturebehavioral.com
Other Languages Spoken by Provider or Office Staff
Spanish

Leal, Eduardo, MS, BCBA ■
1031 Ives Dairy Road
STE 240
Miami, FL 33179
(786) 306-5534
Digital Contact Information:
mortega@tlhproject.com
Other Languages Spoken by Provider or Office Staff
Spanish

Leblanc, Irene, PSYD, LP ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
therapytreatment.irene@gmail.com

Lebon, Fenton, MD ■
14361 Commerce Way
Unit 103
Hialeah, FL 33016
(786) 638-6363
Digital Contact Information:
Not Available

and
7150 W 20th Ave
Hialeah, FL 33016
(305) 265-4441
Digital Contact Information:
Not Available

and
2400 Southwest 69th Avenue
Miami, FL 33155
(305) 265-4441
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Korean, Spanish

Lebredo, Heidi, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 817-2356
Digital Contact Information:
lebredobehavioranalysiservices@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lebron Ginorio, Michelle, MD ■
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
rehabcenterag@gmail.com

and
10300 Southwest 72nd Street
300
Miami, FL 33173
(786) 418-9730
Digital Contact Information:
http://www.happydreamsofkids.com
rehabcenterag@gmail.com

and
12150 Southwest 128th Court
Suite 233
Miami, FL 33186
(786) 238-7666
Digital Contact Information:
rehabcenterag@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ledon, Nicolas I, MS, LMHC ■
4300 Biscayne Boulevard
STE 203
Miami, FL 33137
(786) 514-6362
Digital Contact Information:
http://www.baypoint-therapy.com
nledon@baypoint-therapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lee, Edmond, MSN, APRN ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Lee, Ivy, MSN, APRN ■
12550 Biscayne Boulevard
STE 800
North Miami, FL 33181
(788) 442-5021
Digital Contact Information:
omernawaz00@aol.com
Other Languages Spoken by Provider or Office Staff English

Lee-Ferreira, Stephanie, LCSW, MSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

Lefler, Linda, MD ■
777 E 25th St
Ste 306
Hialeah, FL 33013
(786) 838-6092
Digital Contact Information:
dustinsode@suncoastcenter.org

Legra, Bertha V, MS, LMHC ■
419 W 49th St
Ste 210
Hialeah, FL 33012
(954) 404-7052
Digital Contact Information:
credentialing@psychiatrist4u.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Lehman, Helen G, MED, PCC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ben.lehman@feaad.org

Lemon, Tinsley, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Lemos, Yigsy M, MS, BCBA ■
3542 W 93rd Pl
Hialeah, FL 33018
(786) 281-2421
Digital Contact Information:
yigsy.lemos@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Lemus-Dominguez, Olianys, MS, BCBA ■
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
credentialing@southbillcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Len, Mary E, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Lenok, Michael, MC, LMHC ■
150 Southeast 2nd Avenue
STE 1010
Miami, FL 33131
(786) 733-0700
Digital Contact Information:
http://www.gia.miami
info@giahealthcare.com

Lensch, Carolyn, MS, LCPC, LMHC ■
2212 Northwest 91st Street

Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Leon, Damary, MS, LMHC ■
13028 SW 120th St
9
Miami, FL 33186
(305) 490-7178
Digital Contact Information:
dleonwellness@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Leon, Enrique, MA, BCBA ■
18901 Southwest 106th Avenue
229
Miami, FL 33157
(786) 808-6575
Digital Contact Information:
maximumachieversllc@gmail.com

Leon Infante, Yadely, PSYD, BCBA, LMHC, LP ■
12060 Southwest 129th Court
104
Miami, FL 33186
(786) 615-3349
Digital Contact Information:
yadelyleoninfante@gmail.com

and
12060 Southwest 129th Court
201
Miami, FL 33186
(786) 615-3349
Digital Contact Information:
yadelyleoninfante@gmail.com

Leonce-James, Hyacynthia M, PSYD, LMHC ■
FL
(305) 219-9861
Digital Contact Information:
hleonce@yahoo.com

Lequerica Ziemba, Adriana, PSYD, LP ●
6175 NW 153rd St
Ste 205
Miami Lakes, FL 33014
(305) 502-9589
Digital Contact Information:
http://thrivepsychological.com
admin@thrivepsychological.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lerma, Diley, BA, BCABA ■
9010 SW 137th Ave
Ste 212
Miami, FL 33186
(786) 762-2474
Digital Contact Information:
gipsia@goodbehaviorbeginnings.net
Other Languages Spoken by Provider or Office Staff
English, Spanish

Lerner, Chaya R, MSW, LCSW ■
231 NE 141st St
Miami, FL 33161
(786) 208-9505
Digital Contact Information:
crlerner09@gmail.com

and
12000 Biscayne Boulevard
303
Miami, FL 33181
(305) 933-9820
Digital Contact Information:
http://www.jcsfl.org
crlerner09@gmail.com

and
12000 Biscayne Boulevard
609
Miami, FL 33181
(305) 899-1587
Digital Contact Information:
http://www.jcsfl.org
crlerner09@gmail.com

Leuschner, Siobhon, MA, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
sleuschner@kaaficounseling.com

Leveille, Dominique C, PHD, LMFT ■
15715 South Dixie Highway
STE 325
Miami, FL 33157
(305) 922-3436
Digital Contact Information:
http://blisstherapy.me
dr.dominique@blisstherapy.me
Other Languages Spoken by Provider or Office Staff
English, Creole, French

Levine, Elexis, MA, BCBA ■
9350 Sunset Drive
Suite 175
Miami, FL 33173
(786) 673-9355
Digital Contact Information:
http://www.stepforwardaba.com
admin@stepforwardaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lewis, Crystal, MC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Lewis, Mariah, MSW, LCSW ■
FL
(850) 305-1894
Digital Contact Information:
http://www.tpttherapy.org
mariahlewis@tpttherapy.org

Lewis, Sharon, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Lewis, Tammara, MS, LMHC ●
1175 Northeast 125th Street
320
Miami, FL 33161
(786) 842-0444
Digital Contact Information:
http://www.marriagefamilyservices.com
mariposawakeningtherapysvcs@gmail.com

Lewis, Tyree, MHS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Lewis, Tyrone, CAP, LMHC, MSW ■
10689 N Kendall Dr
Ste 306
Miami, FL 33176
(305) 558-7400
Digital Contact Information:
Not Available

and
10689 N Kendall Dr
Ste 314
Miami, FL 33176
(305) 558-7400
Digital Contact Information:
Not Available

Lewis-Payton, Tomecia, MS, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Leyva, Celio, BA, BCABA ■
18901 Southwest 106th Avenue
a 227
Cutler Bay, FL 33157
(786) 732-7516
Digital Contact Information:
goodbehavior.as@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 732-7516
Digital Contact Information:
goodbehavior.as@gmail.com

and
15715 South Dixie Highway
330
Miami, FL 33157
(786) 732-0842
Digital Contact Information:
goodbehavior.as@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Leyva, Renan, PHD, BCBA ■
7801 Northwest 37th Street
Lp-201
Doral, FL 33195
(305) 468-9899
Digital Contact Information:
vivianaicare@gmail.com

and
13301 Southwest 132nd Avenue
112 112
Miami, FL 33186
(305) 640-8342
Digital Contact Information:
https://yamtherapyservices.com
vivianaicare@gmail.com

and
6405 Northwest 36th Street
Virginia Gardens, FL 33166
(786) 238-2008
Digital Contact Information:
vivianaicare@gmail.com

and
6405 Northwest 36th Street
#123
Virginia Gardens, FL 33166
(786) 872-4325
Digital Contact Information:
vivianaicare@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Leyva Rosales, Idalmis, MPSY, LMHC ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
idalmis@neurobehavioral.health

and
12060 SW 129th Ct
Miami, FL 33186
(786) 615-3349
Digital Contact Information:
idalmis@neurobehavioral.health
Other Languages Spoken by Provider or Office Staff
Spanish

Lichtshein, Gil, MD ■
1175 Northeast 125th Street
320
Miami, FL 33161
(786) 842-0444
Digital Contact Information:
http://www.marriagefamilyservices.com
mfsfrontdesk1@gmail.com

and
17325 Northwest 27th Avenue
Suite 105
Miami Gardens, FL 33056
(786) 819-0209
Digital Contact Information:
mfsfrontdesk1@gmail.com

Lieberman, Anat G, MSW, LCSW ■
2875 Northeast 191st Street
Suite 552
Aventura, FL 33180
(786) 417-2492
Digital Contact Information:
insurance@jcsfl.org
Other Languages Spoken by Provider or Office Staff
Hebrew

Lima, Mayelin, MSW, LCSW ■
Home Based Services Only
Homestead, FL 33033
(305) 224-6402
Digital Contact Information:
freddie.maxwell@amromed.com

Lima, Olivia, MS, LMHC ●
15715 S Dixie Hwy
Ste 403
Miami, FL 33157
(305) 707-5966
Digital Contact Information:
http://movingtowardagape.com
movingtowardagape@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Little, Jacinta L, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Little, Jennifer, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
members@wellnite.com

Llanes Basulto, Yasmani, MA, BCBA ■
8601 Southwest 199th Street
Cutler Bay, FL 33189
(305) 908-2999
Digital Contact Information:
viviangonzalezdiaz@gmail.com

and
10200 NW 25th St
Ste 114
Doral, FL 33172
(305) 908-2999
Digital Contact Information:
viviangonzalezdiaz@gmail.com

and
3271 NW 7th St
Ste 203
Miami, FL 33125
(786) 220-6902
Digital Contact Information:
http://www.outpatientpsycare.com
viviangonzalezdiaz@gmail.com

and
15924 SW 92nd Ave
Miami, FL 33157
(786) 636-1303
Digital Contact Information:
viviangonzalezdiaz@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Llanes Torna, Ana Sarai, MS, BCBA ■
8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-2822
Digital Contact Information:
http://www.mgmbehavioral.com
accuratebehaviorsolutions@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 964-7695
Digital Contact Information:
accuratebehaviorsolutions@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lledo Rodriguez, Laura, MED, BCBA ■
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
credentialing@southbillcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Llenin, Mercedes, PHD, LMHC, LP ■
7791 Northwest 46th Street
Suite 221
Doral, FL 33166
(786) 910-9670
Digital Contact Information:
Not Available

and
6262 Bird Rd
Ste 2F
Miami, FL 33155
(305) 387-7850
Digital Contact Information:
Not Available

and
13930 SW 47th St
Ste 202
Miami, FL 33175
(305) 387-7850
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Llewellyn, Stephonia, MS, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
tracy@caringtherapistsofbroward.com

Lobaina Fernandez Rubio, Giselle, MS, BCBA ■
100 NE 15th St
Homestead, FL 33030
(786) 370-2216
Digital Contact Information:
thvegainsurances23@gmail.com

and
3222 Southeast 5th Street
Homestead, FL 33033
(786) 370-2216
Digital Contact Information:
https://myabaschool.com/
thvegainsurances23@gmail.com

and
Home Based Services Only
Homestead, FL 33033
(786) 370-2216
Digital Contact Information:
thvegainsurances23@gmail.com

and
29485 Southwest 177th Court
Homestead, FL 33034
(786) 486-0165
Digital Contact Information:
thvegainsurances23@gmail.com

Loftus, Stacy, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Logan, Jalinia, MSW, LCSW ■
6303 Waterford District Drive
400
Miami, FL 33126
(312) 678-1822
Digital Contact Information:
support@growthguidancecounseling.com

Logan, Lesley, PSYD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
hello@emorahealth.com

Longa, Alexandra, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Longman, Melissa, MSW, LCSW ■
7600 Southwest 57th Avenue
suite 334
South Miami, FL 33143
(786) 332-4478
Digital Contact Information:
info@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Camille T, MED, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 810-8002
Digital Contact Information:
bebrightservicesadm@gmail.com

and
1321 Southwest 126th Place
Miami, FL 33184
(786) 860-5161
Digital Contact Information:
bebrightservicesadm@gmail.com

and
657 South Drive
Miami Springs, FL 33166
(786) 860-5161
Digital Contact Information:
bebrightservicesadm@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez Castellanos, Liuba M, MS, BCBA ■
1275 West 47th Place
#449
Hialeah, FL 33012
(305) 425-1338
Digital Contact Information:
magicbehavioralcare@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Diana, MA, BCBA ■
Home Based Services Only
Hialeah, FL 33012
(305) 570-0775
Digital Contact Information:
credentialing@creativekidstherapyinc.com

and
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
credentialing@creativekidstherapyinc.com

Lopez Fernandez, Laura, MS, BCBA ■
Home Based Services Only
Naranja, FL 33032
(407) 800-6086
Digital Contact Information:
support@abc4s.com
Other Languages Spoken by Provider or Office Staff
German, French, Spanish

Lopez Fustes, Rebeca, MPSY, BCABA ■
13404 Southwest 128th Street
Miami, FL 33186
(305) 433-0897
Digital Contact Information:
bluelifetherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Hilda M, PSYD, LP ■
15924 SW 92nd Ave
Miami, FL 33157
(786) 636-1303
(305) 964-5824
Digital Contact Information:
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Lopez, Jacqueline M, BA, BCBA ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
services@cmnbtherapy.com

and
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
services@cmnbtherapy.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Creole, Japanese, French, Italian

Lopez, Jose C, MD ■
1200 Northwest 78th Avenue
210
Doral, FL 33126
(786) 285-3438
Digital Contact Information:
jorge@valcourtbehavioral.com

and
633 N Krome Ave
1
Homestead, FL 33030
(305) 763-4007
Digital Contact Information:
jorge@valcourtbehavioral.com

and
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
jorge@valcourtbehavioral.com

and
3525 NW 7th St
Miami, FL 33125
(786) 801-0218
Digital Contact Information:
jorge@valcourtbehavioral.com

and
1710 Northwest 7th Street
STE 5-6-7
Miami, FL 331253500
(786) 409-2568
Digital Contact Information:
jorge@valcourtbehavioral.com

and
3446 Southwest 8th Street
217
Miami, FL 33135
(786) 769-5046
Digital Contact Information:
jorge@valcourtbehavioral.com

and
7821 Coral Way
100
Miami, FL 33155
(786) 409-5690
Digital Contact Information:
jorge@valcourtbehavioral.com

and
7921 Bird Rd
Ste 41
Miami, FL 33155
(305) 425-1393
Digital Contact Information:
http://oceanhealthsystem.com
jorge@valcourtbehavioral.com

and
7921 Bird Road
39
Miami, FL 33155
(786) 310-1570
Digital Contact Information:
http://oceanhealthsystem.com
jorge@valcourtbehavioral.com

and
7971 Bird Road
15
Miami, FL 33155
(786) 504-5620
Digital Contact Information:
http://oceanhealthsystem.com
jorge@valcourtbehavioral.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
jorge@valcourtbehavioral.com

and
19001 Southwest 106th Avenue
c103
Miami, FL 33157
(786) 523-2352
Digital Contact Information:
jorge@valcourtbehavioral.com

and
10680 Fontainebleau Boulevard
Miami, FL 33172
(305) 794-6845
Digital Contact Information:
jorge@valcourtbehavioral.com

and
13706 Southwest 56th Street
STE 105-106
Miami, FL 331756036
(786) 523-4289
Digital Contact Information:
jorge@valcourtbehavioral.com

and
9900 Southwest 107th Avenue
STE 101
Miami, FL 33176
(305) 248-3488
Digital Contact Information:
jorge@valcourtbehavioral.com

and
12540 Southwest 8th Street
Miami, FL 33184
(305) 705-6840
Digital Contact Information:
jorge@valcourtbehavioral.com

and
6600 Cow Pen Road
250
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
jorge@valcourtbehavioral.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez Machandi, Dayanna, MS, BCBA ■
12460 Southwest 8th Street
Miami, FL 33184
(786) 801-0944
Digital Contact Information:
dynamicsandbehaviorservicesinc@gmail.com

and
12460 Southwest 8th Street
2024
Miami, FL 33184
(786) 801-0944
Digital Contact Information:
dynamicsandbehaviorservicesinc@gmail.com

Lopez, Maria Elena, EDS, LMHC ■
7600 Southwest 57th Avenue
302
South Miami, FL 33143
(305) 255-6362
Digital Contact Information:
travel925@aol.com
Other Languages Spoken by Provider or Office Staff
Portuguese, French, Italian, Spanish

Lopez Medrano, Ana M, MS, LMHC, LPC ■
3408 W 84th St
Ste 305
Hialeah, FL 33018
(786) 663-3983
Digital Contact Information:
https://mentalia.us
care@thepeacefulmindfactory.com

and
FL
(786) 663-3983
Digital Contact Information:
https://mentalia.us
care@thepeacefulmindfactory.com

and
13590 Southwest 134th Avenue
210
Miami, FL 33186
(786) 663-3983
Digital Contact Information:
care@thepeacefulmindfactory.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Melissa, MS, BCBA ■
1840 West 49th Street
Suite 723
Hialeah, FL 33012
(786) 333-4275
Digital Contact Information:
http://helpinghandstc.com
info@brightfuturebehavioral.com

and
Home Based Services Only
Hialeah, FL 33012
(561) 460-0284
Digital Contact Information:
info@brightfuturebehavioral.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
info@brightfuturebehavioral.com

Lopez Reyna, Cindy, MS, BCABA ■
1250 Southwest 27th Avenue
207
Miami, FL 33135
(786) 502-3137
Digital Contact Information:
mortega@tlhproject.com

and
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
mortega@tlhproject.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Themis, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 204-8290
Digital Contact Information:
themislopez28@gmail.com

and
2520 Coral Way
2 19
Miami, FL 33145
(855) 832-6727
Digital Contact Information:
themislopez28@gmail.com

and
5767 Northwest 151st Street
b
Miami Lakes, FL 33014
(786) 431-5801
Digital Contact Information:
themislopez28@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Widlyne, MSW, LCSW ■
FL
(954) 281-2958
Digital Contact Information:
http://www.breakthroughcrc.com
widlynel@breakthroughcrc.org
Other Languages Spoken by Provider or Office Staff Haitian Creole

Loredo, Ana, MS, BCBA ■
12855 Southwest 136th Avenue
104
Miami, FL 33186
(305) 467-8879
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lorenzen, Lynette T, EDD, LMHC ■
2655 South Le Jeune Road
534
Coral Gables, FL 33134
(305) 450-1454
Digital Contact Information:
drllorenzen@yahoo.com

Lorenzo Perez, Adilec, MPSY, BCBA ■
1400 Northwest 107th Avenue
306
Miami, FL 33172
(786) 817-7444
Digital Contact Information:
genesisconsultingservices39@gmail.com

Losanto Broceta, Meysser, MS, BCBA ■
1840 West 49th Street
#714
Hialeah, FL 33012
(305) 699-8388
Digital Contact Information:
credentialing@southbillcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Losas, Denise, MSN, APRN ■
5901 Southwest 74th Street
208
Miami, FL 33143
(954) 884-5626
Digital Contact Information:
http://www.santanamhs.com
dlosas@santanamhs.com

and
5901 Southwest 74th Street
211
Miami, FL 33143
(786) 228-6892
Digital Contact Information:
http://www.santanamhs.com
dlosas@santanamhs.com

Loughrey, Tara O, PHD, BCBA-D ■
FL
(305) 546-7797
Digital Contact Information:
http://www.abaonlinesupport.com
drtara@abaonlinesupport.com

Louis, Meagan, MA, LMHC ■
8325 Northeast 2nd Avenue
316
Miami, FL 33138
(305) 503-5758
Digital Contact Information:
i@thejourneytwcc.org
Other Languages Spoken by Provider or Office Staff
Portuguese

Louwagie Gordon, Alissa M, MS, LMHC ■
FL
(786) 615-3334
Digital Contact Information:
info@abcsfl.com

Lozada, Jeremy A, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
admin@lifehealthsystem.org
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Lozada, Wimar, MMH, LMHC ■
175 Fontainebleau Boulevard
Miami, FL 33172
(407) 749-3580
Digital Contact Information:
http://www.elitemindsfl.com
eliteminds.services@gmail.com

Lozzi-Toscano, Bettina, PHD, LMHC ■
3625 Northwest 82nd Avenue
400
Doral, FL 33166
(305) 814-2981
Digital Contact Information:
intake.metmorph@gmail.com

and
FL
(305) 814-2981
Digital Contact Information:
intake.metmorph@gmail.com

and
13200 SW 128th St
Ste F2
Miami, FL 33186
(305) 964-7598
Digital Contact Information:
intake.metmorph@gmail.com

and
13205 Southwest 137th Avenue
suite 126
Miami, FL 33186
(786) 478-6688
Digital Contact Information:
intake.metmorph@gmail.com
Other Languages Spoken by Provider or Office Staff Italian, Spanish

Lucena, Williams, MS, LMHC ■
3446 Southwest 8th Street
217
Miami, FL 33135
(786) 769-5046
Digital Contact Information:
wjlusa11@gmail.com

and
1801 Coral Way
Ste 327
Miami, FL 33145
(786) 227-6020
Digital Contact Information:
http://www.bbisf.com
wjlusa11@gmail.com

and
1801 Coral Way
Ste 405
Miami, FL 33145
(786) 866-5914
Digital Contact Information:
http://www.bbisf.com
wjlusa11@gmail.com

and
12900 Southwest 128th Street
204b
Miami, FL 33186
(786) 227-6020
Digital Contact Information:
wjlusa11@gmail.com

and
13335 Southwest 124th Street
STE 103
Miami, FL 33186
(786) 831-1348
Digital Contact Information:
wjlusa11@gmail.com

and
14100 Palmetto Frontage Road
Ste 112
Miami Lakes, FL 33016
(786) 837-3540
Digital Contact Information:
wjlusa11@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Luces, Rafael, MN, APRN ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Ludman Rojzman, Gisela, MS, LMFT ■
975 Arthur Godfrey Rd
Ste 301
Miami Beach, FL 33140
(786) 315-0387
Digital Contact Information:
fernandoschutt@hotmail.com

and
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
fernandoschutt@hotmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Luis, Cinthya, MA, BCBA ■
Home Based Services Only
Miami Gardens, FL 33014
(305) 640-5739
Digital Contact Information:
helpinghandsbfs@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Luisa, Michelle, MA, BCBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
https://tillytherapy.com/
credentialing@csd.me

Lukasik, Linda, MSW, LCSW ●
17801 Northwest 2nd Avenue
202
Miami, FL 33169
(954) 979-7911
Digital Contact Information:
tashaneb@4kids.us
Other Languages Spoken by Provider or Office Staff
English, Spanish

Luna, Ahirelys, MSED, BCBA ■
2300 West 84th Street
406
Hialeah, FL 33016
(786) 960-6767
Digital Contact Information:
nymbehavioral@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Luna, Jessica, BA, BCABA ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
services@cmnbtherapy.com

and
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
services@cmnbtherapy.com

and
Home Based Services Only
Doral, FL 33126
(786) 382-6959
Digital Contact Information:
services@cmnbtherapy.com

Lundy, Megan, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Luther, Jasmine M, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
fl-credentialing@lifestance.com
Other Languages Spoken by Provider or Office Staff English

Lynch, Kortnie L, MSN, APRN ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

MacDonald, Kacie, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Machado Rodriguez, Heyler, MS, BCBA ■
Home Based Services Only
Miami Gardens, FL 33015
(305) 705-5666
Digital Contact Information:
info@safehavenmedicalcenter.com
Other Languages Spoken by Provider or Office Staff
Spanish

Machado Torres, Maylen, MS, BCBA ■
Home Based Services Only
Miami Gardens, FL 33014
(305) 200-3326
Digital Contact Information:
asmtherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Machado, Yadira, MA, BCBA ■
Home Based Services Only
Hialeah, FL 33013
(786) 592-6680
Digital Contact Information:
info@kidsbehavioral.com

Machin, Marianny, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

and

12973 Southwest 112th Street
151
Miami, FL 33186
(305) 204-7037
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

and

5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(305) 204-7037
Digital Contact Information:
credentialing@behavioralfamilysolutions.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Machuca, Jose R, PHD, LMHC ■

11300 Northeast 2nd Avenue
Miami Shores, FL 33168
(504) 388-5981
Digital Contact Information:
rmachuca@barry.edu
Other Languages Spoken by Provider or Office Staff
Portuguese, English, Spanish

Magarino, Sheyla, MSN, APRN ■

12595 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 701-9992
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Mahany-Schunk, Carolyn, MS, LMHC ■

2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Mais, Tatiana M, MSN, APRN ■

8200 Northwest 41st Street
Suite 200
Miami, FL 33166
(754) 202-2565
Digital Contact Information:
info@savinglivescounselingcenter.com
Other Languages Spoken by Provider or Office Staff
Spanish

Major, Marlea, MS, CAC, LMHC ■

2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
contact@majormhm.com

Maldonado, Alexandra, BA, BCABA ■

12240 Southwest 128th Court
110
Miami, FL 33186
(305) 562-4683
Digital Contact Information:
info@shapingacademy.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Haitian Creole, Japanese, Italian, Spanish

Maldonado, Milagros R, MS, LMHC ■

11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
info@avilahealthgroup.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Mandel, Seth, MD ■

1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
hello@talkiatry.com

Mandri, Daniel F, MD ■

8785 SW 165th Ave
Ste 200
Miami, FL 33193
(786) 554-0008
Digital Contact Information:
drmandri@fba100.com
Other Languages Spoken by Provider or Office Staff
Spanish

Manfredi, Andrea, MS, BCBA ■

1000 Brickell Avenue
Miami, FL 33131
(954) 399-5700
Digital Contact Information:
tbraecklein@aitkids.com

and

995 Northwest 119th Street
681858
North Miami, FL 33168
(954) 399-5700
Digital Contact Information:
http://www.bmcmiami.com
tbraecklein@aitkids.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Mann, Melech D, MSW, LCSW ■

2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
melechdm@gmail.com

Manresa, Viviana, MSN, APRN ■

261 Westward Drive
suite 108-109
Miami, FL 33166
(305) 200-5176
Digital Contact Information:
vmanresapmhnp@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Manrique, Nejani, BCABA, BS ■

12700 Southwest 122nd Avenue
108 110
Miami, FL 33186
(786) 227-6008
Digital Contact Information:
indese@indese.net
Other Languages Spoken by Provider or Office Staff
Spanish

Manrique-Reichard, Marta E, PHD, LP ■

5940 SW 73rd St
Ste 203
South Miami, FL 33143
(305) 669-0019
Digital Contact Information:
drmmrsec@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Manso, Yomarys, MA, BCBA ■

1000 Brickell Avenue
Miami, FL 33131
(305) 707-7308
Digital Contact Information:
noneoperations@spectrumtherapycare.com

Marante, Kevin, BA, BCABA ■

2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
http://www.appliedbhs.com
dabs@appliedbhs.com

and

7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Marcano, Arianne, MS, BCBA, LBA ■

9415 Southwest 72nd Street
101
Miami, FL 33173
(305) 662-6448
Digital Contact Information:
credentialing@mindcoloratism.com

and

13205 Southwest 137th Avenue
#212
Miami, FL 33186
(786) 732-6298
Digital Contact Information:
credentialing@mindcoloratism.com

and

5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
credentialing@mindcoloratism.com

Marcellus, Chizoba L, MS, LMHC ■

536 Northeast 206th Lane
Miami, FL 33179
(305) 761-9584
Digital Contact Information:
http://www.therapyislove.com
info@therapyislove.com

Marcus, Phyllis C, MC, LMFT ■

540 Northwest 165th Street
114
Miami, FL 33169
(786) 648-6550
Digital Contact Information:
horebhealthclinic@gmail.com

and

540 Northwest 165th Street
STE 110
Miami, FL 33169
(786) 648-6550
Digital Contact Information:
horebhealthclinic@gmail.com

Mare, Nicole, MSW, LCSW ■

FL
(786) 309-5635
Digital Contact Information:
innerbloom_psychotherapy@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Marin, Adrian, MMH, LMHC ■

7875 SW 104th St
Ste 101
Miami, FL 33156
(305) 899-1587
Digital Contact Information:
http://www.jcsfl.org

and

12000 Biscayne Boulevard
609
Miami, FL 33181
(305) 899-1587
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff Creole, Spanish

Marin, Cecilia M, PSYD, LP ■

340 Minorca Avenue
3
Coral Gables, FL 33134
(305) 764-2333
Digital Contact Information:
cmmarinpsyd@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Marini, Martina, MSW, LCSW ■

2141 Southwest 1st Street
204 205
Miami, FL 33135
(786) 515-4935
Digital Contact Information:
martina616@hotmail.com

and

10570 Northwest 27th Street
STE H102
Miami, FL 33172
(786) 409-2197
Digital Contact Information:
martina616@hotmail.com

and

FL
(786) 409-2197
Digital Contact Information:
martina616@hotmail.com

and

17027 W Dixie Hwy
Ste 120
North Miami Beach, FL 33160
(786) 763-2223
Digital Contact Information:
martina616@hotmail.com
Other Languages Spoken by Provider or Office Staff French

Marino Nunez, Adrian, MSED, BCBA ■

1550 Madruga Avenue
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
http://www.abc4s.com
miamicognitive@gmail.com

and

1701 W Flagler St
Ste 310
Miami, FL 33135
(786) 467-7006
Digital Contact Information:
miamicognitive@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Markfeld, Yaron, MD ■

FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
cred@advantumhealth.com
Other Languages Spoken by Provider or Office Staff
Hebrew

Maron, Tali, MS, BCBA ■

909 North Miami Beach Boulevard
STE 301
North Miami Beach, FL 33162
(305) 822-7202
Digital Contact Information:
tmaron@hotmail.com

Marquez Figueroa, Nathalie, MS, BCBA ■

333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
info@stepforwardaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Marquez, Martha, MS, CAP, LMHC ■

2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff
Spanish

Marr, Janice, MSW, LCSW, LISW ■

2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Marrero, Vanessa, MS, BCBA ■

9425 Southwest 72nd Street
164
Miami, FL 33173
(305) 279-2286
Digital Contact Information:
vonmmarrero1996@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Marsella, Gregory Q, MD ■

1951 NW 7th Ave
Miami, FL 33136
(561) 394-2532
Digital Contact Information:
drmarsella@icloud.com

Marsh, Vicky, DO ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
akuppers@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
akuppers@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
akuppers@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
akuppers@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
akuppers@banyanhealth.org

Marti Padron, Mauricio, MA, BCBA ■
7900 Oak Ln
400
Hialeah, FL 33016
(786) 482-0495
Digital Contact Information:
martibehavioral@yahoo.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 482-0495
Digital Contact Information:
martibehavioral@yahoo.com

and
4180 Southwest 74th Court
204
Miami, FL 33155
(786) 401-7327
Digital Contact Information:
martibehavioral@yahoo.com

and
18951 Southwest 106th Avenue
105 106
Miami, FL 33157
(305) 233-4448
Digital Contact Information:
martibehavioral@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Martin, Alisha D, MSN, APRN ■
801 Brickell Avenue
8
Miami, FL 33131
(516) 505-7200
Digital Contact Information:
https://mindful.care/
credentialing@mindful.care

Martin, Jessica, LMHC, MA, MS ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
info@behavioralaid.com

and
17021 Southwest 120th Court
Miami, FL 33177
(786) 319-1657
Digital Contact Information:
info@behavioralaid.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martin, Kimberly, PHD, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
credentialing@tillytherapy.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
credentialing@tillytherapy.com

and
1951 NW 7th Ave
Ste 600
Miami, FL 33136
(929) 384-7193
Digital Contact Information:
credentialing@tillytherapy.com

Martin, Lawanda, MPSY, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
engeditherapy@gmail.com

Martin, Leidys, MS, BCBA ■
18951 Southwest 106th Avenue
105 106
Miami, FL 33157
(305) 233-4448
Digital Contact Information:
milestonesaba2023@gmail.com

and
13416 Southwest 128th Street
Miami, FL 33186
(786) 732-0247
Digital Contact Information:
http://milestones-aba.org
milestonesaba2023@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Martin, Mayte, MS, BCBA ■
15884 Southwest 137th Avenue
Miami, FL 33177
(305) 456-6002
Digital Contact Information:
credentialing@southbillcare.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
credentialing@southbillcare.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Martin, Precious, MSW, LCSW ■
1801 Northeast 123rd Street
334
North Miami, FL 33181
(888) 718-4915
Digital Contact Information:
http://www.rrrinc.org
info@rrrinc.org

Martin Torres, Yuliet, MPSY, BCBA ■
5190 Northwest 167th Street
Hialeah, FL 33014
(305) 990-0863
Digital Contact Information:
ymtbehavior@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martin, Yaisel, MA, BCBA ■
13301 Southwest 132nd Avenue
201 201
Miami, FL 33186
(305) 509-5537
Digital Contact Information:
canibehaviormanagement@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Alexis J, MA, BCBA ■
Home Based Services Only
Aventura, FL 33180
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Golden Beach, FL 33160
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
342 West 37th Street
Hialeah, FL 33012
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Homestead, FL 33030
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Homestead, FL 33033
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Key Biscayne, FL 33149
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Miami, FL 33142
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Miami, FL 33147
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Miami, FL 33155
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Miami Beach, FL 33154
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Miami Gardens, FL 33015
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Miami Gardens, FL 33055
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Miami Lakes, FL 33016
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Naranja, FL 33032
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Opa-locka, FL 33054
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Pinecrest, FL 33156
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Quail Heights, FL 33187
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
South Miami, FL 33143
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
South Miami, FL 33146
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Amos, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez Camarero, Claudia, MBS, BCBA ■
631 Northwest 45th Avenue
100
Miami, FL 33126
(786) 343-8890
Digital Contact Information:
info@milestones-aba.org

and
1000 Brickell Avenue
Miami, FL 33131
(305) 964-7927
Digital Contact Information:
info@milestones-aba.org

and
15715 South Dixie Highway
330
Miami, FL 33157
(786) 732-0842
Digital Contact Information:
info@milestones-aba.org

and
15884 Southwest 137th Avenue
Miami, FL 33177
(305) 456-6002
Digital Contact Information:
info@milestones-aba.org

and
13416 Southwest 128th Street
Miami, FL 33186
(786) 732-0247
Digital Contact Information:
http://milestones-aba.org
info@milestones-aba.org
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Daniel, PSYD, CP ■
1900 North Bayshore Drive
108
Miami, FL 33132
(954) 362-8677
Digital Contact Information:
info@hgdoctors.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Martinez, Danny, MS, BCBA ■
3625 Northwest 82nd Avenue
101
Doral, FL 33166
(786) 401-6113
Digital Contact Information:
http://www.neuralinkhealth.com
earlyinterventionclinic1@gmail.com

and
1414 Northwest 107th Avenue
204
Doral, FL 33172
(305) 225-8711
Digital Contact Information:
earlyinterventionclinic1@gmail.com

and
1275 West 47th Place
#449
Hialeah, FL 33012
(305) 425-1338
Digital Contact Information:
earlyinterventionclinic1@gmail.com

and
10691 North Kendall Drive
207
Miami, FL 33176
(786) 401-6113
Digital Contact Information:
earlyinterventionclinic1@gmail.com

and
Home Based Services Only
Miami Gardens, FL 33014
(305) 640-5739
Digital Contact Information:
earlyinterventionclinic1@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Elisa, MS, BCBA ■
633 North Krome Avenue
Suite 6
Homestead, FL 33030
(786) 525-9926
Digital Contact Information:
dabs.credentialing@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Gabriella, MC, LMHC ■
999 Ponce de Leon
1120
Coral Gables, FL 33134
(305) 605-5683
Digital Contact Information:
support@anytimecredentialing.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Martinez, Glenda, PHD, LP ■
3408 West 84th Street
Suite 302
Hialeah, FL 33018
(305) 826-6969
Digital Contact Information:
glendam18@gmail.com

and
FL
(305) 826-6969
Digital Contact Information:
glendam18@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez Grillo, Alexis, MBS, BCBA ■
FL
(786) 439-7098
Digital Contact Information:
info@britobehaviorservices.com

Martinez, Lidia A, DMFT, LMHC ■
FL
(786) 565-6916
Digital Contact Information:
http://www.drlidiamartinez.com
info@drlidiamartinez.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Liliam, BS, BCBA ■
13404 Southwest 128th Street
Miami, FL 33186
(305) 433-0897
Digital Contact Information:
http://www.bluelifetherapy.com
bluelifetherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Mayelin O, BS, BCABA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
dabs.credentialing@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
http://appliedbhs.com
dabs.credentialing@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Martinez, Milagros, BA, BCBA ■
3833 Southwest 8th Street
Coral Gables, FL 33134
(305) 393-7623
Digital Contact Information:
milagros.martinez@cultivatebhe.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 393-7623
Digital Contact Information:
milagros.martinez@cultivatebhe.com

and
Home Based Services Only
Miami, FL 33155
(305) 393-7623
Digital Contact Information:
milagros.martinez@cultivatebhe.com

and
13195 Southwest 134th Street
Ste. 201
Miami, FL 33186
(786) 206-6500
Digital Contact Information:
milagros.martinez@cultivatebhe.com

and
FL
(786) 206-6500
(305) 393-7623
Digital Contact Information:
milagros.martinez@cultivatebhe.com

and
Home Based Services Only
South Miami, FL 33143
(305) 393-7623
Digital Contact Information:
milagros.martinez@cultivatebhe.com

and
Home Based Services Only
West Miami, FL 33144
(305) 393-7623
Digital Contact Information:
milagros.martinez@cultivatebhe.com

Martinez, Olga, MS, BCBA ■
1900 Southwest 22nd Street
#205
Miami, FL 33145
(305) 648-7212
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez Pedrera, Gisselle, MA, BCBA ■
8601 Southwest 199th Street
Cutler Bay, FL 33189
(305) 908-2999
Digital Contact Information:
freddie.maxwell@amromed.com

and
10200 Northwest 25th Street
STE 114
Doral, FL 33172
(305) 908-2999
Digital Contact Information:
freddie.maxwell@amromed.com

and
40 Northwest 8th Street
Homestead, FL 33030
(305) 908-2999
Digital Contact Information:
freddie.maxwell@amromed.com

and
30350 SW 156th Ave
Homestead, FL 33033
(786) 283-0175
Digital Contact Information:
freddie.maxwell@amromed.com

and
27132 South Dixie Highway
Naranja, FL 33032
(786) 481-9833
Digital Contact Information:
freddie.maxwell@amromed.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Martinez Soto, Yaneisy, APRN ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
info@ffmhs.com

Martinez, Yelenis, MS, BCBA ■
15260 SW 280th St
Ste 205
Homestead, FL 33032
(305) 707-7237
Digital Contact Information:
http://www.familybehaviorservices.org
ymartinez.abaservices@gmail.com

and
8660 West Flagler Street
STE 121
Miami, FL 33144
(305) 600-4774
Digital Contact Information:
ymartinez.abaservices@gmail.com

and
10691 North Kendall Drive
211
Miami, FL 33176
(305) 984-4343
Digital Contact Information:
ymartinez.abaservices@gmail.com

and
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
ymartinez.abaservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Marvin, Jennifer, MA, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
akfilson@aol.com

Mason, Shatema, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Maspons, Ninamarie, PSYD, LP ■
7600 South Red Road
200
South Miami, FL 33143
(786) 508-2207
Digital Contact Information:
http://www.lunapsychology.com
angelo@lunapsychology.com
Other Languages Spoken by Provider or Office Staff
Spanish

Massana, Yosmara, MPSY, BCBA ■
Home Based Services Only
Hialeah, FL 33013
(786) 592-6680
Digital Contact Information:
info@mistherapy.com

and
2459 West 70th Street
Hialeah, FL 33016
(786) 571-0939
Digital Contact Information:
info@mistherapy.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 204-8290
Digital Contact Information:
info@mistherapy.com

and
Home Based Services Only
Miami Gardens, FL 33014
(786) 606-7766
Digital Contact Information:
info@mistherapy.com

Masson Boucourt, Miler, MPSY, BCBA ■
10711 Southwest 216th Street
103 103
Goulds, FL 33170
(305) 965-9682
Digital Contact Information:
credentialing@southbillcare.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
credentialing@southbillcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Massop, Franklyn, MPSY, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 275-8860
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Matos Morales, Guillermo, MED, BCBA ■
730 Northwest 107th Avenue
104
Miami, FL 33172
(305) 504-1749
Digital Contact Information:
credentialing@southbillcare.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
credentialing@southbillcare.com

Matowe, Dorcas, MS, LMFT ■
FL
(888) 823-7428
Digital Contact Information:
http://www.africulturecounselingcenter.com
dorcas@africulturecounselingcenter.com

Matson, Sharon, MS, LMFT ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
admin@lotuscounseling.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
admin@lotuscounseling.com

Maurice, Sabra R, MA, LCPC, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@thirdeyetherapychicago.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
info@thirdeyetherapychicago.com

Maurice, Thamar, MSN, APRN ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Mayabb, Laura, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Mayans, Judith, MD ■
7500 SW 8th St
Ste 301

Miami, FL 33144
(786) 928-0174
Digital Contact Information:
jmayansmd@yahoo.com

and
7315 Northwest 36th Street
Miami, FL 33166
(786) 345-7734
Digital Contact Information:
jmayansmd@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mayor, Jennifer, MS, BCBA ■
FL
(786) 501-1153
Digital Contact Information:
kidsrusbehavioraltherapyllc@gmail.com

Mazzarella, Chris J, MA, BCBA ■
12360 SW 132nd Ct
Ste 201
Miami, FL 33186
(786) 701-9605
Digital Contact Information:
aba-ojtcorp@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mazzotti, Lisa, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

McBay, Emily, MS, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

McCarthy, Michael, MSW, LCSW ■
12550 Biscayne Boulevard
STE 800
North Miami, FL 33181
(305) 479-7068
Digital Contact Information:
biscaynebaycounseling@mdofficemail.com
Other Languages Spoken by Provider or Office Staff
Spanish

McCoy, Brittney, MMH, LMHC ■
8971 Southwest 142nd Avenue
11 37
Miami, FL 33186
(786) 244-7690
Digital Contact Information:
worcounselingservices@gmail.com

McCray, Yolande, MSN, APRN ■
FL
(305) 906-9995
Digital Contact Information:
thehealingplacellc1@gmail.com

McDevitt, Omayra, MA, LPC ■
FL
(305) 902-6347
Digital Contact Information:
start@bebravehealth.com

McDonald, Margaret S, EDS, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
marscounselingservices@gmail.com

McGrady, Ursula, MS, BCBA ■
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
http://www.miamipersonalmanagement.com
mpmcmhc@miamipersonalmanagement.com

and
14707 South Dixie Highway
Suite 200
Miami, FL 33176
(305) 321-5177
Digital Contact Information:
mpmcmhc@miamipersonalmanagement.com
Other Languages Spoken by Provider or Office Staff
Spanish

McIntyre, Lynne M, PHD, LCSW ■
3648 Saint Gaudens Road
Miami, FL 33133
(831) 920-7907
Digital Contact Information:
http://mammha.com
maureen@getmammha.com
Other Languages Spoken by Provider or Office Staff
Spanish

McKee, Ronit, MS, BCBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(410) 538-2574
Digital Contact Information:
credentialing@tbh.com

McKenzie-Plez, Antwan, MA, LCMHC ■
1620 Northeast 148th Street
Miami, FL 33181
(954) 412-9698
Digital Contact Information:
kelly@credentialingconsultants.com

McKiernan, Kathleen, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

McLaughlin, Brianna, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

McLeod, Devin, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@thriveworks.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

McPhail, Cheryl L, MS, BCBA, LBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
info@appliedabc.com

and
12456 Southwest 127th Avenue
Miami, FL 33186
(786) 953-8500
Digital Contact Information:
info@appliedabc.com
Other Languages Spoken by Provider or Office Staff English

McVan, Melissa, MS, LMHC ■
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(561) 289-7995
Digital Contact Information:
http://pandatherapycircle.com
pandatherapycircle@gmail.com

and
FL
(561) 289-7995
Digital Contact Information:
http://pandatherapycircle.com
pandatherapycircle@gmail.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
pandatherapycircle@gmail.com

Meadows, Samantha B, MSW, LCSW ■
333 Southeast 2nd Avenue
Suite #2000
Miami, FL 33131
(323) 545-3659
Digital Contact Information:
flowly@withassured.com

Mechling, Sarah, MA, BCBA ■
11601 Biscayne Boulevard
Miami, FL 33181
(786) 206-4151
Digital Contact Information:
srmechling@gmail.com

Medard, Guirlene, MSN, APRN ■
125 Northwest 206th Terrace
Miami, FL 33169
(305) 744-2154
Digital Contact Information:
vantagepsychiatry@gmail.com

Mederos Cardenas, Mylena, MS, BCBA ■
1840 West 49th Street
#714
Hialeah, FL 33012
(305) 699-8388
Digital Contact Information:
credentialing@southbillcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Medici, April, MSED, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
aprilmedici@yahoo.com

Medina, Cristina, MS, BCBA ■
7232 Southwest 39th Terrace
Miami, FL 33155
(305) 431-7224
Digital Contact Information:
http://www.hopefortomorrowtherapy.com
hopefortomorrowtherapy@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Medina, Leah, MSN, APRN ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Medina Martin, Damary, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 558-7248
Digital Contact Information:
lightingbehaviorservices@gmail.com

and
2721 SW 137th Ave
Ste 113
Miami, FL 33175
(786) 558-7248
Digital Contact Information:
lightingbehaviorservices@gmail.com

and
4800 Northwest 167th Street
Miami Gardens, FL 33014
(305) 515-2726
Digital Contact Information:
http://www.lightingbehavior.com
lightingbehaviorservices@gmail.com

and
15291 Northwest 60th Avenue
Suite 107
Miami Lakes, FL 33014
(786) 608-1805
Digital Contact Information:
lightingbehaviorservices@gmail.com

and
183 Sw 153pl
Richmond West, FL 33187
(786) 343-9391
Digital Contact Information:
lightingbehaviorservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Medina, Muriel, MSW, LCSW ■
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
info@aimergency.org

Medina Rojo, Raul, MSN, APRN ■
4445 West 16th Avenue
STE 405
Hialeah, FL 33012
(786) 233-6721
Digital Contact Information:
office@myrtleridge.us

and
1000 Brickell Avenue
Miami, FL 33131
(786) 701-9211
Digital Contact Information:
office@myrtleridge.us

and
9299 SW 152nd St
Ste 206
Palmetto Bay, FL 33157
(786) 883-0339
Digital Contact Information:
office@myrtleridge.us
Other Languages Spoken by Provider or Office Staff
English, Spanish

Medvin, Nadeen B, PHD, LP ■
1550 Madruga Avenue
STE 304
Coral Gables, FL 33146
(305) 815-1129
Digital Contact Information:
http://www.drnadeenmedvin.org
drnadeenmedvin@aol.com

and
2000 S Dixie Hwy
Ste 103
Miami, FL 33133
(305) 815-1129
Digital Contact Information:
drnadeenmedvin@aol.com

Mejia, Alejandra, MSW, LCSW ■
14645 Northwest 77th Avenue
101
Miami Lakes, FL 33014
(833) 769-3524
Digital Contact Information:
http://lifestance.com
dougblessington@gmail.com

Mejia, Maria A, MA, BCBA ■
9240 Southwest 158th Lane
18th
Palmetto Bay, FL 33157
(305) 788-2849
Digital Contact Information:
http://eibscorp.com
info@eibscorp.com
Other Languages Spoken by Provider or Office Staff Italian, Spanish

Mejias, Lizette M, MA, BCBA ■
5455 Southwest 8th Street
230
Miami, FL 33134
(786) 629-8836
Digital Contact Information:
info@vidacounselinggroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Melendez, Manuel A, MD ■
705 Le Jeune Rd
Hialeah, FL 33010
(786) 477-4431
Digital Contact Information:

mamc0708@yahoo.com

and
705 South Le Jeune Road
Hialeah, FL 33010
(305) 264-7808
Digital Contact Information:
mamc0708@yahoo.com

and
5860 W Flagler St
Miami, FL 33144
(786) 477-4431
Digital Contact Information:
mamc0708@yahoo.com

and
10250 SW 56th St
Ste A102
Miami, FL 33165
(786) 477-4431
Digital Contact Information:
mamc0708@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mellado, Claudia, MSCC, LMHC ■
1380 Northeast Miami Gardens Drive
Suite 220 A
North Miami Beach, FL 33179
(305) 302-7819
Digital Contact Information:
http://www.emotionalcare.us
claumell001@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Melo, Evelyn, MA, LMHC ■
8785 SW 165th Ave
Ste 200
Miami, FL 33193
(786) 587-9656
Digital Contact Information:
melopsych@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mena, Humberto, MS, BCBA ■
12955 Southwest 132nd Street
Suite 205
Miami, FL 33186
(305) 220-3382
Digital Contact Information:
http://www.risenconsultants.com
mhum29@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mena, Rebekah, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
admin@lifehealthsystem.org
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Menachem, Kari, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Mendez Blancart, Rosa M, MA, BCBA ■
30392 Old Dixie Highway
Homestead, FL 33030
(786) 283-0175
Digital Contact Information:
myhungrycaterpillar@gmail.com

and
27132 South Dixie Highway
Naranja, FL 33032
(786) 283-0175
Digital Contact Information:
myhungrycaterpillar@gmail.com

Mendez, Gigi, MBS, BCBA ■
3750 Northwest 87th Avenue
744
Miami, FL 33178
(786) 689-6517
Digital Contact Information:
genesisconsultingservices39@gmail.com

Mendez, Lizbey, MA, BCBA ■
18901 Southwest 106th Avenue
229 230
Cutler Bay, FL 33157
(786) 808-6575
Digital Contact Information:
advancebehavior71@gmail.com

and
15715 South Dixie Highway
226
Miami, FL 33157
(305) 849-4186
Digital Contact Information:
advancebehavior71@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mendez Luaces, Luis E, DNP, APRN ■
330 Southwest 27th Avenue
#701
Miami, FL 33135
(305) 363-1880
Digital Contact Information:
http://empowerpsychiatry.net
info@empowerpsychiatry.med
Other Languages Spoken by Provider or Office Staff
Spanish

Mendez, Manuel, MC, LMHC ■
705 East 8th Avenue
201
Hialeah, FL 33010
(786) 655-0774
Digital Contact Information:
healingtouchinc@msn.com

and
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
2387 West 68th Street
301
Hialeah, FL 33016
(786) 655-0774
Digital Contact Information:
healingtouchinc@msn.com

and
3383 Northwest 7th Street
312
Miami, FL 33125
(786) 703-8965
Digital Contact Information:
healingtouchinc@msn.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 695-8672
Digital Contact Information:
healingtouchinc@msn.com

and
3817 West Flagler Street
Miami, FL 33134
(305) 456-2776
Digital Contact Information:
healingtouchinc@msn.com

and
7299 West Flagler Street
Miami, FL 33144
(786) 953-4698
Digital Contact Information:
healingtouchinc@msn.com

and
7360 Southwest 24th Street
17a
Miami, FL 33155
(786) 570-3130
Digital Contact Information:
healingtouchinc@msn.com

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
4155 Southwest 130th Avenue
108
Miami, FL 33175
(786) 695-8672
Digital Contact Information:
healingtouchinc@msn.com

and
14875 Northwest 77th Avenue
Suite 204
Miami Lakes, FL 33014
(786) 321-1400
Digital Contact Information:
healingtouchinc@msn.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mendez, Mayloren, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 285-0394
Digital Contact Information:
maylorenotr@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Mendez, Melonie, EDS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 275-8860
Digital Contact Information:
http://www.abctestingservices.com
frontdesk@abctestingservices.com

Mendez, Rossana, MSW, LCSW ■
11367 Southwest 248th Terrace
Princeton, FL 33032
(786) 879-5355
Digital Contact Information:
http://themind-gym.com
rossanamendezcole@themissingkeyllc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mendez Tamayo, Cynthia M, MS, LMFT ■
7100 SW 99th Ave
Ste 203
Miami, FL 33173
(305) 720-4774
Digital Contact Information:
cynmendez8@gmail.com

and
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
cynmendez8@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mendez, Wendy, MS, BCBA ■
Home Based Services Only
Naranja, FL 33032
(407) 800-6086
Digital Contact Information:
prokidzabatherapy@yahoo.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
prokidzabatherapy@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mendoza Moya, Yudith, MSED, BCABA ■
8660 West Flagler Street
STE 121
Miami, FL 33144
(305) 600-4774
Digital Contact Information:
info@brightfuturebehavioral.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mendoza, Regina, PSYD, LP ■
7600 Southwest 57th Avenue
307
South Miami, FL 33143
(305) 262-0806
Digital Contact Information:
drmendoza@reginamendoza.com
Other Languages Spoken by Provider or Office Staff
Spanish

Menendez, Helen, BS, BCABA ■
15715 South Dixie Highway
330
Miami, FL 33157
(786) 732-0842
Digital Contact Information:
goodbehavior.as@gmail.com

Menendez-Martinez, Geysha M, PSYD, LP ■
9570 SW 107th Ave
Ste 202
Miami, FL 33176
(786) 391-1383
Digital Contact Information:
drmenendez@psydservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Merritt, Christopher, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Mesa, Leonel E, PSYD, LMHC ■
FL
(786) 208-4831
Digital Contact Information:
drmesa@neurofeedbackofml.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Mesa, Omar, MS, BCBA ■
Home Based Services Only
Doral, FL 33122
(561) 643-7643
Digital Contact Information:
brightstepsaba@gmail.com

and
110 West 17th Street
Hialeah, FL 33010
(786) 267-8467
Digital Contact Information:
brightstepsaba@gmail.com

and
Home Based Services Only
Hialeah, FL 33010
(786) 267-8467
Digital Contact Information:
brightstepsaba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Meyer, Sean P, PHD, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
information@flces.com
Other Languages Spoken by Provider or Office Staff
German

Michaels, S Renee, MSW, LCSW ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
drreneemindworks@gmail.com

Middlebrooks, Quilette, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Mieses, Yuberilys, MSCC, LMHC ■
9010 Southwest 137th Avenue
232
Miami, FL 33186

(305) 482-3516
Digital Contact Information:
yuberilys.mieses@yahoo.com

and
9010 Southwest 137th Avenue
Suite 241
Miami, FL 33186
(305) 482-3516
Digital Contact Information:
yuberilys.mieses@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mikhaylova, Tatiana, MSED, BCBA ■
3530 Mystic Pointe Drive
608 608
Aventura, FL 33180
(786) 540-0458
Digital Contact Information:
tatiana@mistherapy.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(929) 617-6362
Digital Contact Information:
tatiana@mistherapy.com

Milan, Paola K, MS, BCBA ■
13590 Southwest 134th Avenue
104
Miami, FL 33186
(305) 896-8161
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Milano, Elizabeth, MSW, LCSW ■
FL
(904) 345-0548
Digital Contact Information:
http://www.emilanocounseling.com
elizabeth.milano.lcsw@gmail.com

Miles, Cayley, MED, BCBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
clinical@getanswersnow.com

and
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
clinical@getanswersnow.com

and
12456 Southwest 127th Avenue
Miami, FL 33186
(786) 953-8500
Digital Contact Information:
clinical@getanswersnow.com

Milian, Monica, MS, LMHC ■
5901 SW 74th St
Ste 412
Miami, FL 33143
(786) 717-5028
Digital Contact Information:
http://www.gablespsychology.com
monica.milian@comcast.net

and
15715 S Dixie Hwy
Ste 303
Miami, FL 33157
(786) 380-5084
Digital Contact Information:
monica.milian@comcast.net

and
9260 Sunset Dr
Ste 201
Miami, FL 33173
(786) 380-5084
Digital Contact Information:
monica.milian@comcast.net

and
9380 Sunset Dr
Ste B238
Miami, FL 33173
(786) 380-5084
Digital Contact Information:
monica.milian@comcast.net

and
10691 Southwest 88th Street
Suite 110
Miami, FL 33176
(786) 380-5084
Digital Contact Information:
monica.milian@comcast.net
Other Languages Spoken by Provider or Office Staff
Spanish

Millar, Jennifer, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
hello@talkiatry.com

Millares, Giselle, MPSY, LMHC ■
9010 SW 137th Ave
Ste 233
Miami, FL 33186
(786) 236-1323
Digital Contact Information:
gmillares@hcnetwork.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

Miller, Jeffrey A, MA, LCSW ■
5801 Northeast 4th Court
Miami, FL 33137
(786) 218-7937
Digital Contact Information:
dhbilling3@gmail.com

and
9999 Northeast 2nd Avenue
301
Miami Shores, FL 33138
(786) 218-7937
Digital Contact Information:
dhbilling3@gmail.com
Other Languages Spoken by Provider or Office Staff
French, Spanish

Miller, Jennyffer, MD ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
jmiller@orlandorecovery.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
jmiller@orlandorecovery.com

Miller, Kim P, PHD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Miller, Mark M, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
aycmarc@mail.com

Miller, Sharon, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Miller, Teal, BCBA, MS ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
care@tillytherapy.com

Mills, Krystel, MS, BCBA ■
14707 South Dixie Highway
Suite 200
Miami, FL 33176
(786) 592-1574
Digital Contact Information:
http://www.familybehaviortherapy.com
administration@familybehaviortherapy.com

and
12985 Southwest 130th Court
204 204
Miami, FL 33186
(305) 735-3878
Digital Contact Information:
administration@familybehaviortherapy.com

and
FL
(305) 735-3878
Digital Contact Information:
administration@familybehaviortherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Milton, Dorothy, MS, LCSW ■
10810 Northwest 22nd Court
Miami, FL 33167
(786) 879-1162
Digital Contact Information:
aristokatzpsychotherapy@gmail.com

Mirabal Lopez, Elias, MS, BCBA ■
7801 Northwest 37th Street
Lp-201
Doral, FL 33195
(305) 468-9899
Digital Contact Information:
vivianaicare@gmail.com

and
Home Based Services Only
Miami Lakes, FL 33018
(786) 536-7908
Digital Contact Information:
vivianaicare@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Creole, Spanish

Miranda, Mairelys, MSN, APRN ■
9350 SW 72nd St
Ste 116
Miami, FL 33173
(954) 589-1971
Digital Contact Information:
ajndcorp@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Miranda-Tourino, Mary, MSW, LCSW ■
12595 Southwest 137th Avenue
STE 110
Miami, FL 33186
(305) 465-9379
Digital Contact Information:
mary.miranda@mymail.barry.edu
Other Languages Spoken by Provider or Office Staff
English, Spanish

Miro Rivera, Chelimer, MA, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
payors@emorahealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mirtenbaum, Daniel S, PSYD, LP ■
6175 NW 153rd St
Ste 404
Miami Lakes, FL 33014
(305) 558-7400
Digital Contact Information:
credentialing.tifft@gmail.com

Missaoui, Sara, PA, PA_C ■
801 Brickell Avenue
8
Miami, FL 33131
(516) 505-7200
Digital Contact Information:
https://mindful.care/
vnedilia@mindful.care

Mitchell, Cheryl L, MC, LPCC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@lionrockrecovery.com

and
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
https://www.emorahealth.com/
info@lionrockrecovery.com
Other Languages Spoken by Provider or Office Staff English

Mitchell, Kendall, MS, LMHC ■
4300 Biscayne Boulevard
STE 203
Miami, FL 33137
(727) 732-4305
Digital Contact Information:
billing@tbacgroup.com

Mitchell, Oluwakemi, DNP, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
insurance@wellnite.com

and
FL
(602) 562-7383
Digital Contact Information:
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Mitchell, Stacey L, MSN, APRN, ARNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
beautifulmindsfayetteville@gmail.com

Mizrahi, David, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Molina, Jacquelyn, BS, BCBA ■
10200 Northwest 25th Street
211
Doral, FL 33172
(786) 269-3502
Digital Contact Information:
services@cmnbtherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Molina, Margie, PSYD, LP ■
FL
(305) 669-2549
Digital Contact Information:
drmargiemolina@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Molina Paz, Ania K, MSN, APRN ■
FL
(561) 707-7607
Digital Contact Information:
ania_98@yahoo.es
Other Languages Spoken by Provider or Office Staff
Spanish

Molina, Sonia, MS, BCBA ■
7500 Northwest 25th Street
STE 200
Miami, FL 33122
(305) 909-4872
Digital Contact Information:
https://www.miasupreme.com/
soniadelatorre1@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mompoint, Guy-Claude, MPS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 275-8860
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
English, Haitian

Mondeja, Yanisleidy, DNP, APRN ■
9000 Southwest 137th Avenue
107
Miami, FL 33186
(305) 603-7824
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Monette Roulhac, Kareta, MS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 275-8860
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Monner Lopez, Elizabeth, MS, BCBA ■
10515 Southwest 40th Street
Miami, FL 33165
(786) 615-2208
Digital Contact Information:
miamimental@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Montero, Ariadna, PSYD, LP ■
7950 W Flagler St
Ste 106
Miami, FL 33144
(305) 269-3900
Digital Contact Information:
http://www.healthymindspsy.com
drgmartinez.psychologist@gmail.com
and
7950 West Flagler Street
Suite 101
Miami, FL 33144
(305) 239-7725
Digital Contact Information:
http://www.healthymindspsy.com
drgmartinez.psychologist@gmail.com
and
FL
(305) 239-7725
Digital Contact Information:
http://www.healthymindspsy.com
drgmartinez.psychologist@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Montes De Oca, Yilian, MS, LCMHC, LCPC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ymontesy@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Montesino Pinera, Gerardo, MS, BCBA ■
200 East 4th Street
204 204
Hialeah, FL 33010
(305) 414-3719
Digital Contact Information:
montesino2012@yahoo.com

Montgomery, Karon, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
titancbh@gmail.com

Montiel, Greysel, BS, BCBA ■
13550 Southwest 88th Street
STE 270B
Miami, FL 331861513
(786) 447-3228
Digital Contact Information:
marvelousdreamservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Montoya, E Carolina, PSYD, LP ■
11401 SW 40th St
Ste 305
Miami, FL 33165
(305) 221-4288
Digital Contact Information:
ecmontoya2006@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Montoya, Karla, MPSY, BCBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
info@irockbehavior.com
and
12456 Southwest 127th Avenue
Miami, FL 33186
(786) 953-8500
Digital Contact Information:
info@irockbehavior.com
Other Languages Spoken by Provider or Office Staff
Spanish

Montoya, Veronica, MS, LMHC ●
3150 Southwest 38th Avenue
Suite 1307
Miami, FL 33146
(786) 768-8014
Digital Contact Information:
http://insideouttherapycenter.com
vmontoya@insideouttherapycenter.com
Other Languages Spoken by Provider or Office Staff English

Monzon Lage, Barbara C, MPSY, BCBA ■
7001 Southwest 97th Avenue
104
Miami, FL 33173
(786) 772-1577
Digital Contact Information:
bmbchildrentherapies@gmail.com
and
Home Based Services Only
West Miami, FL 33144
(786) 458-9535
Digital Contact Information:
bmbchildrentherapies@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Monzon, Mercede, MMH, LMHC ■
14850 Southwest 26th Street
STE 207
Miami, FL 33185
(786) 263-3949
Digital Contact Information:
jvictores@merceyole.com

Moore, Brandi, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Moore, Constance, LCSW, MSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
insurance@wellnite.com

Mora, Brenda, MS, LMHC ■
FL
(786) 488-8103
Digital Contact Information:
http://www.sfacounseling.org
info@sfacounseling.org
Other Languages Spoken by Provider or Office Staff
Spanish

Morales, Amor, MMH, BCBA ■
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
opusmentalhealthcenter@gmail.com
and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(786) 580-2204
Digital Contact Information:
opusmentalhealthcenter@gmail.com
and
Home Based Services Only
West Miami, FL 33144
(786) 404-1017
Digital Contact Information:
opusmentalhealthcenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Morales, Annemarie, MSW, LCSW ■
9220 Sunset Drive
104
Miami, FL 33173
(786) 724-4224
Digital Contact Information:
dpinadelgado@vita-cog.com
Other Languages Spoken by Provider or Office Staff
Spanish

Morales, Beatriz, MS, LMHC, LPC ■
975 Arthur Godfrey Rd
Ste 301
Miami Beach, FL 33140
(786) 315-0387
Digital Contact Information:
bmorales@ibhflorida.com
and
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
http://www.ibhflorida.com
bmorales@ibhflorida.com
and
FL
(305) 816-6300
Digital Contact Information:
http://www.ibhflorida.com
bmorales@ibhflorida.com
Other Languages Spoken by Provider or Office Staff
Spanish

Morales, Dayma, MS, BCBA ■
Home Based Services Only
Hialeah, FL 33012
(561) 460-0284
Digital Contact Information:
info@brightfuturebehavioral.com
Other Languages Spoken by Provider or Office Staff
Spanish

Morales, Edelis, MSN, APRN ■
7951 Southwest 40th Street
suite 200-a
Miami, FL 33155
(786) 244-9911
Digital Contact Information:
lfortun@keraltybh.com
and
FL
(786) 244-9911
Digital Contact Information:
lfortun@keraltybh.com
Other Languages Spoken by Provider or Office Staff
German, Spanish

Morales Fraginals, Elaine, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 616-4689
Digital Contact Information:
skillsflorida@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Morales, Jilem C, MS, LMHC ■
11890 Southwest 8th Street
STE 309
Miami, FL 331841710
(305) 220-6060
Digital Contact Information:
http://www.blueangelcare.net
wmustelier@aol.com

Morales, Jimmy, MS, BCBA ■
1486 West 84th Street
Hialeah, FL 33014
(305) 828-5276
Digital Contact Information:
jim.mor328@gmail.com

Morales, Judith M, MS, LMFT ■
12360 SW 132nd Ct
Ste 201
Miami, FL 33186
(786) 701-9605
Digital Contact Information:
aba-ojtcorp@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Morales, Lisset, MS, LMHC ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 661-5511
Digital Contact Information:
lissetmr@bellsouth.net
and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
http://appliedbhs.com
lissetmr@bellsouth.net
Other Languages Spoken by Provider or Office Staff
English, Spanish

Morales, Marielsie, MSW, LCSW ■
8950 Southwest 74th Court
Suite 2201
Miami, FL 33156
(786) 306-8200
Digital Contact Information:
http://www.onyiamind.com
info@onyiamind.com
Other Languages Spoken by Provider or Office Staff
Spanish

Morales, Marta D, MS, BCABA ■
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
mpmcmhc@miamipersonalmanagement.com
and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
mpmcmhc@miamipersonalmanagement.com
and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
mpmcmhc@miamipersonalmanagement.com

Morales, Maryabel, MA, BCBA ■
Home Based Services Only
Doral, FL 33122
(561) 643-7643
Digital Contact Information:
springhealthusa@gmail.com

Morales, Mayelin, MSW, LCSW ■
10200 Northwest 25th Street
211

Doral, FL 33172
(305) 381-0346
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and
1444 West 49th Street
Hialeah, FL 33012
(786) 703-5459
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and
900 West 49th Street
STE 400
Hialeah, FL 33012
(305) 587-2231
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and
5941 Northwest 173rd Drive
6
Hialeah, FL 33015
(786) 360-4328
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and
8001 West 26th Avenue
6 6
Hialeah, FL 33016
(786) 372-3262
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and
8551 Northwest South River Drive
Medley, FL 33166
(305) 603-9344
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and
7925 Northwest 12th Street
405
Miami, FL 33126
(786) 401-7278
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and
5455 Southwest 8th Street
230
Miami, FL 33134
(786) 629-8836
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and
1250 Southwest 27th Avenue
Suite 506
Miami, FL 33135
(786) 536-9278
Digital Contact Information:
http://rehabcenterag.com
mayelinmoraleslcsw@gmail.com

and
4905 Northwest 72nd Avenue
5
Miami, FL 33166
(786) 391-3816
Digital Contact Information:
http://paradisehealthgroup.com
mayelinmoraleslcsw@gmail.com

and
5080 Northwest 74th Avenue
Miami, FL 33166
(786) 372-3262
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and
13335 Southwest 124th Street
STE 211
Miami, FL 33186
(786) 429-1770
Digital Contact Information:
mayelinmoraleslcsw@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Morales, Natasha, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com
Other Languages Spoken by Provider or Office Staff Creole

Morales Obando, Virginia N, MS, BCBA ■
10515 Southwest 40th Street
Miami, FL 33165
(786) 615-2208
Digital Contact Information:
miamimental@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Morassi, Merceydes, MS, BCBA, LMHC ■
1000 Brickell Avenue
Miami, FL 33131
(954) 325-8558
Digital Contact Information:
help@comprehensivecounselor.org
Other Languages Spoken by Provider or Office Staff
Spanish

More, Iris, MSW, LCSW ■
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
morecounseling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

More, Rosemary, PSYD, LP ■
10691 N Kendall Dr
Ste 105
Miami, FL 33176
(305) 668-6018
Digital Contact Information:
rmorepsyd@cartayamedpsy.net

Moreda-Mendez, Yanet, MSN, APRN ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
http://www.dgphealthandwellness.com
info@kaaficounseling.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
info@kaaficounseling.com
Other Languages Spoken by Provider or Office Staff
Spanish

Morejon, Maelys C, MS, BCBA ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
admin@brighterworldfl.com

and
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
admin@brighterworldfl.com

and
12750 Northwest 17th Street
216 216
Miami, FL 33182
(888) 527-8037
Digital Contact Information:
admin@brighterworldfl.com

Morel, Nicole, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
payors@emorahealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Moreno Marrero, Adriana, MED, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
11410 North Kendall Drive
105
Miami, FL 33176
(786) 257-6349
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
genesisconsultingservices39@gmail.com

Morgado Gandia, Monica, MS, BCBA ■
8203 Southwest 124th Street
Pinecrest, FL 33156
(786) 533-3846
Digital Contact Information:
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Morgan, Christina R, PSYD, LP ■
15715 S Dixie Hwy
Ste 222
Miami, FL 33157
(786) 469-8973
Digital Contact Information:
drcmorgan@instituteofwellnessandlearning.com

and
FL
(210) 617-3443
Digital Contact Information:
http://www.adgcares.com
drcmorgan@instituteofwellnessandlearning.com

Moriyon, Milko, MN, APRN ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
yavila@avilahealthgroup.com

and
664 East 25th Street
102
Hialeah, FL 33013
(786) 409-5361
Digital Contact Information:
yavila@avilahealthgroup.com

Moroz, Ilona, MSN, APRN ■
FL
(305) 396-8228
Digital Contact Information:
ivmpsychiatry@gmail.com
Other Languages Spoken by Provider or Office Staff
Ukrainian, Russian, Spanish

Morphis, Melissa, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Morris, Alison R, MS, LMFT ■
17501 Biscayne Boulevard
450
Aventura, FL 33160
(754) 246-4363
Digital Contact Information:
alizoneingroup@gmail.com

Morris, Elaine, MA, LMHC ■
1038 NE 215th St
Miami, FL 33179
(954) 804-6119
Digital Contact Information:
morrise14@gmail.com

Morris, Shezetta, MA, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
jenny.silverio@lifehealthsystem.org

Mortimer, Justin M, MD ■
150 Southeast 2nd Avenue
STE 1010
Miami, FL 33131
(786) 733-0700
Digital Contact Information:
credentail@valuecareclinic.com

and
1501 Biscayne Boulevard
#200
Miami, FL 33132
(786) 652-2450
Digital Contact Information:
credentail@valuecareclinic.com

Moses, Lia E, MS, LMHC ■
7600 Red Road
102
South Miami, FL 33143
(305) 456-1014
Digital Contact Information:
http://www.mindandsoultherapy.org
liamoses@yahoo.com

and
FL
(305) 456-1014
Digital Contact Information:
http://www.mindandsoultherapy.org
liamoses@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mosquera, Aracelis, MSW, LCSW ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
info@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and
10691 N Kendall Dr
Ste 110
Miami, FL 33176
(786) 548-1022
Digital Contact Information:
info@dadefamily.com

Moss, Melissa, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Mourino, Mayte S, MS, BCBA ■
13590 Southwest 134th Avenue
104
Miami, FL 33186
(305) 896-8161
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Moya Menas, Yuliet, MA, BCBA ■
10675 Southwest 190th Street
STE 1202
Cutler Bay, FL 33157
(786) 227-6262
Digital Contact Information:
kenia.rodriguez@ffmhs.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 255-6203
Digital Contact Information:
kenia.rodriguez@ffmhs.com

and
15924 SW 92nd Ave
Miami, FL 33157
(786) 636-1303
Digital Contact Information:
kenia.rodriguez@ffmhs.com

and
10300 Southwest 72nd Street
250b
Miami, FL 33173
(305) 939-6878
Digital Contact Information:
kenia.rodriguez@ffmhs.com

and
8950 Southwest 152nd Street
116
Palmetto Bay, FL 33157
(786) 669-2619
Digital Contact Information:
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mueser, James A, MS, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
medicalbilling@nyfoundling.org

Mugica, Niurka, BS, BCBA ■
15924 SW 92nd Ave
Miami, FL 33157
(786) 636-1303
Digital Contact Information:
behaviorplusservices@gmail.com

and
8300 NW 53rd St
Ste 350
Miami, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com

and
9570 Southwest 107th Avenue
104c
Miami, FL 33176
(786) 267-2830
Digital Contact Information:
behaviorplusservices@gmail.com

Mullowney, Jennifer F, MSW, LCSW ■
FL
(800) 567-5433
(508) 202-1011
Digital Contact Information:
https://totallife.com/
jfmullowney@gmail.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
jfmullowney@gmail.com

Mundt, Eric T, MA, LMFT ■
1175 Northeast 125th Street
320
Miami, FL 33161
(954) 372-0423
Digital Contact Information:
http://www.marriagefamilyservices.com
fodiving@comcast.net

Mungo, Amani Amanda, MA, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
amungoppcc@gmail.com

Mungur, Vyata, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff French

Muniz Garcia, Gretta E, MS, BCBA ■
FL
(786) 257-8485
Digital Contact Information:
http://www.gabehaviortherapy.com
admissions@abaalliancecareservices.com

and
7500 Northwest 25th Street
Suite 254
Miami, FL 33122
(786) 391-8613
Digital Contact Information:
admissions@abaalliancecareservices.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 254-1033
Digital Contact Information:
admissions@abaalliancecareservices.com

and
14081 Southwest 168th Lane
Miami, FL 33177
(786) 254-1033
Digital Contact Information:
admissions@abaalliancecareservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Muniz, Lissette, MA, LMHC ■
1 Alhambra Plaza
PH # 1451
Miami, FL 33134
(888) 588-8995
Digital Contact Information:
http://www.foresightmentalhealth.com
lm.becomingwellness@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Munk, Rut, MED, LBA ■
1000 Brickell Avenue
Miami, FL 33131
(347) 893-1266
Digital Contact Information:
licensedbaps@gmail.com
Other Languages Spoken by Provider or Office Staff
Hebrew, Russian, Yiddish, Spanish

Munoz, Fabiola, MS, BCBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
http://kidsspotrehab.com
therapy@kidsspotrehab.com
Other Languages Spoken by Provider or Office Staff
Spanish

Munroe, Marsha P, MS, BCBA ■
9485 Sunset Drive
A-258
Miami, FL 33173
(786) 812-0705
Digital Contact Information:
services@cmnbtherapy.co

and
18220 Southwest 97th Avenue
Palmetto Bay, FL 33157
(786) 592-1574
Digital Contact Information:
services@cmnbtherapy.co
Other Languages Spoken by Provider or Office Staff
Portuguese, Turkish, Haitian, Japanese, French, Russian, Italian, Egyptian, Vietnamese

Mwangi, Carolyn, MS, NP ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
arscredentialing@advancedrecoverysystems.com

Nahrstedt, Thomas R, MS, LMHC ■
1550 Madruga Avenue
suite 329
Coral Gables, FL 33146
(305) 860-6435
Digital Contact Information:
tom@tjpgrove.com
Other Languages Spoken by Provider or Office Staff English

Naimoli, Dawn, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(386) 254-8788
Digital Contact Information:
g.leep@tf1aba.com

Nammur, Sarai, MC, LMHC ■
15325 Northwest 60th Avenue
#105
Miami Lakes, FL 33014
(305) 512-5388
Digital Contact Information:
sarai@sarainammur.com
Other Languages Spoken by Provider or Office Staff
Spanish

Narikkattu, Agnes, MSN, APRN ■
2828 Coral Way
Ste 460
Coral Gables, FL 33145
(954) 406-5220
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net

and
12550 Biscayne Boulevard
STE 306
North Miami, FL 33181
(305) 642-5255
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net

Narvaez, Teresa, PHD, LMHC ■
10637 N Kendall Dr
Ste 7K
Miami, FL 33176
(786) 205-2470
Digital Contact Information:
tetena@bellsouth.net
Other Languages Spoken by Provider or Office Staff
English, Spanish

Nasai, Ayasha N, MS, BCBA ■
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
info@stepforwardaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Nasserzare, Jahanbakhsh, MD ■
1380 Northeast Miami Gardens Drive
Suite 140
Miami, FL 33179
(305) 940-0064
Digital Contact Information:
jnasserzaremd@gmail.com
Other Languages Spoken by Provider or Office Staff
German, Farsi

Natalio, Jenny, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Nava Urdaneta, Mariangela, PSYD, LP ■
7600 South Red Road
127
South Miami, FL 33143
(786) 508-2207
Digital Contact Information:
http://www.lunapsychology.com
angelo@lunapsychology.com

and
7600 South Red Road
200
South Miami, FL 33143
(786) 508-2207
Digital Contact Information:
http://www.lunapsychology.com
angelo@lunapsychology.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Navarrete, Thais, MMFT, LMFT ●
12150 Southwest 128th Court
136
Miami, FL 33186
(305) 562-8804
Digital Contact Information:
thais@thaisnavarrete.com
Other Languages Spoken by Provider or Office Staff
Spanish

Navarro, Isabel, BS, BCABA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 586-5762
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(305) 586-5762
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Navarro-Gonzalez, Nancy, MD ■
7392 Northwest 35th Terrace
STE 303
Miami, FL 33122
(786) 695-2202
Digital Contact Information:
Not Available

and
100 NE 38th St
Ste 5
Miami, FL 33137
(305) 576-1599
Digital Contact Information:
Not Available

and
1 NE 167th St
Miami, FL 33162
(305) 947-7133
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Nazario Cervantes, Ernesto, MS, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Nazzaro, Karline R, MSED, BCBA ■
9425 Southwest 72nd Street
164
Miami, FL 33173
(305) 279-2286
Digital Contact Information:
k.nazzaro@protonmail.com

Neapolitan, Vickie M, MSW, LCSW, LISW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Nedock, Shirley, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Nekhankin, Alexandra, MA, BCBA ■
Home Based Services Only
Doral, FL 33126
(305) 433-5489
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Nelson, Bonice, MSSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Nelson, Jennifer D, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Nesci, Jacqueline C, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(305) 395-5978
Digital Contact Information:
Not Available

and
FL
(305) 395-5978
Digital Contact Information:
Not Available

Ngandjo Yepndjouo, Sariette, MSN, APN, APRN, NP ■
FL
(305) 902-6347
Digital Contact Information:
brandy.marriner@geodehealth.com
Other Languages Spoken by Provider or Office Staff French

Nguyen, Jennifer, MS, BCBA ■
10200 Northwest 25th Street
STE 204
Doral, FL 33172
(305) 406-3689
Digital Contact Information:
http://www.foundartacademy.org
thelighthousetherapycenter@gmail.com
Other Languages Spoken by Provider or Office Staff Urdu, Spanish, Hindi

Nicholas, Nichelle, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Nichols, Janice, MSW, LCSW, LICSW, LISW-CP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(866) 478-3978
Digital Contact Information:
birches@withassured.com

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(833) 322-0977
Digital Contact Information:
http://www.joinmonument.com
birches@withassured.com

and
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
birches@withassured.com

Nicks, Darlene, MSW, LCSW, LICSW ■
333 Southeast 2nd Avenue
Suite #2000
Miami, FL 33131
(256) 701-4502
Digital Contact Information:
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Nieves, Jakeline, MA, BCBA ■
3750 Northwest 87th Avenue
744
Miami, FL 33178
(786) 689-6517
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Njagi, Catherine, MSN, APRN ■
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Noda Rodriguez, Leyanis N, MS, BCBA ■
11401 Southwest 40th Street
465
Miami, FL 33165
(786) 580-4609
Digital Contact Information:
laaroffice@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, English, Spanish

Nolan, Robert, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Nord-Roseau, Rachell, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Norelus, Ekiuwa, MSW, LCSW ■
FL
(786) 655-7300
Digital Contact Information:
http://www.noreluscounseling.com
noreluscounseling@gmail.com

Noriega, Hilda M, MS, BCBA ■
10700 Caribbean Boulevard
Suite 101
Cutler Bay, FL 33189
(305) 777-3883
Digital Contact Information:
essentialhealingofsouthflorida@gmail.com

and
1022 East 8th Avenue
Hialeah, FL 33010
(786) 615-7829
Digital Contact Information:
essentialhealingofsouthflorida@gmail.com

and
3412 West 84th Street
e106
Hialeah, FL 33018
(305) 827-7344
Digital Contact Information:
essentialhealingofsouthflorida@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Norton, Jeanne, MSN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

Novak, Mark, MS, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
acc@advancedclientcare.org

Novales, Rosabel, MS, LMHC ■
2500 Northwest 79th Avenue
Suite 211
Doral, FL 33122
(786) 675-8650
Digital Contact Information:
ymbehavioralhealth@gmail.com

and
Home Based Services Only
Doral, FL 33122
(786) 675-8650
Digital Contact Information:
ymbehavioralhealth@gmail.com

and
782 Northwest 42nd Avenue
Suite 4
Miami, FL 33126
(786) 337-0885
Digital Contact Information:
ymbehavioralhealth@gmail.com

and
Home Based Services Only
Miami Lakes, FL 33016
(786) 622-5743
Digital Contact Information:
ymbehavioralhealth@gmail.com

Nunez, Aixa, MSW, LCSW ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 334-8099
Digital Contact Information:
credentialing@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com

and
12030 Southwest 129th Court
206
Miami, FL 33186
(305) 432-4032
Digital Contact Information:
credentialing@behavioralaid.com

Nunez, Patricia V, MS, LMHC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com
Other Languages Spoken by Provider or Office Staff
Spanish

Nunez, Sandra, MSW, LCSW ■
13205 Southwest 137th Avenue
Miami, FL 33186
(786) 290-9192
Digital Contact Information:
pcecofmiami@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Nunez, Yanelis, MPSY, BCBA ■
5600 Southwest 135th Avenue
STE 211
Miami, FL 33183
(305) 746-4507
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
12855 Southwest 136th Avenue
104
Miami, FL 33186
(305) 467-8879
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Nwakudu, Chiedza, DNP, APN ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@natobehealthcare.com

O'Leary, Moya, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

O'Neill, Gloria M, MSN, APRN ■
7855 Northwest 52nd Street
Doral, FL 33166
(305) 450-9651
Digital Contact Information:
info@rushcredentialing.com

Obregon, Stephanie, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
ennifer.horta@superherospeechtherapy.com

Occean, Andrelita, MMH, LCMHC ■
7950 W Flagler St
Ste 106
Miami, FL 33144
(305) 269-3900
Digital Contact Information:
drgmartinez.psychologist@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Creole, French

Ochoa, Sharon, MS, BCBA ■
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
info@stepforwardaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ochoteco Hurtado, Jose, MS, BCBA ■
800 Northeast 95th Street
Miami Shores, FL 33138
(305) 798-6784
Digital Contact Information:
jochoteco@embracingchallenges.com
Other Languages Spoken by Provider or Office Staff
Spanish

Octa, Christina, MC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
tocta.me@gmail.com

Odio, Natalie, MA, BCBA, LABA ■
10200 Northwest 25th Street
211
Doral, FL 33172
(786) 269-3502
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Portuguese, Haitian Creole, Japanese, Spanish

Ogrodnik, Patrick A, MS, BCBA ■
13155 SW 134th St

Ste 207
Miami, FL 33186
(785) 358-6559
Digital Contact Information:
https://www.superherospeechtherapy.com/
jennifer.horta@superherospeechtherapy.com

Ogugua, Adeola A, MSN, APRN, NP ■
FL
(305) 902-6347
Digital Contact Information:
hr.credentialing@sohomd.com
Other Languages Spoken by Provider or Office Staff English

Ojeda, Ana, PSYD, LP ■
3100 SW 62nd Ave
Miami, FL 33155
(305) 666-6511
Digital Contact Information:
payer.credentialing@mch.com

Okolo Miles, Sada, MA, LMHC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
s.n.okolo_associates@outlook.com

Okoloedo, Christian, MSN, APRNCNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
mia.schmidt@televerohealth.com
Other Languages Spoken by Provider or Office Staff English

Oliva-Garcia, Isbell, MS, ABA, LMHC ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
FL
(305) 303-6631
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Olive, Tania, MS, BCBA ■
717 Ponce de Leon Boulevard
Suite 209
Coral Gables, FL 33134
(305) 381-0839
Digital Contact Information:
https://www.winglessangelsbs.com/
alfay.behavioralservices@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 779-9475
Digital Contact Information:
alfay.behavioralservices@gmail.com

and
14875 Northwest 77th Avenue
Suite 204
Miami Lakes, FL 33014
(786) 321-1400
Digital Contact Information:
alfay.behavioralservices@gmail.com

and
5881 Northwest 151st Street
127
Miami Lakes, FL 330142450
(786) 905-2262
Digital Contact Information:
http://sweetchildbehavior.com
alfay.behavioralservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Oliveros, Nilian, MA, BCBA ■
1275 West 47th Place
#449
Hialeah, FL 33012
(305) 425-1338
Digital Contact Information:
magicbehavioralcare@gmail.com

and
Home Based Services Only
Miami Gardens, FL 33014
(305) 640-5739
Digital Contact Information:
magicbehavioralcare@gmail.com

Olszanski, Leandro, EDM, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
lolszanski@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Onibudo, Jennifer, MED, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Onifade, Beatrice, MN, APRN ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

and
17940 Northwest 27th Avenue
Miami Gardens, FL 33056
(954) 478-6577
Digital Contact Information:
insurance@wellnite.com

Orama, Henry, MA, BCBA ■
Home Based Services Only
Hialeah, FL 33013
(786) 592-6680
Digital Contact Information:
henryorama07@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Orfao-Martin, Claudia, MSW, LICSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
mollymar@yahoo.com
Other Languages Spoken by Provider or Office Staff
Portuguese, English

Orin, Ramon S, MA, LMHC ■
12030 Southwest 129th Court
Suite 211
Miami, FL 33186
(305) 639-8760
Digital Contact Information:
rorin31@bellsouth.net

and
12360 Southwest 132nd Court
STE 202
Miami, FL 33186
(786) 250-3396
Digital Contact Information:
rorin31@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Ornelas, Evelyn, MA, BCBA ■
7800 Southwest 57th Avenue
205
South Miami, FL 33143
(732) 423-1616
Digital Contact Information:
http://www.kidstherapyconnection.com
yiliam@kidstherapyconnection.com
Other Languages Spoken by Provider or Office Staff
Spanish

Orozco, Daniella, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 955-6224
Digital Contact Information:
abcdevelopcenter@gmail.com

and
1900 Sans Souci Boulevard
330 330
North Miami, FL 33181
(786) 631-1370
Digital Contact Information:
abcdevelopcenter@gmail.com

and
16201 Northeast 13th Avenue
North Miami Beach, FL 33162
(786) 955-6224
Digital Contact Information:
abcdevelopcenter@gmail.com

and
17121 Northeast 6th Avenue
North Miami Beach, FL 33162
(305) 952-3161
Digital Contact Information:
abcdevelopcenter@gmail.com

and
FL
(786) 955-6224
Digital Contact Information:
abcdevelopcenter@gmail.com

Orozco, Stephanie, MS, BCBA ■
909 North Miami Beach Boulevard
STE 301
North Miami Beach, FL 33162
(305) 822-7202
Digital Contact Information:
aplusbehavioral@gmail.com

Ortega Chicuri, Xuchitl, BS, BCABA ■
30908 Southwest 192nd Avenue
Homestead, FL 33030
(786) 404-3148
Digital Contact Information:
allstaraba22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ortega, Laura R, MS, LMFT ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
contact@elevatepsychiatry.com

and
1711 W 38th Pl
Ste 1207
Hialeah, FL 33012
(786) 592-0940
Digital Contact Information:
contact@elevatepsychiatry.com

and
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
contact@elevatepsychiatry.com

and
16201 SW 95th Ave
Ste 101
Miami, FL 33157
(786) 592-0940
Digital Contact Information:
contact@elevatepsychiatry.com

Ortega, Leticia, MS, BCBA ■
5600 SW 135th Ave
Ste 112
Miami, FL 33183
(305) 746-4507
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
12855 Southwest 136th Avenue
104
Miami, FL 33186
(305) 467-8879
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ortega, Marlyn, MS, BCBA ■
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
mortega@tlhproject.com

and
306 Westward Dr
Miami Springs, FL 33166
(786) 588-7894
Digital Contact Information:
http://www.smartbatherapy.com
mortega@tlhproject.com

and
FL
(786) 522-7203
Digital Contact Information:
mortega@tlhproject.com

Ortega, Orlando, MED, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 800-4916
Digital Contact Information:
aba@confidentmindsllc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ortiz Abella, Mirelis, MS, BCBA ■
7815 Coral Way
101
Miami, FL 33155
(786) 615-4879
Digital Contact Information:
behaviorplusservices@gmail.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ortiz, Cindy-Joy, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Ortiz, Eyleen, DED, BCBA-D ■
224 Washington Avenue
2
Homestead, FL 33030
(305) 704-0506
Digital Contact Information:
info@cleverkidsbehavioralservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ortiz, Tania E, BA, BCABA ■
800 Northeast 95th Street
Miami Shores, FL 33138
(305) 798-6784
Digital Contact Information:
admin@aspirebehavioral.org
Other Languages Spoken by Provider or Office Staff
Spanish

Orue, Isis, CD, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Osborne, Michael, BA, CADC-II ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
kjohnson@tanner.org

and
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
https://www.emorahealth.com/
kjohnson@tanner.org

Osher, Carol, MSSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770

Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Osorio, Lina, MS, LMHC ■
FL
(415) 992-6155
(786) 337-3808
Digital Contact Information:
http://www.mindcounselinggroup.com
kelli@daybreakhealth.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Osorio, Yanira, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
tori@paxhealth.net

Otero Desantiago, Luis A, MMH, LMHC ■
FL
(954) 850-1859
Digital Contact Information:
luis@ctraumacare.com

Oubadji, Michelle, MSW, LCSW ■
FL
(415) 941-4109
(754) 444-8004
Digital Contact Information:
http://www.bundletherapy.com
admin@bundletherapy.com

and
1400 Northeast Miami Gardens Drive
212
Miami, FL 33179
(415) 941-4109
(754) 444-8004
Digital Contact Information:
http://www.bundletherapy.com
admin@bundletherapy.com
Other Languages Spoken by Provider or Office Staff
Portuguese, English, Spanish

Overholt, Kristen P, MSCC, LMHC ■
2600 S Douglas Rd
Ste 1003
Coral Gables, FL 33134
(305) 445-0477
Digital Contact Information:
ana@coralgablescounseling.com

Pabon, Hernan, MD ■
7374 SW 93rd Ave
Ste 201A
Miami, FL 33173
(786) 753-7467
Digital Contact Information:
info@doctorsccs.com

and
9000 Southwest 137th Avenue
#116
Miami, FL 33186
(305) 671-3503
Digital Contact Information:
http://www.behavioralccs.com
info@doctorsccs.com

and
9000 Southwest 137th Avenue
Suite 103
Miami, FL 33186
(305) 671-3503
Digital Contact Information:
http://www.behavioralccs.com
info@doctorsccs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pace, Caroline, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Pacheco, Danae K, MBS, BCBA ■
8660 West Flagler Street
STE 121
Miami, FL 33144
(305) 600-4774
Digital Contact Information:
dkpbehavior@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pacheco, Sandra, MS, LMHC ■
1801 Northeast 123rd Street
303
North Miami, FL 33181
(305) 510-0912
Digital Contact Information:
spachecolmhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pacheco Vega, Diana, MS, BCBA ■
Home Based Services Only
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
gperez@hbccmhc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Padilla, Eliany, EDM, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
credentialing@tillytherapy.com

Padilla Moya, Leticia, MS, BCBA ■
8300 NW 53rd St
Ste 350
Miami, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com

and
10261 Southwest 72nd Street
Miami, FL 33173
(786) 773-3654
Digital Contact Information:
behaviorplusservices@gmail.com

and
7975 Northwest 154th Street
230
Miami Lakes, FL 33016
(305) 874-7245
Digital Contact Information:
behaviorplusservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Padilla, Pedro A, MS, BCBA ■
Home Based Services Only
Doral, FL 33122
(305) 603-8747
Digital Contact Information:
behaviorpedestal@gmail.com

and
730 Northwest 107th Avenue
110
Miami, FL 33172
(305) 249-1183
Digital Contact Information:
behaviorpedestal@gmail.com

and
1380 Northeast Miami Gardens Drive
220f
Miami, FL 33179
(786) 523-3249
Digital Contact Information:
https://behaviorpedestal.com/
behaviorpedestal@gmail.com

and
5881 Northwest 151st Street
Suite: 103
Miami Lakes, FL 33014
(786) 703-4154
Digital Contact Information:
behaviorpedestal@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Padilla, Vicki, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Padro, Mariela T, MD ■
975 Arthur Godfrey Road
Ste 302
Miami Beach, FL 33140
(305) 456-1014
Digital Contact Information:
http://www.mindandsoultherapy.org
padromd@mindandsoultherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Padron, Felix O, PSYD, LMHC ■
Catalonia Avenue
Coral Gables, FL 33134
(305) 448-6000
Digital Contact Information:
doctorpadron@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Paez, Ronaldys, MSN, APRN ■
FL
(305) 615-5145
Digital Contact Information:
http://www.araratpsychiatry.com
info@araratpsychiatry.com

Pages, Vanessa L, PSYD, LP ■
255 University Drive
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
v.pages@harmonyatthegables.com

and
2550 Douglas Road
201
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
v.pages@harmonyatthegables.com

and
401 Coral Way
Ste # 105
Coral Gables, FL 33134
(786) 534-4979
Digital Contact Information:
v.pages@harmonyatthegables.com

and
717 Ponce de Leon
STE 307
Coral Gables, FL 33134
(305) 952-3247
Digital Contact Information:
v.pages@harmonyatthegables.com

and
1840 West 49th Street
709
Hialeah, FL 33012
(786) 393-0315
Digital Contact Information:
v.pages@harmonyatthegables.com

and
419 West 49th Street
212
Hialeah, FL 33012
(305) 299-1614
Digital Contact Information:
v.pages@harmonyatthegables.com

and
4445 West 16th Avenue
STE 602
Hialeah, FL 33012
(813) 999-1524
Digital Contact Information:
v.pages@harmonyatthegables.com

and
5911 Northwest 173rd Drive
6 6
Hialeah, FL 33015
(786) 380-9229
Digital Contact Information:
v.pages@harmonyatthegables.com

and
10550 Northwest 77th Court
401
Hialeah Gardens, FL 33016
(786) 332-3340
Digital Contact Information:
v.pages@harmonyatthegables.com

and
7392 Northwest 35th Terrace
Ste 203-204
Miami, FL 33122
(786) 310-7667
Digital Contact Information:
v.pages@harmonyatthegables.com

and
815 NW 57th Ave
Ste 400
Miami, FL 33126
(786) 693-6500
Digital Contact Information:
v.pages@harmonyatthegables.com

and
1428 Brickell Ave
Ste 403
Miami, FL 33131
(305) 915-5708
Digital Contact Information:
v.pages@harmonyatthegables.com

and
2650 Southwest 27th Avenue
Suite 305
Miami, FL 33133
(786) 353-9812
Digital Contact Information:
http://www.harmonyatthegablesclinic.com
v.pages@harmonyatthegables.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
v.pages@harmonyatthegables.com

and
4471 Northwest 36th Street
Unit 202
Miami, FL 33166
(786) 558-4800
Digital Contact Information:
v.pages@harmonyatthegables.com

and
9375 Fontainebleau Boulevard
I119 I119
Miami, FL 33172
(305) 889-8015
Digital Contact Information:
v.pages@harmonyatthegables.com

and
9380 Southwest 72nd Street
245
Miami, FL 33173
(305) 381-5434
Digital Contact Information:
v.pages@harmonyatthegables.com

and
9380 Sunset Drive
b240
Miami, FL 33173
(786) 534-4979
Digital Contact Information:
v.pages@harmonyatthegables.com

and
931 Southwest 122nd Avenue
Miami, FL 33184
(305) 603-9235
Digital Contact Information:
v.pages@harmonyatthegables.com

and
12001 SW 128th Ct
Ste 102
Miami, FL 33186
(786) 971-7920
Digital Contact Information:
v.pages@harmonyatthegables.com

and
13255 Southwest 137th Avenue
ste 217
Miami, FL 33186
(305) 502-3760
Digital Contact Information:
v.pages@harmonyatthegables.com

and
5803 Northwest 151st Street
suite#200 B
Miami Lakes, FL 33014
(786) 612-4461
Digital Contact Information:
v.pages@harmonyatthegables.com

and
8181 Northwest 154th Street
STE 112
Miami Lakes, FL 33016
(786) 360-5883
Digital Contact Information:
v.pages@harmonyatthegables.com

and
1190 Northwest 95th Street
307
Miami Shores, FL 33150
(407) 572-8053
Digital Contact Information:
v.pages@harmonyatthegables.com
Other Languages Spoken by Provider or Office Staff
French, Spanish

Paifer, Ibis, BS, BCBA ■
1570 West 38th Place

12 12
Hialeah, FL 33012
(786) 615-2514
Digital Contact Information:
abcbehaviorhelp@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 263-0207
Digital Contact Information:
abcbehaviorhelp@gmail.com

and
10691 North Kendall Drive
211
Miami, FL 33176
(305) 984-4343
Digital Contact Information:
abcbehaviorhelp@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Palacios, Valeria, MS, BCBA ■
3050 Southwest 37th Avenue
Miami, FL 33133
(954) 682-6521
Digital Contact Information:
valeriapalacios366@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Palaez, Alexandra, MS, LMFT ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
draida@mpsmentalhealth.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
draida@mpsmentalhealth.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
draida@mpsmentalhealth.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
draida@mpsmentalhealth.com
Other Languages Spoken by Provider or Office Staff
French, Russian, Spanish

Palamara, Sherry A, PSYD, LP ■
3105 Northwest 107th Avenue
Suite: 400
Doral, FL 33172
(305) 920-3921
Digital Contact Information:
shpalamara@aol.com

and
10305 NW 41st St
Ste 205
Doral, FL 33178
(305) 994-7420
Digital Contact Information:
shpalamara@aol.com

and
407 Lincoln Rd
Ste 6L
Miami Beach, FL 33139
(305) 994-7420
Digital Contact Information:
shpalamara@aol.com

Palau, Barbara K, MSS, LMHC ■
12970 SW 133rd Ct
Miami, FL 33186
(786) 263-3676
Digital Contact Information:
bkpalau@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Palma, Desiree P, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

and
13195 Southwest 134th Street
Suite 106
Miami, FL 33186
(786) 250-3220
Digital Contact Information:
http://behavioralfamilysolutions.com
credentialing@behavioralfamilysolutions.com

and
13501 Southwest 136th Street
STE 205
Miami, FL 33186
(305) 209-4321
Digital Contact Information:
http://sunshinespectrumaba.com
credentialing@behavioralfamilysolutions.com

Pando, Ana M, PHD, LMHC, LSP ■
3400 Coral Way
Ste 401
Miami, FL 33145
(305) 567-1155
Digital Contact Information:
asharedvision@bellsouth.net

and
3400 Coral Way
Ste 402
Miami, FL 33145
(305) 567-1155
Digital Contact Information:
asharedvision@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Paneca, Yordany, MS, BCBA ■
1916 Northwest 84th Avenue
Doral, FL 33126
(305) 433-5489
Digital Contact Information:
http://a1ahealth.com
team@a1ahealth.com

and
Home Based Services Only
Doral, FL 33126
(305) 433-5489
Digital Contact Information:
team@a1ahealth.com

and
15715 South Dixie Highway
330
Miami, FL 33157
(786) 732-0842
Digital Contact Information:
team@a1ahealth.com

Pantano, Lisa, MC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
leigh.pantano@gmail.com

Papini, Rosemary, MS, BCBA ■
4224 Southwest 6th Street
Coral Gables, FL 33134
(786) 399-4799
Digital Contact Information:
torrestherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese

Papirno, Naomi, MSED, LMFT ■
1951 NW 17th Ave
Miami, FL 33125
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

Pardillo, Jacqueline, MS, LMHC ■
10030 Southwest 40th Street
A
Miami, FL 33165
(305) 400-8899
Digital Contact Information:
jackie@miamipsychological.com

and
FL
(305) 400-8899
Digital Contact Information:
jackie@miamipsychological.com

and
8200 Northwest 41st Street
Suite 200
Miami, FL 33166
(305) 721-3128
Digital Contact Information:
jackie@miamipsychological.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Pardo, Diana, MPSY, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Paris, Emilia, MC, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Parnes, Tanya, MS, LMHC ■
FL
(305) 570-7695
Digital Contact Information:
matterofmindcounseling@gmail.com

Parrado, Arlette C, MSW, LCSW ■
815 Northwest 57th Avenue
325
Miami, FL 33126
(786) 364-6510
Digital Contact Information:
acparradolcsw@gmail.com
Other Languages Spoken by Provider or Office Staff English

Parsons, Charity, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Patel-Steingart, Gita M, MA, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@elitedna.com

Patsicostas, Susan, MS, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
strive@strivementalhealthllc.com

Patterson, Elizabeth A, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
billing@ddsistems.com

Patterson, Trakeeta A, MSW, LCSW ■
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
dreamagainservices@gmail.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
dreamagainservices@gmail.com

Patton, Jacquelyn, MACP, LMHC ●
8500 SW 92nd Street
206
Miami, FL 33156
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
billing@livewelltherapygroup.com

and
7600 Southwest 57th Avenue
suite 334
South Miami, FL 33143
(786) 332-4478
Digital Contact Information:
billing@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Payne, Kurt, CD, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Paz Quintero, Leslie, MS, BCBA, LMFT ■
Home Based Services Only
Hialeah, FL 33010
(305) 280-5730
Digital Contact Information:
sucel.tejeda@abaofswf.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 280-5730
Digital Contact Information:
sucel.tejeda@abaofswf.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pedroso, Denia, MN, APRN ■
FL
(786) 361-9564
Digital Contact Information:
ecjmedservicescorp@gmail.com

Peicher De Fleischer, Clara, MS, LMHC ■
12000 Biscayne Boulevard
303
Miami, FL 33181
(305) 933-9820
Digital Contact Information:
http://www.jcsfl.org

and
12000 Biscayne Boulevard
609
Miami, FL 33181
(305) 933-9820
Digital Contact Information:
http://www.jcsfl.org

Pelaez, Dally M, MSW, LCSW ■
9370 Southwest 72nd Street
Suite #A-213
Miami, FL 33173
(305) 999-1083
Digital Contact Information:
upliftbhs@gmail.com

and
FL
(305) 807-9545
Digital Contact Information:
upliftbhs@gmail.com

Peleg-Oren, Neta, PHD, LCSW ■
2627 NE 203rd St
Ste 113
Miami, FL 33180
(786) 877-0919
Digital Contact Information:
npelegoren@gmail.com
Other Languages Spoken by Provider or Office Staff
Hebrew

Pellot, Gladys J, MS, LMHC ■

31 N Krome Ave
Homestead, FL 33030
(786) 481-5909
Digital Contact Information:
http://www.infinitecompletecare.com
info@infinitecc.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

Peluso, Mark, MSW, LCSW ■
66 W Flagler St
900
Miami, FL 33130
(786) 244-7690
Digital Contact Information:
http://provider.growtherapy.com/search
mark.humanup@gmail.com

Pena, Edgar, MS, LMHC ■
1354 Washington Avenue
221
Miami Beach, FL 33139
(305) 766-8064
Digital Contact Information:
http://www.mbbehavioralhealth.com
mbbehavioralhealth1@yahoo.com

and
15495 Eagle Nest Lane
STE 215
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
mbbehavioralhealth1@yahoo.com

and
6600 Cow Pen Road
250
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
mbbehavioralhealth1@yahoo.com

and
215 Westward Dr
Miami Springs, FL 33166
(305) 887-4494
Digital Contact Information:
mbbehavioralhealth1@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pena, Frances, MSW, LCSW ■
8100 SW 81st Dr
Ste 290
Miami, FL 33143
(305) 975-4049
Digital Contact Information:
credentialing@joinuplift.co

and
16095 SW 150th St
Miami, FL 33196
(305) 975-4049
Digital Contact Information:
credentialing@joinuplift.co
Other Languages Spoken by Provider or Office Staff
Spanish

Pena, Gabriela, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 707-7308
Digital Contact Information:
arianna@mistherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pena Garcia, Ibis, PSYD, LP ■
8200 Northwest 41st Street
135
Doral, FL 33166
(305) 599-2111
Digital Contact Information:
cdps.doral@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pena, Maureen, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 255-6203
Digital Contact Information:
therapy110@gmail.com

and
18951 Southwest 106th Avenue
105 106
Miami, FL 33157
(305) 233-4448
Digital Contact Information:
therapy110@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pena, Mayra M, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 894-9121
Digital Contact Information:
info@brightfuturebehavioral.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pena Perez, Astrid E, MC, LMHC ■
FL
(786) 975-9866
Digital Contact Information:
astridpena.mhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pena Trejo, Elizabeth, MS, BCBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
credentialing@kyocare.com

Penalver, Alberto A, MD ■
2780 Southwest 37th Avenue
Suite 206
Miami, FL 33133
(305) 646-0112
Digital Contact Information:
haquinotapia@pmrconsulting.net
Other Languages Spoken by Provider or Office Staff
Spanish

Penaranda, Yohan, MS, LMHC ■
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
http://brightsyhealthfl.com
brightsyhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pendas Salgado, Yelena, MS, BCBA ■
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
mortega@tlhproject.com

and
306 Westward Dr
Miami Springs, FL 33166
(786) 588-7894
Digital Contact Information:
http://www.smartbatherapy.com
mortega@tlhproject.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Penichet, Ana R, MBS, BCBA ■
Home Based Services Only
Doral, FL 33122
(305) 603-8747
Digital Contact Information:
withoutlimitstherapy@gmail.com

and
7801 Northwest 37th Street
Lp-201
Doral, FL 33195
(305) 468-9899
Digital Contact Information:
withoutlimitstherapy@gmail.com

and
12855 Southwest 132nd Street
STE 207
Miami, FL 33186
(786) 587-0424
Digital Contact Information:
withoutlimitstherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Creole, Spanish

Peral, Nikita R, MS, LMHC ●
3081 Salzedo Street
Suite 202 -S
Coral Gables, FL 33134
(786) 254-1443
Digital Contact Information:
rootedwellnessmiami@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Peralbo Perez, Juan V, MSN, APRNPMH ■
15935 Northwest 57th Avenue
Hialeah, FL 33014
(786) 953-5506
Digital Contact Information:
jessica@sanmiguelwellnesscenter.com

and
12030 Southwest 129th Court
107a
Miami, FL 33186
(305) 432-4032
Digital Contact Information:
jessica@sanmiguelwellnesscenter.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Peralta, Luisa, PSYD, LP ■
2525 Ponce de Leon
Suite 300
Coral Gables, FL 33134
(954) 608-1739
Digital Contact Information:
dr.luisaperalta@gmail.com

Peraza, Jose A, MS, BCBA ■
10711 Southwest 216th Street
103 103
Goulds, FL 33170
(305) 965-9682
Digital Contact Information:
imetherapyservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perdomo, Julissa, MA, LBA ■
3833 Southwest 8th Street
Coral Gables, FL 33134
(786) 440-1176
Digital Contact Information:
clinical@getanswersnow.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perdomo, Marlen, MS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Perea, Pamela, MED, BCBA ■
13195 Southwest 134th Street
Ste. 201
Miami, FL 33186
(786) 206-6500
Digital Contact Information:
http://behavioralfamilysolutions.com
credentialing@behavioralfamilysolutions.com

Pereda, Raquel, MS, LMHC, LPCC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Pereda, Vanessa, PSYD, LP ■
7600 South Red Road
200
South Miami, FL 33143
(786) 508-2207
Digital Contact Information:
http://www.lunapsychology.com
angelo@lunapsychology.com

Perera, Mirbelys, MD ■
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Adrian, MS, BCBA ■
Home Based Services Only
Hialeah, FL 33012
(561) 460-0284
Digital Contact Information:
info@brightfuturebehavioral.com

Perez, Ayleme, MS, BCBA ■
27132 South Dixie Highway
Naranja, FL 33032
(786) 283-0175
Digital Contact Information:
mericakidshopeservices@gmail.com

Perez, Beatriz, MA, BCBA ■
580 Northwest 183rd Street
Miami Gardens, FL 33169
(305) 400-1589
Digital Contact Information:
dasilva.jennifer@superherokiddosabacenter.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Perez, Belkis B, MSN, NP ■
FL
(305) 579-2885
Digital Contact Information:
http://www.lumimindpsychiatrywellness.com
lumimindpsychwell@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Perez Benitez, Carlos I, PHD, LP ■
1701 W Flagler St
Ste 310
Miami, FL 33135
(786) 467-7006
Digital Contact Information:
carlosisraelphd@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Claudia, MMH, BCBA ■
Home Based Services Only
Miami, FL 33155
(786) 262-5559
Digital Contact Information:
namastebehaviortherapy@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Perez, Elisaul, MS, LMHC ■
FL
(305) 399-5900
Digital Contact Information:
therapeutic.taps@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez Gonzalez, Madeleyvi F, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 224-1645
Digital Contact Information:
info@btserviceslittlegiants.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez Gonzalez, Nancy, MED, BCBA ■
13155 Southwest 42nd Street
STE 204

Miami, FL 33175
(786) 486-9756
Digital Contact Information:
loveinservicesprivate@gmail.com

and
13469 Southwest 29th Street
Miami, FL 33175
(786) 486-9756
Digital Contact Information:
loveinservicesprivate@gmail.com

and
Home Based Services Only
Miami Gardens, FL 33014
(305) 640-5739
Digital Contact Information:
loveinservicesprivate@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Guadalupe, MS, LMHC ■
7875 SW 104th St
Ste 101
Miami, FL 33156
(305) 899-1587
Digital Contact Information:
http://www.jcsfl.org
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Isabel M, EDS, LMHC ■
8672 Bird Rd
Ste 214
Miami, FL 33155
(305) 505-3714
Digital Contact Information:
psychologicalawakenings.ip@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Jessica, PSYD, LP ■
10250 Southwest 56th Street
D202
Miami, FL 33165
(954) 388-0842
Digital Contact Information:
fenixpsychology@gmail.com

Perez, Jesus, PSYD, LP ■
215 Westward Dr
Miami Springs, FL 33166
(305) 887-4494
Digital Contact Information:
perez_29993@msn.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Lester A, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 238-7237
Digital Contact Information:
info@epossibilitiesllc.com

and
8785 Southwest 165th Avenue
308
Miami, FL 33193
(786) 238-7237
Digital Contact Information:
info@epossibilitiesllc.com

Perez Lugo, Yaima, BS, BCABA, BCBA ■
18844 Southwest 319th Street
Homestead, FL 33030
(786) 641-1962
Digital Contact Information:
Not Available

and
175 Fontainebleau Boulevard
Miami, FL 33172
(786) 558-8246
Digital Contact Information:
Not Available

Perez, Luisa, MSED, BCBA ■
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
support@modbehavioraba.com

Perez Lujan, Dalgys, MC, LMHC ■
2500 Northwest 79th Avenue
233
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
gandgmedicalcenter@gmail.com

and
3785 Northwest 82nd Avenue
307
Doral, FL 33166
(305) 898-5420
Digital Contact Information:
gandgmedicalcenter@gmail.com

and
1165 West 49th Street
suite 207
Hialeah, FL 33012
(305) 703-3386
Digital Contact Information:
gandgmedicalcenter@gmail.com

and
15935 Northwest 57th Avenue
Hialeah, FL 33014
(786) 953-5506
Digital Contact Information:
gandgmedicalcenter@gmail.com

and
7392 Northwest 35th Terrace
Suite 302
Miami, FL 33122
(786) 353-2792
Digital Contact Information:
gandgmedicalcenter@gmail.com

and
9900 Southwest 107th Avenue
STE 101
Miami, FL 33176
(305) 964-5381
Digital Contact Information:
gandgmedicalcenter@gmail.com

and
FL
(786) 703-9779
(305) 703-3386
Digital Contact Information:
https://www.gandgmedicalcenter.com
gandgmedicalcenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Madalys, MA, BCABA ■
30908 Southwest 192nd Avenue
Homestead, FL 33030
(786) 404-3148
Digital Contact Information:
allstaraba22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Madiane, MACP, LMHC ■
12150 Southwest 128th Court
Suite 108
Miami, FL 33186
(786) 732-0607
Digital Contact Information:
madiane@mpbehavioral.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Maria C, MED, BCABA ■
13404 Southwest 128th Street
Miami, FL 33186
(305) 433-0897
Digital Contact Information:
http://www.bluelifetherapy.com
bluelifetherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Marlene, MS, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez Quinonez, Angel A, MBS, BCBA ■
659 Northeast 125th Street
North Miami, FL 33161
(305) 454-9885
Digital Contact Information:
aylahmedicaid@northacademynmb.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Perez Sotolongo, Anabel, MBS, BCBA ■
24 East 5th Street
1a
Hialeah, FL 33010
(786) 506-2646
Digital Contact Information:
bluehopebehavioral@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez Verdecia, Frank, PSYD, LP ■
2020 Ponce de Leon
Suite 1201
Miami, FL 33134
(305) 917-5414
Digital Contact Information:
perezverdecia@psychologybeyond.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Victoria, MSW, LCSW ■
12540 Southwest 8th Street
Miami, FL 33184
(305) 705-6840
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Perez-Carrion, Jessenia, PSYD, LCP ■
100 NE 15th St
Ste 101D
Homestead, FL 33030
(833) 779-8646
Digital Contact Information:
perezc.jessenia@gmail.com

and
FL
(486) 499-5327
Digital Contact Information:
https://www.healinghavenpsychology.com/perezc.jessenia@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez-Castro, Josefina, MSW, LCSW ■
5001 SW 74th Ct
Ste 104
Miami, FL 33155
(305) 663-0013
Digital Contact Information:
anagabilling@gmail.com

and
6955 NW 77th Ave
Ste 401
Miami, FL 33166
(305) 663-0013
Digital Contact Information:
anagabilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez-Delgado, Julio C, MBS, BCBA, LMHC ■
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(786) 592-2323
Digital Contact Information:
contact@emphourinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perlata Pena, Junior, MSN, APRN ■
5705 West 12th Lane
Hialeah, FL 33012
(786) 682-6393
Digital Contact Information:
rcarmona@rcpsychiatryim.net
Other Languages Spoken by Provider or Office Staff English

Peters-Kurtz, Andee, MSW, LCSW, LICSW ■
333 Southeast 2nd Avenue
Suite 2000
Miami, FL 33131
(323) 454-3659
Digital Contact Information:
andeelicsw@gmail.com

Petit-Jean, Christine, MSW, LCSW, LICSW ■
FL
(786) 967-7873
Digital Contact Information:
https://parakletostherapeutic.com/
ptsdatyourservice@gmail.com
Other Languages Spoken by Provider or Office Staff English

Petrosky, Michael, MAT, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
help@joinuplift.co

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
Spanish

Pettus, Tenisha, PHD, LMFT ■
FL
(786) 724-4224
Digital Contact Information:
admin@vita-cog.com

Petty, Regina, MSN, APN, APRN, APRNCNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@tb3llc.com

Pettyjohn, Sarah, MSW, LCSW ●
804 Northwest 21st Terrace
Suite 203
Miami, FL 33127
(305) 563-3136
Digital Contact Information:
http://myperspectivecounseling.com
deanna.rogers112@gmail.com

Pfeifle, Shannon, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Phelps, Sharion, MS, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Philippe, Emmerson, MED, LBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
tarakhailsaid@gmail.com

Piernik, Nancelina, MC, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
payors@emorahealth.com

Pierre, Jason, MSN, APN, PMHNP ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Pierre, Nikelson, MSN, APRN ■
22790 SW 112th Ave
Miami, FL 33170
(305) 235-2616
Digital Contact Information:
http://www.theagapenetwork.org
hcncredentialingcoordinators@hcnetwork.org
Other Languages Spoken by Provider or Office Staff Spanish

Pierre, Urmene, DNP, APRN ■
510 Northwest 98th Street
Miami, FL 33150
(754) 266-5509
Digital Contact Information:
info.goodshepherd20@gmail.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, French

Pimentel, Rismary, MBS, BCBA ■
Home Based Services Only
Doral, FL 33122
(786) 536-2012
Digital Contact Information:
sunshinebehaviorhealthcare@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Pineiro, Carmen, MS, LMHC ■
100 NE 38th St
Ste 5
Miami, FL 33137
(305) 576-1599
Digital Contact Information:
cbolivar@borinquenhealth.org

Pinera Carmona, Danaisy, MS, BCBA ■
1140 West 50th Street
SUITE 304
Hialeah, FL 33012
(786) 267-2830
Digital Contact Information:
behaviorplusservices@gmail.com

and
4410 West 16th Avenue
unit 41
Hialeah, FL 33012
(786) 267-2830
Digital Contact Information:
http://www.abastarbehavioral.com
behaviorplusservices@gmail.com

and
8300 NW 53rd St
Ste 350
Miami, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Pinero, Heydi, MA, BCBA ■
10200 Northwest 25th Street
STE 204
Doral, FL 33172
(305) 406-3689
Digital Contact Information:
http://www.foundartacademy.org
nfo@foundartacademy.org

and
1022 East 8th Avenue
Hialeah, FL 33010
(786) 615-7829
Digital Contact Information:
nfo@foundartacademy.org

and
3412 West 84th Street
e106
Hialeah, FL 33018
(305) 827-7344
Digital Contact Information:
nfo@foundartacademy.org

and
8950 SW 74th Ct
Ste 2201
Miami, FL 33156
(800) 368-2143
Digital Contact Information:
nfo@foundartacademy.org
Other Languages Spoken by Provider or Office Staff Spanish

Pinero, Pablo, MED, BCBA ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/services@cmnbtherapy.com

and
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/services@cmnbtherapy.com
Other Languages Spoken by Provider or Office Staff Spanish

Pinnock, Sarina, LCSW, MSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

Pino, Fernando, MD ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
fpinomd@gmail.com

and
7700 Southwest 88th Street
503
Miami, FL 33156
(305) 595-1949
Digital Contact Information:
fpinomd@gmail.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
fpinomd@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Pino, Leydis, PSYD, BCBA, LCP ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 317-4478
Digital Contact Information:
https://crystalabatherapy.com/services@cmnbtherapy.com

and
1000 Brickell Avenue
Miami, FL 33131
(754) 234-0643
Digital Contact Information:
services@cmnbtherapy.com

and
9502 Southwest 166th Court
Miami, FL 33196
(754) 234-0643
Digital Contact Information:
services@cmnbtherapy.com

Pino, Mariela, MS, BCBA ■
7900 Northwest 155th Street
304
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
mortega@tlhproject.com

and
7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
mortega@tlhproject.com

and
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
mortega@tlhproject.com
Other Languages Spoken by Provider or Office Staff Spanish

Piquera, Guillermo, MS, BCABA ■
1400 Northwest 107th Avenue
306
Miami, FL 33172
(786) 817-7444
Digital Contact Information:
milestonesaba2023@gmail.com

and
13416 Southwest 128th Street
Miami, FL 33186
(786) 732-0247
Digital Contact Information:
http://milestones-aba.org
milestonesaba2023@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Pita Lopez, Arlene, MS, BCBA ■
18951 Southwest 106th Avenue
105 106
Miami, FL 33157
(305) 233-4448
Digital Contact Information:
therapy110@gmail.com

and
12821 Southwest 134th Court
11 11
Miami, FL 33186
(305) 256-1653
Digital Contact Information:
therapy110@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Pittman, Lethea, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Pizarro Lopez, Amy, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 365-2155
Digital Contact Information:
info@miabehavior.com

and
12973 Southwest 112th Street
151
Miami, FL 33186
(305) 204-7037
Digital Contact Information:
info@miabehavior.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Plasencia, Belkis, MSN, APRN ■
7921 Bird Rd
Ste 41
Miami, FL 33155
(305) 425-1393
Digital Contact Information:
ynhcsaba@gmail.com

and
7971 Bird Road
39
Miami, FL 33155
(786) 910-7179
Digital Contact Information:
ynhcsaba@gmail.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
ynhcsaba@gmail.com

and
7001 SW 97th Ave
Ste 206
Miami, FL 33173
(786) 294-0123
Digital Contact Information:
https://www.chgpsychiatry.com/
ynhcsaba@gmail.com

and
9425 Southwest 72nd Street
Suite 251
Miami, FL 33173
(305) 305-6573
Digital Contact Information:
ynhcsaba@gmail.com

and
13706 Southwest 56th Street
STE 105-106
Miami, FL 331756036
(786) 523-4289
Digital Contact Information:
ynhcsaba@gmail.com

and
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
ynhcsaba@gmail.com

and
13335 Southwest 124th Street
STE 101
Miami, FL 33186
(786) 842-3635
Digital Contact Information:
ynhcsaba@gmail.com

and
13501 Southwest 128th Street
STE 114
Miami, FL 33186
(786) 250-3440
Digital Contact Information:
ynhcsaba@gmail.com

and
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
ynhcsaba@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Plasencia Perez, Marelys, DED, BCABA ■
27132 South Dixie Highway
Naranja, FL 33032
(786) 283-0175
Digital Contact Information:
vanessa@amromed.com

Pokallus, Kristin, MS, BCBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
credentialing@songbirdcare.com

Polites, Nancy, MSW, LCSW ■
55 Miracle Mile
Miami, FL 33134
(772) 486-4417
Digital Contact Information:
nancyelsie@gmail.com

Pollas, Landy F, MSN, APRN, NP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
lgoswami@essenmed.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
lgoswami@essenmed.com

Polvado, Teah, MSSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/payors@emorahealth.com

Ponce, Jessica M, MC, LMHC ■
2601 SW 37th Ave
Ste 904
Miami, FL 33133
(800) 457-4573
Digital Contact Information:
http://www.hupcfl.com
info@hupcfl.com

Ponce, Raul, MS, BCBA ■
14707 South Dixie Highway
Suite 200
Miami, FL 33176
(305) 321-5177
Digital Contact Information:
http://familybehaviortherapy.com
administration@familybehaviortherapy.com

Poole-Parks, Clarissa, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Poritz, Stacie, MSED, BCBA ■
13195 Southwest 134th Street
Ste. 201
Miami, FL 33186
(786) 206-6500
Digital Contact Information:
stacie@behavioralfamilysolutions.com

Porrata, Yenny, MN, APRN ■
1840 West 49th Street
suite 717
Hialeah, FL 33012
(308) 854-7952
Digital Contact Information:
yennypo62@gmail.com

and
FL
(308) 854-7952
Digital Contact Information:
yennypo62@gmail.com

and
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
http://www.miamipersonalmanagement.com
yennypo62@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Portales, Mariana, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
info@sparking-change.com
Other Languages Spoken by Provider or Office Staff
Spanish

Portales, Sandra M, MS, BCBA ■
13590 Southwest 134th Avenue
104
Miami, FL 33186
(305) 896-8161
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Porter, J'Briel E, MSW, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
admin@itsofok.com
Other Languages Spoken by Provider or Office Staff
Chinese, Urdu, Spanish, Hindi

Portillo, Cimelitza, MMH, LMHC ■
9425 SW 72nd St
Ste 265
Miami, FL 33173
(305) 279-8400
Digital Contact Information:
safeharbormha@att.net

Portuondo, Maria, MA, BCBA ■
18951 Southwest 106th Avenue
105 106
Miami, FL 33157
(305) 233-4448
Digital Contact Information:
therapy110@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Posada, Stephanie, MMH, LMHC ■
2500 Southwest 107th Avenue
41
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
lgomez@abcsfl.com

and
FL
(786) 615-3334
Digital Contact Information:
lgomez@abcsfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Potts, Payton, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Potwin, Tiffany, MC, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Poulsen, Raul, MD ■
255 University Dr
Fl 2
Coral Gables, FL 33134
(305) 663-6366
Digital Contact Information:
doctorpoulsen@gmail.com

and
2550 Douglas Road
Ste #301
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
doctorpoulsen@gmail.com

and
1400 NW 12th Ave
E
Miami, FL 33136
(305) 689-1352
Digital Contact Information:
doctorpoulsen@gmail.com

and
1611 NW 12th Ave
Miami, FL 33136
(305) 585-7040
Digital Contact Information:
doctorpoulsen@gmail.com

and
1695 NW 9th Ave
1404
Miami, FL 33136
(305) 355-9128
Digital Contact Information:
doctorpoulsen@gmail.com

and
1695 NW 9th Ave
Fl 14
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
doctorpoulsen@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Poulton, Nigel G, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@psychplus.com

Powell, Brooke, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Powell, Mary, MSN, ARNP ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
mpowell@nextgenerationvillage.com

Power, Vanessa, MSW, LCSW ■
FL
(888) 339-9404
Digital Contact Information:
https://180healthpartners.com
credentialing@sagesocialservices.com

Pozo, Darinka, MSN, APRN ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pozo, Oscar D, MD ■
FL
(305) 554-0808
Digital Contact Information:
odpozo@bellsouth.net

and
180 Northwest 62nd Street
Miami, FL 33150
(786) 360-5625
Digital Contact Information:
odpozo@bellsouth.net

and
13501 Southwest 128th Street
Suite 112
Miami, FL 33186
(786) 732-2383
Digital Contact Information:
odpozo@bellsouth.net

and
13886 West Dixie Highway
North Miami, FL 33161
(786) 360-5625
Digital Contact Information:
odpozo@bellsouth.net

and
12651 South Dixie Highway
Pinecrest, FL 33156
(305) 479-9090
Digital Contact Information:
odpozo@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Prada, Anais M, MSSW, LCSW ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
ehoyos@lotuscounseling.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
http://www.lotuscounseling.com
ehoyos@lotuscounseling.com
Other Languages Spoken by Provider or Office Staff
Spanish

Prado, Haydee, PSYD, LP ■
8550 W Flagler St
Ste 105
Miami, FL 33144
(305) 551-5787
Digital Contact Information:
haydeeprado@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Presken, Gessica, MS, LMHC ■
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
admin@lotuscounseling.com

and
FL
(831) 920-7907
Digital Contact Information:
http://www.mammha.com
admin@lotuscounseling.com

and
2999 NE 191st St
Miami, FL 33180
(305) 915-5748
Digital Contact Information:
admin@lotuscounseling.com

Presswood, William K, LPC ■
151 NW 11th St
Ste W201
Homestead, FL 33030
(786) 521-5925
Digital Contact Information:
http://www.monarchallhealth.com
monarchallhealth@gmail.com

Preval, Falicia, MC, LMHC ■
1031 Ives Dairy Rd
Ste 228
Miami, FL 33179
(786) 320-5559
Digital Contact Information:
faliciap@aol.com

and
1031 Ives Dairy Road
Miami, FL 33179
(786) 627-3321
Digital Contact Information:
faliciap@aol.com

and
1001 North Miami Beach Boulevard
North Miami Beach, FL 33162
(786) 320-5559
Digital Contact Information:
faliciap@aol.com

Preval, Herve, MS, LPC, LPCC ■
11890 Southwest 8th Street
STE 309
Miami, FL 331841710
(786) 281-3935
Digital Contact Information:
http://www.blueangelcare.net
hpreval@prevalandassociates.net

and
FL
(786) 281-3935
Digital Contact Information:
http://www.prevalandassociates.net
hpreval@prevalandassociates.net
Other Languages Spoken by Provider or Office Staff
English, Creole, French

Prevost, Daniella, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Price, Tushanna N, MA, LMFT ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Prieto, Aymee, MPSY, BCABA ■
Home Based Services Only
West Miami, FL 33144
(786) 404-1017
Digital Contact Information:
opusmentalhealthcenter@gmail.com

Prieto, Glenn C, MS, LMHC ■
10994 Southwest 184th Street
Cutler Bay, FL 33157
(305) 964-5530
Digital Contact Information:
kinitrohealth@gmail.com

and
FL
(305) 964-5530
Digital Contact Information:
kinitrohealth@gmail.com

Probst, Weston, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Proenza, Magda, MS, BCBA ■
2721 SW 137th Ave
Ste 113
Miami, FL 33175
(786) 558-7248

Digital Contact Information:
http://pensandoconvargas.com
info@thinkingwithvargas.com
Other Languages Spoken by Provider or Office Staff
Spanish

Prophete, Alyssa, MS, BCBA ■
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
info@kidcenteredtherapy.com

Puebla, Teresa, MS, BCBA ■
13195 Southwest 134th Street
Ste. 201
Miami, FL 33186
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

Puente Cardelle, Bertha, MSN, APRN ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
arscredentialing@advancedrecoverysystems.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Puentes, Katheryne, PHD, LMFT ■
21301 Northeast 26th Avenue
Miami, FL 33180
(305) 981-6362
Digital Contact Information:
theluminescentmindllc@gmail.com

Pujals, Jessica, MS, LMHC, LPC ●
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
jessicapujals@yahoo.com

and
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
http://www.miamipersonalmanagement.com
jessicapujals@yahoo.com

and
3621 SW 107th Ave
Miami, FL 33165
(786) 534-8366
Digital Contact Information:
http://serenitycommunitycenter.com
jessicapujals@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pujula, Yolanda, MS, LMFT ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
westmiamicmhc@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Punjwani, Sohail S, MD ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
http://compasshealthsystems.com
intake@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(888) 852-6672
Digital Contact Information:
http://compasshealthsystems.com
intake@compass.md
Other Languages Spoken by Provider or Office Staff Urdu, Hindi

Purdy, Sarah, PA, PA_C ■
777 Brickell Avenue
Miami, FL 33131
(800) 951-8257
Digital Contact Information:
sarahgracepurdy@yahoo.com

Quam, Jessica, MS, BCBA ■
995 Northwest 119th Street
681858
North Miami, FL 33168
(954) 399-5700
Digital Contact Information:
https://www.bmcmiami.com/
info@bmcmiami.com

Quesada, Jennifer, MS, BCBA ■
8300 West Flagler Street
170
Miami, FL 33144
(786) 633-5171
Digital Contact Information:
olympushcs@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Quijano, Tiffany, MC, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Quinones, Annarella, MS, BCBA ■
13590 Southwest 134th Avenue
104
Miami, FL 33186
(305) 896-8161
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Quinonez, Anais, MS, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
counselingoncall@gmail.com

Quinonez Zambrano, Ana L, MS, BCBA ■
2898 Northwest 79th Avenue
Doral, FL 33122
(305) 597-3861
Digital Contact Information:
credentialing@koalaaba.com

Quintana, Amauri A, DNP, APRN ■
1000 Brickell Avenue
Miami, FL 33131
(786) 238-7364
Digital Contact Information:
abdullah@sixequation.com

and
1 NE 167th St
Miami, FL 33162
(305) 947-7133
Digital Contact Information:
abdullah@sixequation.com

and
2646 Southwest 87th Avenue
Miami, FL 33165
(305) 947-7133
Digital Contact Information:
abdullah@sixequation.com

Quintana, Elizabeth, MS, BCBA ■
1900 Southwest 22nd Street
#205
Miami, FL 33145
(305) 648-7212
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
10691 North Kendall Drive
207
Miami, FL 33176
(786) 401-6113
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Quintana, Yanexi, MS, LMHC ■
FL
(305) 520-9686
Digital Contact Information:
healthymindscounselingllc13@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Quintanilla, Claudia, MS, LMHC ■
FL
(786) 258-8499
Digital Contact Information:
http://www.virtual-counseling.com
service@virtual-counseling.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Quintero, Rosaly, MMH, LMHC ■
5001 SW 74th Ct
Ste 104
Miami, FL 33155
(305) 663-0013
Digital Contact Information:
anagabilling@gmail.com

and
6955 NW 77th Ave
Ste 401
Miami, FL 33166
(305) 663-0013
Digital Contact Information:
anagabilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Quintero, Yissel, MS, BCBA ■
Home Based Services Only
Hialeah, FL 33012
(561) 460-0284
Digital Contact Information:
info@brightfuturebehavioral.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rabatin, Stephanie, MED, LPCC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Rabkin-Turner, Jodi, MS, LMHC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
bellaneph@yahoo.com

Rachuig, Marie K, MA, BCBA ■
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
https://stepforwardaba.com/
info@stepforwardaba.com

Raez, Maria L, MSN, APRN ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
http://www.dgphealthandwellness.com
info@dgphealthandwellness.com

Raffaele, Jacqueline L, DNP, APRN, NP, PMHNP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
credentialing@thriveworks.com

Raigeluw, Lisa, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Raimey, Andrea B, MSW, LISW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
andrear@essentialreflectionscc.com

Rainuzzo, Silvana L, MC, LMHC ■
FL
(954) 682-0264
Digital Contact Information:
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rako, Andrea L, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
brittany.irwin@livewellcounselingllc.com

Ramdin, Priya, BS, BCABA ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
clinical.coordinator@cmnbtherapy.com

and
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
clinical.coordinator@cmnbtherapy.com

Ramirez, Laritza, MA, BCBA ■
15924 SW 92nd Ave
Miami, FL 33157
(786) 636-1303
Digital Contact Information:
kenia.rodriguez@ffmhs.com

and
6405 Northwest 36th Street
#123
Virginia Gardens, FL 33166
(786) 872-4325
Digital Contact Information:
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ramirez, Lisandra, MSN, NP ■
770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
asalivio@joinlavender.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
asalivio@joinlavender.com

and
5201 Blue Lagoon Dr
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
asalivio@joinlavender.com

and
6303 Blue Lagoon Dr

Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
asalivio@joinlavender.com

and
80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
asalivio@joinlavender.com

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
asalivio@joinlavender.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
asalivio@joinlavender.com

and
830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
asalivio@joinlavender.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(888) 684-2779
Digital Contact Information:
asalivio@joinlavender.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
asalivio@joinlavender.com

Ramirez, Martha, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 329-9993
Digital Contact Information:
koodollc4@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ramirez, Melina S, BS, BCABA ■
13404 Southwest 128th Street
Miami, FL 33186
(305) 433-0897
Digital Contact Information:
http://www.bluelifetherapy.com
bluelifetherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ramirez Ordaz, Yanelis, MPSY, BCBA, LBA ■
27132 South Dixie Highway
Naranja, FL 33032
(786) 481-9833
Digital Contact Information:
info@turningpointtherapyservices.org

Ramirez Pupo, Yenisbel, MED, BCBA ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
osmany@littleheartsbehaviorsupport.com

and
3800 Northwest 201st Terrace
Miami Gardens, FL 33055
(786) 378-9197
Digital Contact Information:
osmany@littleheartsbehaviorsupport.com

Ramirez, Reiner, MS, BCBA ■
13590 Southwest 134th Avenue
104
Miami, FL 33186
(305) 896-8161
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ramirez-Velasquez, Karla D, MS, LMHC ■
3785 Northwest 82nd Avenue
117
Doral, FL 33166
(786) 238-7321
Digital Contact Information:
http://www.kydsmiamitherapy.com
kramirezpsychotherapy@gmail.com

and
FL
(786) 238-7321
Digital Contact Information:
http://www.kydsmiamitherapy.com
kramirezpsychotherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ramlall, Niyama, MED, LMFT ■
7600 South Red Road
200
South Miami, FL 33143
(786) 508-2207
Digital Contact Information:
http://www.lunapsychology.com
angelo@lunapsychology.com

Ramon Del Risco, Andres, MBS, BCBA ■
730 Northwest 107th Avenue
110
Miami, FL 33172
(305) 249-1183
Digital Contact Information:
palmbehavioral2@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ramon, Laura, MS, BCBA ■
Home Based Services Only
Doral, FL 33122
(305) 394-8251
Digital Contact Information:
lauralore1216@gmail.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(786) 622-5743
Digital Contact Information:
lauralore1216@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 204-8290
Digital Contact Information:
lauralore1216@gmail.com

and
5767 Northwest 151st Street
b
Miami Lakes, FL 33014
(786) 431-5801
Digital Contact Information:
lauralore1216@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ramos, Catherine, MS, BCBA ■
8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-2822
Digital Contact Information:
albaladejoabatherapy@gmail.com

and
13301 Southwest 132nd Avenue
209 209
Miami, FL 33186
(786) 713-5553
Digital Contact Information:
albaladejoabatherapy@gmail.com

Ramos, Cristina, MA, LMFT, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
admin@wellmindedcounseling.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ramos, Halia, MA, BCBA ■
14707 South Dixie Highway
303
Miami, FL 33176
(786) 333-3207
Digital Contact Information:
sucel.tejeda@abaofswf.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ramos, Iraisys, MS, BCBA ■
8300 Northwest 53rd Street
Suite 102
Doral, FL 33166
(786) 769-5222
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 558-8246
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
3750 Northwest 87th Avenue
744
Miami, FL 33178
(786) 689-6517
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ramos, Josie C, MD ■
1550 Madruga Ave
Ste 509
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
yvette@stellarhealthfl.com

and
1150 Northwest 72nd Avenue
ph 2
Miami, FL 33126
(786) 542-5043
Digital Contact Information:
http://1stcarecms.com
yvette@stellarhealthfl.com

and
FL
(786) 536-9714
Digital Contact Information:
yvette@stellarhealthfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ramos, Melanie, MS, BCBA ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
yavila@avilahealthgroup.com

and
64 Northwest 54th Street
103
Miami, FL 33127
(305) 767-1924
Digital Contact Information:
http://www.autismspecialtygroup.com
yavila@avilahealthgroup.com

Ramos, Melanie, BS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 558-7248
Digital Contact Information:
yuniertv@thinkingwithvargas.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ramos Perez, Milena, MPSY, BCBA ■
8180 Northwest 36th Street
225
Doral, FL 33166
(786) 817-4129
Digital Contact Information:
https://amazingkiddosbehavior.com
lightingbehaviorservices@gmail.com

and
29485 Southwest 177th Court
Homestead, FL 33034
(786) 486-0165
Digital Contact Information:
lightingbehaviorservices@gmail.com

and
14722 Southwest 56th Street
Miami, FL 33185
(305) 456-0572
Digital Contact Information:
lightingbehaviorservices@gmail.com

and
4800 Northwest 167th Street
Miami Gardens, FL 33014
(305) 515-2726
Digital Contact Information:
http://www.lightingbehavior.com
lightingbehaviorservices@gmail.com

and
Home Based Services Only
Miami Gardens, FL 33014
(786) 606-7766
Digital Contact Information:
lightingbehaviorservices@gmail.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(786) 287-4039
Digital Contact Information:
lightingbehaviorservices@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rampersad, Tricia, MC, LPC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
care@forthealth.com

Ransom, Courtney, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Rapp, Katja M, MC, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
members@wellnite.com
Other Languages Spoken by Provider or Office Staff
German

Rappoport, Elisa M, MSW, LCSW-R ■
FL
(516) 458-1705
Digital Contact Information:
lisarw2690@gmail.com
Other Languages Spoken by Provider or Office Staff
Hebrew

Rashid, Rokshana, MC, LMHC ■
FL
(786) 233-6721
Digital Contact Information:
info@managedmentalhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ravitz, Casey, PHD, LP ■
7600 South Red Road
200
South Miami, FL 33143
(786) 508-2207
Digital Contact Information:
http://www.lunapsychology.com
admin@lunapsychology.com

Ray, Taylor, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Raymond, Lisa, MS, BCBA ■
8200 Northwest 41st Street
Suite 200
Miami, FL 33166
(305) 317-5516
Digital Contact Information:
http://childrensbehaviortherapy.com
vanessa@childrensbehaviortherapy.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 317-5516
Digital Contact Information:
vanessa@childrensbehaviortherapy.com

Recio, Daily, MA, BCBA ■
10711 Southwest 216th Street
100 100
Goulds, FL 33170
(786) 222-6129
Digital Contact Information:
http://www.sunflowerabaservices.com
sunflowerabaservices@gmail.com

Reed, Andrew J, PHD, HSPP, LP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Reeves, Margaret, PHD, LMHC ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
mreeves2005@aol.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
mreeves2005@aol.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
mreeves2005@aol.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
mreeves2005@aol.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
mreeves2005@aol.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
mreeves2005@aol.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
mreeves2005@aol.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
mreeves2005@aol.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
mreeves2005@aol.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
mreeves2005@aol.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Regalado, Alejandra, MPSY, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com

Reis, Maria, MC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Reitkopf, Thalia, MMH, LMHC ■
FL
(510) 842-5421
Digital Contact Information:
https://growthegarden.wixsite.com/grow
thaliareitkopf@gmail.com

Rejas Cabrera, Dennis, DNP, APRN ■
2740 Southwest 19th Terrace
Miami, FL 33145
(786) 318-1778
Digital Contact Information:
http://www.vitalmindpsychiatrycare.com
dennisr92@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Remedioz Gonzalez, Yuri, MSN, APRN ■
5040 Northwest 7th Street
610
Miami, FL 33126
(786) 505-9442
Digital Contact Information:
http://www.gpsycare.com
officeadmin@gpsycare.com

and
8700 West Flagler Street
150
Miami, FL 33174
(305) 479-2584
Digital Contact Information:
http://megamedicalcenter.com
officeadmin@gpsycare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Remsen, Caitlyn, MSW, LMHC ■
8500 SW 92nd Street
206
Miami, FL 33156
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
info@livewelltherapygroup.com

and
7600 Southwest 57th Avenue
suite 334
South Miami, FL 33143
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
info@livewelltherapygroup.com

Rente, Sofia, MBS, BCBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
mmmbehavior@gmail.com

Restrepo, Lisette D, PSYD, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 275-8860
Digital Contact Information:
http://www.abctestingservices.com
lisette@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Reves Oquendo, Delaine, MA, BCBA ■
15260 SW 280th St
Ste 205
Homestead, FL 33032
(305) 707-7237
Digital Contact Information:
http://www.familybehaviorservices.org
admin@familybehavioralservices.org
Other Languages Spoken by Provider or Office Staff
Spanish

Revilla, Bernardo, MSN, APRN ■
5190 Northwest 167th Street
201
Hialeah, FL 33014
(305) 705-4289
Digital Contact Information:
http://livelinessinc.com
genesisconsultingservices39@gmail.com

Rexach, Dolores, MSN, APRN ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
contact@elevatepsychiatry.com

and
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
contact@elevatepsychiatry.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rey, Gustavo J, PHD, CP ■
1150 NW 14th St
Ste 609
Miami, FL 33136
(305) 243-3100
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
English, Spanish

Reyes Leiva, Roberto, MS, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
genesisconsultingservices39@gmail.com

Reyes Ortega, Isabel, MA, BCBA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
http://www.appliedbhs.com
dabs@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Reyes Rodriguez, Raudel, MBS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 875-7812
Digital Contact Information:
clinical@spbsolutions.org

Reyes Salguerio, Melissa, PSYD, LP ■
3100 SW 62nd Ave
Miami, FL 33155
(305) 663-8439
Digital Contact Information:
http://www.nicklauschildrens.org
payer.credentialing@nicklaushealth.org
Other Languages Spoken by Provider or Office Staff
Spanish

Reyes, Sarah E, MSW, LCSW ■
4101 Pine Tree Drive
Miami Beach, FL 33140
(352) 345-6218
Digital Contact Information:
http://www.readytoelevate.org
elevatepd.therapy@gmail.com

Reyes, Tania, MBS, BCBA ■
1541 Southeast 12th Avenue
Suite 4
Homestead, FL 33034
(786) 214-0041
Digital Contact Information:
info@abcsfl.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 214-0041
Digital Contact Information:
info@abcsfl.com

and
FL
(786) 615-3334
Digital Contact Information:
info@abcsfl.com

Reyes, William, MS, LMHC ■
2264 SW 7th St
Miami, FL 33135
(305) 338-9798
Digital Contact Information:
mytherapistwr@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rhone, Traci, MS, LMHC ■
FL
(305) 333-6769
Digital Contact Information:
rhonetraci@gmail.com

Ricci, Jason B, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Rice, Jeffrey, MS, LMHC ■
1005 N Krome Ave
Ste 121
Homestead, FL 33030
(305) 423-6385
Digital Contact Information:
jillian@thriveworks.com

Richard, Rachel, MSW, LCSW ●
8500 SW 92nd Street
206
Miami, FL 33156
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
billing@livewelltherapygroup.com

and
11050 Southwest 88th Street
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
billing@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Richards, Terry, PHD, LP ■
1717 North Bayshore Drive
3456 3456
Miami, FL 33132
(305) 343-3810
Digital Contact Information:
Not Available

and
21110 Biscayne Blvd
Ste 304
Miami, FL 33180
(305) 343-3810
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff English

Richmond, Laquana, EDS, LMHC, LPC ■
1000 Brickell Avenue

Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
lrichmond@assuredcs.org

Rico, Sandra, MS, LMHC ■
10689 SW 88th St
Ste 305
Miami, FL 33176
(415) 941-4109
Digital Contact Information:
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
Spanish

Riddle, Shirley, MS, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
https://tillytherapy.com/
credentialing@tillytherapy.com

Ridgeway, Deborah, MSW, LCSW, LMSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Rikard, Deborra C, MED, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
intake@healecounseling.com

Riley, Taneisha, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Rios, Tyra, MA, LMFT ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Rivas, Daniel A, MA, BCBA ■
13810 Southwest 112th Street
103 103
Miami, FL 33186
(716) 969-3653
Digital Contact Information:
daniel@dartherapyaba.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rivas-Carrillo, Jorge, MSW, LCSW ■
2124 Northeast 123rd Street
STE 220
North Miami, FL 33181
(786) 828-0947
Digital Contact Information:
https://blossomfl.com
jorge.rivas@thefloridacenter.org
Other Languages Spoken by Provider or Office Staff
Spanish

Rivera, Audrey, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Rivera, Eva, MC, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rivera, Frances, MMFT, LMFT ■
FL
(888) 339-9404
Digital Contact Information:
referral@1800healthpartners.com

Rivera, Gretel, MS, LMHC ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com

and

10300 Sunset Drive
Suite 114
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com
Other Languages Spoken by Provider or Office Staff
French, Spanish

Rivera, Ian, MSW, CAC, LCSW ■
FL
(909) 442-0618
(800) 567-5433
(202) 410-5972
Digital Contact Information:
https://totallife.com/
help@joinuplift.co

and

2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff English

Rivera, Yesenia, PSYD, LP ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 317-4478
Digital Contact Information:
https://crystalabatherapy.com/
info@cmpsclinical.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, French, Italian, Spanish

Rivera-Fernandez, Fabiola M, BA, BCABA ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
services@cmnbtherapy.com

and

7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
services@cmnbtherapy.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Japanese, French, Italian, Spanish

Rivero, Anisleidy, MS, LMHC ■
FL
(786) 254-1211
Digital Contact Information:
http://www.healingmindcounseling.com
ani.rivero@healingmindcounseling.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rivero, Edelis, MS, BCBA ■
7001 Southwest 97th Avenue
104
Miami, FL 33173
(786) 772-1577
Digital Contact Information:
edelis.r14@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Riveron Sanchez, Zenia, MS, BCBA ■
10300 Southwest 72nd Street
250b
Miami, FL 33173
(305) 939-6878
Digital Contact Information:
dynamicsandbehaviorservicesinc@gmail.com

and

12460 Southwest 8th Street
2024
Miami, FL 33184
(786) 801-0944
Digital Contact Information:
dynamicsandbehaviorservicesinc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rivers, Arisleidy, MED, BCBA ■
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
credentialing@southbillcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rizo, Yanisett, MSN, APRN ■
5901 Southwest 74th Street
208
Miami, FL 33143
(954) 884-5626
Digital Contact Information:
http://www.santanamhs.com
admin@santanamhs.com

and

5901 Southwest 74th Street
211
Miami, FL 33143
(786) 228-6892
Digital Contact Information:
http://www.santanamhs.com
admin@santanamhs.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Robaina, Niubis, MPSY, LMHC ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
yavila@avilahealthgroup.com

Robbins, Molli, LCSW, MSW ■
7241 Southwest 63rd Avenue
STE 102
South Miami, FL 33143
(305) 244-3590
Digital Contact Information:
Not Available

Roberson, Cranesha E, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@truhealingreality.com

and

111 NW 183rd St
Ste 404
Miami, FL 33169
(786) 524-4001
Digital Contact Information:
info@truhealingreality.com

Roberts, Elizabeth H, MD ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
ap@resurgencebh.com
Other Languages Spoken by Provider or Office Staff
Spanish

Roberts, Jazmin, MS, LCMHC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@growtherapy.com

Roberts, Kimberly, MED, LMHC ■
1031 Ives Dairy Road
rm 239
Miami, FL 33179
(786) 589-7248
Digital Contact Information:
kimberly@growthcounselingandtherapy.com

and

1001 North Miami Beach Boulevard
North Miami Beach, FL 33162
(786) 320-5559
Digital Contact Information:
kimberly@growthcounselingandtherapy.com

Roberts, Ryan, MS, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
ryanrobertslpc@gmail.com

and

FL
(305) 902-6347
Digital Contact Information:
ryanrobertslpc@gmail.com

Robinson, Kent A, MA, LPC ■
10311 Northwest 58th Street
Doral, FL 33178
(800) 438-1772
Digital Contact Information:
lrangel@wlcfs.org

Rocha, Leslie, MS, LMHC ■
8500 SW 92nd Street
206
Miami, FL 33156
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
billing@livewelltherapygroup.com

and

7600 Southwest 57th Avenue
suite 334
South Miami, FL 33143
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
billing@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Roche, Michelle, MS, LMHC ■
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
http://brightsyhealthfl.com
brightsyhealth@gmail.com

and

1031 Ives Dairy Rd
Ste 228
Miami, FL 33179
(786) 320-5559
Digital Contact Information:
brightsyhealth@gmail.com

and

1001 North Miami Beach Boulevard
North Miami Beach, FL 33162
(786) 320-5559
Digital Contact Information:
brightsyhealth@gmail.com

Rocker, Jeff, MMH, LMHC ■
777 Brickell Ave
Ste 500
Miami, FL 33131
(786) 490-2181
Digital Contact Information:
askjeffrocker@gmail.com

Rockman, Isatta, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147

(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Rodriguez, Abril, EDM, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 964-7695
Digital Contact Information:
behaviorconsultantfl@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Alfonso, Adrian, MS, BCBA ■
8300 NW 53rd St
Ste 350
Miami, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com

and
4155 Southwest 130th Avenue
108
Miami, FL 33175
(786) 695-8672
Digital Contact Information:
behaviorplusservices@gmail.com

Rodriguez, Andrea, MC, LMHC ■
8500 SW 92nd Street
203
Miami, FL 33156
(786) 332-4478
Digital Contact Information:
billing@livewelltherapygroup.com

and
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
billing@livewelltherapygroup.com

and
11050 Southwest 88th Street
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
billing@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Anibelle, MA, BCBA ■
2898 Northwest 79th Avenue
Doral, FL 33122
(786) 646-9250
Digital Contact Information:
careers@koalaaba.com

Rodriguez, Annmarie, MC, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/payors@emorahealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Arianna, MSN, APRN ■
142 E 49th St
Hialeah, FL 33013
(305) 333-9166
Digital Contact Information:
http://www.lennoxhealth.org
mcarvajal@lennoxhealth.org
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Belkis, BS, BCABA ■
14707 South Dixie Highway
303
Miami, FL 33176
(786) 333-3207
Digital Contact Information:
leap.behavior@gmail.com

and
1380 Northeast Miami Gardens Drive
220f
Miami, FL 33179
(786) 523-3249
Digital Contact Information:
leap.behavior@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Cespedez, Jany, MS, BCBA ■
Home Based Services Only
Doral, FL 33122
(305) 591-7898
Digital Contact Information:
heartwellhomecare@att.net

and
9555 Southwest 175th Terrace
610
Palmetto Bay, FL 33157
(786) 859-0979
Digital Contact Information:
heartwellhomecare@att.net
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rodriguez Chaviano, Mayrelis, MS, BCBA ■
100 Northeast 15th Street
203
Homestead, FL 33030
(786) 404-3075
Digital Contact Information:
admin2@twoheartsaba.com

and
9710 East Indigo Street
Suite 201
Palmetto Bay, FL 33157
(786) 277-6210
Digital Contact Information:
admin2@twoheartsaba.com

Rodriguez, Danelia, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 779-9475
Digital Contact Information:
alfay.behavioralservices@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rodriguez, Danitza, MA, BCBA ■
10691 North Kendall Drive
207
Miami, FL 33176
(786) 401-6113
Digital Contact Information:
enrollpriv@bikhamhealthcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Del Rey, Meylin, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
2450 Southwest 137th Avenue
232
Miami, FL 33175
(786) 360-6496
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 452-1185
Digital Contact Information:
info@newlifeaba.com

and
13424 Southwest 90th Terrace
Miami, FL 33186
(786) 308-6353
Digital Contact Information:
info@newlifeaba.com

and
14221 Southwest 120th Street
Suite 214
Miami, FL 33186
(786) 452-1185
Digital Contact Information:
http://www.jandatherapy.com
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rodriguez Delgado, Isvel, MS, BCBA ■
Home Based Services Only
Doral, FL 33126
(407) 800-6086
Digital Contact Information:
prokidzabatherapy@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Diaz, Gema, MED, BCBA ■
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
credentialing@southbillcare.com

Rodriguez Diaz, Geyma, MBS, BCBA ■
13301 Southwest 132nd Avenue
201 201
Miami, FL 33186
(305) 509-5537
Digital Contact Information:
info@newlifeaba.com

and
27132 South Dixie Highway
Naranja, FL 33032
(786) 283-0175
Digital Contact Information:
info@newlifeaba.com

Rodriguez Domingo, Adlih, BA, BCABA ■
585 East 49th Street
11
Hialeah, FL 33013
(305) 970-9165
Digital Contact Information:
admin@mbinstitute.org
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Freijo, Selma, MSW, LCSW ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
help@joinuplift.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
help@joinuplift.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Gabriel L, MS, BCBA, LMHC ■
7875 Northwest 12th Street
120
Doral, FL 33126
(786) 505-4449
Digital Contact Information:
http://southfloridabehavior.com
info@southfloridabehavior.com

and
7875 Northwest 12th Street
118
Miami, FL 33126
(786) 505-4449
Digital Contact Information:
http://southfloridabehavior.com
info@southfloridabehavior.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
info@southfloridabehavior.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rodriguez Garlobo, Maelia, MSN, APRN ■
12595 Southwest 137th Avenue
STE 110
Miami, FL 33186
(305) 465-9379
Digital Contact Information:
pmcibilling228@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Irina, MMFT, LMFT ■
2157 Southwest 13th Avenue
3
Miami, FL 33145
(786) 878-1331
Digital Contact Information:
i.rodriguezlmft@gmail.com

and
FL
(786) 254-1572
Digital Contact Information:
i.rodriguezlmft@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Isis, MED, BCBA ■
1665 West 68th Street
208
Hialeah, FL 33014
(305) 519-2546
Digital Contact Information:
ir.becerra@yahoo.com

and
1801 Coral Way
Ste 405
Miami, FL 33145
(786) 866-5914
Digital Contact Information:
ir.becerra@yahoo.com

and
8614 Southwest 147th Court
419
Miami, FL 33193
(786) 378-0033
Digital Contact Information:
ir.becerra@yahoo.com

Rodriguez, Jan, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
admin@lifehealthsystem.org
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Jennicke, MC, LMHC ■
151 NW 11th St
Ste W201
Homestead, FL 33030
(786) 521-5925
Digital Contact Information:
monarchallhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Jessica M, MBS, BCBA ■
9241 Southwest 212th Terrace
Cutler Bay, FL 33189
(786) 447-0022
Digital Contact Information:
http://www.abdbehavior.com
zlafontaine@abdbehavior.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 447-0022
Digital Contact Information:
zlafontaine@abdbehavior.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Jose A, BA, BCABA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 534-7172
Digital Contact Information:
clinicare23@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Julieta, PHD, LP ■
15715 S Dixie Hwy
Ste 401
Miami, FL 33157
(786) 255-4693
Digital Contact Information:
jr3015@aol.com

and

15715 S Dixie Hwy
Ste 406
Miami, FL 33157
(786) 255-4693
Digital Contact Information:
jr3015@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Karla, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

Rodriguez, Kathleen, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Kimberley, MS, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
pandatherapycircle@gmail.com

Rodriguez, Lesly, MMH, BCBA ■
1350 Southwest 57th Avenue
313
West Miami, FL 33144
(786) 404-1017
Digital Contact Information:
sseastcoast22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Lisset, MBS, BCBA ■
13424 Southwest 90th Terrace
Miami, FL 33186
(786) 308-6353
Digital Contact Information:
zairad29@yahoo.com

Rodriguez, Lourdes, MMH, BCABA ■
Home Based Services Only
West Miami, FL 33144
(786) 404-1017
Digital Contact Information:
opusmentalhealthcenter@gmail.com

Rodriguez, Luann, MS, LMFT ■
18901 Southwest 106th Avenue
Suite #108
Miami, FL 33157
(786) 231-0910
Digital Contact Information:
luann.rodriguezlmft@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Lucero M, MD ■
10305 NW 41st St
Ste 205
Doral, FL 33178
(305) 718-9800
Digital Contact Information:
rodriquezlucero.md@gmail.com

and
10305 Northwest 41st Street
202
Doral, FL 33178
(305) 718-9800
Digital Contact Information:
rodriquezlucero.md@gmail.com

and
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://lifehealthsystem.org
rodriquezlucero.md@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Mabel, MSN, APRN, ARNP, CNS, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@a3medicalbilling.com

Rodriguez, Mabel, MMH, LMHC ■
12159 Southwest 132nd Court
100
Miami, FL 33186
(786) 422-2073
Digital Contact Information:
comprehensivecounseling86@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Martinez, Ariadna, MS, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
info@foundartacademy.org

and
1000 Brickell Avenue
Miami, FL 33131
(786) 695-8672
Digital Contact Information:
info@foundartacademy.org

and
7001 Southwest 97th Avenue
104
Miami, FL 33173
(786) 772-1577
Digital Contact Information:
info@foundartacademy.org

and
4155 Southwest 130th Avenue
108
Miami, FL 33175
(786) 695-8672
Digital Contact Information:
info@foundartacademy.org
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Martinez, Iliana, MS, BCBA ■
10711 Southwest 216th Street
103 103
Goulds, FL 33170
(305) 965-9682
Digital Contact Information:
imetherapyservices@gmail.com

Rodriguez Miguel, Galina, MPSY, ABA ■
10691 North Kendall Drive
#202
Miami, FL 33176
(786) 534-7172
Digital Contact Information:
admin@excellentmc.com

and
12448 Southwest 127th Avenue
Miami, FL 33186
(786) 864-1030
Digital Contact Information:
admin@excellentmc.com

and
9020 Southwest 137th Avenue
210
Miami, FL 33186
(786) 558-5042
Digital Contact Information:
admin@excellentmc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Milagros, MA, BCABA ■
18901 Southwest 106th Avenue
229 230
Cutler Bay, FL 33157
(786) 808-6575
Digital Contact Information:
advancebehavior71@gmail.com

Rodriguez Milian, Karel, MD ■
2500 Northwest 79th Avenue
233
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
andersonbilling1001@gmail.com

and
2500 Northwest 79th Avenue
Suite 189
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
andersonbilling1001@gmail.com

and
351 NW 42nd Ave
Ste 406
Miami, FL 33126
(786) 536-1710
Digital Contact Information:
andersonbilling1001@gmail.com

and
1890 Southwest 57th Avenue
SUITE 106
Miami, FL 33155
(786) 536-1701
Digital Contact Information:
andersonbilling1001@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Miriam, MS, LMHC ■
216 Catalonia Avenue
105
Coral Gables, FL 33134
(786) 236-1323
Digital Contact Information:
mrodriguez@healing-recovery.com

and
9010 SW 137th Ave
Ste 233
Miami, FL 33186
(786) 236-1323
Digital Contact Information:
mrodriguez@healing-recovery.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Monica C, MSN, APRN ■
12651 South Dixie Highway
Suite 320
Miami, FL 33156
(305) 300-3121
Digital Contact Information:
info@icarepsychiatry.org

and
8950 Southwest 74th Court
Suite 1808
Miami, FL 33156
(305) 300-3121
Digital Contact Information:
info@icarepsychiatry.org

and
FL
(786) 325-7643
(305) 209-4966
Digital Contact Information:
http://icarepsychiatry.com
info@icarepsychiatry.org

Rodriguez Novo, Adaisis, MPSY, BCBA ■
18901 Southwest 106th Avenue
229
Miami, FL 33157
(786) 506-9008
Digital Contact Information:
adaisisrodriguez@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Ramos, Meilyn, PSYD, LP ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Reggy, BA, BCABA ■
585 East 49th Street
11
Hialeah, FL 33013
(305) 970-9165
Digital Contact Information:
admin@mbinstitute.org
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Renzo, MSN, APRN ■
2820 Northeast 214th Street
Ste 801
Aventura, FL 33180
(256) 500-8688
Digital Contact Information:
https://www.joinblossomhealth.com
blossom@withassured.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
blossom@withassured.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
blossom@withassured.com

Rodriguez Rodriguez, Nemesio, BS, BCBA ■
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
credentialing@southbillcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Romy, MMH, LMHC ■
8200 Northwest 41st Street
Suite 200
Miami, FL 33166
(786) 241-7695
Digital Contact Information:
drgmartinez.psychologist@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Sunem, BA, BCBA ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
services@cmnbtherapy.com

and
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
services@cmnbtherapy.com

and
12970 Southwest 133rd Court
a
Miami, FL 33186
(786) 445-5607
Digital Contact Information:
services@cmnbtherapy.com
Other Languages Spoken by Provider or Office Staff
Hebrew, Portuguese, Haitian Creole, Japanese, French, Russian, Italian, Vietnamese

Rodriguez Valdez, Yeniffer, BA, BCABA ■
4800 Northwest 167th Street
Miami Gardens, FL 33014
(305) 515-2726
Digital Contact Information:
http://www.lightingbehavior.com
lightingbehaviorservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Xuxa, MS, BCBA ■
Home Based Services Only
Aventura, FL 33180
(786) 612-5077
Digital Contact Information:

back2basicsbm@gmail.com

and

Home Based Services Only
Golden Beach, FL 33160
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and

Home Based Services Only
Homestead, FL 33030
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and

Home Based Services Only
Homestead, FL 33033
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and

Home Based Services Only
Key Biscayne, FL 33149
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and

1000 Brickell Avenue
Miami, FL 33131
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and

Home Based Services Only
Miami, FL 33142
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and

Home Based Services Only
Miami, FL 33147
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and

Home Based Services Only
Miami, FL 33155
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and

Home Based Services Only
Miami Beach, FL 33154
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and

Home Based Services Only
Miami Gardens, FL 33015
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and

Home Based Services Only
Miami Gardens, FL 33055
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and

Home Based Services Only
Miami Lakes, FL 33016
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and

Home Based Services Only
Naranja, FL 33032
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and

Home Based Services Only
Opa-locka, FL 33054
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and

Home Based Services Only
Pinecrest, FL 33156
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and

Home Based Services Only
Quail Heights, FL 33187
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and

Home Based Services Only
South Miami, FL 33143
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and

Home Based Services Only
South Miami, FL 33146
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and

Home Based Services Only
Virginia Gardens, FL 33166
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Rodriguez, Yanely, MS, BCBA ■

Home Based Services Only
Miami Gardens, FL 33014
(786) 606-7766
Digital Contact Information:
info@mistherapy.com

Rodriguez, Yusmary, MPSY, BCBA ■

1414 Northwest 107th Avenue
204
Doral, FL 33172
(305) 225-8711
Digital Contact Information:
genesisconsultingservices39@gmail.com

and

1900 Southwest 22nd Street
#205
Miami, FL 33145
(305) 549-8665
Digital Contact Information:
genesisconsultingservices39@gmail.com

and

20774 West Dixie Highway
b
Miami, FL 33180
(305) 549-8665
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Rodriguez-Hevia, Victoria, MC, LMHC ■

1450 Madruga Avenue
STE 302
Coral Gables, FL 33146
(305) 333-0181
Digital Contact Information:
theintuitivecouncelingcenter@gmail.com

Rodriguez-Ruiz, Franchesca, MA, LMFT ■

770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and

7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and

5201 Blue Lagoon Dr
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and

6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and

80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and

601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and

801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and

830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and

9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(305) 395-5978
Digital Contact Information:
credentialing@happierliving.com

and

8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Rogers, Jordan, MPSY, BCBA ■

FL
(786) 569-6783
(732) 685-2991
Digital Contact Information:
http://www.achievebehaviorcenters.com
team@achievebehaviorcenters.com

Rojas, Jonathan, MS, LMFT ■

14221 Southwest 120th Street
suite 207
Miami, FL 33186
(786) 247-1308
Digital Contact Information:
ksmedicalbilling1@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Rojas, Rafael, MSN, APRN ■

1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
yny.behavioralservices@gmail.com

and

1400 Northwest 12th Avenue
Miami, FL 33136
(305) 243-5302
Digital Contact Information:
yny.behavioralservices@gmail.com

and

1475 NW 12th Ave
Fl 3
Miami, FL 33136
(305) 243-5302
Digital Contact Information:
yny.behavioralservices@gmail.com

and

1611 NW 12th Ave
Miami, FL 33136
(305) 243-5302
Digital Contact Information:
yny.behavioralservices@gmail.com

and

790 Northwest 107th Avenue
Suite 110
Miami, FL 33172
(305) 385-9919
Digital Contact Information:
yny.behavioralservices@gmail.com

and

13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
yny.behavioralservices@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Rojas, Sheila, MSN, APRN ■

2423 Southwest 147th Avenue
682
Miami, FL 33175
(305) 317-2426
Digital Contact Information:
tcmsolutioncenters@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Rojas, Yamile, MS, LMHC ■

4302 Alton Rd
Ste 500
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
hpreval@prevalandassociates.net

and

FL
(786) 281-3935
Digital Contact Information:
hpreval@prevalandassociates.net
Other Languages Spoken by Provider or Office Staff Spanish

Roman, Ingrid, PSYD, LP ■

2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 661-5511
Digital Contact Information:
dr.ingridroman1@gmail.com

and

7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
http://appliedbhs.com
dr.ingridroman1@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Roman, Orialys L, MS, BCBA ■

3300 West 84th Street
Unit 10
Hialeah, FL 33018
(305) 335-0407
Digital Contact Information:
privateinsurancechildgarden@gmail.com

and

3271 NW 7th St
Ste 203
Miami, FL 33125
(786) 220-6902
Digital Contact Information:
privateinsurancechildgarden@gmail.com
Other Languages Spoken by Provider or Office Staff Creole, Spanish

Romeo, Leticia C, MSN, APRN ■

7971 Bird Road
39
Miami, FL 33155
(786) 910-7179
Digital Contact Information:
ajndcorp@gmail.com

and

9350 SW 72nd St
Ste 116
Miami, FL 33173
(786) 504-5620
Digital Contact Information:
ajndcorp@gmail.com

Romero Gonzalez, Kirenia, MA, BCBA ■

1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
abaswfl@gmail.com

Romero, Jerrika M, MSED, BCBA ■

1000 Brickell Avenue
Miami, FL 33131
(305) 336-5381
Digital Contact Information:
info@mysunshinetherapy.com

and

1380 Northeast Miami Gardens Drive
Suite 255
Miami, FL 33179
(954) 651-2969
Digital Contact Information:
info@mysunshinetherapy.com

Romero, Loris, MA, BCBA ■

3833 Southwest 8th Street
Coral Gables, FL 33134
(786) 254-5372

Digital Contact Information:
credentialing@southbillcare.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
credentialing@southbillcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rondina, Katherine M, MSN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
hr.credentialing@sohomd.com
Other Languages Spoken by Provider or Office Staff English

Ronke, Angelica, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(877) 644-6008
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.com

Rooks, Joshua, PHD, LP ■
FL
(305) 204-5664
Digital Contact Information:
http://www.joshuarooksphd.com
rooksjoshua@gmail.com

Rosa, Stephanie M, BS, BCBA ■
3833 Southwest 8th Street
Coral Gables, FL 33134
(786) 440-1176
Digital Contact Information:
info@breakthroughbehavior.com
Other Languages Spoken by Provider or Office Staff Sign Lang Amer, Spanish

Rosales, Isabel C, MS, LBA ■
12973 Southwest 112th Street
151
Miami, FL 33186
(305) 204-7037
Digital Contact Information:
jeanne@onebehavior.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rosas, Nataly, MA, BCBA ■
Home Based Services Only
Doral, FL 33122
(786) 614-3121
Digital Contact Information:
maria.aviles@hhfcfl.com

and
15924 SW 92nd Ave
Miami, FL 33157
(786) 636-1303
Digital Contact Information:
maria.aviles@hhfcfl.com

and
13416 Southwest 128th Street
Miami, FL 33186
(786) 732-0247
Digital Contact Information:
maria.aviles@hhfcfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rose, Jennifer, MSN, APRN ■
1031 Ives Dairy Rd
Ste 228
Miami, FL 33179
(786) 320-5559
Digital Contact Information:
growthllc@growthcounselingandtherapy.com

and
1001 North Miami Beach Boulevard
North Miami Beach, FL 33162
(786) 320-5559
Digital Contact Information:
growthllc@growthcounselingandtherapy.com

Rose, Yakima, MS, BCBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
yrose@vivoaba.com

Rosellon, Naybi, DNP, APRN ■
5901 Southwest 74th Street
211
Miami, FL 33143
(786) 228-6892
Digital Contact Information:
http://www.santanamhs.com
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Rosen, Tanya, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ar@growthandtransitionscounseling.com

Rosenson, Robert, EDD, LMHC ■
2000 S Dixie Hwy
Ste 104
Miami, FL 33133
(305) 562-2873
Digital Contact Information:
reachdrrosenson@gmail.com

Roth, Samantha, MC, LMHC ■
3580 Mystic Pointe Drive
Suite #112
Aventura, FL 33180
(786) 472-2324
Digital Contact Information:
samantha@dailyvictoriescounseling.com

Rowe, Davin, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Ruaix, Antonia E, MD ■
3271 NW 7th St
Ste 203
Miami, FL 33125
(786) 220-6902
Digital Contact Information:
onesoulbilling@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ruano, Edgar O, MC, LMHC, LPCC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Rubin, Kay, PHD, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
acc@advancedclientcare.org

Rubio Fernandez, Lizbet, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 695-8672
Digital Contact Information:
abaproinfo@gmail.com

and
4155 Southwest 130th Avenue
108
Miami, FL 33175
(786) 695-8672
Digital Contact Information:
abaproinfo@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, English, German, French, Spanish

Ruiz, Anabel, MSN, APRN, APRNPMH, NP ■
25327 Southwest 121st Avenue
Homestead, FL 33032
(786) 252-4586
Digital Contact Information:
aopsychiatricmentalhealthservi@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ruiz, Britney A, MS, BCBA ■
Home Based Services Only
Doral, FL 33126
(407) 800-6086
Digital Contact Information:
prokidzabatherapy@yahoo.com

and
12750 Northwest 17th Street
216 216
Miami, FL 33182
(888) 527-8037
Digital Contact Information:
prokidzabatherapy@yahoo.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
prokidzabatherapy@yahoo.com
Other Languages Spoken by Provider or Office Staff
German, French, Spanish

Ruiz, Nataly, MSN, ARNP ■
13195 Southwest 134th Street
102
Miami, FL 33186
(305) 964-5236
Digital Contact Information:
advancedcaresfl@outlook.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ruiz, Rosmeri, MA, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
genesisconsultingservices39@gmail.com

Ruiz, Teresa, MS, BCBA ■
13501 Southwest 128th Street
Suite 106
Miami, FL 33186
(786) 731-3919
Digital Contact Information:
abcchildrenbehavior@gmail.com

Russell-Smith, Ashleigh, MN, APRN ■
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
http://brightsyhealthfl.com
brightsyhealth@gmail.com

Ryan, Melanie, MS, LMHC ■
2124 Northeast 123rd Street
STE 220
North Miami, FL 33181
(786) 828-0947
Digital Contact Information:
https://blossomfl.com
info@blossomfl.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ryan, Nannette, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Sadang, Aurelio E, MSN, PMHNP ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
npsadang@gmail.com
Other Languages Spoken by Provider or Office Staff
Tagalog

Saez, Pedro, PSYD, LP ■
7700 North Kendall Drive
809
Miami, FL 33156
(888) 456-2545
Digital Contact Information:
https://neuropsychologymiami.com/
neuropsycho90@gmail.com

Saibu, Mariam, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@happierliving.com

Sainz Riveron, Camila, MED, BCBA ■
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
credentialing@southbillcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Saiz Quintana, Maria E, MD ■
2550 Douglas Road
Suite 302
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
a.castillo@harmonyatthegables.com

and
2650 Southwest 27th Avenue
300 301a
Miami, FL 33133
(786) 353-9812
Digital Contact Information:
http://www.harmonyatthegablesclinic.com
a.castillo@harmonyatthegables.com

and
2650 Southwest 27th Avenue
Suite 305
Miami, FL 33133
(786) 353-9812
Digital Contact Information:
http://www.harmonyatthegablesclinic.com
a.castillo@harmonyatthegables.com

and
900 SW 97th Ave
Miami, FL 33174
(786) 790-4759
Digital Contact Information:
a.castillo@harmonyatthegables.com
Other Languages Spoken by Provider or Office Staff
Spanish

Salama, Sarine, MS, LMHC ■
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
sarine@serenitycounselingsolutions.org
Other Languages Spoken by Provider or Office Staff
Spanish

Saland, Deborah, MSW, CAP, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Salas, Aldo Y, MMFT, LMFT ■
15946 Southwest 147th Lane

Miami, FL 33196
(786) 205-4058
Digital Contact Information:
http://www.headway.com
therapyaldosalas@gmail.com

Salas Alfonso, Jennie, MS, BCBA ■
8601 Southwest 199th Street
Cutler Bay, FL 33189
(305) 908-2999
Digital Contact Information:
yordanka@mghomecare.com

and
10200 Northwest 25th Street
STE 114
Doral, FL 33172
(305) 280-2480
Digital Contact Information:
yordanka@mghomecare.com

and
40 Northwest 8th Street
Homestead, FL 33030
(305) 908-2999
Digital Contact Information:
yordanka@mghomecare.com

and
Home Based Services Only
Miami, FL 33142
(305) 280-2480
Digital Contact Information:
yordanka@mghomecare.com

and
9380 Sunset Drive
b165
Miami, FL 33173
(786) 337-0585
Digital Contact Information:
yordanka@mghomecare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Salas, Julia S, MA, LMHC ■
7900 Oak Ln
400
Hialeah, FL 33016
(786) 617-8078
Digital Contact Information:
http://www.miamilakescounseling.com
hello@miamilakescounseling.com

Salazar, Ana, MS, LMHC ■
2500 Northwest 107th Avenue
Suite 102
Doral, FL 33172
(786) 605-9400
Digital Contact Information:
hello@reachlink.com

Salazar, Jennifer, MA, BCBA ■
9350 SW 72nd St
Ste 100
Miami, FL 33173
(305) 279-2286
Digital Contact Information:
jennifer@freshstartsnow.com

and
9425 Southwest 72nd Street
164
Miami, FL 33173
(305) 279-2286
Digital Contact Information:
jennifer@freshstartsnow.com
Other Languages Spoken by Provider or Office Staff
Spanish

Salazar, Ofelia, PHD, BCBA ■
6761 Southwest 7th Street
Miami, FL 33144
(305) 905-4429
Digital Contact Information:
loveagles67@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Saldarriaga, Natalia, MC, LMHC ●
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
https://behavioralaid.com/
nataliasaldarriaga@rocketmail.com

Salgueiro, Brenda, BCBA, MS ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(954) 577-7790
Digital Contact Information:
info@behavior-analysis.org
Other Languages Spoken by Provider or Office Staff
Spanish

Salley, Amy, MSN, APRN, APRNCNP, CRNP, NP, PMHNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
hello@psychplus.com

Salters, Kyrie, MSSW, LCSW ■
30210 SW 156th Ave
Homestead, FL 33033
(786) 505-1988
Digital Contact Information:
ksbehaviorandmh@gmail.com

Saltman, Lyudmila, PSYD, LP ■
1120 NW 14th St
1447
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
therapy@miamibeachpsychologistassociates.com

and
FL
(786) 318-1933
Digital Contact Information:
therapy@miamibeachpsychologistassociates.com
Other Languages Spoken by Provider or Office Staff
French, Russian, Spanish

Salva, Sasha R, MS, LMHC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com
Other Languages Spoken by Provider or Office Staff
Spanish

Salvador, Nicole, MC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
fivestarlearningc@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Salzman, Amy, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 955-6224
Digital Contact Information:
crystalkidscenter@gmail.com

and
16201 Northeast 13th Avenue
North Miami Beach, FL 33162
(786) 955-6224
Digital Contact Information:
http://www.superkidsaba.com
crystalkidscenter@gmail.com

and
17121 Northeast 6th Avenue
North Miami Beach, FL 33162
(305) 952-3161
Digital Contact Information:
crystalkidscenter@gmail.com

and
FL
(786) 955-6224
Digital Contact Information:
crystalkidscenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Hebrew, English

Sam, Pedro D, MS, LMHC ■
3000 Biscayne Boulevard
Suite 210C
Miami, FL 33137
(239) 999-1029
Digital Contact Information:
support@thriveworks.com

Samaniego, Sophia, MS, BCBA ■
9379 West 32nd Lane
Hialeah, FL 33018
(954) 812-1642
Digital Contact Information:
sophiafernandezbcba@gmail.com

and
333 West 41st Street
Suite 324
Miami, FL 33140
(954) 812-1642
Digital Contact Information:
https://stepforwardaba.com/
sophiafernandezbcba@gmail.com

and
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
https://stepforwardaba.com/
sophiafernandezbcba@gmail.com

Sams, Tabatha N, MSN, APRN ■
2820 Northeast 214th Street
Ste 801
Aventura, FL 33180
(256) 500-8688
Digital Contact Information:
counselingthesoul@yahoo.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
counselingthesoul@yahoo.com

Samuel, Vickki Ann S, MD ■
18425 NW 2nd Ave
Ste 404B
Miami, FL 33169
(305) 549-8100
Digital Contact Information:
vssamuelmd@gmail.com

San Blas Garcia, Jessabell, BA, BCABA ■
11025 SW 84th St
Ste 8
Miami, FL 33173
(833) 971-1230
Digital Contact Information:
http://carpediemacademy.org
lburns@cdaintensivelearning.com
Other Languages Spoken by Provider or Office Staff
Spanish

San Juan, Yudelkys, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
office@smartbatherapy.com

and
5246 Southwest 8th Street
208d
Miami, FL 33134
(786) 366-1273
Digital Contact Information:
office@smartbatherapy.com

and
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
http://kidsspotrehab.com
office@smartbatherapy.com

and
175 Fontainebleau Boulevard
Miami, FL 33172
(786) 366-1273
Digital Contact Information:
office@smartbatherapy.com

and
Home Based Services Only
Miami Lakes, FL 33018
(786) 366-1273
Digital Contact Information:
office@smartbatherapy.com

and
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
office@smartbatherapy.com

and
306 Westward Dr
Miami Springs, FL 33166
(786) 588-7894
Digital Contact Information:
http://www.smartbatherapy.com
office@smartbatherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

San Miguel, Anniela, MS, LBA ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(954) 577-7790
Digital Contact Information:
credentialing@autismfirstus.com

San Salvador, Donna, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Sanchez, Alina, MS, BCBA ■
14471 S Dixie Hwy
Miami, FL 33176
(786) 803-8826
Digital Contact Information:
amorebhc@gmail.com

and
9010 Southwest 137th Avenue
101
Miami, FL 33186
(786) 803-8826
Digital Contact Information:
http://amorementalhealthcorp.com
amorebhc@gmail.com

Sanchez, Carmela, PA, PA_C ■
18117 Biscayne Boulevard
306
Miami, FL 33160
(847) 979-9095
Digital Contact Information:
yturcih@yahoo.com

Sanchez, Daymara, MBS, BCABA ■
15160 Southwest 136th Street
Unit 15
Miami, FL 33196
(786) 701-9656
Digital Contact Information:
mvcaringtherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sanchez, Geiser, MPSY, BCBA ■
3750 West 16th Avenue
218
Hialeah, FL 33012
(786) 409-3231
Digital Contact Information:
roactivehealthcare2016@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sanchez, Jennife, MA, BCBA ■
Home Based Services Only
Hialeah, FL 33013
(786) 592-6680
Digital Contact Information:
info@kidsbehavioral.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sanchez, Johana, MS, LMHC ■
FL
(305) 302-0087
Digital Contact Information:
http://divine-wellness.net
johanaq0217@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sanchez, Roberto W, MN, APRN ■

3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
healingtouchinc@msn.com

and
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

Sanchez, Rosa M, MS, LMHC ■
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
morecounseling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sanchez, Yanaika, BS, BCABA ■
30908 Southwest 192nd Avenue
Homestead, FL 33030
(786) 404-3148
Digital Contact Information:
allstaraba22@gmail.com

Sander, Tiffani, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
joe@beaconhealthinc.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
joe@beaconhealthinc.com

Sanfiel, Emily C, MS, LMHC ■
5915 Ponce de Leon
48
Coral Gables, FL 33146
(786) 273-7630
Digital Contact Information:
Not Available

and
7700 N Kendall Dr
Ste 415
Miami, FL 33156
(786) 359-4161
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Sanfiel, Patrick, MS, LMHC ■
FL
(786) 474-4980
Digital Contact Information:
http://redwheelbarrowtherapy.com
patrick@redwheelbarrowtherapy.com

Sanmiguel, Maria T, MMH, LMHC ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
westmiamicmhc@bellsouth.net

Santa, Dorilee, MS, LCMHC, LMHC ■
FL
(786) 258-8499
(786) 237-8501
(415) 941-4109
Digital Contact Information:
http://healinggrowththerapy.com
service@virtual-counseling.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Santamaria Ramos, Rosaly, MS, BCBA ■
Home Based Services Only
Miami Lakes, FL 33018
(786) 536-7908
Digital Contact Information:
prokidzabatherapy@yahoo.com

and
Home Based Services Only
Naranja, FL 33032
(407) 800-6086
Digital Contact Information:
prokidzabatherapy@yahoo.com
Other Languages Spoken by Provider or Office Staff
German, French, Spanish

Santana, Ashley M, MS, BCBA ■
13155 SW 134th St
Ste 207
Miami, FL 33186
(786) 842-3624
Digital Contact Information:
http://www.superherospeechtherapy.com
santana2694@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Santana, Janeiris, MS, BCBA ■
1840 West 49th Street
#714
Hialeah, FL 33012
(305) 699-8388
Digital Contact Information:
credentialing@southbillcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Santana, Jessica, MS, LMHC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 648-4447
Digital Contact Information:
credentialing@behavioralaid.com

and
7221 SW 24th St
Ste 206
Miami, FL 33155
(786) 648-4447
Digital Contact Information:
credentialing@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com

Santana Pedrero, Aleymi, MA, BCBA ■
2020 Ponce de Leon
Suite 1201
Miami, FL 33134
(305) 917-5414
Digital Contact Information:
http://healthofmind.net
mirta@psychologybeyond.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Santana Sparber, Jacqueline, PSYD, LP ■
100 NE 15th St
Ste 101D
Homestead, FL 33030
(833) 779-8646
Digital Contact Information:
drsantanasparber@keysgatewellness.com
Other Languages Spoken by Provider or Office Staff
Spanish

Santana, Zaira, EDM, BCBA ■
7875 Northwest 12th Street
120
Doral, FL 33126
(786) 505-4449
Digital Contact Information:
http://southfloridabehavior.com
mcastanos@southfloridabehavior.com

and
7875 Northwest 12th Street
118
Miami, FL 33126
(786) 505-4449
Digital Contact Information:
http://southfloridabehavior.com
mcastanos@southfloridabehavior.com

and
10855 Southwest 72nd Street
UNIT 1-5
Miami, FL 33173
(305) 720-2166
Digital Contact Information:
mcastanos@southfloridabehavior.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
mcastanos@southfloridabehavior.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Santander Luis, Yainet, MS, BCBA ■
10631 Southwest 88th Street
135
Miami, FL 33176
(786) 603-6567
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
10691 North Kendall Drive
207
Miami, FL 33176
(786) 603-6567
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Santiago Guia, Rina, PSYD, LP ■
151 NW 11th St
Ste W201
Homestead, FL 33030
(786) 521-5925
Digital Contact Information:
monarchallhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Santiago, Joshua, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Santiago, Melissa, MA, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Santiago, Wildelia, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
English, Spanish

Santiesteban, Carolina, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

Saranova Lara, Luz Maria, BS, BCABA ■
30908 Southwest 192nd Avenue
Homestead, FL 33030
(786) 404-3148
Digital Contact Information:
allstaraba22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sardinas, Maricruz, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
admin@lifehealthsystem.org
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Sarduy, Idelys, MSED, BCBA ■
14505 Commerce Way
Ste 750
Miami Lakes, FL 33016
(305) 362-9989
Digital Contact Information:
diamondhealth@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Sarduy, Yerling, MS, BCBA ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
info@avilahealthgroup.com

and
7580 Northwest 186th Street
202 202
Hialeah, FL 33015
(786) 385-5347
Digital Contact Information:
info@avilahealthgroup.com

and
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
info@avilahealthgroup.com

Sarria, Joana, MSED, BCBA ■
3901 Northwest 79th Avenue
Suite 246
Doral, FL 33166
(786) 418-5400
Digital Contact Information:
http://www.stepsmiami.com
info@stepsmiami.com

and
18901 Southwest 106th Avenue
229
Miami, FL 33157
(786) 506-9008
Digital Contact Information:
info@stepsmiami.com

and
7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
info@stepsmiami.com
Other Languages Spoken by Provider or Office Staff
Spanish

Satorre, Mayuli C, MSN, APRN ■
3785 Northwest 82nd Avenue
307
Doral, FL 33166
(305) 898-5420
Digital Contact Information:
m.satorre@harmonyatthegables.com

and
33550 South Dixie Highway
106
Florida City, FL 33034
(786) 601-7712

Digital Contact Information:
m.satorre@harmonyatthegables.com

and
1150 Northwest 72nd Avenue
ph 2
Miami, FL 33126
(786) 542-5043
Digital Contact Information:
http://1stcarecms.com
m.satorre@harmonyatthegables.com

and
2650 Southwest 27th Avenue
Suite 305
Miami, FL 33133
(786) 353-9812
Digital Contact Information:
http://www.harmonyatthegablesclinic.com
m.satorre@harmonyatthegables.com
Other Languages Spoken by Provider or Office Staff Spanish

Saturne, Casandra, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
thoughtsofhopellc@gmail.com
Other Languages Spoken by Provider or Office Staff Dutch, Spanish

Savino, Katerina, BCBA, MA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
info@actionbehavior.com

Sawyer, Robert, MMH, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com

and
3191 Coral Way
Ste 602
Miami, FL 33145
(305) 799-0620
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Sawyers, Althea, MMFT, LMFT ■
FL
(202) 410-5972
(833) 322-0977
(786) 277-5563
Digital Contact Information:
http://www.quality-therapy.com
asawyers.biz@gmail.com

Scaglia, Fiorella, MS, BCBA ■
7925 Northwest 12th Street
130 130
Doral, FL 33126
(786) 870-5090
Digital Contact Information:
fiorellascaglia@abcbehavior.live

and
2947 Coconut Avenue
2 2
Miami, FL 33133
(786) 541-5735
Digital Contact Information:
fiorellascaglia@abcbehavior.live
Other Languages Spoken by Provider or Office Staff Spanish

Scales, Ari'Ton, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Schad, Natalie T, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(954) 400-3251
Digital Contact Information:
kate@abacustherapies.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(954) 400-3251
Digital Contact Information:
kate@abacustherapies.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(954) 400-3251
Digital Contact Information:
kate@abacustherapies.com
Other Languages Spoken by Provider or Office Staff Spanish

Schaffer, Diana, MED, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Scharf, Linda S, PHD, LP ■
19300 West Dixie Highway
Unit 1
Aventura, FL 331802201
(305) 653-0098
Digital Contact Information:
scharflinda@outlook.com

Schewe, Ivey, MA, LBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
rogers@joybridgekids.com

Schild, Sven, PHD, LP ●
FL
(858) 602-2847
Digital Contact Information:
http://www.svenschild.com
sven.schild@gmail.com
Other Languages Spoken by Provider or Office Staff Sign Lang Amer

Schindler, Alina, MC, LMFT ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
rebekah@lscounseling.com
Other Languages Spoken by Provider or Office Staff English

Schlotterback, Mark, MD ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Schmid, Cecilia A, MPSY, LMHC ■
9380 SW 72nd St
Ste 238
Miami, FL 33173
(305) 632-2322
Digital Contact Information:
ceciliaschmid@hotmail.com

and
10691 N Kendall Dr
Ste 110
Miami, FL 33176
(305) 632-2322
Digital Contact Information:
ceciliaschmid@hotmail.com

Schroeder, Donald A, MA, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
schroederdn@gmail.com

Schueg, Rachel, MA, BCBA ■
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
credentialing@creativekidstherapyinc.com
Other Languages Spoken by Provider or Office Staff English

Schwartz, Cynthia, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Scott, Deborah, MC, LMHC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
credentialing@growtherapy.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@growtherapy.com

Scotto, Maria, MS, LMHC ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(305) 396-9010
Digital Contact Information:
sasha@livewelltherapygroup.com

and
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
sasha@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff English

Scotto, Nicole M, MC, LMHC ■
2875 Northeast 191st Street
528
Aventura, FL 33180
(305) 396-9010
Digital Contact Information:
https://balancedlifetherapygroup.com/
help@joinuplift.co

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff English

Seals, Latoya, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@bestselfwny.org

Seay, Jennifer, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@hupcfl.com

Sebreros, Jennifer, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Segura Perez, Jennifer M, MPSY, BCBA ■
13383 Southwest 42nd Street
Miami, FL 33175
(305) 305-7121
Digital Contact Information:
seguraj77@hotmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Segura, Serguey, MSED, BCBA ■
Home Based Services Only
Virginia Gardens, FL 33166
(786) 416-3576
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Seidler, Jessica C, MSW, LCSW ■
2915 Biscayne Boulevard
Suite 300-4
Miami, FL 33137
(786) 398-4747
Digital Contact Information:
contactus@miamivibescounselingcenter.com

Seigel, Robert K, MSN, APRN, NP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Seijas Pazos, Maylin, BA, BCABA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
13055 Southwest 42nd Street
STE 104
Miami, FL 33175
(305) 480-7839
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff Spanish

Selesky, Jaika, MS, LMHC ■
7600 South Red Road
200
South Miami, FL 33143
(786) 508-2207
Digital Contact Information:
angelo@lunapsychology.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Sequeiros, Rosa, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Seraphin, Sandrina, MSW, LCSW ■
175 Northwest 125th Street
201
North Miami, FL 33168
(954) 900-8348
Digital Contact Information:
sseraphin@transparentspace.net
Other Languages Spoken by Provider or Office Staff English, Creole

Seraphin, Valerie, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(561) 808-5201
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

Serna, Jairo, MSW, LCSW ●
FL

(305) 445-0477
Digital Contact Information:
jairoserna@hotmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Severins, Alicia, MSED, LCPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Seymour, Margo S, MN, APN, APRN ■
600 Northwest 183rd Street
103
Miami, FL 33169
(954) 256-9294
Digital Contact Information:
mseymour@ssmbehavioralhealthinc.com
Other Languages Spoken by Provider or Office Staff
Ukrainian, Russian, Hindi

Shakespeare, Ashanti, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
inquiry@dare2emerge.com

Shaw, Brittney, MC, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Sherrill, Jenniffer, PHD, LMHC ■
FL
(786) 258-8499
(786) 309-8667
Digital Contact Information:
http://www.virtual-counseling.com
drsherill@transcendingtraumatherapy.com

Shervington, Dinora T, MS, LMFT ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
thecouples1@gmail.com

and

12150 Southwest 128th Court
Suite 105
Miami, FL 33186
(305) 338-2231
Digital Contact Information:
thecouples1@gmail.com

and

13383 SW 142nd Ter
Miami, FL 33186
(786) 362-5981
Digital Contact Information:
thecouples1@gmail.com

Sherwood, Brittany, MSN, APRN, ARNP ■
FL
(305) 902-6347
Digital Contact Information:
info@personalprivatepsychiatry.com
Other Languages Spoken by Provider or Office Staff
Spanish

Shoumaker, Douglas, MS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 275-8860
Digital Contact Information:
http://www.abctestingservices.com
lisette@abctestingservices.com

Shrader, Josie, MA, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
payors@emorahealth.com

Siegel, Sammi L, PHD, LMHC ■
5900 Southwest 73rd Street
207
South Miami, FL 33143
(305) 613-1101
Digital Contact Information:
siegelcounseling@gmail.com

Sifran, Susana E, MA, LMHC ■
2040 Northeast 163rd Street
305
North Miami Beach, FL 33162
(786) 553-6038
Digital Contact Information:
susanasifran@hotmail.com
Other Languages Spoken by Provider or Office Staff
Hebrew, Spanish

Sijo, Yusimi, PSYD, LMHC ■
5901 SW 74th St
Ste 412
Miami, FL 33143
(786) 717-5028
Digital Contact Information:
castroj@bellsouth.net

and

2307 Douglas Road
400
Miami, FL 33145
(305) 205-1965
Digital Contact Information:
castroj@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Silber, Anita, MS, LMHC ■
6175 NW 153rd St
Ste 404
Miami Lakes, FL 33014
(305) 558-7400
Digital Contact Information:
credentialing@wellnite.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Silebi, Candice, MSED, LMHC ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
westmiamicmhc@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Silver, Scott, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
hr.credentialing@sohomd.com

Silverio, Ashley, MSW, LCSW ■
FL
(305) 209-8921
Digital Contact Information:
http://www.journeytothrivetherapy.com
ashleysilveriolcsw@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Silverio, Jenny, PSYD, LMHC, LP ■
12360 Southwest 132nd Court
113 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
lifecenterhg@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Simon, Vania M, MMH, LMHC ■
9425 Sunset Drive
Ste F251
Miami, FL 33173
(786) 310-6004
Digital Contact Information:
http://www.mindingthegap.net
vania@mindingthegap.net

and

FL
(786) 310-6004
Digital Contact Information:
http://www.mindingthegap.net
vania@mindingthegap.net

and

8181 Northwest 154th Street
STE 112
Miami Lakes, FL 33016
(407) 572-8053
Digital Contact Information:
vania@mindingthegap.net

and

1190 Northwest 95th Street
307
Miami Shores, FL 33150
(407) 572-8053
Digital Contact Information:
vania@mindingthegap.net

Singer, Gabrielle, MSW, LCSW ■
FL
(508) 202-1011
Digital Contact Information:
info@mosaicmindscounseling.com

Singh, Robbie, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@aspirehp.org

Siracusa, Shannon, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Sisti, Gina, MA, BCBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
providerenrollment@acornhealth.com

Sitko, Stephanie, MA, BCBA ■
FL
(786) 206-6500
Digital Contact Information:
http://behavioralfamilysolutions.com
credentialing@behavioralfamilysolutions.com

and

5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

Sjostrom, Lady, LMHC, MA, MS ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
info@dadefamily.com

and

9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
info@dadefamily.com
Other Languages Spoken by Provider or Office Staff
Spanish

Skjoldal, Elizabeth, PHD, CP, LP ■
8325 Northeast 2nd Avenue
316
Miami, FL 33138
(305) 503-5758
Digital Contact Information:
kim@cherryhillcounseling.com

and

FL
(305) 790-9957
Digital Contact Information:
kim@cherryhillcounseling.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Smith, Ceasha, MS, BCBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(929) 617-6362
Digital Contact Information:
behaviorbutterflyaba@gmail.com

Smith, Jennifer, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Smith, Joshua, PSYD, HSPP, LP ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Smith, Kimberly L, MSW, LCSW ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
arscredentialing@advancedrecoverysystems.com

and

8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Smith, Larry, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Smith, Mark C, PSYD, LP ●
2600 S Douglas Rd
Ste 1003
Coral Gables, FL 33134
(305) 445-0477
Digital Contact Information:
ana@coralgablescounseling.com

Smith, Mica, MC, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Smith, Ronny, MS, LPC ■
FL
(305) 902-6347
Digital Contact Information:
msabree@sabreets.com

Smith, Shatema, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Smith, Teresa, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Smith, Virginia L, MS, LMHC ■
801 Brickell Ave

Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@growtherapy.com
Other Languages Spoken by Provider or Office Staff English

Smith-Young, Adia E, MA, LMHC ■
15715 S Dixie Hwy
Ste 406
Miami, FL 33157
(786) 269-3728
Digital Contact Information:
adia33@gmail.com
Other Languages Spoken by Provider or Office Staff English

Smulowitz, Leeba M, MSW, LCSW ■
FL
(347) 380-6424
Digital Contact Information:
libby@levtherapy.onmicrosoft.com

Snipes, Jonathan M, MD ■
44 Northwest 17th Street
Homestead, FL 33030
(305) 209-4750
Digital Contact Information:
credentialing@thriveworks.com

Snyder, Yvette, MA, BCBA ■
9425 Southwest 72nd Street
164
Miami, FL 33173
(305) 279-2286
Digital Contact Information:
yvette@freshstartsnow.com
Other Languages Spoken by Provider or Office Staff Spanish

Sobiech, Rachel, MSSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
rachel@feelnhealwellness.com
Other Languages Spoken by Provider or Office Staff English

Sochaczewski, Isaac, MS, LMHC ■
17071 West Dixie Highway
103 103
North Miami Beach, FL 33160
(305) 505-4284
Digital Contact Information:
isaacsoch@gmail.com

Solorzano, Gina, MSW, LCSW ■
2124 Northeast 123rd Street
STE 220
North Miami, FL 33181
(786) 828-0947
Digital Contact Information:
https://blossomfl.com
info@blossomfl.com
Other Languages Spoken by Provider or Office Staff Hebrew, Spanish

Sonora Duran, Yanet, BS, BCBA ■
14204 Southwest 289th Terrace
Homestead, FL 33033
(305) 878-1255
Digital Contact Information:
brightbehaviorserv@gmail.com

and
18951 Southwest 106th Avenue
105 106
Miami, FL 33157
(305) 233-4448
Digital Contact Information:
brightbehaviorserv@gmail.com

and
12460 Southwest 8th Street
2024
Miami, FL 33184
(786) 801-0944
Digital Contact Information:
brightbehaviorserv@gmail.com

and
14204 Southwest 8th Street
Miami, FL 33184
(305) 878-1255
Digital Contact Information:
brightbehaviorserv@gmail.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
brightbehaviorserv@gmail.com

Sosa, Amanda V, MBS, BCBA ■
1486 West 84th Street
Hialeah, FL 33014
(305) 828-5276
Digital Contact Information:
jen.schwartz@comcast.net

and
15165 Northwest 77th Avenue
Hialeah, FL 33014
(305) 828-5276
Digital Contact Information:
http://angelsreach.org/
jen.schwartz@comcast.net

and
17840 Northwest 59th Avenue
104 104
Hialeah, FL 33015
(305) 828-5276
Digital Contact Information:
jen.schwartz@comcast.net

Soto, Lugannys M, MS, LMHC ■
6601 Southwest 80th Street
STE 121
South Miami, FL 33143
(305) 453-4833
Digital Contact Information:
http://www.themodernpsychology.com
admin@themodernpsychology.com
Other Languages Spoken by Provider or Office Staff Spanish

Sotolongo, Jennifer, MS, LMHC ■
14740 Southwest 26th Street
Miami, FL 33185
(786) 464-5981
Digital Contact Information:
info@flcfd.org

Sotolongo, Niurka, MSW, LMHC ■
3955 SW 59th Ave
Miami, FL 33155
(954) 624-6016
Digital Contact Information:
niurkasotolongo@yahoo.com

Soutien, Kimberly, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Spalding, Gwenevere, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
gwen.lifecenter@gmail.com

Spall, Christopher, MA, CAP, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Spasic, Marija, MS, LMHC ■
7600 West 20th Avenue
213
Hialeah, FL 33016
(786) 471-6887
Digital Contact Information:
http://marijaspasic.com
srcetherapy@gmail.com

Spencer, Lilliana, MS, BCBA ■
13300 Southwest 128th Street
Miami, FL 33186
(786) 250-3451
Digital Contact Information:
http://www.firststepsinterventions.com
lspencer@firststepsint.com
Other Languages Spoken by Provider or Office Staff Spanish

Spencer, Marcia, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
jane.mohammad@daybreakhealth.com

Spinks, Laura, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
samantha@hudsonvalleycounseling.com

Spinner, Lynn R, MSW, LCSW ■
6175 NW 153rd St
Ste 404
Miami Lakes, FL 33014
(305) 558-7400
Digital Contact Information:
lrspin@aol.com

Spitzer, Nancy, MS, LMFT ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
birches@withassured.com
Other Languages Spoken by Provider or Office Staff English

Springer, Shawndel, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
gethelp@wellqor.com

St Louis, Adrienne, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(347) 893-1266
Digital Contact Information:
4rezilience@gmail.com

and
633 Northeast 167th Street
Suite 1125
North Miami Beach, FL 33162
(305) 749-5454
Digital Contact Information:
4rezilience@gmail.com

St Phard, Nancy V, MSW, LMHC ■
12700 Biscayne Boulevard
301
North Miami, FL 33181
(305) 467-4597
Digital Contact Information:
dr.daino@aol.com

Stallworth, Janell, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
hello@wellnite.com

Stano, Jacki, MED, BCBA, LBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
credentialing@kyocare.com

Stanton, Kathleen, PHD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
hello@emorahealth.com

Stcyr, Kettlyne, MSN, APRN, PMHNP ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
bhenrollment@accesstelecare.com

and
1031 Ives Dairy Road
228
Miami, FL 33179
(786) 262-7450
Digital Contact Information:
http://www.jerryhealinghands.org
bhenrollment@accesstelecare.com

Steelman, Erin, MS, BCBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
info@gatewaylg.com

Steen, Tamarie, MMH, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Steiner, Joy, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Stephens, David M, MS, BCBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
info@happyheartsaba.com

Stephenson, Evonne B, MSN, APRN ■
FL
(508) 202-1011
Digital Contact Information:
enrollment@pursuecare.com

Stevenson, Thalia, MS, LCMHC ■
FL
(786) 530-5410
Digital Contact Information:
http://actservicellc.com
actservices2023@gmail.com

Stewart, Kimberly, MSW, LCSW ■
FL
(321) 360-4390
(904) 479-6299
Digital Contact Information:
insightcounselingcorner@gmail.com

Stewart, Robert C, DO ■
15600 Southwest 288th Street
405b
Homestead, FL 33033
(786) 610-8167
Digital Contact Information:
amaliasclinic@acccorp.org

and
640 West Palm Drive
b
Homestead, FL 33034
(786) 610-8167
Digital Contact Information:
amaliasclinic@acccorp.org

and
9380 Sunset Drive
b240
Miami, FL 33173
(786) 534-4979
Digital Contact Information:
amaliasclinic@acccorp.org

Stewart, Tannisha, MC, LMHC ■
815 Northwest 57th Avenue

480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
tannishastewart@starzjourneyinc.onmicrosoft.com

Stibick, Debra L, PHD, LP ■
3663 S Miami Ave
Miami, FL 33133
(713) 789-7560
Digital Contact Information:
talk2drdeb@gmail.com

Stockhausen, Dana, MS, LCMHC, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Stoian, Mihaela, MS, LMHC ■
FL
(954) 834-3570
Digital Contact Information:
http://grieftree.com
mstoian1217@gmail.com
Other Languages Spoken by Provider or Office Staff
Romanian

Stone Palmer, Matthew Luke, MSW, LCSW ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
info@prioritypractice.com

Stowe, Jennifer, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
patientinfo@lucidlane.com
Other Languages Spoken by Provider or Office Staff French

Suarez, Magdielis, MS, BCBA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
http://www.appliedbhs.com
dabs@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com

Suarez, Mercy, MA, LMHC ■
66 Valencia Avenue
402 402
Coral Gables, FL 33134
(305) 439-5939
Digital Contact Information:
mercysuarezeds@gmail.com

and
66 Valencia Avenue
903 903
Coral Gables, FL 33134
(305) 439-5939
Digital Contact Information:
mercysuarezeds@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Suarez, Miriam, MS, LMHC ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and
7221 SW 24th St
Ste 206
Miami, FL 33155
(786) 648-4447
Digital Contact Information:
http://www.fmhpllc.com
info@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

Suarez Sanchez, Zulema Y, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(239) 328-2561
Digital Contact Information:
abcbehaviorhelp@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Suarez Vega, Rosaily, MS, BCBA ■
8300 NW 53rd St
Ste 350
Miami, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com

and
12150 Southwest 128th Court
Suite # 230
Miami, FL 33186
(786) 720-3368
Digital Contact Information:
behaviorplusservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Suarez, Yania, MS, BCBA ■
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
credentialing@southbillcare.com

Suchanic, Joseph B, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
jsuchanic@elliementalhealth.com

Sue Logan, Casey, MC, LMHC, LPCC ■
FL
(859) 517-4633
Digital Contact Information:
https://divinesoultherapy.clientsecure.me
caseyjameslpc@gmail.com

Summer, Linda R, MSW, LCSW ■
FL
(305) 467-8384
Digital Contact Information:
lrsummer@yahoo.com

Suna, Elise, LMFT, MA, MSED ■
1390 South Dixie Highway
#1307
Coral Gables, FL 33146
(305) 204-2601
Digital Contact Information:
elise.suna@gmail.com

Sveinsson, Bjorn, MS, LMHC ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
gina@lotuscounseling.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
gina@lotuscounseling.com

Swain, Cieria D, MC, LCSW, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
appointments@meetmarvin.com
Other Languages Spoken by Provider or Office Staff English

TSO, Yanlin, MSW, CSW, LCSW, LICSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Tabla, Yoel F, MPSY, BCBA ■
8335 Southwest 72nd Avenue
218d 218d
Miami, FL 33143
(786) 354-8613
Digital Contact Information:
yoeltabla@yahoo.com

and
10300 Southwest 72nd Street
300
Miami, FL 33173
(786) 418-9730
Digital Contact Information:
http://www.happydreamsofkids.com
yoeltabla@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Taliancich, Mark, PHD, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
kelli@daybreakhealth.com

Tanner, Keisha, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
keishatannerlpc@gmail.com

Tanona, Anthony W, PSYD, LP ■
19300 West Dixie Highway
2 2
Miami, FL 33180
(305) 933-5733
Digital Contact Information:
http://www.deltapsychgroup.com
drtanona@gmail.com
Other Languages Spoken by Provider or Office Staff English

Tapanes Morejon, Elaine, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
abagrowthandconnection@gmail.com

and
9502 Southwest 166th Court
Miami, FL 33196
(754) 234-0643
Digital Contact Information:
abagrowthandconnection@gmail.com

Tapia, Maria I, PHD, LCSW ■
1801 Coral Way
Ste 401
Miami, FL 33145
(305) 323-2807
Digital Contact Information:
tapialcsw@gmail.com

and
13230 SW 37th Ter
Miami, FL 33175
(305) 225-1144
Digital Contact Information:
tapialcsw@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Taque, Jose C, MS, LMHC ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
ehoyos@lotuscounseling.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
http://www.lotuscounseling.com
ehoyos@lotuscounseling.com
Other Languages Spoken by Provider or Office Staff Italian, Spanish

Tarr, Theodora L, PSYD, LP ■
9729 S Dixie Hwy
Miami, FL 33156
(305) 666-3650
Digital Contact Information:
dr.teddy@griefworksinc.com

and
8740 Southwest 133rd Street
Miami, FL 33176
(305) 666-3650
Digital Contact Information:
http://www.griefworksinc.com/
dr.teddy@griefworksinc.com

and
9202 Southwest 73rd Avrd
Pinecrest, FL 33156
(305) 666-3650
Digital Contact Information:
dr.teddy@griefworksinc.com

Tarver, Jillisa, MPSY, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
jillisa.tarver@jtbehavioral.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
jillisa.tarver@jtbehavioral.com

Tase, Jorge, MN, APRN ■
3625 Northwest 82nd Avenue
Suite 408
Doral, FL 33166
(305) 939-6877
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Tassy-Lewis, Sabrina, PSYD, LP ■
14411 Commerce Way
Hialeah, FL 33016
(954) 534-0432
Digital Contact Information:
tassy@nova.edu
Other Languages Spoken by Provider or Office Staff Haitian Creole, Creole

Tatte Herrera, Yamila, MA, BCBA ■
100 Northeast 15th Street
203
Homestead, FL 33030
(786) 404-3075
Digital Contact Information:
allstaraba22@gmail.com

and
30908 Southwest 192nd Avenue
Homestead, FL 33030
(786) 404-3148
Digital Contact Information:
allstaraba22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Tatum, Michelle, MS, LMHC, LPCC ■
FL
(786) 281-3935
Digital Contact Information:
http://www.prevalandassociates.net
hpreval@prevalandassociates.net

Taveras, Adam, MA, LMFT ■
FL
(305) 981-6068
Digital Contact Information:
adam.brighterdays@gmail.com

and
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884

Digital Contact Information:
adam.brighterdays@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Taveras, Madelin, MC, LMHC, PC ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
westmiamicmhc@bellsouth.net
Other Languages Spoken by Provider or Office Staff
English, Spanish

Tawfiq, Safia, MPSY, BCBA ■
2550 Northwest 72nd Avenue
115
Miami, FL 33122
(786) 536-2012
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 695-8672
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
Home Based Services Only
Miami, FL 33155
(786) 262-5559
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
4155 Southwest 130th Avenue
108
Miami, FL 33175
(786) 695-8672
Digital Contact Information:
genesisconsultingservices39@gmail.com

Taylor, Alina, MS, LMHC ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
ataylor@therecoveryvillage.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
ataylor@therecoveryvillage.com

Taylor, Rachael, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Taylor, Samantha D, MBS, BCBA ■
5801 Northwest 151st Street
STE 200B
Hialeah, FL 33014
(786) 376-2651
Digital Contact Information:
angelesesperan@gmail.com

and
20200 Southwest 320th Street
Homestead, FL 33030
(305) 450-4219
Digital Contact Information:
angelesesperan@gmail.com

and
12430 Southwest 188th Street
Miami, FL 33177
(305) 209-1095
Digital Contact Information:
http://angelesaba.com
angelesesperan@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Taylor, Tanashia S, MSW, LCSW ■
18117 Biscayne Boulevard
2159
Miami, FL 33160
(305) 306-2513
Digital Contact Information:
info@favortherapy.com

Tedesco, Eleanor, MD ■
8700 North Kendall Drive
201
Miami, FL 33176
(786) 464-5496
Digital Contact Information:
etorres@chcfhc.org

Tedesco, Nicole, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Tejera, Amelie, PHD, LP ■
13930 SW 47th St
220
Miami, FL 33175
(305) 387-7850
Digital Contact Information:
Not Available

and
13930 SW 47th St
Ste 202
Miami, FL 33175
(305) 387-7850
Digital Contact Information:
Not Available

and
5600 SW 135th Ave
Ste 116
Miami, FL 33183
(305) 387-7850
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Tenenbaum, Karina, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Tenorio, Jaclyn, MS, LMHC, LPC ●
FL
(678) 259-9298
Digital Contact Information:
http://www.trust2change.com
info@trust2change.com
Other Languages Spoken by Provider or Office Staff
Spanish

Teran, Samantha, MA, BCBA ■
10300 Southwest 72nd Street
300
Miami, FL 33173
(786) 418-9730
Digital Contact Information:
http://www.happydreamsofkids.com
steran1230@gmail.com

and
14125 Northwest 80th Avenue
304
Miami Lakes, FL 33016
(786) 305-7222
Digital Contact Information:
steran1230@gmail.com

and
2100 Sans Souci Boulevard
1207 1207
North Miami, FL 33181
(786) 756-6063
Digital Contact Information:
steran1230@gmail.com

and
FL
(786) 756-6063
Digital Contact Information:
steran1230@gmail.com

Tercero, Vanessa, MSW, LCSW ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Terry, Lisa J, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Theoc, Phonia, MS, LMHC ●
FL
(786) 644-5248
Digital Contact Information:
transformingmindsandlives@gmail.com

Thomas, Delvena R, DO ■
9730 Hibiscus Street
b
Cutler Bay, FL 33157
(305) 969-7829
Digital Contact Information:
drtbehavioralservices@gmail.com

and
16400 NW 2nd Ave
Ste 100
Miami, FL 33169
(305) 981-1700
Digital Contact Information:
drtbehavioralservices@gmail.com

and
16400 Northwest 2nd Avenue
100 100
Miami, FL 33169
(305) 981-1700
Digital Contact Information:
drtbehavioralservices@gmail.com

and
15800 NW 42nd Ave
Opa Locka, FL 33054
(305) 981-1700
Digital Contact Information:
http://brainlovehelp.com
drtbehavioralservices@gmail.com

Thomas, Matthew, MD ■
427 Washington Ave
Miami Beach, FL 33139
(305) 514-0813
Digital Contact Information:
tfasetti@cccsrq.org

and
18360 NW 47th Ave
Miami Gardens, FL 33055
(786) 800-5631
Digital Contact Information:
tfasetti@cccsrq.org

Thompson, Elena, BA, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
jnickell@abahelps.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
jnickell@abahelps.com

and
1951 NW 7th Ave
Ste 600
Miami, FL 33136
(929) 384-7193
Digital Contact Information:
jnickell@abahelps.com

Thompson, Emily, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Thompson, Miquia, MPSY, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Tice, Darius, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 822-7202
Digital Contact Information:
kim@appliedbehavior.net

and
909 North Miami Beach Boulevard
STE 301
North Miami Beach, FL 33162
(305) 822-7202
Digital Contact Information:
https://appliedbehavior.net/
kim@appliedbehavior.net

Timoteo, Milton M, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
miltontimoteo@yahoo.com

Tiongco, Rosalinda, MS, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Todman, Aminah, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Tolbert, Kristen, EDD, LMHC, LPC ■
FL
(877) 799-1506
Digital Contact Information:
kristentolbert@gmail.com

and
18117 Biscayne Boulevard
2052
Miami, FL 33160
(954) 591-8526
Digital Contact Information:
kristentolbert@gmail.com

Toledo, Lismerys M, MSW, LCSW ■
3580 Mystic Pointe Drive
Suite #107
Aventura, FL 33180
(305) 423-9671
Digital Contact Information:
services@tcctherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Topalian, Sona, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff
Armenian

Torna Perez, Keidy, ED, BCBA ■
110 West 17th Street
Hialeah, FL 33010
(786) 267-8467
Digital Contact Information:
info@newlifeaba.com

and
Home Based Services Only
Hialeah, FL 33010
(786) 267-8467
Digital Contact Information:
info@newlifeaba.com

and
2300 West 84th Street
404a

Hialeah, FL 33016
(786) 681-8494
Digital Contact Information:
info@newlifeaba.com

and
2459 West 70th Street
Hialeah, FL 33016
(786) 571-0939
Digital Contact Information:
info@newlifeaba.com

and
30392 Old Dixie Highway
Homestead, FL 33030
(786) 481-9833
Digital Contact Information:
info@newlifeaba.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
27132 South Dixie Highway
Naranja, FL 33032
(786) 481-9833
Digital Contact Information:
info@newlifeaba.com

Torras Ceballos, Gabriela, MSCC, BCBA, LMHC ■
8300 West Flagler Street
STE 258C
Miami, FL 331446002
(786) 633-5171
Digital Contact Information:
counselingsocietymiami@gmail.com

and
2157 Southwest 13th Avenue
3
Miami, FL 33145
(786) 878-1331
Digital Contact Information:
http://www.counselingsociety.com
counselingsocietymiami@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Torrecillas, Andres A, MS, BCABA, BCBA ■
2020 Ponce de Leon
Suite 1201
Miami, FL 33134
(305) 917-5414
Digital Contact Information:
torrecillas0711@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Torrente, Luz M, MBS, BCBA ■
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
wellbehaved.corp@gmail.com

Torres Carbonell, William, MSN, APRN ■
10024 Southwest 222nd Street
Cutler Bay, FL 33190
(239) 692-2776
Digital Contact Information:
info@rushcredentialing.com

Torres, Lilibeth, MS, BCBA ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(954) 577-7790
Digital Contact Information:
http://www.behavior-analysis.org
baicredentialing@behavior-analysis.org
Other Languages Spoken by Provider or Office Staff Spanish

Torres, Maritza, MS, BCBA ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/services@behavioralspark.com

and
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/services@behavioralspark.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 473-6153
Digital Contact Information:
services@behavioralspark.com

and
10373 Southwest 2nd Street
Miami, FL 33174
(305) 984-8908
Digital Contact Information:
services@behavioralspark.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, French, Italian, Spanish

Torres, Sergio, LMHC, MSCC ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
Not Available

Torres, Shanika D, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
deltorresbhw@gmail.com

Torres, Yiset, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 329-9993
Digital Contact Information:
koodollc4@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Torres, Yumays, MN, APRN ■
3785 Northwest 82nd Avenue
307
Doral, FL 33166
(305) 266-2949
Digital Contact Information:
yfundora@managedmentalhealth.com

and
4445 West 16th Avenue
STE 405
Hialeah, FL 33012
(786) 233-6721
Digital Contact Information:
yfundora@managedmentalhealth.com

and
2650 Southwest 27th Avenue
Suite 305
Miami, FL 33133
(786) 353-9812
Digital Contact Information:
http://www.harmonyatthegablesclinic.com
yfundora@managedmentalhealth.com

and
8080 West Flagler Street
2a
Miami, FL 33144
(786) 615-2640
Digital Contact Information:
yfundora@managedmentalhealth.com

and
7700 North Kendall Drive
807
Miami, FL 33156
(786) 450-4284
Digital Contact Information:
yfundora@managedmentalhealth.com
Other Languages Spoken by Provider or Office Staff Spanish

Torres, Yuri G, MMFT, LMFT ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
info@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
info@behavioralaid.com
Other Languages Spoken by Provider or Office Staff Spanish

Tortosa, Jared, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
gbaird@counselingassociatesutah.com

Toth, Jennifer, MPSY, LBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
candace@tlccredandconsulting.com

Totten, Renee, MA, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
khaase@focusedsolution.net

Tous, Ana Maria, MD ■
1360 South Dixie Highway
350
Coral Gables, FL 33146
(305) 648-9344
Digital Contact Information:
info.alternativesbehavior@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Tramel, Ahlicia, MA, LMHC ■
FL
(888) 282-3444
Digital Contact Information:
http://empathiclee.com
ahliciab08@yahoo.com
Other Languages Spoken by Provider or Office Staff English

Trana-Felipes, Silvia, MS, ABA, LMHC ■
2001 Northwest 107th Avenue
412
Doral, FL 33172
(786) 548-8322
Digital Contact Information:
empathybhsbilling@gmail.com

and
7959 NW 2nd St
Miami, FL 33126
(305) 267-6060
Digital Contact Information:
empathybhsbilling@gmail.com

and
1818 West Flagler Street
Miami, FL 33135
(786) 755-2897
Digital Contact Information:
empathybhsbilling@gmail.com

and
7315 Northwest 36th Street
Miami, FL 33166
(786) 345-7734
Digital Contact Information:
empathybhsbilling@gmail.com

and
10661 North Kendall Drive
216
Miami, FL 33176
(786) 631-4158
Digital Contact Information:
empathybhsbilling@gmail.com

and
1134 NW 136th Ave
Miami, FL 33182
(786) 631-4158
Digital Contact Information:
empathybhsbilling@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Trenker, Brittany L, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Trimikliniotis, Georgia, MSED, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Trujillo, Eimi, MS, BCBA ■
10200 Northwest 25th Street
211
Doral, FL 33172
(786) 269-3502
Digital Contact Information:
clinical.coordinator@cmnbtherapy.com

and
1535 N Goldeneye Ln
Homestead, FL 33035
(786) 212-5530
Digital Contact Information:
clinical.coordinator@cmnbtherapy.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 475-5732
Digital Contact Information:
clinical.coordinator@cmnbtherapy.com

and
12920 Southwest 133rd Court
Miami, FL 33186
(786) 475-5732
Digital Contact Information:
http://cornerstone-cba.com
clinical.coordinator@cmnbtherapy.com
Other Languages Spoken by Provider or Office Staff Portuguese, Haitian Creole, Japanese, Italian, Spanish

Tucholski-Dekeles, Yvette, MS, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
ytucholskidekeles@gmail.com

Turino, Berkis, MA, LMHC ■
2500 Northwest 79th Avenue
Suite 227
Doral, FL 33122
(305) 456-9396
Digital Contact Information:
healingtouchinc@msn.com

and
FL
(305) 824-0637
Digital Contact Information:
healingtouchinc@msn.com

and
5590 West 20th Avenue
200 201
Hialeah, FL 33016
(305) 557-1555
Digital Contact Information:
healingtouchinc@msn.com

and
3414 West 84th Street
Suite D110
Hialeah, FL 33018
(305) 825-4320
Digital Contact Information:
healingtouchinc@msn.com

and
3416 West 84th Street
C-108
Hialeah, FL 33018
(305) 557-1555
Digital Contact Information:
http://lifestarwellnesscenter.com
healingtouchinc@msn.com

Turner, Angela D, PHD, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
fl-credentialing@lifestance.com
Other Languages Spoken by Provider or Office Staff
Spanish

Turner, Delores E, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Tyson, Darcel P, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Ubfal, Fabiana S, MMH, LMHC ■
16375 Northeast 18th Avenue
206
North Miami Beach, FL 33162
(786) 246-4050
Digital Contact Information:
fabianamiami27@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ucciferri, Veronica, MS, LCMHC, LMHC, LPC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
veronicaucciferri@gmail.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
veronicaucciferri@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ukken, Boby, MSN, APRN ■
2828 Coral Way
Ste 460
Coral Gables, FL 33145
(305) 895-0504
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net

and
12550 Biscayne Boulevard
STE 306
North Miami, FL 33181
(305) 642-5255
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net
Other Languages Spoken by Provider or Office Staff
Russian

Uribe, Liliana L, DSW, LCSW ■
2555 Northwest 102nd Avenue
STE 205
Doral, FL 33172
(305) 397-4031
Digital Contact Information:
lilyulcsw@aol.com

Ursani, Aneel A, MD ■
18117 Biscayne Boulevard
Po Box 61721
Miami, FL 33160
(206) 495-0724
Digital Contact Information:
ccservices@auctusgrp.com
Other Languages Spoken by Provider or Office Staff
English, Sign Lang Amer

Utrera, Tahlia, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
admin@lifehealthsystem.org
Other Languages Spoken by Provider or Office Staff
Spanish

Vaccaro, Terrence, PHD, LP ■
7700 N Kendall Dr
Ste 415
Miami, FL 33156
(786) 359-4161
Digital Contact Information:
morecounseling@gmail.com

and
12368 SW 82nd Ave
Pinecrest, FL 33156
(786) 227-6570
Digital Contact Information:
morecounseling@gmail.com

Valdes Castillo, Naomy, MA, BCBA ■
10691 North Kendall Drive
207
Miami, FL 33176
(786) 401-6113
Digital Contact Information:
nvald1221@gmail.com

and
13205 Southwest 137th Avenue
#212
Miami, FL 33186
(786) 732-6298
Digital Contact Information:
nvald1221@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valdes, Debora, MSN, APRN ■
7315 Northwest 36th Street
Miami, FL 33166
(786) 345-7734
Digital Contact Information:
Not Available

Valdes, Hany, MS, BCBA ■
Home Based Services Only
Miami, FL 33155
(786) 262-5559
Digital Contact Information:
genesisconsultingservices39@gmail.com

Valdes Hernandez, Mayuly, MSN, APRN ■
255 University Dr
Fl 2
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
administration@mindandsoultherapy.com

and
2550 Douglas Road
Ste #301
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
administration@mindandsoultherapy.com

and
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
administration@mindandsoultherapy.com

Valdes, Jose G, DNP, APRN ■
FL
(305) 204-9455
Digital Contact Information:
josegvn@gmail.com

and
10689 North Kendall Drive
211
Miami, FL 33176
(305) 204-9499
Digital Contact Information:
josegvn@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valdes Lopez, Yudith, MBS, BCBA ■
12150 Southwest 128th Court
Suite 226
Miami, FL 33186
(786) 429-1005
Digital Contact Information:
cloverbehaviorservices@gmail.com

Valdes, Luis, MS, BCBA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
http://appliedbhs.com
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valdes, Yordanys, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
mendinghealthcare@outlook.com

Valencia, Odalys, MSW, LCSW ■
5979 Northwest 151st Street
STE 230
Miami Lakes, FL 33014
(305) 362-1875
Digital Contact Information:
odalysvalencialcsw@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valencia, Tatiana, PSYD, LP ■
3191 Coral Way
Ste 623
Miami, FL 33145
(786) 344-2849
Digital Contact Information:
tvalencia174@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valeron, Hortensia, MD ■
5201 Blue Lagoon Dr
Fl 8
Miami, FL 33126
(305) 554-1700
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valladares, Christina, MS, LMFT ■
FL
(786) 803-2595
Digital Contact Information:
cmvalladares16@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valle, Amanda H, MSN, ARNP ■
22133 South Dixie Highway
Miami, FL 33170
(786) 504-3119
Digital Contact Information:
info@zodugroup.com

and
13155 Southwest 134th Street
202
Miami, FL 33186
(786) 504-3119
Digital Contact Information:
info@zodugroup.com

Valle, Martha, MMH, LMHC ■
Home Based Services Only
Miami Gardens, FL 33014
(305) 777-3883
Digital Contact Information:
acebehavioral2@gmail.com

Valle, Yaditsa, MS, BCBA ■
1250 Southwest 27th Avenue
207
Miami, FL 33135
(786) 502-3137
Digital Contact Information:
mortega@tlhproject.com

and
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
mortega@tlhproject.com

and
306 Westward Dr
Miami Springs, FL 33166
(786) 588-7894
Digital Contact Information:
http://www.smartbatherapy.com
mortega@tlhproject.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valmy Estivens, Vinia, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Valverde, Hany, MA, BCBA ■
10691 North Kendall Drive
207
Miami, FL 33176
(786) 401-6113
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vanbenschoten, Mary E, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Vance, Melissa, MS, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
pandatherapycircle@gmail.com

Vandhuynslager, Marci, MS, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
milly.cintron@marirecovery.com
Other Languages Spoken by Provider or Office Staff English

Vandy, Damaris, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@hupcfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vargas, Leonardo, MA, BCBA ■
15924 SW 92nd Ave
Miami, FL 33157
(786) 636-1303
Digital Contact Information:
loriwilliams57@hotmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Varona, Monica, PSYD, LMHC ■
3625 Northwest 82nd Avenue
400 3
Doral, FL 33166
(305) 209-6399
Digital Contact Information:
mindsetsolutionsctc@gmail.com

and
900 W 49th St
Ste 522
Hialeah, FL 33012

(305) 698-7525
Digital Contact Information:
mindsetsolutionsctc@gmail.com

and
1125 Northeast 125th Street
112
North Miami, FL 33161
(305) 209-6399
Digital Contact Information:
http://mindsetsolutionsctc.com/
mindsetsolutionsctc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vasquez, Janet, MS, BCBA, LBA ■
12985 Southwest 130th Court
204 204
Miami, FL 33186
(305) 735-3878
Digital Contact Information:
http://www.abasquad.com
info@abasquad.com

Vaughan, Mary E, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Vazquez Bueno, Osvaldo, MSN, APRN ■
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

and
13170 Southwest 128th Street
200
Miami, FL 33186
(786) 852-5198
Digital Contact Information:
insurance@wellnite.com

Vazquez, Carmene, MA, LMHC ■
2801 Northeast 183rd Street
216 216
Aventura, FL 33160
(305) 931-3845
Digital Contact Information:
vazquezcarmene450@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vazquez, Christian, MS, LMHC ■
7950 Northwest 53rd Street
STE 237
Doral, FL 33166
(786) 536-4420
Digital Contact Information:
trey@credentialingconsultants.com

and
5979 Northwest 151st Street
STE 120
Hialeah, FL 33014
(786) 536-4420
Digital Contact Information:
trey@credentialingconsultants.com

and
5979 Northwest 151st Street
111
Miami Lakes, FL 33014
(786) 536-4420
Digital Contact Information:
trey@credentialingconsultants.com

Vazquez Garcia, Yaimara, MC, LMHC ■
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
http://brightsyhealthfl.com
brightsyhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vazquez, Josh I, MS, LMHC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com

and
15715 S Dixie Hwy
Ste 403
Miami, FL 33157
(305) 707-5966
Digital Contact Information:
http://movingtowardagape.com
credentialing@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com

Vazquez, Karina, MA, BCBA ■
Home Based Services Only
Hialeah, FL 33012
(786) 536-5854
Digital Contact Information:
karinavg33@yahoo.es
Other Languages Spoken by Provider or Office Staff
Spanish

Vazquez, Rahimil, MS, BCBA, LBA ■
8300 NW 53rd St
Ste 350
Miami, FL 33166
(305) 776-0728
Digital Contact Information:
billing@ventecgroup.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
billing@ventecgroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vazquez-Bragan, Francesca, PSYD, LP ■
2550 Douglas Road
Ste #301
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
Not Available

Vega, Herman, PHD, CAP, LMHC ■
14411 Commerce Way
315
Hialeah, FL 33016
(305) 644-7294
Digital Contact Information:
info@totalrehabservices.com

and
14505 Commerce Way
Ste 511
Miami Lakes, FL 33016
(305) 644-7294
Digital Contact Information:
info@totalrehabservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vega, Monica, MA, LMHC ■
2500 Northwest 79th Avenue
233
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
angelcmhcorp@gmail.com

and
2500 Northwest 79th Avenue
Suite 189
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
angelcmhcorp@gmail.com

and
10300 Southwest 72nd Street
300
Miami, FL 33173
(786) 418-9730
Digital Contact Information:
http://www.happydreamsofkids.com
angelcmhcorp@gmail.com

and
17325 Northwest 27th Avenue
206 207
Miami Gardens, FL 33056
(786) 822-7270
Digital Contact Information:
angelcmhcorp@gmail.com

Vejerano, Marilin, MA, BCBA ■
18901 Southwest 106th Avenue
229 230
Cutler Bay, FL 33157
(786) 808-6575
Digital Contact Information:
advancebehavior71@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Velasco-Quintero, Dania, MA, LMHC ■
7590 Northwest 186th Street
109
Hialeah, FL 33015
(305) 688-1700
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
10651 North Kendall Drive
suite 120
Miami, FL 33176
(786) 963-9087
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Velazco Rafael, Ania, MS, BCBA ■
2721 SW 137th Ave
Ste 113
Miami, FL 33175
(786) 558-7248
Digital Contact Information:
http://pensandoconvargas.com
info@thinkingwithvargas.com
Other Languages Spoken by Provider or Office Staff
Spanish

Velazquez, Isabella, MS, BCBA ■
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
https://stepforwardaba.com/
admin@stepforwardaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Velazquez, Taimari, MS, BCBA ■
1900 N Bayshore Dr
1A-122
Miami, FL 33132
(954) 400-3251
Digital Contact Information:
http://www.abacustherapies.com
roberta@abacustherapies.com

and
6405 Northwest 36th Street
Virginia Gardens, FL 33166
(786) 238-2008
Digital Contact Information:
roberta@abacustherapies.com

Veliz, Diana, MSW, LCSW ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
hello@talkiatry.com

Ventura, Yilena, MA, BCBA ■
1900 Southwest 22nd Street
#205
Miami, FL 33145
(786) 250-4423
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
genesisconsultingservices39@gmail.com

Vera, Emma, MS, BCBA ■
3625 Northwest 82nd Avenue
101
Doral, FL 33166
(786) 583-8663
Digital Contact Information:
sseastcoast22@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 263-0207
Digital Contact Information:
sseastcoast22@gmail.com

and
13424 Southwest 90th Terrace
Miami, FL 33186
(786) 308-6353
Digital Contact Information:
sseastcoast22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Verdin, Javier, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Vergara Toro, Valentina, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
admissions@abaalliancecareservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Verneus, Jean K, MS, LMFT ■
1825 Northwest 167th Street
SUITE 102
Opa-locka, FL 330564838
(305) 624-7450
Digital Contact Information:
http://www.cfcecares.org
jverneus@connectionpointtherapy.com
Other Languages Spoken by Provider or Office Staff Creole

Vethencourt, Viviana, MS, LMHC ■
FL
(786) 285-0741
(954) 534-6744
Digital Contact Information:
vethencourt.viviana@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vicente Prado, Yamina, MA, BCBA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
http://www.appliedbhs.com
dabs@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Victori, Maritza O, DED, BCBA ■
7801 Northwest 37th Street
Lp-201
Doral, FL 33195
(305) 468-9899
Digital Contact Information:
rosa.kuchling@pbhd.health

and
9867 Southwest 184th Street

Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
rosa.kuchling@pbhd.health
Other Languages Spoken by Provider or Office Staff Haitian Creole, Spanish

Vidal-Zas, Alicia R, PSYD, LP ■
14225 SW 42nd St
Miami, FL 33175
(305) 221-8200
Digital Contact Information:
arvida712@aol.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Vidas, Elizabeth, MA, BCABA ■
FL
(833) 458-0386
Digital Contact Information:
https://tillytherapy.com/
credentialing@tillytherapy.com

Vieira, Caroline, MC, LMHC, PC ■
2212 Northwest 91st Street
Miami, FL 33147
(341) 888-7637
Digital Contact Information:
contact@quelinbilling.com
Other Languages Spoken by Provider or Office Staff Portuguese

Viera, Tisela, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Villa Livesay, Natasha, MMH, LMHC ■
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
tashavilla88@gmail.com

and
13640 North Kendall Drive
1005
Miami, FL 33186
(305) 859-4522
Digital Contact Information:
tashavilla88@gmail.com

and
FL
(305) 859-4522
Digital Contact Information:
tashavilla88@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Villa, Veronica, MSCC, LMHC ■
FL
(786) 443-8532
Digital Contact Information:
http://cptftl.square.side
vfvilla72@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Villar, Sandra, MA, BCBA ■
Home Based Services Only
Hialeah, FL 33013
(786) 592-6680
Digital Contact Information:
info@kidsbehavioral.com

and
5455 Southwest 8th Street
230
Miami, FL 33134
(786) 629-8836
Digital Contact Information:
info@kidsbehavioral.com

and
8080 West Flagler Street
2a
Miami, FL 33144
(786) 615-2640
Digital Contact Information:
info@kidsbehavioral.com
Other Languages Spoken by Provider or Office Staff Spanish

Viltre Garcia, Yanelys, MS, BCBA ■
5201 Blue Lagoon Dr
Ste 800
Miami, FL 33126
(305) 632-8577
Digital Contact Information:
management@truecarehomeservicesinc.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
management@truecarehomeservicesinc.com

and
2500 SW 107TH AVE
42
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
management@truecarehomeservicesinc.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Vinas, Kristina, MA, BCBA ■
9425 Southwest 72nd Street
164
Miami, FL 33173
(305) 279-2286
Digital Contact Information:
taylor@freshstartsnow.com
Other Languages Spoken by Provider or Office Staff Spanish

Virts, Emily, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Vizcaino, Olga M, MSN, APRN ■
2100 West 76th Street
201 206
Hialeah, FL 33016
(786) 353-2324
Digital Contact Information:
olgamaria861@yahoo.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
olgamaria861@yahoo.com

and
8950 Southwest 74th Court
1911
Miami, FL 33156
(786) 637-7338
Digital Contact Information:
olgamaria861@yahoo.com

and
6001 Northwest 153rd Street
203
Miami Lakes, FL 33014
(786) 459-2466
Digital Contact Information:
olgamaria861@yahoo.com

and
FL
(602) 562-7383
(786) 459-2466
Digital Contact Information:
olgamaria861@yahoo.com

Von Schirach, Alicia, PHD, LMHC ■
2655 S Le Jeune Rd
Fl 5
Miami, FL 33134
(305) 993-9413
Digital Contact Information:
dravonschirach@yahoo.com
Other Languages Spoken by Provider or Office Staff Spanish

Wachholder, Hara, MS, LMHC ■
10700 Caribbean Boulevard
UNIT 203
Cutler Bay, FL 33189
(305) 299-8005
Digital Contact Information:
hara.wachholder@gmail.com

Wack, Stephanie, MA, LBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
credentialing@autismlearningpartners.com

Waddell, Mashonda, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Waddle, Heather, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Waldie, Amy M, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ncscd@comcast.net

Walker, Audi, MMH, LMHC ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
westmiamicmhc@bellsouth.net

Walker, Kelli L, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@thriveworks.com
Other Languages Spoken by Provider or Office Staff English

Walker, Natasha, DNP, APRN ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
arscredentialing@advancedrecoverysystems.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Walker, Ryan, PA, PA_C ■
6303 Waterford District Drive
400 400
Miami, FL 33126
(786) 404-1575
Digital Contact Information:
info@elevatepsychiatry.com

Wallace, Henry H, MS, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Wallace, Nicole J, MED, LCMHC ■
22027 Southwest 112th Avenue
a
Miami, FL 33170
(786) 957-2988
Digital Contact Information:
http://www.transformcc10.com
transformationcc10@gmail.com

Wallace-Collins, Sharaya, MA, LMHC, LPC, LPCMH ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
info@forthealth.com

Wallman, Mark, MA, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
help@joinuplift.co

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Walls, Ashley, MA, BCBA ■
3833 Southwest 8th Street
Coral Gables, FL 33134
(754) 312-0781
Digital Contact Information:
ashleywalls.contact@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(754) 312-0781
Digital Contact Information:
ashleywalls.contact@gmail.com

and
Home Based Services Only
Pinecrest, FL 33156
(754) 312-0781
Digital Contact Information:
ashleywalls.contact@gmail.com

and
Home Based Services Only
South Miami, FL 33143
(754) 312-0781
Digital Contact Information:
ashleywalls.contact@gmail.com

and
Home Based Services Only
South Miami, FL 33146
(754) 312-0781
Digital Contact Information:
ashleywalls.contact@gmail.com

Walton, Diamesha, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Wamahiu, Joan W, MSN, APN ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
credentialing@riviamind.com

Ward, Kristina L, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Washington-Hyde, C Renee, MD ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Wasserman, Yocheved, MS, BCBA ■
1688 Meridian Avenue
600 & 700
Miami Beach, FL 33139
(786) 655-8200

Digital Contact Information:
admin@inspireabagroup.com
Other Languages Spoken by Provider or Office Staff
Hebrew, Farsi, Arabic, Russian, Spanish

Waugh, Odalys J, PHD, LMHC ■
5201 Waterford District Drive
888
Miami, FL 33126
(305) 321-7226
Digital Contact Information:
morecounseling@gmail.com
and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
morecounseling@gmail.com
and
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
morecounseling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Waweru, Jane W, DNP, APRN, APRNCNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Weatherly, Charmaine, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Weaver, Timothy L, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
lildecor01@gmail.com

Weiss, Robert, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
credentialer@gmail.com

Weiss, Ziona, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
info@hupcfl.com

Wesson, Amanda, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(786) 868-0931
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

West, Tenesha, MS, BCBA ■
FL
(561) 223-8076
(833) 458-0386
Digital Contact Information:
credentialing@modbehavioraba.com
and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
credentialing@modbehavioraba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Weuste, Michael, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Whiley, Jazmene, MA, BCBA ■
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
https://stepforwardaba.com/
admin@stepforwardaba.com

White, Samantha, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
frontdesk@highersightscounseling.com

Whiteside, Deon D, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@thriveworks.com

Whiting, Detra, MSW, LICSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Whittington, Brittany N, MS, LMHC ■
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
http://www.crystalabatherapy.com
info@cmpsclinical.com

Wicks, Betty, PSYD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
admin@twinkleautism.com
Other Languages Spoken by Provider or Office Staff
Spanish

Wijesinghe, Timali, MED, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
tampabehavioral@maxhealth.com

Wilder, Laquitta A, MSW, LCSW ■
306 Westward Dr
Miami Springs, FL 33166
(786) 588-7894
Digital Contact Information:
http://www.smartbatherapy.com
mslawilder@gmail.com

Williams, Belle, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Williams, Betty, MC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Williams Dauphin, Jinia, MS, LMHC ■
540 Northwest 165th Street
114
Miami, FL 33169
(786) 648-6550
Digital Contact Information:
jiniaw@msn.com
and
12555 Biscayne Boulevard
1001
North Miami, FL 33181
(786) 925-4656
Digital Contact Information:
http://adatherapyccc.com
jiniaw@msn.com
and
FL
(786) 925-4657
Digital Contact Information:
jiniaw@msn.com

Williams, Diamond T, MS, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
info@maraslighthouse.com
Other Languages Spoken by Provider or Office Staff English

Williams, Morgan, MS, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
insurance@wellnite.com

Williams, Richard, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Willis, Toni, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Wilson, Aisya, MSW, LCSW ●
804 Northwest 21st Terrace
Suite 203
Miami, FL 33127
(305) 563-3136
Digital Contact Information:
https://www.myperspectivecounseling.com/
info@myperspectivecounseling.com

Wilson, Kisha, MED, BCBA, LBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
payors@zinniahealth.com

Wilson, Kristian M, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
aspirationsjax@gmail.com

Wilson, Mia R, EDD, CAP, LMHC ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(866) 478-3978
Digital Contact Information:
miarwilson@aol.com

Wilson, Valerie, MSW, LCSW ■
1951 Northwest 7th Avenue
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
vallen@brimcounseling.com
and
FL
(305) 902-6347
Digital Contact Information:
vallen@brimcounseling.com

Wiltshire, Michelle C, PSYD, LP ■
18117 Biscayne Boulevard
#1352
Miami, FL 33160
(929) 266-9477
Digital Contact Information:
http://wasabiwell.com
michellewiltshirepsyd@gmail.com

Winstrom, Jeanie M, MC, LMHC, LPC ■
1065 Southwest 8th Street
570
Miami, FL 33130
(888) 903-5505
Digital Contact Information:
credentialing@happierliving.com

Wise, Shaquila, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Witkowski, Taryn, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Wojcik, Maria, MSED, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 663-9051
Digital Contact Information:
jcabrera@mymbcinc.com
and
1840 Coral Way
215
Miami, FL 33145
(786) 663-9051
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Wolcott, Jennifer, MS, BCBA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
http://www.appliedbhs.com
dabs@appliedbhs.com
and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Wonesh, Bria, MED, LMHC ■
1175 Northeast 125th Street
320
Miami, FL 33161
(786) 842-0444
Digital Contact Information:
http://www.marriagefamilyservices.com
marriagefamilyservices@comcast.net

Wong, Carmen, MSN, APRN, CNP, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
hr.credentialing@sohomd.com

Wong, Yilian, MSED, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 536-7470
Digital Contact Information:
behaviorplusservices@gmail.com

and
18951 Southwest 106th Avenue
105 106
Miami, FL 33157
(305) 233-4448
Digital Contact Information:
behaviorplusservices@gmail.com

and
13416 Southwest 128th Street
Miami, FL 33186
(786) 732-0247
Digital Contact Information:
behaviorplusservices@gmail.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Wood, Shaniqua T, MSW, LCSW ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
shae@orbitbilling.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
shae@orbitbilling.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
shae@orbitbilling.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
shae@orbitbilling.com

Woods, Lynda, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Woods, Yvonne, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Wool, Sorcha, MSW, LCSW ■
1951 Northwest 7th Avenue
Miami, FL 33136
(571) 934-3936
Digital Contact Information:
admin@supportiveengagemet.com

and
FL
(305) 902-6347
Digital Contact Information:
admin@supportiveengagemet.com
Other Languages Spoken by Provider or Office Staff Sign Lang Amer

Woolery, Nickesha, MSN, APRN ■
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
info@aimergency.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
info@aimergency.com
Other Languages Spoken by Provider or Office Staff English, Haitian Creole, Filipino, French, Spanish

Wray, Hayley, MED, LBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
contracting@bluesprigpediatrics.com

Wright, Sonya, MA, LMHC ■
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
info@thejourneytwcc.org
Other Languages Spoken by Provider or Office Staff Creole, Spanish

Wynn, Frednica A, MA, BCBA ■
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
https://stepforwardaba.com/
info@stepforwardaba.com

Yanez, Vicente, MSW, LCSW ■
814 Ponce de Leon Boulevard
STE 418
Coral Gables, FL 33134
(305) 469-1648
Digital Contact Information:
vy@infionline.net
Other Languages Spoken by Provider or Office Staff Spanish

Ybarra, Glenda, MSN, APRN ■
8950 Southwest 74th Court
1911
Miami, FL 33156
(786) 637-7338
Digital Contact Information:
info@rushcredentialing.com

Yebra, Carmen, MS, BCBA ■
12800 SW 8th St
Miami, FL 33184
(786) 319-2980
Digital Contact Information:
http://aworld4kids.com
jhaigballard@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Yedzihiak, William K, MED, LBA ■
1065 Southwest 8th Street
1459
Miami, FL 33130
(855) 853-0228
Digital Contact Information:
williamybcba@childrensmilestone.org

Yepez, Maria, MS, LMHC ■
2020 Ponce de Leon
Suite 1201
Miami, FL 33134
(305) 917-5414
Digital Contact Information:
http://www.psychologybeyond.com
mariay.therapy@gmail.com

Yepez, Rosaura M, MSSW, LCSW ■
650 Northeast 22nd Terrace
Suite 202-06
Homestead, FL 33033
(786) 377-6487
Digital Contact Information:
http://homesteadtherapyservicesllc.com
ryepez@homesteadtherapyservicesllc.com

Yera-Abad, Natalia, MA, LMHC ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
arscredentialing@advancedrecoverysystems.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Yin, Emily G, MN, APRN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamed.com

Yzquierdo, Roxana, BCBA, MS ■
8353 Southwest 124th Street
102
Miami, FL 33156
(305) 902-6435
Digital Contact Information:
Not Available

and
8603 South Dixie Highway
303
Pinecrest, FL 33156
(305) 902-6435
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff Spanish

Zak, Ashley, MS, BCBA, LBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
outreach@appliedabc.com

Zambrano, Andrea Y, BS, BCBA ■
3508 Northwest 114th Avenue
ste 101
Doral, FL 33178
(954) 608-6767
Digital Contact Information:
floridaintegratedtherapy@gmail.com

Zambrano, Karen M, PSYD, LP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 259-6977
Digital Contact Information:
http://www.abctestingservices.com
lisette@abctestingservices.com
Other Languages Spoken by Provider or Office Staff Spanish

Zamora, Danae, MC, LMHC ■
15190 SW 136th St
Ste 25
Miami, FL 33196
(786) 365-5916
Digital Contact Information:
healingtalkscounseling@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Zapatha, Susan, MC, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Zauss, Mark, MA, CAP, LMHC, LPC ■
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(646) 961-3553
Digital Contact Information:
http://www.joinmonument.com
insurance@joinmonument.com

Zeledon Aguilar, Yulinda, MA, BCBA ■
15260 SW 280th St
Ste 205
Homestead, FL 33032
(305) 707-7237
Digital Contact Information:
http://www.familybehaviorservices.org
genesisconsultingservices39@gmail.com

and
10300 Southwest 72nd Street
250b
Miami, FL 33173
(305) 939-6878
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Zuccolotto Lombardi, Janeth K, BS, BCABA ■
18441 Northwest 2nd Avenue
Suite 100
Miami Gardens, FL 33169
(305) 400-1589
Digital Contact Information:
info@skorlando.net
Other Languages Spoken by Provider or Office Staff Spanish

Zuluaga, Adriana D, MA, BCBA ■
21417 Southwest 109th Court
Cutler Bay, FL 33189
(305) 417-3577
Digital Contact Information:
http://www.bamboobehavior.com
info@bamboobehavior.com

and
8660 West Flagler Street
STE 121
Miami, FL 33144
(305) 600-4774
Digital Contact Information:
info@bamboobehavior.com
Other Languages Spoken by Provider or Office Staff Spanish

Zumar, Lorraine M, MC, LMHC, LPC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Zuniga, Ana M, PSYD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
azunigapsyd@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Zuniga, Susana, MS, BCBA ■
100 Northeast 15th Street
203
Homestead, FL 33030
(786) 404-3075
Digital Contact Information:
allstaraba22@gmail.com

and
30908 Southwest 192nd Avenue
Homestead, FL 33030
(786) 404-3148
Digital Contact Information:
allstaraba22@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

APPOINTMENTS-WEEKEND

Abraham, Desiree, MSN, APRN ■
11890 Southwest 8th Street
404
Miami, FL 33184
(305) 491-1213
Digital Contact Information:
http://healthylivingcaremh.com
desireeabraham@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Abreu, Helen, MS, BCBA ■
Home Based Services Only
Doral, FL 33126
(407) 800-6086
Digital Contact Information:
milestonesaba2023@gmail.com

and
2450 Southwest 137th Avenue
232
Miami, FL 33175
(786) 360-6496
Digital Contact Information:
milestonesaba2023@gmail.com

and
12900 Southwest 128th Street
Suite 107
Miami, FL 33186
(786) 312-2665
Digital Contact Information:
milestonesaba2023@gmail.com

and
13416 Southwest 128th Street
Miami, FL 33186
(786) 732-0247
Digital Contact Information:
http://milestones-aba.org
milestonesaba2023@gmail.com

Abreu, Yudeisy, MPSY, BCBA ■
3625 Northwest 82nd Avenue
101
Doral, FL 33166
(786) 583-8663
Digital Contact Information:
sseastcoast22@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
sseastcoast22@gmail.com

and
8300 West Flagler Street
170
Miami, FL 33144
(786) 633-5171
Digital Contact Information:
sseastcoast22@gmail.com

and
2450 Southwest 137th Avenue
232
Miami, FL 33175
(786) 360-6496
Digital Contact Information:
sseastcoast22@gmail.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
sseastcoast22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Acea, Yanisleidy, MSN, NP ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Acosta, Indhira, MA, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
https://tillytherapy.com/
bbbinterventions@gmail.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
https://tillytherapy.com/
bbbinterventions@gmail.com

Acosta, Ingrid E, MC, LCMHC ■
8370 West Flagler Street
STE 242
Miami, FL 33144
(786) 321-1600
Digital Contact Information:
http://www.crystalmindsmh.com
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(239) 431-2629
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Acosta, Manuel, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

and
11430 North Kendall Drive
106
Miami, FL 33176
(888) 852-6672
Digital Contact Information:
credentialing@wellnite.com

Acosta, Sarah, MMH, LMHC ■
FL
(786) 708-2221
Digital Contact Information:
helpinghandscounseling1@gmail.com

Acosta Soriano, Thabatha, MS, BCBA ■
2500 Northwest 79th Avenue
295
Doral, FL 33122
(305) 896-8161
Digital Contact Information:
info@newlifeaba.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 477-1193
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Acosta Valdes, Misleiny, MA, BCBA ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
services@cmnbtherapy.com

and
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
services@cmnbtherapy.com

Adderley, Brian, MSW, LCSW ■
FL
(305) 902-6347
(315) 873-2936
Digital Contact Information:
jane.mohammad@daybreakhealth.com

Aguiar, Heloisa G, MA, LMHC ■
8547 Southwest 214th Lane
Cutler Bay, FL 33189
(305) 775-3105
Digital Contact Information:
lola0211@email.com

and
2000 S Dixie Hwy
Ste 104
Miami, FL 33133
(305) 775-3105
Digital Contact Information:
lola0211@email.com

and
13499 Biscayne Blvd
Ste 208
North Miami, FL 33181
(305) 775-3105
Digital Contact Information:
lola0211@email.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Aguila Cudeiro, Yudy, MSED, BCBA ■
Home Based Services Only
Hialeah, FL 33010
(786) 267-8467
Digital Contact Information:
amhscorp@yahoo.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
amhscorp@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Aguilar Corzo, Marieyis, MBS, BCBA ■
12905 Southwest 42nd Street
STE 111
Miami, FL 33175
(786) 558-4091
Digital Contact Information:
miraclebehavior@gmail.com

and
14750 Southwest 26th Street
STE 114
Miami, FL 33185
(786) 536-9441
Digital Contact Information:
miraclebehavior@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Aguilar, Elsa, BS, BCABA ■
14707 South Dixie Highway
Suite 200
Miami, FL 33176
(305) 321-5177
Digital Contact Information:
administration@familybehaviortherapy.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Aguirre, Nelda, PHD, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Ahmed, Michelle, MS, LMFT ■
FL
(312) 912-1033
Digital Contact Information:
http://foodforheartherapy.com
michelleahmedmft@gmail.com
Other Languages Spoken by Provider or Office Staff
Bengali

Aileru, Tosin F, MSN, APRN ■
255 Giralda Avenue
Coral Gables, FL 33134
(470) 944-5699
Digital Contact Information:
cred04@zmedsolutions.net

Aira Vazquez, Arisnubia, MS, BCBA ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
sseastcoast22@gmail.com

and
2300 West 84th Street
406
Hialeah, FL 33016
(786) 960-6767
Digital Contact Information:
sseastcoast22@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
sseastcoast22@gmail.com

and
14875 Northwest 77th Avenue
Suite 204
Miami Lakes, FL 33014
(786) 321-1400
Digital Contact Information:
sseastcoast22@gmail.com

and
5881 Northwest 151st Street
127
Miami Lakes, FL 330142450
(786) 905-2262
Digital Contact Information:
http://sweetchildbehavior.com
sseastcoast22@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Akinduro, Ingrid, MA, BCBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
https://tillytherapy.com/
mayelrgaspe@brightfutureabasolutions.com

and
1951 NW 7th Ave
Ste 600
Miami, FL 33136
(929) 384-7193
Digital Contact Information:
mayelrgaspe@brightfutureabasolutions.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Alamo Ortiz, Silvia E, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 263-0207
Digital Contact Information:
stepbehavior@yahoo.com

and
13590 Southwest 134th Avenue
Suite 207
Miami, FL 33186
(305) 263-0207
Digital Contact Information:
stepbehavior@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alarcon Farina, Jacquelin, MPSY, BCBA ■
3750 West 16th Avenue
218
Hialeah, FL 33012
(786) 409-3231
Digital Contact Information:
proactivehealthcare2016@gmail.com

and
8660 West Flagler Street
STE 121
Miami, FL 33144
(305) 600-4774
Digital Contact Information:
proactivehealthcare2016@gmail.com

and
13590 Southwest 134th Avenue
104
Miami, FL 33186

(305) 896-8161
Digital Contact Information:
proactivehealthcare2016@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alayon, Carlos, MS, LMHC ■
10500 Northwest 26th Street
Doral, FL 33172
(305) 646-1799
Digital Contact Information:
calayon@hotmail.com

and
1710 Northwest 7th Street
5
Miami, FL 33125
(239) 250-9411
Digital Contact Information:
calayon@hotmail.com

and
2311 Northwest 7th Street
Miami, FL 33125
(786) 706-2246
Digital Contact Information:
calayon@hotmail.com

and
790 Northwest 107th Avenue
Suite 303
Miami, FL 33172
(786) 603-9858
Digital Contact Information:
calayon@hotmail.com

and
11960 SW 39th Ter
Miami, FL 33175
(786) 514-6406
Digital Contact Information:
calayon@hotmail.com

and
13170 Southwest 128th Street
200
Miami, FL 33186
(786) 852-5198
Digital Contact Information:
calayon@hotmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Albelo Capote, Yusmeisy, MS, BCBA ■
1701 W Flagler St
Ste 310
Miami, FL 33135
(786) 467-7006
Digital Contact Information:
http://www.floridacognitive.com
miamicognitive@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Albero, Amy, MSW, LCSW, LICSW ■
1110 Brickell Avenue
Suite 502
Miami, FL 33131
(203) 693-4917
Digital Contact Information:
http://www.revivecfw.com
amyalbero@revivecfw.com

Alcantara, Josie, MS, LMHC ■
FL
(305) 508-0886
Digital Contact Information:
josie@alpinecounseling.miami
Other Languages Spoken by Provider or Office Staff
Spanish

Alduncin Lopez, Anabel, BS, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
intouchcommunityserv@gmail.com

Alea Garcia, Alina, MSSW, BCBA ■
123 N Krome Ave
Ste 104
Homestead, FL 33030
(786) 349-4559
Digital Contact Information:
referrals@ffmhs.com

and
Home Based Services Only
Homestead, FL 33030
(786) 349-4559
Digital Contact Information:
referrals@ffmhs.com

Alea, Yadimet, MS, BCBA ■
Home Based Services Only
Naranja, FL 33032
(786) 717-2220
Digital Contact Information:
yadimet93@icloud.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alech Vazquez, Chabeli A, MA, BCBA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(786) 429-3738
Digital Contact Information:
http://appliedbhs.com
dabs@appliedbhs.com

and
5050 Northwest 74th Avenue
107
Miami, FL 33166
(305) 640-8280
Digital Contact Information:
dabs@appliedbhs.com

and
12360 Southwest 132nd Court
STE 205
Miami, FL 33186
(786) 429-3738
Digital Contact Information:
dabs@appliedbhs.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 640-8280
Digital Contact Information:
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alegria, Mario R, PHD, LP ●
6360 SW 48th St
Miami, FL 33155
(321) 273-9407
Digital Contact Information:
ma47alegria@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Aleman, Jessica M, PSYD, LP ■
3735 Southwest 8th Street
201
Coral Gables, FL 33134
(305) 200-3921
Digital Contact Information:
http://www.oceanpsychologygroup.com
alemanpsychology@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alfonso, Hiran, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Alfonso Leyva, Hansel, MA, BCBA ■
15924 SW 92nd Ave
Miami, FL 33157
(786) 636-1303
Digital Contact Information:
maria.aviles@hhfcfl.com

Alizo, Silvia, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
hr@thepiecefits.com

Allen, Caitlin, MC, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
hello@emorahealth.com

Allen-De Arce, Adriana, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alleyne, Amanda, MSSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Ally, Tiffany, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Almeida, Silvia, MSW, LCSW ■
1734 Southwest 82nd Place
Miami, FL 33155
(201) 218-8383
Digital Contact Information:
silvia.almeida@holistiktherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Almeida Wallace, Diana, MC, LMHC ■
5915 Ponce de Leon
48
Coral Gables, FL 33146
(305) 934-6453
Digital Contact Information:
dalmeida87@hotmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, English, French, Spanish

Almonte, Aldriana A, MSW, LCSW ■
31 N Krome Ave
Homestead, FL 33030
(786) 481-5909
Digital Contact Information:
aalmonte@infinitecc.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

Almonte, Ricardo, MS, LMHC ■
250 Catalonia Avenue
suite 403
Coral Gables, FL 33134
(321) 405-2805
Digital Contact Information:
https://harvestingjoypsychologicalservices.com
harvestingjoycounseling@gmail.com

Alonso, Ariane, MBS, BCBA ■
1490 West 49th Place
Suite 401
Hialeah, FL 33012
(786) 294-0255
Digital Contact Information:
info@bmmaba.com

and
10261 Southwest 72nd Street
Miami, FL 33173
(786) 773-3654
Digital Contact Information:
info@bmmaba.com

and
7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
info@bmmaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alonso Gamez, Lixandra, MPSY, BCBA ■
8300 West Flagler Street
170
Miami, FL 33144
(786) 633-5171
Digital Contact Information:
olympushcs@gmail.com

Alonso, Jose M, MMH, BCBA ■
6405 Northwest 36th Street
#123
Virginia Gardens, FL 33166
(786) 872-4325
Digital Contact Information:
http://www.abyshs.com
ytrabado@abyshs.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Alonso, Leticia, MS, BCABA ■
12360 Southwest 132nd Court
STE 205
Miami, FL 33186
(786) 429-3738
Digital Contact Information:
favyhcs@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Alonso, Maria D, PSYD, LCSW ■
3191 Coral Way
Ste 402
Miami, FL 33145
(786) 709-8556
Digital Contact Information:
dr.malonso@yahoo.com

and
3191 Coral Way
Ste 604
Miami, FL 33145
(786) 709-8556
Digital Contact Information:
dr.malonso@yahoo.com
Other Languages Spoken by Provider or Office Staff English

Alonso, Marilyn, MPSY, BCBA ■
8601 Southwest 199th Street
Cutler Bay, FL 33189
(305) 908-2999
Digital Contact Information:
marygley@bellsouth.net

and
10200 NW 25th St
Ste 114
Doral, FL 33172
(305) 908-2999
Digital Contact Information:
marygley@bellsouth.net

and
40 Northwest 8th Street
Homestead, FL 33030
(305) 908-2999
Digital Contact Information:
marygley@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Alsina Triay, Maria D, MS, BCBA ■
6175 Northwest 153rd Street
STE 215
Miami Lakes, FL 33014
(305) 200-3326
Digital Contact Information:
asmtherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Altamiranda, Rosina E, MS, LMHC ●
11921 South Dixie Highway
STE 215
Pinecrest, FL 331564449
(786) 718-3890
Digital Contact Information:
rosina@nhorizonscs.com

Other Languages Spoken by Provider or Office Staff
Spanish

Altamirano, Marveed, MA, BCBA ■
13590 Southwest 134th Avenue
104
Miami, FL 33186
(305) 896-8161
Digital Contact Information:
thrivingmindscenter@gmail.com

Alvarado, Gizelle, MED, LPC ■
1951 Northwest 7th Avenue
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
pinnacleeptx@aol.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Alvarez, Arlinnes, MMH, LMHC ■
FL
(305) 804-9121
Digital Contact Information:
http://www.sfacounseling.org
arlinnes@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Creole, Spanish

Alvarez, Catherine, MS, BCBA ■
2300 West 84th Street
Ste 601
Hialeah, FL 33016
(305) 363-4001
Digital Contact Information:
http://www.vytalyzeminds.net
info@vytalyzeminds.net
Other Languages Spoken by Provider or Office Staff
Spanish

Alvarez, Gianinne M, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
info@livewelltherapygroup.com

and
7600 Southwest 57th Avenue
suite 334
South Miami, FL 33143
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
info@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alvarez, Idolidia, MS, BCBA, LMHC ■
941 Southwest 87th Avenue
Suite A
Miami, FL 33174
(786) 873-9392
Digital Contact Information:
dmbehavioralsolutions@gmail.com

and
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 522-3900
Digital Contact Information:
dmbehavioralsolutions@gmail.com

and
6405 Northwest 36th Street
Virginia Gardens, FL 33166
(786) 238-2008
Digital Contact Information:
dmbehavioralsolutions@gmail.com
Other Languages Spoken by Provider or Office Staff English

Alvarez, Marie, MSCC, LMHC ■
7700 North Kendall Drive
707
Miami, FL 33156
(305) 298-8649
Digital Contact Information:
rosorio@miamicounseling.com

Alvarez, Mayaly, MS, LMHC ●
11921 South Dixie Highway
STE 215
Pinecrest, FL 331564449
(786) 718-3890
Digital Contact Information:
malva@nhorizonscs.com

Alvarez, Mirisleydis, MS, BCBA ■
Home Based Services Only
Hialeah, FL 33013
(786) 486-3909
Digital Contact Information:
malvarezbcba@gmail.com

and
3271 NW 7th St
Ste 203
Miami, FL 33125
(786) 220-6902
Digital Contact Information:
malvarezbcba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alvarez, Olivia, MS, BCBA ■
9415 Southwest 72nd Street
101
Miami, FL 33173
(305) 662-6448
Digital Contact Information:
oliviaalvarezaba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alvarez, Stephanie, MS, LMHC ●
FL
(561) 590-7063
Digital Contact Information:
http://innerworkcounseling.com
contact@innerworkcounseling.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alvarez Toledo, Claudia, MS, BCBA ■
8300 NW 53rd St
Ste 350
Miami, FL 33166
(305) 776-0728
Digital Contact Information:
risenconsultants@outlook.com

and
8785 Southwest 165th Avenue
307
Miami, FL 33193
(786) 956-7480
Digital Contact Information:
risenconsultants@outlook.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
risenconsultants@outlook.com

Alvarez-Jimenez, Anabel, PHD, LP ■
6175 NW 153rd St
Ste 205
Miami Lakes, FL 33014
(305) 814-8558
Digital Contact Information:
aalvarez@thrivepsychological.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alvey, Tiffany A, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
members@wellnite.com

Amadeo, Audrey L, MS, BCBA ■
8785 SW 165th Ave
Ste 103
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
hashtagtherapyinc@gmail.com

and
8785 SW 165th Ave
Ste 104
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
hashtagtherapyinc@gmail.com

and
Home Based Services Only
Miami Gardens, FL 33055
(305) 301-5971
Digital Contact Information:
hashtagtherapyinc@gmail.com

Amador, Georgina M, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 356-8161
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
English, Spanish

Amat, Marina L, MS, BCBA ■
1570 West 38th Place
12 12
Hialeah, FL 33012
(786) 615-2514
Digital Contact Information:
behaviorplusservices@gmail.com

and
8300 NW 53rd St
Ste 350
Miami, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com

and
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
behaviorplusservices@gmail.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(786) 522-7203
Digital Contact Information:
behaviorplusservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Amaya-Ordonez, Esmeralda, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Amza, Torie, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Anaya, Alissa, MS, LMHC ●
FL
(561) 590-7063
Digital Contact Information:
http://innerworkcounseling.com
contact@innerworkcounseling.com

Anderson, Susan L, MA, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
susanandersonmalpc@gmail.com

Andre, Gladys, MSW, LCSW ■
FL
(954) 638-7462
(786) 281-3935
Digital Contact Information:
gandre0417@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Creole

Anestin, Monica, MA, BCBA ■
909 North Miami Beach Boulevard
STE 301
North Miami Beach, FL 33162
(305) 822-7202
Digital Contact Information:
kim@appliedbehavior.net

Angel, Nicole, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Angulo, Elizabeth, MS, BCBA ■
8300 Northwest 53rd Street
Suite 102
Doral, FL 33166
(786) 769-5222
Digital Contact Information:
glenda.marti@shg.center

and
3750 Northwest 87th Avenue
744
Miami, FL 33178
(786) 689-6517
Digital Contact Information:
glenda.marti@shg.center
Other Languages Spoken by Provider or Office Staff
English, Spanish

Antoine, Nisha, MPSY, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Applefield, Christine, MA, LMFT ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
hello@emorahealth.com

Aquit, Yudeivys A, BA, BCABA ■
2500 Northwest 79th Avenue
Suite 180
Doral, FL 33122
(786) 253-7868
Digital Contact Information:
improvedbehaviortherapy@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0429
Digital Contact Information:
improvedbehaviortherapy@gmail.com

Arandia, Eloisa, MMFT, BCBA, LMHC ■
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arandia Hernandez, Elynor M, MS, BCBA ■
8785 Southwest 165th Avenue
307
Miami, FL 33193
(786) 956-7480
Digital Contact Information:
behaviorplusservices@gmail.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arango, Alejandra J, MS, LMHC ■
FL
(786) 556-4040
Digital Contact Information:
aarango505@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arce, Ana I, MA, BCBA ■
12973 Southwest 112th Street
151
Miami, FL 33186
(305) 204-7037
Digital Contact Information:

info@onebehavior.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Arencibia, Judith, EDS, BCBA ■
1840 West 49th Street
720
Hialeah, FL 33012
(786) 803-8593
Digital Contact Information:
amdja26@gmail.com
Other Languages Spoken by Provider or Office Staff Russian, Italian, Spanish

Arias, Ivette, MPSY, ABA, BCBA ■
1250 Southwest 27th Avenue
207
Miami, FL 33135
(732) 523-2327
Digital Contact Information:
camiamibehavior@gmail.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
camiamibehavior@gmail.com

and
Home Based Services Only
West Miami, FL 33144
(786) 404-1017
Digital Contact Information:
camiamibehavior@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Arjones Betancourt, Sadielys, MS, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
genesisconsultingservices39@gmail.com

Armstrong, Sharifa, MSW, LCSW ■
1825 Northwest 167th Street
SUITE 102
Opa-locka, FL 330564838
(305) 624-7450
Digital Contact Information:
http://www.cfcecares.org
wbrown@cfceinc.org
Other Languages Spoken by Provider or Office Staff Haitian Creole, Creole, Spanish

Arnaez, Elizabeth, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
jenny.silverio@lifechg.org
Other Languages Spoken by Provider or Office Staff Spanish

Arnesen Hernandez, Zuhe C, MA, BCBA ■
12985 Southwest 130th Court
204 204
Miami, FL 33186
(305) 735-3878
Digital Contact Information:
info@abasquad.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Arocha, Dalkis, MPSY, BCBA ■
HOME BASED SERVICES ONLY
Miami, FL 33178
(305) 280-5732
Digital Contact Information:
developmentalimprovements@outlook.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Aroche, Gladys, MPSY, LMHC ■
5881 Northwest 151st Street
111
Miami Lakes, FL 33014
(305) 440-8920
Digital Contact Information:
gac25@ymail.com
Other Languages Spoken by Provider or Office Staff Spanish

Arrarte, Lorena, MED, LMHC ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
arscredentialing@advancedrecoverysystems.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Arriola, Vivianne, PSYD, LP ■
FL
(786) 206-7723
Digital Contact Information:
vivianne.arriola@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Arroyo, Linda M, MC, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
lindaarroyo.mft@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Arrue Gonzalez, Juliet F, MS, BCBA ■
18951 Southwest 106th Avenue
105 106
Miami, FL 33157
(305) 233-4448
Digital Contact Information:
stepbystepbehavioralservices@gmail.com

and
13813 Southwest 32nd Street
Miami, FL 33175
(786) 597-3813
Digital Contact Information:
stepbystepbehavioralservices@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Arthur, Felecia M, MSW, LISW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@homefrontha.com

Artiles, Laura M, PHD, LP ■
7100 SW 99th Ave
Ste 203
Miami, FL 33173
(305) 270-3737
Digital Contact Information:
artileslauraphdp@bellsouth.net
Other Languages Spoken by Provider or Office Staff Spanish

Artiles Lopez, Dora M, PHD, BCABA ■
18951 Southwest 106th Avenue
105 106
Miami, FL 33157
(305) 233-4448
Digital Contact Information:
info@brightfuturebehavioral.com

and
13205 Southwest 137th Avenue
#212
Miami, FL 33186
(786) 732-6298
Digital Contact Information:
info@brightfuturebehavioral.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Artime, Anais, MS, BCBA ■
13205 Southwest 137th Avenue
#212
Miami, FL 33186
(786) 732-6298
Digital Contact Information:
inspirebehaviorconsultant@gmail.com

and
9502 Southwest 166th Court
Miami, FL 33196
(754) 234-0643
Digital Contact Information:
inspirebehaviorconsultant@gmail.com

and
8203 Southwest 124th Street
Pinecrest, FL 33156
(561) 564-1466
Digital Contact Information:
inspirebehaviorconsultant@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Arvon, Coral, PHD, LCSW, LMFT ■
2627 Northeast 203rd Street
118
Aventura, FL 33180
(305) 936-8000
Digital Contact Information:
http://arvonandassociates.com
drarvon@arvonandassociates.com

and
6919 Southwest 18th Street
219
Miami, FL 33175
(305) 936-8000
Digital Contact Information:
http://arvonandassociates.com
drarvon@arvonandassociates.com

Assinthe, Jeanne, MSW, LCSW ■
FL
(786) 779-8898
Digital Contact Information:
http://www.amitiewellness.com
jeanne@amitiewellness.com
Other Languages Spoken by Provider or Office Staff English, Haitian Creole, French, Spanish

Atencia, Angie P, MS, BCBA ■
13055 Southwest 42nd Street
STE 104
Miami, FL 33175
(305) 480-7839
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

Athuman, Kimberly, MSW, LCSW, LISW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Augustin, Sabine, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com
Other Languages Spoken by Provider or Office Staff Haitian Creole

Avalos, Digna, MBS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0429
Digital Contact Information:
dadebehavioralservices@gmail.com

and
175 Fontainebleau Boulevard
Miami, FL 33172
(305) 960-7124
Digital Contact Information:
dadebehavioralservices@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Avila, Dahimy, MSN, APRN ■
22133 South Dixie Highway
Miami, FL 33170
(786) 504-3119
Digital Contact Information:
https://fpmflorida.org/
admin@fpmagency.com

Avila Tamayo, Yudelmis, MPSY, BCBA ■
100 Northeast 15th Street
203
Homestead, FL 33030
(786) 404-3075
Digital Contact Information:
allstaraba22@gmail.com

and
30908 Southwest 192nd Avenue
Homestead, FL 33030
(786) 404-3148
Digital Contact Information:
allstaraba22@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Avilus, Kristel, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Ayer, Brian, MA, LPCC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
registration@ravenwoodhealth.org
Other Languages Spoken by Provider or Office Staff Sign Lang Amer

Ayers, Jesse, MSW, LISW ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
info@lionrockrecovery.com

Azam, Safir, MD ■
960 W 41st St
Ste 106
Miami Beach, FL 33140
(305) 434-2148
Digital Contact Information:
patientcare887@gmail.cm
Other Languages Spoken by Provider or Office Staff Arabic

Azaret, Janell M, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 853-8355
Digital Contact Information:
jmazaret@gmail.com

and
1512 Southwest 14th Terrace
Miami, FL 33145
(786) 853-8355
Digital Contact Information:
jmazaret@gmail.com

and
4525 Southwest 146th Court
Miami, FL 33175
(305) 807-1909
Digital Contact Information:
jmazaret@gmail.com

and
12985 Southwest 130th Court
204 204
Miami, FL 33186
(305) 735-3878
Digital Contact Information:
http://www.abasquad.com
jmazaret@gmail.com

Azarian, Eliana, MC, LMHC ■

FL
(561) 590-7063
Digital Contact Information:
http://innerworkscounseling.com
contact@innerworkcounseling.com

Azze, Lilianet, MPSY, BCBA ■
1275 West 47th Place
#449
Hialeah, FL 33012
(305) 425-1338
Digital Contact Information:
magicbehavioralcare@gmail.com

and
Home Based Services Only
Hialeah, FL 33012
(305) 425-1338
Digital Contact Information:
magicbehavioralcare@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Babanin, Ellen P, MMFT, LMFT ■
FL
(786) 488-8103
Digital Contact Information:
http://www.sfacounseling.org
info@monarcabehavioralhealth.com

Bacaro, Janiett, MA, BCBA ■
110 West 17th Street
Hialeah, FL 33010
(786) 267-8467
Digital Contact Information:
jbm.terapeuta@gmail.com

and
Home Based Services Only
Hialeah, FL 33010
(786) 267-8467
Digital Contact Information:
jbm.terapeuta@gmail.com

and
4410 West 16th Avenue
unit 41
Hialeah, FL 33012
(786) 267-2830
Digital Contact Information:
http://www.abastarbehavioral.com
jbm.terapeuta@gmail.com

and
2459 West 70th Street
Hialeah, FL 33016
(786) 571-0939
Digital Contact Information:
jbm.terapeuta@gmail.com

and
Home Based Services Only
Miami, FL 33155
(786) 747-4949
Digital Contact Information:
jbm.terapeuta@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Baez, Damaris, MA, BCABA ■
14707 South Dixie Highway
Suite 200
Miami, FL 33176
(305) 321-5177
Digital Contact Information:
administration@familybehaviortherapy.com

Baez, Naeyjalite, MS, BCBA, LBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 218-6596
Digital Contact Information:
naeyjalite@stoneofhelpaba.com
Other Languages Spoken by Provider or Office Staff English

Bailey, Paul, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
bailey.pauliii@gmail.com
Other Languages Spoken by Provider or Office Staff English

Bailey, Zafria, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Baker, Melissa, EDS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Baker, Traci, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff Spanish

Balan, Aurora, MS, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Balart, Maylen, MPSY, BCBA ■
4800 Northwest 167th Street
Miami Gardens, FL 33014
(305) 515-2726
Digital Contact Information:
http://www.lightingbehavior.com
lightingbehaviorservices@gmail.com

and
8203 Southwest 124th Street
Pinecrest, FL 33156
(786) 533-3846
Digital Contact Information:
lightingbehaviorservices@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Banegas, Kelvin, MSW, LCSW ■
FL
(516) 469-2135
Digital Contact Information:
kelvinbanegaslcsw@gmail.com

Barbero, Aldo J, MED, BCBA ■
20335 West Country Club Drive
1410 1410
Aventura, FL 33180
(786) 523-9153
Digital Contact Information:
info@bluecompassbehavioral.com
Other Languages Spoken by Provider or Office Staff English

Barhold, Theresa, BCBA, MS ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
Not Available

Barkey, Adam D, PSYD, LP ■
11900 Biscayne Boulevard
Miami, FL 33181
(786) 949-0001
Digital Contact Information:
http://www.curectneuro.com
credentialing@curectneuro.com

Barnett, Capus, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Baron, Darlise, MSW, LCSW ■
18441 NW 2nd Ave
Ste 116
Miami, FL 33169
(786) 320-8722
Digital Contact Information:
http://www.baroncounseling.com
info@baroncounseling.com

and
18441 NW 2nd Ave
Ste 216
Miami, FL 33169
(786) 320-8722
Digital Contact Information:
http://www.baroncounseling.com
info@baroncounseling.com
Other Languages Spoken by Provider or Office Staff Creole, Haitian

Barone, Andrea V, MS, BCBA ■
12973 Southwest 112th Street
151
Miami, FL 33186
(305) 204-7037
Digital Contact Information:
jeanne@onebehavior.com
Other Languages Spoken by Provider or Office Staff Spanish

Barrague, Maria, MPSY, LCMHC ■
1000 Brickell Avenue
Miami, FL 33131
(305) 467-8879
Digital Contact Information:
namastebehaviortherapy@yahoo.com

and
5600 SW 135th Ave
Ste 112
Miami, FL 33183
(305) 746-4507
Digital Contact Information:
namastebehaviortherapy@yahoo.com

and
12855 Southwest 136th Avenue
104
Miami, FL 33186
(305) 467-8879
Digital Contact Information:
namastebehaviortherapy@yahoo.com

Barrancos, Lara S, MS, BCBA ■
Home Based Services Only
Aventura, FL 33180
(305) 283-0442
Digital Contact Information:
behaviorplusservices@gmail.com

and
8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-2822
Digital Contact Information:
behaviorplusservices@gmail.com

and
6761 Southwest 6th Street
Miami, FL 33144
(305) 283-0442
Digital Contact Information:
behaviorplusservices@gmail.com

and
8300 NW 53rd St
Ste 350
Miami, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com

and
Home Based Services Only
Opa-locka, FL 33054
(305) 283-0442
Digital Contact Information:
behaviorplusservices@gmail.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com

and
Home Based Services Only
West Miami, FL 33144
(305) 283-0442
Digital Contact Information:
behaviorplusservices@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Barreira, Edith M, MMFT, LMFT ■
11098 Biscayne Blvd
401-27
Miami, FL 33161
(305) 972-4865
Digital Contact Information:
https://edithmariabarreiralmft.com
privatepracticeeb@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Barreiro Sanchez, Marla, MA, BCBA ■
1400 Northwest 107th Avenue
306
Miami, FL 33172
(786) 817-7444
Digital Contact Information:
office@behavioralinterventionforautism.com

Barrera, Lourdes, MPSY, LMHC ■
19001 Southwest 106th Avenue
c103
Miami, FL 33157
(786) 523-2352
Digital Contact Information:
hopeandserenity4you@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Barreras, Rosemary, MSED, LMFT ●
101 Majorca Avenue
Coral Gables, FL 33134
(954) 998-3372
Digital Contact Information:
rosemarybreiss@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Barrero Ramirez, Odelmis, MED, BCBA ■
1900 Southwest 22nd Street
#205
Miami, FL 33145
(305) 648-7212
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
13301 Southwest 132nd Avenue
209 209
Miami, FL 33186
(786) 713-5553
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Barreto, Camila, MA, LMFT ■
20225 Northeast 34th Court
APT 2511
Aventura, FL 33180
(805) 453-2525
Digital Contact Information:
http://www.connectedbeings.com
connectedbeings@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Barrington-Cruz, Chala, MSW, LCSW ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(866) 478-3978
Digital Contact Information:
beginningnew4u@gmail.com

Baserio, Juana M, MBS, BCBA ■
15715 South Dixie Highway
330
Miami, FL 33157
(786) 732-0842
Digital Contact Information:
goodbehavior.as@gmail.com

Baster, Daniela, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 586-5762
Digital Contact Information:
shared@behavioralinsightsllc.com
Other Languages Spoken by Provider or Office Staff Spanish

Baster, Katerine, BA, BCABA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
http://www.appliedbhs.com
dabs@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Baster Lahera, Yennis, MED, BCBA ■
Home Based Services Only
Hialeah, FL 33012
(786) 728-8966
Digital Contact Information:
abatherapyevolution@gmail.com

Basterrechea, Lianette, MED, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
credentialing@tillytherapy.com

Basulto, Julie M, MS, LMFT ■
6625 Miami Lakes Drive
448
Miami Lakes, FL 33014
(305) 779-8565
Digital Contact Information:
http://www.comprehensive-assessment.com
info@comprehensive-assessment.com

and
6625 Miami Lakes Drive
STE 332
Miami Lakes, FL 33014
(305) 779-8565
Digital Contact Information:
http://www.comprehensive-assessment.com
info@comprehensive-assessment.com

Bates, Colana, MA, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Batista, Maylin, PHD, LMHC ■
6001 Northwest 153rd Street
157
Miami Lakes, FL 33014
(415) 941-4109
Digital Contact Information:
http://www.intent-therapy.com
intenttherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Batista Rubio, Pedro, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 329-9993
Digital Contact Information:
koodollc4@gmail.com

Baumann, Cindy, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Bavaresco, Norma P, MS, BCBA ■
8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-2822
Digital Contact Information:
http://www.mgmbehavioral.com
info@newlifeaba.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
13055 Southwest 42nd Street
STE 104
Miami, FL 33175
(305) 480-7839
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Baylac Mingo, Sofia, MS, BCBA ■
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
https://stepforwardaba.com/
info@stepforwardaba.com

Beard, Hope, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Beaubrun, Lucika, MA, LMHC ■
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(561) 289-7995
Digital Contact Information:
pandatherapycircle@gmail.com

Becker, Steven, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

Beebe, Alicia D, MSN, APRN, ARNP ■
FL
(305) 902-6347
Digital Contact Information:
hurdbw@aol.com

Belcher, Briana, MS, LMHC ■
3625 Northwest 82nd Avenue
400 3
Doral, FL 33166
(305) 209-6399
Digital Contact Information:
briana@mindfuldirectionscc.com

and
9822 Northeast 2nd Avenue
2
Miami Shores, FL 33138
(786) 350-1567
Digital Contact Information:
http://www.mindfuldirectionscc.com
briana@mindfuldirectionscc.com

and
1125 Northeast 125th Street
112
North Miami, FL 33161
(305) 209-6399
Digital Contact Information:
http://mindsetsolutionsctc.com/
briana@mindfuldirectionscc.com

Belfort, Elsie P, MSN, CNP, NP ■
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing@orendapsych.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, French

Belizaire, Nadly, MS, LMHC ■
FL
(786) 708-1478
Digital Contact Information:
http://peacewaytherapy.com
nadly@peacewaytherapy.com
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole, Creole, Haitian

Bell, Rebekah, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Bellido, Yania, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
sseastcoast22@gmail.com

and
7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
sseastcoast22@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Bello Rivera, Yetiem, MS, BCBA ■
8333 NW 53rd St
Ste 450
Miami, FL 33166
(786) 442-4379
Digital Contact Information:
yetiem.bello@professionalhbservices.com

and
Home Visits Only
Virginia Gardens, FL 33166
(786) 442-4379
Digital Contact Information:
http://www.professionalhbservices.com
yetiem.bello@professionalhbservices.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Bencid Gonzalez, Diana, MMH, BCBA ■
Home Based Services Only
Miami Gardens, FL 33014
(305) 777-3883
Digital Contact Information:
acebehavioral2@gmail.com

Bennett, Nicholas, PSYD, LP ■
390 Northeast 191st Street
Miami, FL 33179
(805) 225-4446
Digital Contact Information:
doctor.bennett@outlook.com

Bent Diaz, Trudie, MS, BCBA, LBA ■
1201 Northeast 200th Street
Miami, FL 33179
(954) 599-2260
Digital Contact Information:
clinical@getanswersnow.com

Berg, Joseph L, PSYD, LCSW ■
909 North Miami Beach Boulevard
STE 301
North Miami Beach, FL 33162
(305) 822-7202
Digital Contact Information:
billing@appliedbehavior.net
Other Languages Spoken by Provider or Office Staff
Spanish

Bergues, Jennifer, BS, BCBA ■
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
lightingbehaviorservices@gmail.com

and
8203 Southwest 124th Street
Pinecrest, FL 33156
(786) 533-3846
Digital Contact Information:
lightingbehaviorservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bermudez, Jose, PSYD, LP ■
9425 SW 72nd St
Ste 267
Miami, FL 33173
(305) 981-6806
Digital Contact Information:
jbpsyd@gmail.com

Berra, Daniela R, MS, BCBA ■
13501 Southwest 136th Street
STE 205
Miami, FL 33186
(305) 209-4321
Digital Contact Information:
http://sunshinespectrumaba.com
info@sunshinespectrumaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Berrios, Lorell, MSW, LCSW ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(503) 427-8094
Digital Contact Information:
qplspc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Berroa, Melida, MSW, LCSW ■
1840 West 49th Street
Suite 727
Hialeah, FL 33012
(786) 715-3086
Digital Contact Information:
mamtherapeutic@gmail.com

and
17670 Northwest 78th Avenue
STE 113
Hialeah, FL 33015
(716) 558-4565
Digital Contact Information:
mamtherapeutic@gmail.com

and
8950 SW 74th Ct
Ste 2201
Miami, FL 33156
(786) 577-3427
Digital Contact Information:
mamtherapeutic@gmail.com

and
20535 Northwest 2nd Avenue
210
Miami, FL 33169
(305) 934-4382
Digital Contact Information:
https://mamtherapeutic.com
mamtherapeutic@gmail.com

and
FL
(305) 934-4382
Digital Contact Information:
https://mamtherapeutic.com
mamtherapeutic@gmail.com

and
14221 Southwest 120th Street
126
Miami, FL 33186
(786) 577-3427
Digital Contact Information:
mamtherapeutic@gmail.com

and
10201 Hammocks Boulevard
Suite 122
Miami, FL 33196
(305) 934-4382
Digital Contact Information:
mamtherapeutic@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Berry, Nicole, PHD, LMHC ■
465 West 41st Street
Miami Beach, FL 33140
(786) 376-0773
Digital Contact Information:
nicoleberrys@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Turkish, Spanish

Betancourt, Amneris, PHD, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and

12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Betancourt, Yanet, MS, BCABA ■
2500 Northwest 79th Avenue
Suite 180
Doral, FL 33122
(786) 253-7868
Digital Contact Information:
yanet2014cuba@gmail.com

and
5455 Southwest 8th Street
230
Miami, FL 33134
(786) 629-8836
Digital Contact Information:
yanet2014cuba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bez, Yasin, MD ■
1695 NW 9th Ave
3308
Miami, FL 33136
(305) 355-7148
Digital Contact Information:
yasinbez.us@gmail.com

and
1695 NW 9th Ave
Fl 14
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
yasinbez.us@gmail.com

and
1695 NW 9th Ave
Fl 3
Miami, FL 33136
(305) 243-2301
Digital Contact Information:
yasinbez.us@gmail.com
Other Languages Spoken by Provider or Office Staff Turkish

Bialza, Marie Arlene, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
hello@emorahealth.com

Bickman, Suzanne, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Bingham, Lauren E, EDD, BCBA ■
8450 Northwest 102nd Avenue
225
Doral, FL 33178
(786) 749-8548
Digital Contact Information:
jcamarillo@dreamteambehavioralservices.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 749-8548
Digital Contact Information:
jcamarillo@dreamteambehavioralservices.com

Birchette, Karen, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
hello@emorahealth.com

Birdsong, Marianna, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app

Bishop, Amie, MS, LCMHC, LCPC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Blain, Jahmeal, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Blair, Caryn, DNP, APRN ■
2999 NE 191st St
Ste 705
Miami, FL 33180
(305) 721-0748
Digital Contact Information:
mphealth4145@gmail.com

and
FL
(305) 721-0748
Digital Contact Information:
mphealth4145@gmail.com

Blakeman, Jamie, MC, LCPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Blanco Sanchez, Yunieska, MPSY, BCBA ■
650 Northeast 22nd Terrace
212 214
Homestead, FL 33033
(786) 312-4478
Digital Contact Information:
http://opendoorbehavioralservices.com
sseastcoast22@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
sseastcoast22@gmail.com

and
Home Based Services Only
Miami, FL 33155
(786) 747-4949
Digital Contact Information:
sseastcoast22@gmail.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
sseastcoast22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bliss, Karie A, MC, LCMHC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
kbliss0122@gmail.com

Blodgett, Jacqueline, EDD, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
abowman@thelotuscenter.org

Blumtritt, Cesar E, PHD, BCABA, LMHC ■
10200 Northwest 25th Street
201
Doral, FL 33172
(305) 406-3689
Digital Contact Information:
http://www.foundartacademy.org
denalicrt@aol.com

and
10200 Northwest 25th Street
STE 204
Doral, FL 33172
(305) 406-3689
Digital Contact Information:
http://www.foundartacademy.org
denalicrt@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bodan, Dayra L, PSYD, LP ■
6405 Northwest 36th Street
112
Virginia Gardens, FL 33166
(305) 871-3131
Digital Contact Information:
therapeuticalli@bellsouth.net
Other Languages Spoken by Provider or Office Staff
English, Spanish

Bodkin, Gabrielle, MS, LMHC ■
FL
(786) 770-0618
Digital Contact Information:
http://www.youremotionsmatter.org
info@youremotionsmatter.org
Other Languages Spoken by Provider or Office Staff
Spanish

Boland, Teresa M, MS, ARNP, LMFT ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
totalhealthsolutions@protonmail.com

Bolden, Simone K, MSW, LCSW ■
FL
(800) 567-5433
Digital Contact Information:
https://totallife.com/
asands@claritynwi.com

Bolivar, Carmen L, MS, LMHC ■
5201 Blue Lagoon Dr
Ste 800
Miami, FL 33126
(305) 707-8615
Digital Contact Information:
highrisewellness@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bolt, Giselle M, MSN, APRN, APRNCNP ■
427 Washington Ave
Miami Beach, FL 33139
(305) 514-0813
Digital Contact Information:
credentialing@cancommunityhealth.org

and
18360 NW 47th Ave
Miami Gardens, FL 33055
(786) 800-5631
Digital Contact Information:
credentialing@cancommunityhealth.org
Other Languages Spoken by Provider or Office Staff English

Bond, Steven, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Bonet Gongora, Yanet, MMH, APRN ■
3100 SW 62nd Ave
Fl 2
Miami, FL 33155
(305) 663-8439
Digital Contact Information:
equilibriumcommunitycare@gmail.com

Bonfim, Alyssaa, MS, BCBA ■
12750 Northwest 17th Street
216 216
Miami, FL 33182
(888) 527-8037
Digital Contact Information:
admin@behaviorprofessionaltherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bonggi, Andrea, MS, BCBA ■
15715 South Dixie Highway
314
Miami, FL 33157
(305) 588-7039
Digital Contact Information:
vzayas@brightstartllc.com

and
9600 Northwest 25th Street
STE 5E
Miami, FL 33172
(888) 527-8037
Digital Contact Information:
vzayas@brightstartllc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Booker, Ebony C, MSS, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ebonyb135@gmail.com

Borda, Margarita, MA, LMHC ■
123 Madeira Avenue
204
Coral Gables, FL 33134
(305) 898-6607
Digital Contact Information:
margaritaborda123@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Borek, Izayana, MS, LMFT ■
151 Northwest 11th Street
w201 w
Homestead, FL 33030
(786) 521-5925
Digital Contact Information:
http://monarchallhealth.com
monarchallhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bornia Velasquez, Marbelys A, MED, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0429
Digital Contact Information:
improvedbehaviortherapy@gmail.com

Borot, Sarah, MBS, BCBA ■
2898 Northwest 79th Avenue
Doral, FL 33122
(305) 597-3861
Digital Contact Information:
http://www.koalaaba.com
sborot@koalaaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Borroto, Ivana, MS, BCBA ■
12973 Southwest 112th Street
151
Miami, FL 33186
(305) 204-7037
Digital Contact Information:
jeanne@onebehavior.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bosch Batule, Monica J, MSW, LCSW ■
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
http://www.hscflorida.com
mbosch@keraltybh.com

and
3621 SW 107th Ave
Miami, FL 33165
(786) 534-8366
Digital Contact Information:
http://serenitycommunitycenter.com
mbosch@keraltybh.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Botero, Sara M, MS, LMFT ■
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
morecounseling@gmail.com

and
9745 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 701-2401
Digital Contact Information:
morecounseling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bottiglieri, Ashley, MA, BCBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
info@fbsaba.com
Other Languages Spoken by Provider or Office Staff English

Boulay, Sherly, DNP, NP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
aantaya@ccaoh.org

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
aantaya@ccaoh.org

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
aantaya@ccaoh.org

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
aantaya@ccaoh.org
Other Languages Spoken by Provider or Office Staff
English, French

Bourzac, Camila, MA, BCBA ■
18443 Southwest 87th Place
201
Cutler Bay, FL 33157
(305) 699-3241
Digital Contact Information:
http://www.luxabatherapy.com
info@luxabatherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bouza, Amarilys, MS, BCBA ■
585 East 49th Street
11
Hialeah, FL 33013
(305) 970-9165
Digital Contact Information:
admin@mbinstitute.org

and
Home Based Services Only
West Miami, FL 33144
(786) 404-1017
Digital Contact Information:
admin@mbinstitute.org
Other Languages Spoken by Provider or Office Staff
Spanish

Bowers, Derek, MC, LMFT ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
hello@emorahealth.com

Bowes, Jaclyn, PHD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
hello@emorahealth.com

Bowland, Juliana, PSYD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
hello@emorahealth.com

Boyer, Franchezka, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bradley, Aniek, MS, LMFT ■
15190 SW 136th St
Ste 25
Miami, FL 33196
(786) 285-2396
Digital Contact Information:
aniekbradley72@gmail.com

Bravo, Lorena, MA, BCBA ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(954) 577-7790
Digital Contact Information:
http://www.behavior-analysis.org
baicredentialing@behavior-analysis.org

Brazlavsky, Jodi L, MSW, LCSW ■
17501 Biscayne Boulevard
450
Aventura, FL 33160
(305) 933-5733
Digital Contact Information:
jbrazlavsky@gmail.com

and
19300 West Dixie Highway
2 2
Miami, FL 33180
(305) 720-5634
Digital Contact Information:
http://www.deltapsychgroup.com
jbrazlavsky@gmail.com

Brimm, James, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
attaulllah.azz@gmail.com

Brito, Christian, MS, BCBA ■
11251 SW 240th Ln
Homestead, FL 33032
(305) 912-8399
Digital Contact Information:
weareuniqueaba@gmail.com

and
11276 SW 232nd St
Miami, FL 33170
(305) 912-8399
Digital Contact Information:
weareuniqueaba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Brito, Keity, LCSW, MSW ■
FL
(909) 442-0618
(202) 410-5972
(305) 209-5141
Digital Contact Information:
http://www.joinuplift.co
support@tryminded.com
Other Languages Spoken by Provider or Office Staff
Spanish

Broche, Anibis, MMH, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 979-7309
Digital Contact Information:
anibisbroche@gmail.com

and
11401 SW 40th St
Ste 340
Miami, FL 33165
(786) 907-4925
Digital Contact Information:
anibisbroche@gmail.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
anibisbroche@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Brodeur, Brittany, MS, BCBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
credentialing@alpacahealth.io

Brookes, Ingrid, MS, LMHC ■
10300 Southwest 72nd Street
275d
Miami, FL 33173
(888) 853-7908
Digital Contact Information:
http://www.bettermindtherapycorp.com
vasallojane@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Brown, Candace, MA, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
credentialing@tillytherapy.com

Brown, Kameka L, PHD, APN, APRNCNP, ARNP ■
FL
(508) 202-1011
Digital Contact Information:
office@cartwheelcare.org

Brown, Kathryn, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Browning, Jennifer, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
members@wellnite.com

Bruno Harrold, Gania, MSW, LCSW ■
17166 Northeast 19th Avenue
North Miami Beach, FL 33162
(954) 247-4603
Digital Contact Information:
intherapywetrust101@gmail.com
Other Languages Spoken by Provider or Office Staff English

Bryant, Melissa, MA, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
info@hupcfl.com

Bueno, Ingrid, MA, BCBA ■
1250 Southwest 27th Avenue
207
Miami, FL 33135
(786) 502-3137
Digital Contact Information:
camiamibehavior@gmail.com

and
6405 Northwest 36th Street
Virginia Gardens, FL 33166
(786) 238-2008
Digital Contact Information:
camiamibehavior@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bulin, Alicia, MSN, APRN, NP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(786) 422-1636
Digital Contact Information:
http://www.bonmente.com
contact@bonmente.com

Bullock-Funches, Tenecia, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Bunker, Nacona, PSYD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
hello@emorahealth.com

Burchett, Kiana, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Burgess, Sara E, MA, LBA ■
1065 Southwest 8th Street
1459
Miami, FL 33130
(855) 853-0228
Digital Contact Information:
bcbasarachildrensmilestone@gmail.com

Burns, Cheyanne K, MSN, APN, APRN, ARNP, CNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
enrollment@wellpsyche.com

Burns, Lonnie, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Burrell, Allison, PHD, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Burrell, D'Arthana, MSN, APRN, ARNP, NP ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
credentialing.6@extendedhealthservices.us

and
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing.6@extendedhealthservices.us

and
255 Giralda Avenue

Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing.6@extendedhealthservices.us

and
370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
credentialing.6@extendedhealthservices.us

and
333 Southeast 2nd Avenue
Suite #2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing.6@extendedhealthservices.us

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing.6@extendedhealthservices.us

and
3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
credentialing.6@extendedhealthservices.us

and
350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
credentialing.6@extendedhealthservices.us

and
429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
credentialing.6@extendedhealthservices.us

and
323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
credentialing.6@extendedhealthservices.us

Bush, Rebeca, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
jenny.silverio@lifechg.org

Bussey-Martin, Shantara L, MSW, LCSW ■
FL
(786) 751-1565
Digital Contact Information:
https://www.teatimets.com/
sbusseymartin@teatimets.com

Butcher, Stefanie, MSW, LISW-CP ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
provider.enroll@curnahelth.com

Caballero De Pina, Nallyvis, MSN, APRN ■
13170 Southwest 128th Street
200
Miami, FL 33186
(786) 852-5198
Digital Contact Information:
clarityhealth@approachteam.com

Caballero, Marianela, PSYD, LMHC ■
2550 NW 72nd Ave
Ste 309
Miami, FL 33122
(786) 703-2828
Digital Contact Information:
guidanceandinsightinc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Caballero, Yoselin, MS, BCBA ■
Home Based Services Only
Miami Gardens, FL 33014
(305) 777-3866
Digital Contact Information:
shbcenter18300@gmail.com

Cabranes, Gretchen, MA, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 275-8860
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cabrera, Belkis, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
14722 Southwest 56th Street
Miami, FL 33185
(305) 456-0572
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Cabrera, Isabel, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 930-6967
Digital Contact Information:
clinicare23@outlook.com

and
10691 North Kendall Drive
#202
Miami, FL 33176
(786) 534-7172
Digital Contact Information:
clinicare23@outlook.com

and
12460 Southwest 8th Street
Miami, FL 33184
(786) 801-0944
Digital Contact Information:
clinicare23@outlook.com

and
FL
(786) 534-7172
(954) 294-6770
Digital Contact Information:
clinicare23@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cabrera, Laura, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 301-7706
Digital Contact Information:
info@llminds.com

Cabrera Quintana, Yemney, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(754) 234-0643
Digital Contact Information:
tcmfl2018@gmail.com

and
9502 Southwest 166th Court
Miami, FL 33196
(754) 234-0643
Digital Contact Information:
tcmfl2018@gmail.com

and
5881 Northwest 151st Street
127
Miami Lakes, FL 330142450
(786) 768-5756
Digital Contact Information:
http://sweetchildbehavior.com
tcmfl2018@gmail.com

and
7975 Northwest 154th Street
230
Miami Lakes, FL 33016
(305) 874-7245
Digital Contact Information:
tcmfl2018@gmail.com

and
9555 Southwest 175th Terrace
650
Palmetto Bay, FL 33157
(786) 768-5756
Digital Contact Information:
tcmfl2018@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cabrera, Wendy, MMH, LMHC ●
2828 Coral Way
Ste 460
Coral Gables, FL 33145
(877) 897-6987
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net

and
12550 Biscayne Boulevard
308
North Miami, FL 33181
(305) 895-0504
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net
Other Languages Spoken by Provider or Office Staff
Spanish

Cabrera-Ortiz, Eidys, MS, BCBA ■
10515 Southwest 40th Street
Miami, FL 33165
(786) 615-2208
Digital Contact Information:
miamimental@gmail.com

Caceres, Crystal, MA, BCBA ■
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/services@cmnbtherapy.com

and
Home Based Services Only
Doral, FL 33126
(786) 382-6959
Digital Contact Information:
services@cmnbtherapy.com

Caceres, Daniris, MMH, LMHC ■
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
morecounseling@gmail.com

Caldera, Urania M, MS, BCBA ■
10920 Southwest 184th Street
Miami, FL 33157
(305) 378-5775
Digital Contact Information:
http://www.slbtherapy.com
umcaldera@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Calderon, Kelly M, MA, BCBA ■
585 East 49th Street
11
Hialeah, FL 33013
(305) 970-9165
Digital Contact Information:
info@brightstartllc.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Calloway, Crystal, MSW, LCSW ■
FL
(704) 298-9914
Digital Contact Information:
http://www.asehealingcenter06.org
setzertherapist22@gmail.com

Calvert, Judith, MS, BCBA ■
3271 NW 7th St
Ste 203
Miami, FL 33125
(786) 220-6902
Digital Contact Information:
esperanzagroup@espgrp.net

and
13195 Southwest 134th Street
101
Miami, FL 33186
(786) 227-6830
Digital Contact Information:
http://esperanzagroup.net
esperanzagroup@espgrp.net

and
Home Based Services Only
West Miami, FL 33144
(786) 404-1017
Digital Contact Information:
esperanzagroup@espgrp.net
Other Languages Spoken by Provider or Office Staff
Spanish

Calvo, Alejandro F, MS, BCBA ■
8300 NW 53rd St
Ste 350
Miami, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Calvo, Greta, MMH, LMHC ●
6175 NW 153rd St
Ste 205
Miami Lakes, FL 33014
(305) 814-8558
Digital Contact Information:
http://www.thrivepsychological.com
gcalvo@thrivepsychological.com
Other Languages Spoken by Provider or Office Staff
Spanish

Camarena, Lizeth, MSED, BCBA ■
909 North Miami Beach Boulevard
STE 301
North Miami Beach, FL 33162
(305) 822-7202
Digital Contact Information:
insurance@appliedbehavior.net
Other Languages Spoken by Provider or Office Staff
Hebrew, Haitian Creole, Creole, French, Spanish

Camejo, Stephanie, PSYD, LP ■
8500 SW 92nd Street
206
Miami, FL 33156
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
sasha@livewelltherapygroup.com

Camille, Anael, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff Creole

Campbell, Mary L, MCAP, LCAS ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
birches@withassured.com

Campbell, Sarah, PHD, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Campbell, Valencia L, MSW, LCSW, LICSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Campos, Alex, MPSY, BCBA ■
Home Based Services Only
Miami, FL 33155
(786) 612-7186
Digital Contact Information:
alextcampos@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Campos, Catherine, MSSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Campos, Gloria E, MPSY, BCBA ■
8281 SW 27th Ter
Miami, FL 33155
(786) 509-2538
Digital Contact Information:
gloriaelenacampos@yahoo.com

and
Home Based Services Only
Miami, FL 33155
(786) 509-2538
Digital Contact Information:
gloriaelenacampos@yahoo.com

Canales, Sharon, MS, BCBA ■
12360 Southwest 132nd Court
STE 205
Miami, FL 33186
(786) 429-3738
Digital Contact Information:
favyhcs@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Canamero, Victoria, BS, BCABA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
sseastcoast22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Canavaciolo, Heidy, MSN, APRN ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
http://www.dgphealthandwellness.com
info@dgphealthandwellness.com

and
3621 SW 107th Ave
Miami, FL 33165
(786) 534-8366
Digital Contact Information:
http://serenitycommunitycenter.com
info@dgphealthandwellness.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Canto Galan, Yanelys, MPSY, BCBA ■
1275 West 47th Place
#449
Hialeah, FL 33012
(305) 425-1338
Digital Contact Information:
magicbehavioralcare@gmail.com

and
Home Based Services Only
Miami Gardens, FL 33014
(305) 640-5739
Digital Contact Information:
magicbehavioralcare@gmail.com

Capriata, Olga J, MSW, LCSW ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
http://lotuscounseling.com
admi@lotuscounseling.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
http://www.lotuscounseling.com
admi@lotuscounseling.com

and
7811 Coral Way
106
Miami, FL 33155
(305) 412-0138
Digital Contact Information:
admi@lotuscounseling.com

and
13930 SW 47th St
Ste 202
Miami, FL 33175
(305) 387-7850
Digital Contact Information:
admi@lotuscounseling.com

and
5600 SW 135th Ave
Ste 116
Miami, FL 33183
(305) 387-7850
Digital Contact Information:
admi@lotuscounseling.com
Other Languages Spoken by Provider or Office Staff
Spanish

Caraza Cruz, Anabel, MS, BCBA ■
1140 West 50th Street
SUITE 304
Hialeah, FL 33012
(786) 267-2830
Digital Contact Information:
anabelcaraza@gmail.com

and
1840 West 49th Street
#714
Hialeah, FL 33012
(305) 699-8388
Digital Contact Information:
anabelcaraza@gmail.com

and
4410 West 16th Avenue
unit 41
Hialeah, FL 33012
(786) 267-2830
Digital Contact Information:
http://www.abastarbehavioral.com
anabelcaraza@gmail.com

and
21505 Southwest 177th Avenue
Miami, FL 33187
(786) 226-2816
Digital Contact Information:
http://www.abatodayinc.com
anabelcaraza@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Carballo Lataza, Julia, MPSY, BCBA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

Cardenas, Carlos, MSED, LMFT ■
10689 SW 88th St
Ste 305
Miami, FL 33176
(305) 975-9449
Digital Contact Information:
mgme.cc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cardentey, Maidelin, MMH, LMHC ■
11300 Northwest 87th Court
149
Hialeah Gardens, FL 33018
(786) 518-3452
Digital Contact Information:
gardenshc@gmail.com

Cardet Ibarra, Maria P, MS, BCBA ■
30392 Old Dixie Highway
Homestead, FL 33030
(786) 283-0175
Digital Contact Information:
vanessa@amromed.com

and
14204 Southwest 289th Terrace
Homestead, FL 33033
(305) 878-1255
Digital Contact Information:
vanessa@amromed.com

and
12985 Southwest 130th Court
101 101
Miami, FL 33186
(786) 205-0090
Digital Contact Information:
vanessa@amromed.com

and
27132 South Dixie Highway
Naranja, FL 33032
(786) 283-0175
Digital Contact Information:
vanessa@amromed.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
vanessa@amromed.com

Cardona, Diana C, MS, LMHC ■
5201 Blue Lagoon Dr
Ste 848
Miami, FL 33126
(855) 634-0984
Digital Contact Information:
contact@influentialtherapy.com

Carey, Gabrielle, MHS, LMHC ■
12000 Biscayne Boulevard
Miami, FL 33181
(786) 490-5988
Digital Contact Information:
gabbycaresofsouthfl@gmail.com

and
FL
(786) 490-5988
Digital Contact Information:
http://www.gabbycares.com
gabbycaresofsouthfl@gmail.com

Caridad Fernandez, Ernestina, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 732-7516
Digital Contact Information:
familylovenetworks@gmail.com

Carlyon, Corey, MA, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Carmona, Marta, PSYD, LP ■
7600 South Red Road
200
South Miami, FL 33143
(786) 508-2207
Digital Contact Information:
nicole.squire@leehealth.org

Carne, Taylor, MA, LMFT ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Carnet Beira, Garry, MS, BCBA ■
5901 Northwest 183rd Street
Suite 264
Hialeah, FL 33015
(786) 803-2664
Digital Contact Information:
https://oasismentalhealthcenter.com
nkitching@readysetconnect.org
Other Languages Spoken by Provider or Office Staff
Spanish

Caro, Denis, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

Carroll, Christian, MS, LMFT, LMHC, LPC, LPCMH ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Cartaya, Rosa M, MA, LMHC ■
9370 Southwest 72nd Street
Suite #A-213
Miami, FL 33173
(305) 972-9530
Digital Contact Information:
rmcartay@hotmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Carter, Nakylia, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Carvajal, Maria, MS, BCBA ■
Home Based Services Only
Hialeah, FL 33012
(561) 460-0284
Digital Contact Information:
info@brightfuturebehavioral.com

Casanas Marrero, Glenda, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 832-6630
Digital Contact Information:
glendacmf@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Casanova Lopez, Gerardo, MSN, PMHNP ■
12001 Southwest 128th Court
101
Miami, FL 33186
(786) 200-6657
Digital Contact Information:
https://www.sunissup.com/home
g.casanovalopez15@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Casanueva, Yanely, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 537-7016
Digital Contact Information:
bcbaworkteam@gmail.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(786) 287-4039
Digital Contact Information:
bcbaworkteam@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Caso, Sabrina, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

Castellon, Yaima, MA, BCBA ■
8300 West Flagler Street
170
Miami, FL 33144
(786) 633-5171
Digital Contact Information:
olympushcs@gmail.com
Other Languages Spoken by Provider or Office Staff

English, Spanish

Caster, Valjeanne, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Castillero, Yalilis, BS, BCBA ■
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
credentialing@southbillcare.com
Other Languages Spoken by Provider or Office Staff
Latvian, Spanish

Castillo, Fiorella Paola, MC, LMHC ●
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
info@elevatepsychiatry.com

and
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
info@elevatepsychiatry.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Castillo, Karina, MA, LMHC ■
FL
(786) 258-8499
Digital Contact Information:
http://www.virtual-counseling.com
service@virtual-counseling.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Castillo, Sandra, PSYD, LP ■
3081 Salzedo Street
Suite 202
Coral Gables, FL 33134
(786) 567-8160
Digital Contact Information:
castillo043@gmail.com

and
11385 Southwest 32nd Street
Miami, FL 33165
(786) 567-8160
Digital Contact Information:
castillo043@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Castineiras, Carla M, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Castro, Kenia, MD ■
4160 W 16th Ave
Ste 301
Hialeah, FL 33012
(305) 690-0332
Digital Contact Information:
keniacastromdpa@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Castro, Mabel, MSW, LCSW ■
20535 NW 2nd Ave
Ste 204
Miami, FL 33169
(305) 900-3566
Digital Contact Information:
http://www.merakiliving.net
mcastro@merakiliving.net
Other Languages Spoken by Provider or Office Staff
Spanish

Castro, Mairelis, MS, LMHC ■
2450 Southwest 137th Avenue
Suite# 230
Miami, FL 33175
(305) 459-3207
Digital Contact Information:
http://www.hidalgopsychiatry.com
calvarez@blueangelcare.net

and
2460 Southwest 137th Avenue
250
Miami, FL 33175
(305) 459-3207
Digital Contact Information:
http://www.hidalgopsychiatry.com
calvarez@blueangelcare.net

and
11890 Southwest 8th Street
STE 309
Miami, FL 331841710
(305) 220-6060
Digital Contact Information:
http://www.blueangelcare.net
calvarez@blueangelcare.net

Castro, Monica, MS, BCBA ■
Home Based Services Only
Miami Shores, FL 33161
(954) 292-8645
Digital Contact Information:
monica@abassolutions.com

and
12135 Northeast 8th Avenue
North Miami, FL 33161
(954) 292-8645
Digital Contact Information:
monica@abassolutions.com

Castro, Olga M, MS, LMHC ■
11890 Southwest 8th Street
STE 309
Miami, FL 331841710
(305) 220-6060
Digital Contact Information:
http://www.blueangelcare.net
calvarez@blueangelcare.net
Other Languages Spoken by Provider or Office Staff
Spanish

Castro, Synthia, MHS, LBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 873-0935
Digital Contact Information:
intake@rainbowstepsaba.com

and
4310 Southwest 164th Court
Miami, FL 33185
(305) 905-0631
Digital Contact Information:
intake@rainbowstepsaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Castro Turuseta, Maggie B, MPSY, BCBA ■
10261 Southwest 72nd Street
Miami, FL 33173
(786) 773-3654
Digital Contact Information:
info@bmmaba.com

and
7900 Northwest 155th Street
304
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
info@bmmaba.com

and
7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
info@bmmaba.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Cata, Karina, MN, ARNP ■
4982 Palm Avenue
Hialeah, FL 33012
(305) 479-3262
Digital Contact Information:
kcata@kcm.health
Other Languages Spoken by Provider or Office Staff
Spanish

Ceballos Marin, Veronica I, MMH, LMHC ■
14221 Southwest 120th Street
225
Miami, FL 33186
(786) 373-7359
Digital Contact Information:
inspirationaljourneymhc@gmail.com
Other Languages Spoken by Provider or Office Staff English

Celestin, Jaceline, MS, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
jcelestherapist@gmail.com

Cendejas, Marisol, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
members@wellnite.com
Other Languages Spoken by Provider or Office Staff
Spanish

Centeno, Neydis, PSYD, BCBA ■
7235 Southwest 24th Street
204
Miami, FL 33155
(786) 452-0257
Digital Contact Information:
maximumachieversllc@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Cepero, Erika, MED, LBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
credentialing@alpacahealth.io

Cerna, Olga, MS, BCBA ■
2300 West 84th Street
406
Hialeah, FL 33016
(786) 960-6767
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
5881 Northwest 151st Street
127
Miami Lakes, FL 330142450
(786) 905-2262
Digital Contact Information:
http://sweetchildbehavior.com
info@newlifeaba.com

Cerne Constantin, Kery, MMH, LMHC ■
16800 Northeast 15th Avenue
304 304
North Miami Beach, FL 33162
(305) 419-6446
Digital Contact Information:
http://www.plscaw.com
ddunn@unifiedcm.com

Cervantes Fernandez, Jose G, MSED, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 523-3249
Digital Contact Information:
cervantesbcba@gmail.com

and
1380 Northeast Miami Gardens Drive
220f
Miami, FL 33179
(786) 523-3249
Digital Contact Information:
cervantesbcba@gmail.com

and
1930 Northeast 185th Terrace
North Miami Beach, FL 33179
(786) 523-3249
Digital Contact Information:
cervantesbcba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cervantes Valladares, Marilin, BSN, BCABA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 587-0424
Digital Contact Information:
cervantes9515@gmail.com

Cervera, Carol, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 853-8355
Digital Contact Information:
cristina@creativekidstherapyinc.com

and
1512 Southwest 14th Terrace
Miami, FL 33145
(786) 853-8355
Digital Contact Information:
cristina@creativekidstherapyinc.com

and
13195 Southwest 134th Street
Ste. 201
Miami, FL 33186
(786) 206-6500
Digital Contact Information:
cristina@creativekidstherapyinc.com

and
FL
(786) 206-6500
Digital Contact Information:
cristina@creativekidstherapyinc.com

and
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
cristina@creativekidstherapyinc.com

Chacon Asusta, Leonardo, MS, BCBA, LCSW ■
8500 Southwest 8th Street
Ste 258
Miami, FL 33144
(305) 810-8869
Digital Contact Information:
http://www.raisegroup.us
contact@raisegrp.com

and
22133 South Dixie Highway
Miami, FL 33170
(786) 504-3119
Digital Contact Information:
https://fpmflorida.org/
contact@raisegrp.com

and
13155 Southwest 134th Street
202
Miami, FL 33186
(786) 504-3119
Digital Contact Information:
contact@raisegrp.com

Chama, Humphrey, MSN, APRNCNP ■
FL
(305) 902-6347
Digital Contact Information:
handmhealthcareoftx@gmail.com

Chambers, Brittany, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/payors
@emorahealth.com

Chambre, Karen F, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
wardchambre@gmail.com
Other Languages Spoken by Provider or Office Staff Afar

Chance Kayd, Quenton, MS, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
kaydquenton@gmail.com

Charles, Richard, MA, LMFT ■
5190 Northwest 167th Street
113
Hialeah, FL 33014
(786) 716-1166
Digital Contact Information:
pierreamoreau@familyempowermentmhc.org
Other Languages Spoken by Provider or Office Staff Haitian Creole, French

Charles, Saskia, MS, LMHC ■
1825 Northwest 167th Street
SUITE 102
Opa-locka, FL 330564838
(305) 624-7450
Digital Contact Information:
http://www.cfcecares.org
rgay@cfceinc.org
Other Languages Spoken by Provider or Office Staff English, Haitian Creole, Creole, Spanish

Chatelain, Mitsouko, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
referrals@ffmhs.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
referrals@ffmhs.com

Chatman, Sheila, MC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Chaves, Yelitza, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Chemerinsky, Graciela, MPSY, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com

and
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff Spanish

Cheri'E Thompson, Taylor, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

and
13195 Southwest 134th Street
Ste. 201
Miami, FL 33186
(888) 880-9270
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

Chernov, Valeriy M, MD ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
svetcher@optonline.net

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
svetcher@optonline.net

and
1065 Northeast 125th Street
300
North Miami, FL 33161
(888) 852-6672
Digital Contact Information:
http://www.compasshealthsystems.com
svetcher@optonline.net
Other Languages Spoken by Provider or Office Staff Russian

Chiarenza, Daniella, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Chin, Dhaima, MSW, LCSW, LICSW ■
4005 Northwest 114th Avenue
22 22
Doral, FL 33178
(305) 260-6913
Digital Contact Information:
miamigardenscounseling@gmail.com

and
8950 SW 74th Ct
Ste 2201
Miami, FL 33156
(786) 577-3427
Digital Contact Information:
miamigardenscounseling@gmail.com

and
2720 Southwest 97th Avenue
C-105
Miami, FL 33165
(786) 332-4330
Digital Contact Information:
miamigardenscounseling@gmail.com

and
2740 Southwest 97th Avenue
111a a 111
Miami, FL 33165
(786) 332-4330
Digital Contact Information:
miamigardenscounseling@gmail.com

and
20295 NW 2nd Ave
Ste 302
Miami, FL 33169
(305) 900-3475
Digital Contact Information:
miamigardenscounseling@gmail.com

and
20535 NW 2nd Ave
Ste 204
Miami, FL 33169
(305) 900-3475
Digital Contact Information:
miamigardenscounseling@gmail.com

and
20535 Northwest 2nd Avenue
suite 125
Miami, FL 33169
(305) 900-3504
Digital Contact Information:
miamigardenscounseling@gmail.com

and
14221 Southwest 120th Street
126
Miami, FL 33186
(786) 577-3427
Digital Contact Information:
miamigardenscounseling@gmail.com

and
10201 Hammocks Boulevard
Suite 122
Miami, FL 33196
(786) 557-3427
Digital Contact Information:
miamigardenscounseling@gmail.com

Chinea, Marianela, MSN, APRN ■
3971 Southwest 8th Street
STE 206
Coral Gables, FL 33134
(786) 633-5960
Digital Contact Information:
agauna@bmsbill.com

and
FL
(786) 980-7496
Digital Contact Information:
http://www.vidahealthcarenetworks.com
agauna@bmsbill.com

and
13590 Southwest 134th Avenue
201
Miami, FL 33186
(786) 227-6258
Digital Contact Information:
agauna@bmsbill.com

Choudhury, Ian, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com
Other Languages Spoken by Provider or Office Staff English

Choute-Edouard, Sonia, APRN, MSN, NP ■
66 West Flagler Street
Miami, FL 33130
(347) 875-0473
Digital Contact Information:
admins@wholenesstradition.com

and
1031 Ives Dairy Rd
Ste 228
Miami, FL 33179
(786) 477-6179
Digital Contact Information:
admins@wholenesstradition.com

and
12550 Biscayne Boulevard
STE 800
North Miami, FL 33181
(788) 442-5021
Digital Contact Information:
admins@wholenesstradition.com

Chuairey, Jessica, MS, BCBA ■
Home Based Services Only
Doral, FL 33126
(407) 800-6086
Digital Contact Information:
prokidzabatherapy@yahoo.com

and
13404 Southwest 128th Street
Miami, FL 33186
(305) 433-0897
Digital Contact Information:
prokidzabatherapy@yahoo.com
Other Languages Spoken by Provider or Office Staff Portuguese, German, French, Spanish

Ciabattoni, Lissette, MSW, LCSW ■
FL
(407) 494-0465
(954) 998-2623
Digital Contact Information:
lissette214@gmail.com

and
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
lissette214@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Cipolla, Anthony, MSW, LCSW ■
2500 SW 107TH AVE
42
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
info@abcsfl.com

and
FL
(415) 941-4109
(909) 442-0618
(202) 410-5972
(415) 342-6011
(786) 615-3334
Digital Contact Information:
http://www.joinuplift.co
info@abcsfl.com
Other Languages Spoken by Provider or Office Staff English

Cipriani, Donna C, PHD, LMHC, LP ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
dr.donnacipriani@gmail.com
Other Languages Spoken by Provider or Office Staff Italian

Ciraulo, Salvatore, MA, BCBA, LBA ■
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
aharrell@mercypluscare.com

Clark, Altheresa, MSW, LCSW ■
111 NW 183rd St
Ste 404
Miami, FL 33169
(786) 524-4001
Digital Contact Information:
altheresa.clark@yahoo.com

Clark, Jennifer, MA, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Clark, Sandra, MC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
sjohnson@gmhcinc.org

Clavijo Hernandez, Ana, MBS, BCBA ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
sucel@practice-mgmt.com

and
Home Based Services Only
Hialeah, FL 33013
(786) 592-6680
Digital Contact Information:
sucel@practice-mgmt.com

and
2300 West 84th Street
404a
Hialeah, FL 33016
(786) 681-8494
Digital Contact Information:
sucel@practice-mgmt.com

and
1000 Brickell Avenue
Miami, FL 33131

(786) 380-2734
Digital Contact Information:
sucel@practice-mgmt.com

and
18303 Southwest 153rd Place
Miami, FL 33187
(786) 343-9391
Digital Contact Information:
sucel@practice-mgmt.com

and
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
sucel@practice-mgmt.com

Clayton, Lakeytha, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
lakeytha@lgmrestorationwellness.org

Clemente, Rita, MS, BCBA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
http://www.appliedbhs.com
dabs@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Clicque, Chelsea A, PSYD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
support@dallastherapeutic.com

Cloud, Kayla, MC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Cnobel Massion, Monica, MC, LCPC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Codling, Marion, MS, APRN ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(954) 369-4111
Digital Contact Information:
referrals@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole, Spanish

Coello, Jenny, MS, BCBA, LBA, LMHC ■
15325 Northwest 60th Avenue
#105
Miami Lakes, FL 33014
(305) 512-5388
Digital Contact Information:
info@kidsbehavioralnetwork.com

and
14411 Commerce Way
350
Miami Lakes, FL 33016
(786) 333-2975
Digital Contact Information:
info@kidsbehavioralnetwork.com
Other Languages Spoken by Provider or Office Staff
English, Sign Lang Amer, Spanish

Coet, Andrew, MA, BCBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
https://tillytherapy.com/
info@excelleratedtc.com

Cohen, Hershenta, MD ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
hello@talkiatry.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
hello@talkiatry.com

Cohen, Jennifer, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Cohen, Regina, MSED, BCBA ■
21011 Northeast 25th Court
Miami, FL 33180
(305) 988-5115
Digital Contact Information:
info@abarockin.com

Cohen, Yuka, PSYD, LP ■
FL
(786) 949-0001
Digital Contact Information:
http://www.curectneuro.com
credentialing@curectneuro.com

Cole, Tila, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Collado, Dayanay, MS, BCBA ■
Home Based Services Only
Hialeah, FL 33012
(561) 460-0284
Digital Contact Information:
info@brightfuturebehavioral.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Collado, Tamara, MSED, BCBA ■
9800 Caribbean Boulevard
Cutler Bay, FL 33189
(305) 968-3011
Digital Contact Information:
tamaracollado1974@gmail.com

and
10300 Southwest 72nd Street
250b
Miami, FL 33173
(305) 939-6878
Digital Contact Information:
tamaracollado1974@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

College Arzola, Lellany, MS, BCBA ■
Home Based Services Only
Doral, FL 33126
(786) 637-2974
Digital Contact Information:
admin@mycommunityss.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 732-2139
Digital Contact Information:
admin@mycommunityss.com

and
13501 Southwest 128th Street
114a
Miami, FL 33186
(786) 732-2139
Digital Contact Information:
admin@mycommunityss.com

Collins, Eddie, MA, LMHC, LPC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
hello@bircheshealth.com

Collins, Timothy, MS, LMHC ■
FL
(202) 410-5972
(786) 495-6503
Digital Contact Information:
5atherapyllc@gmail.com

Coloccia, Elinor G, PSYD, CP, LP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
admin@psychologyaz.com

Colvin, Cindy, EDS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Comerford, Elaine, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Commella, Noreen, PSYD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@healthyyoungminds.com

Compierchio, Nicole, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

Concepcion Toledano, Niurka, MS, BCBA ■
100 Northeast 15th Street
203
Homestead, FL 33030
(786) 542-4690
Digital Contact Information:
professionalbaskills@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 542-4690
Digital Contact Information:
professionalbaskills@gmail.com

and
8950 Southwest 152nd Street
110
Palmetto Bay, FL 33157
(786) 542-4690
Digital Contact Information:
professionalbaskills@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Conde, Krystal, MS, BCBA ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
stpfl@tcbbilling.com

and
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
stpfl@tcbbilling.com

and
11455 West Flagler Street
417
Miami, FL 33174
(786) 308-6757
Digital Contact Information:
stpfl@tcbbilling.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Haitian, Japanese, French, Russian, Italian, Spanish, Vietnamese

Conley, Makenzie, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

Contreras, Cindy, MS, BCBA ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(954) 577-7790
Digital Contact Information:
http://www.behavior-analysis.org
baicredentialing@behavior-analysis.org
Other Languages Spoken by Provider or Office Staff
Spanish

Contreras Molerio, Yelena, BS, BCBA ■
10300 Southwest 72nd Street
300
Miami, FL 33173
(561) 608-3573
Digital Contact Information:
http://www.happydreamsofkids.com
happydreamsofkids@gmail.com

Contreras-Schwartz, Joanna, PHD, LCSW, LCSW-R, LISW-CP, LMSW ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
ajcheney@sosapartners.com

Cook, Shawndrika, MS, LMHC, PC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Cooper, Courtney, MS, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
acc@advancedclientcare.org

Cordero, Gisselle, MS, BCBA ■
Home Based Services Only
Redland, FL 33031
(305) 910-5057
Digital Contact Information:
abasolutionsautism@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cordova, Carlos A, MS, LMHC ■
2141 SW 1st St
Ste 103
Miami, FL 33135
(305) 644-6024
Digital Contact Information:
help@coralcmhc.net
Other Languages Spoken by Provider or Office Staff
Spanish

Cordoves, Lazaro H, MD ■

1150 Northwest 72nd Avenue
350
Miami, FL 33126
(786) 228-7801
Digital Contact Information:
genesisconsultingservices39@gmail.com

and

1150 Northwest 72nd Avenue
540
Miami, FL 33126
(786) 228-7801
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Corniffe, Khadine, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
pandatherapycircle@gmail.com

Corona, Kathleen, MPSY, LCSW ■
11890 Southwest 8th Street
403
Miami, FL 33184
(305) 433-1396
Digital Contact Information:
brightsyhealth@gmail.com

and

11890 Southwest 8th Street
Suite 207
Miami, FL 33184
(786) 362-5981
Digital Contact Information:
brightsyhealth@gmail.com

and

160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
brightsyhealth@gmail.com

Correa, Richard, MSW, LCSW, LMFT ■
123 N Krome Ave
Ste 201
Homestead, FL 33030
(786) 339-0686
Digital Contact Information:
richardcorrea2@aol.com

Corrieri, Arthur, MS, LMHC ■
9425 SW 72nd St
Ste 265
Miami, FL 33173
(305) 279-8400
Digital Contact Information:
acorrieri_@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Corzo Hernandez, Magalys, BS, BCABA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 587-0424
Digital Contact Information:
magalis.corzo@yahoo.com

Cotayo, Michael J, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
http://www.wellnite.com
Other Languages Spoken by Provider or Office Staff English

Coto Hernandez, Zulia, MS, BCBA ■
7920 Northwest 168th Terrace
Miami Lakes, FL 33016
(786) 879-2117
Digital Contact Information:
info@abcsfl.com

Couper, Sarah, MSN, APRN ■
4300 Biscayne Boulevard
STE 203
Miami, FL 33137
(877) 400-0540
Digital Contact Information:
insurance@wellnite.com

and

2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Crawford, Brooklyn, MA, BCBA ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(954) 577-7790
Digital Contact Information:
baicredentialing@behavior-analysis.org

Crider, Tiffany, MS, LMHC ■
FL
(305) 812-6018
Digital Contact Information:
http://www.prevailandprogress.com
tiffanysimone@prevailandprogress.com

Crisp, Nicholas S, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
info@improvinglivescounseling.com

Crocker, Gayle, PSYD, LMHC ■
16400 NW 2nd Ave
Ste 100
Miami, FL 33169
(954) 588-3612
Digital Contact Information:
gaylecrocker@hotmail.com

and

FL
(954) 588-3612
Digital Contact Information:
gaylecrocker@hotmail.com

Croskey, Luvernice, PHD, LCSW, LMFT ■
12955 Biscayne Boulevard
STE 204
Miami, FL 33181
(305) 895-3307
Digital Contact Information:
luvernicecroskey@gmail.com
Other Languages Spoken by Provider or Office Staff English

Cross, Kamilah, MSW, LCSW ■
1425 Northwest 193rd Terrace
Miami Gardens, FL 33169
(954) 825-8500
Digital Contact Information:
yourworthllc@gmail.com

Cruz Estrada, Yanesi D, MS, BCBA ■
10491 Southwest 200th Terrace
Cutler Bay, FL 33189
(786) 230-5158
Digital Contact Information:
luciano@mymbcinc.com

and

2450 Southwest 137th Avenue
232
Miami, FL 33175
(786) 360-6496
Digital Contact Information:
luciano@mymbcinc.com

and

2460 Southwest 137th Avenue
242
Miami, FL 33175
(305) 339-1889
Digital Contact Information:
luciano@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cruz, Grace Marlyn, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Cruz Silva, Dianelys, MPSY, BCBA ■
1071 Southwest 124th Court
Miami, FL 33184
(786) 338-0063
Digital Contact Information:
ashley@amromed.com

Cue, Zandra, MPSY, LMHC ■
3191 Coral Way
Ste 402
Miami, FL 33145
(786) 218-4039
Digital Contact Information:
zandracue@yahoo.com

Cuesta, Daniella, MA, BCBA ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(954) 577-7790
Digital Contact Information:
baicredentialing@behavior-analysis.org
Other Languages Spoken by Provider or Office Staff
Spanish

Cueto Fernandez, Rachel, MS, BCBA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
http://www.appliedbhs.com
dabs@appliedbhs.com

and

7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cueto, Yenni C, MED, BCBA ■
3750 West 16th Avenue
218
Hialeah, FL 33012
(786) 409-3231
Digital Contact Information:
blossomingmindsllc@gmail.com

and

1670 Northeast 191st Street
Miami, FL 33179
(786) 532-0898
Digital Contact Information:
blossomingmindsllc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cuevas, Nardelis, MPSY, LMFT ■
4982 Palm Avenue
Hialeah, FL 33012
(305) 479-3262
Digital Contact Information:
admin@kcm.health

and

215 Westward Dr
Miami Springs, FL 33166
(305) 887-4494
Digital Contact Information:
admin@kcm.health
Other Languages Spoken by Provider or Office Staff
Spanish

Cuevas Rojas, Maytee R, MSN, APRN ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
http://www.dgphealthandwellness.com
info@dgphealthandwellness.com

and

1469 NW 36th St
Miami, FL 33142
(305) 635-7444
Digital Contact Information:
info@dgphealthandwellness.com

and

17325 Northwest 27th Avenue
Suite 105
Miami Gardens, FL 33056
(786) 819-0209
Digital Contact Information:
info@dgphealthandwellness.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Cuna, Yordanka, MS, BCBA ■
1840 W 49th St
Ste 420
Hialeah, FL 33012
(786) 553-3150
Digital Contact Information:
myhappyaba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Curbelo, Luis, MSN, APRN ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
infinitywellnessgroup21@gmail.com

and

14471 S Dixie Hwy
Miami, FL 33176
(786) 803-8826
Digital Contact Information:
http://www.amorementalhealthcorp.com
infinitywellnessgroup21@gmail.com

and

13701 Southwest 88th Street
306
Miami, FL 33186
(786) 842-1489
Digital Contact Information:
infinitywellnessgroup21@gmail.com

and

9010 Southwest 137th Avenue
101
Miami, FL 33186
(786) 803-8826
Digital Contact Information:
http://amorementalhealthcorp.com
infinitywellnessgroup21@gmail.com

Curras, Michelle M, MSSW, LCSW ■
1000 Brickell Avenue
Miami, FL 33131
(786) 536-5702
Digital Contact Information:
laibehavior@gmail.com

and

981 NW 132nd Ave W
Miami, FL 33182
(786) 536-5702
Digital Contact Information:
laibehavior@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Curtis, Kormasah K, MMFT, LMFT ■
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
contactus@embracecounselingusa.com

Cuxart Falcon, Lorna, MSN, APRN ■
8370 West Flagler Street
STE 242
Miami, FL 33144
(786) 321-1600
Digital Contact Information:
http://www.crystalmindsmh.com
s.sardinas@crystalmindsmh.com

Cwalinski, Ana, ABA, BCBA, MS ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(954) 577-7790
Digital Contact Information:
info@behavior-analysis.org

D'Agostino, Leah, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.

app
insurance@wellnite.com

D'Souza, Connolly G, MSW, CAP, LCSW ■
2929 SW 3rd Ave
Ste 510
Miami, FL 33129
(305) 858-0662
Digital Contact Information:
healingsolutionllc@att.net
Other Languages Spoken by Provider or Office Staff Indian, Spanish

Dahab, Faten, MPSY, LMHC ■
9822 Northeast 2nd Avenue
2
Miami Shores, FL 33138
(786) 505-7502
Digital Contact Information:
fatima@mindfuldirectionscc.com

and
FL
(786) 505-1145
Digital Contact Information:
fatima@mindfuldirectionscc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Daino, Giamarie, PSYD, LP ■
12700 Biscayne Boulevard
301
North Miami, FL 33181
(305) 467-4597
Digital Contact Information:
https://www.drdainotherapy.com/
drdaino@protonmail.com

Damron, Heather, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
Bulgarian

Damus, Harry, PSYD, LP ■
8200 SW 117th Ave
Ste 306
Miami, FL 33183
(305) 274-0640
Digital Contact Information:
hdamus@therapeuticbehavioral.com
Other Languages Spoken by Provider or Office Staff Creole

Danauy Del Toro, Yesmin, MN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
office@myrtleridge.us
Other Languages Spoken by Provider or Office Staff
Spanish

Dangla, Marjorie, MSW, LCSW ■
Doral
Doral, FL 33178
(305) 926-6106
Digital Contact Information:
blissfulsoultherapy01@gmail.com

Daniel, Dania, MS, BCBA ■
Home Based Services Only
Doral, FL 33126
(305) 433-5489
Digital Contact Information:
dania.daniel@danielhealthcorp.com

and
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
dania.daniel@danielhealthcorp.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(410) 538-2574
Digital Contact Information:
https://tillytherapy.com/
dania.daniel@danielhealthcorp.com

and
2157 Southwest 13th Avenue
3
Miami, FL 33145
(786) 878-1331
Digital Contact Information:
dania.daniel@danielhealthcorp.com

and
14358 Southwest 159th Terrace
Miami, FL 33177
(786) 419-1501
Digital Contact Information:
dania.daniel@danielhealthcorp.com
Other Languages Spoken by Provider or Office Staff
Spanish

Darcy-Dowler, Jaimie, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Darias-Montano, Marlen, BCBA, MED ■
8890 Southwest 24th Street
210
Miami, FL 33165
(786) 715-9774
Digital Contact Information:
dariasbehavioralservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Davalos Alfonso, Danays, MPSY, BCBA ■
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
danaysdf@gmail.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
danaysdf@gmail.com

and
15295 Northwest 60th Avenue
STE 100
Miami Lakes, FL 33014
(305) 316-2055
Digital Contact Information:
danaysdf@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Davidson, Iyana, MS, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff English

Davila Aguilar, Christina M, MA, BCBA ■
1840 W 49th St
Ste 420
Hialeah, FL 33012
(786) 553-3150
Digital Contact Information:
myhappyaba@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Davis, Shane, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Davis, Shelena, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Davis-Pope, Jordyn, MSW, LCSW ■
5335 Northwest 87th Avenue
Doral, FL 33178
(786) 551-9550
Digital Contact Information:
info@monarchcounselinggroup.com
Other Languages Spoken by Provider or Office Staff English

Davis-Rosario, Safiyah R, MSW, LCSW ■
FL
(786) 318-1591
Digital Contact Information:
http://www.sanctuarytcs.com
safiyahdv@hotmail.com

De Carvalho, Marcello, MSN, APRN ■
3081 Salzedo Street
202 e3
Coral Gables, FL 33134
(786) 755-4801
Digital Contact Information:
hailey.welsh@credentialing.com

and
13540 SW 135th Ave
Miami, FL 33186
(786) 231-0800
Digital Contact Information:
hailey.welsh@credentialing.com
Other Languages Spoken by Provider or Office Staff
Spanish

De La Cruz, Cecilia, MSW, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 418-0608
Digital Contact Information:
luciano@mymbcinc.com

and
10535 Southwest 124th Road
Miami, FL 33186
(305) 418-0608
Digital Contact Information:
luciano@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

De La Maza, Claudia, MA, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
genesisconsultingservices39@gmail.com

De La Nuez, Laura, PSYD, LP ■
2100 Ponce de Leon
STE 1015
Coral Gables, FL 33134
(786) 797-7788
Digital Contact Information:
lauradelanuez@bellsouth.net

De La Nuez, Stephenie, MA, BCBA ■
1180 North Krome Avenue
Homestead, FL 33030
(786) 349-4700
Digital Contact Information:
stephenie@mykidtherapycenter.com

and
49 NW 17th St
Homestead, FL 33030
(786) 349-4700
Digital Contact Information:
http://mykidtherapycenter.com
stephenie@mykidtherapycenter.com
Other Languages Spoken by Provider or Office Staff
Spanish

De Leon Guerra, Gidelin, MA, BCBA ■
8350 Northwest 52nd Terrace
Suite 301
Doral, FL 33166
(786) 992-1151
Digital Contact Information:
info@newlifeaba.com

and
10482 Northwest 31st Terrace
STE 2A
Doral, FL 33172
(305) 224-0014
Digital Contact Information:
info@newlifeaba.com

and
12360 Southwest 132nd Court
STE 205
Miami, FL 33186
(786) 429-3738
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

De Sautu-Dominguez, Erika, MS, LMHC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
credentialing@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com
Other Languages Spoken by Provider or Office Staff
Spanish

De Souza, Vacir, MA, LMHC ■
7900 Oak Ln
400
Hialeah, FL 33016
(786) 622-5743
Digital Contact Information:
palmbehavioral2@gmail.com

De Tuya, Taylor, MA, BCBA ■
7705 North Kendall Drive
Kendall, FL 33156
(786) 801-9712
Digital Contact Information:
http://firmfoundationsaba.com
taylor@firmfoundationsaba.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 801-3134
Digital Contact Information:
taylor@firmfoundationsaba.com

and
9425 Southwest 72nd Street
164
Miami, FL 33173
(305) 279-2286
Digital Contact Information:
taylor@firmfoundationsaba.com

and
Home Based Services Only
South Miami, FL 33146
(786) 536-9714
Digital Contact Information:
taylor@firmfoundationsaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Deane, Yanique, MSW, LCSW ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
itsyourtime1086@gmail.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
itsyourtime1086@gmail.com

Dearmas, Vanessa M, MMH, LMHC ■
FL
(305) 505-7558
Digital Contact Information:
empoweringmindsetllc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Debasa Marimon, Gretel, MSED, BCBA ■
2500 Northwest 79th Avenue
Suite 180
Doral, FL 33122
(786) 253-7868
Digital Contact Information:
gretel.debasa@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Debrady, Denise, MSSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ddebrady@yahoo.com

Decker, Sallee, MSW, LCSW, LICSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
noah@medsolercm.com

Deforges, Laure, MC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Degarmo Sesin, Paula S, MS, BCBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(410) 538-2574
Digital Contact Information:
https://tillytherapy.com/
hphpeds@advantumhealth.com

Dehaut, Yves, MN, APRN ●
20760 Northeast 4th Court
APT 106
Miami, FL 33179
(305) 331-8695
Digital Contact Information:
chanmedicalbilling@gmail.com
Other Languages Spoken by Provider or Office Staff Creole

Dejimenez, Emily, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Del Sol Padron, Hanalally, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 772-1577
Digital Contact Information:
hanalally.delsol@yahoo.com

and
7001 Southwest 97th Avenue
104
Miami, FL 33173
(786) 772-1577
Digital Contact Information:
hanalally.delsol@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Del Toro, Yilliam V, MS, BCBA, LBA ■
226 Southwest 8th Avenue
Miami, FL 33130
(305) 537-9490
Digital Contact Information:
opusmentalhealthcenter@gmail.com

and
1350 Southwest 57th Avenue
West Miami, FL 33144
(786) 404-1017
Digital Contact Information:
opusmentalhealthcenter@gmail.com

and
Home Based Services Only
West Miami, FL 33144
(786) 404-1017
Digital Contact Information:
opusmentalhealthcenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Deleon, Orlando, MSSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
providerenrollment5@deeroaks.com
Other Languages Spoken by Provider or Office Staff
Spanish

Delgado Marquez, Marice, EDM, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 227-6003
Digital Contact Information:
marice2490@gmail.com

and
12700 Southwest 122nd Avenue
108 110
Miami, FL 33186
(786) 227-6008
Digital Contact Information:
marice2490@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Delgado, Mayrelis, MS, BCBA ■
3401 Northwest 82nd Avenue
105e
Doral, FL 33122
(786) 614-3121
Digital Contact Information:
Not Available

and
Home Based Services Only
Doral, FL 33122
(786) 614-3121
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Delgado, Miguel, MED, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Delgado, Raymond, MED, BCBA ■
4750 Northwest 184th Terrace
Miami Gardens, FL 33055
(305) 301-5971
Digital Contact Information:
hashtagtherapyinc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Delgado, Samantha, MBS, BCBA ■
Home Based Services Only
Miami Lakes, FL 33018
(305) 343-0783
Digital Contact Information:
samantha.delgado.10@gmail.com
Other Languages Spoken by Provider or Office Staff
Haitian, Spanish

Delgado Santana, Arletty, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 299-7782
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
Northwest 6 Street
Miami, FL 33172
(786) 487-8801
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Delger, Delfina, MA, BCBA ■
1900 N Bayshore Dr
1A-122
Miami, FL 33132
(954) 400-3251
Digital Contact Information:
http://www.abacustherapies.com
haley.hounchell@yourmissingpiece.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(954) 400-3251
Digital Contact Information:
http://www.abacustherapies.com
haley.hounchell@yourmissingpiece.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(954) 400-3251
Digital Contact Information:
haley.hounchell@yourmissingpiece.com

Delicio, Elizabeth, MMH, LMHC ■
7789 Northwest 48th Street
375
Doral, FL 33166
(786) 409-3800
Digital Contact Information:
zulma.alvarado@dynastymentalhealth.com

and
1840 W 49th St
Ste 517
Hialeah, FL 33012
(786) 558-8465
Digital Contact Information:
zulma.alvarado@dynastymentalhealth.com

and
1840 W 49th St
Ste 605
Hialeah, FL 33012
(305) 456-7785
Digital Contact Information:
zulma.alvarado@dynastymentalhealth.com

and
3701 Southwest 107th Avenue
Miami, FL 33165
(305) 553-8343
Digital Contact Information:
zulma.alvarado@dynastymentalhealth.com

and
8200 Northwest 41st Street
Suite 200
Miami, FL 33166
(786) 587-9432
Digital Contact Information:
zulma.alvarado@dynastymentalhealth.com

and
760 Northwest 107th Avenue
110
Miami, FL 33172
(786) 409-3800
Digital Contact Information:
zulma.alvarado@dynastymentalhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Deller, Cletus, MS, LMHC, LPCC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Delva, Shirley, PHD, LP ■
2020 Northeast 163rd Street
300f
North Miami Beach, FL 33162
(305) 209-1014
Digital Contact Information:
http://behavioralsolutionsmiami.com
sdelva92@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Creole, Haitian

Denis, Aina, MBS, BCBA ■
15715 South Dixie Highway
330
Miami, FL 33157
(786) 732-0842
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Der Rohe-Borghese, Gema Y, MSW, BCBA, LBA, LCSW ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
orlando@pbhd.health

and
2525 Ponce de Leon Boulevard
370
Miami, FL 33134
(954) 408-1568
Digital Contact Information:
orlando@pbhd.health
Other Languages Spoken by Provider or Office Staff Haitian Creole

Desangeles, Marixiel D, MS, BCBA ■
1900 N Bayshore Dr
1A-122
Miami, FL 33132
(954) 400-3251
Digital Contact Information:
https://abacustherapies.com/
stephanie@abacustherapies.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(954) 400-3251
Digital Contact Information:
https://abacustherapies.com/
stephanie@abacustherapies.com

and
18950 Southwest 106th Avenue
118
Miami, FL 33157
(786) 206-3928
Digital Contact Information:
stephanie@abacustherapies.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(954) 400-3251
Digital Contact Information:
https://abacustherapies.com/
stephanie@abacustherapies.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Desantis, Danielle L, PSYD, LMFT, LP ■
FL
(401) 371-0223
Digital Contact Information:
http://www.drdanielledesantis.com
drdanielledesantis@gmail.com

Deshmukh, Parikshit, MD ■
5361 NW 22nd Ave
Miami, FL 33142

(305) 637-6400
Digital Contact Information:
Not Available

Desroches, Moramed, MSN, APRN, CRNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole, French, Spanish

Diaz Alsina, Laura V, MS, BCBA ■
Home Based Services Only
Hialeah, FL 33012
(305) 200-3326
Digital Contact Information:
asmtherapy@gmail.com

and
12985 Southwest 130th Court
101 101
Miami, FL 33186
(786) 205-0090
Digital Contact Information:
asmtherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz, Arlene E, MS, LMHC ■
1360 South Dixie Highway
355
Coral Gables, FL 33146
(305) 342-9761
Digital Contact Information:
arly07@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz Cabrera, Yuleisvi, MS, BCBA ■
2210 Northwest 92nd Avenue
e1
Doral, FL 33172
(786) 208-7539
Digital Contact Information:
vivianaicare@gmail.com

and
7801 Northwest 37th Street
Lp-201
Doral, FL 33195
(305) 468-9899
Digital Contact Information:
vivianaicare@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 468-9899
Digital Contact Information:
vivianaicare@gmail.com

and
2500 SW 107TH AVE
42
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
vivianaicare@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz Encinosa, Barbara M, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
mamisol58@yahoo.es

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
mamisol58@yahoo.es

and
13301 Southwest 132nd Avenue
201 201
Miami, FL 33186
(305) 509-5537
Digital Contact Information:
mamisol58@yahoo.es

Diaz, Lissainet, MA, BCBA ■
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
lissainet.diaz@cultivatebhe.com

Diaz, Michelle, MS, LABA ■
HOME BASED SERVICES ONLY
Miami, FL 33178
(786) 660-1074
Digital Contact Information:
mdiaz@bostonblc.org
Other Languages Spoken by Provider or Office Staff English

Diaz, Milagros, MMFT, LMFT ■
7400 Southwest 50th Terrace
STE 303
Miami, FL 33155
(786) 738-4045
Digital Contact Information:
http://psychcarecenter.com/
psychcarecc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz Mir, Gabriela S, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 394-5105
Digital Contact Information:
gabrielabcba96@gmail.com

and
12001 Southwest 128th Court
Suite Suite 104
Miami, FL 33186
(786) 868-0505
Digital Contact Information:
gabrielabcba96@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz, Miya, MS, BCBA ■
7801 Northwest 37th Street
Lp-201
Doral, FL 33195
(305) 468-9899
Digital Contact Information:
vivianaicare@gmail.com

and
1150 Northwest 72nd Avenue
ph 2
Miami, FL 33126
(786) 542-5043
Digital Contact Information:
http://1stcarecms.com
vivianaicare@gmail.com

and
11890 Southwest 8th Street
405
Miami, FL 33184
(786) 439-7098
Digital Contact Information:
http://britobehaviorservices.com
vivianaicare@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Creole, Spanish

Diaz Palmero, Yuranis, MPSY, LMHC ■
3785 Northwest 82nd Avenue
307
Doral, FL 33166
(305) 266-2949
Digital Contact Information:
info@oasismentalhealthcenter.com

and
Northwest 92nd Avenue
Doral, FL 33172
(305) 266-2949
Digital Contact Information:
info@oasismentalhealthcenter.com

and
5901 Northwest 183rd Street
310
Hialeah, FL 33015
(786) 418-9790
Digital Contact Information:
https://oasismentalhealthcenter.com
info@oasismentalhealthcenter.com

and
1250 Southwest 27th Avenue
Suite 506
Miami, FL 33135
(786) 536-9278
Digital Contact Information:
info@oasismentalhealthcenter.com

and
330 Southwest 27th Avenue
STE 609
Miami, FL 33135
(786) 743-0801
Digital Contact Information:
info@oasismentalhealthcenter.com

and
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
info@oasismentalhealthcenter.com

and
9125 SW 87th Ave
Miami, FL 33176
(305) 735-3919
Digital Contact Information:
info@oasismentalhealthcenter.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz Reyes, Lourdes, MS, BCBA ■
12360 SW 132nd Ct
Ste 201
Miami, FL 33186
(786) 701-9605
Digital Contact Information:
aba-ojtcorp@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz Rodriguez, Tahnee, MSN, APRN ■
13055 Southwest 42nd Street
205
Miami, FL 33175
(786) 417-9395
Digital Contact Information:
https://onemorelight.org/
omlhspsychiatry@gmail.com

and
FL
(786) 417-9395
Digital Contact Information:
https://onemorelight.org/
omlhspsychiatry@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Diaz, Stephanie, MA, BCBA ■
10855 Southwest 72nd Street
UNIT 1-5
Miami, FL 33173
(305) 720-2166
Digital Contact Information:
info@stepforwardaba.com

and
333 W 41st St
Ste 414
Miami Beach, FL 33140
(305) 720-2166
Digital Contact Information:
https://stepforwardaba.com/
info@stepforwardaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz-Amaran, Yosvel, MSW, LCSW ■
3901 Northwest 79th Avenue
STE 120
Doral, FL 33166
(786) 310-4480
Digital Contact Information:
yosveld@yahoo.es

and
640 W Palm Dr
Ste D
Homestead, FL 33034
(786) 601-7757
Digital Contact Information:
yosveld@yahoo.es

and
640 West Palm Drive
c
Homestead, FL 33034
(305) 793-4701
Digital Contact Information:
yosveld@yahoo.es

and
1150 Northwest 72nd Avenue
220
Miami, FL 33126
(786) 558-4899
Digital Contact Information:
yosveld@yahoo.es

and
1150 Northwest 72nd Avenue
350
Miami, FL 33126
(786) 228-7801
Digital Contact Information:
yosveld@yahoo.es

and
1150 Northwest 72nd Avenue
540
Miami, FL 33126
(786) 228-7801
Digital Contact Information:
yosveld@yahoo.es

and
7805 Coral Way
Ste 131
Miami, FL 33155
(786) 307-2066
Digital Contact Information:
yosveld@yahoo.es

and
7811 Coral Way
Ste 130
Miami, FL 33155
(786) 307-2066
Digital Contact Information:
yosveld@yahoo.es

and
280 Westward Drive
Miami Springs, FL 33166
(786) 391-0744
Digital Contact Information:
http://www.rosswellnesscenters.com
yosveld@yahoo.es

and
Home Based Services Only
Naranja, FL 33032
(786) 953-3599
Digital Contact Information:
yosveld@yahoo.es
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz-Paniagua, Panny, MED, LMHC ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
credentialing@compass.md

and
9900 Southwest 107th Avenue
STE 101
Miami, FL 33176
(305) 964-5381
Digital Contact Information:
credentialing@compass.md

and
Home Based Services Only
Miami Lakes, FL 33016
(561) 764-7093
Digital Contact Information:
credentialing@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
credentialing@compass.md
Other Languages Spoken by Provider or Office Staff
Spanish

Dieppa, Jessica B, MS, LMHC ●
10815 Southwest 145th Place
Miami, FL 33186
(305) 989-0493
Digital Contact Information:
http://www.guidedpathstherapy.com
jessica.dieppa22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Dieppa, Renan, MS, LMHC ■
8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-2822
Digital Contact Information:
http://www.mgmbehavioral.com

mgmbehavioral@gmail.com

and
13301 Southwest 132nd Avenue
209 209
Miami, FL 33186
(786) 713-5553
Digital Contact Information:
mgmbehavioral@gmail.com

Diez, Aileen, MMH, LMHC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(305) 439-4434
Digital Contact Information:
aileen.diez10@gmail.com

Diez De Sollano, Carina, MSW, LCSW ■
2100 Coral Way
Coral Gables, FL 33145
(786) 320-1677
Digital Contact Information:
http://www.ydzm.org
rossconsultingandcredentialing@gmail.com

and
7925 Northwest 12th Street
225
Doral, FL 33126
(305) 456-4378
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
3750 West 16th Avenue
208 210
Hialeah, FL 33012
(305) 301-3283
Digital Contact Information:
https://www.serenitytms.com/
rossconsultingandcredentialing@gmail.com

and
2100 West 76th Street
201 206
Hialeah, FL 33016
(786) 353-2324
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
5590 W 20th Ave
Ste 404
Hialeah, FL 33016
(305) 826-9330
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
FL
(305) 338-6219
Digital Contact Information:
rossconsultingandcredentialing@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Dimitrjevitch, Sasha, MS, LMHC ■
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
billing@peaktherapycenter.com

Dixon, Passion, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
ortiz4professionalservicesllc@gmail.com

Dobie, Patricia A, MS, LCMHC, LCPC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
appointments@meetmarvin.com

Dole, Kathryn, PSYD, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Dominguez, Alejandro, MS, BCBA ■
18901 Southwest 106th Avenue
a 227
Cutler Bay, FL 33157
(786) 732-7516
Digital Contact Information:
goodbehavior.as@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 732-7516
Digital Contact Information:
goodbehavior.as@gmail.com

and
15715 South Dixie Highway
330
Miami, FL 33157
(786) 732-0842
Digital Contact Information:
goodbehavior.as@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Dominguez Alvarez, Dayami, MS, BCBA ■
7779 Northwest 146th Street
Hialeah, FL 33016
(786) 702-6868
Digital Contact Information:
dayami@childrenbehavioraltherapy.com

Dominguez, Alyssa, MS, BCBA ■
9425 Southwest 72nd Street
164
Miami, FL 33173
(305) 279-2286
Digital Contact Information:
taylor@freshstartsnow.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Dominguez, Arturo, MMH, LMHC ■
FL
(305) 967-9201
(786) 233-6127
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
8551 Northwest South River Drive
Medley, FL 33166
(305) 603-9344
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
8660 West Flagler Street
209
Miami, FL 33144
(305) 603-9985
Digital Contact Information:
http://www.newhealthrehab.com
rossconsultingandcredentialing@gmail.com

and
15715 South Dixie Highway
226
Miami, FL 33157
(305) 849-4186
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
10300 Sunset Drive
Suite 310
Miami, FL 33173
(786) 238-7063
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
5600 Southwest 135th Avenue
STE 216
Miami, FL 33183
(786) 536-6196
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

Dominguez, Ashley, MS, LMHC ■
FL
(305) 497-4998
Digital Contact Information:
https://thecounselorcare.com
ashley@thecounselorcare.com
Other Languages Spoken by Provider or Office Staff Spanish

Dominguez, Dayana, MBS, BCBA ■
13200 Southwest 128th Street
Suite E2
Miami, FL 33186
(813) 252-0825
Digital Contact Information:
admin@prestigebehaviortherapy.com
Other Languages Spoken by Provider or Office Staff Spanish

Dominguez, Doris M, MSW, LCSW ■
9010 SW 137th Ave
Ste 236
Miami, FL 33186
(305) 772-9681
Digital Contact Information:
doris@dmdtherapy.com
Other Languages Spoken by Provider or Office Staff Spanish

Dominguez Lopez, Greys, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 458-9535
Digital Contact Information:
bmbchildrentherapies@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Dominguez Tamayo, Yaliagny D, BS, BCABA ■
3300 West 84th Street
10 10
Hialeah, FL 33018
(561) 909-8980
Digital Contact Information:
privateinsurancechildgarden@gmail.com
Other Languages Spoken by Provider or Office Staff Creole, Spanish

Dominguez, Yoelkis, MS, BCBA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
http://www.appliedbhs.com
dabs@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff Spanish

Don, Arturo, MC, LMHC ■
17670 Northwest 78th Avenue
STE 113
Hialeah, FL 33015
(716) 558-4565
Digital Contact Information:
sseastcoast22@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
sseastcoast22@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Donado Giovannetti, Carlos A, MPSY, LMHC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
http://www.behavioralaid.com
info@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
info@behavioralaid.com
Other Languages Spoken by Provider or Office Staff Spanish

Donaldson, Kaeron, MSW, LCSW ■
2124 Northeast 123rd Street
STE 220
North Miami, FL 33181
(786) 828-0947
Digital Contact Information:
https://blossomfl.com
info@blossomfl.com
Other Languages Spoken by Provider or Office Staff Hebrew, Spanish

Doran, Brianna, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
help@joinuplift.co

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Dorney, Rochelle, MA, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
rochelle.frankel@belleve.us

Dorrough-Ewing, Elisa W, MSW, LCSW, LICSW ■
FL
(305) 902-6347
(239) 652-0260
Digital Contact Information:
https://bebravehealth.com/
roxanne.jubithana@aspirehp.org
Other Languages Spoken by Provider or Office Staff English

Dowell, Lavern, MSN, APRN ■
848 Brickell Avenue
5
Miami, FL 33131
(904) 765-0665
Digital Contact Information:
egood@ahawc.org

Downs, Darrell L, PHD, LP ■
5825 Sunset Drive
STE 205
South Miami, FL 33143
(305) 663-0704
Digital Contact Information:
dldphd@gmail.com

Doyle, Alissa D, MA, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
jon@beyondabatherapy.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
jon@beyondabatherapy.com

and
1951 NW 7th Ave
Ste 600
Miami, FL 33136
(929) 384-7193
Digital Contact Information:
jon@beyondabatherapy.com

Doyley-Green, Natalie S, MSN, APRN, NP ■
2820 Northeast 214th Street
Aventura, FL 33180
(256) 500-8688
Digital Contact Information:
hello@joinblossomhealth.com

and
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
http://happierliving.com

hello@joinblossomhealth.com

and
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com

and
255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com

and
370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://happierliving.com
hello@joinblossomhealth.com

and
333 Southeast 2nd Avenue
Suite #2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
hello@joinblossomhealth.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
hello@joinblossomhealth.com

and
3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
http://happierliving.com
hello@joinblossomhealth.com

and
350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com

and
429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com

and
323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com

Dreher, Faatimah, MS, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
acc@advancedclientcare.org

Driggs, Yenny, MBS, BCBA ■
17324 Northwest 63rd Avenue
Hialeah, FL 33015
(786) 879-2117
Digital Contact Information:
dchsbehavioranalysis@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Drumb, Lisa, MA, BCBA, LBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
info@appliedabc.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Duarte, Lisette, MSN, APRN ■
22133 South Dixie Highway
Miami, FL 33170
(786) 504-3119
Digital Contact Information:
https://fpmflorida.org/
admin@fpmagency.com

Duba, William J, MS, LMHC ■
1666 79th Street Causeway
211
North Bay Village, FL 33141
(305) 244-0090
Digital Contact Information:
billduba@gmail.com

and
7525 East Treasure Drive
1016 1016
North Bay Village, FL 33141
(305) 244-0090
Digital Contact Information:
billduba@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Dube, Alok, MD ■
1710 Northwest 7th Street
5
Miami, FL 33125
(239) 250-9411
Digital Contact Information:
infinitywellnessgroup21@gmail.com

and
1495 NW 54th St
Miami, FL 33142
(305) 205-4328
Digital Contact Information:
infinitywellnessgroup21@gmail.com

and
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
infinitywellnessgroup21@gmail.com

and
9350 SW 72nd St
Ste 116
Miami, FL 33173
(305) 992-9768
Digital Contact Information:
infinitywellnessgroup21@gmail.com

and
9125 SW 87th Ave
Miami, FL 33176
(305) 735-3919
Digital Contact Information:
infinitywellnessgroup21@gmail.com

and
13701 Southwest 88th Street
306
Miami, FL 33186
(954) 217-2444
Digital Contact Information:
infinitywellnessgroup21@gmail.com

Dubois, Rose, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

Duenas, Barbara, MS, LMFT ■
FL
(786) 671-4939
Digital Contact Information:
http://www.duenasmentalhealth.com
barbara@duenasmentalhealth.com

Dumbar, Yadira, MS, BCBA ■
Home Based Services Only
Hialeah, FL 33012
(561) 460-0284
Digital Contact Information:
lifetimecareservices@gmail.com

and
8743 Southwest 9th Terrace
4
Miami, FL 33174
(786) 360-2869
Digital Contact Information:
lifetimecareservices@gmail.com

and
5801 Northwest 151st Street
206
Miami Lakes, FL 33014
(305) 504-1749
Digital Contact Information:
lifetimecareservices@gmail.com

and
FL
(305) 504-1749
Digital Contact Information:
lifetimecareservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Dunwoody, Circe A, MSW, LCSW ■
FL
(786) 512-2161
Digital Contact Information:
circedunwoody@ymail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Dupera, Kelvin, MSN, APRN, CRNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
billing@healthhavenllc.org

Duran, Gladys A, MSW, LCSW ●
FL
(305) 321-9998
Digital Contact Information:
http://pivotalbeginnings.com
gduran@pivotalbeginnings.com
Other Languages Spoken by Provider or Office Staff
Spanish

Duran, Haydee, BS, BCABA ■
13831 Southwest 59th Street
Suite 200
Miami, FL 33183
(786) 536-2361
Digital Contact Information:
http://www.inclusivenest.com
info@inclusivenest.com
Other Languages Spoken by Provider or Office Staff
Spanish

Duran, Larissa E, MS, LMFT ■
7700 N Kendall Dr
Ste 415
Miami, FL 33156
(786) 359-4161
Digital Contact Information:
https://www.vaccarobhg.com/
providerrelations@vaccarobhg.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Duran, Yessenia, MED, LBA ■
10920 Southwest 184th Street
Miami, FL 33157
(305) 378-5775
Digital Contact Information:
http://www.slbtherapy.com
yessenia.duran@live.com
Other Languages Spoken by Provider or Office Staff
Spanish

Durand, Tekisha, MSW, LCSW ■
FL
(305) 833-3203
Digital Contact Information:
https://headway.co/providers/tekisha-durand
yourswagteam@gmail.com
Other Languages Spoken by Provider or Office Staff Creole

Durgin, Cheryl, MED, LBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
cheryl@blessings-ranch.com

Dutton, Amber C, MSW, LCSW ■
FL
(415) 424-4266
Digital Contact Information:
credentialing@hazel.co

Duvalier, Leanne J, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ljdtherapy@ljdtherapy.onmicrosoft.com

Duvert, Nathaniel, MMFT, LMFT ■
1065 Southwest 8th Street
1287
Miami, FL 33130
(617) 333-8740
Digital Contact Information:
http://www.joinhopscotch.com
nduvert2005@yahoo.com
Other Languages Spoken by Provider or Office Staff Creole

Earley, Christina, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@daybreakhealth.com
Other Languages Spoken by Provider or Office Staff English

Ebro, Ibis, MS, BCBA ■
Home Based Services Only
Miami Gardens, FL 33014
(305) 417-1535
Digital Contact Information:
ibisebro@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Echemendia Lozano, Nasihely, MSN, APRNPMH ■
5881 Northwest 151st Street
Suite: 103
Miami Lakes, FL 33014
(786) 703-4154
Digital Contact Information:
lozanopsychnp@sanchez-md.com

and
9725 South Dixie Highway
Pinecrest, FL 33156
(305) 209-0144
Digital Contact Information:
lozanopsychnp@sanchez-md.com

Edrosa, Caridad B, MBS, BCBA ■
10711 Southwest 216th Street
103 103
Goulds, FL 33170
(305) 965-9682
Digital Contact Information:
info@abcsfl.com

and
2500 SW 107TH AVE
42
Miami, FL 33165
(305) 965-9682
Digital Contact Information:
http://www.abcsfl.com
info@abcsfl.com

and
FL
(786) 615-3334
Digital Contact Information:
info@abcsfl.com

and
12750 Southwest 128th Street
Suite #201
Miami, FL 33186
(786) 592-2051
Digital Contact Information:
http://www.behavioraccservices.com
info@abcsfl.com

and
13501 Southwest 128th Street
114a
Miami, FL 33186
(786) 732-2139
Digital Contact Information:
info@abcsfl.com

Edwards, Raina, MS, LMHC, LPC ■
FL
(202) 410-5972
(786) 273-7736
Digital Contact Information:
info@strengthsandsolutions.com

Edwards, Shanica, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
comptherapeutic@gmail.com

Ehrentreu, Dana, MSW, LCSW ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/
find-a-provider/?_patients=y
nj-patientaccess@
harmonybaywellness.com

Eklund, Melissa, MMH, LMHC ■
8200 Northwest 41st Street
Suite 200
Miami, FL 33166
(754) 202-2565
Digital Contact Information:
https://savinglives.clientsecure.me/
melissa@
savinglivescounselingcenter.
com

Elder, Carol, MS, LMFT ■
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(561) 609-2996
Digital Contact Information:
http://www.pandatherapycircle.com/
pandatherapycircle@gmail.com

Elder, Michelle D, MSW, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.
app
insurance@wellnite.com

Elkin, Belkys, PSYD, LP ■
2655 South Le Jeune Road
ph 2 # a-10
Coral Gables, FL 33134
(305) 928-1466
Digital Contact Information:
http://www.doctorelkin.com
belkysandy@msn.com
Other Languages Spoken by Provider or Office Staff
Spanish

Elma, Linda S, MSW, LCSW ■
11601 Biscayne Boulevard
303
Miami, FL 33181
(954) 278-0487
Digital Contact Information:
http://lsmsmentalhealth.com
info@lindaelmalcsw.com
Other Languages Spoken by Provider or Office Staff Creole

Enamorado, Lizaida, MSN, APNP, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
info@kaiwellhealth.com

and
111 Northeast 1st Street
FL 8
Miami, FL 33132
(602) 562-7383
Digital Contact Information:
info@kaiwellhealth.com

and
15321 South Dixie Highway
Suite 203
Miami, FL 33157
(786) 707-4934
Digital Contact Information:
info@kaiwellhealth.com

and
12985 Southwest 130th Court
102-2
Miami, FL 33186
(786) 707-4934
Digital Contact Information:
http://www.kaiwellhealth.com
info@kaiwellhealth.com

and
FL
(602) 562-7383
(305) 707-4394
(786) 707-4934
Digital Contact Information:
http://www.kaiwellhealth.com
info@kaiwellhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Encio, Reina, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
jenny.silverio@lifehealthsystem.org
Other Languages Spoken by Provider or Office Staff
Spanish

Enriquez, Daniela, MA, BCBA ■
9425 Southwest 72nd Street
164
Miami, FL 33173
(305) 279-2286
Digital Contact Information:
http://freshstartsnow.com
daniela.enriquez0912@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Enriquez Garcia, Leyanis, MS, BCBA ■
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
info@newlifeaba.com

and
945 Southwest 122nd Avenue
Miami, FL 33184
(786) 536-4807
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff English

Escalona, Ana, MMH, LMHC ■
10700 Caribbean Boulevard
Suite 101
Cutler Bay, FL 33189
(305) 777-3883
Digital Contact Information:
escalonalmhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Escobar Lozada, Betsy, MS, BCBA ■
6625 Miami Lakes Drive
226
Hialeah, FL 33014
(305) 777-3884
Digital Contact Information:
Not Available

Eshgh, Cameron, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.
app
insurance@wellnite.com

Espaillat, Ricardo K, MD ■
3219 W 4th Ave
Na
Hialeah, FL 33012
(305) 261-6633
Digital Contact Information:
rkespaillat@yahoo.com

and
1975 West 76th Street
Hialeah, FL 33014
(305) 479-3262
Digital Contact Information:
rkespaillat@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Esparza, Yumi, MMH, BCBA ■
Home Based Services Only
Hialeah, FL 33012
(561) 962-1286
Digital Contact Information:
counselorbroward@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Espejo, Meryl, MA, BCBA ■
5 Olive Drive
15 15
Hialeah, FL 33010
(305) 417-9879
Digital Contact Information:
https://www.behavior-track.com/
info@behavior-track.com

Espejo, Rafael, MA, BCBA ■
5 Olive Dr
Apt 15
Hialeah, FL 33010
(305) 417-9879
Digital Contact Information:
http://www.behavior-track.com
info@behavior-track.com

and
Home Based Services Only
Hialeah, FL 33010
(305) 417-9879
Digital Contact Information:
info@behavior-track.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Espinal, Daylied, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.
app
insurance@wellnite.com

Espinosa, Hugo, MD ■
4982 Palm Avenue
Hialeah, FL 33012
(305) 479-3262
Digital Contact Information:
madyryanllc@gmail.com

and
1975 West 76th Street
Hialeah, FL 33014
(305) 479-3262
Digital Contact Information:
http://www.kcmhealthcare.com
madyryanllc@gmail.com

and
5965 Southwest 8th Street
Miami, FL 33144
(305) 479-3262
Digital Contact Information:
http://www.kcm.healthcare.com
madyryanllc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Espinoza Marin, Ennyluz, MMH, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Estinvil, Rosemery, MSN, APRN ■
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
lgarcia@keraltybh.com

Estrada Espinosa, Ana, MPSY, BCBA ■
13200 Southwest 128th Street
Suite E2
Miami, FL 33186
(813) 252-0825
Digital Contact Information:
admin@prestigebehaviortherapy.
com
Other Languages Spoken by Provider or Office Staff
Spanish

Estrada, Gabriela E, BA, BCBA ■
365 Northwest 16th Street
Homestead, FL 33030
(305) 546-6160
Digital Contact Information:
abaforlittles@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Estrada, Paola, MSW, LCSW ■
6175 NW 153rd St
Ste 404
Miami Lakes, FL 33014
(305) 558-7400
Digital Contact Information:
kim@appliedbehavior.net

Estupinan Acevedo, Piedad D, MA, BCBA ■
1250 Southwest 27th Avenue
207
Miami, FL 33135
(786) 502-3137
Digital Contact Information:
camiamibehavior@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Eusebio, Julia, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.
app
help@joinuplift.co

Evans-Gean, Amy, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.
app
insurance@wellnite.com

Ewald, Claudia, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.
app
insurance@wellnite.com

and
1400 Northeast Miami Gardens
Drive
103
Miami, FL 33179
(305) 244-0971
Digital Contact Information:
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Exposito, Roxana, MPSY, BCBA ■
8601 Southwest 199th Street
Cutler Bay, FL 33189
(305) 908-2999
Digital Contact Information:
mario@mghomecare.com

and
10200 NW 25th St
Ste 114
Doral, FL 33172
(305) 908-2999
Digital Contact Information:
http://www.mghomecare.com
mario@mghomecare.com

and
40 Northwest 8th Street
Homestead, FL 33030
(305) 908-2999
Digital Contact Information:
mario@mghomecare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Exum, Angela L, PHD, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(341) 888-7637
Digital Contact Information:
Not Available

Exume-Noel, Estherline, DNP, APRN, PMHNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@crossfunctionalcare.com

Factor, Edie, MSW, LCSW ■
3231 McDonald Street
Miami, FL 33133
(305) 318-2231
Digital Contact Information:
edifac305@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fall, Kevin, PHD, LP ■
FL
(800) 567-5433
Digital Contact Information:
https://totallife.com/
frontdesk@insighttherapy.us

Fang, Tianbin, MS, LMHC ■
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
http://brightsyhealthfl.com
brightsyhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Mandarin

Fay, Robert A, MS, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

Febres, Julissa M, MA, BCBA ■
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
https://stepforwardaba.com/
admin@stepforwardaba.com
Other Languages Spoken by Provider or Office Staff
Hebrew, Spanish

Fedd, Roslyn, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Federick, Jasmine, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Feldmann, Amit, MA, LMHC ■
407 Lincoln Road
#11A
Miami Beach, FL 33139
(305) 504-0351
Digital Contact Information:
amitbf@gmail.com

and
407 Lincoln Road
Suite 8C
Miami Beach, FL 33139
(305) 504-0351
Digital Contact Information:
amitbf@gmail.com
Other Languages Spoken by Provider or Office Staff
Hebrew, German, French

Felix, Emilienne, MSN, APRN ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Felix, Stephanie, MS, BCBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
credentialing@alpacahealth.io

Fenby, Malia, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Feng, Jojo, MSW, LCSW, LCSW-R ■
FL
(347) 687-8895
Digital Contact Information:
jojo.feng@protonmail.com
Other Languages Spoken by Provider or Office Staff
Chinese, Russian, Mandarin

Ferguson, Camira, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Fernandez, Adriano, BS, BCABA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
http://www.appliedbhs.com
dabs@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Carla A, MS, LMHC ■
999 Ponce de Leon
102
Coral Gables, FL 33134
(844) 309-6676
Digital Contact Information:
http://www.yourwholehealth.net
info@yourwholehealth.net

and
FL
(844) 309-6676
Digital Contact Information:
http://www.yourwholehealth.net
info@yourwholehealth.net

Fernandez, Cindy, MSED, BCBA ■
10200 NW 25th St
Ste 114
Doral, FL 33172
(305) 908-2999
Digital Contact Information:
reachingwellness@hotmail.com

and
782 Northwest 42nd Avenue
Suite 4
Miami, FL 33126
(786) 337-0885
Digital Contact Information:
reachingwellness@hotmail.com

and
9380 Sunset Drive
b165
Miami, FL 33173
(786) 337-0585
Digital Contact Information:
reachingwellness@hotmail.com

Fernandez, Geisy, MS, BCBA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@brightfuturebehavioral.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
info@brightfuturebehavioral.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Isabel, MSN, APRN ■
15450 New Barn Road
200
Miami Lakes, FL 33014
(305) 900-3970
Digital Contact Information:
http://www.neurozenpsychiatry.com
isabelfernandezrn@gmail.com

and
FL
(305) 900-3970
Digital Contact Information:
http://www.neurozenpsychiatry.com
isabelfernandezrn@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Jennifer, MS, BCBA, LBA ■
11601 Biscayne Boulevard
Miami, FL 33181
(786) 206-4151
Digital Contact Information:
info@appliedabc.com

and
909 North Miami Beach Boulevard
STE 301
North Miami Beach, FL 33162
(305) 822-7202
Digital Contact Information:
info@appliedabc.com

Fernandez, Nacin, MSW, LCSW ■
12030 Southwest 129th Court
206
Miami, FL 33186
(786) 334-8099
Digital Contact Information:
reception@sanmiguelwellnesscenter.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Norys T, MSW, LCSW ■
9055 Southwest 73rd Court
1003 1003
Miami, FL 33156
(786) 473-9252
Digital Contact Information:
norysfernandez@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez Ojeda, Zuleimy D, MS, BCBA ■
Home Based Services Only
Miami Shores, FL 33161
(786) 709-8403
Digital Contact Information:
info@cameroarnp.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Vanessa B, MSW, BCBA ■
8200 Northwest 41st Street
Suite 200
Miami, FL 33166
(305) 401-5259
Digital Contact Information:
vanessa.bcba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ferran, Flavia M, BA, BCABA ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
services@cmnbtherapy.com

and
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
services@cmnbtherapy.com
Other Languages Spoken by Provider or Office Staff
Portuguese, English, Haitian Creole, Japanese, French, Russian, Italian, Spanish, Vietnamese

Ferrandiz, George, MSW, LCSW ■
101 Majorca Avenue
Coral Gables, FL 33134
(305) 448-6988
Digital Contact Information:
fer101@msn.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ferrer, Jezabell, EDM, BCBA ■
10300 Southwest 72nd Street
#354
Miami, FL 33173
(786) 444-7996
Digital Contact Information:
jzadvancedbehaviorservices@gmail.com

Fesperman, Patricia, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Fiallo, Irma R, MSW, LCSW ■
FL
(909) 442-0618
(202) 410-5972
(786) 471-7485
Digital Contact Information:
http://orendapsych.com
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
Spanish

Fickey, Melissa Dawn, MD ■
2600 Douglas Road
Suite 711
Coral Gables, FL 33134
(813) 662-5919
Digital Contact Information:
https://embracinglifetoday.com
mfvilardebo@gmail.com

and
FL
(813) 662-5919
Digital Contact Information:
https://embracinglifetoday.com
mfvilardebo@gmail.com

Figueredo Isaac, Liudmila, MED, BCABA ■
13205 Southwest 137th Avenue
#212
Miami, FL 33186
(786) 732-6298
Digital Contact Information:
florentina1943@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Figueroa, Danais, MA, BCBA ■
3750 West 16th Avenue
218
Hialeah, FL 33012
(786) 409-3231
Digital Contact Information:
credentialing@kidsspotrehab.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@kidsspotrehab.com

Filkins, Kaitlin, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Fischer, Tara M, MSN, APRN ■
FL
(305) 984-8209
Digital Contact Information:

tara.fisch326@gmail.com

Fishberger, Andrea J, MSW, LCSW ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
andreafishberger@me.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
andreafishberger@me.com

and
FL
(914) 924-4827
Digital Contact Information:
andreafishberger@me.com

Fitzpatrick, Panayiota, MED, LMHC ■
360 Northwest 27th Street
Miami, FL 33127
(929) 209-6109
Digital Contact Information:
fl-patientaccess@harmonybaywellness.com

Flood, Jacquelyn, PSYD, LP ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
https://tillytherapy.com/credentialing@tillytherapy.com

and
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/credentialing@tillytherapy.com

and
FL
(888) 700-8993
Digital Contact Information:
credentialing@tillytherapy.com

Flores, Aida A, MS, LMHC ■
FL
(305) 494-9791
Digital Contact Information:
aflores@kaaficounseling.com
Other Languages Spoken by Provider or Office Staff
Spanish

Flores, Christian, MSW, LCSW ■
2915 Biscayne Boulevard
Suite 300-4
Miami, FL 33137
(786) 398-4747
Digital Contact Information:
contactus@miamivibescounselingcenter.com
Other Languages Spoken by Provider or Office Staff
Spanish

Flores, Veronica, MS, BCBA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(305) 480-7839
Digital Contact Information:
info@newlifeaba.com

Fogel, Vivian, MS, LMFT ■
1001 North Miami Beach Boulevard
North Miami Beach, FL 33162
(786) 320-5559
Digital Contact Information:
growthllc@growthcounselingandtherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fong, Bridgette, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/payors@emorahealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fonseca, Odalys, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 715-8511
Digital Contact Information:
interbehavcorp@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fontanes, Paula, MS, LMFT ■
FL
(786) 378-4565
Digital Contact Information:
paulafontanes10@gmail.com

and
9745 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 378-4565
Digital Contact Information:
paulafontanes10@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Forman, Katrina, MSW, LCSW ■
7270 Northwest 12th Street
430
Miami, FL 33126
(786) 615-2843
Digital Contact Information:
info@universalcwfl.com

and
FL
(800) 567-5433
Digital Contact Information:
info@universalcwfl.com

Fort Martinez, Gilza M, MS, LMFT ■
7765 SW 87th Ave
Ste 104
Miami, FL 33173
(305) 412-8440
Digital Contact Information:
gmfort1@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Forte, Parker, MC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
contact@fortifiedcounseling.com

Fox, Iris T, MSW, LCSW ■
3580 Mystic Pointe Drive
Aventura, FL 33180
(786) 414-1574
Digital Contact Information:
iris@ifoxtherapy.com

Fraga, Alicia, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
admissions@abaalliancecareservices.com

and
8300 NW 53rd St
Ste 350
Miami, FL 33166
(305) 776-0728
Digital Contact Information:
admissions@abaalliancecareservices.com

and
9570 Southwest 107th Avenue
104c
Miami, FL 33176
(786) 267-2830
Digital Contact Information:
admissions@abaalliancecareservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Francis, Ashley, MSW, LCSW, LISW ■
FL
(508) 202-1011
Digital Contact Information:
hello@havenroomtherapy.com
Other Languages Spoken by Provider or Office Staff English

Franco, Maritere, PHD, LMHC ■
17931 Northwest 85th Avenue
Hialeah, FL 33015
(786) 556-5507
Digital Contact Information:
maritere.franco@icloud.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(786) 622-5743
Digital Contact Information:
maritere.franco@icloud.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 960-7124
Digital Contact Information:
maritere.franco@icloud.com

and
175 Fontainebleau Boulevard
Miami, FL 33172
(305) 960-7124
Digital Contact Information:
maritere.franco@icloud.com

and
FL
(305) 912-1135
Digital Contact Information:
maritere.franco@icloud.com
Other Languages Spoken by Provider or Office Staff
Spanish

Francois, Esther, MA, BCBA ■
14125 Northwest 80th Avenue
304
Miami Lakes, FL 33016
(786) 305-7222
Digital Contact Information:
christy@southfloridaaba.org

Francois, Rodna, MA, LMHC ■
3580 Mystic Pointe Drive
Aventura, FL 33180
(786) 759-9394
Digital Contact Information:
balanceyourworldyouth@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Creole, Haitian

Frank, Randi, MC, LMHC ■
9822 Northeast 2nd Avenue
2
Miami Shores, FL 33138
(786) 505-7502
Digital Contact Information:
http://www.mindfuldirectionscc.com
randi@mindfuldirectionscc.com

Freire, Anthony, MA, LMHC ■
14211 Southwest 120th Street
107
Miami, FL 33186
(917) 592-2345
Digital Contact Information:
anthonyfreire@gmail.com

Friedman, Rachel, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Frontela Fernandez, Ailyn, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 732-7516
Digital Contact Information:
familylovenetworks@gmail.com

and
10300 Southwest 72nd Street
#354
Miami, FL 33173
(305) 787-2924
Digital Contact Information:
familylovenetworks@gmail.com

Fuentes, Faniley, MS, BCBA ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
info@newlifeaba.com

and
1000 Brickell Avenue
Miami, FL 33131
(754) 234-0643
Digital Contact Information:
info@newlifeaba.com

and
14750 Southwest 26th Street
STE 114
Miami, FL 33185
(786) 536-9441
Digital Contact Information:
info@newlifeaba.com

and
9502 Southwest 166th Court
Miami, FL 33196
(754) 234-0643
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fuentes, Monica M, MMH, LMHC ■
18901 Southwest 106th Avenue
#224
Miami, FL 33157
(786) 732-0071
Digital Contact Information:
http://www.peaceofmindmh.com
monicafuentes@peaceofmindmh.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fuentes, Saily, BA, BCABA ■
1250 Southwest 27th Avenue
207
Miami, FL 33135
(786) 502-3137
Digital Contact Information:
cabehavior@gmail.com

and
8550 West Flagler Street
STE 118
Miami, FL 33144
(786) 391-4113
Digital Contact Information:
cabehavior@gmail.com

Fundora, Gladys, MMH, BCBA, LMHC ■
1000 Brickell Avenue
Miami, FL 33131
(786) 817-2356
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
http://kidsspotrehab.com
rossconsultingandcredentialing@gmail.com

and
19100 Southwest 106th Avenue
12 12
Miami, FL 33157
(786) 360-2852
Digital Contact Information:
rossconsultingandcredentialing@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Funes, Catherine F, PSYD, LP ■
1900 North Bayshore Drive
108
Miami, FL 33132
(954) 362-8677
Digital Contact Information:
bh@hgdoctors.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Galan Goicochea, Rosalia, MBS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 433-0897
Digital Contact Information:
bluelifetherapy@gmail.com
Other Languages Spoken by

Provider or Office Staff Kreol, Spanish

Galano Fito, Liliana, BA, BCABA ■
1535 N Goldeneye Ln
Homestead, FL 33035
(786) 212-5530
Digital Contact Information:
info@cornerstone-cba.com

Galiboglu, Samet, MD ■
1110 Brickell Avenue
STE 400
Miami, FL 33131
(201) 389-2729
Digital Contact Information:
sametgaliboglumd@gmail.com

and
999 Brickell Avenue
410
Miami, FL 33131
(201) 389-2729
Digital Contact Information:
sametgaliboglumd@gmail.com
Other Languages Spoken by Provider or Office Staff Turkish

Galindo Aguero, Indira M, MS, BCBA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gallardo, Rosalva, MS, BCABA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 238-7237
Digital Contact Information:
info@epossibilitiesllc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gallimore, Ingrid, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Galvez, Gema, MS, LPC ■
10300 Southwest 72nd Street
275d
Miami, FL 33173
(888) 853-7908
Digital Contact Information:
http://www.bettermindtherapycorp.com
gemagalvez@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gama, Ana Iris, MS, BCBA ■
1570 West 38th Place
12 12
Hialeah, FL 33012
(786) 615-2514
Digital Contact Information:
solutions@cobohomehealthservices.com

and
4410 West 16th Avenue
unit 41
Hialeah, FL 33012
(786) 267-2830
Digital Contact Information:
solutions@cobohomehealthservices.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 536-7470
Digital Contact Information:
solutions@cobohomehealthservices.com

Gamazo, Glendys, MA, BCBA ■
1900 North Bayshore Drive
Miami, FL 33132
(954) 400-3251
Digital Contact Information:
https://abacustherapies.com/
info@abacustherapies.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(954) 400-3251
Digital Contact Information:
https://abacustherapies.com/
info@abacustherapies.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(954) 400-3251
Digital Contact Information:
https://abacustherapies.com/
info@abacustherapies.com

Gammage, Traci, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Gandara, Elena, BA, BCABA ■
Home Based Services Only
Doral, FL 33122
(305) 603-8747
Digital Contact Information:
lightingbehaviorservices@gmail.com

and
1275 West 47th Place
#449
Hialeah, FL 33012
(305) 425-1338
Digital Contact Information:
lightingbehaviorservices@gmail.com

and
4800 Northwest 167th Street
Miami Gardens, FL 33014
(305) 515-2726
Digital Contact Information:
http://www.lightingbehavior.com
lightingbehaviorservices@gmail.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(786) 254-5372
Digital Contact Information:
lightingbehaviorservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gandia Blanco, Adeline, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 695-8789
Digital Contact Information:
group@innovatiobhc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garaboa Niebla, Jisell, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
bluelifetherapy@gmail.com

and
13404 Southwest 128th Street
Miami, FL 33186
(305) 433-0897
Digital Contact Information:
http://www.bluelifetherapy.com
bluelifetherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garces, Carmen, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 964-5356
Digital Contact Information:
abacentersolutions@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Garcia, Albert L, MSN, APRN ■
2700 Southwest 27th Avenue
Miami, FL 33133
(305) 942-5246
Digital Contact Information:
info@doctorsccs.com

and
10661 North Kendall Drive
216
Miami, FL 33176
(786) 631-4158
Digital Contact Information:
info@doctorsccs.com

and
9000 Southwest 137th Avenue
Suite 103
Miami, FL 33186
(305) 671-3503
Digital Contact Information:
info@doctorsccs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Armando, MSSW, LCSW ■
8200 Northwest 41st Street
Suite 200
Miami, FL 33166
(305) 613-2842
Digital Contact Information:
https://savinglives.clientsecure.me/
melissa@savinglivescounselingcenter.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Garcia, Aylen, MS, BCBA ■
10491 Southwest 200th Terrace
Cutler Bay, FL 33189
(786) 230-5158
Digital Contact Information:
luciano@mymbcinc.com

and
2450 Southwest 137th Avenue
232
Miami, FL 33175
(786) 360-6496
Digital Contact Information:
luciano@mymbcinc.com

and
2460 Southwest 137th Avenue
242
Miami, FL 33175
(305) 339-1889
Digital Contact Information:
luciano@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia Bonhomme, Carla, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Garcia De Porto, Marieta, MMH, LMHC ■
7925 Northwest 12th Street
118
Doral, FL 33126
(786) 536-2143
Digital Contact Information:
http://psrmindandbodyrehab.com
correamentalhealth@gmail.com

and
650 Northeast 22nd Terrace
212 214
Homestead, FL 33033
(786) 312-4478
Digital Contact Information:
correamentalhealth@gmail.com

and
13205 Southwest 137th Avenue
#212
Miami, FL 33186
(786) 732-6298
Digital Contact Information:
correamentalhealth@gmail.com

and
13205 Southwest 137th Avenue
206 208
Miami, FL 33186
(786) 592-2063
Digital Contact Information:
correamentalhealth@gmail.com

and
FL
(786) 385-9838
Digital Contact Information:
correamentalhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Dennise, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Garcia, Diana, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

and
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

Garcia, Eliani, MED, BCBA ■
2804 Del Prado Blvd S
209
Miami, FL 33194
(786) 800-4916
Digital Contact Information:
aba@confidentmindsllc.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Garcia, Estrella, MBS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 875-7812
Digital Contact Information:
jcabrera@mymbcinc.com

and
10691 North Kendall Drive
#202
Miami, FL 33176
(786) 534-7172
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Gertrudis, MMFT, LMFT ■
1414 Northwest 107th Avenue
204
Doral, FL 33172
(305) 225-8711
Digital Contact Information:
toplifecaresolutions@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 536-7470
Digital Contact Information:
toplifecaresolutions@gmail.com

and
175 Fontainebleau Boulevard
Miami, FL 33172
(305) 960-7124
Digital Contact Information:
toplifecaresolutions@gmail.com

and
10677 North Kendall Drive
ste 5-a
Miami, FL 33176
(305) 225-8711
Digital Contact Information:
http://toplifecaresolutions.com
toplifecaresolutions@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Garcia, James, MSW, LCSW ■
4689 Ponce de Leon Boulevard
Suite 200
Coral Gables, FL 33146
(786) 803-8025
Digital Contact Information:
jamesgarcia2013@fau.edu

and
10700 Caribbean Boulevard
Suite 214
Cutler Bay, FL 33189
(786) 740-0516
Digital Contact Information:

http://www.genesiswellnesscorp.com
jamesgarcia2013@fau.edu

and
5901 Northwest 183rd Street
310
Hialeah, FL 33015
(786) 803-2664
Digital Contact Information:
jamesgarcia2013@fau.edu

and
1480 Northwest North River Drive
2010
Miami, FL 33125
(786) 375-7882
Digital Contact Information:
jamesgarcia2013@fau.edu

and
2311 Northwest 7th Street
Miami, FL 33125
(786) 706-2246
Digital Contact Information:
jamesgarcia2013@fau.edu

and
8390 West Flagler Street
220
Miami, FL 33144
(305) 402-4835
Digital Contact Information:
http://newmooncmhc.com
jamesgarcia2013@fau.edu

and
10379 Southwest 186th Street
Miami, FL 33157
(720) 314-4727
Digital Contact Information:
jamesgarcia2013@fau.edu

and
790 Northwest 107th Avenue
Suite 303
Miami, FL 33172
(786) 605-1660
Digital Contact Information:
jamesgarcia2013@fau.edu

and
FL
(786) 605-1660
Digital Contact Information:
jamesgarcia2013@fau.edu

and
9600 SW 8th St
Ste 16
Miami, FL 33174
(786) 803-8827
Digital Contact Information:
jamesgarcia2013@fau.edu

and
12150 Southwest 128th Court
Suite 233
Miami, FL 33186
(786) 238-7666
Digital Contact Information:
jamesgarcia2013@fau.edu
Other Languages Spoken by Provider or Office Staff Spanish

Garcia, Lauren, MED, LMHC ■
2212 Northwest 91st Street
4058
Miami, FL 33147
(341) 888-7637
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
lauren.garcia371@gmail.com

Garcia, Lisette, MC, LMHC ■
12030 Southwest 129th Court
Suite 211
Miami, FL 33186
(305) 639-8760
Digital Contact Information:
http://www.believeandtrusttcm.com
info@believeandtrusttcm.com
Other Languages Spoken by Provider or Office Staff Spanish

Garcia Lorenzo, Rachel, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 701-9079
Digital Contact Information:
rachel.garcia1515@gmail.com

and
12968 Southwest 133rd Court
Miami, FL 33186
(786) 701-9079
Digital Contact Information:
http://www.brighterpathservices.com
rachel.garcia1515@gmail.com

Garcia, Maria J, MS, LMFT ■
8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-2822
Digital Contact Information:
tashaneb@4kids.us

and
17801 Northwest 2nd Avenue
202
Miami, FL 33169
(954) 979-7911
Digital Contact Information:
tashaneb@4kids.us
Other Languages Spoken by Provider or Office Staff English, Spanish

Garcia Mendiola, Niurka, MS, BCBA ■
Home Based Services Only
Hialeah, FL 33013
(786) 592-6680
Digital Contact Information:
mendiola6812@gmail.com

and
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
http://kidsspotrehab.com
mendiola6812@gmail.com

and
8475 Southwest 43rd Street
Miami, FL 33155
(786) 804-9405
Digital Contact Information:
mendiola6812@gmail.com

and
9415 Southwest 72nd Street
SUITE 175
Miami, FL 33173
(786) 406-4353
Digital Contact Information:
mendiola6812@gmail.com

and
13383 Southwest 42nd Street
Miami, FL 33175
(305) 305-7121
Digital Contact Information:
mendiola6812@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Garcia, Niurka, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 587-0424
Digital Contact Information:
niurkagarcia93@yahoo.com
Other Languages Spoken by Provider or Office Staff Spanish

Garcia, Orlando, MMFT, LMFT ■
FL
(202) 410-5972
(786) 260-3985
Digital Contact Information:
http://www.choosingtherapy.com
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff English, Spanish

Garcia Sanchez, Lilian I, MS, ABA, LMHC ■
30392 Old Dixie Highway
Homestead, FL 33030
(786) 283-0175
Digital Contact Information:
behaviorplusservices@gmail.com

and
30350 SW 156th Ave
Homestead, FL 33033
(786) 481-9833
Digital Contact Information:
behaviorplusservices@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
behaviorplusservices@gmail.com

and
8300 NW 53rd St
Ste 350
Miami, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
behaviorplusservices@gmail.com

and
27132 South Dixie Highway
Naranja, FL 33032
(786) 283-0175
Digital Contact Information:
behaviorplusservices@gmail.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com

Garcia, Vanessa J, MS, LBA ■
10143 Costa Del Sol Boulevard
Doral, FL 33178
(917) 284-9393
Digital Contact Information:
info@abaastepatatimecare.com

and
64 Northwest 54th Street
103
Miami, FL 33127
(305) 767-1924
Digital Contact Information:
http://www.autismspecialtygroup.com
info@abaastepatatimecare.com

Garcia, Yunaysis E, MPSY, LMHC ■
15413 Southwest 137th Avenue
Miami, FL 33177
(305) 964-5594
Digital Contact Information:
solutiondrivenconsulting@gmail.com

Garcon, Jose Nadine, PSYD, LP ■
419 W 49th St
Ste 219
Hialeah, FL 33012
(954) 404-7052
Digital Contact Information:
dr.garcon@comcast.net
Other Languages Spoken by Provider or Office Staff Creole

Gargallo Dominguez, Arys L, MPSY, BCBA ■
5050 Northwest 74th Avenue
107
Miami, FL 33166
(305) 640-8280
Digital Contact Information:
arysleyda@gmail.com

and
14221 Southwest 120th Street
Suite 214
Miami, FL 33186
(786) 452-1185
Digital Contact Information:
arysleyda@gmail.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 640-8280
Digital Contact Information:
arysleyda@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Garrett, Khalilah, MSW, LCSW ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
support@thriveworks.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
support@thriveworks.com
Other Languages Spoken by Provider or Office Staff English

Gaston-Toussaint, Gloriann, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Gatliff, Benjamin, MS, BCBA, LMHC, LPC ■
66 W Flagler St
900
Miami, FL 33130
(610) 306-2618
Digital Contact Information:
delegation@psychplus.com

and
777 Brickell Ave
Ste 500
Miami, FL 33131
(786) 490-2181
Digital Contact Information:
http://rockerhealth.org
delegation@psychplus.com

and
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(561) 289-7995
Digital Contact Information:
http://pandatherapycircle.com
delegation@psychplus.com

Gaz, Tzipora, MED, LBA ■
1000 Brickell Avenue
Miami, FL 33131
(347) 893-1266
Digital Contact Information:
licensedbaps@gmail.com
Other Languages Spoken by Provider or Office Staff Hebrew, Russian, Yiddish, Spanish

Genen, Lawrence R, MD ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
provider@3peaksmedical.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:

provider@3peaksmedical.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com
Other Languages Spoken by Provider or Office Staff English

Georgescu, Luisa R, MPSY, BCBA ■
2500 Northwest 79th Avenue
295
Doral, FL 33122
(305) 896-8161
Digital Contact Information:
info@newlifeaba.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(786) 622-5743
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gerecht, Joseph, EDM, BCBA, LBA ■
1688 Meridian Avenue
600 & 700
Miami Beach, FL 33139
(786) 655-8200
Digital Contact Information:
licensedbaps@gmail.com
Other Languages Spoken by Provider or Office Staff
Hebrew, Russian, Yiddish, Spanish

Gerenz, Matthew, MD ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
js@mdgain.com

Gevorkyan, Mishela I, MSN, APN, APRN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
info@diana.health
Other Languages Spoken by Provider or Office Staff
Russian, Spanish

Gibbons, Denise, MC, LMHC ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
info@hupcfl.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
info@hupcfl.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
info@hupcfl.com

Gil, Elida E, MS, BCBA ■
9560 SW 107th Ave
Ste 106
Miami, FL 33176
(786) 899-0308
Digital Contact Information:
mortega@tlhproject.com

and
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
mortega@tlhproject.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gil, Lissette, MC, LMHC ■
1000 Brickell Avenue
Miami, FL 33131
(305) 903-3505
Digital Contact Information:
glorialissettegil@gmail.com

and
10661 North Kendall Drive
Suite 228
Miami, FL 33176
(305) 595-5485
Digital Contact Information:
glorialissettegil@gmail.com

and
10691 Southwest 88th Street
Suite 110
Miami, FL 33176
(305) 595-5485
Digital Contact Information:
glorialissettegil@gmail.com

and
12150 Southwest 128th Court
Suite 233
Miami, FL 33186
(786) 238-7666
Digital Contact Information:
glorialissettegil@gmail.com

and
12485 Southwest 137th Avenue
STE 109
Miami, FL 33186
(786) 592-2748
Digital Contact Information:
glorialissettegil@gmail.com

and
8765 Southwest 165th Avenue
203
Miami, FL 33193
(786) 238-7666
Digital Contact Information:
glorialissettegil@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gil, Yanelis, MSN, APRN ■
13195 Southwest 134th Street
102
Miami, FL 33186
(305) 964-5236
Digital Contact Information:
advancedcaresfl@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Giles, Caitlin, MS, BCBA ■
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
https://stepforwardaba.com/
info@stepforwardaba.com

Gillems, Tina, MSW, LCSW ■
18117 Biscayne Boulevard
1229
Miami, FL 33160
(305) 900-3836
Digital Contact Information:
tinagillems@gmail.com

Gillespie, Marjorie, PHD, APRN ■
64 W 63rd St
B202
Hialeah, FL 33012
(954) 431-7676
Digital Contact Information:
dr.gillespie@hotmail.com

and
16400 NW 2nd Ave
Ste 100
Miami, FL 33169
(954) 431-7676
Digital Contact Information:
dr.gillespie@hotmail.com

Gimenez, Roberto, DNP, PMHNP ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
fiucred@fiu.edu

and
3383 Northwest 7th Street
FL 2
Miami, FL 33125
(305) 643-4797
Digital Contact Information:
fiucred@fiu.edu

and
711 Northwest 23rd Avenue
Ste 301
Miami, FL 33125
(305) 643-4797
Digital Contact Information:
fiucred@fiu.edu

and
330 Southwest 27th Avenue
STE 609
Miami, FL 33135
(786) 743-0801
Digital Contact Information:
fiucred@fiu.edu

and
8348 Southwest 40th Street
Miami, FL 33155
(786) 528-6770
Digital Contact Information:
fiucred@fiu.edu

and
800 SW 108th Ave
100
Miami, FL 33174
(786) 595-8040
Digital Contact Information:
fiucred@fiu.edu
Other Languages Spoken by Provider or Office Staff
Spanish

Gineman, Ashley, BCBA, LBA, MPSY ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(410) 538-2574
Digital Contact Information:
care@tillytherapy.com

Ginyard, Domoniquie, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Giron, Yamilet, BA, BCBA ■
30350 SW 156th Ave
Homestead, FL 33033
(786) 481-9833
Digital Contact Information:
admin@specialwayaba.com

and
Home Based Services Only
Homestead, FL 33034
(786) 612-9793
Digital Contact Information:
admin@specialwayaba.com

and
6175 Northwest 153rd Street
STE 215
Miami Lakes, FL 33014
(305) 200-3326
Digital Contact Information:
http://asmtherapy.com
admin@specialwayaba.com

and
27132 South Dixie Highway
Naranja, FL 33032
(786) 283-0175
Digital Contact Information:
admin@specialwayaba.com

Glasper, Tiffany, MSW, LCSW ■
7400 Southwest 88th Street
Miami, FL 33156
(786) 414-6666
Digital Contact Information:
http://www.memorytrainingflorida.com
adavis.mtca@gmail.com

Glover, Ashley R, MS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
lisette@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
German, Haitian Creole, Haitian, Spanish, Vietnamese

Goicoechea, Alejandro, MPSY, LMHC ■
15190 SW 136th St
Ste 25
Miami, FL 33196
(786) 626-3970
Digital Contact Information:
alegoicoe@yahoo.com

Goldberg, Miriam B, MED, LBA ■
1000 Brickell Avenue
Miami, FL 33131
(347) 893-1266
Digital Contact Information:
sjakoubek@gchmoinc.com

and
633 Northeast 167th Street
FL 8 # 829
Miami, FL 33162
(305) 930-5648
Digital Contact Information:
http://precisionfamilytherapy.com
sjakoubek@gchmoinc.com

and
633 Northeast 167th Street
fl 8 # 829
Miami, FL 33162
(305) 930-5648
Digital Contact Information:
http://precisionfamilytherapy.com
sjakoubek@gchmoinc.com

and
1042 Northeast 179th Terrace
North Miami Beach, FL 33162
(646) 431-6994
Digital Contact Information:
sjakoubek@gchmoinc.com

Goldstein, Eric, PHD, LP ■
5975 Sunset Drive
803
South Miami, FL 33143
(305) 662-5299
Digital Contact Information:
egold1953@gmail.com

Gomez, Amelia, MBS, BCBA ■
2500 SW 107TH AVE
42
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
info@abcsfl.com

and
FL
(786) 615-3334
Digital Contact Information:
info@abcsfl.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gomez, Christie, MC, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
payors@emorahealth.com

and
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
payors@emorahealth.com

Gomez, Claudia, MC, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
lifetherapycoach@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gomez Garcia, Daylen, MEQ, BCBA ■

11478 Southwest 237th Terrace
Homestead, FL 33032
(551) 323-8077
Digital Contact Information:
daylengomezbacb@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gomez Garcia, Victor E, MS, LMHC ■
12030 Southwest 129th Court
Suite 211
Miami, FL 33186
(305) 639-8760
Digital Contact Information:
http://www.believeandtrusttcm.com
admin@believeandtrusttcm.com

Gomez, Lissette, MA, LMFT ■
2500 SW 107TH AVE
42
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
info@abcsfl.com

and
FL
(786) 615-3334
Digital Contact Information:
info@abcsfl.com
Other Languages Spoken by Provider or Office Staff
English, Creole, Spanish

Gomez, Odalys, MSS, BCBA ■
2500 Southwest 107th Avenue
41
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
info@abcsfl.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
info@abcsfl.com

and
Home Based Services Only
Miami Gardens, FL 33014
(305) 640-5739
Digital Contact Information:
info@abcsfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez Arman, Jesus M, MA, BCBA ■
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
https://stepforwardaba.com/
info@stepforwardaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez Bejar, Carmen L, BA, BCABA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
http://www.appliedbhs.com
dabs@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com

and
10300 Southwest 72nd Street
#354
Miami, FL 33173
(305) 787-2924
Digital Contact Information:
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Brittany, MA, BCBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
credentialing@alpacahealth.io

Gonzalez, Danyer, MSN, APRN ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
tmedina@hbccmhc.com

and
11440 North Kendall Drive
e208
Miami, FL 33176
(786) 889-0467
Digital Contact Information:
tmedina@hbccmhc.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gonzalez, Dayani, MS, BCBA ■
13683 Southwest 278th Terrace
Homestead, FL 33032
(786) 886-6446
Digital Contact Information:
vanessa@amromed.com

and
15924 SW 92nd Ave
Miami, FL 33157
(786) 636-1303
Digital Contact Information:
vanessa@amromed.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
vanessa@amromed.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gonzalez, Deynelis, MS, BCBA ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
yavila@avilahealthgroup.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
yavila@avilahealthgroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Ernesto, MPH, BCBA ■
17324 Northwest 63rd Avenue
Hialeah, FL 33015
(786) 879-2117
Digital Contact Information:
dchsbehavioranalysis@gmail.com

Gonzalez Gil, Manuel, MSCC, LMHC ■
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Gloria, PHD, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
professional_counseling@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Jacqueline, MSSW, LCSW ■
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
sasha@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gonzalez, Juan Carlos, MMFT, LMFT ■
7765 SW 87th Ave
Ste 104
Miami, FL 33173
(786) 229-2614
Digital Contact Information:
jc@jcgcounseling.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez Lastre, Yamilet L, MS, BCBA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
dabs.credentialing@appliedbhs.com

and
8040 Northwest 95th Street
217
Hialeah Gardens, FL 33016
(786) 655-3929
Digital Contact Information:
dabs.credentialing@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
http://appliedbhs.com
dabs.credentialing@appliedbhs.com

Gonzalez, Luis, DNP, APRN ■
8725 Northwest 18th Terrace
Suite 202
Doral, FL 33172
(305) 487-2532
Digital Contact Information:
eternitylives24@gmail.com

and
7270 Northwest 12th Street
430
Miami, FL 33126
(786) 615-2843
Digital Contact Information:
eternitylives24@gmail.com

and
12001 Southwest 128th Court
Suite Suite 104
Miami, FL 33186
(786) 868-0505
Digital Contact Information:
eternitylives24@gmail.com

and
13170 Southwest 128th Street
200
Miami, FL 33186
(786) 852-5198
Digital Contact Information:
eternitylives24@gmail.com

and
9010 Southwest 137th Avenue
101
Miami, FL 33186
(786) 803-8826
Digital Contact Information:
http://amorementalhealthcorp.com
eternitylives24@gmail.com

Gonzalez, Maria C, DMFT, LMFT ■
306 Alcazar Avenue
200
Coral Gables, FL 33134
(305) 967-8725
Digital Contact Information:
cristalchcl1@gmail.com

and
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
cristalchcl1@gmail.com

and
8245 Northwest 36th Street
#3
Doral, FL 33166
(786) 326-6308
Digital Contact Information:
cristalchcl1@gmail.com

and
1840 W 49th St
Ste 607
Hialeah, FL 33012
(305) 828-9980
Digital Contact Information:
cristalchcl1@gmail.com

and
2100 West 76th Street
#209
Hialeah, FL 33016
(786) 201-1088
Digital Contact Information:
cristalchcl1@gmail.com

and
5353 Southwest 8th Street
Miami, FL 33134
(786) 452-0149
Digital Contact Information:
cristalchcl1@gmail.com

and
8080 West Flagler Street
1a
Miami, FL 33144
(786) 615-2640
Digital Contact Information:
cristalchcl1@gmail.com

and
8500 West Flagler Street
Office 107A
Miami, FL 33144
(786) 907-5141
Digital Contact Information:
cristalchcl1@gmail.com

and
7420 Southwest 48th Street
a
Miami, FL 33155
(786) 362-5981
Digital Contact Information:
cristalchcl1@gmail.com

and
10300 Southwest 72nd Street
414
Miami, FL 33173
(813) 468-7905
Digital Contact Information:
cristalchcl1@gmail.com

and
11890 Southwest 8th Street
Suite 207
Miami, FL 33184
(786) 362-5981
Digital Contact Information:
cristalchcl1@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Maria E, MBS, BCBA ■
10691 North Kendall Drive
#202
Miami, FL 33176
(754) 400-7702
Digital Contact Information:
clinicare23@outlook.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
clinicare23@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez Orta, Carlos, MS, BCBA ■
1840 West 49th Street
Suite 723
Hialeah, FL 33012
(786) 333-4275
Digital Contact Information:

http://helpinghandstc.com
info@brightfuturebehavioral.com

Gonzalez Otano, Gipsia, MA, BCBA ■
9010 SW 137th Ave
Ste 212
Miami, FL 33186
(786) 762-2474
Digital Contact Information:
gipsia@goodbehaviorbeginnings.net
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Sabrina, DSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Gonzalez Santana, Mariolys, MS, BCBA ■
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
credentialing@southbillcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Sheila, MA, BCBA ■
3170 Coral Way
1608 1608
Coral Gables, FL 33145
(786) 577-7228
Digital Contact Information:
http://behavior-evolution.com
contact@behavior-evolution.com
and
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
contact@behavior-evolution.com
and
10964 Southwest 182nd Lane
Miami, FL 33157
(786) 577-7228
Digital Contact Information:
http://behavior-evolution.com
contact@behavior-evolution.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Yelina, MS, BCBA ■
30908 Southwest 192nd Avenue
Homestead, FL 33030
(786) 404-3148
Digital Contact Information:
stepstherapycenter@gmail.com
and
HOME BASED SERVICES ONLY
Miami, FL 33178
(305) 280-5732
Digital Contact Information:
stepstherapycenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Yxis, MS, LMHC ■
1000 Brickell Avenue
Miami, FL 33131
(305) 822-7202
Digital Contact Information:
kim@appliedbehavior.net
and
909 North Miami Beach Boulevard
STE 301
North Miami Beach, FL 33162
(305) 822-7202
Digital Contact Information:
https://appliedbehavior.net/
kim@appliedbehavior.net
and
FL
(305) 822-7202
Digital Contact Information:
https://appliedbehavior.net/
kim@appliedbehavior.net
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez-Joya, Diana, MSW, LCSW ■
3081 Salzedo Street
Suite 202
Coral Gables, FL 33134
(786) 229-6074
Digital Contact Information:
tdjoya@msn.com

Gordillo, Dorelys, MPSY, LMHC ■
3741 Northwest 11th Street
Miami, FL 33126
(305) 927-5422
Digital Contact Information:
http://palomamentalhealth.com
info@palomamentalhealth.com
and
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
info@palomamentalhealth.com
and
9745 Southwest 184th Street
Palmetto Bay, FL 33157
(305) 927-5422
Digital Contact Information:
info@palomamentalhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gordon, Natalie, MSW, LCSW, LMFT ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
melissa1amaya@yahoo.com

Gordon-Battle, Belinda M, MS, LMHC ■
FL
(240) 472-3486
Digital Contact Information:
bgordonbattle@gmail.com

Gorman, Douglas P, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@thriveworks.com

Goss, Jerron, MSCC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
http://www.wellnite.com
admin@blkhaven.com

Gosset, Stephanie M, MS, LMHC ■
2600 S Douglas Rd
Ste 1003
Coral Gables, FL 33134
(305) 445-0477
Digital Contact Information:
niegosset@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gotthold, Bessie, MS, LMHC ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
westmiamicmhc@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Graham, Whitney, MA, BCBA ■
9425 Southwest 72nd Street
164
Miami, FL 33173
(305) 279-2286
Digital Contact Information:
whitney@amadoorbehaviorco.com

Granado, Omar, MA, BCBA ■
Home Based Services Only
Doral, FL 33126
(407) 800-6086
Digital Contact Information:
opusmentalhealthcenter@gmail.com
and
930 Hialeah Drive
Hialeah, FL 33010
(786) 398-1509
Digital Contact Information:
opusmentalhealthcenter@gmail.com
and
12855 Southwest 136th Avenue
104
Miami, FL 33186
(305) 467-8879
Digital Contact Information:
opusmentalhealthcenter@gmail.com
and
1350 Southwest 57th Avenue
West Miami, FL 33144
(786) 404-1017
Digital Contact Information:
opusmentalhealthcenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Granado Perez, Mayelin, MSED, BCBA ■
110 West 17th Street
Hialeah, FL 33010
(786) 267-8467
Digital Contact Information:
kdbehaviorservices@gmail.com

Grant, Sandra, MSN, APRN ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
info@hupcfl.com
and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@hupcfl.com

Green, E'Ula, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Green, Gwendolyn P, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(877) 644-6008
Digital Contact Information:
https://appointment.wellnite.com
insurance@wellnite.com

Green, Lindolyn, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Green, Nikole, MC, LCPC, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Green, Sari, MS, LCMHC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Green-Scott, Alicia, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
allygreen66@aol.com

Green-Scott, Dashima, MSED, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Greenblatt, Jodi, MS, LMFT ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
acc@advancedclientcare.org
Other Languages Spoken by Provider or Office Staff
Afrikaans

Grenier, Ivan, MSN, APRN ■
2001 Northwest 107th Avenue
412
Doral, FL 33172
(786) 548-8322
Digital Contact Information:
xavier@southhealthmed.com
and
7959 NW 2nd St
Miami, FL 33126
(305) 267-6060
Digital Contact Information:
xavier@southhealthmed.com
and
3080 W Flagler St
Miami, FL 33135
(305) 456-1600
Digital Contact Information:
xavier@southhealthmed.com
and
5673 Southwest 137th Avenue
Miami, FL 33183
(305) 385-3949
Digital Contact Information:
xavier@southhealthmed.com
Other Languages Spoken by Provider or Office Staff
Spanish

Griff, Richard, PSYD, LP ■
3081 Salzedo Street
Suite 202
Coral Gables, FL 33134
(305) 330-0588
Digital Contact Information:
griff_pysch@yahoo.com
and
3625 Northwest 82nd Avenue
400
Doral, FL 33166
(305) 330-0588
Digital Contact Information:
griff_pysch@yahoo.com
and
19300 West Dixie Highway
2 2
Miami, FL 33180
(305) 330-0588
Digital Contact Information:
griff_pysch@yahoo.com

Grigorova, Marina, MS, LMHC ■
FL
(646) 453-6777
Digital Contact Information:
marinag2804@gmail.com
Other Languages Spoken by Provider or Office Staff
Bulgarian

Groobman, Yanelis, MSN, APRN ■
13195 Southwest 134th Street
102
Miami, FL 33186
(305) 964-5236
Digital Contact Information:
advancedcaresfl@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Grossfeld, Brooke L, MMH, LMHC ■

FL
(305) 501-1674
Digital Contact Information:
https://www.psychologytoday.com/us/therapists/broo
brookegtherapy@gmail.com

Grueiro, Eliani, BS, BCABA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 588-7894
Digital Contact Information:
info@newlifeaba.com

and
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
info@newlifeaba.com

and
306 Westward Dr
Miami Springs, FL 33166
(786) 588-7894
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Grunglasse, Maria E, MS, LCPC ■
FL
(207) 210-2672
Digital Contact Information:
esmeraldagrunglasse@yahoo.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Guedes, Sabrina, MA, BCBA ■
7801 Northwest 37th Street
Lp-201
Doral, FL 33195
(305) 468-9899
Digital Contact Information:
vivianaicare@gmail.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
vivianaicare@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Creole, Spanish

Guemez, Maidember, MMH, LMHC ■
13335 Southwest 124th Street
Suite 212
Miami, FL 33186
(786) 515-4569
Digital Contact Information:
mguemez@sfcounselinggroup.org

and
13590 Southwest 134th Avenue
STE 202
Miami, FL 33186
(786) 515-4569
Digital Contact Information:
mguemez@sfcounselinggroup.org
Other Languages Spoken by Provider or Office Staff
Spanish

Guerra, Evelin, MA, BCABA ■
8300 West Flagler Street
170
Miami, FL 33144
(786) 633-5171
Digital Contact Information:
olympushcs@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Guerra Mayedo, Geidy, MS, BCBA ■
Home Based Services Only
Virginia Gardens, FL 33166
(786) 328-4688
Digital Contact Information:
ggmtherapyservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Guerrelus, Elange, MC, LMHC ■
2801 Northeast 213th Street
Suite 1215
Aventura, FL 33180
(833) 769-3524
Digital Contact Information:
fl-credentialing@lifestance.com
Other Languages Spoken by Provider or Office Staff
English, French

Guerrero, Claudia P, MPSY, BCBA ■
13866 Southwest 56th Street
Miami, FL 33175
(786) 953-4446
Digital Contact Information:
btherapyconsultants@gmail.com

Guerrero, Cristina, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 277-1571
Digital Contact Information:
cristina@alternative-behavior.com

and
15715 South Dixie Highway
410
Miami, FL 33157
(786) 277-1571
Digital Contact Information:
http://www.alternative-behavior.com
cristina@alternative-behavior.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Guevara Alfayate, Lourdes, MED, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 536-7470
Digital Contact Information:
dadebehavioralservices@gmail.com

Guevara, Ernesto, MSN, APRN ■
4005 Northwest 114th Avenue
22 22
Doral, FL 33178
(305) 260-6913
Digital Contact Information:
info@improvinglivesnow.com

and
2645 SW 37th Ave
Ste 101
Miami, FL 33133
(786) 530-4080
Digital Contact Information:
info@improvinglivesnow.com
Other Languages Spoken by Provider or Office Staff
Spanish

Guevara, Heidi, MC, LMHC ■
250 Catalonia Avenue
Suite 702
Coral Gables, FL 33134
(321) 405-2805
Digital Contact Information:
https://harvestingjoypsychologicalservices.com
harvestingjoypsyservices@gmail.com

and
250 Catalonia Avenue
suite 403
Coral Gables, FL 33134
(321) 405-2805
Digital Contact Information:
https://harvestingjoypsychologicalservices.com
harvestingjoypsyservices@gmail.com

and
3833 Southwest 8th Street
Coral Gables, FL 33134
(321) 405-2805
Digital Contact Information:
harvestingjoypsyservices@gmail.com

and
5901 Northwest 183rd Street
120a
Hialeah, FL 33015
(786) 409-4872
Digital Contact Information:
http://onesoulcmh.com
harvestingjoypsyservices@gmail.com

and
5901 Northwest 183rd Street
Suite 128
Hialeah, FL 33015
(786) 409-4872
Digital Contact Information:
http://onesoulcmh.com
harvestingjoypsyservices@gmail.com

Guevara, Orlando, MS, BCBA ■
Home Based Services Only
Doral, FL 33122
(305) 603-8747
Digital Contact Information:
withoutlimitstherapy@gmail.com

and
7801 Northwest 37th Street
Lp-201
Doral, FL 33195
(305) 468-9899
Digital Contact Information:
withoutlimitstherapy@gmail.com

and
15884 Southwest 137th Avenue
Miami, FL 33177
(305) 456-6002
Digital Contact Information:
withoutlimitstherapy@gmail.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
withoutlimitstherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Creole, Spanish

Guevara, Yadira, BS, BCABA ■
13831 Southwest 59th Street
Suite 200
Miami, FL 33183
(786) 536-2361
Digital Contact Information:
http://www.inclusivenest.com
info@inclusivenest.com
Other Languages Spoken by Provider or Office Staff
Spanish

Guibert Reyes, Wilfredo, MS, BCBA ■
8300 NW 53rd St
Ste 350
Miami, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gutierrez, Beatriz, MSN, APRN ■
FL
(954) 765-6505
Digital Contact Information:
https://optimalmindandwellness.com/our-focus
beatriz@optimalmindandwellness.com

Gutierrez, Maritery, MBS, BCBA ■
13155 Southwest 42nd Street
STE 204
Miami, FL 33175
(786) 486-9756
Digital Contact Information:
loveinservicesinc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gutierrez, Marta, MS, BCBA ■
13055 Southwest 42nd Street
205
Miami, FL 33175
(305) 846-9079
Digital Contact Information:
eandgtherapycorp@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Guzman, Jennifer, MED, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
paige@daybreakhealth.com

Haber, Alberto H, MHS, LMHC ■
1045 Kane Concourse
207-208
Bay Harbor Islands, FL 33154
(305) 866-3866
Digital Contact Information:
ahaberlmhc@aol.com

and
1045 Kane Concourse
207
Bay Harbor Islands, FL 33154
(305) 866-3866
Digital Contact Information:
ahaberlmhc@aol.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Hakiel-Calcaterra, Judy, MA, LMHC ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
jhctherapy@gmail.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
jhctherapy@gmail.com

Hale, Mecia, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
rcm_enrollment@eastersealsmorc.org

Hall, Magenta V, MSN, APRN ■
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
providercredentialing@aimmccs.com
Other Languages Spoken by Provider or Office Staff English

Hall, Stephanie, MSW, LCSW, LICSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
info@kbtcounseling.com

Hamilton, Andrea, MC, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
help@joinuplift.co

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Hamner, Becky, MSN, NP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
veda.joshi@televerohealth.com
Other Languages Spoken by Provider or Office Staff English

Hampton, Megan, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Hansen, Angela M, MSW, LCSW ■
395 Northwest 14th Avenue

2
Homestead, FL 33030
(786) 349-4350
Digital Contact Information:
supramedicalbilling@gmail.com

and
8300 West Flagler Street
124
Miami, FL 33144
(305) 877-6650
Digital Contact Information:
supramedicalbilling@gmail.com

and
4995 Southwest 72nd Avenue
401
Miami, FL 33155
(786) 558-5860
Digital Contact Information:
supramedicalbilling@gmail.com

and
10300 SW 72nd St
Ste 230
Miami, FL 33173
(786) 536-5710
Digital Contact Information:
supramedicalbilling@gmail.com

and
10300 Southwest 72nd Street
Suite 350
Miami, FL 33173
(305) 603-9204
Digital Contact Information:
supramedicalbilling@gmail.com

and
10677 North Kendall Drive
ste 5-a
Miami, FL 33176
(786) 296-2773
Digital Contact Information:
supramedicalbilling@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Hardanian, Shahnawz, MS, BCBA ■
14645 Northwest 77th Avenue
Suite 105
Miami Lakes, FL 33014
(202) 420-8359
Digital Contact Information:
info@littleleaves.org

Harmon, Aprill, MSSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Harmon, Portia, MC, LMHC, LPCC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Harper, Jannet, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Harris, Keith, MSW, LMSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Harrison, Doris, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Harvey, Hope, MC, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
hello@jwrgrp.com

Hasboun, Alexandra, MSED, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
hello@talkiatry.com
Other Languages Spoken by Provider or Office Staff Haitian Creole

Haughton, Verona, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
hello@joinblossomhealth.com

Hazan, Jack, MC, LMHC ■
1504 Bay Road
2003
Miami Beach, FL 33139
(917) 453-9306
Digital Contact Information:
clientcae@moderntherapygroup.com
Other Languages Spoken by Provider or Office Staff English

Heard, Chelsea, MSSW, LCSW ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
chelseaheardcounseling@gmail.com

Hebra, Nancy, BS, BCABA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 964-5356
Digital Contact Information:
abacentersolutions@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Hechavarria, Lianet, MPSY, BCBA ■
Home Based Services Only
Miami Gardens, FL 33014
(305) 640-5739
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Hecker, Jillanne K, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
arscredentialing@advancedrecoverysystems.com

Helmi, Jehan F, MD ■
1501 Biscayne Boulevard
#501
Miami, FL 33132
(818) 600-2034
Digital Contact Information:
amanda.kudoba@uhsinc.com
Other Languages Spoken by Provider or Office Staff English, Turkish, Arabic

Henderson, Kimberly, MSW, LCSW ■
FL
(305) 804-9121
Digital Contact Information:
http://www.sfacounseling.org
info@sfacounseling.org

Hennessy, Carrie, MA, BCBA, LBA ■
1065 Southwest 8th Street
1459
Miami, FL 33130
(855) 853-0228
Digital Contact Information:
julie.mangine@joinsproutherapy.com

Hennings, Sydne, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Henry, Sheryl, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Heredia Gonzalez, Laura, MS, BCBA ■
Home Based Services Only
Hialeah, FL 33012
(305) 200-3326
Digital Contact Information:
asmtherapy@gmail.com

and
12150 Southwest 128th Court
125
Miami, FL 33186
(305) 964-5191
Digital Contact Information:
asmtherapy@gmail.com

and
6175 Northwest 153rd Street
STE 215
Miami Lakes, FL 33014
(305) 200-3326
Digital Contact Information:
asmtherapy@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Hernandez, Alhena, MSED, BCBA ■
14204 Southwest 289th Terrace
Homestead, FL 33033
(305) 878-1255
Digital Contact Information:
abatoday7@gmail.com

and
21505 Southwest 177th Avenue
Miami, FL 33187
(786) 226-2816
Digital Contact Information:
http://www.abatodayinc.com
abatoday7@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Hernandez Alvarez, Nylen, MSN, APRN ■
5901 Southwest 74th Street
211
Miami, FL 33143
(786) 228-6892
Digital Contact Information:
http://www.santanamhs.com
admin@santanamhs.com
Other Languages Spoken by Provider or Office Staff Spanish

Hernandez, Ana, BA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(954) 400-3251
Digital Contact Information:
info@abacustherapies.com

and
1500 North Bayshore Drive
1a 122
Miami, FL 33132
(786) 290-8101
Digital Contact Information:
http://www.abacustherapies.com
info@abacustherapies.com

Hernandez, Ania, MS, BCBA ■
12060 Southwest 129th Court
Suite 205
Miami, FL 33186
(786) 864-9113
Digital Contact Information:
Not Available

Hernandez, Annalie, MBS, BCBA ■
13831 Southwest 59th Street
Suite 200
Miami, FL 33183
(786) 536-2361
Digital Contact Information:
http://www.inclusivenest.com
info@inclusivenest.com
Other Languages Spoken by Provider or Office Staff Spanish

Hernandez, Belkis, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
office@cartwheelcare.org

Hernandez, Bianca F, MS, BCBA ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
admin@aspirebehavioral.org

and
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
admin@aspirebehavioral.org

and
333 West 41st Street
Suite 324
Miami, FL 33140
(786) 673-9355
Digital Contact Information:
https://stepforwardaba.com/
admin@aspirebehavioral.org

Hernandez Blondin, William, MS, BCBA ■
306 Westward Dr
Miami Springs, FL 33166
(786) 588-7894
Digital Contact Information:
office@smartbatherapy.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
office@smartbatherapy.com
Other Languages Spoken by Provider or Office Staff Spanish

Hernandez Cardenache, Rene D, PSYD, LP ■
1295 NW 14th St
Ste E
Miami, FL 33125
(305) 689-1352
Digital Contact Information:
ccardenache@yahoo.com

and
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-2301
Digital Contact Information:
ccardenache@yahoo.com

and
1695 NW 9th Ave
1404A
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
ccardenache@yahoo.com

and
1695 NW 9th Ave
Fl 14
Miami, FL 33136
(305) 243-4782
Digital Contact Information:
ccardenache@yahoo.com

and
1695 NW 9th Ave
Fl 3
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
ccardenache@yahoo.com

and
12955 SW 42nd St

Miami, FL 33175
(305) 559-0050
Digital Contact Information:
ccardenache@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Diana, MC, LMHC ■
2500 Southwest 107th Avenue
41
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
info@abcsfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Edgar, LCMHC, MMH ■
2828 Coral Way
560
Coral Gables, FL 33145
(786) 238-7298
Digital Contact Information:
Not Available

Hernandez, Guillermo, MS, BCBA ■
1150 Northwest 72nd Avenue
ph 2
Miami, FL 33126
(786) 542-5043
Digital Contact Information:
http://1stcarecms.com
info@newlifeaba.com

and
13055 Southwest 42nd Street
STE 104
Miami, FL 33175
(305) 480-7839
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(305) 480-7839
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Hernandez Izquierdo, Dianelys, BS, BCABA ■
7500 Northwest 25th Street
Suite 254
Miami, FL 33122
(786) 391-8613
Digital Contact Information:
amecaprovider@gmail.com

Hernandez, Juan D, MED, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
contracting@confidanthealth.com

Hernandez, Julia, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 450-2918
Digital Contact Information:
glowingmindsaba@gmail.com

and
10300 Southwest 72nd Street
250b
Miami, FL 33173
(305) 939-6878
Digital Contact Information:
glowingmindsaba@gmail.com
Other Languages Spoken by Provider or Office Staff Sign Lang Amer, Spanish

Hernandez Lauzardo, Ana N, MA, BCBA ■
15924 SW 92nd Ave
Miami, FL 33157
(786) 636-1303
Digital Contact Information:
maria.aviles@hhfcfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Lecsy, MA, BCBA, LMHC ■
770 Ponce de Leon
307
Coral Gables, FL 33134
(786) 344-8757
Digital Contact Information:
mtherapy@hushmail.com

and
770 Ponce de Leon
Ste 305
Coral Gables, FL 33134
(786) 344-8757
Digital Contact Information:
mtherapy@hushmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 695-8672
Digital Contact Information:
mtherapy@hushmail.com

and
4155 Southwest 130th Avenue
108
Miami, FL 33175
(786) 695-8672
Digital Contact Information:
mtherapy@hushmail.com

Hernandez, Leidy L, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 964-7927
Digital Contact Information:
credentialing@tillytherapy.com

and
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
credentialing@tillytherapy.com

and
12970 Southwest 133rd Court
a
Miami, FL 33186
(786) 445-5607
Digital Contact Information:
http://specialneedscareinc.com
credentialing@tillytherapy.com

and
FL
(786) 352-7621
(833) 458-0386
Digital Contact Information:
credentialing@tillytherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Lenay, MS, BCBA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

Hernandez Lopez, Yusday D, BS, BCBA ■
3300 West 84th Street
Unit 10
Hialeah, FL 33018
(305) 335-0407
Digital Contact Information:
http://www.childgardens.com
privateinsurancechildgarden@gmail.com
Other Languages Spoken by Provider or Office Staff Creole, Spanish

Hernandez, Marian D, MPSY, BCBA ■
10200 Northwest 25th Street
STE 204
Doral, FL 33172
Digital Contact Information:
info@foundartacademy.org
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez Montero, Yoswliany E, MS, BCBA ■
100 Northeast 15th Street
203
Homestead, FL 33030
(786) 404-3075
Digital Contact Information:
maria.aviles@hhfcfl.com

and
15924 SW 92nd Ave
Miami, FL 33157
(786) 636-1303
Digital Contact Information:
maria.aviles@hhfcfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Nayelys, MA, BCBA ■
1180 North Krome Avenue
Homestead, FL 33030
(786) 349-4700
Digital Contact Information:
mleon@mykidtherapycenter.com

and
49 NW 17th St
Homestead, FL 33030
(786) 349-4700
Digital Contact Information:
mleon@mykidtherapycenter.com

and
14425 Country Walk Drive
Miami, FL 33186
(786) 349-4700
Digital Contact Information:
mleon@mykidtherapycenter.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Hernandez, Nick, BA, BCBA ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(305) 273-3773
Digital Contact Information:
http://www.behavior-analysis.org
jalvarez@behavior-analysis.org
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Niurvict, MBS, BCBA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
http://appliedbhs.com
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez Quesada, Olga, MS, BCBA ■
100 Northeast 15th Street
203
Homestead, FL 33030
(786) 404-3075
Digital Contact Information:
professionalbaskills@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez Rodriguez, Dailen, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 402-2267
Digital Contact Information:
elcbehavior21@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Victor J, MS, BCBA ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
info@bhavioralcorporation.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Yandy, MMH, LMHC ■
1250 Southwest 27th Avenue
207
Miami, FL 33135
(786) 522-7203
Digital Contact Information:
cabehavior@gmail.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(786) 522-7203
Digital Contact Information:
cabehavior@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez-Pereira, Gabriela, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
credentialingaba@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Herrera, Carolina, MA, LMHC ■
FL
(786) 770-0618
(315) 873-2936
Digital Contact Information:
cherrera@youremotionsmatter.org
Other Languages Spoken by Provider or Office Staff
Spanish

Herrera, Gregory, MS, BCBA ■
7990 Southwest 117th Avenue
Suite 134
Kendall, FL 33183
(305) 741-2218
Digital Contact Information:
gherrera@buildablocktherapy.com

Herrera, Isabella M, MA, LMHC ■
3625 Northwest 82nd Avenue
400
Doral, FL 33166
(954) 372-7584
Digital Contact Information:
http://isabellaherrera.com
isabellaherreramg@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Herrera, Korina, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Herrera, Ludim E, MSN, APRN ■
1710 Northwest 7th Street
STE 5-6-7
Miami, FL 331253500
(786) 409-2568
Digital Contact Information:
novosbhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Herrera Oro, Soley, BA, BCABA ■
13301 Southwest 132nd Avenue
209 209
Miami, FL 33186
(786) 713-5553
Digital Contact Information:
info@behaviorassociates.org
Other Languages Spoken by Provider or Office Staff
Spanish

Hershman, Kelley P, MA, LMHC ■
14211 Southwest 120th Street
107
Miami, FL 33186
(917) 592-2345
Digital Contact Information:

khershman@thesohocenter.com
Other Languages Spoken by Provider or Office Staff Spanish

Hickman, Toni D, PSYD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
hello@emorahealth.com

Hidalgo, Ana H, MA, BCBA ■
9379 West 32nd Lane
Hialeah, FL 33018
(954) 812-1642
Digital Contact Information:
rebecca@stepforwardaba.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Hidalgo Anias, Niurka M, MS, BCBA ■
4410 West 16th Avenue
unit 41
Hialeah, FL 33012
(786) 267-2830
Digital Contact Information:
http://www.abastarbehavioral.com
behaviorplusservices@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
behaviorplusservices@gmail.com

and
8300 NW 53rd St
Ste 350
Miami, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
behaviorplusservices@gmail.com

Hierholzer, Autumn, MSW, LCSW ■
2999 Northeast 191st Street
600
Miami, FL 33180
(786) 981-0640
Digital Contact Information:
ga1@turnwell.com

Hill, Denise, CAP, MA ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
Not Available

Hill, Marcell L, EDM, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
hmossaba@fullspectrumaba.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
hmossaba@fullspectrumaba.com

Hodgson, Sidney, MS, LMHC ■
10300 Southwest 72nd Street
#123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
myschoolpsychologist@outlook.com
Other Languages Spoken by Provider or Office Staff Spanish

Hollinger, Julia M, PSYD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Honore, Lucenda L, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@heightsadc.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(503) 427-8094
Digital Contact Information:
https://www.emorahealth.com/
info@heightsadc.com
Other Languages Spoken by Provider or Office Staff Haitian

Hopps, Allison M, MSN, APRN ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Horwitz, Andrea, MSW, LCSW ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
contact@daopl.rog

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
contact@daopl.rog

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
contact@daopl.rog

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
contact@daopl.rog

Hunt, Megan, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Hussain, Jasmine, MA, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Hutchings, Ryan, MA, LMFT ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
hello@handspringhealth.com

Hutchinson, Shamarla, MA, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
credentialing@tillytherapy.com

Ibarra, Teresita, MS, BCBA, LMFT ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
http://www.appliedbhs.com
kairoscounselinggroup@gmail.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
http://appliedbhs.com
kairoscounselinggroup@gmail.com

and
8707 Southwest 159th Path
Miami, FL 33193
(786) 444-6433
Digital Contact Information:
kairoscounselinggroup@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Incera, Cesar B, MPSY, LMHC ■
9485 SW 72nd St
Ste A202
Miami, FL 33173
(305) 670-0204
Digital Contact Information:
cince3@aol.com
Other Languages Spoken by Provider or Office Staff French, Spanish

Infante Lobaina, Ruth, PSYD, LP ■
5200 NE 2nd Ave
Miami, FL 33137
(305) 762-1450
Digital Contact Information:
iruth95@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Ingraham, Megan, PHD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
hello@emorahealth.com

Ireton, Vivian L, MSW, LCSW ■
66 W Flagler St
900
Miami, FL 33130
(786) 244-7690
Digital Contact Information:
rgunton@lumenhealthservices.com

and
1221 Brickell Avenue
ste 900
Miami, FL 33131
(786) 244-7690
Digital Contact Information:
rgunton@lumenhealthservices.com

and
2212 Northwest 91st Street
Miami, FL 33147
(341) 888-7637
Digital Contact Information:
rgunton@lumenhealthservices.com

Iriarte, Rebecca M, MS, BCBA ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(305) 273-3773
Digital Contact Information:
http://www.behavior-analysis.org
aillobre@behavior-analysis.org
Other Languages Spoken by Provider or Office Staff Spanish

Irvin, Shicara, MSN, APRN, ARNP, CNS, NP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
kiara@thechcalliance.com
Other Languages Spoken by Provider or Office Staff Sign Lang Amer

Isakharova, Susana, MSED, BCBA ■
13301 Southwest 132nd Avenue
209 209
Miami, FL 33186
(786) 713-5553
Digital Contact Information:
info@behavior123.com
Other Languages Spoken by Provider or Office Staff Hebrew, English, German, Ukrainian, Russian, Yiddish, Spanish, Polish

Iturrizaga, Tancy M, MA, BCBA ■
13195 Southwest 134th Street
Suite 106
Miami, FL 33186
(786) 250-3220
Digital Contact Information:
billing@peaktherapycenter.com

and
13195 Sw 13th St Ste 106
Miami, FL 33186
(786) 250-3220
Digital Contact Information:
billing@peaktherapycenter.com

and
13501 Southwest 136th Street
STE 205
Miami, FL 33186
(305) 209-4321
Digital Contact Information:
http://sunshinespectrumaba.com
billing@peaktherapycenter.com

and
14629 Southwest 104th Street
505
Miami, FL 33186
(786) 226-0835
Digital Contact Information:
billing@peaktherapycenter.com

Izekor, Abiola O, MSN, APRNCNP, NP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

Izquierdo, Isabella, MACP, BCBA ■
9350 SW 72nd St
Ste 100
Miami, FL 33173
(305) 279-2286

Digital Contact Information:
isaizquierdo20@gmail.com

Izquierdo, Sharon R, BS, BCBA ■
Home Based Services Only
Doral, FL 33126
(407) 800-6086
Digital Contact Information:
prokidzabatherapy@yahoo.com

and
123 N Krome Ave
Ste 104
Homestead, FL 33030
(786) 349-4559
Digital Contact Information:
prokidzabatherapy@yahoo.com

and
131 Northeast 8th Street
Homestead, FL 33030
(786) 291-3979
Digital Contact Information:
prokidzabatherapy@yahoo.com

and
14204 Southwest 289th Terrace
Homestead, FL 33033
(305) 878-1255
Digital Contact Information:
prokidzabatherapy@yahoo.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 445-9554
Digital Contact Information:
prokidzabatherapy@yahoo.com
Other Languages Spoken by Provider or Office Staff Spanish

Jabrayan, Marine W, MA, BCBA ■
13195 Southwest 134th Street
Ste. 201
Miami, FL 33186
(561) 421-5111
Digital Contact Information:
marine@behavioralfamilysolutions.com

and
8785 SW 165th Ave
Ste 104
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
https://behavioralfamilysolutions.com/
marine@behavioralfamilysolutions.com
Other Languages Spoken by Provider or Office Staff Spanish

Jackson, Candice, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Jackson, Clarissa, MA, BCBA ■
FL
(909) 255-0195
Digital Contact Information:
http://bxhub.org
admin@bxhub.org

Jackson, Karla, MS, LCMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
payors@emorahealth.com

Jacobstein, Amy J, PSYD, LP ■
10305 NW 41st St
Ste 205
Doral, FL 33178
(305) 718-9800
Digital Contact Information:
amyjacobstein@gmail.com

and
8200 SW 117th Ave
Ste 202
Miami, FL 33183
(305) 274-9206
Digital Contact Information:
amyjacobstein@gmail.com

Jaisingh, Nathan, MSN, APN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
info@benchmarkpsychservices.com

Jangira, Henry, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Jaramillo, Kate M, MMFT, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@joinuplift.co

Jefferson, Shanna, MSW, LCSW, LISW-CP ■
FL
(800) 567-5433
Digital Contact Information:
http://therapywithshanna.com
appointments@meetmarvin.com

Jenssen, Mary, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Jerome-Saintil, Magdala, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, French

Jessica, Mata, BA, BCABA ■
4800 Northwest 167th Street
Miami Gardens, FL 33014
(305) 515-2726
Digital Contact Information:
http://www.lightingbehavior.com
lightingbehaviorservices@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Jimenez, Alyssa, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Jimenez, Giselle L, MS, LMFT ■
11890 Southwest 8th Street
STE 309
Miami, FL 331841710
(305) 220-6060
Digital Contact Information:
http://www.blueangelcare.net
info@blueangelcare.net

Jimenez Jorge, Marisleydi, MA, BCBA ■
1022 East 8th Avenue
Hialeah, FL 33010
(786) 615-7829
Digital Contact Information:
ddrehabbeacon@gmail.com

and
3412 West 84th Street
e106
Hialeah, FL 33018
(305) 827-7344
Digital Contact Information:
ddrehabbeacon@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Jimenez, Pablo A, MS, BCABA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
sseastcoast22@gmail.com

and
13055 Southwest 42nd Street
STE 104
Miami, FL 33175
(305) 480-7839
Digital Contact Information:
sseastcoast22@gmail.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
sseastcoast22@gmail.com

Jit, Jamie, MC, LPCC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
counseling@connectionchurch.net

Johannes, Izabella A, MS, BCBA ■
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
admin@stepforwardaba.com
Other Languages Spoken by Provider or Office Staff Spanish

Johnson, Chermora, MS, LCPC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff English

Johnson, Delisea K, MSW, LCSW ■
FL
(508) 202-1011
Digital Contact Information:
http://www.bpoqe.org
support@advantagepointbehavioral.com

Johnson, Keisha H, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
gaelbyron@gmail.com

Johnson, Lisa A, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Johnson, Sherika, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Jones, Alicia, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Jones, Amy, MSW, LCSW ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Jones, Tala, MA, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
https://tillytherapy.com/
credentialing@tillytherapy.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
credentialing@tillytherapy.com

and
1951 NW 7th Ave
Ste 600
Miami, FL 33136
(929) 384-7193
Digital Contact Information:
credentialing@tillytherapy.com

Jones, Toni-Anne, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Jorge, Cecilia M, MD ■
31 N Krome Ave
Homestead, FL 33030
(786) 481-5909
Digital Contact Information:
https://www.infinitecc.org/
info@infinitecc.org
Other Languages Spoken by Provider or Office Staff Spanish

Jorge, Yohanna, MA, BCBA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
credentialing.dpt@gmail.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
http://appliedbhs.com
credentialing.dpt@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Joseph, Marie I, MSN, APRN ■
111 Northwest 183rd Street
Suite 203
Miami, FL 33169
(786) 809-4101
Digital Contact Information:
heavenlysoulscare@gmail.com
Other Languages Spoken by Provider or Office Staff Creole

Joseph, Shatavia, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Juantorena Alen, Yunit, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
info@newlifeaba.com

and
13055 Southwest 42nd Street

STE 104
Miami, FL 33175
(305) 480-7839
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

Julian, Cassandra, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Kamara, Edward, MA, LBA ■
1065 Southwest 8th Street
1459
Miami, FL 33130
(855) 853-0228
Digital Contact Information:
edwardkamarachildrensmilestone@gmail.com

Kanenbley, Melissa, MSW, LCSW ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
acc@advancedclientcare.org

Kaplan, Alexander, MS, LCSW ■
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
btaalex11@yahoo.com

Karoub, Arielle E, MS, LCMHC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Katz, Lauren, MA, BCBA ■
11025 SW 84th St
Ste 8
Miami, FL 33173
(833) 971-1230
Digital Contact Information:
info@cdaintensivelearning.com
Other Languages Spoken by Provider or Office Staff Spanish

Kburg, Regina I, PSYD, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
office@pasadenaclinicalgroup.com
Other Languages Spoken by Provider or Office Staff Spanish

Keaton, Latanya B, MED, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Keltgen, Joan, MED, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Kempler, Arielle, MSW, LCSW ■
1110 Brickell Avenue
Suite 502
Miami, FL 33131
(203) 693-4917
Digital Contact Information:
info@revivecfw.com

Kessler, David S, MSW, LCSW ■
245 Northeast 14th Street
Ste. 209
Miami, FL 33132
(305) 987-1748
Digital Contact Information:
http://www.davidskessler.com
david@davidskessler.com
Other Languages Spoken by Provider or Office Staff Spanish

Khachatryan, Sunny, PHD, LMHC, LPCC ■
1001 Brickell Bay Dr
2701
Miami, FL 33131
(305) 742-5429
Digital Contact Information:
appointments@meetmarvin.com

Kifer, Koyt B, MC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff Sign Lang Amer

Klanot, Paula, PSYD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
hello@emorahealth.com

Kluver-Williams, Alethea M, MTH, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Kniess, Lorinda, MED, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Knight, Jade, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
shanell.adams@cultivatebhe.com
Other Languages Spoken by Provider or Office Staff English

Knight, Myah, MED, LCPC, LMHC, LPC, LPCC ■
FL
(561) 730-2398
(508) 202-1011
Digital Contact Information:
hello@lbeehealth.com

Knuth, John, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Kockler, Lucas, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Kolb-Jackson, Elizabeth, MED, BCBA ■
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
lsantiago@camenbehavioral.org

Konovalova, Allison, MMFT, LMFT ■
1125 Northeast 125th Street
501
North Miami, FL 33161
(305) 900-7146
Digital Contact Information:
blumcounselinggroup@gmail.com

Krakowski, David, MSSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Kroes, Hendrik, MS, BCBA ■
18443 Southwest 87th Place
Cutler Bay, FL 33157
(305) 699-3241
Digital Contact Information:
http://www.luxabatherapy.com
info@luxabatherapy.com

and
10625 Southwest 112th Avenue
201 201
Miami, FL 33176
(305) 699-3241
Digital Contact Information:
info@luxabatherapy.com

and
10625 Southwest 112th Avenue
APT 201
Miami, FL 33176
(786) 367-5726
Digital Contact Information:
info@luxabatherapy.com
Other Languages Spoken by Provider or Office Staff Spanish

Kruszel, Liliana B, MA, LMHC ■
782 NW Le Jeune Rd
Ste 533
Miami, FL 33126
(305) 558-7400
Digital Contact Information:
daliamer@aol.com

and
6175 NW 153rd St
Ste 404
Miami Lakes, FL 33014
(305) 558-7400
Digital Contact Information:
daliamer@aol.com
Other Languages Spoken by Provider or Office Staff Spanish

Krywinski, Steven E, MA, LMHC ■
1550 Madruga Avenue
STE 410
Coral Gables, FL 33146
(786) 355-4051
Digital Contact Information:
https://besttherapy4me.clientsecure.me/
drstevenkrywinski@gmail.com

and
1550 Madruga Avenue
Suite 406
Coral Gables, FL 33146
(786) 355-4051
Digital Contact Information:
https://besttherapy4me.clientsecure.me/
drstevenkrywinski@gmail.com

and
9010 SW 137th Ave
Miami, FL 33186
(786) 355-4051
Digital Contact Information:
https://besttherapy4me.clientsecure.me/
drstevenkrywinski@gmail.com

and
9020 SW 137th Ave
Ste 200
Miami, FL 33186
(786) 355-4051
Digital Contact Information:
drstevenkrywinski@gmail.com

Kudolo, Diane, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
dmk.lpc2011@gmail.com

Kugel, Elina, PSYD, LP ■
11900 Biscayne Boulevard
Miami, FL 33181
(786) 949-0001
Digital Contact Information:
http://www.curectneurotx.com
credentialing@curectneuro.com

Kushner, David, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Kyger-Skidgel, Brenda, MED, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
members@wellnite.com

La O, Marielis, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 536-7470
Digital Contact Information:
camiamibehavior@gmail.com

and
1250 Southwest 27th Avenue
207
Miami, FL 33135
(305) 305-0279
Digital Contact Information:
camiamibehavior@gmail.com

and
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
camiamibehavior@gmail.com

and
9010 Southwest 137th Avenue
213
Miami, FL 33186
(305) 305-0279
Digital Contact Information:
camiamibehavior@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

La Rosa, Maydelin, MS, BCBA ■
5881 Northwest 151st Street
127
Miami Lakes, FL 330142450
(786) 905-2262
Digital Contact Information:
http://sweetchildbehavior.com
tcmfl2018@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Lacasse, Jennifer, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Lacayo, Kassandra, MMFT, LMFT ■
7400 Southwest 50th Terrace
STE 303
Miami, FL 33155
(786) 738-4045
Digital Contact Information:
http://psychcarecenter.com/
psychcarecc@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Ladron De Guevara, Edey, MBS, BCBA ■
6215 West 20th Avenue
409 409
Hialeah, FL 33012
(786) 810-3656
Digital Contact Information:
ddrehabbeacon@gmail.com

and
Home Based Services Only
Hialeah, FL 33012
(786) 810-3656
Digital Contact Information:
ddrehabbeacon@gmail.com

Lago, Mercedes M, MMH, LMHC ■
4800 West Flagler Street
215
Coral Gables, FL 33134
(954) 368-4786
Digital Contact Information:
mercedeslago7@gmail.com

and
4689 Ponce de Leon Boulevard
Suite 200
Coral Gables, FL 33146
(786) 803-8025
Digital Contact Information:
mercedeslago7@gmail.com

and
1840 West 49th Street
606 606
Hialeah, FL 33012
(305) 846-9727
Digital Contact Information:
mercedeslago7@gmail.com

and
17670 Northwest 78th Avenue
STE 113
Hialeah, FL 33015
(716) 558-4565
Digital Contact Information:
mercedeslago7@gmail.com

and
9827 Southwest 40th Street
Miami, FL 33165
(786) 762-2922
Digital Contact Information:
mercedeslago7@gmail.com

and
6955 Northwest 77th Avenue
407
Miami, FL 33166
(786) 615-2306
Digital Contact Information:
mercedeslago7@gmail.com

and
14722 Southwest 56th Street
Miami, FL 33185
(305) 456-0572
Digital Contact Information:
mercedeslago7@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Lagravere, Rose Mary, MSCC, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
acc@advancedclientcare.org

Lake, Michelle, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
frontdesk@insighttherapy.us

Lamazares, Mary, MS, LMHC ■
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
morecounseling@gmail.com

and
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
morecounseling@gmail.com

and
9125 SW 87th Ave
Miami, FL 33176
(305) 735-3919
Digital Contact Information:
morecounseling@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Lamons, Jackie D, DSW, LCSW ■
FL
(954) 348-5230
Digital Contact Information:
https://www.blueoasis.online/
jackielamonsdsw@gmail.com

Lamour, Carolyn, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

Lampkin, Craig, MS, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Landino, Sonia, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com
Other Languages Spoken by Provider or Office Staff Spanish

Langan, Alexandria M, MS, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
cred@cubetherapybilling.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
cred@cubetherapybilling.com

and
1951 NW 7th Ave
Ste 600
Miami, FL 33136
(929) 384-7193
Digital Contact Information:
cred@cubetherapybilling.com

Lange, Stephen M, PHD, LP ■
FL
(800) 567-5433
Digital Contact Information:
https://totallife.com/
help@prosperhealth.io

Langford, Stephanie, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Lankenau, Diana J, MN, APRN, PMHNP ■
South Red Road
Miami, FL 33155
(305) 297-7014
Digital Contact Information:
credentialing@orendapsych.com

and
FL
(305) 297-7014
Digital Contact Information:
credentialing@orendapsych.com

Laplace, Arthur, PHD, LP ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
caqh@citrusmedassociates.com

and
150 Alhambra Circle
Floor 10
Coral Gables, FL 33134
(786) 800-3374
Digital Contact Information:
caqh@citrusmedassociates.com

and
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
caqh@citrusmedassociates.com

and
255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
caqh@citrusmedassociates.com

and
370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
caqh@citrusmedassociates.com

and
333 Southeast 2nd Avenue
Suite 2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
caqh@citrusmedassociates.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
caqh@citrusmedassociates.com

and
3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
caqh@citrusmedassociates.com

and
350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
caqh@citrusmedassociates.com

and
429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
caqh@citrusmedassociates.com

and
323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
caqh@citrusmedassociates.com

Larrauri, Carlos A, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
bmmedicalllc@gmail.com

and
7921 Bird Rd
Ste 41
Miami, FL 33155
(305) 425-1393
Digital Contact Information:
http://oceanhealthsystem.com
bmmedicalllc@gmail.com

and
7921 Bird Road
39
Miami, FL 33155
(786) 310-1570
Digital Contact Information:
http://oceanhealthsystem.com
bmmedicalllc@gmail.com

and
7971 Bird Road
39
Miami, FL 33155
(786) 910-7179
Digital Contact Information:
http://oceanhealthsystem.com
bmmedicalllc@gmail.com

and
10682 Fontainebleau Boulevard
Miami, FL 33172
(786) 910-7179
Digital Contact Information:
bmmedicalllc@gmail.com

Lau, Scheree, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Laudo, Alicia M, MPSY, BCBA ■
Home Based Services Only
Doral, FL 33122
(305) 591-7898
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Lauzurique Tenorio, Grace, MA, BCBA ■
15260 SW 280th St
Ste 205
Homestead, FL 33032
(305) 707-7237
Digital Contact Information:
http://www.familybehaviorservices.org
admin@familybehavioralservices.org

and
Home Based Services Only
Miami Gardens, FL 33014
(786) 919-3784
Digital Contact Information:
admin@familybehavioralservices.org

Layden, Paul G, PHD, LP ■
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
pglayden3@bellsouth.net
Other Languages Spoken by Provider or Office Staff English

Lazo, Dunia, MED, BCBA, LMHC ■
13301 Southwest 132nd Avenue
Suite 210
Miami, FL 33186
(305) 964-7983
Digital Contact Information:
http://www.brighthealingservices.com
info@brighthealingservices.com

Lazo, Nara, MS, BCBA ■
2828 Coral Way
560
Coral Gables, FL 33145
(786) 238-7298
Digital Contact Information:
info@brightfuturebehavioral.com

and
Home Based Services Only
Hialeah, FL 33012
(561) 460-0284
Digital Contact Information:
info@brightfuturebehavioral.com
Other Languages Spoken by Provider or Office Staff Spanish

Leal, Eduardo, MS, BCBA ■
1031 Ives Dairy Road
STE 240
Miami, FL 33179
(786) 306-5534
Digital Contact Information:
mortega@tlhproject.com
Other Languages Spoken by Provider or Office Staff Spanish

Lebredo, Heidi, MS, BCBA ■

1000 Brickell Avenue
Miami, FL 33131
(786) 817-2356
Digital Contact Information:
lebredobehavioranalysiservices@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ledon, Nicolas I, MS, LMHC ■
4300 Biscayne Boulevard
STE 203
Miami, FL 33137
(786) 514-6362
Digital Contact Information:
http://www.baypoint-therapy.com
nledon@baypoint-therapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lee, Edmond, MSN, APRN ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Lee, Ivy, MSN, APRN ■
12550 Biscayne Boulevard
STE 800
North Miami, FL 33181
(788) 442-5021
Digital Contact Information:
omernawaz00@aol.com
Other Languages Spoken by Provider or Office Staff English

Legra, Bertha V, MS, LMHC ■
419 W 49th St
Ste 210
Hialeah, FL 33012
(954) 404-7052
Digital Contact Information:
credentialing@psychiatrist4u.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Lehman, Helen G, MED, PCC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ben.lehman@feaad.org

Lemon, Tinsley, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Lemus-Dominguez, Olianys, MS, BCBA ■
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
credentialing@southbillcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Len, Mary E, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Lensch, Carolyn, MS, LCPC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Leon, Enrique, MA, BCBA ■
18901 Southwest 106th Avenue
229
Miami, FL 33157
(786) 808-6575
Digital Contact Information:
maximumachieversllc@gmail.com

Leon Infante, Yadely, PSYD, BCBA, LMHC, LP ■
12060 Southwest 129th Court
104
Miami, FL 33186
(786) 615-3349
Digital Contact Information:
yadelyleoninfante@gmail.com

and

12060 Southwest 129th Court
201
Miami, FL 33186
(786) 615-3349
Digital Contact Information:
yadelyleoninfante@gmail.com

Lequerica Ziemba, Adriana, PSYD, LP ●
6175 NW 153rd St
Ste 205
Miami Lakes, FL 33014
(305) 502-9589
Digital Contact Information:
http://thrivepsychological.com
admin@thrivepsychological.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lerma, Diley, BA, BCABA ■
9010 SW 137th Ave
Ste 212
Miami, FL 33186
(786) 762-2474
Digital Contact Information:
gipsia@goodbehaviorbeginnings.net
Other Languages Spoken by Provider or Office Staff
English, Spanish

Lerner, Chaya R, MSW, LCSW ■
231 NE 141st St
Miami, FL 33161
(786) 208-9505
Digital Contact Information:
crlerner09@gmail.com

and

12000 Biscayne Boulevard
303
Miami, FL 33181
(305) 933-9820
Digital Contact Information:
http://www.jcsfl.org
crlerner09@gmail.com

and

12000 Biscayne Boulevard
609
Miami, FL 33181
(305) 899-1587
Digital Contact Information:
http://www.jcsfl.org
crlerner09@gmail.com

Letlow, Janielle, MED, BCBA ■
14125 Northwest 80th Avenue
304
Miami Lakes, FL 33016
(786) 305-7222
Digital Contact Information:
haley.hounchell@yourmissingpiece.com

Leuschner, Siobhon, MA, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
sleuschner@kaaficounseling.com

Leveille, Dominique C, PHD, LMFT ■
15715 South Dixie Highway
STE 325
Miami, FL 33157
(305) 922-3436
Digital Contact Information:
http://blisstherapy.me
dr.dominique@blisstherapy.me
Other Languages Spoken by Provider or Office Staff
English, Creole, French

Levine, Alexander, PSYD, LP ■
FL
(917) 410-0558
Digital Contact Information:
http://dralexlevine.com
dralexllevine@gmail.com

Levine, Elexis, MA, BCBA ■
9350 Sunset Drive
Suite 175
Miami, FL 33173
(786) 673-9355
Digital Contact Information:
http://www.stepforwardaba.com
admin@stepforwardaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lewis, Crystal, MC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Lewis, Mariah, MSW, LCSW ■
FL
(850) 305-1894
Digital Contact Information:
http://www.tpttherapy.org
mariahlewis@tpttherapy.org

Lewis, Sharon, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Lewis, Tyree, MHS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Lewis-Payton, Tomecia, MS, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Leyva, Celio, BA, BCABA ■
18901 Southwest 106th Avenue
a 227
Cutler Bay, FL 33157
(786) 732-7516
Digital Contact Information:
goodbehavior.as@gmail.com

and

1000 Brickell Avenue
Miami, FL 33131
(786) 732-7516
Digital Contact Information:
goodbehavior.as@gmail.com

and

15715 South Dixie Highway
330
Miami, FL 33157
(786) 732-0842
Digital Contact Information:
goodbehavior.as@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Leyva, Renan, PHD, BCBA ■
7801 Northwest 37th Street
Lp-201
Doral, FL 33195
(305) 468-9899
Digital Contact Information:
vivianaicare@gmail.com

and

13301 Southwest 132nd Avenue
112 112
Miami, FL 33186
(305) 640-8342
Digital Contact Information:
https://yamtherapyservices.com
vivianaicare@gmail.com

and

6405 Northwest 36th Street
Virginia Gardens, FL 33166
(786) 238-2008
Digital Contact Information:
vivianaicare@gmail.com

and

6405 Northwest 36th Street
#123
Virginia Gardens, FL 33166
(786) 872-4325
Digital Contact Information:
vivianaicare@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lichtshein, Gil, MD ■
1175 Northeast 125th Street
320
Miami, FL 33161
(786) 842-0444
Digital Contact Information:
http://www.marriagefamilyservices.com
mfsfrontdesk1@gmail.com

and

17325 Northwest 27th Avenue
Suite 105
Miami Gardens, FL 33056
(786) 819-0209
Digital Contact Information:
mfsfrontdesk1@gmail.com

Little, Jacinta L, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
insurance@wellnite.com

and

2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Little, Jennifer, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
members@wellnite.com

Llanes Basulto, Yasmani, MA, BCBA ■
8601 Southwest 199th Street
Cutler Bay, FL 33189
(305) 908-2999
Digital Contact Information:
viviangonzalezdiaz@gmail.com

and

10200 NW 25th St
Ste 114
Doral, FL 33172
(305) 908-2999
Digital Contact Information:
viviangonzalezdiaz@gmail.com

and

3271 NW 7th St
Ste 203
Miami, FL 33125
(786) 220-6902
Digital Contact Information:
http://www.outpatientpsycare.com
viviangonzalezdiaz@gmail.com

and

15924 SW 92nd Ave
Miami, FL 33157
(786) 636-1303
Digital Contact Information:
viviangonzalezdiaz@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Llanes Hernandez, Vanessa, MSED, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
info@newlifeaba.com

and

Home Based Services Only
Miami, FL 33155
(786) 747-4949
Digital Contact Information:
info@newlifeaba.com

and

12985 Southwest 130th Court
217 217
Miami, FL 33186

(786) 747-4949
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Llanes Perez, Yanel, MSN, APRN ■
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
http://novacommunityservice.com
administration@novacommunityservice.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lledo Rodriguez, Laura, MED, BCBA ■
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
credentialing@southbillcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Llenin, Mercedes, PHD, LMHC, LP ■
7791 Northwest 46th Street
Suite 221
Doral, FL 33166
(786) 910-9670
Digital Contact Information:
Not Available

and
6262 Bird Rd
Ste 2F
Miami, FL 33155
(305) 387-7850
Digital Contact Information:
Not Available

and
13930 SW 47th St
Ste 202
Miami, FL 33175
(305) 387-7850
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Llewellyn, Stephonia, MS, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
tracy@caringtherapistsofbroward.com

Lobaina Fernandez Rubio, Giselle, MS, BCBA ■
100 NE 15th St
Homestead, FL 33030
(786) 370-2216
Digital Contact Information:
thvegainsurances23@gmail.com

and
3222 Southeast 5th Street
Homestead, FL 33033
(786) 370-2216
Digital Contact Information:
https://myabaschool.com/
thvegainsurances23@gmail.com

and
Home Based Services Only
Homestead, FL 33033
(786) 370-2216
Digital Contact Information:
thvegainsurances23@gmail.com

and
29485 Southwest 177th Court
Homestead, FL 33034
(786) 486-0165
Digital Contact Information:
thvegainsurances23@gmail.com

Loftus, Stacy, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Logan, Lesley, PSYD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
hello@emorahealth.com

Longa, Alexandra, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Longman, Melissa, MSW, LCSW ■
7600 Southwest 57th Avenue
suite 334
South Miami, FL 33143
(786) 332-4478
Digital Contact Information:
info@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez Castellanos, Liuba M, MS, BCBA ■
1275 West 47th Place
#449
Hialeah, FL 33012
(305) 425-1338
Digital Contact Information:
magicbehavioralcare@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez Fernandez, Laura, MS, BCBA ■
Home Based Services Only
Naranja, FL 33032
(407) 800-6086
Digital Contact Information:
support@abc4s.com
Other Languages Spoken by Provider or Office Staff
German, French, Spanish

Lopez Fustes, Rebeca, MPSY, BCABA ■
13404 Southwest 128th Street
Miami, FL 33186
(305) 433-0897
Digital Contact Information:
bluelifetherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Jacqueline M, BA, BCBA ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
services@cmnbtherapy.com

and
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
services@cmnbtherapy.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Creole, Japanese, French, Italian

Lopez, Jose C, MD ■
1200 Northwest 78th Avenue
210
Doral, FL 33126
(786) 285-3438
Digital Contact Information:
jorge@valcourtbehavioral.com

and
633 N Krome Ave
1
Homestead, FL 33030
(305) 763-4007
Digital Contact Information:
jorge@valcourtbehavioral.com

and
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
jorge@valcourtbehavioral.com

and
3525 NW 7th St
Miami, FL 33125
(786) 801-0218
Digital Contact Information:
jorge@valcourtbehavioral.com

and
1710 Northwest 7th Street
STE 5-6-7
Miami, FL 331253500
(786) 409-2568
Digital Contact Information:
jorge@valcourtbehavioral.com

and
3446 Southwest 8th Street
217
Miami, FL 33135
(786) 769-5046
Digital Contact Information:
jorge@valcourtbehavioral.com

and
7821 Coral Way
100
Miami, FL 33155
(786) 409-5690
Digital Contact Information:
jorge@valcourtbehavioral.com

and
7921 Bird Rd
Ste 41
Miami, FL 33155
(305) 425-1393
Digital Contact Information:
http://oceanhealthsystem.com
jorge@valcourtbehavioral.com

and
7921 Bird Road
39
Miami, FL 33155
(786) 310-1570
Digital Contact Information:
http://oceanhealthsystem.com
jorge@valcourtbehavioral.com

and
7971 Bird Road
15
Miami, FL 33155
(786) 504-5620
Digital Contact Information:
http://oceanhealthsystem.com
jorge@valcourtbehavioral.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
jorge@valcourtbehavioral.com

and
19001 Southwest 106th Avenue
c103
Miami, FL 33157
(786) 523-2352
Digital Contact Information:
jorge@valcourtbehavioral.com

and
10680 Fontainebleau Boulevard
Miami, FL 33172
(305) 794-6845
Digital Contact Information:
jorge@valcourtbehavioral.com

and
13706 Southwest 56th Street
STE 105-106
Miami, FL 331756036
(786) 523-4289
Digital Contact Information:
jorge@valcourtbehavioral.com

and
9900 Southwest 107th Avenue
STE 101
Miami, FL 33176
(305) 248-3488
Digital Contact Information:
jorge@valcourtbehavioral.com

and
12540 Southwest 8th Street
Miami, FL 33184
(305) 705-6840
Digital Contact Information:
jorge@valcourtbehavioral.com

and
6600 Cow Pen Road
250
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
jorge@valcourtbehavioral.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Josue, MD ■
15260 Southwest 280th Street
203
Homestead, FL 33032
(786) 601-7491
Digital Contact Information:
lrodriguezllbs@gmail.com

and
7270 Northwest 12th Street
430
Miami, FL 33126
(786) 615-2843
Digital Contact Information:
https://www.lasagradafamiliacenter.com
lrodriguezllbs@gmail.com

and
2141 Southwest 1st Street
201
Miami, FL 33135
(786) 920-9137
Digital Contact Information:
lrodriguezllbs@gmail.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
lrodriguezllbs@gmail.com

and
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
lrodriguezllbs@gmail.com

and
7001 SW 97th Ave
Ste 206
Miami, FL 33173
(786) 294-0123
Digital Contact Information:
https://www.chgpsychiatry.com/
lrodriguezllbs@gmail.com

and
2424 Southwest 137th Avenue
Miami, FL 331756311
(786) 655-0831
Digital Contact Information:
http://www.miamihealthmedicalcenter.us
lrodriguezllbs@gmail.com

and
9125 SW 87th Ave
Miami, FL 33176
(305) 735-3919
Digital Contact Information:
lrodriguezllbs@gmail.com

and
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
lrodriguezllbs@gmail.com

and
13155 Southwest 134th Street
221
Miami, FL 33186
(786) 652-9880
Digital Contact Information:
lrodriguezllbs@gmail.com

and
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
lrodriguezllbs@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Melissa, MS, BCBA ■
1840 West 49th Street
Suite 723
Hialeah, FL 33012
(786) 333-4275
Digital Contact Information:
http://helpinghandstc.com
info@brightfuturebehavioral.com

and
Home Based Services Only
Hialeah, FL 33012
(561) 460-0284
Digital Contact Information:
info@brightfuturebehavioral.com

and
12485 Southwest 137th Avenue

Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
info@brightfuturebehavioral.com

Lopez Reyna, Cindy, MS, BCABA ■
1250 Southwest 27th Avenue
207
Miami, FL 33135
(786) 502-3137
Digital Contact Information:
mortega@tlhproject.com

and
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
mortega@tlhproject.com
Other Languages Spoken by Provider or Office Staff Spanish

Lopez, Widlyne, MSW, LCSW ■
FL
(954) 281-2958
Digital Contact Information:
http://www.breakthroughcrc.com
widlynel@breakthroughcrc.org
Other Languages Spoken by Provider or Office Staff Haitian Creole

Lopez-Brignoni, Evelyn, MD ■
475 Biltmore Way
Ste 204
Coral Gables, FL 33134
(305) 670-1411
Digital Contact Information:
evelynlopezbrignonimd@gmail.com

and
FL
(305) 670-1411
Digital Contact Information:
evelynlopezbrignonimd@gmail.com

and
124 Southeast 1st Road
A
Homestead, FL 33030
(786) 255-7979
Digital Contact Information:
evelynlopezbrignonimd@gmail.com

and
31 N Krome Ave
Homestead, FL 33030
(786) 481-5909
Digital Contact Information:
http://www.infinitecc.org
evelynlopezbrignonimd@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Creole, Spanish

Lorenzen, Lynette T, EDD, LMHC ■
2655 South Le Jeune Road
534
Coral Gables, FL 33134
(305) 450-1454
Digital Contact Information:
drllorenzen@yahoo.com

Lorenzo Caballeria, Yenisei, MS, BCBA ■
4599 Northwest 7th Street
Miami, FL 33126
(786) 230-6860
Digital Contact Information:
luciano@mymbcinc.com

and
8660 West Flagler Street
STE 121
Miami, FL 33144
(305) 600-4774
Digital Contact Information:
luciano@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Lorenzo Chavez, Kenia, MS, BCBA ■
7392 Northwest 35th Terrace
301
Miami, FL 33122
(786) 666-0475
Digital Contact Information:
gomezclinic583@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 542-4690
Digital Contact Information:
gomezclinic583@gmail.com

and
Home Based Services Only
Miami, FL 33155
(786) 747-4949
Digital Contact Information:
gomezclinic583@gmail.com

and
13055 Southwest 42nd Street
STE 104
Miami, FL 33175
(305) 480-7839
Digital Contact Information:
gomezclinic583@gmail.com

and
8950 Southwest 152nd Street
110
Palmetto Bay, FL 33157
(786) 542-4690
Digital Contact Information:
gomezclinic583@gmail.com

and
9555 Southwest 175th Terrace
610
Palmetto Bay, FL 33157
(786) 859-0979
Digital Contact Information:
gomezclinic583@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lorenzo, Marisol, MS, BCBA ■
8300 West Flagler Street
170
Miami, FL 33144
(786) 633-5171
Digital Contact Information:
olympushcs@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Losas, Denise, MSN, APRN ■
5901 Southwest 74th Street
208
Miami, FL 33143
(954) 884-5626
Digital Contact Information:
http://www.santanamhs.com
dlosas@santanamhs.com

and
5901 Southwest 74th Street
211
Miami, FL 33143
(786) 228-6892
Digital Contact Information:
http://www.santanamhs.com
dlosas@santanamhs.com

Louis, Meagan, MA, LMHC ■
8325 Northeast 2nd Avenue
316
Miami, FL 33138
(305) 503-5758
Digital Contact Information:
i@thejourneytwcc.org
Other Languages Spoken by Provider or Office Staff
Portuguese

Louis XVI, Roseline, MCAP, CAP ■
9526 Northeast 2nd Avenue
202d
Miami Shores, FL 33138
(305) 754-5701
Digital Contact Information:
http://www.communityrightfulcenter.org
rlouisxvi@communityrightfulcenter.org
Other Languages Spoken by Provider or Office Staff Creole, French

Louwagie Gordon, Alissa M, MS, LMHC ■
FL
(786) 615-3334
Digital Contact Information:
info@abcsfl.com

Lozada, Jeremy A, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
admin@lifehealthsystem.org
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Lozada, Wimar, MMH, LMHC ■
175 Fontainebleau Boulevard
Miami, FL 33172
(407) 749-3580
Digital Contact Information:
http://www.elitemindsfl.com
eliteminds.services@gmail.com

Lozzi-Toscano, Bettina, PHD, LMHC ■
3625 Northwest 82nd Avenue
400
Doral, FL 33166
(305) 814-2981
Digital Contact Information:
intake.metmorph@gmail.com

and
FL
(305) 814-2981
Digital Contact Information:
intake.metmorph@gmail.com

and
13200 SW 128th St
Ste F2
Miami, FL 33186
(305) 964-7598
Digital Contact Information:
intake.metmorph@gmail.com

and
13205 Southwest 137th Avenue
suite 126
Miami, FL 33186
(786) 478-6688
Digital Contact Information:
intake.metmorph@gmail.com
Other Languages Spoken by Provider or Office Staff Italian, Spanish

Lucena, Williams, MS, LMHC ■
3446 Southwest 8th Street
217
Miami, FL 33135
(786) 769-5046
Digital Contact Information:
wjlusa11@gmail.com

and
1801 Coral Way
Ste 327
Miami, FL 33145
(786) 227-6020
Digital Contact Information:
http://www.bbisf.com
wjlusa11@gmail.com

and
1801 Coral Way
Ste 405
Miami, FL 33145
(786) 866-5914
Digital Contact Information:
http://www.bbisf.com
wjlusa11@gmail.com

and
12900 Southwest 128th Street
204b
Miami, FL 33186
(786) 227-6020
Digital Contact Information:
wjlusa11@gmail.com

and
13335 Southwest 124th Street
STE 103
Miami, FL 33186
(786) 831-1348
Digital Contact Information:
wjlusa11@gmail.com

and
14100 Palmetto Frontage Road
Ste 112
Miami Lakes, FL 33016
(786) 837-3540
Digital Contact Information:
wjlusa11@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Luces, Rafael, MN, APRN ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Ludman Rojzman, Gisela, MS, LMFT ■
975 Arthur Godfrey Rd
Ste 301
Miami Beach, FL 33140
(786) 315-0387
Digital Contact Information:
fernandoschutt@hotmail.com

and
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
fernandoschutt@hotmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Luis, Cinthya, MA, BCBA ■
Home Based Services Only
Miami Gardens, FL 33014
(305) 640-5739
Digital Contact Information:
helpinghandsbfs@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Luna, Ahirelys, MSED, BCBA ■
2300 West 84th Street
406
Hialeah, FL 33016
(786) 960-6767
Digital Contact Information:
nymbehavioral@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Luna, Jessica, BA, BCABA ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/services@cmnbtherapy.com

and
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/services@cmnbtherapy.com

and
Home Based Services Only
Doral, FL 33126
(786) 382-6959
Digital Contact Information:
services@cmnbtherapy.com

Lundy, Megan, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/payors@emorahealth.com

Luther, Jasmine M, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
fl-credentialing@lifestance.com
Other Languages Spoken by Provider or Office Staff English

MAc-Guffie, Nathalie, MMH, LMHC ■
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
nathaliemg@me.com

and
FL
(202) 410-5972
(754) 816-2311
(305) 637-6400
Digital Contact Information:
nathaliemg@me.com

MacDonald, Kacie, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/payors@emorahealth.com

Maceda, Shakira, MS, BCABA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Machado Rodriguez, Heyler, MS, BCBA ■
Home Based Services Only
Miami Gardens, FL 33015
(305) 705-5666
Digital Contact Information:
info@safehavenmedicalcenter.com
Other Languages Spoken by Provider or Office Staff
Spanish

Machado Torres, Maylen, MS, BCBA ■
Home Based Services Only
Miami Gardens, FL 33014
(305) 200-3326
Digital Contact Information:
asmtherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Machado, Yadira, MA, BCBA ■
Home Based Services Only
Hialeah, FL 33013
(786) 592-6680
Digital Contact Information:
info@kidsbehavioral.com

Machin, Marianny, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com
and
12973 Southwest 112th Street
151
Miami, FL 33186
(305) 204-7037
Digital Contact Information:
credentialing@behavioralfamilysolutions.com
and
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(305) 204-7037
Digital Contact Information:
credentialing@behavioralfamilysolutions.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Machuca, Jose R, PHD, LMHC ■
11300 Northeast 2nd Avenue
Miami Shores, FL 33168
(504) 388-5981
Digital Contact Information:
rmachuca@barry.edu
Other Languages Spoken by Provider or Office Staff
Portuguese, English, Spanish

Mahany-Schunk, Carolyn, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Major, Marlea, MS, CAC, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
contact@majormhm.com

Maldonado, Alexandra, BA, BCABA ■
12240 Southwest 128th Court
110
Miami, FL 33186
(305) 562-4683
Digital Contact Information:
info@shapingacademy.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Haitian Creole, Japanese, Italian, Spanish

Maldonado, Milagros R, MS, LMHC ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
info@avilahealthgroup.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Mandel, Seth, MD ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
hello@talkiatry.com

Mandri, Daniel F, MD ■
8785 SW 165th Ave
Ste 200
Miami, FL 33193
(786) 554-0008
Digital Contact Information:
drmandri@fba100.com
Other Languages Spoken by Provider or Office Staff
Spanish

Manso, Yomarys, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 707-7308
Digital Contact Information:
noneoperations@spectrumtherapycare.com

Marante, Kevin, BA, BCABA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
http://www.appliedbhs.com
dabs@appliedbhs.com
and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Marcano, Arianne, MS, BCBA, LBA ■
9415 Southwest 72nd Street
101
Miami, FL 33173
(305) 662-6448
Digital Contact Information:
credentialing@mindcoloratism.com
and
13205 Southwest 137th Avenue
#212
Miami, FL 33186
(786) 732-6298
Digital Contact Information:
credentialing@mindcoloratism.com
and
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
credentialing@mindcoloratism.com

Marcellus, Chizoba L, MS, LMHC ■
536 Northeast 206th Lane
Miami, FL 33179
(305) 761-9584
Digital Contact Information:
http://www.therapyislove.com
info@therapyislove.com

March, Madelaine, BS, BCABA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
sseastcoast22@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Marcus, Phyllis C, MC, LMFT ■
540 Northwest 165th Street
114
Miami, FL 33169
(786) 648-6550
Digital Contact Information:
horebhealthclinic@gmail.com
and
540 Northwest 165th Street
STE 110
Miami, FL 33169
(786) 648-6550
Digital Contact Information:
horebhealthclinic@gmail.com

Mare, Nicole, MSW, LCSW ■
FL
(786) 309-5635
Digital Contact Information:
innerbloom_psychotherapy@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Marin, Alina, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 587-0424
Digital Contact Information:
alinamarinsuarez@gmail.com

Marin, Cecilia M, PSYD, LP ■
340 Minorca Avenue
3
Coral Gables, FL 33134
(305) 764-2333
Digital Contact Information:
cmmarinpsyd@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Marin, Dayra, MPSY, BCBA ■
7500 Northwest 25th Street
STE 200
Miami, FL 33122
(305) 909-4872
Digital Contact Information:
improvedbehaviortherapy@gmail.com
and
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0429
Digital Contact Information:
improvedbehaviortherapy@gmail.com

Marini, Martina, MSW, LCSW ■
2141 Southwest 1st Street
204 205
Miami, FL 33135
(786) 515-4935
Digital Contact Information:
martina616@hotmail.com
and
10570 Northwest 27th Street
STE H102
Miami, FL 33172
(786) 409-2197
Digital Contact Information:
martina616@hotmail.com
and
FL
(786) 409-2197
Digital Contact Information:
martina616@hotmail.com
and
17027 W Dixie Hwy
Ste 120
North Miami Beach, FL 33160
(786) 763-2223
Digital Contact Information:
martina616@hotmail.com
Other Languages Spoken by Provider or Office Staff French

Marino Nunez, Adrian, MSED, BCBA ■
1550 Madruga Avenue
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
http://www.abc4s.com
miamicognitive@gmail.com
and
1701 W Flagler St
Ste 310
Miami, FL 33135
(786) 467-7006
Digital Contact Information:
miamicognitive@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Markfeld, Yaron, MD ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
cred@advantumhealth.com
Other Languages Spoken by Provider or Office Staff
Hebrew

Marmol Ocana, Leon, MD, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
tcmfl2018@gmail.com
and
5881 Northwest 151st Street
127
Miami Lakes, FL 330142450
(786) 321-1400
Digital Contact Information:
http://sweetchildbehavior.com
tcmfl2018@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Maron, Tali, MS, BCBA ■
909 North Miami Beach Boulevard
STE 301
North Miami Beach, FL 33162
(305) 822-7202
Digital Contact Information:
tmaron@hotmail.com

Marquez Figueroa, Nathalie, MS, BCBA ■
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
info@stepforwardaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Marquez, Joaquin F, PSYD, BCBA ■
9555 Southwest 175th Terrace
Palmetto Bay, FL 33157
(786) 458-9535
Digital Contact Information:
bmbchildrentherapies@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Marquez, Martha, MS, CAP, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff
Spanish

Marr, Janice, MSW, LCSW, LISW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Marrero, Vanessa, MS, BCBA ■
9425 Southwest 72nd Street
164
Miami, FL 33173
(305) 279-2286
Digital Contact Information:
vonmmarrero1996@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Marsella, Gregory Q, MD ■
1951 NW 7th Ave
Miami, FL 33136
(561) 394-2532
Digital Contact Information:
drmarsella@icloud.com

Marti Padron, Mauricio, MA, BCBA ■
7900 Oak Ln
400
Hialeah, FL 33016
(786) 482-0495
Digital Contact Information:
martibehavioral@yahoo.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 482-0495
Digital Contact Information:
martibehavioral@yahoo.com

and
4180 Southwest 74th Court
204
Miami, FL 33155
(786) 401-7327
Digital Contact Information:
martibehavioral@yahoo.com

and
18951 Southwest 106th Avenue
105 106
Miami, FL 33157
(305) 233-4448
Digital Contact Information:
martibehavioral@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Martin, Kimberly, PHD, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
credentialing@tillytherapy.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
credentialing@tillytherapy.com

and
1951 NW 7th Ave
Ste 600
Miami, FL 33136
(929) 384-7193
Digital Contact Information:
credentialing@tillytherapy.com

Martin, Mayte, MS, BCBA ■
15884 Southwest 137th Avenue
Miami, FL 33177
(305) 456-6002
Digital Contact Information:
credentialing@southbillcare.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
credentialing@southbillcare.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Martin, Precious, MSW, LCSW ■
1801 Northeast 123rd Street
334
North Miami, FL 33181
(888) 718-4915
Digital Contact Information:
http://www.rrrinc.org
info@rrrinc.org

Martin Torres, Yuliet, MPSY, BCBA ■
5190 Northwest 167th Street
Hialeah, FL 33014
(305) 990-0863
Digital Contact Information:
ymtbehavior@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martin, Yaisel, MA, BCBA ■
13301 Southwest 132nd Avenue
201 201
Miami, FL 33186
(305) 509-5537
Digital Contact Information:
canibehaviormanagement@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Alexis J, MA, BCBA ■
Home Based Services Only
Aventura, FL 33180
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Golden Beach, FL 33160
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
342 West 37th Street
Hialeah, FL 33012
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Homestead, FL 33030
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Homestead, FL 33033
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Key Biscayne, FL 33149
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Miami, FL 33142
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Miami, FL 33147
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Miami, FL 33155
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Miami Beach, FL 33154
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Miami Gardens, FL 33015
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Miami Gardens, FL 33055
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Miami Lakes, FL 33016
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Naranja, FL 33032
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Opa-locka, FL 33054
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Pinecrest, FL 33156
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Quail Heights, FL 33187
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
South Miami, FL 33143
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
South Miami, FL 33146
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Amos, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Ariadna, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 955-6224
Digital Contact Information:
vzayas@brightstartllc.com

and
16201 Northeast 13th Avenue
North Miami Beach, FL 33162
(786) 955-6224
Digital Contact Information:
http://www.superkidsaba.com
vzayas@brightstartllc.com

and
17121 Northeast 6th Avenue
North Miami Beach, FL 33162
(305) 952-3161
Digital Contact Information:
vzayas@brightstartllc.com

and
FL
(786) 955-6224
Digital Contact Information:
vzayas@brightstartllc.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Martinez Camarero, Claudia, MBS, BCBA ■
631 Northwest 45th Avenue
100
Miami, FL 33126
(786) 343-8890
Digital Contact Information:
info@milestones-aba.org

and
1000 Brickell Avenue
Miami, FL 33131
(305) 964-7927
Digital Contact Information:
info@milestones-aba.org

and
15715 South Dixie Highway
330
Miami, FL 33157
(786) 732-0842
Digital Contact Information:
info@milestones-aba.org

and
15884 Southwest 137th Avenue
Miami, FL 33177
(305) 456-6002
Digital Contact Information:
info@milestones-aba.org

and
13416 Southwest 128th Street
Miami, FL 33186
(786) 732-0247
Digital Contact Information:
http://milestones-aba.org
info@milestones-aba.org
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Danny, MS, BCBA ■
3625 Northwest 82nd Avenue
101
Doral, FL 33166
(786) 401-6113
Digital Contact Information:
http://www.neuralinkhealth.com
earlyinterventionclinic1@gmail.com

and
1414 Northwest 107th Avenue
204
Doral, FL 33172
(305) 225-8711
Digital Contact Information:
earlyinterventionclinic1@gmail.com

and
1275 West 47th Place
#449
Hialeah, FL 33012
(305) 425-1338
Digital Contact Information:
earlyinterventionclinic1@gmail.com

and
10691 North Kendall Drive
207
Miami, FL 33176
(786) 401-6113
Digital Contact Information:
earlyinterventionclinic1@gmail.com

and
Home Based Services Only
Miami Gardens, FL 33014
(305) 640-5739
Digital Contact Information:
earlyinterventionclinic1@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Elisa, MS, BCBA ■
633 North Krome Avenue
Suite 6
Homestead, FL 33030
(786) 525-9926
Digital Contact Information:
dabs.credentialing@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Gabriella, MC, LMHC ■
999 Ponce de Leon
1120
Coral Gables, FL 33134
(305) 605-5683
Digital Contact Information:
support@anytimecredentialing.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Martinez Gonzalez, Danny, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 536-7470
Digital Contact Information:
info@newlifeaba.com

and
13813 Southwest 32nd Street
Miami, FL 33175
(786) 597-3813
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez Grillo, Alexis, MBS, BCBA ■
FL
(786) 439-7098
Digital Contact Information:
info@britobehaviorservices.com

Martinez, Lidia A, DMFT, LMHC ■
FL
(786) 565-6916
Digital Contact Information:
http://www.drlidiamartinez.com
info@drlidiamartinez.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Liliam, BS, BCBA ■
13404 Southwest 128th Street
Miami, FL 33186
(305) 433-0897
Digital Contact Information:
http://www.bluelifetherapy.com
bluelifetherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Mayelin O, BS, BCABA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
dabs.credentialing@appliedbhs.com
and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
http://appliedbhs.com
dabs.credentialing@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Martinez, Milagros, BA, BCBA ■
3833 Southwest 8th Street
Coral Gables, FL 33134
(305) 393-7623
Digital Contact Information:
milagros.martinez@cultivatebhe.com
and
1000 Brickell Avenue
Miami, FL 33131
(305) 393-7623
Digital Contact Information:
milagros.martinez@cultivatebhe.com
and
Home Based Services Only
Miami, FL 33155
(305) 393-7623
Digital Contact Information:
milagros.martinez@cultivatebhe.com
and
13195 Southwest 134th Street
Ste. 201
Miami, FL 33186
(786) 206-6500
Digital Contact Information:
milagros.martinez@cultivatebhe.com
and
FL
(786) 206-6500
(305) 393-7623
Digital Contact Information:
milagros.martinez@cultivatebhe.com
and
Home Based Services Only
South Miami, FL 33143
(305) 393-7623
Digital Contact Information:
milagros.martinez@cultivatebhe.com
and
Home Based Services Only
West Miami, FL 33144
(305) 393-7623
Digital Contact Information:
milagros.martinez@cultivatebhe.com

Martinez Mirabal, Katherine, MS, BCBA ■
1250 Southwest 27th Avenue
207
Miami, FL 33135
(786) 391-4113
Digital Contact Information:
cabehavior@gmail.com
and
8550 West Flagler Street
STE 118
Miami, FL 33144
(786) 391-4113
Digital Contact Information:
cabehavior@gmail.com

Martinez, Ovidio, MA, BCBA ■
13416 Southwest 128th Street
Miami, FL 33186
(786) 732-0247
Digital Contact Information:
http://milestones-aba.org
loriwilliams57@hotmail.com

Martinez Pedrera, Gisselle, MA, BCBA ■
8601 Southwest 199th Street
Cutler Bay, FL 33189
(305) 908-2999
Digital Contact Information:
freddie.maxwell@amromed.com
and
10200 Northwest 25th Street
STE 114
Doral, FL 33172
(305) 908-2999
Digital Contact Information:
freddie.maxwell@amromed.com
and
40 Northwest 8th Street
Homestead, FL 33030
(305) 908-2999
Digital Contact Information:
freddie.maxwell@amromed.com
and
30350 SW 156th Ave
Homestead, FL 33033
(786) 283-0175
Digital Contact Information:
freddie.maxwell@amromed.com
and
27132 South Dixie Highway
Naranja, FL 33032
(786) 481-9833
Digital Contact Information:
freddie.maxwell@amromed.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Martinez Soto, Yaneisy, APRN ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
info@ffmhs.com

Martinez, Yelenis, MS, BCBA ■
15260 SW 280th St
Ste 205
Homestead, FL 33032
(305) 707-7237
Digital Contact Information:
http://www.familybehaviorservices.org
ymartinez.abaservices@gmail.com
and
8660 West Flagler Street
STE 121
Miami, FL 33144
(305) 600-4774
Digital Contact Information:
ymartinez.abaservices@gmail.com
and
10691 North Kendall Drive
211
Miami, FL 33176
(305) 984-4343
Digital Contact Information:
ymartinez.abaservices@gmail.com
and
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
ymartinez.abaservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Marvin, Jennifer, MA, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
akfilson@aol.com

Mason Alexander, Gage, BS, BCBA ■
12750 Northwest 17th Street
216 216
Miami, FL 33182
(888) 527-8037
Digital Contact Information:
http://www.brightstartpossibility.com
info@brightstartllc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mason, Shatema, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Masson Boucourt, Miler, MPSY, BCBA ■
10711 Southwest 216th Street
103 103
Goulds, FL 33170
(305) 965-9682
Digital Contact Information:
credentialing@southbillcare.com
and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
credentialing@southbillcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Massop, Franklyn, MPSY, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 275-8860
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Mathew, Allin E, MSN, APRN, APRNCNP, CRNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
ipcpeadmin-west@teamhealth.com

Matos Morales, Guillermo, MED, BCBA ■
730 Northwest 107th Avenue
104
Miami, FL 33172
(305) 504-1749
Digital Contact Information:
credentialing@southbillcare.com
and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
credentialing@southbillcare.com

Matson, Sharon, MS, LMFT ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
admin@lotuscounseling.com
and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
admin@lotuscounseling.com

Maurice, Sabra R, MA, LCPC, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@thirdeyetherapychicago.com
and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
info@thirdeyetherapychicago.com

Maurice, Thamar, MSN, APRN ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Mayabb, Laura, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Mayoral Machado, Oden, MPSY, BCBA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
and
13200 Southwest 128th Street
Suite E2
Miami, FL 33186
(813) 252-0825
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mayoral, Odelys, MS, BCBA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
and
13200 Southwest 128th Street
Suite E2
Miami, FL 33186
(813) 252-0825
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mazzarella, Chris J, MA, BCBA ■
12360 SW 132nd Ct
Ste 201
Miami, FL 33186
(786) 701-9605
Digital Contact Information:
aba-ojtcorp@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mazzotti, Lisa, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

McCoy, Brittney, MMH, LMHC ■
8971 Southwest 142nd Avenue
11 37
Miami, FL 33186
(786) 244-7690
Digital Contact Information:
worcounselingservices@gmail.com

McCray, Yolande, MSN, APRN ■
FL
(305) 906-9995
Digital Contact Information:
thehealingplacellc1@gmail.com

McDevitt, Omayra, MA, LPC ■
FL
(305) 902-6347

Digital Contact Information:
start@bebravehealth.com

McDonald, Margaret S, EDS, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
marscounselingservices@gmail.com

McGrady, Ursula, MS, BCBA ■
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
http://www.miamipersonalmanagement.com
mpmcmhc@miamipersonalmanagement.com

and
14707 South Dixie Highway
Suite 200
Miami, FL 33176
(305) 321-5177
Digital Contact Information:
mpmcmhc@miamipersonalmanagement.com
Other Languages Spoken by Provider or Office Staff
Spanish

McIntyre, Lynne M, PHD, LCSW ■
3648 Saint Gaudens Road
Miami, FL 33133
(831) 920-7907
Digital Contact Information:
http://mammha.com
maureen@getmammha.com
Other Languages Spoken by Provider or Office Staff
Spanish

McKee, Ronit, MS, BCBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(410) 538-2574
Digital Contact Information:
credentialing@tbh.com

McKiernan, Kathleen, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

McLaughlin, Brianna, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

McLeod, Devin, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@thriveworks.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

McPhail, Cheryl L, MS, BCBA, LBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
info@appliedabc.com

and
12456 Southwest 127th Avenue
Miami, FL 33186
(786) 953-8500
Digital Contact Information:
info@appliedabc.com
Other Languages Spoken by Provider or Office Staff English

McVan, Melissa, MS, LMHC ■
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(561) 289-7995
Digital Contact Information:
http://pandatherapycircle.com
pandatherapycircle@gmail.com

and
FL
(561) 289-7995
Digital Contact Information:
http://pandatherapycircle.com
pandatherapycircle@gmail.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
pandatherapycircle@gmail.com

Medici, April, MSED, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
aprilmedici@yahoo.com

Medina, Cristina, MS, BCBA ■
7232 Southwest 39th Terrace
Miami, FL 33155
(305) 431-7224
Digital Contact Information:
http://www.hopefortomorrowtherapy.com
hopefortomorrowtherapy@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Medina, Leah, MSN, APRN ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Medina Martin, Damary, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 558-7248
Digital Contact Information:
lightingbehaviorservices@gmail.com

and
2721 SW 137th Ave
Ste 113
Miami, FL 33175
(786) 558-7248
Digital Contact Information:
lightingbehaviorservices@gmail.com

and
4800 Northwest 167th Street
Miami Gardens, FL 33014
(305) 515-2726
Digital Contact Information:
http://www.lightingbehavior.com
lightingbehaviorservices@gmail.com

and
15291 Northwest 60th Avenue
Suite 107
Miami Lakes, FL 33014
(786) 608-1805
Digital Contact Information:
lightingbehaviorservices@gmail.com

and
183 Sw 153pl
Richmond West, FL 33187
(786) 343-9391
Digital Contact Information:
lightingbehaviorservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Medina, Muriel, MSW, LCSW ■
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
info@aimergency.org

Medina Ramirez, Yuritza, DNP, APRN ■
FL
(786) 398-1326
Digital Contact Information:
admin@onestoppsych.com

and
261 Westward Drive
suite 108-109
Miami, FL 33166
(305) 200-5176
Digital Contact Information:
admin@onestoppsych.com

and
13195 Southwest 134th Street
101
Miami, FL 33186
(786) 227-6830
Digital Contact Information:
http://esperanzagroup.net
admin@onestoppsych.com

and
15660 Southwest 72nd Street
Miami, FL 33193
(786) 697-1150
Digital Contact Information:
admin@onestoppsych.com
Other Languages Spoken by Provider or Office Staff
Spanish

Medina Rojo, Raul, MSN, APRN ■
4445 West 16th Avenue
STE 405
Hialeah, FL 33012
(786) 233-6721
Digital Contact Information:
office@myrtleridge.us

and
1000 Brickell Avenue
Miami, FL 33131
(786) 701-9211
Digital Contact Information:
office@myrtleridge.us

and
9299 SW 152nd St
Ste 206
Palmetto Bay, FL 33157
(786) 883-0339
Digital Contact Information:
office@myrtleridge.us
Other Languages Spoken by Provider or Office Staff
English, Spanish

Mejia, Alejandra, MSW, LCSW ■
14645 Northwest 77th Avenue
101
Miami Lakes, FL 33014
(833) 769-3524
Digital Contact Information:
http://lifestance.com
dougblessington@gmail.com

Mejia, Maria A, MA, BCBA ■
9240 Southwest 158th Lane
18th
Palmetto Bay, FL 33157
(305) 788-2849
Digital Contact Information:
http://eibscorp.com
info@eibscorp.com
Other Languages Spoken by Provider or Office Staff Italian, Spanish

Mejias, Lizette M, MA, BCBA ■
5455 Southwest 8th Street
230
Miami, FL 33134
(786) 629-8836
Digital Contact Information:
info@vidacounselinggroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Melegi, Soraya F, MSW, LCSW ■
1550 Madruga Ave
Ste 509
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
sorayamelegi7@gmail.com

and
4649 Ponce de Leon
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
sorayamelegi7@gmail.com

and
8900 Southwest 192nd Drive
Cutler Bay, FL 33157
(786) 536-9714
Digital Contact Information:
sorayamelegi7@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Melo, Evelyn, MA, LMHC ■
8785 SW 165th Ave
Ste 200
Miami, FL 33193
(786) 587-9656
Digital Contact Information:
melopsych@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mena, Humberto, MS, BCBA ■
12955 Southwest 132nd Street
Suite 205
Miami, FL 33186
(305) 220-3382
Digital Contact Information:
http://www.risenconsultants.com
mhum29@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mena, Rebekah, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
admin@lifehealthsystem.org
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Mena, Yaima M, MMH, LMHC ■
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
sseacoast22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Menachem, Kari, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Mendez, Dayana, MC, LMHC ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
iqmedicalcenter@gmail.com

and
7811 Coral Way
103
Miami, FL 33155
(305) 484-8371
Digital Contact Information:
https://www.iq-medical-center.com/
iqmedicalcenter@gmail.com

and
13416 Southwest 128th Street
Miami, FL 33186
(786) 732-0247
Digital Contact Information:
iqmedicalcenter@gmail.com

and
FL
(786) 359-4027
Digital Contact Information:
iqmedicalcenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mendez Luaces, Luis E, DNP, APRN ■
330 Southwest 27th Avenue
#701
Miami, FL 33135
(305) 363-1880
Digital Contact Information:

http://empowerpsychiatry.net
info@empowerpsychiatry.med
Other Languages Spoken by Provider or Office Staff
Spanish

Mendez, Manuel, MC, LMHC ■
705 East 8th Avenue
201
Hialeah, FL 33010
(786) 655-0774
Digital Contact Information:
healingtouchinc@msn.com

and
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
2387 West 68th Street
301
Hialeah, FL 33016
(786) 655-0774
Digital Contact Information:
healingtouchinc@msn.com

and
3383 Northwest 7th Street
312
Miami, FL 33125
(786) 703-8965
Digital Contact Information:
healingtouchinc@msn.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 695-8672
Digital Contact Information:
healingtouchinc@msn.com

and
3817 West Flagler Street
Miami, FL 33134
(305) 456-2776
Digital Contact Information:
healingtouchinc@msn.com

and
7299 West Flagler Street
Miami, FL 33144
(786) 953-4698
Digital Contact Information:
healingtouchinc@msn.com

and
7360 Southwest 24th Street
17a
Miami, FL 33155
(786) 570-3130
Digital Contact Information:
healingtouchinc@msn.com

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
4155 Southwest 130th Avenue
108
Miami, FL 33175
(786) 695-8672
Digital Contact Information:
healingtouchinc@msn.com

and
14875 Northwest 77th Avenue
Suite 204
Miami Lakes, FL 33014
(786) 321-1400
Digital Contact Information:
healingtouchinc@msn.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mendez, Mayloren, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 285-0394
Digital Contact Information:
maylorenotr@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Mendez, Melonie, EDS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 275-8860
Digital Contact Information:
http://www.abctestingservices.com
frontdesk@abctestingservices.com

Mendez, Rossana, MSW, LCSW ■
11367 Southwest 248th Terrace
Princeton, FL 33032
(786) 879-5355
Digital Contact Information:
http://themind-gym.com
rossanamendezcole@themissingkeyllc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mendez Tamayo, Cynthia M, MS, LMFT ■
7100 SW 99th Ave
Ste 203
Miami, FL 33173
(305) 720-4774
Digital Contact Information:
cynmendez8@gmail.com

and
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
cynmendez8@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mendez, Wendy, MS, BCBA ■
Home Based Services Only
Naranja, FL 33032
(407) 800-6086
Digital Contact Information:
prokidzabatherapy@yahoo.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
prokidzabatherapy@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mendoza, Liana M, MD ■
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
info@infinitecc.org

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
info@infinitecc.org

and
31 N Krome Ave
Homestead, FL 33030
(786) 481-5909
Digital Contact Information:
http://infinitecompletecare.com
info@infinitecc.org

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
info@infinitecc.org

and
3926 Northwest 167th Street
Miami Gardens, FL 33054
(305) 827-3252
Digital Contact Information:
info@infinitecc.org
Other Languages Spoken by Provider or Office Staff
Spanish

Mendoza, Regina, PSYD, LP ■
7600 Southwest 57th Avenue
307
South Miami, FL 33143
(305) 262-0806
Digital Contact Information:
drmendoza@reginamendoza.com
Other Languages Spoken by Provider or Office Staff
Spanish

Menendez, Helen, BS, BCABA ■
15715 South Dixie Highway
330
Miami, FL 33157
(786) 732-0842
Digital Contact Information:
goodbehavior.as@gmail.com

Menendez Huergo, Maribel, BS, BCABA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Menendez-Martinez, Geysha M, PSYD, LP ■
9570 SW 107th Ave
Ste 202
Miami, FL 33176
(786) 391-1383
Digital Contact Information:
drmenendez@psydservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Meneses, Yanela, MS, BCBA ■
Home Based Services Only
Miami Shores, FL 33161
(786) 709-8403
Digital Contact Information:
info@cameroarnp.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mengana, Lazaro W, MA, BCBA ■
8900 Southwest 107th Avenue
201
Miami, FL 33176
(786) 401-6152
Digital Contact Information:
admin@wmbehavior.com

Merritt, Christopher, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Mesa Labrada, Jose, BA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 440-9092
Digital Contact Information:
jmabaservices@gmail.com

and
12460 Southwest 8th Street
2024
Miami, FL 33184
(786) 801-0944
Digital Contact Information:
jmabaservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mesa, Leonel E, PSYD, LMHC ■
FL
(786) 208-4831
Digital Contact Information:
drmesa@neurofeedbackofml.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Mesa, Omar, MS, BCBA ■
Home Based Services Only
Doral, FL 33122
(561) 643-7643
Digital Contact Information:
brightstepsaba@gmail.com

and
110 West 17th Street
Hialeah, FL 33010
(786) 267-8467
Digital Contact Information:
brightstepsaba@gmail.com

and
Home Based Services Only
Hialeah, FL 33010
(786) 267-8467
Digital Contact Information:
brightstepsaba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Meyer, Sean P, PHD, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
information@flces.com
Other Languages Spoken by Provider or Office Staff
German

Mezawi, Yordanka, MSED, BCBA ■
3833 Southwest 8th Street
Coral Gables, FL 33134
(786) 202-1701
Digital Contact Information:
info@ababuddies.com

and
2901 Southwest 7th Street
a
Miami, FL 33125
(786) 202-1701
Digital Contact Information:
info@ababuddies.com
Other Languages Spoken by Provider or Office Staff
Spanish

Michaels, S Renee, MSW, LCSW ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
drreneemindworks@gmail.com

Mieses, Yuberilys, MSCC, LMHC ■
9010 Southwest 137th Avenue
232
Miami, FL 33186
(305) 482-3516
Digital Contact Information:
yuberilys.mieses@yahoo.com

and
9010 Southwest 137th Avenue
Suite 241
Miami, FL 33186
(305) 482-3516
Digital Contact Information:
yuberilys.mieses@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mikhaylova, Tatiana, MSED, BCBA ■
3530 Mystic Pointe Drive
608 608
Aventura, FL 33180
(786) 540-0458
Digital Contact Information:
tatiana@mistherapy.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(929) 617-6362
Digital Contact Information:
tatiana@mistherapy.com

Miles, Cayley, MED, BCBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
clinical@getanswersnow.com

and
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
clinical@getanswersnow.com

and
12456 Southwest 127th Avenue
Miami, FL 33186

(786) 953-8500
Digital Contact Information:
clinical@getanswersnow.com

Milian, Monica, MS, LMHC ■
5901 SW 74th St
Ste 412
Miami, FL 33143
(786) 717-5028
Digital Contact Information:
http://www.gablespsychology.com
monica.milian@comcast.net

and
15715 S Dixie Hwy
Ste 303
Miami, FL 33157
(786) 380-5084
Digital Contact Information:
monica.milian@comcast.net

and
9260 Sunset Dr
Ste 201
Miami, FL 33173
(786) 380-5084
Digital Contact Information:
monica.milian@comcast.net

and
9380 Sunset Dr
Ste B238
Miami, FL 33173
(786) 380-5084
Digital Contact Information:
monica.milian@comcast.net

and
10691 Southwest 88th Street
Suite 110
Miami, FL 33176
(786) 380-5084
Digital Contact Information:
monica.milian@comcast.net
Other Languages Spoken by Provider or Office Staff
Spanish

Millar, Jennifer, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
hello@talkiatry.com

Millares, Giselle, MPSY, LMHC ■
9010 SW 137th Ave
Ste 233
Miami, FL 33186
(786) 236-1323
Digital Contact Information:
gmillares@hcnetwork.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

Millares, Sylma M, MSN, APRN ■
2001 Northwest 107th Avenue
412
Doral, FL 33172
(786) 548-8322
Digital Contact Information:
milarefbilling@gmail.com

and
14740 Southwest 26th Street
Miami, FL 33185
(305) 388-1118
Digital Contact Information:
milarefbilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Miller, Jeffrey A, MA, LCSW ■
5801 Northeast 4th Court
Miami, FL 33137
(786) 218-7937
Digital Contact Information:
dhbilling3@gmail.com

and
9999 Northeast 2nd Avenue
301
Miami Shores, FL 33138
(786) 218-7937
Digital Contact Information:
dhbilling3@gmail.com
Other Languages Spoken by Provider or Office Staff
French, Spanish

Miller, Jennyffer, MD ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
jmiller@orlandorecovery.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
jmiller@orlandorecovery.com

Miller, Kim P, PHD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Miller, Mark M, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
aycmarc@mail.com

Miller, Sharon, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Miller, Teal, BCBA, MS ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
care@tillytherapy.com

Mills, Krystel, MS, BCBA ■
14707 South Dixie Highway
Suite 200
Miami, FL 33176
(786) 592-1574
Digital Contact Information:
http://www.familybehaviortherapy.com
administration@familybehaviortherapy.com

and
12985 Southwest 130th Court
204 204
Miami, FL 33186
(305) 735-3878
Digital Contact Information:
administration@familybehaviortherapy.com

and
FL
(305) 735-3878
Digital Contact Information:
administration@familybehaviortherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mirabal Lopez, Elias, MS, BCBA ■
7801 Northwest 37th Street
Lp-201
Doral, FL 33195
(305) 468-9899
Digital Contact Information:
vivianaicare@gmail.com

and
Home Based Services Only
Miami Lakes, FL 33018
(786) 536-7908
Digital Contact Information:
vivianaicare@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Creole, Spanish

Miranda-Tourino, Mary, MSW, LCSW ■
12595 Southwest 137th Avenue
STE 110
Miami, FL 33186
(305) 465-9379
Digital Contact Information:
mary.miranda@mymail.barry.edu
Other Languages Spoken by Provider or Office Staff
English, Spanish

Miro Rivera, Chelimer, MA, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
payors@emorahealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mirtenbaum, Daniel S, PSYD, LP ■
6175 NW 153rd St
Ste 404
Miami Lakes, FL 33014
(305) 558-7400
Digital Contact Information:
credentialing.tifft@gmail.com

Missaoui, Sara, PA, PA_C ■
801 Brickell Avenue
8
Miami, FL 33131
(516) 505-7200
Digital Contact Information:
https://mindful.care/
vnedilia@mindful.care

Mitchell, Cheryl L, MC, LPCC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@lionrockrecovery.com

and
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
https://www.emorahealth.com/
info@lionrockrecovery.com
Other Languages Spoken by Provider or Office Staff English

Mitchell, Oluwakemi, DNP, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
insurance@wellnite.com

and
FL
(602) 562-7383
Digital Contact Information:
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Mitchell, Wendy M, MSW, LCSW ■
605 77th Street
5 5
Miami Beach, FL 33141
(786) 499-8718
Digital Contact Information:
credentialing@cspm365.com

Mizrahi, David, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Molina, Jacquelyn, BS, BCBA ■
10200 Northwest 25th Street
211
Doral, FL 33172
(786) 269-3502
Digital Contact Information:
services@cmnbtherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Molina Paz, Ania K, MSN, APRN ■
FL
(561) 707-7607
Digital Contact Information:
ania_98@yahoo.es
Other Languages Spoken by Provider or Office Staff
Spanish

Molina, Sonia, MS, BCBA ■
7500 Northwest 25th Street
STE 200
Miami, FL 33122
(305) 909-4872
Digital Contact Information:
https://www.miasupreme.com/
soniadelatorre1@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mompoint, Guy-Claude, MPS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 275-8860
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
English, Haitian

Mondragon, Michelle, MS, BCBA ■
1380 Northeast Miami Gardens Drive
Suite 255
Miami, FL 33179
(954) 651-2969
Digital Contact Information:
info@mysunshinetherapy.com

Monette Roulhac, Kareta, MS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 275-8860
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Montesino Pinera, Gerardo, MS, BCBA ■
200 East 4th Street
204 204
Hialeah, FL 33010
(305) 414-3719
Digital Contact Information:
montesino2012@yahoo.com

Montgomery, Karon, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
titancbh@gmail.com

Montiel, Greysel, BS, BCBA ■
13550 Southwest 88th Street
STE 270B
Miami, FL 331861513
(786) 447-3228
Digital Contact Information:
marvelousdreamservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Montoya, E Carolina, PSYD, LP ■
11401 SW 40th St
Ste 305
Miami, FL 33165
(305) 221-4288
Digital Contact Information:
ecmontoya2006@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Montoya, Karla, MPSY, BCBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
info@irockbehavior.com

and

12456 Southwest 127th Avenue
Miami, FL 33186
(786) 953-8500
Digital Contact Information:
info@irockbehavior.com
Other Languages Spoken by Provider or Office Staff
Spanish

Monzon Lage, Barbara C, MPSY, BCBA ■
7001 Southwest 97th Avenue
104
Miami, FL 33173
(786) 772-1577
Digital Contact Information:
bmbchildrentherapies@gmail.com

and

Home Based Services Only
West Miami, FL 33144
(786) 458-9535
Digital Contact Information:
bmbchildrentherapies@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Monzon, Mercede, MMH, LMHC ■
14850 Southwest 26th Street
STE 207
Miami, FL 33185
(786) 263-3949
Digital Contact Information:
jvictores@merceyole.com

Moore, Brandi, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Mora, Brenda, MS, LMHC ■
FL
(786) 488-8103
Digital Contact Information:
http://www.sfacounseling.org
info@sfacounseling.org
Other Languages Spoken by Provider or Office Staff
Spanish

Morales, Amor, MMH, BCBA ■
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
opusmentalhealthcenter@gmail.com

and

9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(786) 580-2204
Digital Contact Information:
opusmentalhealthcenter@gmail.com

and

Home Based Services Only
West Miami, FL 33144
(786) 404-1017
Digital Contact Information:
opusmentalhealthcenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Morales, Arianne, MSN, APRN ■
9010 Southwest 137th Avenue
suite 116
Miami, FL 33186
(305) 639-8685
Digital Contact Information:
universalclinicalcenter@gmail.com

Morales, Beatriz, MS, LMHC, LPC ■
975 Arthur Godfrey Rd
Ste 301
Miami Beach, FL 33140
(786) 315-0387
Digital Contact Information:
bmorales@ibhflorida.com

and

160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
http://www.ibhflorida.com
bmorales@ibhflorida.com

and

FL
(305) 816-6300
Digital Contact Information:
http://www.ibhflorida.com
bmorales@ibhflorida.com
Other Languages Spoken by Provider or Office Staff
Spanish

Morales, Dayma, MS, BCBA ■
Home Based Services Only
Hialeah, FL 33012
(561) 460-0284
Digital Contact Information:
info@brightfuturebehavioral.com
Other Languages Spoken by Provider or Office Staff
Spanish

Morales, Edelis, MSN, APRN ■
7951 Southwest 40th Street
suite 200-a
Miami, FL 33155
(786) 244-9911
Digital Contact Information:
lfortun@keraltybh.com

and

FL
(786) 244-9911
Digital Contact Information:
lfortun@keraltybh.com
Other Languages Spoken by Provider or Office Staff
German, Spanish

Morales Fraginals, Elaine, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 616-4689
Digital Contact Information:
skillsflorida@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Morales, Jilem C, MS, LMHC ■
11890 Southwest 8th Street
STE 309
Miami, FL 331841710
(305) 220-6060
Digital Contact Information:
http://www.blueangelcare.net
wmustelier@aol.com

Morales, Judith M, MS, LMFT ■
12360 SW 132nd Ct
Ste 201
Miami, FL 33186
(786) 701-9605
Digital Contact Information:
aba-ojtcorp@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Morales, Lisset, MS, LMHC ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 661-5511
Digital Contact Information:
lissetmr@bellsouth.net

and

7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
http://appliedbhs.com
lissetmr@bellsouth.net
Other Languages Spoken by Provider or Office Staff
English, Spanish

Morales, Marielsie, MSW, LCSW ■
8950 Southwest 74th Court
Suite 2201
Miami, FL 33156
(786) 306-8200
Digital Contact Information:
http://www.onyiamind.com
info@onyiamind.com
Other Languages Spoken by Provider or Office Staff
Spanish

Morales, Mayelin, MSW, LCSW ■
10200 Northwest 25th Street
211
Doral, FL 33172
(305) 381-0346
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and

1444 West 49th Street
Hialeah, FL 33012
(786) 703-5459
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and

900 West 49th Street
STE 400
Hialeah, FL 33012
(305) 587-2231
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and

5941 Northwest 173rd Drive
6
Hialeah, FL 33015
(786) 360-4328
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and

8001 West 26th Avenue
6 6
Hialeah, FL 33016
(786) 372-3262
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and

8551 Northwest South River Drive
Medley, FL 33166
(305) 603-9344
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and

7925 Northwest 12th Street
405
Miami, FL 33126
(786) 401-7278
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and

5455 Southwest 8th Street
230
Miami, FL 33134
(786) 629-8836
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and

1250 Southwest 27th Avenue
Suite 506
Miami, FL 33135
(786) 536-9278
Digital Contact Information:
http://rehabcenterag.com
mayelinmoraleslcsw@gmail.com

and

4905 Northwest 72nd Avenue
5
Miami, FL 33166
(786) 391-3816
Digital Contact Information:
http://paradisehealthgroup.com
mayelinmoraleslcsw@gmail.com

and

5080 Northwest 74th Avenue
Miami, FL 33166
(786) 372-3262
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and

13335 Southwest 124th Street
STE 211
Miami, FL 33186
(786) 429-1770
Digital Contact Information:
mayelinmoraleslcsw@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Morales, Natasha, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com
Other Languages Spoken by Provider or Office Staff Creole

Morales Rodriguez, Odalys, MA, BCABA ■
5455 Southwest 8th Street
230
Miami, FL 33134
(786) 629-8836
Digital Contact Information:
info@newlifeaba.com

and

12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 629-8836
Digital Contact Information:
info@newlifeaba.com

More, Iris, MSW, LCSW ■
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
morecounseling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Moreda-Mendez, Yanet, MSN, APRN ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
http://www.dgphealthandwellness.com
info@kaaficounseling.com

and

1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
info@kaaficounseling.com
Other Languages Spoken by Provider or Office Staff
Spanish

Morejon, Maelys C, MS, BCBA ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
admin@brighterworldfl.com

and

7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
admin@brighterworldfl.com

and

12750 Northwest 17th Street
216 216
Miami, FL 33182
(888) 527-8037
Digital Contact Information:
admin@brighterworldfl.com

Morel, Nicole, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
payors@emorahealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Moreno Marrero, Adriana, MED, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
genesisconsultingservices39@gmail.com

and

11410 North Kendall Drive
105
Miami, FL 33176
(786) 257-6349
Digital Contact Information:
genesisconsultingservices39@gmail.com

and

12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
genesisconsultingservices39@gmail.com

Morgado Gandia, Monica, MS, BCBA ■
8203 Southwest 124th Street
Pinecrest, FL 33156
(786) 533-3846
Digital Contact Information:
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff Spanish

Moroz, Ilona, MSN, APRN ■
FL
(305) 396-8228
Digital Contact Information:
ivmpsychiatry@gmail.com
Other Languages Spoken by Provider or Office Staff Ukrainian, Russian, Spanish

Morphis, Melissa, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Morris, Alison R, MS, LMFT ■
17501 Biscayne Boulevard
450
Aventura, FL 33160
(754) 246-4363
Digital Contact Information:
alizoneingroup@gmail.com

Morris, Shezetta, MA, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
jenny.silverio@lifehealthsystem.org

Mosquera, Aracelis, MSW, LCSW ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
info@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and
10691 N Kendall Dr
Ste 110
Miami, FL 33176
(786) 548-1022
Digital Contact Information:
info@dadefamily.com

Moss, Melissa, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Moure Rodriguez, Patricia, MPSY, BCBA ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
paul@ericasbillingservices.com

and
30350 SW 156th Ave
Homestead, FL 33033
(786) 283-0175
Digital Contact Information:
paul@ericasbillingservices.com

and
7392 Northwest 35th Terrace
301
Miami, FL 33122
(786) 666-0475
Digital Contact Information:
paul@ericasbillingservices.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
(305) 255-6203
Digital Contact Information:
paul@ericasbillingservices.com

and
13055 Southwest 42nd Street
STE 104
Miami, FL 33175
(305) 480-7839
Digital Contact Information:
paul@ericasbillingservices.com

and
4310 Southwest 164th Court
Miami, FL 33185
(305) 803-6663
Digital Contact Information:
paul@ericasbillingservices.com

and
27132 South Dixie Highway
Naranja, FL 33032
(786) 283-0175
(786) 481-9833
Digital Contact Information:
paul@ericasbillingservices.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
paul@ericasbillingservices.com

Mouyal, Gabriel I, MC, LMHC ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
help@joinuplift.co

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff Spanish

Moya Menas, Yuliet, MA, BCBA ■
10675 Southwest 190th Street
STE 1202
Cutler Bay, FL 33157
(786) 227-6262
Digital Contact Information:
kenia.rodriguez@ffmhs.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 255-6203
Digital Contact Information:
kenia.rodriguez@ffmhs.com

and
15924 SW 92nd Ave
Miami, FL 33157
(786) 636-1303
Digital Contact Information:
kenia.rodriguez@ffmhs.com

and
10300 Southwest 72nd Street
250b
Miami, FL 33173
(305) 939-6878
Digital Contact Information:
kenia.rodriguez@ffmhs.com

and
8950 Southwest 152nd Street
116
Palmetto Bay, FL 33157
(786) 669-2619
Digital Contact Information:
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff Spanish

Mugica, Niurka, BS, BCBA ■
15924 SW 92nd Ave
Miami, FL 33157
(786) 636-1303
Digital Contact Information:
behaviorplusservices@gmail.com

and
8300 NW 53rd St
Ste 350
Miami, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com

and
9570 Southwest 107th Avenue
104c
Miami, FL 33176
(786) 267-2830
Digital Contact Information:
behaviorplusservices@gmail.com

Muldrow, Edward J, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
emuldrow3@aol.com

Mullowney, Jennifer F, MSW, LCSW ■
FL
(800) 567-5433
(508) 202-1011
Digital Contact Information:
https://totallife.com/
jfmullowney@gmail.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
jfmullowney@gmail.com

Mundt, Eric T, MA, LMFT ■
1175 Northeast 125th Street
320
Miami, FL 33161
(954) 372-0423
Digital Contact Information:
http://www.marriagefamilyservices.com
fodiving@comcast.net

Mungo, Amani Amanda, MA, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
amungoppcc@gmail.com

Mungur, Vyata, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff French

Muniz Garcia, Gretta E, MS, BCBA ■
FL
(786) 257-8485
Digital Contact Information:
http://www.gabehaviortherapy.com
admissions@abaalliancecareservices.com

and
7500 Northwest 25th Street
Suite 254
Miami, FL 33122
(786) 391-8613
Digital Contact Information:
admissions@abaalliancecareservices.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 254-1033
Digital Contact Information:
admissions@abaalliancecareservices.com

and
14081 Southwest 168th Lane
Miami, FL 33177
(786) 254-1033
Digital Contact Information:
admissions@abaalliancecareservices.com
Other Languages Spoken by Provider or Office Staff Spanish

Munk, Rut, MED, LBA ■
1000 Brickell Avenue
Miami, FL 33131
(347) 893-1266
Digital Contact Information:
licensedbaps@gmail.com
Other Languages Spoken by Provider or Office Staff Hebrew, Russian, Yiddish, Spanish

Munoz, Fabiola, MS, BCBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
http://kidsspotrehab.com
therapy@kidsspotrehab.com
Other Languages Spoken by Provider or Office Staff Spanish

Munroe, Marsha P, MS, BCBA ■
9485 Sunset Drive
A-258
Miami, FL 33173
(786) 812-0705
Digital Contact Information:
services@cmnbtherapy.co

and
18220 Southwest 97th Avenue
Palmetto Bay, FL 33157
(786) 592-1574
Digital Contact Information:
services@cmnbtherapy.co
Other Languages Spoken by Provider or Office Staff Portuguese, Turkish, Haitian, Japanese, French, Russian, Italian, Egyptian, Vietnamese

Nadell, James, PSYD, LP ■
20601 Old Cutler Road
Cutler Bay, FL 33189
(914) 441-0722
Digital Contact Information:
jnadell2000@gmail.com

and
14707 S Dixie Hwy
Ste 211
Miami, FL 33176
(305) 259-6433
Digital Contact Information:
jnadell2000@gmail.com

and
8900 N Kendall Dr
Miami, FL 33176
(914) 441-0722
Digital Contact Information:
jnadell2000@gmail.com

and
FL
(305) 259-6433
Digital Contact Information:
jnadell2000@gmail.com

Nahrstedt, Thomas R, MS, LMHC ■
1550 Madruga Avenue
suite 329
Coral Gables, FL 33146
(305) 860-6435
Digital Contact Information:
tom@tjpgrove.com
Other Languages Spoken by Provider or Office Staff English

Naimoli, Dawn, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(386) 254-8788
Digital Contact Information:
g.leep@tf1aba.com

Nammur, Sarai, MC, LMHC ■
15325 Northwest 60th Avenue
#105
Miami Lakes, FL 33014
(305) 512-5388
Digital Contact Information:
sarai@sarainammur.com
Other Languages Spoken by Provider or Office Staff Spanish

Narvaez, Teresa, PHD, LMHC ■
10637 N Kendall Dr
Ste 7K
Miami, FL 33176
(786) 205-2470
Digital Contact Information:
tetena@bellsouth.net
Other Languages Spoken by Provider or Office Staff
English, Spanish

Nasai, Ayasha N, MS, BCBA ■
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
info@stepforwardaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Nasserzare, Jahanbakhsh, MD ■
1380 Northeast Miami Gardens Drive
Suite 140
Miami, FL 33179
(305) 940-0064
Digital Contact Information:
jnasserzaremd@gmail.com
Other Languages Spoken by Provider or Office Staff
German, Farsi

Natalio, Jenny, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Navarrete, Thais, MMFT, LMFT ●
12150 Southwest 128th Court
136
Miami, FL 33186
(305) 562-8804
Digital Contact Information:
thais@thaisnavarrete.com
Other Languages Spoken by Provider or Office Staff
Spanish

Nazario Cervantes, Ernesto, MS, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Neapolitan, Vickie M, MSW, LCSW, LISW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Nedock, Shirley, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Nelson, Bonice, MSSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Nelson, Jennifer D, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Nevius, Lauren A, MS, BCBA, LBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
lauren.dempsey95@yahoo.com

Ngandjo Yepndjouo, Sariette, MSN, APN, APRN, NP ■
FL
(305) 902-6347
Digital Contact Information:
brandy.marriner@geodehealth.com
Other Languages Spoken by Provider or Office Staff French

Nicholas, Nichelle, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Nichols, Janice, MSW, LCSW, LICSW, LISW-CP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(866) 478-3978
Digital Contact Information:
birches@withassured.com

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(833) 322-0977
Digital Contact Information:
http://www.joinmonument.com
birches@withassured.com

and
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
birches@withassured.com

Nicks, Darlene, MSW, LCSW, LICSW ■
333 Southeast 2nd Avenue
Suite #2000
Miami, FL 33131
(256) 701-4502
Digital Contact Information:
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Njagi, Catherine, MSN, APRN ■
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Noda Rodriguez, Leyanis N, MS, BCBA ■
11401 Southwest 40th Street
465
Miami, FL 33165
(786) 580-4609
Digital Contact Information:
laaroffice@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, English, Spanish

Nolan, Robert, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Nord-Roseau, Rachell, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Norelus, Ekiuwa, MSW, LCSW ■
FL
(786) 655-7300
Digital Contact Information:
http://www.noreluscounseling.com
noreluscounseling@gmail.com

Noriega, Hilda M, MS, BCBA ■
10700 Caribbean Boulevard
Suite 101
Cutler Bay, FL 33189
(305) 777-3883
Digital Contact Information:
essentialhealingofsouthflorida@gmail.com

and
1022 East 8th Avenue
Hialeah, FL 33010
(786) 615-7829
Digital Contact Information:
essentialhealingofsouthflorida@gmail.com

and
3412 West 84th Street
e106
Hialeah, FL 33018
(305) 827-7344
Digital Contact Information:
essentialhealingofsouthflorida@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Novak, Mark, MS, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
acc@advancedclientcare.org

Novales, Rosabel, MS, LMHC ■
2500 Northwest 79th Avenue
Suite 211
Doral, FL 33122
(786) 675-8650
Digital Contact Information:
ymbehavioralhealth@gmail.com

and
Home Based Services Only
Doral, FL 33122
(786) 675-8650
Digital Contact Information:
ymbehavioralhealth@gmail.com

and
782 Northwest 42nd Avenue
Suite 4
Miami, FL 33126
(786) 337-0885
Digital Contact Information:
ymbehavioralhealth@gmail.com

and
Home Based Services Only
Miami Lakes, FL 33016
(786) 622-5743
Digital Contact Information:
ymbehavioralhealth@gmail.com

Noya Ontivero, Danny, MBS, BCBA ■
220 Washington Avenue
Homestead, FL 33030
(305) 704-0313
Digital Contact Information:
https://www.cleverkidstherapy.com/
noya1982@hotmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Nwakudu, Chiedza, DNP, APN ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@natobehealthcare.com

O'Leary, Moya, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Obregon, Stephanie, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
ennifer.horta@superherospeechtherapy.com

Occean, Andrelita, MMH, LCMHC ■
7950 W Flagler St
Ste 106
Miami, FL 33144
(305) 269-3900
Digital Contact Information:
drgmartinez.psychologist@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Creole, French

Ochoa, Sharon, MS, BCBA ■
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
info@stepforwardaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ochoteco Hurtado, Jose, MS, BCBA ■
800 Northeast 95th Street
Miami Shores, FL 33138
(305) 798-6784
Digital Contact Information:
jochoteco@embracingchallenges.com
Other Languages Spoken by Provider or Office Staff
Spanish

Octa, Christina, MC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
tocta.me@gmail.com

Odio, Natalie, MA, BCBA, LABA ■
10200 Northwest 25th Street
211
Doral, FL 33172
(786) 269-3502
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Portuguese, Haitian Creole, Japanese, Spanish

Ogugua, Adeola A, MSN, APRN, NP ■
FL
(305) 902-6347
Digital Contact Information:
hr.credentialing@sohomd.com
Other Languages Spoken by Provider or Office Staff English

Okolo Miles, Sada, MA, LMHC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
s.n.okolo_associates@outlook.com

Okoloedo, Christian, MSN, APRNCNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

mia.schmidt@televerohealth.com
Other Languages Spoken by Provider or Office Staff English

Oliva, Ivan, MSN, APRN ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
olivaob91@gmail.com

Oliva-Garcia, Isbell, MS, ABA, LMHC ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
FL
(305) 303-6631
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Olive, Tania, MS, BCBA ■
717 Ponce de Leon Boulevard
Suite 209
Coral Gables, FL 33134
(305) 381-0839
Digital Contact Information:
https://www.winglessangelsbs.com/
alfay.behavioralservices@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 779-9475
Digital Contact Information:
alfay.behavioralservices@gmail.com

and
14875 Northwest 77th Avenue
Suite 204
Miami Lakes, FL 33014
(786) 321-1400
Digital Contact Information:
alfay.behavioralservices@gmail.com

and
5881 Northwest 151st Street
127
Miami Lakes, FL 330142450
(786) 905-2262
Digital Contact Information:
http://sweetchildbehavior.com
alfay.behavioralservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Oliveros, Nilian, MA, BCBA ■
1275 West 47th Place
#449
Hialeah, FL 33012
(305) 425-1338
Digital Contact Information:
magicbehavioralcare@gmail.com

and
Home Based Services Only
Miami Gardens, FL 33014
(305) 640-5739
Digital Contact Information:
magicbehavioralcare@gmail.com

Olszanski, Leandro, EDM, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
lolszanski@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Onibudo, Jennifer, MED, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Onifade, Beatrice, MN, APRN ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

and
17940 Northwest 27th Avenue
Miami Gardens, FL 33056
(954) 478-6577
Digital Contact Information:
insurance@wellnite.com

Orama, Henry, MA, BCBA ■
Home Based Services Only
Hialeah, FL 33013
(786) 592-6680
Digital Contact Information:
henryorama07@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Oran, Michelle, MS, BCBA ■
13195 Southwest 134th Street
134
Miami, FL 33186
(305) 794-8353
Digital Contact Information:
ali@mestrebehavior.com

and
13195 Southwest 134th Street
Ste. 201
Miami, FL 33186
(305) 794-8353
Digital Contact Information:
ali@mestrebehavior.com

and
8785 SW 165th Ave
Ste 104
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
ali@mestrebehavior.com

Orfao-Martin, Claudia, MSW, LICSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
mollymar@yahoo.com
Other Languages Spoken by Provider or Office Staff
Portuguese, English

Orin, Ramon S, MA, LMHC ■
12030 Southwest 129th Court
Suite 211
Miami, FL 33186
(305) 639-8760
Digital Contact Information:
rorin31@bellsouth.net

and
12360 Southwest 132nd Court
STE 202
Miami, FL 33186
(786) 250-3396
Digital Contact Information:
rorin31@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Ornelas, Evelyn, MA, BCBA ■
7800 Southwest 57th Avenue
205
South Miami, FL 33143
(732) 423-1616
Digital Contact Information:
http://www.kidstherapyconnection.com
yiliam@kidstherapyconnection.com
Other Languages Spoken by Provider or Office Staff
Spanish

Orozco, Daniella, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 955-6224
Digital Contact Information:
abcdevelopcenter@gmail.com

and
1900 Sans Souci Boulevard
330 330
North Miami, FL 33181
(786) 631-1370
Digital Contact Information:
abcdevelopcenter@gmail.com

and
16201 Northeast 13th Avenue
North Miami Beach, FL 33162
(786) 955-6224
Digital Contact Information:
abcdevelopcenter@gmail.com

and
17121 Northeast 6th Avenue
North Miami Beach, FL 33162
(305) 952-3161
Digital Contact Information:
abcdevelopcenter@gmail.com

and
FL
(786) 955-6224
Digital Contact Information:
abcdevelopcenter@gmail.com

Ortega Chicuri, Xuchitl, BS, BCABA ■
30908 Southwest 192nd Avenue
Homestead, FL 33030
(786) 404-3148
Digital Contact Information:
allstaraba22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ortega, Laura R, MS, LMFT ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
contact@elevatepsychiatry.com

and
1711 W 38th Pl
Ste 1207
Hialeah, FL 33012
(786) 592-0940
Digital Contact Information:
contact@elevatepsychiatry.com

and
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
contact@elevatepsychiatry.com

and
16201 SW 95th Ave
Ste 101
Miami, FL 33157
(786) 592-0940
Digital Contact Information:
contact@elevatepsychiatry.com

Ortega, Orlando, MED, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 800-4916
Digital Contact Information:
aba@confidentmindsllc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ortiz Abella, Mirelis, MS, BCBA ■
7815 Coral Way
101
Miami, FL 33155
(786) 615-4879
Digital Contact Information:
behaviorplusservices@gmail.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ortiz, Cindy-Joy, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Ortiz, Eyleen, DED, BCBA-D ■
224 Washington Avenue
2
Homestead, FL 33030
(305) 704-0506
Digital Contact Information:
info@cleverkidsbehavioralservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ortiz Villegas, Yenitza I, MS, LMHC ■
2828 Coral Way
560
Coral Gables, FL 33145
(786) 238-7298
Digital Contact Information:
yortizlmhc@gmail.com

and
3785 Northwest 82nd Avenue
117
Doral, FL 33166
(786) 238-7321
(786) 238-7298
Digital Contact Information:
yortizlmhc@gmail.com

and
FL
(786) 238-7321
(786) 238-7298
Digital Contact Information:
yortizlmhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Orue, Isis, CD, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Osher, Carol, MSSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Osorio, Yanira, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
tori@paxhealth.net

Otano, Gladys, DPH, BCBA ■
20200 Southwest 320th Street
Homestead, FL 33030
(305) 450-4219
Digital Contact Information:
butterflybehavior22@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 450-4219
Digital Contact Information:
butterflybehavior22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Otero Desantiago, Luis A, MMH, LMHC ■
FL
(954) 850-1859
Digital Contact Information:
luis@ctraumacare.com

Oubadji, Michelle, MSW, LCSW ■
FL
(415) 941-4109
(754) 444-8004
Digital Contact Information:
http://www.bundletherapy.com
admin@bundletherapy.com

and
1400 Northeast Miami Gardens Drive
212
Miami, FL 33179
(415) 941-4109
(754) 444-8004
Digital Contact Information:
http://www.bundletherapy.com
admin@bundletherapy.com
Other Languages Spoken by Provider or Office Staff
Portuguese, English, Spanish

Pabon, Hernan, MD ■
7374 SW 93rd Ave
Ste 201A
Miami, FL 33173

(786) 753-7467
Digital Contact Information:
info@doctorsccs.com

and
9000 Southwest 137th Avenue
#116
Miami, FL 33186
(305) 671-3503
Digital Contact Information:
http://www.behavioralccs.com
info@doctorsccs.com

and
9000 Southwest 137th Avenue
Suite 103
Miami, FL 33186
(305) 671-3503
Digital Contact Information:
http://www.behavioralccs.com
info@doctorsccs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pacheco, Danae K, MBS, BCBA ■
8660 West Flagler Street
STE 121
Miami, FL 33144
(305) 600-4774
Digital Contact Information:
dkpbehavior@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pacheco, Sandra, MS, LMHC ■
1801 Northeast 123rd Street
303
North Miami, FL 33181
(305) 510-0912
Digital Contact Information:
spachecolmhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Padilla, Eliany, EDM, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
credentialing@tillytherapy.com

Padilla Moya, Leticia, MS, BCBA ■
8300 NW 53rd St
Ste 350
Miami, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com

and
10261 Southwest 72nd Street
Miami, FL 33173
(786) 773-3654
Digital Contact Information:
behaviorplusservices@gmail.com

and
7975 Northwest 154th Street
230
Miami Lakes, FL 33016
(305) 874-7245
Digital Contact Information:
behaviorplusservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Padilla, Pedro A, MS, BCBA ■
Home Based Services Only
Doral, FL 33122
(305) 603-8747
Digital Contact Information:
behaviorpedestal@gmail.com

and
730 Northwest 107th Avenue
110
Miami, FL 33172
(305) 249-1183
Digital Contact Information:
behaviorpedestal@gmail.com

and
1380 Northeast Miami Gardens Drive
220f
Miami, FL 33179
(786) 523-3249
Digital Contact Information:
https://behaviorpedestal.com/
behaviorpedestal@gmail.com

and
5881 Northwest 151st Street
Suite: 103
Miami Lakes, FL 33014
(786) 703-4154
Digital Contact Information:
behaviorpedestal@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Padilla, Vicki, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Padro, Mariela T, MD ■
975 Arthur Godfrey Road
Ste 302
Miami Beach, FL 33140
(305) 456-1014
Digital Contact Information:
http://www.mindandsoultherapy.org
padromd@mindandsoultherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Padron, Felix O, PSYD, LMHC ■
Catalonia Avenue
Coral Gables, FL 33134
(305) 448-6000
Digital Contact Information:
doctorpadron@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Padron Llanes, Anadaris, BA, BCABA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Paifer, Ibis, BS, BCBA ■
1570 West 38th Place
12 12
Hialeah, FL 33012
(786) 615-2514
Digital Contact Information:
abcbehaviorhelp@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 263-0207
Digital Contact Information:
abcbehaviorhelp@gmail.com

and
10691 North Kendall Drive
211
Miami, FL 33176
(305) 984-4343
Digital Contact Information:
abcbehaviorhelp@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Palacios, Valeria, MS, BCBA ■
3050 Southwest 37th Avenue
Miami, FL 33133
(954) 682-6521
Digital Contact Information:
valeriapalacios366@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Palaez, Alexandra, MS, LMFT ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
draida@mpsmentalhealth.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
draida@mpsmentalhealth.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
draida@mpsmentalhealth.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
draida@mpsmentalhealth.com
Other Languages Spoken by Provider or Office Staff
French, Russian, Spanish

Palamara, Sherry A, PSYD, LP ■
3105 Northwest 107th Avenue
Suite: 400
Doral, FL 33172
(305) 920-3921
Digital Contact Information:
shpalamara@aol.com

and
10305 NW 41st St
Ste 205
Doral, FL 33178
(305) 994-7420
Digital Contact Information:
shpalamara@aol.com

and
407 Lincoln Rd
Ste 6L
Miami Beach, FL 33139
(305) 994-7420
Digital Contact Information:
shpalamara@aol.com

Palau, Barbara K, MSS, LMHC ■
12970 SW 133rd Ct
Miami, FL 33186
(786) 263-3676
Digital Contact Information:
bkpalau@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Palenzuela Hernandez, Pedro, BS, BCABA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Palma, Desiree P, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

and
13195 Southwest 134th Street
Suite 106
Miami, FL 33186
(786) 250-3220
Digital Contact Information:
http://behavioralfamilysolutions.com
credentialing@behavioralfamilysolutions.com

and
13501 Southwest 136th Street
STE 205
Miami, FL 33186
(305) 209-4321
Digital Contact Information:
http://sunshinespectrumaba.com
credentialing@behavioralfamilysolutions.com

Paneca, Yordany, MS, BCBA ■
1916 Northwest 84th Avenue
Doral, FL 33126
(305) 433-5489
Digital Contact Information:
http://a1ahealth.com
team@a1ahealth.com

and
Home Based Services Only
Doral, FL 33126
(305) 433-5489
Digital Contact Information:
team@a1ahealth.com

and
15715 South Dixie Highway
330
Miami, FL 33157
(786) 732-0842
Digital Contact Information:
team@a1ahealth.com

Pantano, Lisa, MC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
leigh.pantano@gmail.com

Pardillo, Jacqueline, MS, LMHC ■
10030 Southwest 40th Street
A
Miami, FL 33165
(305) 400-8899
Digital Contact Information:
jackie@miamipsychological.com

and
FL
(305) 400-8899
Digital Contact Information:
jackie@miamipsychological.com

and
8200 Northwest 41st Street
Suite 200
Miami, FL 33166
(305) 721-3128
Digital Contact Information:
jackie@miamipsychological.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Pardo, Diana, MPSY, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pareras, Aixa, MC, LMHC ■
14225 SW 42nd St
Miami, FL 33175
(305) 221-8200
Digital Contact Information:
http://www.drvidalzas.com
melbag.avzcounseling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Parnes, Tanya, MS, LMHC ■
FL
(305) 570-7695
Digital Contact Information:
matterofmindcounseling@gmail.com

Parodi, Laura, MPSY, LMFT ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
bravosmentalhealthcare@gmail.com

and
2100 West 76th Street
#209
Hialeah, FL 33016
(786) 201-1088
Digital Contact Information:
bravosmentalhealthcare@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Parrado, Arlette C, MSW, LCSW ■
815 Northwest 57th Avenue
325
Miami, FL 33126
(786) 364-6510
Digital Contact Information:
acparradolcsw@gmail.com
Other Languages Spoken by Provider or Office Staff English

Parsons, Charity, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Patterson, Elizabeth A, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
billing@ddsistems.com

Patterson, Trakeeta A, MSW, LCSW ■
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
dreamagainservices@gmail.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
dreamagainservices@gmail.com

Patton, Jacquelyn, MACP, LMHC ●
8500 SW 92nd Street
206
Miami, FL 33156
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
billing@livewelltherapygroup.com

and
7600 Southwest 57th Avenue
suite 334
South Miami, FL 33143
(786) 332-4478
Digital Contact Information:
billing@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Payne, Kurt, CD, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Paz Quintero, Leslie, MS, BCBA, LMFT ■
Home Based Services Only
Hialeah, FL 33010
(305) 280-5730
Digital Contact Information:
sucel.tejeda@abaofswf.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 280-5730
Digital Contact Information:
sucel.tejeda@abaofswf.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pazos, Flora, MA, CSW, LMHC ■
3785 Northwest 82nd Avenue
307
Doral, FL 33166
(239) 491-2753
Digital Contact Information:
peacefulprogressmiami@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pedraza Duran, Lismary, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
9502 Southwest 166th Court
Miami, FL 33196
(754) 234-0643
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pedroso, Denia, MN, APRN ■
FL
(786) 361-9564
Digital Contact Information:
ecjmedservicescorp@gmail.com

Peguero Novo, Maite, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(754) 234-0643
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
9502 Southwest 166th Court
Miami, FL 33196
(754) 234-0643
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pelaez, Dally M, MSW, LCSW ■
9370 Southwest 72nd Street
Suite #A-213
Miami, FL 33173
(305) 999-1083
Digital Contact Information:
upliftbhs@gmail.com

and
FL
(305) 807-9545
Digital Contact Information:
upliftbhs@gmail.com

Peleg-Oren, Neta, PHD, LCSW ■
2627 NE 203rd St
Ste 113
Miami, FL 33180
(786) 877-0919
Digital Contact Information:
npelegoren@gmail.com
Other Languages Spoken by Provider or Office Staff
Hebrew

Peluso, Mark, MSW, LCSW ■
66 W Flagler St
900
Miami, FL 33130
(786) 244-7690
Digital Contact Information:
http://provider.growtherapy.com/search
mark.humanup@gmail.com

Pena, Edgar, MS, LMHC ■
1354 Washington Avenue
221
Miami Beach, FL 33139
(305) 766-8064
Digital Contact Information:
http://www.mbbehavioralhealth.com
mbbehavioralhealth1@yahoo.com

and
15495 Eagle Nest Lane
STE 215
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
mbbehavioralhealth1@yahoo.com

and
6600 Cow Pen Road
250
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
mbbehavioralhealth1@yahoo.com

and
215 Westward Dr
Miami Springs, FL 33166
(305) 887-4494
Digital Contact Information:
mbbehavioralhealth1@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pena, Frances, MSW, LCSW ■
8100 SW 81st Dr
Ste 290
Miami, FL 33143
(305) 975-4049
Digital Contact Information:
credentialing@joinuplift.co

and
16095 SW 150th St
Miami, FL 33196
(305) 975-4049
Digital Contact Information:
credentialing@joinuplift.co
Other Languages Spoken by Provider or Office Staff
Spanish

Pena Garcia, Ibis, PSYD, LP ■
8200 Northwest 41st Street
135
Doral, FL 33166
(305) 599-2111
Digital Contact Information:
cdps.doral@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pena, Giliana G, MSSW, LCSW ■
8300 West Flagler Street
170
Miami, FL 33144
(786) 633-5171
Digital Contact Information:
olympushcs@gmail.com

and
14400 Northwest 77th Court
#100
Miami Lakes, FL 33016
(786) 916-6073
Digital Contact Information:
olympushcs@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pena Perez, Astrid E, MC, LMHC ■
FL
(786) 975-9866
Digital Contact Information:
astridpena.mhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pena Trejo, Elizabeth, MS, BCBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
credentialing@kyocare.com

Penaranda, Yohan, MS, LMHC ■
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
http://brightsyhealthfl.com
brightsyhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Penate, Aurora, MS, LMHC ■
2550 Douglas Road
Ste #301
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
http://www.mindandsoultherapy.org
daylen.ponce@nicklaushealth.org

and
3100 SW 62nd Ave
Miami, FL 33155
(305) 663-8439
Digital Contact Information:
daylen.ponce@nicklaushealth.org
Other Languages Spoken by Provider or Office Staff
Spanish

Penate, Hervey, MPSY, BCBA ■
3750 West 16th Avenue
218
Hialeah, FL 33012
(786) 409-3231
Digital Contact Information:
proactivehealthcare2016@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pendas Salgado, Yelena, MS, BCBA ■
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
mortega@tlhproject.com

and
306 Westward Dr
Miami Springs, FL 33166
(786) 588-7894
Digital Contact Information:
http://www.smartbatherapy.com
mortega@tlhproject.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Penichet, Ana R, MBS, BCBA ■
Home Based Services Only
Doral, FL 33122
(305) 603-8747
Digital Contact Information:
withoutlimitstherapy@gmail.com

and
7801 Northwest 37th Street
Lp-201
Doral, FL 33195
(305) 468-9899
Digital Contact Information:
withoutlimitstherapy@gmail.com

and
12855 Southwest 132nd Street
STE 207
Miami, FL 33186
(786) 587-0424
Digital Contact Information:
withoutlimitstherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Creole, Spanish

Peral, Nikita R, MS, LMHC ●
3081 Salzedo Street
Suite 202 -S
Coral Gables, FL 33134
(786) 254-1443
Digital Contact Information:
rootedwellnessmiami@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Peraza, Jose A, MS, BCBA ■
10711 Southwest 216th Street
103 103
Goulds, FL 33170
(305) 965-9682
Digital Contact Information:
imetherapyservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perdomo, Julissa, MA, LBA ■
3833 Southwest 8th Street
Coral Gables, FL 33134
(786) 440-1176
Digital Contact Information:
clinical@getanswersnow.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perdomo, Marlen, MS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Perdomo Morente, Liliana, MS, BCBA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(239) 431-2629
Digital Contact Information:
info@newlifeaba.com

and
8203 Southwest 124th Street
Pinecrest, FL 33156
(561) 564-1466
Digital Contact Information:
info@newlifeaba.com

and
Home Based Services Only
West Miami, FL 33144
(786) 404-1017
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perea, Pamela, MED, BCBA ■
13195 Southwest 134th Street
Ste. 201
Miami, FL 33186
(786) 206-6500
Digital Contact Information:
http://behavioralfamilysolutions.com
credentialing@behavioralfamilysolutions.com

Pereda, Raquel, MS, LMHC, LPCC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Perera, Mirbelys, MD ■
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Adrian, MS, BCBA ■
Home Based Services Only
Hialeah, FL 33012
(561) 460-0284
Digital Contact Information:
info@brightfuturebehavioral.com

Perez, Ayleme, MS, BCBA ■
27132 South Dixie Highway
Naranja, FL 33032
(786) 283-0175
Digital Contact Information:
mericakidshopeservices@gmail.com

Perez, Beatriz, MA, BCBA ■
580 Northwest 183rd Street
Miami Gardens, FL 33169
(305) 400-1589
Digital Contact Information:
dasilva.jennifer@superherokiddosabacenter.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Perez, Belkis B, MSN, NP ■
FL
(305) 579-2885
Digital Contact Information:
http://www.lumimindpsychiatrywellness.com
lumimindpsychwell@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Perez, Claudia, MMH, BCBA ■
Home Based Services Only
Miami, FL 33155
(786) 262-5559
Digital Contact Information:
namastebehaviortherapy@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Perez, Diana, MSED, BCBA ■
12360 SW 132nd Ct
Ste 201
Miami, FL 33186
(786) 701-9605
Digital Contact Information:
dmp08c@me.com

and
15230 SW 146th Ter
Miami, FL 33196
(786) 223-6905
Digital Contact Information:
dmp08c@me.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez Gonzalez, Madeleyvi F, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 224-1645
Digital Contact Information:
info@btserviceslittlegiants.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Jessica, PSYD, LP ■
10250 Southwest 56th Street
D202
Miami, FL 33165
(954) 388-0842
Digital Contact Information:
fenixpsychology@gmail.com

Perez, Jesus, PSYD, LP ■
215 Westward Dr
Miami Springs, FL 33166
(305) 887-4494
Digital Contact Information:
perez_29993@msn.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Lazaro, MS, BCBA ■
1801 Southwest 22nd Street
328
Miami, FL 33145
(786) 536-7694
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Lester A, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 238-7237
Digital Contact Information:
info@epossibilitiesllc.com

and
8785 Southwest 165th Avenue
308
Miami, FL 33193
(786) 238-7237
Digital Contact Information:
info@epossibilitiesllc.com

Perez Lorenzo, Elizabet, MA, BCBA ■
Home Based Services Only
Miami Shores, FL 33161
(786) 709-8403
Digital Contact Information:
info@cameroarnp.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez Lugo, Yaima, BS, BCABA, BCBA ■
18844 Southwest 319th Street
Homestead, FL 33030
(786) 641-1962
Digital Contact Information:
Not Available

and
175 Fontainebleau Boulevard
Miami, FL 33172
(786) 558-8246
Digital Contact Information:
Not Available

Perez, Luisa, MSED, BCBA ■
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
support@modbehavioraba.com

Perez, Madalys, MA, BCABA ■
30908 Southwest 192nd Avenue
Homestead, FL 33030
(786) 404-3148
Digital Contact Information:
allstaraba22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Madiane, MACP, LMHC ■
12150 Southwest 128th Court
Suite 108
Miami, FL 33186
(786) 732-0607
Digital Contact Information:
madiane@mpbehavioral.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Maria C, MED, BCABA ■
13404 Southwest 128th Street
Miami, FL 33186
(305) 433-0897
Digital Contact Information:
http://www.bluelifetherapy.com
bluelifetherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Marlene, MS, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Marta, BS, BCABA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(239) 431-2629
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez Pino, Roseli, BS, BCABA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 587-0424
Digital Contact Information:
roseli.pp89@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Perez Quinonez, Angel A, MBS, BCBA ■
659 Northeast 125th Street
North Miami, FL 33161
(305) 454-9885
Digital Contact Information:
aylahmedicaid@northacademynmb.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Perez Sanchez, Yaleidy, MS, BCBA ■
900 East 9th Street
Hialeah, FL 33010
(305) 381-5294
Digital Contact Information:
info@newlifeaba.com

and
7392 Northwest 35th Terrace
301
Miami, FL 33122
(786) 666-0475
Digital Contact Information:
info@newlifeaba.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
info@newlifeaba.com

and
10300 Southwest 72nd Street
250b
Miami, FL 33173
(305) 939-6878
Digital Contact Information:
info@newlifeaba.com

and
9485 Sunset Drive
A-258
Miami, FL 33173
(786) 812-0705
Digital Contact Information:
info@newlifeaba.com

and
14722 Southwest 56th Street
Miami, FL 33185
(305) 456-0572
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Sonnia B, MS, BCABA ■
650 Northeast 22nd Terrace
212 214
Homestead, FL 33033
(786) 312-4478
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez Verdecia, Frank, PSYD, LP ■
2020 Ponce de Leon
Suite 1201
Miami, FL 33134
(305) 917-5414
Digital Contact Information:
perezverdecia@psychologybeyond.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Victoria, MSW, LCSW ■
12540 Southwest 8th Street
Miami, FL 33184
(305) 705-6840
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Perez, Yanitza, MS, BCBA ■
1250 Southwest 27th Avenue
207
Miami, FL 33135
(305) 220-6060
Digital Contact Information:
cabehavior@gmail.com

and
11890 Southwest 8th Street
STE 309
Miami, FL 331841710
(305) 220-6060
Digital Contact Information:
http://www.blueangelcare.net
cabehavior@gmail.com

Perez-Castro, Josefina, MSW, LCSW ■
5001 SW 74th Ct
Ste 104
Miami, FL 33155
(305) 663-0013
Digital Contact Information:
anagabilling@gmail.com

and
6955 NW 77th Ave
Ste 401

Miami, FL 33166
(305) 663-0013
Digital Contact Information:
anagabilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Peters-Kurtz, Andee, MSW, LCSW, LICSW ■
333 Southeast 2nd Avenue
Suite 2000
Miami, FL 33131
(323) 454-3659
Digital Contact Information:
andeelicsw@gmail.com

Petit-Jean, Christine, MSW, LCSW, LICSW ■
FL
(786) 967-7873
Digital Contact Information:
https://parakletostherapeutic.com/
ptsdatyourservice@gmail.com
Other Languages Spoken by Provider or Office Staff English

Pfeifle, Shannon, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Phelps, Sharion, MS, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Philippe, Emmerson, MED, LBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
tarakhailsaid@gmail.com

Piernik, Nancelina, MC, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
payors@emorahealth.com

Pierre, Jason, MSN, APN, PMHNP ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Pierre, Urmene, DNP, APRN ■
510 Northwest 98th Street
Miami, FL 33150
(754) 266-5509
Digital Contact Information:
info.goodshepherd20@gmail.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, French

Pimentel, Rismary, MBS, BCBA ■
Home Based Services Only
Doral, FL 33122
(786) 536-2012
Digital Contact Information:
sunshinebehaviorhealthcare@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pinera Carmona, Danaisy, MS, BCBA ■
1140 West 50th Street
SUITE 304
Hialeah, FL 33012
(786) 267-2830
Digital Contact Information:
behaviorplusservices@gmail.com

and
4410 West 16th Avenue
unit 41
Hialeah, FL 33012
(786) 267-2830
Digital Contact Information:
http://www.abastarbehavioral.com
behaviorplusservices@gmail.com

and
8300 NW 53rd St
Ste 350
Miami, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pinero, Heydi, MA, BCBA ■
10200 Northwest 25th Street
STE 204
Doral, FL 33172
(305) 406-3689
Digital Contact Information:
http://www.foundartacademy.org
nfo@foundartacademy.org

and
1022 East 8th Avenue
Hialeah, FL 33010
(786) 615-7829
Digital Contact Information:
nfo@foundartacademy.org

and
3412 West 84th Street
e106
Hialeah, FL 33018
(305) 827-7344
Digital Contact Information:
nfo@foundartacademy.org

and
8950 SW 74th Ct
Ste 2201
Miami, FL 33156
(800) 368-2143
Digital Contact Information:
nfo@foundartacademy.org
Other Languages Spoken by Provider or Office Staff
Spanish

Pinero, Pablo, MED, BCBA ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
services@cmnbtherapy.com

and
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
services@cmnbtherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pino, Leydis, PSYD, BCBA, LCP ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 317-4478
Digital Contact Information:
https://crystalabatherapy.com/
services@cmnbtherapy.com

and
1000 Brickell Avenue
Miami, FL 33131
(754) 234-0643
Digital Contact Information:
services@cmnbtherapy.com

and
9502 Southwest 166th Court
Miami, FL 33196
(754) 234-0643
Digital Contact Information:
services@cmnbtherapy.com

Pino, Mariela, MS, BCBA ■
7900 Northwest 155th Street
304
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
mortega@tlhproject.com

and
7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
mortega@tlhproject.com

and
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
mortega@tlhproject.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pitaluga, Iris, MS, LMHC ■
1360 South Dixie Highway
355
Coral Gables, FL 33146
(305) 648-9344
Digital Contact Information:
alternatives1@msn.com
Other Languages Spoken by Provider or Office Staff English

Pittman, Lethea, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Pizarro Lopez, Amy, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 365-2155
Digital Contact Information:
info@miabehavior.com

and
12973 Southwest 112th Street
151
Miami, FL 33186
(305) 204-7037
Digital Contact Information:
info@miabehavior.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Pokallus, Kristin, MS, BCBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
credentialing@songbirdcare.com

Polites, Nancy, MSW, LCSW ■
55 Miracle Mile
Miami, FL 33134
(772) 486-4417
Digital Contact Information:
nancyelsie@gmail.com

Pollas, Landy F, MSN, APRN, NP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
lgoswami@essenmed.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
lgoswami@essenmed.com

Polvado, Teah, MSSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Ponce, Jessica M, MC, LMHC ■
2601 SW 37th Ave
Ste 904
Miami, FL 33133
(800) 457-4573
Digital Contact Information:
http://www.hupcfl.com
info@hupcfl.com

Ponce, Raul, MS, BCBA ■
14707 South Dixie Highway
Suite 200
Miami, FL 33176
(305) 321-5177
Digital Contact Information:
http://familybehaviortherapy.com
administration@familybehaviortherapy.com

Poole-Parks, Clarissa, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Poritz, Stacie, MSED, BCBA ■
13195 Southwest 134th Street
Ste. 201
Miami, FL 33186
(786) 206-6500
Digital Contact Information:
stacie@behavioralfamilysolutions.com

Portales, Mariana, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
info@sparking-change.com
Other Languages Spoken by Provider or Office Staff
Spanish

Porter, J'Briel E, MSW, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
admin@itsofok.com
Other Languages Spoken by Provider or Office Staff
Chinese, Urdu, Spanish, Hindi

Portuondo, Maria, MA, BCBA ■
18951 Southwest 106th Avenue
105 106
Miami, FL 33157
(305) 233-4448
Digital Contact Information:
therapy110@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Posada, Stephanie, MMH, LMHC ■
2500 Southwest 107th Avenue
41
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
lgomez@abcsfl.com

and
FL
(786) 615-3334
Digital Contact Information:
lgomez@abcsfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Potts, Payton, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Potwin, Tiffany, MC, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Poulsen, Raul, MD ■
255 University Dr
Fl 2
Coral Gables, FL 33134
(305) 663-6366

Digital Contact Information:
doctorpoulsen@gmail.com

and
2550 Douglas Road
Ste #301
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
doctorpoulsen@gmail.com

and
1400 NW 12th Ave
E
Miami, FL 33136
(305) 689-1352
Digital Contact Information:
doctorpoulsen@gmail.com

and
1611 NW 12th Ave
Miami, FL 33136
(305) 585-7040
Digital Contact Information:
doctorpoulsen@gmail.com

and
1695 NW 9th Ave
1404
Miami, FL 33136
(305) 355-9128
Digital Contact Information:
doctorpoulsen@gmail.com

and
1695 NW 9th Ave
Fl 14
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
doctorpoulsen@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Poulton, Nigel G, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@psychplus.com

Powell, Brooke, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Powell, Mary, MSN, ARNP ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
mpowell@nextgenerationvillage.com

Power, Vanessa, MSW, LCSW ■
FL
(888) 339-9404
Digital Contact Information:
https://180healthpartners.com
credentialing@sagesocialservices.com

Pozo, Darinka, MSN, APRN ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Prado, Haydee, PSYD, LP ■
8550 W Flagler St
Ste 105
Miami, FL 33144
(305) 551-5787
Digital Contact Information:
haydeeprado@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Presken, Gessica, MS, LMHC ■
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
admin@lotuscounseling.com

and
FL
(831) 920-7907
Digital Contact Information:
http://www.mammha.com
admin@lotuscounseling.com

and
2999 NE 191st St
Miami, FL 33180
(305) 915-5748
Digital Contact Information:
admin@lotuscounseling.com

Presswood, William K, LPC ■
151 NW 11th St
Ste W201
Homestead, FL 33030
(786) 521-5925
Digital Contact Information:
http://www.monarchallhealth.com
monarchallhealth@gmail.com

Preval, Falicia, MC, LMHC ■
1031 Ives Dairy Rd
Ste 228
Miami, FL 33179
(786) 320-5559
Digital Contact Information:
faliciap@aol.com

and
1031 Ives Dairy Road
Miami, FL 33179
(786) 627-3321
Digital Contact Information:
faliciap@aol.com

and
1001 North Miami Beach Boulevard
North Miami Beach, FL 33162
(786) 320-5559
Digital Contact Information:
faliciap@aol.com

Preval, Herve, MS, LPC, LPCC ■
11890 Southwest 8th Street
STE 309
Miami, FL 331841710
(786) 281-3935
Digital Contact Information:
http://www.blueangelcare.net
hpreval@prevalandassociates.net

and
FL
(786) 281-3935
Digital Contact Information:
http://www.prevalandassociates.net
hpreval@prevalandassociates.net
Other Languages Spoken by Provider or Office Staff
English, Creole, French

Prevost, Daniella, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Priedes Rodriguez, Yusiet, MA, BCBA ■
8950 Southwest 74th Court
2299
Kendall, FL 33156
(786) 363-0171
Digital Contact Information:
info@abawithpassion.com

and
16931 Southwest 152nd Avenue
Miami, FL 33187
(786) 262-9997
Digital Contact Information:
info@abawithpassion.com

Prieto, Aymee, MPSY, BCABA ■
Home Based Services Only
West Miami, FL 33144
(786) 404-1017
Digital Contact Information:
opusmentalhealthcenter@gmail.com

Prophete, Alyssa, MS, BCBA ■
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
info@kidcenteredtherapy.com

Puebla, Teresa, MS, BCBA ■
13195 Southwest 134th Street
Ste. 201
Miami, FL 33186
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

Puentes, Katheryne, PHD, LMFT ■
21301 Northeast 26th Avenue
Miami, FL 33180
(305) 981-6362
Digital Contact Information:
theluminescentmindllc@gmail.com

Pujals, Jessica, MS, LMHC, LPC ●
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
jessicapujals@yahoo.com

and
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
http://www.miamipersonalmanagement.com
jessicapujals@yahoo.com

and
3621 SW 107th Ave
Miami, FL 33165
(786) 534-8366
Digital Contact Information:
http://serenitycommunitycenter.com
jessicapujals@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pujol Figueredo, Dayana, MS, BCBA ■
13195 Southwest 134th Street
101
Miami, FL 33186
(786) 227-6830
Digital Contact Information:
http://esperanzagroup.net
esperanzagroup@espgrp.net
Other Languages Spoken by Provider or Office Staff
Spanish

Pujula, Yolanda, MS, LMFT ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
westmiamicmhc@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Purdy, Sarah, PA, PA_C ■
777 Brickell Avenue
Miami, FL 33131
(800) 951-8257
Digital Contact Information:
sarahgracepurdy@yahoo.com

Quesada Carvajal, Luannys, MS, APRN ■
14400 Northwest 77th Court
#100
Miami Lakes, FL 33016
(786) 916-6073
Digital Contact Information:
contact@arcmentalhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Quijano, Tiffany, MC, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Quinones, Annarella, MS, BCBA ■
13590 Southwest 134th Avenue
104
Miami, FL 33186
(305) 896-8161
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Quinonez, Anais, MS, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
counselingoncall@gmail.com

Quinonez Zambrano, Ana L, MS, BCBA ■
2898 Northwest 79th Avenue
Doral, FL 33122
(305) 597-3861
Digital Contact Information:
credentialing@koalaaba.com

Quintana, Amauri A, DNP, APRN ■
1000 Brickell Avenue
Miami, FL 33131
(786) 238-7364
Digital Contact Information:
abdullah@sixequation.com

and
1 NE 167th St
Miami, FL 33162
(305) 947-7133
Digital Contact Information:
abdullah@sixequation.com

and
2646 Southwest 87th Avenue
Miami, FL 33165
(305) 947-7133
Digital Contact Information:
abdullah@sixequation.com

Quintanilla, Claudia, MS, LMHC ■
FL
(786) 258-8499
Digital Contact Information:
http://www.virtual-counseling.com
service@virtual-counseling.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Quintero, Lari J, MSN, APRN, PMHNP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
info@bloommhw.com

Quintero, Rosaly, MMH, LMHC ■
5001 SW 74th Ct
Ste 104
Miami, FL 33155
(305) 663-0013
Digital Contact Information:
anagabilling@gmail.com

and
6955 NW 77th Ave
Ste 401
Miami, FL 33166
(305) 663-0013
Digital Contact Information:
anagabilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Quintero, Yissel, MS, BCBA ■
Home Based Services Only
Hialeah, FL 33012
(561) 460-0284
Digital Contact Information:
info@brightfuturebehavioral.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rabatin, Stephanie, MED, LPCC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Rabkin-Turner, Jodi, MS, LMHC ■
801 Brickell Avenue

8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
bellaneph@yahoo.com

Rachuig, Marie K, MA, BCBA ■
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
https://stepforwardaba.com/
info@stepforwardaba.com

Raez, Maria L, MSN, APRN ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
http://www.dgphealthandwellness.com
info@dgphealthandwellness.com

Raffaele, Jacqueline L, DNP, APRN, NP, PMHNP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
credentialing@thriveworks.com

Raigeluw, Lisa, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Raimey, Andrea B, MSW, LISW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
andrear@essentialreflectionscc.com

Rainuzzo, Silvana L, MC, LMHC ■
FL
(954) 682-0264
Digital Contact Information:
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rako, Andrea L, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
brittany.irwin@livewellcounselingllc.com

Ramdin, Priya, BS, BCABA ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
clinical.coordinator@cmnbtherapy.com

and
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
clinical.coordinator@cmnbtherapy.com

Ramirez, Evelin, MS, BCBA ■
13831 Southwest 59th Street
Suite 200
Miami, FL 33183
(786) 536-2361
Digital Contact Information:
info@inclusivenest.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ramirez, Laritza, MA, BCBA ■
15924 SW 92nd Ave
Miami, FL 33157
(786) 636-1303
Digital Contact Information:
kenia.rodriguez@ffmhs.com

and
6405 Northwest 36th Street
#123
Virginia Gardens, FL 33166
(786) 872-4325
Digital Contact Information:
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ramirez, Lisandra, MSN, NP ■
770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
asalivio@joinlavender.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
asalivio@joinlavender.com

and
5201 Blue Lagoon Dr
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
asalivio@joinlavender.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
asalivio@joinlavender.com

and
80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
asalivio@joinlavender.com

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
asalivio@joinlavender.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
asalivio@joinlavender.com

and
830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
asalivio@joinlavender.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(888) 684-2779
Digital Contact Information:
asalivio@joinlavender.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
asalivio@joinlavender.com

Ramirez, Martha, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 329-9993
Digital Contact Information:
koodollc4@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ramirez, Melina S, BS, BCABA ■
13404 Southwest 128th Street
Miami, FL 33186
(305) 433-0897
Digital Contact Information:
http://www.bluelifetherapy.com
bluelifetherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ramirez Pupo, Yenisbel, MED, BCBA ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
osmany@littleheartsbehaviorsupport.com

and
3800 Northwest 201st Terrace
Miami Gardens, FL 33055
(786) 378-9197
Digital Contact Information:
osmany@littleheartsbehaviorsupport.com

Ramirez-Velasquez, Karla D, MS, LMHC ■
3785 Northwest 82nd Avenue
117
Doral, FL 33166
(786) 238-7321
Digital Contact Information:
http://www.kydsmiamitherapy.com
kramirezpsychotherapy@gmail.com

and
FL
(786) 238-7321
Digital Contact Information:
http://www.kydsmiamitherapy.com
kramirezpsychotherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ramon Del Risco, Andres, MBS, BCBA ■
730 Northwest 107th Avenue
110
Miami, FL 33172
(305) 249-1183
Digital Contact Information:
palmbehavioral2@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ramon, Laura, MS, BCBA ■
Home Based Services Only
Doral, FL 33122
(305) 394-8251
Digital Contact Information:
lauralore1216@gmail.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(786) 622-5743
Digital Contact Information:
lauralore1216@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 204-8290
Digital Contact Information:
lauralore1216@gmail.com

and
5767 Northwest 151st Street
b
Miami Lakes, FL 33014
(786) 431-5801
Digital Contact Information:
lauralore1216@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ramos, Alfredo, MSW, LMHC ■
10700 Caribbean Boulevard
UNIT 203
Cutler Bay, FL 33189
(305) 299-8005
Digital Contact Information:
http://www.positivemindful.com
positivemindful@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ramos, Catherine, MS, BCBA ■
8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-2822
Digital Contact Information:
albaladejoabatherapy@gmail.com

and
13301 Southwest 132nd Avenue
209 209
Miami, FL 33186
(786) 713-5553
Digital Contact Information:
albaladejoabatherapy@gmail.com

Ramos, Cristina, MA, LMFT, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
admin@wellmindedcounseling.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ramos, Halia, MA, BCBA ■
14707 South Dixie Highway
303
Miami, FL 33176
(786) 333-3207
Digital Contact Information:
sucel.tejeda@abaofswf.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ramos, Iraisys, MS, BCBA ■
8300 Northwest 53rd Street
Suite 102
Doral, FL 33166
(786) 769-5222
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 558-8246
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
3750 Northwest 87th Avenue
744
Miami, FL 33178
(786) 689-6517
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ramos, Melanie, MS, BCBA ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
yavila@avilahealthgroup.com

and
64 Northwest 54th Street
103
Miami, FL 33127
(305) 767-1924
Digital Contact Information:
http://www.autismspecialtygroup.com
yavila@avilahealthgroup.com

Ramos Perez, Milena, MPSY, BCBA ■
8180 Northwest 36th Street
225
Doral, FL 33166
(786) 817-4129
Digital Contact Information:
https://amazingkiddosbehavior.com
lightingbehaviorservices@gmail.com

and
29485 Southwest 177th Court
Homestead, FL 33034
(786) 486-0165
Digital Contact Information:
lightingbehaviorservices@gmail.com

and
14722 Southwest 56th Street
Miami, FL 33185
(305) 456-0572
Digital Contact Information:
lightingbehaviorservices@gmail.com

and

4800 Northwest 167th Street
Miami Gardens, FL 33014
(305) 515-2726
Digital Contact Information:
http://www.lightingbehavior.com
lightingbehaviorservices@gmail.com

and

Home Based Services Only
Miami Gardens, FL 33014
(786) 606-7766
Digital Contact Information:
lightingbehaviorservices@gmail.com

and

Home Based Services Only
Virginia Gardens, FL 33166
(786) 287-4039
Digital Contact Information:
lightingbehaviorservices@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rampersad, Tricia, MC, LPC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
care@forthealth.com

Ransom, Courtney, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Rapp, Katja M, MC, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
members@wellnite.com
Other Languages Spoken by Provider or Office Staff
German

Rappoport, Elisa M, MSW, LCSW-R ■
FL
(516) 458-1705
Digital Contact Information:
lisarw2690@gmail.com
Other Languages Spoken by Provider or Office Staff
Hebrew

Ray, Taylor, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Reed, Andrew J, PHD, HSPP, LP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Reeves, Margaret, PHD, LMHC ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
mreeves2005@aol.com

and

150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
mreeves2005@aol.com

and

201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
mreeves2005@aol.com

and

47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
mreeves2005@aol.com

and

801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
mreeves2005@aol.com

and

2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
mreeves2005@aol.com

and

1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
mreeves2005@aol.com

and

20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
mreeves2005@aol.com

and

1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
mreeves2005@aol.com

and

1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
mreeves2005@aol.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Regalado, Alejandra, MPSY, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com

Reis, Maria, MC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Remedioz Gonzalez, Yuri, MSN, APRN ■
5040 Northwest 7th Street
610
Miami, FL 33126
(786) 505-9442
Digital Contact Information:
http://www.gpsycare.com
officeadmin@gpsycare.com

and

8700 West Flagler Street
150
Miami, FL 33174
(305) 479-2584
Digital Contact Information:
http://megamedicalcenter.com
officeadmin@gpsycare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Remsen, Caitlyn, MSW, LMHC ■
8500 SW 92nd Street
206
Miami, FL 33156
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
info@livewelltherapygroup.com

and

7600 Southwest 57th Avenue
suite 334
South Miami, FL 33143
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
info@livewelltherapygroup.com

Rente, Sofia, MBS, BCBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
mmmbehavior@gmail.com

Restrepo, Lisette D, PSYD, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 275-8860
Digital Contact Information:
http://www.abctestingservices.com
lisette@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Reves Oquendo, Delaine, MA, BCBA ■
15260 SW 280th St
Ste 205
Homestead, FL 33032
(305) 707-7237
Digital Contact Information:
http://www.familybehaviorservices.org
admin@familybehavioralservices.org
Other Languages Spoken by Provider or Office Staff
Spanish

Reyes Leiva, Roberto, MS, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
genesisconsultingservices39@gmail.com

Reyes, Madeline B, MPSY, LMHC ■
5941 Northwest 173rd Drive
6 6
Hialeah, FL 33015
(786) 360-4328
Digital Contact Information:
blueparadisemedicalcenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Reyes Ortega, Isabel, MA, BCBA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
http://www.appliedbhs.com
dabs@appliedbhs.com

and

7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Reyes Rodriguez, Raudel, MBS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 875-7812
Digital Contact Information:
clinical@spbsolutions.org

Reyes, Tania, MBS, BCBA ■
1541 Southeast 12th Avenue
Suite 4
Homestead, FL 33034
(786) 214-0041
Digital Contact Information:
info@abcsfl.com

and

1000 Brickell Avenue
Miami, FL 33131
(786) 214-0041
Digital Contact Information:
info@abcsfl.com

and

FL
(786) 615-3334
Digital Contact Information:
info@abcsfl.com

Rhone, Traci, MS, LMHC ■
FL
(305) 333-6769
Digital Contact Information:
rhonetraci@gmail.com

Riandez Gimeno, Yanisleydis A, BA, BCABA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0429
Digital Contact Information:
improvedbehaviortherapy@gmail.com
Other Languages Spoken by Provider or Office Staff English

Ricci, Jason B, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Rice, Jeffrey, MS, LMHC ■
1005 N Krome Ave
Ste 121
Homestead, FL 33030
(305) 423-6385
Digital Contact Information:
jillian@thriveworks.com

Richard, Rachel, MSW, LCSW ●
8500 SW 92nd Street
206
Miami, FL 33156
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
billing@livewelltherapygroup.com

and

11050 Southwest 88th Street
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
billing@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Richards, Terry, PHD, LP ■
1717 North Bayshore Drive
3456 3456
Miami, FL 33132
(305) 343-3810
Digital Contact Information:
Not Available

and

21110 Biscayne Blvd
Ste 304
Miami, FL 33180
(305) 343-3810
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff English

Richmond, Laquana, EDS, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
lrichmond@assuredcs.org

Riddle, Shirley, MS, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
https://tillytherapy.com/
credentialing@tillytherapy.com

Ridgeway, Deborah, MSW, LCSW, LMSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Riley, Taneisha, MS, LMHC ■
2212 Northwest 91st Street

Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Rios, Tyra, MA, LMFT ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Rivas-Carrillo, Jorge, MSW, LCSW ■
2124 Northeast 123rd Street
STE 220
North Miami, FL 33181
(786) 828-0947
Digital Contact Information:
https://blossomfl.com
jorge.rivas@thefloridacenter.org
Other Languages Spoken by Provider or Office Staff Spanish

Rivera, Audrey, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Rivera, Eva, MC, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com
Other Languages Spoken by Provider or Office Staff Spanish

Rivera, Frances, MMFT, LMFT ■
FL
(888) 339-9404
Digital Contact Information:
referral@1800healthpartners.com

Rivera, Gretel, MS, LMHC ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com

and

10300 Sunset Drive
Suite 114
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com
Other Languages Spoken by Provider or Office Staff French, Spanish

Rivera, Ian, MSW, CAC, LCSW ■
FL
(909) 442-0618
(800) 567-5433
(202) 410-5972
Digital Contact Information:
https://totallife.com/
help@joinuplift.co

and

2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff English

Rivera, Yesenia, PSYD, LP ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 317-4478
Digital Contact Information:
https://crystalabatherapy.com/
info@cmpsclinical.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, French, Italian, Spanish

Rivera-Fernandez, Fabiola M, BA, BCABA ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
services@cmnbtherapy.com

and

7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
services@cmnbtherapy.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Japanese, French, Italian, Spanish

Rivero, Anisleidy, MS, LMHC ■
FL
(786) 254-1211
Digital Contact Information:
http://www.healingmindcounseling.com
ani.rivero@healingmindcounseling.com
Other Languages Spoken by Provider or Office Staff Spanish

Rivero, Maribel, BA, BCABA ■
5881 Northwest 151st Street
127
Miami Lakes, FL 330142450
(786) 905-2262
Digital Contact Information:
http://sweetchildbehavior.com
tcmfl2018@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Rivers, Arisleidy, MED, BCBA ■
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
credentialing@southbillcare.com
Other Languages Spoken by Provider or Office Staff Spanish

Rizo, Yanisett, MSN, APRN ■
5901 Southwest 74th Street
208
Miami, FL 33143
(954) 884-5626
Digital Contact Information:
http://www.santanamhs.com
admin@santanamhs.com

and

5901 Southwest 74th Street
211
Miami, FL 33143
(786) 228-6892
Digital Contact Information:
http://www.santanamhs.com
admin@santanamhs.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Roberson, Cranesha E, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@truhealingreality.com

and

111 NW 183rd St
Ste 404
Miami, FL 33169
(786) 524-4001
Digital Contact Information:
info@truhealingreality.com

Roberts, Elizabeth H, MD ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
ap@resurgencebh.com
Other Languages Spoken by Provider or Office Staff Spanish

Roberts, Jazmin, MS, LCMHC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@growtherapy.com

Rocha, Leslie, MS, LMHC ■
8500 SW 92nd Street
206
Miami, FL 33156
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
billing@livewelltherapygroup.com

and

7600 Southwest 57th Avenue
suite 334
South Miami, FL 33143
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
billing@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Roche, Michelle, MS, LMHC ■
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
http://brightsyhealthfl.com
brightsyhealth@gmail.com

and

1031 Ives Dairy Rd
Ste 228
Miami, FL 33179
(786) 320-5559
Digital Contact Information:
brightsyhealth@gmail.com

and

1001 North Miami Beach Boulevard
North Miami Beach, FL 33162
(786) 320-5559
Digital Contact Information:
brightsyhealth@gmail.com

Rocker, Jeff, MMH, LMHC ■
777 Brickell Ave
Ste 500
Miami, FL 33131
(786) 490-2181
Digital Contact Information:
askjeffrocker@gmail.com

Rockman, Isatta, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Rodriguez Alfonso, Adrian, MS, BCBA ■
8300 NW 53rd St
Ste 350
Miami, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com

and

4155 Southwest 130th Avenue
108
Miami, FL 33175
(786) 695-8672
Digital Contact Information:
behaviorplusservices@gmail.com

Rodriguez, Alissa, MC, LMHC ■
3081 Salzedo Street
202u
Coral Gables, FL 33134
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com

and

3081 Salzedo Street
Suite 202
Coral Gables, FL 33134
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com

and

3625 Northwest 82nd Avenue
Doral, FL 33166
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com

and

3625 Northwest 82nd Avenue
400
Doral, FL 33166
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com

and

1911 Southwest 87th Avenue
Miami, FL 33165
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com

and

FL
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com

and

9016 Southwest 152nd Street
Palmetto Bay, FL 33157
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff Spanish

Rodriguez, Andrea, MC, LMHC ■
8500 SW 92nd Street
203
Miami, FL 33156
(786) 332-4478
Digital Contact Information:
billing@livewelltherapygroup.com

and

11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
billing@livewelltherapygroup.com

and

11050 Southwest 88th Street
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
billing@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff Spanish

Rodriguez, Anibelle, MA, BCBA ■
2898 Northwest 79th Avenue
Doral, FL 33122
(786) 646-9250
Digital Contact Information:
careers@koalaaba.com

Rodriguez, Annmarie, MC, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com
Other Languages Spoken by Provider or Office Staff Spanish

Rodriguez Arana, Jessica, MS, BCBA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff Spanish

Rodriguez, Arianna, MSN, APRN ■
142 E 49th St
Hialeah, FL 33013
(305) 333-9166
Digital Contact Information:
http://www.lennoxhealth.org

mcarvajal@lennoxhealth.org
Other Languages Spoken by Provider or Office Staff Spanish

Rodriguez Chaviano, Mayrelis, MS, BCBA ■
100 Northeast 15th Street
203
Homestead, FL 33030
(786) 404-3075
Digital Contact Information:
admin2@twoheartsaba.com

and
9710 East Indigo Street
Suite 201
Palmetto Bay, FL 33157
(786) 277-6210
Digital Contact Information:
admin2@twoheartsaba.com

Rodriguez, Danelia, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 779-9475
Digital Contact Information:
alfay.behavioralservices@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Rodriguez, Danitza, MA, BCBA ■
10691 North Kendall Drive
207
Miami, FL 33176
(786) 401-6113
Digital Contact Information:
enrollpriv@bikhamhealthcare.com
Other Languages Spoken by Provider or Office Staff Spanish

Rodriguez Del Rey, Meylin, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
2450 Southwest 137th Avenue
232
Miami, FL 33175
(786) 360-6496
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 452-1185
Digital Contact Information:
info@newlifeaba.com

and
13424 Southwest 90th Terrace
Miami, FL 33186
(786) 308-6353
Digital Contact Information:
info@newlifeaba.com

and
14221 Southwest 120th Street
Suite 214
Miami, FL 33186
(786) 452-1185
Digital Contact Information:
http://www.jandatherapy.com
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Rodriguez Delgado, Isvel, MS, BCBA ■
Home Based Services Only
Doral, FL 33126
(407) 800-6086
Digital Contact Information:
prokidzabatherapy@yahoo.com
Other Languages Spoken by Provider or Office Staff Spanish

Rodriguez Diaz, Gema, MED, BCBA ■
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
credentialing@southbillcare.com

Rodriguez Diaz, Geyma, MBS, BCBA ■
13301 Southwest 132nd Avenue
201 201
Miami, FL 33186
(305) 509-5537
Digital Contact Information:
info@newlifeaba.com

and
27132 South Dixie Highway
Naranja, FL 33032
(786) 283-0175
Digital Contact Information:
info@newlifeaba.com

Rodriguez Domingo, Adlih, BA, BCABA ■
585 East 49th Street
11
Hialeah, FL 33013
(305) 970-9165
Digital Contact Information:
admin@mbinstitute.org
Other Languages Spoken by Provider or Office Staff Spanish

Rodriguez Gonzalez, Rocio, MS, BCBA ■
49 NW 17th St
Homestead, FL 33030
(786) 349-4700
Digital Contact Information:
http://mykidtherapycenter.com
lfernandez@mykidtherapycenter.com

and
14425 Country Walk Drive
Miami, FL 33186
(786) 349-4700
Digital Contact Information:
lfernandez@mykidtherapycenter.com
Other Languages Spoken by Provider or Office Staff Spanish

Rodriguez, Isis, MED, BCBA ■
1665 West 68th Street
208
Hialeah, FL 33014
(305) 519-2546
Digital Contact Information:
ir.becerra@yahoo.com

and
1801 Coral Way
Ste 405
Miami, FL 33145
(786) 866-5914
Digital Contact Information:
ir.becerra@yahoo.com

and
8614 Southwest 147th Court
419
Miami, FL 33193
(786) 378-0033
Digital Contact Information:
ir.becerra@yahoo.com

Rodriguez, Jan, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
admin@lifehealthsystem.org
Other Languages Spoken by Provider or Office Staff Spanish

Rodriguez, Jennicke, MC, LMHC ■
151 NW 11th St
Ste W201
Homestead, FL 33030
(786) 521-5925
Digital Contact Information:
monarchallhealth@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Rodriguez, Jessica M, MBS, BCBA ■
9241 Southwest 212th Terrace
Cutler Bay, FL 33189
(786) 447-0022
Digital Contact Information:
http://www.abdbehavior.com
zlafontaine@abdbehavior.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 447-0022
Digital Contact Information:
zlafontaine@abdbehavior.com
Other Languages Spoken by Provider or Office Staff Spanish

Rodriguez, Karla, BA, BCBA ■
30392 Old Dixie Highway
Homestead, FL 33030
(786) 481-9833
Digital Contact Information:
freddie.maxwell@amromed.com
Other Languages Spoken by Provider or Office Staff English

Rodriguez, Karla, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

Rodriguez, Karla, BA, BCBA ■
27132 South Dixie Highway
Naranja, FL 33032
(786) 481-9833
Digital Contact Information:
freddie.maxwell@amromed.com
Other Languages Spoken by Provider or Office Staff English

Rodriguez, Kathleen, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff Spanish

Rodriguez, Kimberley, MS, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
pandatherapycircle@gmail.com

Rodriguez, Lesly, MMH, BCBA ■
1350 Southwest 57th Avenue
313
West Miami, FL 33144
(786) 404-1017
Digital Contact Information:
sseastcoast22@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Rodriguez, Lisset, MBS, BCBA ■
13424 Southwest 90th Terrace
Miami, FL 33186
(786) 308-6353
Digital Contact Information:
zairad29@yahoo.com

Rodriguez, Lourdes, MMH, BCABA ■
Home Based Services Only
West Miami, FL 33144
(786) 404-1017
Digital Contact Information:
opusmentalhealthcenter@gmail.com

Rodriguez Luaces, Lidia M, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(754) 542-5096
Digital Contact Information:
behavioralfamilyservices@gmail.com

and
1250 Southwest 27th Avenue
207
Miami, FL 33135
(786) 502-3137
Digital Contact Information:
behavioralfamilyservices@gmail.com

and
15291 Northwest 60th Avenue
Suite 107
Miami Lakes, FL 33014
(786) 608-1805
Digital Contact Information:
behavioralfamilyservices@gmail.com

and
6405 Northwest 36th Street
#123
Virginia Gardens, FL 33166
(786) 872-4325
Digital Contact Information:
behavioralfamilyservices@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Rodriguez Martinez, Iliana, MS, BCBA ■
10711 Southwest 216th Street
103 103
Goulds, FL 33170
(305) 965-9682
Digital Contact Information:
imetherapyservices@gmail.com

Rodriguez Miguel, Galina, MPSY, ABA ■
10691 North Kendall Drive
#202
Miami, FL 33176
(786) 534-7172
Digital Contact Information:
admin@excellentmc.com

and
12448 Southwest 127th Avenue
Miami, FL 33186
(786) 864-1030
Digital Contact Information:
admin@excellentmc.com

and
9020 Southwest 137th Avenue
210
Miami, FL 33186
(786) 558-5042
Digital Contact Information:
admin@excellentmc.com
Other Languages Spoken by Provider or Office Staff Spanish

Rodriguez Milian, Karel, MD ■
2500 Northwest 79th Avenue
233
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
andersonbilling1001@gmail.com

and
2500 Northwest 79th Avenue
Suite 189
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
andersonbilling1001@gmail.com

and
351 NW 42nd Ave
Ste 406
Miami, FL 33126
(786) 536-1710
Digital Contact Information:
andersonbilling1001@gmail.com

and
1890 Southwest 57th Avenue
SUITE 106
Miami, FL 33155
(786) 536-1701
Digital Contact Information:
andersonbilling1001@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Rodriguez, Miriam, MS, LMHC ■
216 Catalonia Avenue
105
Coral Gables, FL 33134
(786) 236-1323
Digital Contact Information:
mrodriguez@healing-recovery.com

and
9010 SW 137th Ave
Ste 233
Miami, FL 33186
(786) 236-1323
Digital Contact Information:
mrodriguez@healing-recovery.com
Other Languages Spoken by Provider or Office Staff Spanish

Rodriguez, Monica C, MSN, APRN ■

12651 South Dixie Highway
Suite 320
Miami, FL 33156
(305) 300-3121
Digital Contact Information:
info@icarepsychiatry.org

and
8950 Southwest 74th Court
Suite 1808
Miami, FL 33156
(305) 300-3121
Digital Contact Information:
info@icarepsychiatry.org

and
FL
(786) 325-7643
(305) 209-4966
Digital Contact Information:
http://icarepsychiatry.com
info@icarepsychiatry.org

Rodriguez, Pablo R, MPSY, LMHC ■
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
http://novacommunityservice.com
info@novacshealth.com
Other Languages Spoken by Provider or Office Staff
German, Spanish

Rodriguez Regalado, Dinorah, MSN, APRN ■
3901 Northwest 79th Avenue
256
Doral, FL 33166
(305) 992-2421
Digital Contact Information:
alvarezmedicalsolutions@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Reggy, BA, BCABA ■
585 East 49th Street
11
Hialeah, FL 33013
(305) 970-9165
Digital Contact Information:
admin@mbinstitute.org
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Renzo, MSN, APRN ■
2820 Northeast 214th Street
Ste 801
Aventura, FL 33180
(256) 500-8688
Digital Contact Information:
https://www.joinblossomhealth.com
blossom@withassured.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
blossom@withassured.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
blossom@withassured.com

Rodriguez Rodriguez, Nemesio, BS, BCBA ■
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
credentialing@southbillcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Rojas, Lupe, MS, LMHC ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Royo, Yenia, MA, BCBA ■
8900 Southwest 107th Avenue
201
Miami, FL 33176
(786) 401-6152
Digital Contact Information:
admin@wmbehavior.com

Rodriguez, Sunem, BA, BCBA ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/services@cmnbtherapy.com

and
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/services@cmnbtherapy.com

and
12970 Southwest 133rd Court
a
Miami, FL 33186
(786) 445-5607
Digital Contact Information:
services@cmnbtherapy.com
Other Languages Spoken by Provider or Office Staff
Hebrew, Portuguese, Haitian Creole, Japanese, French, Russian, Italian, Vietnamese

Rodriguez Valdez, Yeniffer, BA, BCABA ■
4800 Northwest 167th Street
Miami Gardens, FL 33014
(305) 515-2726
Digital Contact Information:
http://www.lightingbehavior.com
lightingbehaviorservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Xuxa, MS, BCBA ■
Home Based Services Only
Aventura, FL 33180
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Golden Beach, FL 33160
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Homestead, FL 33030
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Homestead, FL 33033
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Key Biscayne, FL 33149
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Miami, FL 33142
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Miami, FL 33147
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Miami, FL 33155
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Miami Beach, FL 33154
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Miami Gardens, FL 33015
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Miami Gardens, FL 33055
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Miami Lakes, FL 33016
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Naranja, FL 33032
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Opa-locka, FL 33054
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Pinecrest, FL 33156
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Quail Heights, FL 33187
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
South Miami, FL 33143
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
South Miami, FL 33146
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Zunilda, MSN, APRN ■
8756 Southwest 8th Street
Miami, FL 33174
(786) 223-9751
Digital Contact Information:
jyjpsychservices@gmail.com

Rodriguez-Cambas, Ailyn, MPSY, LMHC ■
11009 Southwest 186th Street
Cutler Bay, FL 33157
(786) 732-7979
Digital Contact Information:
circleoflifementalhealth@gmail.com

and
2100 Southwest 22nd Street
502
Miami, FL 33145
(786) 963-0128
Digital Contact Information:
circleoflifementalhealth@gmail.com

and
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
circleoflifementalhealth@gmail.com

and
10031 Southwest 40th Street
Miami, FL 33165
(786) 442-9628
Digital Contact Information:
circleoflifementalhealth@gmail.com

and
5600 Southwest 135th Avenue
100
Miami, FL 33183
(305) 603-9104
Digital Contact Information:
circleoflifementalhealth@gmail.com

Rogers, Jordan, MPSY, BCBA ■
FL
(786) 569-6783
(732) 685-2991
Digital Contact Information:
http://www.achievebehaviorcenters.com
team@achievebehaviorcenters.com

Rojas, Rafael, MSN, APRN ■
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
yny.behavioralservices@gmail.com

and
1400 Northwest 12th Avenue
Miami, FL 33136
(305) 243-5302
Digital Contact Information:
yny.behavioralservices@gmail.com

and
1475 NW 12th Ave
Fl 3
Miami, FL 33136
(305) 243-5302
Digital Contact Information:
yny.behavioralservices@gmail.com

and
1611 NW 12th Ave
Miami, FL 33136
(305) 243-5302
Digital Contact Information:
yny.behavioralservices@gmail.com

and
790 Northwest 107th Avenue
Suite 110
Miami, FL 33172
(305) 385-9919
Digital Contact Information:
yny.behavioralservices@gmail.com

and
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
yny.behavioralservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rojas, Yamile, MS, LMHC ■
4302 Alton Rd
Ste 500
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
hpreval@prevalandassociates.net

and
FL
(786) 281-3935
Digital Contact Information:
hpreval@prevalandassociates.net
Other Languages Spoken by Provider or Office Staff
Spanish

Roman, Orialys L, MS, BCBA ■
3300 West 84th Street
Unit 10
Hialeah, FL 33018
(305) 335-0407
Digital Contact Information:
privateinsurancechildgarden@gmail.com

and
3271 NW 7th St
Ste 203
Miami, FL 33125
(786) 220-6902
Digital Contact Information:
privateinsurancechildgarden@

gmail.com
Other Languages Spoken by Provider or Office Staff Creole, Spanish

Romero Gonzalez, Kirenia, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
abaswfl@gmail.com

Romero, Jerrika M, MSED, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 336-5381
Digital Contact Information:
info@mysunshinetherapy.com

and
1380 Northeast Miami Gardens Drive
Suite 255
Miami, FL 33179
(954) 651-2969
Digital Contact Information:
info@mysunshinetherapy.com

Romero, Loris, MA, BCBA ■
3833 Southwest 8th Street
Coral Gables, FL 33134
(786) 254-5372
Digital Contact Information:
credentialing@southbillcare.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
credentialing@southbillcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rondon, Anna, MS, LMHC ■
15495 Eagle Nest Lane
STE 215
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
credentialing@springsdr.com

and
6600 Cow Pen Road
250
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
credentialing@springsdr.com

and
215 Westward Dr
Miami Springs, FL 33166
(305) 887-4494
Digital Contact Information:
credentialing@springsdr.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ronke, Angelica, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(877) 644-6008
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.com

Rosa, Stephanie M, BS, BCBA ■
3833 Southwest 8th Street
Coral Gables, FL 33134
(786) 440-1176
Digital Contact Information:
info@breakthroughbehavior.com
Other Languages Spoken by Provider or Office Staff Sign Lang Amer, Spanish

Rosales, Isabel C, MS, LBA ■
12973 Southwest 112th Street
151
Miami, FL 33186
(305) 204-7037
Digital Contact Information:
jeanne@onebehavior.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rosario Tejada, Francine, MS, BCBA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(305) 480-7839
Digital Contact Information:
info@newlifeaba.com

Rosas, Nataly, MA, BCBA ■
Home Based Services Only
Doral, FL 33122
(786) 614-3121
Digital Contact Information:
maria.aviles@hhfcfl.com

and
15924 SW 92nd Ave
Miami, FL 33157
(786) 636-1303
Digital Contact Information:
maria.aviles@hhfcfl.com

and
13416 Southwest 128th Street
Miami, FL 33186
(786) 732-0247
Digital Contact Information:
maria.aviles@hhfcfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rose, Yakima, MS, BCBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
yrose@vivoaba.com

Rosellon, Naybi, DNP, APRN ■
5901 Southwest 74th Street
211
Miami, FL 33143
(786) 228-6892
Digital Contact Information:
http://www.santanamhs.com
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Rosenson, Robert, EDD, LMHC ■
2000 S Dixie Hwy
Ste 104
Miami, FL 33133
(305) 562-2873
Digital Contact Information:
reachdrrosenson@gmail.com

Roth, Samantha, MC, LMHC ■
3580 Mystic Pointe Drive
Suite #112
Aventura, FL 33180
(786) 472-2324
Digital Contact Information:
samantha@dailyvictoriescounseling.com

Rowe, Davin, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Ruano, Edgar O, MC, LMHC, LPCC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Rubin, Kay, PHD, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
acc@advancedclientcare.org

Rubio Fernandez, Lizbet, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 695-8672
Digital Contact Information:
abaproinfo@gmail.com

and
4155 Southwest 130th Avenue
108
Miami, FL 33175
(786) 695-8672
Digital Contact Information:
abaproinfo@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, English, German, French, Spanish

Rueda Acosta, Reynaldo, MSN, PMHNP ■
9350 Southwest 72nd Street
112
Miami, FL 33173
(786) 665-6567
Digital Contact Information:
info@gleeclinic.com

and
8748 Southwest 8th Street
Miami, FL 33174
(786) 665-6567
Digital Contact Information:
http://gleeclinic.com
info@gleeclinic.com

Ruiz, Britney A, MS, BCBA ■
Home Based Services Only
Doral, FL 33126
(407) 800-6086
Digital Contact Information:
prokidzabatherapy@yahoo.com

and
12750 Northwest 17th Street
216 216
Miami, FL 33182
(888) 527-8037
Digital Contact Information:
prokidzabatherapy@yahoo.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
prokidzabatherapy@yahoo.com
Other Languages Spoken by Provider or Office Staff
German, French, Spanish

Ruiz, Rosmeri, MA, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
genesisconsultingservices39@gmail.com

Ruiz, Tatiana, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
info@ffmhs.com

Russell-Smith, Ashleigh, MN, APRN ■
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
http://brightsyhealthfl.com
brightsyhealth@gmail.com

Ryan, Melanie, MS, LMHC ■
2124 Northeast 123rd Street
STE 220
North Miami, FL 33181
(786) 828-0947
Digital Contact Information:
https://blossomfl.com
info@blossomfl.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ryan, Nannette, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Rzadkowolsky-Raoli, Cesare, MD ■
8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-0208
Digital Contact Information:
http://www.wellnesstherapyandmedical.com
info@doctorsccs.com

and
9000 Southwest 137th Avenue
Suite 103
Miami, FL 33186
(305) 671-3503
Digital Contact Information:
http://behavioralccs.com
info@doctorsccs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sainz Riveron, Camila, MED, BCBA ■
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
credentialing@southbillcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Saiz Quintana, Maria E, MD ■
2550 Douglas Road
Suite 302
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
a.castillo@harmonyatthegables.com

and
2650 Southwest 27th Avenue
300 301a
Miami, FL 33133
(786) 353-9812
Digital Contact Information:
http://www.harmonyatthegablesclinic.com
a.castillo@harmonyatthegables.com

and
2650 Southwest 27th Avenue
Suite 305
Miami, FL 33133
(786) 353-9812
Digital Contact Information:
http://www.harmonyatthegablesclinic.com
a.castillo@harmonyatthegables.com

and
900 SW 97th Ave
Miami, FL 33174
(786) 790-4759
Digital Contact Information:
a.castillo@harmonyatthegables.com
Other Languages Spoken by Provider or Office Staff
Spanish

Salama, Sarine, MS, LMHC ■
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
sarine@serenitycounselingsolutions.org
Other Languages Spoken by Provider or Office Staff
Spanish

Saland, Deborah, MSW, CAP, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Salas, Aldo Y, MMFT, LMFT ■
15946 Southwest 147th Lane
Miami, FL 33196
(786) 205-4058
Digital Contact Information:
http://www.headway.com
therapyaldosalas@gmail.com

Salas, Julia S, MA, LMHC ■

7900 Oak Ln
400
Hialeah, FL 33016
(786) 617-8078
Digital Contact Information:
http://www.miamilakescounseling.com
hello@miamilakescounseling.com

Salazar, Ana, MS, LMHC ■
2500 Northwest 107th Avenue
Suite 102
Doral, FL 33172
(786) 605-9400
Digital Contact Information:
hello@reachlink.com

Salazar, Jennifer, MA, BCBA ■
9350 SW 72nd St
Ste 100
Miami, FL 33173
(305) 279-2286
Digital Contact Information:
jennifer@freshstartsnow.com

and
9425 Southwest 72nd Street
164
Miami, FL 33173
(305) 279-2286
Digital Contact Information:
jennifer@freshstartsnow.com
Other Languages Spoken by Provider or Office Staff
Spanish

Salazar, Ofelia, PHD, BCBA ■
6761 Southwest 7th Street
Miami, FL 33144
(305) 905-4429
Digital Contact Information:
loveagles67@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Salgado, Yaima, CD, BCBA ■
1900 Southwest 22nd Street
#205
Miami, FL 33145
(305) 648-7212
Digital Contact Information:
stepstherapycenter@gmail.com

and
20774 West Dixie Highway
b
Miami, FL 33180
(305) 549-8665
Digital Contact Information:
stepstherapycenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Salgueiro, Brenda, BCBA, MS ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(954) 577-7790
Digital Contact Information:
info@behavior-analysis.org
Other Languages Spoken by Provider or Office Staff
Spanish

Salley, Amy, MSN, APRN, APRNCNP, CRNP, NP, PMHNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
hello@psychplus.com

Salters, Kyrie, MSSW, LCSW ■
30210 SW 156th Ave
Homestead, FL 33033
(786) 505-1988
Digital Contact Information:
ksbehaviorandmh@gmail.com

Salvador, Nicole, MC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
fivestarlearningc@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Sam, Pedro D, MS, LMHC ■
3000 Biscayne Boulevard
Suite 210C
Miami, FL 33137
(239) 999-1029
Digital Contact Information:
support@thriveworks.com

Samitier, Carolina, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(888) 501-8540
Digital Contact Information:
https://acornhealth.com
olympushcs@gmail.com

and
3625 Northwest 82nd Avenue
101
Doral, FL 33166
(786) 583-8663
Digital Contact Information:
olympushcs@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Samuel, Vickki Ann S, MD ■
18425 NW 2nd Ave
Ste 404B
Miami, FL 33169
(305) 549-8100
Digital Contact Information:
vssamuelmd@gmail.com

San Juan, Yudelkys, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
office@smartbatherapy.com

and
5246 Southwest 8th Street
208d
Miami, FL 33134
(786) 366-1273
Digital Contact Information:
office@smartbatherapy.com

and
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
http://kidsspotrehab.com
office@smartbatherapy.com

and
175 Fontainebleau Boulevard
Miami, FL 33172
(786) 366-1273
Digital Contact Information:
office@smartbatherapy.com

and
Home Based Services Only
Miami Lakes, FL 33018
(786) 366-1273
Digital Contact Information:
office@smartbatherapy.com

and
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
office@smartbatherapy.com

and
306 Westward Dr
Miami Springs, FL 33166
(786) 588-7894
Digital Contact Information:
http://www.smartbatherapy.com
office@smartbatherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

San Miguel, Anniela, MS, LBA ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(954) 577-7790
Digital Contact Information:
credentialing@autismfirstus.com

San Salvador, Donna, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Sanchez Alfonso, Julio R, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 558-8246
Digital Contact Information:
jrsanalf@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sanchez, Azucena, MSN, APRN ■
17395 Northwest 59th Avenue
Hialeah, FL 33015
(305) 662-2185
Digital Contact Information:
excellencemed126@gmail.com

and
27 Northwest 13th Street
Homestead, FL 33030
(786) 339-8824
Digital Contact Information:
http://www.sfmhr.com
excellencemed126@gmail.com

and
7959 NW 2nd St
Miami, FL 33126
(305) 267-6060
Digital Contact Information:
excellencemed126@gmail.com

and
3146 Southwest 22nd Street
Miami, FL 33145
(786) 227-6177
Digital Contact Information:
excellencemed126@gmail.com

and
12750 Southwest 128th Street
Suite 108
Miami, FL 33186
(786) 713-0970
Digital Contact Information:
excellencemed126@gmail.com

and
11285 Southwest 211 Street
305
Miami, FL 33189
(786) 980-7496
Digital Contact Information:
excellencemed126@gmail.com

and
9847 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 227-6177
Digital Contact Information:
excellencemed126@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Sanchez, Geiser, MPSY, BCBA ■
3750 West 16th Avenue
218
Hialeah, FL 33012
(786) 409-3231
Digital Contact Information:
roactivehealthcare2016@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sanchez, Jennife, MA, BCBA ■
Home Based Services Only
Hialeah, FL 33013
(786) 592-6680
Digital Contact Information:
info@kidsbehavioral.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sanchez, Johana, MS, LMHC ■
FL
(305) 302-0087
Digital Contact Information:
http://divine-wellness.net
johanaq0217@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sanchez, Yanaika, BS, BCABA ■
30908 Southwest 192nd Avenue
Homestead, FL 33030
(786) 404-3148
Digital Contact Information:
allstaraba22@gmail.com

Sanmiguel, Maria T, MMH, LMHC ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
westmiamicmhc@bellsouth.net

Santa, Dorilee, MS, LCMHC, LMHC ■
FL
(786) 258-8499
(786) 237-8501
(415) 941-4109
Digital Contact Information:
http://healinggrowththerapy.com
service@virtual-counseling.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Santamaria Ramos, Rosaly, MS, BCBA ■
Home Based Services Only
Miami Lakes, FL 33018
(786) 536-7908
Digital Contact Information:
prokidzabatherapy@yahoo.com

and
Home Based Services Only
Naranja, FL 33032
(407) 800-6086
Digital Contact Information:
prokidzabatherapy@yahoo.com
Other Languages Spoken by Provider or Office Staff
German, French, Spanish

Santana Sparber, Jacqueline, PSYD, LP ■
100 NE 15th St
Ste 101D
Homestead, FL 33030
(833) 779-8646
Digital Contact Information:
drsantanasparber@keysgatewellness.com
Other Languages Spoken by Provider or Office Staff
Spanish

Santiago Guia, Rina, PSYD, LP ■
151 NW 11th St
Ste W201
Homestead, FL 33030
(786) 521-5925
Digital Contact Information:
monarchallhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Santiago, Joshua, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Santiago, Melissa, MA, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Santiago, Wildelia, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
English, Spanish

Santiesteban, Carolina, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

Saranova Lara, Luz Maria, BS, BCABA ■
30908 Southwest 192nd Avenue
Homestead, FL 33030
(786) 404-3148
Digital Contact Information:
allstaraba22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sardinas, Maricruz, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
admin@lifehealthsystem.org
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Sarduy, Idelys, MSED, BCBA ■
14505 Commerce Way
Ste 750
Miami Lakes, FL 33016
(305) 362-9989
Digital Contact Information:
diamondhealth@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Sarduy, Yerling, MS, BCBA ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
info@avilahealthgroup.com

and
7580 Northwest 186th Street
202 202
Hialeah, FL 33015
(786) 385-5347
Digital Contact Information:
info@avilahealthgroup.com

and
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
info@avilahealthgroup.com

Sarpoolaki, Yasamin I, MS, BCBA ■
20405 Southwest 326th Street
Homestead, FL 33030
(321) 413-3366
Digital Contact Information:
admin@positivestepsaba.com

Sarria, Joana, MSED, BCBA ■
3901 Northwest 79th Avenue
Suite 246
Doral, FL 33166
(786) 418-5400
Digital Contact Information:
http://www.stepsmiami.com
info@stepsmiami.com

and
18901 Southwest 106th Avenue
229
Miami, FL 33157
(786) 506-9008
Digital Contact Information:
info@stepsmiami.com

and
7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
info@stepsmiami.com
Other Languages Spoken by Provider or Office Staff
Spanish

Satorre, Mayuli C, MSN, APRN ■
3785 Northwest 82nd Avenue
307
Doral, FL 33166
(305) 898-5420
Digital Contact Information:
m.satorre@harmonyatthegables.com

and
33550 South Dixie Highway
106
Florida City, FL 33034
(786) 601-7712
Digital Contact Information:
m.satorre@harmonyatthegables.com

and
1150 Northwest 72nd Avenue
ph 2
Miami, FL 33126
(786) 542-5043
Digital Contact Information:
http://1stcarecms.com
m.satorre@harmonyatthegables.com

and
2650 Southwest 27th Avenue
Suite 305
Miami, FL 33133
(786) 353-9812
Digital Contact Information:
http://www.harmonyatthegablesclinic.com
m.satorre@harmonyatthegables.com
Other Languages Spoken by Provider or Office Staff
Spanish

Savino, Katerina, BCBA, MA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
info@actionbehavior.com

Sawyer, Robert, MMH, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com

and
3191 Coral Way
Ste 602
Miami, FL 33145
(305) 799-0620
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Sawyers, Althea, MMFT, LMFT ■
FL
(202) 410-5972
(833) 322-0977
(786) 277-5563
Digital Contact Information:
http://www.quality-therapy.com
asawyers.biz@gmail.com

Scaglia, Fiorella, MS, BCBA ■
7925 Northwest 12th Street
130 130
Doral, FL 33126
(786) 870-5090
Digital Contact Information:
fiorellascaglia@abcbehavior.live

and
2947 Coconut Avenue
2 2
Miami, FL 33133
(786) 541-5735
Digital Contact Information:
fiorellascaglia@abcbehavior.live
Other Languages Spoken by Provider or Office Staff
Spanish

Scales, Ari'Ton, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Schad, Natalie T, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(954) 400-3251
Digital Contact Information:
kate@abacustherapies.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(954) 400-3251
Digital Contact Information:
kate@abacustherapies.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(954) 400-3251
Digital Contact Information:
kate@abacustherapies.com
Other Languages Spoken by Provider or Office Staff
Spanish

Schaffer, Diana, MED, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Schild, Sven, PHD, LP ●
FL
(858) 602-2847
Digital Contact Information:
http://www.svenschild.com
sven.schild@gmail.com
Other Languages Spoken by Provider or Office Staff Sign Lang Amer

Schindler, Alina, MC, LMFT ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
rebekah@lscounseling.com
Other Languages Spoken by Provider or Office Staff English

Schmid, Cecilia A, MPSY, LMHC ■
9380 SW 72nd St
Ste 238
Miami, FL 33173
(305) 632-2322
Digital Contact Information:
ceciliaschmid@hotmail.com

and
10691 N Kendall Dr
Ste 110
Miami, FL 33176
(305) 632-2322
Digital Contact Information:
ceciliaschmid@hotmail.com

Schroeder, Donald A, MA, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
schroederdn@gmail.com

Scott, Deborah, MC, LMHC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
credentialing@growtherapy.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@growtherapy.com

Scotto, Maria, MS, LMHC ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(305) 396-9010
Digital Contact Information:
sasha@livewelltherapygroup.com

and
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
sasha@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff English

Scotto, Nicole M, MC, LMHC ■
2875 Northeast 191st Street
528
Aventura, FL 33180
(305) 396-9010
Digital Contact Information:
https://balancedlifetherapygroup.com/
help@joinuplift.co

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff English

Seals, Latoya, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@bestselfwny.org

Seay, Jennifer, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@hupcfl.com

Seijas Pazos, Maylin, BA, BCABA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
13055 Southwest 42nd Street
STE 104
Miami, FL 33175
(305) 480-7839
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sequeiros, Rosa, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Seraphin, Sandrina, MSW, LCSW ■
175 Northwest 125th Street
201
North Miami, FL 33168
(954) 900-8348
Digital Contact Information:
sseraphin@transparentspace.net
Other Languages Spoken by Provider or Office Staff
English, Creole

Seraphin, Valerie, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(561) 808-5201
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

Serna, Jairo, MSW, LCSW ●
FL
(305) 445-0477
Digital Contact Information:
jairoserna@hotmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Severins, Alicia, MSED, LCPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Seymour, Margo S, MN, APN, APRN ■
600 Northwest 183rd Street
103

Miami, FL 33169
(954) 256-9294
Digital Contact Information:
mseymour@ssmbehavioralhealthinc.com
Other Languages Spoken by Provider or Office Staff
Ukrainian, Russian, Hindi

Shakespeare, Ashanti, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
inquiry@dare2emerge.com

Shaw, Brittney, MC, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Sherrill, Jenniffer, PHD, LMHC ■
FL
(786) 258-8499
(786) 309-8667
Digital Contact Information:
http://www.virtual-counseling.com
drsherill@transcendingtraumatherapy.com

Shervington, Dinora T, MS, LMFT ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
thecouples1@gmail.com

and
12150 Southwest 128th Court
Suite 105
Miami, FL 33186
(305) 338-2231
Digital Contact Information:
thecouples1@gmail.com

and
13383 SW 142nd Ter
Miami, FL 33186
(786) 362-5981
Digital Contact Information:
thecouples1@gmail.com

Sherwood, Brittany, MSN, APRN, ARNP ■
FL
(305) 902-6347
Digital Contact Information:
info@personalprivatepsychiatry.com
Other Languages Spoken by Provider or Office Staff
Spanish

Shoumaker, Douglas, MS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 275-8860
Digital Contact Information:
http://www.abctestingservices.com
lisette@abctestingservices.com

Shrader, Josie, MA, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
payors@emorahealth.com

Siegel, Sammi L, PHD, LMHC ■
5900 Southwest 73rd Street
207
South Miami, FL 33143
(305) 613-1101
Digital Contact Information:
siegelcounseling@gmail.com

Sifran, Susana E, MA, LMHC ■
2040 Northeast 163rd Street
305
North Miami Beach, FL 33162
(786) 553-6038
Digital Contact Information:
susanasifran@hotmail.com
Other Languages Spoken by Provider or Office Staff
Hebrew, Spanish

Sijo, Yusimi, PSYD, LMHC ■
5901 SW 74th St
Ste 412
Miami, FL 33143
(786) 717-5028
Digital Contact Information:
castroj@bellsouth.net

and
2307 Douglas Road
400
Miami, FL 33145
(305) 205-1965
Digital Contact Information:
castroj@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Silver, Scott, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
hr.credentialing@sohomd.com

Silverio, Ashley, MSW, LCSW ■
FL
(305) 209-8921
Digital Contact Information:
http://www.journeytothrivetherapy.com
ashleysilveriolcsw@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Silverio, Jenny, PSYD, LMHC, LP ■
12360 Southwest 132nd Court
113 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
lifecenterhg@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Siracusa, Shannon, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Sitko, Stephanie, MA, BCBA ■
FL
(786) 206-6500
Digital Contact Information:
http://behavioralfamilysolutions.com
credentialing@behavioralfamilysolutions.com

and
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

Sjostrom, Lady, LMHC, MA, MS ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
info@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
info@dadefamily.com
Other Languages Spoken by Provider or Office Staff
Spanish

Smith, Ceasha, MS, BCBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(929) 617-6362
Digital Contact Information:
behaviorbutterflyaba@gmail.com

Smith, Jennifer, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Smith, Joshua, PSYD, HSPP, LP ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Smith, Larry, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Smith, Mica, MC, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Smith, Ronny, MS, LPC ■
FL
(305) 902-6347
Digital Contact Information:
msabree@sabreets.com

Smith, Shatema, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Smith, Teresa, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Smith, Virginia L, MS, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@growtherapy.com
Other Languages Spoken by Provider or Office Staff English

Smulowitz, Leeba M, MSW, LCSW ■
FL
(347) 380-6424
Digital Contact Information:
libby@levtherapy.onmicrosoft.com

Snipes, Jonathan M, MD ■
44 Northwest 17th Street
Homestead, FL 33030
(305) 209-4750
Digital Contact Information:
credentialing@thriveworks.com

Snyder, Yvette, MA, BCBA ■
9425 Southwest 72nd Street
164
Miami, FL 33173
(305) 279-2286
Digital Contact Information:
yvette@freshstartsnow.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sochaczewski, Isaac, MS, LMHC ■
17071 West Dixie Highway
103 103
North Miami Beach, FL 33160
(305) 505-4284
Digital Contact Information:
isaacsoch@gmail.com

Solorzano, Gina, MSW, LCSW ■
2124 Northeast 123rd Street
STE 220
North Miami, FL 33181
(786) 828-0947
Digital Contact Information:
https://blossomfl.com
info@blossomfl.com
Other Languages Spoken by Provider or Office Staff
Hebrew, Spanish

Soto, Lugannys M, MS, LMHC ■
6601 Southwest 80th Street
STE 121
South Miami, FL 33143
(305) 453-4833
Digital Contact Information:
http://www.themodernpsychology.com
admin@themodernpsychology.com
Other Languages Spoken by Provider or Office Staff
Spanish

Soto Mantilla, Tania, MC, BCBA ■
16650 North Kendall Drive
210
Miami, FL 33196
(305) 916-4870
Digital Contact Information:
luciano@mymbcinc.com

and
8950 Southwest 152nd Street
106a
Palmetto Bay, FL 33157
(786) 398-2965
Digital Contact Information:
luciano@mymbcinc.com

and
8950 Southwest 152nd Street
112
Palmetto Bay, FL 33157
(786) 432-0829
Digital Contact Information:
luciano@mymbcinc.com

and
8950 Southwest 152nd Street
116
Palmetto Bay, FL 33157
(786) 669-2619
Digital Contact Information:
luciano@mymbcinc.com

and
9555 Southwest 175th Terrace
Suite 209
Palmetto Bay, FL 33157
(786) 365-4001
Digital Contact Information:
luciano@mymbcinc.com

Soto Medina, Ana M, MBS, BCBA ■
18901 Southwest 106th Avenue
a 227
Cutler Bay, FL 33157
(786) 732-7516
Digital Contact Information:
goodbehavior.as@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 732-0842
Digital Contact Information:
goodbehavior.as@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Sotomayor Perez, Xiomara, BS, BCABA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
Home Based Services Only
West Miami, FL 33144
(786) 404-1017
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Soutien, Kimberly, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Spalding, Gwenevere, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
gwen.lifecenter@gmail.com

Spall, Christopher, MA, CAP, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Spasic, Marija, MS, LMHC ■
7600 West 20th Avenue
213
Hialeah, FL 33016
(786) 471-6887
Digital Contact Information:
http://marijaspasic.com
srcetherapy@gmail.com

Spencer, Marcia, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
jane.mohammad@daybreakhealth.com

Spencer Rose, Sharon, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Spitzer, Nancy, MS, LMFT ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
birches@withassured.com
Other Languages Spoken by Provider or Office Staff English

Springer, Shawndel, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
gethelp@wellqor.com

St Louis, Adrienne, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(347) 893-1266
Digital Contact Information:
4rezilience@gmail.com

and
633 Northeast 167th Street
Suite 1125
North Miami Beach, FL 33162
(305) 749-5454
Digital Contact Information:
4rezilience@gmail.com

St Phard, Nancy V, MSW, LMHC ■
12700 Biscayne Boulevard
301
North Miami, FL 33181
(305) 467-4597
Digital Contact Information:
dr.daino@aol.com

Stallworth, Janell, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
hello@wellnite.com

Steelman, Erin, MS, BCBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
info@gatewaylg.com

Steen, Tamarie, MMH, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Steiner, Joy, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Stephens, David M, MS, BCBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
info@happyheartsaba.com

Stephenson, Evonne B, MSN, APRN ■
FL
(508) 202-1011
Digital Contact Information:
enrollment@pursuecare.com

Stevenson, Thalia, MS, LCMHC ■
FL
(786) 530-5410
Digital Contact Information:
http://actservicellc.com
actservices2023@gmail.com

Stewart, Kimberly, MSW, LCSW ■
FL
(321) 360-4390
(904) 479-6299
Digital Contact Information:
insightcounselingcorner@gmail.com

Stewart, Tannisha, MC, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
tannishastewart@starzjourneyinc.onmicrosoft.com

Stibick, Debra L, PHD, LP ■
3663 S Miami Ave
Miami, FL 33133
(713) 789-7560
Digital Contact Information:
talk2drdeb@gmail.com

Stoian, Mihaela, MS, LMHC ■
FL
(954) 834-3570
Digital Contact Information:
http://grieftree.com
mstoian1217@gmail.com
Other Languages Spoken by Provider or Office Staff Romanian

Stone Palmer, Matthew Luke, MSW, LCSW ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
info@prioritypractice.com

Stowe, Jennifer, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
patientinfo@lucidlane.com
Other Languages Spoken by Provider or Office Staff French

Suarez, Magdielis, MS, BCBA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
http://www.appliedbhs.com
dabs@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com

Suarez Vega, Rosaily, MS, BCBA ■
8300 NW 53rd St
Ste 350
Miami, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com

and
12150 Southwest 128th Court
Suite # 230
Miami, FL 33186
(786) 720-3368
Digital Contact Information:
behaviorplusservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Suarez Vistorte, Jose I, MS, BCBA ■
10200 Northwest 25th Street
211
Doral, FL 33172
(305) 381-0346
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

Suarez, Yania, MS, BCBA ■
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
credentialing@southbillcare.com

Suchanic, Joseph B, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
jsuchanic@elliementalhealth.com

Sueiro, Danaya, MS, BCBA ■
8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-2822
Digital Contact Information:
info@newlifeaba.com

and
10691 North Kendall Drive
207
Miami, FL 33176
(786) 401-6113
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Suna, Elise, LMFT, MA, MSED ■
1390 South Dixie Highway
#1307
Coral Gables, FL 33146
(305) 204-2601
Digital Contact Information:
elise.suna@gmail.com

Sussman, Martin A, MSW, LCSW-R ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Sveinsson, Bjorn, MS, LMHC ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
gina@lotuscounseling.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
gina@lotuscounseling.com

Swain, Cieria D, MC, LCSW, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
appointments@meetmarvin.com
Other Languages Spoken by Provider or Office Staff English

Tabla, Yoel F, MPSY, BCBA ■
8335 Southwest 72nd Avenue
218d 218d
Miami, FL 33143
(786) 354-8613
Digital Contact Information:
yoeltabla@yahoo.com

and
10300 Southwest 72nd Street
300
Miami, FL 33173
(786) 418-9730
Digital Contact Information:
http://www.happydreamsofkids.com
yoeltabla@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Taliancich, Mark, PHD, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
kelli@daybreakhealth.com

Tanner, Keisha, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
keishatannerlpc@gmail.com

Tanona, Anthony W, PSYD, LP ■
19300 West Dixie Highway
2 2
Miami, FL 33180
(305) 933-5733
Digital Contact Information:
http://www.deltapsychgroup.com
drtanona@gmail.com
Other Languages Spoken by Provider or Office Staff English

Tapia, Maria I, PHD, LCSW ■
1801 Coral Way
Ste 401
Miami, FL 33145
(305) 323-2807
Digital Contact Information:
tapialcsw@gmail.com

and
13230 SW 37th Ter
Miami, FL 33175
(305) 225-1144
Digital Contact Information:
tapialcsw@gmail.com
Other Languages Spoken by Provider or Office Staff

Spanish

Tarr, Theodora L, PSYD, LP ■
9729 S Dixie Hwy
Miami, FL 33156
(305) 666-3650
Digital Contact Information:
dr.teddy@griefworksinc.com

and
8740 Southwest 133rd Street
Miami, FL 33176
(305) 666-3650
Digital Contact Information:
http://www.griefworksinc.com/
dr.teddy@griefworksinc.com

and
9202 Southwest 73rd Avrd
Pinecrest, FL 33156
(305) 666-3650
Digital Contact Information:
dr.teddy@griefworksinc.com

Tarver, Jillisa, MPSY, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
jillisa.tarver@jtbehavioral.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
jillisa.tarver@jtbehavioral.com

Tassy-Lewis, Sabrina, PSYD, LP ■
14411 Commerce Way
Hialeah, FL 33016
(954) 534-0432
Digital Contact Information:
tassy@nova.edu
Other Languages Spoken by Provider or Office Staff Haitian Creole, Creole

Tatte Herrera, Yamila, MA, BCBA ■
100 Northeast 15th Street
203
Homestead, FL 33030
(786) 404-3075
Digital Contact Information:
allstaraba22@gmail.com

and
30908 Southwest 192nd Avenue
Homestead, FL 33030
(786) 404-3148
Digital Contact Information:
allstaraba22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Tatum, Michelle, MS, LMHC, LPCC ■
FL
(786) 281-3935
Digital Contact Information:
http://www.prevalandassociates.net
hpreval@prevalandassociates.net

Taveras, Madelin, MC, LMHC, PC ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
westmiamicmhc@bellsouth.net
Other Languages Spoken by Provider or Office Staff
English, Spanish

Taylor, Alina, MS, LMHC ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
ataylor@therecoveryvillage.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
ataylor@therecoveryvillage.com

Taylor, Rachael, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Taylor, Samantha D, MBS, BCBA ■
5801 Northwest 151st Street
STE 200B
Hialeah, FL 33014
(786) 376-2651
Digital Contact Information:
angelesesperan@gmail.com

and
20200 Southwest 320th Street
Homestead, FL 33030
(305) 450-4219
Digital Contact Information:
angelesesperan@gmail.com

and
12430 Southwest 188th Street
Miami, FL 33177
(305) 209-1095
Digital Contact Information:
http://angelesaba.com
angelesesperan@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Taylor, Tanashia S, MSW, LCSW ■
18117 Biscayne Boulevard
2159
Miami, FL 33160
(305) 306-2513
Digital Contact Information:
info@favortherapy.com

Tenenbaum, Karina, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Teran, Samantha, MA, BCBA ■
10300 Southwest 72nd Street
300
Miami, FL 33173
(786) 418-9730
Digital Contact Information:
http://www.happydreamsofkids.com
steran1230@gmail.com

and
14125 Northwest 80th Avenue
304
Miami Lakes, FL 33016
(786) 305-7222
Digital Contact Information:
steran1230@gmail.com

and
2100 Sans Souci Boulevard
1207 1207
North Miami, FL 33181
(786) 756-6063
Digital Contact Information:
steran1230@gmail.com

and
FL
(786) 756-6063
Digital Contact Information:
steran1230@gmail.com

Terry, Lisa J, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Theoc, Phonia, MS, LMHC ●
FL
(786) 644-5248
Digital Contact Information:
transformingmindsandlives@gmail.com

Thomas, Delvena R, DO ■
9730 Hibiscus Street
b
Cutler Bay, FL 33157
(305) 969-7829
Digital Contact Information:
drtbehavioralservices@gmail.com

and
16400 NW 2nd Ave
Ste 100
Miami, FL 33169
(305) 981-1700
Digital Contact Information:
drtbehavioralservices@gmail.com

and
16400 Northwest 2nd Avenue
100 100
Miami, FL 33169
(305) 981-1700
Digital Contact Information:
drtbehavioralservices@gmail.com

and
15800 NW 42nd Ave
Opa Locka, FL 33054
(305) 981-1700
Digital Contact Information:
http://brainlovehelp.com
drtbehavioralservices@gmail.com

Thompson, Elena, BA, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
jnickell@abahelps.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
jnickell@abahelps.com

and
1951 NW 7th Ave
Ste 600
Miami, FL 33136
(929) 384-7193
Digital Contact Information:
jnickell@abahelps.com

Thompson, Miquia, MPSY, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Tice, Darius, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 822-7202
Digital Contact Information:
kim@appliedbehavior.net

and
909 North Miami Beach Boulevard
STE 301
North Miami Beach, FL 33162
(305) 822-7202
Digital Contact Information:
https://appliedbehavior.net/
kim@appliedbehavior.net

Timoteo, Milton M, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
miltontimoteo@yahoo.com

Todman, Aminah, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Tolbert, Kristen, EDD, LMHC, LPC ■
FL
(877) 799-1506
Digital Contact Information:
kristentolbert@gmail.com

and
18117 Biscayne Boulevard
2052
Miami, FL 33160
(954) 591-8526
Digital Contact Information:
kristentolbert@gmail.com

Toledo, Lismerys M, MSW, LCSW ■
3580 Mystic Pointe Drive
Suite #107
Aventura, FL 33180
(305) 423-9671
Digital Contact Information:
services@tcctherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Topalian, Sona, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff
Armenian

Torna Perez, Keidy, ED, BCBA ■
110 West 17th Street
Hialeah, FL 33010
(786) 267-8467
Digital Contact Information:
info@newlifeaba.com

and
Home Based Services Only
Hialeah, FL 33010
(786) 267-8467
Digital Contact Information:
info@newlifeaba.com

and
2300 West 84th Street
404a
Hialeah, FL 33016
(786) 681-8494
Digital Contact Information:
info@newlifeaba.com

and
2459 West 70th Street
Hialeah, FL 33016
(786) 571-0939
Digital Contact Information:
info@newlifeaba.com

and
30392 Old Dixie Highway
Homestead, FL 33030
(786) 481-9833
Digital Contact Information:
info@newlifeaba.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
27132 South Dixie Highway
Naranja, FL 33032
(786) 481-9833
Digital Contact Information:
info@newlifeaba.com

Torra, Lizet, MS, LMHC ■
11440 North Kendall Drive
e208
Miami, FL 33176
(305) 898-0849
Digital Contact Information:
billing@callisiahealthgroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Torrente, Luz M, MBS, BCBA ■
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
wellbehaved.corp@gmail.com

Torres, Lilibeth, MS, BCBA ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(954) 577-7790
Digital Contact Information:
http://www.behavior-analysis.org
baicredentialing@behavior-analysis.org
Other Languages Spoken by Provider or Office Staff

Spanish

Torres, Maritza, MS, BCBA ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
services@behavioralspark.com

and
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
services@behavioralspark.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 473-6153
Digital Contact Information:
services@behavioralspark.com

and
10373 Southwest 2nd Street
Miami, FL 33174
(305) 984-8908
Digital Contact Information:
services@behavioralspark.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, French, Italian, Spanish

Torres, Sergio, LMHC, MSCC ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
Not Available

Torres, Shanika D, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
deltorresbhw@gmail.com

Torres, Yiset, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 329-9993
Digital Contact Information:
koodollc4@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Toth, Jennifer, MPSY, LBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
candace@tlccredandconsulting.com

Totten, Renee, MA, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
khaase@focusedsolution.net

Tous, Ana Maria, MD ■
1360 South Dixie Highway
350
Coral Gables, FL 33146
(305) 648-9344
Digital Contact Information:
info.alternativesbehavior@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Trana-Felipes, Silvia, MS, ABA, LMHC ■
2001 Northwest 107th Avenue
412
Doral, FL 33172
(786) 548-8322
Digital Contact Information:
empathybhsbilling@gmail.com

and
7959 NW 2nd St
Miami, FL 33126
(305) 267-6060
Digital Contact Information:
empathybhsbilling@gmail.com

and
1818 West Flagler Street
Miami, FL 33135
(786) 755-2897
Digital Contact Information:
empathybhsbilling@gmail.com

and
7315 Northwest 36th Street
Miami, FL 33166
(786) 345-7734
Digital Contact Information:
empathybhsbilling@gmail.com

and
10661 North Kendall Drive
216
Miami, FL 33176
(786) 631-4158
Digital Contact Information:
empathybhsbilling@gmail.com

and
1134 NW 136th Ave
Miami, FL 33182
(786) 631-4158
Digital Contact Information:
empathybhsbilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Trenker, Brittany L, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Trimikliniotis, Georgia, MSED, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Trujillo, Eimi, MS, BCBA ■
10200 Northwest 25th Street
211
Doral, FL 33172
(786) 269-3502
Digital Contact Information:
clinical.coordinator@cmnbtherapy.com

and
1535 N Goldeneye Ln
Homestead, FL 33035
(786) 212-5530
Digital Contact Information:
clinical.coordinator@cmnbtherapy.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 475-5732
Digital Contact Information:
clinical.coordinator@cmnbtherapy.com

and
12920 Southwest 133rd Court
Miami, FL 33186
(786) 475-5732
Digital Contact Information:
http://cornerstone-cba.com
clinical.coordinator@cmnbtherapy.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Haitian Creole, Japanese, Italian, Spanish

Tura, Mariela, MA, BCBA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
harmonybehaviorprivate@gmail.com

and
1840 West 49th Street
#714
Hialeah, FL 33012
(305) 699-8388
Digital Contact Information:
harmonybehaviorprivate@gmail.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
http://appliedbhs.com
harmonybehaviorprivate@gmail.com

and
15291 Northwest 60th Avenue
Suite 107
Miami Lakes, FL 33014
(786) 608-1805
Digital Contact Information:
harmonybehaviorprivate@gmail.com

Turino, Berkis, MA, LMHC ■
2500 Northwest 79th Avenue
Suite 227
Doral, FL 33122
(305) 456-9396
Digital Contact Information:
healingtouchinc@msn.com

and
FL
(305) 824-0637
Digital Contact Information:
healingtouchinc@msn.com

and
5590 West 20th Avenue
200 201
Hialeah, FL 33016
(305) 557-1555
Digital Contact Information:
healingtouchinc@msn.com

and
3414 West 84th Street
Suite D110
Hialeah, FL 33018
(305) 825-4320
Digital Contact Information:
healingtouchinc@msn.com

and
3416 West 84th Street
C-108
Hialeah, FL 33018
(305) 557-1555
Digital Contact Information:
http://lifestarwellnesscenter.com
healingtouchinc@msn.com

Turner, Angela D, PHD, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
fl-credentialing@lifestance.com
Other Languages Spoken by Provider or Office Staff
Spanish

Turner, Delores E, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Tyson, Darcel P, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Ucciferri, Veronica, MS, LCMHC, LMHC, LPC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
veronicaucciferri@gmail.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
veronicaucciferri@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ukken, Boby, MSN, APRN ■
2828 Coral Way
Ste 460
Coral Gables, FL 33145
(305) 895-0504
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net

and
12550 Biscayne Boulevard
STE 306
North Miami, FL 33181
(305) 642-5255
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net
Other Languages Spoken by Provider or Office Staff
Russian

Urquiola, Dalaine, MED, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 817-2356
Digital Contact Information:
dalaine23@hotmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Urrutia, Anaisy, MS, BCBA ■
14471 S Dixie Hwy
Miami, FL 33176
(786) 803-8826
Digital Contact Information:
http://www.amorementalhealthcorp.com
tcmfl2018@gmail.com

and
9010 Southwest 137th Avenue
101
Miami, FL 33186
(786) 803-8826
Digital Contact Information:
http://amorementalhealthcorp.com
tcmfl2018@gmail.com

and
6001 Northwest 153rd Street
Suite 160
Miami Lakes, FL 33014
(786) 384-4990
Digital Contact Information:
tcmfl2018@gmail.com

and
5881 Northwest 151st Street
127
Miami Lakes, FL 330142450
(786) 219-8907
Digital Contact Information:
http://sweetchildbehavior.com
tcmfl2018@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ursani, Aneel A, MD ■
18117 Biscayne Boulevard
Po Box 61721
Miami, FL 33160
(206) 495-0724
Digital Contact Information:
ccservices@auctusgrp.com
Other Languages Spoken by Provider or Office Staff
English, Sign Lang Amer

Utrera, Tahlia, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
admin@lifehealthsystem.org
Other Languages Spoken by Provider or Office Staff
Spanish

Vaccaro, Terrence, PHD, LP ■
7700 N Kendall Dr
Ste 415
Miami, FL 33156
(786) 359-4161
Digital Contact Information:
morecounseling@gmail.com

and
12368 SW 82nd Ave
Pinecrest, FL 33156
(786) 227-6570
Digital Contact Information:
morecounseling@gmail.com

Valdes, Debora, MSN, APRN ■
7315 Northwest 36th Street
Miami, FL 33166
(786) 345-7734
Digital Contact Information:
Not Available

Valdes Hernandez, Mayuly, MSN, APRN ■
255 University Dr
Fl 2
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
administration@mindandsoultherapy.com

and
2550 Douglas Road
Ste #301
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
administration@mindandsoultherapy.com

and
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
administration@mindandsoultherapy.com

Valdes, Jose G, DNP, APRN ■
FL
(305) 204-9455
Digital Contact Information:
josegvn@gmail.com

and
10689 North Kendall Drive
211
Miami, FL 33176
(305) 204-9499
Digital Contact Information:
josegvn@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valdes Lopez, Yudith, MBS, BCBA ■
12150 Southwest 128th Court
Suite 226
Miami, FL 33186
(786) 429-1005
Digital Contact Information:
cloverbehaviorservices@gmail.com

Valdes, Luis, MS, BCBA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
http://appliedbhs.com
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valdes, Massiel, BS, BCBA ■
FL
(786) 337-0585
Digital Contact Information:
massielvaldes@hotmail.com

and
9380 Sunset Drive
b165
Miami, FL 33173
(786) 337-0585
Digital Contact Information:
massielvaldes@hotmail.com

and
9380 Sunset Drive
suite b211
Miami, FL 33173
(786) 337-0585
Digital Contact Information:
massielvaldes@hotmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valdes Vallejo, Katia, MSW, LCSW ■
Telehealth Only
Hialeah, FL 33010
(786) 656-5953
Digital Contact Information:
katia8489@gmail.com

and
4640 West Flagler Street
2
Miami, FL 33134
(305) 565-0723
Digital Contact Information:
katia8489@gmail.com

and
FL
(305) 565-0723
Digital Contact Information:
katia8489@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Valdez, Lu'Chang, MBS, BCBA ■
1180 North Krome Avenue
Homestead, FL 33030
(786) 349-4700
Digital Contact Information:
mykidtherapycenter@gmail.com

and
49 NW 17th St
Homestead, FL 33030
(786) 349-4700
Digital Contact Information:
http://mykidtherapycenter.com
mykidtherapycenter@gmail.com

and
14425 Country Walk Drive
Miami, FL 33186
(786) 349-4700
Digital Contact Information:
mykidtherapycenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valeron, Hortensia, MD ■
5201 Blue Lagoon Dr
Fl 8
Miami, FL 33126
(305) 554-1700
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valladares, Christina, MS, LMFT ■
FL
(786) 803-2595
Digital Contact Information:
cmvalladares16@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valle, Amanda H, MSN, ARNP ■
22133 South Dixie Highway
Miami, FL 33170
(786) 504-3119
Digital Contact Information:
info@zodugroup.com

and
13155 Southwest 134th Street
202
Miami, FL 33186
(786) 504-3119
Digital Contact Information:
info@zodugroup.com

Valle, Martha, MMH, LMHC ■
Home Based Services Only
Miami Gardens, FL 33014
(305) 777-3883
Digital Contact Information:
acebehavioral2@gmail.com

Valle, Yaditsa, MS, BCBA ■
1250 Southwest 27th Avenue
207
Miami, FL 33135
(786) 502-3137
Digital Contact Information:
mortega@tlhproject.com

and
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
mortega@tlhproject.com

and
306 Westward Dr
Miami Springs, FL 33166
(786) 588-7894
Digital Contact Information:
http://www.smartbatherapy.com
mortega@tlhproject.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valle Yarandi, Fidel, MS, BCBA ■
Home Based Services Only
Miami Shores, FL 33161
(786) 709-8403
Digital Contact Information:
info@cameroarnp.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vanbenschoten, Mary E, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Vance, Melissa, MS, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
pandatherapycircle@gmail.com

Vandy, Damaris, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@hupcfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vargas, Leonardo, MA, BCBA ■
15924 SW 92nd Ave
Miami, FL 33157
(786) 636-1303
Digital Contact Information:
loriwilliams57@hotmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vasquez, Janet, MS, BCBA, LBA ■
12985 Southwest 130th Court
204 204
Miami, FL 33186
(305) 735-3878
Digital Contact Information:
http://www.abasquad.com
info@abasquad.com

Vaughan, Mary E, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Vazquez Bueno, Osvaldo, MSN, APRN ■
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

and
13170 Southwest 128th Street
200
Miami, FL 33186
(786) 852-5198
Digital Contact Information:
insurance@wellnite.com

Vazquez Garcia, Yaimara, MC, LMHC ■
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
http://brightsyhealthfl.com
brightsyhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vazquez, Karina, MA, BCBA ■
Home Based Services Only
Hialeah, FL 33012
(786) 536-5854
Digital Contact Information:
karinavg33@yahoo.es
Other Languages Spoken by Provider or Office Staff
Spanish

Vazquez Morales, Daneida, MBS, BCBA ■
633 North Krome Avenue
Suite 6
Homestead, FL 33030
(786) 525-9926
Digital Contact Information:
danemanoli05@gmail.com

and
14707 South Dixie Highway
303
Miami, FL 33176
(786) 333-3207
Digital Contact Information:
danemanoli05@gmail.com

and
14331 Southwest 120th Street
Suite 202
Miami, FL 33186
(305) 812-8048
Digital Contact Information:
danemanoli05@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Vazquez, Rahimil, MS, BCBA, LBA ■
8300 NW 53rd St
Ste 350
Miami, FL 33166
(305) 776-0728
Digital Contact Information:
billing@ventecgroup.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
billing@ventecgroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vega Diaz, Maria T, EDM, BCBA ■
3300 West 84th Street
Hialeah, FL 33018
(305) 335-0407
Digital Contact Information:
childgardens.us@gmail.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Spanish

Vega Roman, Fanmy, MS, BCBA ■
Home Based Services Only
Doral, FL 33126
(305) 433-5489
Digital Contact Information:
mabelingrid@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Velasco-Quintero, Dania, MA, LMHC ■
7590 Northwest 186th Street
109
Hialeah, FL 33015
(305) 688-1700
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
10651 North Kendall Drive
suite 120
Miami, FL 33176
(786) 963-9087
Digital Contact Information:

genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Velasquez, Vanessa, MN, APRN ■
2925 Northeast 199th Street
Suite 302
Aventura, FL 33180
(786) 991-2600
Digital Contact Information:
http://synergytms.com
credentialing@psychiatrist4u.com

Velazquez, Isabella, MS, BCBA ■
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
https://stepforwardaba.com/
admin@stepforwardaba.com
Other Languages Spoken by Provider or Office Staff Spanish

Velazquez, Taimari, MS, BCBA ■
1900 N Bayshore Dr
1A-122
Miami, FL 33132
(954) 400-3251
Digital Contact Information:
http://www.abacustherapies.com
roberta@abacustherapies.com

and
6405 Northwest 36th Street
Virginia Gardens, FL 33166
(786) 238-2008
Digital Contact Information:
roberta@abacustherapies.com

Veliz, Diana, MSW, LCSW ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
hello@talkiatry.com

Vera, Emma, MS, BCBA ■
3625 Northwest 82nd Avenue
101
Doral, FL 33166
(786) 583-8663
Digital Contact Information:
sseastcoast22@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 263-0207
Digital Contact Information:
sseastcoast22@gmail.com

and
13424 Southwest 90th Terrace
Miami, FL 33186
(786) 308-6353
Digital Contact Information:
sseastcoast22@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Verdin, Javier, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Vergara Toro, Valentina, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
admissions@abaalliancecareservices.com
Other Languages Spoken by Provider or Office Staff Spanish

Verneus, Jean K, MS, LMFT ■
1825 Northwest 167th Street
SUITE 102
Opa-locka, FL 330564838
(305) 624-7450
Digital Contact Information:
http://www.cfcecares.org
jverneus@connectionpointtherapy.com
Other Languages Spoken by Provider or Office Staff Creole

Vethencourt, Viviana, MS, LMHC ■
FL
(786) 285-0741
(954) 534-6744
Digital Contact Information:
vethencourt.viviana@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Vicente Prado, Yamina, MA, BCBA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
http://www.appliedbhs.com
dabs@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff Spanish

Victori, Maritza O, DED, BCBA ■
7801 Northwest 37th Street
Lp-201
Doral, FL 33195
(305) 468-9899
Digital Contact Information:
rosa.kuchling@pbhd.health

and
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
rosa.kuchling@pbhd.health
Other Languages Spoken by Provider or Office Staff Haitian Creole, Spanish

Vidas, Elizabeth, MA, BCABA ■
FL
(833) 458-0386
Digital Contact Information:
https://tillytherapy.com/
credentialing@tillytherapy.com

Vieira, Caroline, MC, LMHC, PC ■
2212 Northwest 91st Street
Miami, FL 33147
(341) 888-7637
Digital Contact Information:
contact@quelinbilling.com
Other Languages Spoken by Provider or Office Staff Portuguese

Viera, Tisela, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Villa Livesay, Natasha, MMH, LMHC ■
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
tashavilla88@gmail.com

and
13640 North Kendall Drive
1005
Miami, FL 33186
(305) 859-4522
Digital Contact Information:
tashavilla88@gmail.com

and
FL
(305) 859-4522
Digital Contact Information:
tashavilla88@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Villa, Veronica, MSCC, LMHC ■
FL
(786) 443-8532
Digital Contact Information:
http://cptftl.square.side
vfvilla72@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Villalonga, Gladyslene, MSN, APRN ■
27502 Southwest 134th Court
Homestead, FL 33032
(786) 499-2154
Digital Contact Information:
gladyslene@comcast.net
Other Languages Spoken by Provider or Office Staff Spanish

Villar, Sandra, MA, BCBA ■
Home Based Services Only
Hialeah, FL 33013
(786) 592-6680
Digital Contact Information:
info@kidsbehavioral.com

and
5455 Southwest 8th Street
230
Miami, FL 33134
(786) 629-8836
Digital Contact Information:
info@kidsbehavioral.com

and
8080 West Flagler Street
2a
Miami, FL 33144
(786) 615-2640
Digital Contact Information:
info@kidsbehavioral.com
Other Languages Spoken by Provider or Office Staff Spanish

Viltre Garcia, Yanelys, MS, BCBA ■
5201 Blue Lagoon Dr
Ste 800
Miami, FL 33126
(305) 632-8577
Digital Contact Information:
management@truecarehomeservicesinc.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
management@truecarehomeservicesinc.com

and
2500 SW 107TH AVE
42
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
management@truecarehomeservicesinc.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Vinas, Kristina, MA, BCBA ■
9425 Southwest 72nd Street
164
Miami, FL 33173
(305) 279-2286
Digital Contact Information:
taylor@freshstartsnow.com
Other Languages Spoken by Provider or Office Staff Spanish

Virts, Emily, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Vizcaino, Olga M, MSN, APRN ■
2100 West 76th Street
201 206
Hialeah, FL 33016
(786) 353-2324
Digital Contact Information:
olgamaria861@yahoo.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
olgamaria861@yahoo.com

and
8950 Southwest 74th Court
1911
Miami, FL 33156
(786) 637-7338
Digital Contact Information:
olgamaria861@yahoo.com

and
6001 Northwest 153rd Street
203
Miami Lakes, FL 33014
(786) 459-2466
Digital Contact Information:
olgamaria861@yahoo.com

and
FL
(602) 562-7383
(786) 459-2466
Digital Contact Information:
olgamaria861@yahoo.com

Vossos, Helene B, DNP, APRN ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
jay@healthgroupz.com

Wack, Stephanie, MA, LBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
credentialing@autismlearningpartners.com

Waddell, Mashonda, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Waddle, Heather, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Walker, Kelli L, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@thriveworks.com
Other Languages Spoken by Provider or Office Staff English

Wallace, Henry H, MS, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Wallace-Collins, Sharaya, MA, LMHC, LPC, LPCMH ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
info@forthealth.com

Wallman, Mark, MA, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/

help@joinuplift.co

and

2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Walton, Diamesha, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Wamahiu, Joan W, MSN, APN ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
credentialing@riviamind.com

Wasserman, Yocheved, MS, BCBA ■
1688 Meridian Avenue
600 & 700
Miami Beach, FL 33139
(786) 655-8200
Digital Contact Information:
admin@inspireabagroup.com
Other Languages Spoken by Provider or Office Staff
Hebrew, Farsi, Arabic, Russian, Spanish

Waugh, Odalys J, PHD, LMHC ■
5201 Waterford District Drive
888
Miami, FL 33126
(305) 321-7226
Digital Contact Information:
morecounseling@gmail.com

and

2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
morecounseling@gmail.com

and

12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
morecounseling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Weatherly, Charmaine, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Weiss, Ziona, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
info@hupcfl.com

Wesson, Amanda, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(786) 868-0931
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

West, Tenesha, MS, BCBA ■
FL
(561) 223-8076
(833) 458-0386
Digital Contact Information:
credentialing@modbehavioraba.com

and

6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
credentialing@modbehavioraba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Weuste, Michael, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Whiley, Jazmene, MA, BCBA ■
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
https://stepforwardaba.com/
admin@stepforwardaba.com

White, Samantha, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
frontdesk@highersightscounseling.com

Whiteside, Deon D, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@thriveworks.com

Whiting, Detra, MSW, LICSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Whittington, Brittany N, MS, LMHC ■
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
http://www.crystalabatherapy.com
info@cmpsclinical.com

Wicks, Betty, PSYD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
admin@twinkleautism.com
Other Languages Spoken by Provider or Office Staff
Spanish

Wijesinghe, Timali, MED, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
tampabehavioral@maxhealth.com

Wilder, Laquitta A, MSW, LCSW ■
306 Westward Dr
Miami Springs, FL 33166
(786) 588-7894
Digital Contact Information:
http://www.smartbatherapy.com
mslawilder@gmail.com

Williams, Betty, MC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Williams Dauphin, Jinia, MS, LMHC ■
540 Northwest 165th Street
114
Miami, FL 33169
(786) 648-6550
Digital Contact Information:
jiniaw@msn.com

and

12555 Biscayne Boulevard
1001
North Miami, FL 33181
(786) 925-4656
Digital Contact Information:
http://adatherapyccc.com
jiniaw@msn.com

and

FL
(786) 925-4657
Digital Contact Information:
jiniaw@msn.com

Williams, Morgan, MS, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
insurance@wellnite.com

Williams, Richard, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Willis, Toni, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Wilson, Kisha, MED, BCBA, LBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
payors@zinniahealth.com

Wilson, Kristian M, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
aspirationsjax@gmail.com

Wilson, Mia R, EDD, CAP, LMHC ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(866) 478-3978
Digital Contact Information:
miarwilson@aol.com

Wilson, Valerie, MSW, LCSW ■
1951 Northwest 7th Avenue
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
vallen@brimcounseling.com

and

FL
(305) 902-6347
Digital Contact Information:
vallen@brimcounseling.com

Wise, Shaquila, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Witkowski, Taryn, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Wolcott, Jennifer, MS, BCBA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
http://www.appliedbhs.com
dabs@appliedbhs.com

and

7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Wong, Carmen, MSN, APRN, CNP, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
hr.credentialing@sohomd.com

Wong, Yilian, MSED, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 536-7470
Digital Contact Information:
behaviorplusservices@gmail.com

and

18951 Southwest 106th Avenue
105 106
Miami, FL 33157
(305) 233-4448
Digital Contact Information:
behaviorplusservices@gmail.com

and

13416 Southwest 128th Street
Miami, FL 33186
(786) 732-0247
Digital Contact Information:
behaviorplusservices@gmail.com

and

Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Woods, Lynda, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
insurance@wellnite.com

and

2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Woods, Yvonne, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Wool, Sorcha, MSW, LCSW ■
1951 Northwest 7th Avenue

Miami, FL 33136
(571) 934-3936
Digital Contact Information:
admin@supportiveengagemet.com

and

FL
(305) 902-6347
Digital Contact Information:
admin@supportiveengagemet.com
Other Languages Spoken by Provider or Office Staff Sign Lang Amer

Woolery, Nickesha, MSN, APRN ■
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
info@aimergency.com

and

801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
info@aimergency.com
Other Languages Spoken by Provider or Office Staff English, Haitian Creole, Filipino, French, Spanish

Wright, Sonya, MA, LMHC ■
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
info@thejourneytwcc.org
Other Languages Spoken by Provider or Office Staff Creole, Spanish

Wynn, Frednica A, MA, BCBA ■
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
https://stepforwardaba.com/
info@stepforwardaba.com

Yanez, Vicente, MSW, LCSW ■
814 Ponce de Leon Boulevard
STE 418
Coral Gables, FL 33134
(305) 469-1648
Digital Contact Information:
vy@infionline.net
Other Languages Spoken by Provider or Office Staff Spanish

Yebra, Carmen, MS, BCBA ■
12800 SW 8th St
Miami, FL 33184
(786) 319-2980
Digital Contact Information:
http://aworld4kids.com
jhaigballard@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Yedzihiak, William K, MED, LBA ■
1065 Southwest 8th Street
1459
Miami, FL 33130
(855) 853-0228
Digital Contact Information:
williamybcba@childrensmilestone.org

Yepez, Maria, MS, LMHC ■
2020 Ponce de Leon
Suite 1201
Miami, FL 33134
(305) 917-5414
Digital Contact Information:
http://www.psychologybeyond.com
mariay.therapy@gmail.com

Yepez, Rosaura M, MSSW, LCSW ■
650 Northeast 22nd Terrace
Suite 202-06
Homestead, FL 33033
(786) 377-6487
Digital Contact Information:
http://homesteadtherapyservicesllc.com
ryepez@homesteadtherapyservicesllc.com

Yglesias, Marianela, MPSY, BCBA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff Spanish

Yzquierdo, Roxana, BCBA, MS ■
8353 Southwest 124th Street
102
Miami, FL 33156
(305) 902-6435
Digital Contact Information:
Not Available

and

8603 South Dixie Highway
303
Pinecrest, FL 33156
(305) 902-6435
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff Spanish

Zafar, Mohsin, MD ■
13205 Southwest 137th Avenue
224 224
Miami, FL 33186
(786) 290-9192
Digital Contact Information:
cmg-enrollment@credentialingmanagementgroup.com

Zak, Ashley, MS, BCBA, LBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
outreach@appliedabc.com

Zaldivar, Mirza, MS, BCBA ■
650 Northeast 22nd Terrace
202-9
Homestead, FL 33033
(786) 312-4478
Digital Contact Information:
http://opendoorbehavioralservices.com
embracinghopebes@gmail.com

and

650 Northeast 22nd Terrace
212 214
Homestead, FL 33033
(786) 312-4478
Digital Contact Information:
http://opendoorbehavioralservices.com
embracinghopebes@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Zambrana Nieves, Thayra, PSYD, LP ■
381 North Krome Avenue
11
Homestead, FL 33030
(305) 824-6801
Digital Contact Information:
monarchallhealth@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Zambrano, Andrea Y, BS, BCBA ■
3508 Northwest 114th Avenue
ste 101
Doral, FL 33178
(954) 608-6767
Digital Contact Information:
floridaintegratedtherapy@gmail.com

Zambrano, Karen M, PSYD, LP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 259-6977
Digital Contact Information:
http://www.abctestingservices.com
lisette@abctestingservices.com
Other Languages Spoken by Provider or Office Staff Spanish

Zamora, Danae, MC, LMHC ■
15190 SW 136th St
Ste 25
Miami, FL 33196
(786) 365-5916
Digital Contact Information:
healingtalkscounseling@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Zapatha, Susan, MC, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
insurance@wellnite.com

and

2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Zauss, Mark, MA, CAP, LMHC, LPC ■
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(646) 961-3553
Digital Contact Information:
http://www.joinmonument.com
insurance@joinmonument.com

Zeledon Aguilar, Yulinda, MA, BCBA ■
15260 SW 280th St
Ste 205
Homestead, FL 33032
(305) 707-7237
Digital Contact Information:
http://www.familybehaviorservices.org
genesisconsultingservices39@gmail.com

and

10300 Southwest 72nd Street
250b
Miami, FL 33173
(305) 939-6878
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Zuccolotto Lombardi, Janeth K, BS, BCABA ■
18441 Northwest 2nd Avenue
Suite 100
Miami Gardens, FL 33169
(305) 400-1589
Digital Contact Information:
info@skorlando.net
Other Languages Spoken by Provider or Office Staff Spanish

Zuniga, Ana M, PSYD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/azunigapsyd@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Zuniga, Susana, MS, BCBA ■
100 Northeast 15th Street
203
Homestead, FL 33030
(786) 404-3075
Digital Contact Information:
allstaraba22@gmail.com

and

30908 Southwest 192nd Avenue
Homestead, FL 33030
(786) 404-3148
Digital Contact Information:
allstaraba22@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

AUTISM APPLIED BEHAVIORAL ANALYSIS (ABA)

Abdool-Ghany, Faheema, PHD, BCBA-D ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

and

12985 Southwest 130th Court
204 204
Miami, FL 33186
(305) 735-3878
Digital Contact Information:
http://www.abasquad.com
providerenrollment@acornhealth.com

Abraham Padron, Zamira, PHD, BCBA ■
8550 West Flagler Street
STE 118
Miami, FL 33144
(786) 391-4113
Digital Contact Information:
loveinservicesprivate@gmail.com

and

13155 Southwest 42nd Street
STE 204
Miami, FL 33175
(786) 486-9756
Digital Contact Information:
loveinservicesprivate@gmail.com

and

13469 Southwest 29th Street
Miami, FL 33175
(786) 486-9756
Digital Contact Information:
loveinservicesprivate@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Abreu, Helen, MS, BCBA ■
Home Based Services Only
Doral, FL 33126
(407) 800-6086
Digital Contact Information:
milestonesaba2023@gmail.com

and

2450 Southwest 137th Avenue
232
Miami, FL 33175
(786) 360-6496
Digital Contact Information:
milestonesaba2023@gmail.com

and

12900 Southwest 128th Street
Suite 107
Miami, FL 33186
(786) 312-2665
Digital Contact Information:
milestonesaba2023@gmail.com

and

13416 Southwest 128th Street
Miami, FL 33186
(786) 732-0247
Digital Contact Information:
http://milestones-aba.org
milestonesaba2023@gmail.com

Abreu, Liliam, MA, BCBA ■
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
http://www.miamipersonalmanagement.com
mpmcmhc@miamipersonalmanagement.com
Other Languages Spoken by Provider or Office Staff Spanish

Abreu, Yudeisy, MPSY, BCBA ■
3625 Northwest 82nd Avenue
101
Doral, FL 33166
(786) 583-8663
Digital Contact Information:
sseastcoast22@gmail.com

and

1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:

sseastcoast22@gmail.com

and

8300 West Flagler Street
170
Miami, FL 33144
(786) 633-5171
Digital Contact Information:
sseastcoast22@gmail.com

and

2450 Southwest 137th Avenue
232
Miami, FL 33175
(786) 360-6496
Digital Contact Information:
sseastcoast22@gmail.com

and

12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
sseastcoast22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Acosta Cruz, Yerania, MED, BCBA ■
22550 Southwest 103rd Avenue
Cutler Bay, FL 33190
(786) 486-5186
Digital Contact Information:
genesiswscorp@gmail.com

and

1000 Brickell Avenue
Miami, FL 33131
(786) 732-2139
Digital Contact Information:
genesiswscorp@gmail.com

Acosta, Gema, MS, BCBA ■
Home Based Services Only
Hialeah, FL 33012
(305) 570-0775
Digital Contact Information:
info@southfloridabehavior.com

Acosta, Indhira, MA, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
https://tillytherapy.com/
bbbinterventions@gmail.com

and

6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
https://tillytherapy.com/
bbbinterventions@gmail.com

Acosta, Maria, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 467-8879
Digital Contact Information:
genesisconsultingservices39@gmail.com

and

5600 SW 135th Ave
Ste 112
Miami, FL 33183
(305) 467-8879
Digital Contact Information:
genesisconsultingservices39@gmail.com

and

12855 Southwest 136th Avenue
104
Miami, FL 33186
(305) 467-8879
Digital Contact Information:
genesisconsultingservices39@gmail.com

and

Home Based Services Only
Naranja, FL 33032
(407) 800-6086
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Acosta, Natalia, MS, BCBA ■
19022 NE 29th Ave
Miami, FL 33180
(305) 931-1617
Digital Contact Information:
http://www.onupbehavior.com
natalia@onupbehavior.com

and

FL
(305) 931-1617
Digital Contact Information:
natalia@onupbehavior.com
Other Languages Spoken by Provider or Office Staff
Spanish

Acosta Pages, Dairy, MPSY, BCBA ■
Home Based Services Only
Doral, FL 33122
(561) 643-7643
Digital Contact Information:
brightstepsaba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Acosta, Rosa, MS, BCBA ■
8200 Northwest 41st Street
269
Doral, FL 33166
(305) 763-4196
Digital Contact Information:
vivianaicare@gmail.com

and

7801 Northwest 37th Street
Lp-201
Doral, FL 33195
(305) 468-9899
Digital Contact Information:
vivianaicare@gmail.com

and

1000 Brickell Avenue
Miami, FL 33131
(305) 468-9899
Digital Contact Information:
vivianaicare@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Acosta Soriano, Thabatha, MS, BCBA ■
2500 Northwest 79th Avenue
295
Doral, FL 33122
(305) 896-8161
Digital Contact Information:
info@newlifeaba.com

and

1000 Brickell Avenue
Miami, FL 33131
(786) 477-1193
Digital Contact Information:
info@newlifeaba.com

and

12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Acosta Valdes, Misleiny, MA, BCBA ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
services@cmnbtherapy.com

and

7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
services@cmnbtherapy.com

Acuna Bermudez, Yudelsy, MS, BCBA ■
2100 West 76th Street
407
Hialeah, FL 33016
(305) 804-3478
Digital Contact Information:
abacenter2022@gmail.com

Adams, Takeira, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Adasme, Andrew, BA, BCABA ■
777 Brickell Ave
Ste 500
Miami, FL 33131
(305) 330-4660
Digital Contact Information:
http://www.lotusbehavior.com
info@lotusbehavior.com
Other Languages Spoken by Provider or Office Staff Sign Lang Amer, Spanish

Adle, Joy, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Aguado, Natalie P, MA, BCBA, LBA ■
14645 Northwest 77th Avenue
Suite 105
Miami Lakes, FL 33014
(202) 420-8359
Digital Contact Information:
http://www.littleleaves.org
billing@littleleaves.org

Aguiar, Vanessa, MS, BCBA ■
657 South Drive
Miami Springs, FL 33166
(786) 860-5161
Digital Contact Information:
thebehaviorists@ababuildingblocks.com
Other Languages Spoken by Provider or Office Staff
Spanish

Aguila, Carolina T, MS, BCBA, LBA ■
2520 Coral Way
2 19
Miami, FL 33145
(855) 832-6727
Digital Contact Information:
info@healtheworld.net
Other Languages Spoken by Provider or Office Staff
Spanish

Aguila Cudeiro, Yudy, MSED, BCBA ■
Home Based Services Only
Hialeah, FL 33010
(786) 267-8467
Digital Contact Information:
amhscorp@yahoo.com

and

12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
amhscorp@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Aguilar Corzo, Marieyis, MBS, BCBA ■
12905 Southwest 42nd Street
STE 111
Miami, FL 33175
(786) 558-4091
Digital Contact Information:
miraclebehavior@gmail.com

and

14750 Southwest 26th Street
STE 114
Miami, FL 33185
(786) 536-9441
Digital Contact Information:
miraclebehavior@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Aguilar, Elsa, BS, BCABA ■
14707 South Dixie Highway
Suite 200
Miami, FL 33176
(305) 321-5177
Digital Contact Information:
administration@familybehaviortherapy.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Aguilar, Fernanda, BS, BCBA ■
1400 Northwest 107th Avenue
306
Miami, FL 33172
(786) 817-7444
Digital Contact Information:
haidde.aquinotapia@kinderkonsulting.com

Aguilar, Lourdes C, BA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 671-7710
Digital Contact Information:
lcbauta@gmail.com

and

15120 Southwest 28th Street
Miami, FL 33185
(786) 269-9254
Digital Contact Information:
lcbauta@gmail.com

Aguilera-Baez, Hiram, MPSY, BCBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
labresha.proctor@kidsspotrehab.com

and

8660 West Flagler Street
STE 121
Miami, FL 33144
(305) 600-4774
Digital Contact Information:
labresha.proctor@kidsspotrehab.com

and

12456 Southwest 127th Avenue
101
Miami, FL 33186
(786) 953-8500
Digital Contact Information:
http://kidsspotrehab.com
labresha.proctor@kidsspotrehab.com

Aguirre, Dayani, MS, BCBA ■
70 NW 6th St
Homestead, FL 33030
(786) 410-8922
Digital Contact Information:
brighttherapy15@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Aira Vazquez, Arisnubia, MS, BCBA ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
sseastcoast22@gmail.com

and

2300 West 84th Street
406
Hialeah, FL 33016
(786) 960-6767
Digital Contact Information:
sseastcoast22@gmail.com

and

1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
sseastcoast22@gmail.com

and

14875 Northwest 77th Avenue
Suite 204
Miami Lakes, FL 33014
(786) 321-1400
Digital Contact Information:
sseastcoast22@gmail.com

and

5881 Northwest 151st Street
127
Miami Lakes, FL 330142450
(786) 905-2262
Digital Contact Information:
http://sweetchildbehavior.com
sseastcoast22@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Akinduro, Ingrid, MA, BCBA ■
6303 Blue Lagoon Dr

Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
https://tillytherapy.com/
mayelrgaspe@brightfutureabasolutions.com

and
1951 NW 7th Ave
Ste 600
Miami, FL 33136
(929) 384-7193
Digital Contact Information:
mayelrgaspe@brightfutureabasolutions.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Aladro Miranda, Darcy, MBS, BCBA ■
1414 Northwest 107th Avenue
204
Doral, FL 33172
(305) 225-8711
Digital Contact Information:
bluelifebehaviortherapy@gmail.com

Alamo Ortiz, Silvia E, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 263-0207
Digital Contact Information:
stepbehavior@yahoo.com

and
13590 Southwest 134th Avenue
Suite 207
Miami, FL 33186
(305) 263-0207
Digital Contact Information:
stepbehavior@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alanis, Karolina, MA, LBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
r.early@adaptforlifeaba.com
Other Languages Spoken by Provider or Office Staff English

Alarcon Farina, Jacquelin, MPSY, BCBA ■
3750 West 16th Avenue
218
Hialeah, FL 33012
(786) 409-3231
Digital Contact Information:
proactivehealthcare2016@gmail.com

and
8660 West Flagler Street
STE 121
Miami, FL 33144
(305) 600-4774
Digital Contact Information:
proactivehealthcare2016@gmail.com

and
13590 Southwest 134th Avenue
104
Miami, FL 33186
(305) 896-8161
Digital Contact Information:
proactivehealthcare2016@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alba, Tatiana M, MED, BCBA ■
8266 Mills Drive
836012
Miami, FL 33283
(305) 521-9556
Digital Contact Information:
tatiana.m.alba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Albelo Capote, Yusmeisy, MS, BCBA ■
1701 W Flagler St
Ste 310
Miami, FL 33135
(786) 467-7006
Digital Contact Information:
http://www.floridacognitive.com
miamicognitive@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Albernas Acosta, Carmen, BA, BCBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

and
13195 Southwest 134th Street
Ste. 201
Miami, FL 33186
(877) 264-6747
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

Albert, Michelle, BA, BCABA ■
12750 Northwest 17th Street
216 216
Miami, FL 33182
(888) 527-8037
Digital Contact Information:
http://www.brightstartpossibility.com
credentialing@brightstartllc.com

Albuerne, Mailyn, MS, BCBA ■
13352 SW 128th St
Miami, FL 33186
(786) 592-2263
Digital Contact Information:
luciano@mymbcinc.com

Alderman, Crystal, MS, BCBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(561) 235-7613
Digital Contact Information:
stacey@innovativebehaviormgmt.com

Alduncin Lopez, Anabel, BS, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
intouchcommunityserv@gmail.com

Alea, Yadimet, MS, BCBA ■
Home Based Services Only
Naranja, FL 33032
(786) 717-2220
Digital Contact Information:
yadimet93@icloud.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alech Vazquez, Chabeli A, MA, BCBA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(786) 429-3738
Digital Contact Information:
http://appliedbhs.com
dabs@appliedbhs.com

and
5050 Northwest 74th Avenue
107
Miami, FL 33166
(305) 640-8280
Digital Contact Information:
dabs@appliedbhs.com

and
12360 Southwest 132nd Court
STE 205
Miami, FL 33186
(786) 429-3738
Digital Contact Information:
dabs@appliedbhs.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 640-8280
Digital Contact Information:
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Aleman Martinez, Claudia, MA, BCBA ■
Home Based Services Only
South Miami, FL 33143
(305) 763-2117
Digital Contact Information:
claudia.alemanmartinez@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Alfalla, Arleti, MA, BCBA ■
2500 Northwest 79th Avenue
268
Doral, FL 33122
(786) 208-2907
Digital Contact Information:
dayami@childrenbehavioraltherapy.com

and
7779 Northwest 146th Street
Hialeah, FL 33016
(786) 702-6868
Digital Contact Information:
dayami@childrenbehavioraltherapy.com

and
941 Southwest 87th Avenue
Suite A
Miami, FL 33174
(786) 873-9392
Digital Contact Information:
dayami@childrenbehavioraltherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alfaro Tieles, Katileidis, MBS, BCBA ■
5901 Miami Gardens Drive
207
Hialeah, FL 33015
(786) 560-3178
Digital Contact Information:
hopestaraba@gmail.com

and
7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
hopestaraba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alfonso, Cyndia, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 558-8246
Digital Contact Information:
forwardbehaviorhr@gmail.com

and
175 Fontainebleau Boulevard
Miami, FL 33172
(786) 558-8246
Digital Contact Information:
forwardbehaviorhr@gmail.com

and
8950 Southwest 152nd Street
106a
Palmetto Bay, FL 33157
(786) 398-2965
Digital Contact Information:
forwardbehaviorhr@gmail.com

and
8950 Southwest 152nd Street
112
Palmetto Bay, FL 33157
(786) 432-0829
Digital Contact Information:
forwardbehaviorhr@gmail.com

and
8950 Southwest 152nd Street
116
Palmetto Bay, FL 33157
(786) 669-2619
Digital Contact Information:
forwardbehaviorhr@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alfonso Leyva, Hansel, MA, BCBA ■
15924 SW 92nd Ave
Miami, FL 33157
(786) 636-1303
Digital Contact Information:
maria.aviles@hhfcfl.com

Alfonso Martinez, Taimara, MBS, BCBA ■
5600 Southwest 135th Avenue
202b
Miami, FL 33183
(786) 856-4499
Digital Contact Information:
taimaraoffice@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alfonso, Moraima, BS, BCABA ■
2020 Ponce de Leon
Suite 1201
Miami, FL 33134
(305) 917-5414
Digital Contact Information:
mirta@psychologybeyond.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alicea, Karelix, MS, BCBA ■
777 Brickell Ave
Ste 500
Miami, FL 33131
(305) 330-4660
Digital Contact Information:
http://www.lotusbehavior.com
info@lotusbehavior.org
Other Languages Spoken by Provider or Office Staff Sign Lang Amer, Spanish

Alizo, Silvia, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
hr@thepiecefits.com

Allen, Yohanka, MC, BCBA ■
11925 Southwest 72nd Street
Miami, FL 33183
(305) 562-4683
Digital Contact Information:
shapingacademy@gmail.com

Allen-De Arce, Adriana, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com
Other Languages Spoken by Provider or Office Staff
Spanish

Almaguer, Anayancis, BA, BCABA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(888) 501-8540
Digital Contact Information:
https://acornhealth.com
anaalma01@gmail.com

Almaguer, Marilyn, PSYD, BCBA ■
8300 Northwest 53rd Street
Suite 102
Doral, FL 33166
(786) 769-5222
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
100 Northeast 15th Street
203
Homestead, FL 33030
(786) 404-3075
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Almanza, Yosairys, MS, BCBA ■
Home Based Services Only
Doral, FL 33122
(786) 614-3121
Digital Contact Information:
behaviorchangetherapeutics@yahoo.com
Other Languages Spoken by

Provider or Office Staff
Spanish

Alonso, Ariane, MBS, BCBA ■
1490 West 49th Place
Suite 401
Hialeah, FL 33012
(786) 294-0255
Digital Contact Information:
info@bmmaba.com

and
10261 Southwest 72nd Street
Miami, FL 33173
(786) 773-3654
Digital Contact Information:
info@bmmaba.com

and
7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
info@bmmaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alonso, Frances, MS, BCBA ■
7875 Northwest 12th Street
118
Miami, FL 33126
(786) 505-4449
Digital Contact Information:
info@southfloridabehavior.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alonso Gamez, Lixandra, MPSY, BCBA ■
8300 West Flagler Street
170
Miami, FL 33144
(786) 633-5171
Digital Contact Information:
olympushcs@gmail.com

Alonso Garcia, Elizabeth, MS, BCBA ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alonso, Janerly S, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(888) 501-8540
Digital Contact Information:
https://acornhealth.com
info@acornhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alonso, Jose M, MMH, BCBA ■
6405 Northwest 36th Street
#123
Virginia Gardens, FL 33166
(786) 872-4325
Digital Contact Information:
http://www.abyshs.com
ytrabado@abyshs.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Alonso, Leticia, MS, BCABA ■
12360 Southwest 132nd Court
STE 205
Miami, FL 33186
(786) 429-3738
Digital Contact Information:
favyhcs@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Alonso, Marilyn, MPSY, BCBA ■
8601 Southwest 199th Street
Cutler Bay, FL 33189
(305) 908-2999
Digital Contact Information:
marygley@bellsouth.net

and
10200 NW 25th St
Ste 114
Doral, FL 33172
(305) 908-2999
Digital Contact Information:
marygley@bellsouth.net

and
40 Northwest 8th Street
Homestead, FL 33030
(305) 908-2999
Digital Contact Information:
marygley@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Alonso, Raysa, MA, BCBA ■
8100 Northwest 155th Street
201
Miami Lakes, FL 33016
(786) 539-2181
Digital Contact Information:
alondraabaservices@gmail.com

Alonso, Yanelis, MS, BCBA ■
8300 Northwest 53rd Street
Suite 102
Doral, FL 33166
(786) 769-5222
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
175 Fontainebleau Boulevard
Miami, FL 33172
(305) 590-1085
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Alonso, Yenlys, BA, BCBA ■
12051 W Okeechobee Rd
Hialeah, FL 33018
(305) 828-5276
Digital Contact Information:
yap1718@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alpizar, Alina, MS, BCBA ■
7900 Oak Ln
400
Hialeah, FL 33016
(786) 622-5743
Digital Contact Information:
ymbehavioralhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
Korean, Spanish

Alsina Triay, Maria D, MS, BCBA ■
6175 Northwest 153rd Street
STE 215
Miami Lakes, FL 33014
(305) 200-3326
Digital Contact Information:
asmtherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Altamirano, Andrea V, MPSY, BCBA ■
10621 North Kendall Drive
Suite #203
Miami, FL 33176
(305) 456-6976
Digital Contact Information:
mark.frank@novitams.com

Altamirano, Marveed, MA, BCBA ■
13590 Southwest 134th Avenue
104
Miami, FL 33186
(305) 896-8161
Digital Contact Information:
thrivingmindscenter@gmail.com

Alvaredo, Cecilia, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 536-7470
Digital Contact Information:
dadebehavioralservices@gmail.com

and
14750 Southwest 26th Street
STE 114
Miami, FL 33185
(786) 536-9441
Digital Contact Information:
dadebehavioralservices@gmail.com

and
13170 Southwest 128th Street
STE 206
Miami, FL 33186
(786) 382-0550
Digital Contact Information:
dadebehavioralservices@gmail.com

Alvarez, Asnay M, MPSY, BCBA ■
Home Based Services Only
Hialeah, FL 33012
(561) 460-0284
Digital Contact Information:
admin@dreambigaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alvarez Castillo, Lazara M, MSED, BCBA ●
10300 Southwest 72nd Street
135
Miami, FL 33173
(786) 532-0892
Digital Contact Information:
skybluetherapycenter1@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alvarez, Catalina, MS, BCBA ■
11890 Southwest 8th Street
STE 309
Miami, FL 331841710
(305) 220-6060
Digital Contact Information:
http://www.blueangelcare.net
calvarez@blueangelcare.net
Other Languages Spoken by Provider or Office Staff
Spanish

Alvarez, Catherine, MS, BCBA ■
2300 West 84th Street
Ste 601
Hialeah, FL 33016
(305) 363-4001
Digital Contact Information:
http://www.vytalyzeminds.net
info@vytalyzeminds.net
Other Languages Spoken by Provider or Office Staff
Spanish

Alvarez Crespo, Arianna, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 424-7040
Digital Contact Information:
admin@pmbehaviorgroup.com

and
12595 Southwest 137th Avenue
Suite 208
Miami, FL 33186
(305) 424-7040
Digital Contact Information:
admin@pmbehaviorgroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alvarez Gonzalez, Alejandro, MA, BCBA ■
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
credentialing@creativekidstherapyinc.com

Alvarez, Iliana, MED, BCBA ■
930 Hialeah Drive
Hialeah, FL 33010
(786) 398-1509
Digital Contact Information:
magic.path.ins24@gmail.com

and
8040 Northwest 95th Street
217
Hialeah Gardens, FL 33016
(786) 655-3929
Digital Contact Information:
magic.path.ins24@gmail.com

Alvarez, Inna, MBS, BCBA ■
1150 Northwest 72nd Avenue
ph 2
Miami, FL 33126
(786) 542-5043
Digital Contact Information:
http://1stcarecms.com
office@bluehopetherapyservices.com

and
10700 Southwest 46th Street
Miami, FL 33165
(786) 907-4925
Digital Contact Information:
http://www.bluehopetherapyservices.com
office@bluehopetherapyservices.com

Alvarez, Kristina, MA, BCBA, LBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(888) 501-8540
Digital Contact Information:
https://acornhealth.com
info@acornhealth.com

and
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
info@acornhealth.com

Alvarez, Lien, MS, BCBA ■
21730 Southwest 101st Avenue
Cutler Bay, FL 33190
(305) 510-1032
Digital Contact Information:
jcabrera@mymbcinc.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 458-9535
Digital Contact Information:
jcabrera@mymbcinc.com

and
9555 Southwest 175th Terrace
Palmetto Bay, FL 33157
(786) 458-9535
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alvarez, Lisbeth, MS, BCBA ■
13590 Southwest 134th Avenue
104
Miami, FL 33186
(305) 896-8161
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alvarez Lorenzo, Yisel, EDM, BCBA ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
dadebehavioralservices@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 536-7470
Digital Contact Information:
dadebehavioralservices@gmail.com

Alvarez, Lorianne, MA, BCBA ■
13195 Southwest 134th Street
Ste. 201
Miami, FL 33186
(786) 206-6500
Digital Contact Information:
lorianne.alvarez72@gmail.com

and
FL
(786) 516-0157
Digital Contact Information:
lorianne.alvarez72@gmail.com

Alvarez, Mirisleydis, MS, BCBA ■
Home Based Services Only
Hialeah, FL 33013
(786) 486-3909
Digital Contact Information:

malvarezbcba@gmail.com

and
3271 NW 7th St
Ste 203
Miami, FL 33125
(786) 220-6902
Digital Contact Information:
malvarezbcba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alvarez, Olivia, MS, BCBA ■
9415 Southwest 72nd Street
101
Miami, FL 33173
(305) 662-6448
Digital Contact Information:
oliviaalvarezaba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alvarez Ospino, Elvin, MA, BCBA ■
2730 SW 3rd Ave
Ste 602
Miami, FL 33129
(786) 283-0175
Digital Contact Information:
http://alos.org
elvinalvarez@gmail.com

and
2730 Southwest 3rd Avenue
STE 800
Miami, FL 33129
(786) 641-5326
Digital Contact Information:
http://alos.org
elvinalvarez@gmail.com

Alvarez Ramirez, Magne C, MBS, BCABA ■
12855 Southwest 136th Avenue
221
Miami, FL 33186
(786) 319-2276
Digital Contact Information:
admin@bettercareforyou.com

Alvarez, Susana, MS, BCBA ■
10447 Southwest 108th Avenue
e278 e278
Miami, FL 33176
(305) 283-7789
Digital Contact Information:
danielam@fittingpiecestx.com

Alvarez Toledo, Claudia, MS, BCBA ■
8300 NW 53rd St
Ste 350
Miami, FL 33166
(305) 776-0728
Digital Contact Information:
risenconsultants@outlook.com

and
8785 Southwest 165th Avenue
307
Miami, FL 33193
(786) 956-7480
Digital Contact Information:
risenconsultants@outlook.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
risenconsultants@outlook.com

Alvarez, Yudelkys, MS, BCBA ■
13170 Southwest 128th Street
STE 206
Miami, FL 33186
(786) 382-0550
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alvaro Collazo, Ronnay, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
admissions@abaalliancecareservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Amadeo, Audrey L, MS, BCBA ■
8785 SW 165th Ave
Ste 103
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
hashtagtherapyinc@gmail.com

and
8785 SW 165th Ave
Ste 104
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
hashtagtherapyinc@gmail.com

and
Home Based Services Only
Miami Gardens, FL 33055
(305) 301-5971
Digital Contact Information:
hashtagtherapyinc@gmail.com

Amador, David, MBS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 536-7470
Digital Contact Information:
dadebehavioralservices@gmail.com

and
12855 Southwest 136th Avenue
221
Miami, FL 33186
(786) 319-2276
Digital Contact Information:
dadebehavioralservices@gmail.com

Amador, Georgina M, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 356-8161
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
English, Spanish

Amador Vale, Monica C, MBS, BCBA ■
717 Ponce de Leon Boulevard
Suite 209
Coral Gables, FL 33134
(305) 381-0839
Digital Contact Information:
https://www.winglessangelsbs.com/
behaviorconsultantfl@gmail.com

and
1900 Southwest 22nd Street
#205
Miami, FL 33145
(305) 648-7212
Digital Contact Information:
behaviorconsultantfl@gmail.com

and
10691 North Kendall Drive
#202
Miami, FL 33176
(786) 534-7172
Digital Contact Information:
behaviorconsultantfl@gmail.com

and
11980 Southwest 144th Court
Suite #210
Miami, FL 33186
(786) 246-4661
Digital Contact Information:
https://www.floridabehaviorhealthgroup.com/
behaviorconsultantfl@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Amat, Marina L, MS, BCBA ■
1570 West 38th Place
12 12
Hialeah, FL 33012
(786) 615-2514
Digital Contact Information:
behaviorplusservices@gmail.com

and
8300 NW 53rd St
Ste 350
Miami, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com

and
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
behaviorplusservices@gmail.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(786) 522-7203
Digital Contact Information:
behaviorplusservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Amestoy, Ana, MPSY, BCBA ■
13590 Southwest 134th Avenue
104
Miami, FL 33186
(305) 896-8161
Digital Contact Information:
apluschildbcorp@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Andrade-Plaza, Roberto, MA, BCBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
evernorth@teampbs.com

Aneas, Sofia, MS, LMHC ■
186 Northeast 106th Street
Miami Shores, FL 33138
(786) 238-2008
Digital Contact Information:
sofianeas@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Anestin, Monica, MA, BCBA ■
909 North Miami Beach Boulevard
STE 301
North Miami Beach, FL 33162
(305) 822-7202
Digital Contact Information:
kim@appliedbehavior.net

Angulo, Elizabeth, MS, BCBA ■
8300 Northwest 53rd Street
Suite 102
Doral, FL 33166
(786) 769-5222
Digital Contact Information:
glenda.marti@shg.center

and
3750 Northwest 87th Avenue
744
Miami, FL 33178
(786) 689-6517
Digital Contact Information:
glenda.marti@shg.center
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ansteatt, Kayleigh, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
haley.hounchell@yourmissingpiece.com

Appolon, Ludie, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 340-5830
Digital Contact Information:
audrey@beehaviorabatherapy.com

Aquaro, Simona, MA, BCBA ■
12700 Southwest 122nd Avenue
108 110
Miami, FL 33186
(786) 227-6003
Digital Contact Information:
indese@indese.net
Other Languages Spoken by Provider or Office Staff Italian, Spanish

Aquit, Yudeivys A, BA, BCABA ■
2500 Northwest 79th Avenue
Suite 180
Doral, FL 33122
(786) 253-7868
Digital Contact Information:
improvedbehaviortherapy@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0429
Digital Contact Information:
improvedbehaviortherapy@gmail.com

Arado, Liliet, BS, BCBA ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(305) 273-3773
Digital Contact Information:
http://www.behavior-analysis.org
tvargas@behavior-analysis.org

Aragon Martinez, Stephen, MS, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
evernorth@teampbs.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
evernorth@teampbs.com

and
1951 NW 7th Ave
Ste 600
Miami, FL 33136
(929) 384-7193
Digital Contact Information:
evernorth@teampbs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arandia, Eloisa, MMFT, BCBA, LMHC ■
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arandia Hernandez, Elynor M, MS, BCBA ■
8785 Southwest 165th Avenue
307
Miami, FL 33193
(786) 956-7480
Digital Contact Information:
behaviorplusservices@gmail.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arauz, Kristel, MS, BCBA ■
7990 Southwest 117th Avenue
Suite 134
Kendall, FL 33183
(305) 741-2218
Digital Contact Information:
karauz@buildablocktherapy.com

and
8355 West Flagler Street
239
Miami, FL 33126
(305) 741-2218
Digital Contact Information:
karauz@buildablocktherapy.com

Arce, Ana I, MA, BCBA ■
12973 Southwest 112th Street
151
Miami, FL 33186
(305) 204-7037
Digital Contact Information:
info@onebehavior.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Arce Reyes, Maebys, MPSY, BCBA ■
1900 Southwest 22nd Street
#205
Miami, FL 33145
(305) 648-7212
Digital Contact Information:

genesisconsultingservices39@gmail.com

Arcia, Angel, MSED, BCBA ■
7500 Northwest 25th Street
STE 200
Miami, FL 33122
(305) 909-4872
Digital Contact Information:
Not Available

Arcia Leal, Daniela, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 204-8290
Digital Contact Information:
info@mistherapt.com

and
5767 Northwest 151st Street
b
Miami Lakes, FL 33014
(786) 431-5801
Digital Contact Information:
info@mistherapt.com
Other Languages Spoken by Provider or Office Staff
Russian, Yiddish, Spanish

Arcia, Lizbeth, MA, BCBA, LBA ■
Home Based Services Only
Hialeah, FL 33010
(305) 280-5730
Digital Contact Information:
info@appliedabc.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 280-5730
Digital Contact Information:
info@appliedabc.com

Arencibia, Judith, EDS, BCBA ■
1840 West 49th Street
720
Hialeah, FL 33012
(786) 803-8593
Digital Contact Information:
amdja26@gmail.com
Other Languages Spoken by Provider or Office Staff
Russian, Italian, Spanish

Arencibia, Yoarys, MA, BCBA ■
Home Based Services Only
Aventura, FL 33180
(305) 283-0442
Digital Contact Information:
morningsideaba@gmail.com

and
6761 Southwest 6th Street
Miami, FL 33144
(305) 283-0442
Digital Contact Information:
morningsideaba@gmail.com

and
Home Based Services Only
Opa-locka, FL 33054
(305) 283-0442
Digital Contact Information:
morningsideaba@gmail.com

and
Home Based Services Only
West Miami, FL 33144
(305) 283-0442
Digital Contact Information:
morningsideaba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arevalo, Ariana, BA, BCBA ■
9425 Southwest 72nd Street
164
Miami, FL 33173
(305) 279-2286
Digital Contact Information:
taylor@freshstartsnow.com

and
12985 Southwest 130th Court
204 204
Miami, FL 33186
(305) 735-3878
Digital Contact Information:
http://www.abasquad.com
taylor@freshstartsnow.com

Argudin Figueredo, Tania, MS, BCBA ■
16657 Southwest 81st Terrace
Miami, FL 33193
(786) 426-1166
Digital Contact Information:
pathwaysaba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arguelles, Daysi R, BA, BCABA ■
30350 SW 156th Ave
Homestead, FL 33033
(786) 391-4113
Digital Contact Information:
myhungrycaterpillar@gmail.com

and
8550 West Flagler Street
STE 118
Miami, FL 33144
(786) 391-4113
Digital Contact Information:
myhungrycaterpillar@gmail.com

and
27132 South Dixie Highway
Naranja, FL 33032
(786) 283-0175
Digital Contact Information:
myhungrycaterpillar@gmail.com

Arguelles, Doris, BA, BCABA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 356-8754
Digital Contact Information:
cubanitadori@yahoo.com

and
14536 Southwest 170th Street
Miami, FL 33177
(786) 356-8754
Digital Contact Information:
cubanitadori@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arguelles, Kenny, MS, BCBA ■
175 Fontainebleau Boulevard
Miami, FL 33172
(305) 551-6373
Digital Contact Information:
kennyarguelles22@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arias, Ivette, MPSY, ABA, BCBA ■
1250 Southwest 27th Avenue
207
Miami, FL 33135
(732) 523-2327
Digital Contact Information:
camiamibehavior@gmail.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
camiamibehavior@gmail.com

and
Home Based Services Only
West Miami, FL 33144
(786) 404-1017
Digital Contact Information:
camiamibehavior@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ariza, Marisol, MS, BCBA ■
2520 Coral Way
2 19
Miami, FL 33145
(855) 832-6727
Digital Contact Information:
evernorth@teampbs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Armas, Yenisleidy, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 695-8672
Digital Contact Information:
abaproinfo@gmail.com

and
4155 Southwest 130th Avenue
108
Miami, FL 33175
(786) 695-8672
Digital Contact Information:
abaproinfo@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Arnesen Hernandez, Zuhe C, MA, BCBA ■
12985 Southwest 130th Court
204 204
Miami, FL 33186
(305) 735-3878
Digital Contact Information:
info@abasquad.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Arocha, Dalkis, MPSY, BCBA ■
HOME BASED SERVICES ONLY
Miami, FL 33178
(305) 280-5732
Digital Contact Information:
developmentalimprovements@outlook.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Aroche, Gladys, MPSY, LMHC ■
5881 Northwest 151st Street
111
Miami Lakes, FL 33014
(305) 440-8920
Digital Contact Information:
gac25@ymail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arriera, Stefanie T, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
admissions@abaalliancecareservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arrue Gonzalez, Juliet F, MS, BCBA ■
18951 Southwest 106th Avenue
105 106
Miami, FL 33157
(305) 233-4448
Digital Contact Information:
stepbystepbehavioralservices@gmail.com

and
13813 Southwest 32nd Street
Miami, FL 33175
(786) 597-3813
Digital Contact Information:
stepbystepbehavioralservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arteaga Simon, Yanela G, MBS, BCBA ■
7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
info@bmmaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Artica, Janielle, MA, BCBA ■
12750 Northwest 17th Street
216 216
Miami, FL 33182
(888) 527-8037
Digital Contact Information:
info@brightstartllc.com

Artiles Lopez, Dora M, PHD, BCABA ■
18951 Southwest 106th Avenue
105 106
Miami, FL 33157
(305) 233-4448
Digital Contact Information:
info@brightfuturebehavioral.com

and
13205 Southwest 137th Avenue
#212
Miami, FL 33186
(786) 732-6298
Digital Contact Information:
info@brightfuturebehavioral.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Artime, Anais, MS, BCBA ■
13205 Southwest 137th Avenue
#212
Miami, FL 33186
(786) 732-6298
Digital Contact Information:
inspirebehaviorconsultant@gmail.com

and
9502 Southwest 166th Court
Miami, FL 33196
(754) 234-0643
Digital Contact Information:
inspirebehaviorconsultant@gmail.com

and
8203 Southwest 124th Street
Pinecrest, FL 33156
(561) 564-1466
Digital Contact Information:
inspirebehaviorconsultant@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Atencia, Angie P, MS, BCBA ■
13055 Southwest 42nd Street
STE 104
Miami, FL 33175
(305) 480-7839
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

Auricchio, Bianca, MS, BCBA ■
13195 Southwest 134th Street
Ste. 201
Miami, FL 33186
(786) 206-6500
Digital Contact Information:
biancathebcba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Avalos, Digna, MBS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0429
Digital Contact Information:
dadebehavioralservices@gmail.com

and
175 Fontainebleau Boulevard
Miami, FL 33172
(305) 960-7124
Digital Contact Information:
dadebehavioralservices@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Avendano, Lenny, MA, BCBA ■
2898 Northwest 79th Avenue
Doral, FL 33122
(786) 646-9250
Digital Contact Information:
Not Available

Avila, Sara, MS, BCBA ■
FL
(305) 452-0820
Digital Contact Information:
avilasara1211@gmail.com

and
Home Based Services Only
Miami Lakes, FL 33018
(305) 904-1862
Digital Contact Information:
avilasara1211@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Avila Tamayo, Yudelmis, MPSY, BCBA ■
100 Northeast 15th Street
203
Homestead, FL 33030
(786) 404-3075
Digital Contact Information:
allstaraba22@gmail.com

and
30908 Southwest 192nd Avenue
Homestead, FL 33030
(786) 404-3148
Digital Contact Information:
allstaraba22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Aviles, Frank, MBS, BCBA ■
2898 Northwest 79th Avenue
Doral, FL 33122
(786) 646-9250
Digital Contact Information:
staffing@koalaaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Azaret, Janell M, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 853-8355
Digital Contact Information:
jmazaret@gmail.com

and
1512 Southwest 14th Terrace
Miami, FL 33145
(786) 853-8355
Digital Contact Information:
jmazaret@gmail.com

and
4525 Southwest 146th Court
Miami, FL 33175
(305) 807-1909
Digital Contact Information:
jmazaret@gmail.com

and
12985 Southwest 130th Court
204 204
Miami, FL 33186
(305) 735-3878
Digital Contact Information:
http://www.abasquad.com
jmazaret@gmail.com

Azcuy, Yanairis, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 732-2139
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Azze, Lilianet, MPSY, BCBA ■
1275 West 47th Place
#449
Hialeah, FL 33012
(305) 425-1338
Digital Contact Information:
magicbehavioralcare@gmail.com

and
Home Based Services Only
Hialeah, FL 33012
(305) 425-1338
Digital Contact Information:
magicbehavioralcare@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Bacaro, Janiett, MA, BCBA ■
110 West 17th Street
Hialeah, FL 33010
(786) 267-8467
Digital Contact Information:
jbm.terapeuta@gmail.com

and
Home Based Services Only
Hialeah, FL 33010
(786) 267-8467
Digital Contact Information:
jbm.terapeuta@gmail.com

and
4410 West 16th Avenue
unit 41
Hialeah, FL 33012
(786) 267-2830
Digital Contact Information:
http://www.abastarbehavioral.com
jbm.terapeuta@gmail.com

and
2459 West 70th Street
Hialeah, FL 33016
(786) 571-0939
Digital Contact Information:
jbm.terapeuta@gmail.com

and
Home Based Services Only
Miami, FL 33155
(786) 747-4949
Digital Contact Information:
jbm.terapeuta@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Bachan, Kassandra, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Baez, Damaris, MA, BCABA ■
14707 South Dixie Highway
Suite 200
Miami, FL 33176
(305) 321-5177
Digital Contact Information:
administration@familybehaviortherapy.com

Baez, Naeyjalite, MS, BCBA, LBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 218-6596
Digital Contact Information:
naeyjalite@stoneofhelpaba.com
Other Languages Spoken by Provider or Office Staff English

Baker, Qiana, MS, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
noemail@email.com

Baker, Shukairo M, MSN, APRNCNP, LCSW, PMHNP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
sbaker@affinityhealthcenter.org

Balan, Aurora, MS, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Balart Cid, Lidice M, MBS, BCBA ■
8203 Southwest 124th Street
Pinecrest, FL 33156
(786) 533-3846
Digital Contact Information:
mbcbehavioranalysis@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Balart, Maylen, MPSY, BCBA ■
4800 Northwest 167th Street
Miami Gardens, FL 33014
(305) 515-2726
Digital Contact Information:
http://www.lightingbehavior.com
lightingbehaviorservices@gmail.com

and
8203 Southwest 124th Street
Pinecrest, FL 33156
(786) 533-3846
Digital Contact Information:
lightingbehaviorservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Baltodano, Fernando, MED, BCBA ■
12750 Southwest 128th Street
Suite #201
Miami, FL 33186
(786) 592-2051
Digital Contact Information:
http://www.behavioraccservices.com
office@behavioraccservices.com

Balza, Melany, MA, BCBA ■
8900 Southwest 117th Avenue
Suite B201
Miami, FL 33186
(305) 896-0425
Digital Contact Information:
seamlessbehavioralinc@gmail.com

Barban, Ariadna, BS, BCABA ■
Home Based Services Only
Doral, FL 33122
(786) 614-3121
Digital Contact Information:
behaviorchangetherapeutics@yahoo.com

and
1840 West 49th Street
#714
Hialeah, FL 33012
(305) 699-8388
Digital Contact Information:
behaviorchangetherapeutics@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barbero, Aldo J, MED, BCBA ■
20335 West Country Club Drive
1410 1410
Aventura, FL 33180
(786) 523-9153
Digital Contact Information:
info@bluecompassbehavioral.com
Other Languages Spoken by Provider or Office Staff English

Barbeyto, Maria L, MBS, BCBA ■
11256 Southwest 238th Street
Homestead, FL 33032
(305) 498-3176
Digital Contact Information:
http://www.selflc.com
selflearningcenterus@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Barcena, Maylin D, MS, BCBA, LBA ■
2500 Northwest 79th Avenue
268
Doral, FL 33122
(786) 208-2907
Digital Contact Information:
info@wbehavioralservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barciela, Gilberto, MSN, APRNPMH ■
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
forwardwithfc@gmail.com

Barhold, Theresa, BCBA, MS ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
Not Available

Barker, Kaylee, MS, BCBA ■
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
credentialing@creativekidstherapyinc.com

Barone, Andrea V, MS, BCBA ■
12973 Southwest 112th Street
151
Miami, FL 33186
(305) 204-7037
Digital Contact Information:
jeanne@onebehavior.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barrague, Maria, MPSY, LCMHC ■
1000 Brickell Avenue
Miami, FL 33131
(305) 467-8879
Digital Contact Information:
namastebehaviortherapy@yahoo.com

and
5600 SW 135th Ave
Ste 112
Miami, FL 33183
(305) 746-4507
Digital Contact Information:
namastebehaviortherapy@yahoo.com

and
12855 Southwest 136th Avenue
104
Miami, FL 33186
(305) 467-8879
Digital Contact Information:
namastebehaviortherapy@yahoo.com

Barrancos, Lara S, MS, BCBA ■
Home Based Services Only
Aventura, FL 33180
(305) 283-0442
Digital Contact Information:
behaviorplusservices@gmail.com

and
8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-2822
Digital Contact Information:
behaviorplusservices@gmail.com

and
6761 Southwest 6th Street
Miami, FL 33144
(305) 283-0442
Digital Contact Information:
behaviorplusservices@gmail.com

and
8300 NW 53rd St
Ste 350
Miami, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com

and
Home Based Services Only
Opa-locka, FL 33054
(305) 283-0442
Digital Contact Information:
behaviorplusservices@gmail.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com

and
Home Based Services Only
West Miami, FL 33144
(305) 283-0442
Digital Contact Information:
behaviorplusservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barreiro Sanchez, Marla, MA, BCBA ■
1400 Northwest 107th Avenue
306
Miami, FL 33172
(786) 817-7444
Digital Contact Information:
office@behavioralinterventionforautism.com

Barrera, Maidy, MPSY, BCBA ■
10300 Southwest 72nd Street
250b
Miami, FL 33173
(305) 939-6878
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
13055 Southwest 42nd Street
STE 104
Miami, FL 33175
(305) 480-7839
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barrero Ramirez, Odelmis, MED, BCBA ■
1900 Southwest 22nd Street
#205
Miami, FL 33145
(305) 648-7212
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
13301 Southwest 132nd Avenue
209 209
Miami, FL 33186
(786) 713-5553
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Barrionuevo, Giovanna, MED, BCBA ■
13195 Southwest 134th Street
Ste. 201
Miami, FL 33186
(786) 206-6500
Digital Contact Information:
giovanna@behavioralfamilysolutions.com

Barroso, Alina, MD, LMHC ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Barsalona, Heather A, MS, BCBA ■
16853 Northeast 2nd Avenue
s102
North Miami Beach, FL 33162
(954) 262-4317
Digital Contact Information:
el436@nova.edu

Basanta Paradoa, Daiana, MS, BCBA ■
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
office@tlhproject.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Baserio, Juana M, MBS, BCBA ■
15715 South Dixie Highway
330
Miami, FL 33157
(786) 732-0842
Digital Contact Information:
goodbehavior.as@gmail.com

Baster, Daniela, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 586-5762
Digital Contact Information:
shared@behavioralinsightsllc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Baster, Katerine, BA, BCABA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
http://www.appliedbhs.com
dabs@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Baster Lahera, Yennis, MED, BCBA ■
Home Based Services Only
Hialeah, FL 33012
(786) 728-8966
Digital Contact Information:
abatherapyevolution@gmail.com

Basterrechea, Lianette, MED, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
credentialing@tillytherapy.com

Batista Rubio, Pedro, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 329-9993
Digital Contact Information:
koodollc4@gmail.com

Batista, Vanessa, MBS, BCBA ■
8900 Southwest 117th Avenue
c206
Miami, FL 33186
(305) 224-0014
Digital Contact Information:
http://n/a
vbghealth@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bavaresco, Norma P, MS, BCBA ■
8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-2822
Digital Contact Information:
http://www.mgmbehavioral.com
info@newlifeaba.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
13055 Southwest 42nd Street
STE 104
Miami, FL 33175
(305) 480-7839
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Baylac Mingo, Sofia, MS, BCBA ■
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
https://stepforwardaba.com/
info@stepforwardaba.com

Beades, Maryann, MS, BCBA ■
2520 Coral Way
2 19
Miami, FL 33145
(855) 832-6727
Digital Contact Information:
https://www.teampbs.com/evernorth@teampbs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Beaton Fernandez, Sheila, MBS, BCBA ■
8350 Northwest 52nd Terrace
Suite 301
Doral, FL 33166
(786) 992-1151
Digital Contact Information:
dleonintegritybehaviorservice@gmail.com

and
9555 Southwest 175th Terrace
555
Palmetto Bay, FL 33157
(305) 812-8048
Digital Contact Information:
dleonintegritybehaviorservice@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Beaujour, Gabriela, BA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
info@acornhealth.com

Becerra Alicea, Vanessa, MS, BCBA ■
Home Based Services Only
Doral, FL 33122
(305) 603-8747
Digital Contact Information:
info@mysunshinetherapy.com

and
FL
(833) 458-0386
Digital Contact Information:
info@mysunshinetherapy.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
info@mysunshinetherapy.com

and
1951 NW 7th Ave
Ste 600
Miami, FL 33136
(929) 384-7193
Digital Contact Information:
info@mysunshinetherapy.com

and
1380 Northeast Miami Gardens Drive
Suite 255
Miami, FL 33179
(954) 651-2969
Digital Contact Information:
info@mysunshinetherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Becerra, Yasmin, MS, BCBA ■
12150 Southwest 128th Court
125
Miami, FL 33186
(305) 964-5191
Digital Contact Information:
jcabrera@mymbcinc.com

and
13170 Southwest 128th Street
STE 206
Miami, FL 33186
(786) 382-0550
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Becker, Steven, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

Bediako, Jacqueline, MS, BCBA ■
1111 Lincoln Rd
Miami Beach, FL 33139
(646) 410-5871
Digital Contact Information:
jbediako@eclipsebehavior.com

Belitoiu, Ana, MED, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
admissions@abaalliancecareservices.com

and
8200 Northwest 41st Street
Suite 200
Miami, FL 33166
(786) 774-7729
Digital Contact Information:
admissions@abaalliancecareservices.com

and
730 Northwest 107th Avenue
104
Miami, FL 33172
(305) 504-1749
Digital Contact Information:
admissions@abaalliancecareservices.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Bell, Jennifer M, BS, BCBA ■
995 Northwest 119th Street
Miami, FL 33168
(786) 838-7040
Digital Contact Information:
jenniferb@bmcmiami.com

and
420 SW 89th Ct
Miami, FL 33174
(786) 838-7040
Digital Contact Information:
jenniferb@bmcmiami.com

Bellido, Yania, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
sseastcoast22@gmail.com

and
7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
sseastcoast22@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Bello, Jany L, EDM, BCBA ■
381 North Krome Avenue
Suite 105
Homestead, FL 33030
(305) 440-0048
Digital Contact Information:
http://nextsteptherapy.co
info@avilahealthgroup.com

and
FL
(305) 440-0048
Digital Contact Information:
http://nextsteptherapy.co
info@avilahealthgroup.com

and
3012 Southeast 3rd Drive
Homestead, FL 33033
(305) 407-7442
Digital Contact Information:
http://exceptionalmindsaba.com
info@avilahealthgroup.com

and
Home Based Services Only
Homestead, FL 33033
(305) 407-7442
Digital Contact Information:
info@avilahealthgroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bello Rivera, Yetiem, MS, BCBA ■
8333 NW 53rd St
Ste 450
Miami, FL 33166
(786) 442-4379
Digital Contact Information:
yetiem.bello@professionalhbservices.com

and
Home Visits Only
Virginia Gardens, FL 33166
(786) 442-4379
Digital Contact Information:
http://www.professionalhbservices.com
yetiem.bello@professionalhbservices.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Bello Sims, Ciara, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
info@acornhealth.com

Belon, Katherine, BA, BCABA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
info@acornhealth.com

and
657 South Drive
Miami Springs, FL 33166
(786) 860-5161
Digital Contact Information:

info@acornhealth.com

Belot, Max A, MN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

Beltran, Chaveli, BA, BCABA ■
12855 Southwest 136th Avenue
221
Miami, FL 33186
(786) 319-2276
Digital Contact Information:
admin@bettercareforyou.com

Ben-David, Katherine, MS, BCBA ■
Home Based Services Only
Hialeah, FL 33013
(786) 592-6680
Digital Contact Information:
info@infinitemindsaba.com

Benavides, Mirella N, MS, BCBA ■
7460 Southwest 117th Avenue
Kendall, FL 33183
(305) 521-9556
Digital Contact Information:
http://thepuzzlebuilders.com/
mirella.benavides@gmail.com

and
8266 Mills Drive
Miami, FL 33283
(305) 521-9556
Digital Contact Information:
mirella.benavides@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bencid Gonzalez, Diana, MMH, BCBA ■
Home Based Services Only
Miami Gardens, FL 33014
(305) 777-3883
Digital Contact Information:
acebehavioral2@gmail.com

Bencomo, Danay, MBS, BCBA ■
7779 Northwest 146th Street
Hialeah, FL 33016
(786) 702-6868
Digital Contact Information:
dayami@
childrenbehavioraltherapy.com

Bent Diaz, Trudie, MS, BCBA, LBA ■
1201 Northeast 200th Street
Miami, FL 33179
(954) 599-2260
Digital Contact Information:
clinical@getanswersnow.com

Benton, Lacy, MED, BCBA ■
2525 Ponce de Leon Boulevard
370
Miami, FL 33134
(888) 343-7222
Digital Contact Information:
http://www.pbhd.health
crd@autismhomesupport.com

Bergues, Jennifer, BS, BCBA ■
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
lightingbehaviorservices@gmail.
com

and
8203 Southwest 124th Street
Pinecrest, FL 33156
(786) 533-3846
Digital Contact Information:
lightingbehaviorservices@gmail.
com
Other Languages Spoken by Provider or Office Staff
Spanish

Bermudez, Gilda, CD, BCBA ■
18901 Southwest 106th Avenue
229
Miami, FL 33157
(786) 808-6575
Digital Contact Information:
advancecommservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bernat, Juan, BA, BCABA ■
10447 SW 108th Ave
Apt E278
Miami, FL 33176
(305) 597-3861
Digital Contact Information:
inscred2017@gmail.com

Berra, Daniela R, MS, BCBA ■
13501 Southwest 136th Street
STE 205
Miami, FL 33186
(305) 209-4321
Digital Contact Information:
http://sunshinespectrumaba.com
info@sunshinespectrumaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Berta, Yuraci G, MA, BCBA ■
12750 Northwest 17th Street
216 216
Miami, FL 33182
(888) 527-8037
Digital Contact Information:
info@brightstartllc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Besu Lopez, Anadelys, MS, BCBA, LBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
http://kidsspotrehab.com
info@abcsforsuccess.com

and
11025 SW 84th St
Ste 8
Miami, FL 33173
(833) 971-1230
Digital Contact Information:
info@abcsforsuccess.com

Betancourt, Amneris, PHD, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Betancourt, Ismelis, MED, BCBA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(954) 960-4310
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Betancourt, Yanet, MS, BCABA ■
2500 Northwest 79th Avenue
Suite 180
Doral, FL 33122
(786) 253-7868
Digital Contact Information:
yanet2014cuba@gmail.com

and
5455 Southwest 8th Street
230
Miami, FL 33134
(786) 629-8836
Digital Contact Information:
yanet2014cuba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Beytia Aguilar, Rossana, MS, BCBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
https://tillytherapy.com/
intake@autismlearningpartners.
com

Billings, Bettina R, MS, LBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(602) 560-2836
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.
com

Bingham, Lauren E, EDD, BCBA ■
8450 Northwest 102nd Avenue
225
Doral, FL 33178
(786) 749-8548
Digital Contact Information:
jcamarillo@
dreamteambehavioralservices.
com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 749-8548
Digital Contact Information:
jcamarillo@
dreamteambehavioralservices.
com

Blady, Shauna, MA, LBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
info@kyocare.com

Blanco, Melissa, MED, BCBA ■
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
clinical.coordinator@cmnbtherapy.
com

Blanco Sanchez, Yunieska, MPSY, BCBA ■
650 Northeast 22nd Terrace
212 214
Homestead, FL 33033
(786) 312-4478
Digital Contact Information:
http://opendoorbehavioralservices.
com
sseastcoast22@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
sseastcoast22@gmail.com

and
Home Based Services Only
Miami, FL 33155
(786) 747-4949
Digital Contact Information:
sseastcoast22@gmail.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
sseastcoast22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Blanco, Stephanie, MPSY, BCBA, LBA ■
11276 SW 232nd St
Miami, FL 33170
(732) 523-2327
Digital Contact Information:
freddie.maxwell@amromed.com

Bloise, Gabriela, MS, LMHC ■
Home Based Services Only
Miami Gardens, FL 33014
(305) 777-3883
Digital Contact Information:
acebehavioral2@gmail.com

and
5881 Northwest 151st Street
Suite: 103
Miami Lakes, FL 33014
(786) 703-4154
Digital Contact Information:
acebehavioral2@gmail.com

Blumtritt, Cesar E, PHD, BCABA, LMHC ■
10200 Northwest 25th Street
201
Doral, FL 33172
(305) 406-3689
Digital Contact Information:
http://www.foundartacademy.org
denalicrt@aol.com

and
10200 Northwest 25th Street
STE 204
Doral, FL 33172
(305) 406-3689
Digital Contact Information:
http://www.foundartacademy.org
denalicrt@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Boada Hung, Yessika, MS, BCBA ■
9344 Southwest 170th Lane
Palmetto Bay, FL 33157
(305) 710-0029
Digital Contact Information:
yessicaboada1988@gmail.com

Boada Hung, Yirka, MS, BCBA ■
1022 East 8th Avenue
Hialeah, FL 33010
(786) 615-7829
Digital Contact Information:
rgcasali@gmail.com

and
3412 West 84th Street
e106
Hialeah, FL 33018
(305) 827-7344
Digital Contact Information:
rgcasali@gmail.com

and
9344 Southwest 107th Lane
Miami, FL 33186
(305) 710-0029
Digital Contact Information:
rgcasali@gmail.com

and
9344 Southwest 170th Lane
Palmetto Bay, FL 33157
(305) 827-7344
Digital Contact Information:
rgcasali@gmail.com

Bobadilla Leon, Nancy, MPSY, BCBA ■
18951 Southwest 106th Avenue
105 106
Miami, FL 33157
(305) 233-4448
Digital Contact Information:
therapy110@gmail.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
therapy110@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bobadilla, Maria, MA, BCBA ■
3833 Southwest 8th Street
Coral Gables, FL 33134
(786) 254-5372
Digital Contact Information:
ucommunityservices@outlook.com

and
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
ucommunityservices@outlook.com

and
20774 West Dixie Highway
b
Miami, FL 33180
(305) 549-8665
Digital Contact Information:
ucommunityservices@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bonafe, Laura, MS, BCBA ■
12985 Southwest 130th Court
204 204
Miami, FL 33186
(305) 735-3878
Digital Contact Information:
info@mistherapy.com

and

Home Based Services Only
Miami Gardens, FL 33014
(786) 606-7766
Digital Contact Information:
info@mistherapy.com

Bonet, Yanet, MS, BCBA ■
1900 Southwest 22nd Street
#205
Miami, FL 33145
(305) 648-7212
Digital Contact Information:
eberthsbehavioral@gmail.com

and

6780 Coral Way
Miami, FL 33155
(305) 549-8665
Digital Contact Information:
eberthsbehavioral@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bonfim, Alyssaa, MS, BCBA ■
12750 Northwest 17th Street
216 216
Miami, FL 33182
(888) 527-8037
Digital Contact Information:
admin@behaviorprofessionaltherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bonggi, Andrea, MS, BCBA ■
15715 South Dixie Highway
314
Miami, FL 33157
(305) 588-7039
Digital Contact Information:
vzayas@brightstartllc.com

and

9600 Northwest 25th Street
STE 5E
Miami, FL 33172
(888) 527-8037
Digital Contact Information:
vzayas@brightstartllc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Booker, Janelle, MA, BCBA ■
14645 Northwest 77th Avenue
Suite 105
Miami Lakes, FL 33014
(202) 420-8359
Digital Contact Information:
billing@littleleaves.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

Bornia Velasquez, Marbelys A, MED, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0429
Digital Contact Information:
improvedbehaviortherapy@gmail.com

Borot, Sarah, MBS, BCBA ■
2898 Northwest 79th Avenue
Doral, FL 33122
(305) 597-3861
Digital Contact Information:
http://www.koalaaba.com
sborot@koalaaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Borr, Jennifer, MS, BCBA ■
7355 Southwest 87th Avenue
300
Miami, FL 33173
(305) 854-2462
Digital Contact Information:
http://www.shinebrighttherapy.com
info@shinebrighttherapy.com

Borrego, Dario, MBS, BCBA ■
14100 Palmetto Frontage Road
UNIT 101
Hialeah, FL 33016
(305) 318-9443
Digital Contact Information:
yuly@abarusllc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Borrego, Maria, MS, BCABA ■
12150 Southwest 128th Court
125
Miami, FL 33186
(305) 964-5191
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Borroto, Aliska, MBS, BCBA ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
learningtogetheraba@gmail.com

and

8080 West Flagler Street
2a
Miami, FL 33144
(786) 615-2640
Digital Contact Information:
https://www.learningtogetheraba.com/
learningtogetheraba@gmail.com

Borroto, Ivana, MS, BCBA ■
12973 Southwest 112th Street
151
Miami, FL 33186
(305) 204-7037
Digital Contact Information:
jeanne@onebehavior.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bottiglieri, Ashley, MA, BCBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
info@fbsaba.com
Other Languages Spoken by Provider or Office Staff English

Boullon, Ana L, MS, BCBA ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
http://universalcommunityservices.com
admin@universalcommunityservices.com

Bourzac, Camila, MA, BCBA ■
18443 Southwest 87th Place
201
Cutler Bay, FL 33157
(305) 699-3241
Digital Contact Information:
http://www.luxabatherapy.com
info@luxabatherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bouza, Amarilys, MS, BCBA ■
585 East 49th Street
11
Hialeah, FL 33013
(305) 970-9165
Digital Contact Information:
admin@mbinstitute.org

and

Home Based Services Only
West Miami, FL 33144
(786) 404-1017
Digital Contact Information:
admin@mbinstitute.org
Other Languages Spoken by Provider or Office Staff
Spanish

Boza Dominguez, Annia D, MS, BCBA ■
Home Based Services Only
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
gperez@hbccmhc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Brand, Brittany, MED, BCBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
erin.richardson@yourmissingpiece.com

Bravo, Liana, MA, BCBA ■
1180 North Krome Avenue
Homestead, FL 33030
(786) 349-4700
Digital Contact Information:
http://mykidtherapycenter.com
info@mykidtherapycenter.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bravo, Lorena, MA, BCBA ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(954) 577-7790
Digital Contact Information:
http://www.behavior-analysis.org
baicredentialing@behavior-analysis.org

Brazzini, Mijanou, MPSY, LMHC ■
13205 Southwest 137th Avenue
suite 126
Miami, FL 33186
(786) 713-0383
Digital Contact Information:
http://yjwcare.com
mbrazzini61@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Brenes, Annette, MS, BCBA ■
7875 Northwest 12th Street
118
Miami, FL 33126
(786) 505-4449
Digital Contact Information:
http://southfloridabehavior.com
info@southfloridabehavio.com
Other Languages Spoken by Provider or Office Staff
Spanish

Brito Barrios, Erick, MBS, BCBA ■
11890 Southwest 8th Street
405
Miami, FL 33184
(786) 439-7098
Digital Contact Information:
Not Available

Brito, Christian, MS, BCBA ■
11251 SW 240th Ln
Homestead, FL 33032
(305) 912-8399
Digital Contact Information:
weareuniqueaba@gmail.com

and

11276 SW 232nd St
Miami, FL 33170
(305) 912-8399
Digital Contact Information:
weareuniqueaba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Brito, Yanailet G, MA, BCBA ■
11890 Southwest 8th Street
STE 309
Miami, FL 331841710
(305) 220-6060
Digital Contact Information:
saba.sultana@bikhamhealthcare.com

Britton, Johanna M, MS, BCBA ■
2020 Ponce de Leon
Suite 1201
Miami, FL 33134
(305) 917-5414
Digital Contact Information:
mirta@psychologybeyond.vom
Other Languages Spoken by Provider or Office Staff
Spanish

Brizuela, David, MS, BCBA ■
Home Based Services Only
Doral, FL 33122
(786) 942-8066
Digital Contact Information:
marthab@neuro-quest.com

and

13055 Southwest 42nd Street
STE 104
Miami, FL 33175
(305) 480-7839
Digital Contact Information:
marthab@neuro-quest.com

Broche, Anibis, MMH, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 979-7309
Digital Contact Information:
anibisbroche@gmail.com

and

11401 SW 40th St
Ste 340
Miami, FL 33165
(786) 907-4925
Digital Contact Information:
anibisbroche@gmail.com

and

Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
anibisbroche@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Brock, Kathryn, MA, BCBA, LBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(305) 846-9807
Digital Contact Information:
https://acornhealth.com
credentialing@exceptionalbillingservices.llc

Brodeur, Brittany, MS, BCBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
credentialing@alpacahealth.io

Brown, Candace, MA, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
credentialing@tillytherapy.com

Brown, Maria D, MA, BCBA ■
Home Based Services Only
Homestead, FL 33033
(305) 575-9997
Digital Contact Information:
info@behavioralfamilysolutions.com

and

8785 SW 165th Ave
Ste 104
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
info@behavioralfamilysolutions.com

Bryant, Keierica, MA, BCBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
info@actionbehavior.com

Buelga, Manuel, MS, BCBA ■
1414 Northwest 107th Avenue
204
Doral, FL 33172
(305) 225-8711
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bueno, Ingrid, MA, BCBA ■
1250 Southwest 27th Avenue
207
Miami, FL 33135
(786) 502-3137
Digital Contact Information:
camiamibehavior@gmail.com

and

6405 Northwest 36th Street

Virginia Gardens, FL 33166
(786) 238-2008
Digital Contact Information:
camiamibehavior@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bulnes Guevara, Katya, MA, BCBA ■
10250 SW 56th St
Ste D201
Miami, FL 33165
(888) 527-8037
Digital Contact Information:
http://brightstartpossibility.com/
info@brightstartllc.com

and
10250 Southwest 56th Street
A202
Miami, FL 33165
(888) 527-8037
Digital Contact Information:
http://brightstartpossibility.com/
info@brightstartllc.com

Burgess, Sara E, MA, LBA ■
1065 Southwest 8th Street
1459
Miami, FL 33130
(855) 853-0228
Digital Contact Information:
bcbasarachildrensmilestone@gmail.com

Busbee, Haven N, MA, BCBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
mwood@cbiaba.com

Caballero, Yoselin, MS, BCBA ■
Home Based Services Only
Miami Gardens, FL 33014
(305) 777-3866
Digital Contact Information:
shbcenter18300@gmail.com

Cabrera, Arlem, BA, BCBA ■
9600 Northwest 25th Street
Doral, FL 33172
(888) 527-8037
Digital Contact Information:
http://brightstartpossibility.com
info@brightstartllc.com

Cabrera, Belkis, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
14722 Southwest 56th Street
Miami, FL 33185
(305) 456-0572
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Cabrera, Carlos, MS, LMHC ■
10515 Southwest 40th Street
Miami, FL 33165
(786) 615-2208
Digital Contact Information:
miamimental@gmail.com

and
10521 Southwest 40th Street
Miami, FL 33165
(786) 853-4285
Digital Contact Information:
miamimental@gmail.com

Cabrera, David, BA, BCBA ■
HOME BASED SERVICES ONLY
Miami, FL 33178
(786) 660-1074
Digital Contact Information:
info@vtccmail.com

Cabrera, Isabel, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 930-6967
Digital Contact Information:
clinicare23@outlook.com

and
10691 North Kendall Drive
#202
Miami, FL 33176
(786) 534-7172
Digital Contact Information:
clinicare23@outlook.com

and
12460 Southwest 8th Street
Miami, FL 33184
(786) 801-0944
Digital Contact Information:
clinicare23@outlook.com

and
FL
(786) 534-7172
(954) 294-6770
Digital Contact Information:
clinicare23@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cabrera, Laura, MS, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
shapingacademy@gmail.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
shapingacademy@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 301-7706
Digital Contact Information:
info@llminds.com

and
1951 NW 7th Ave
Ste 600
Miami, FL 33136
(929) 384-7193
Digital Contact Information:
shapingacademy@gmail.com

and
11925 Southwest 72nd Street
Miami, FL 33183
(305) 562-4683
Digital Contact Information:
shapingacademy@gmail.com

and
16304 Southwest 61st Lane
Miami, FL 33193
(786) 247-7125
Digital Contact Information:
shapingacademy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cabrera, Michelle, MA, BCBA, LBA ■
10691 North Kendall Drive
211
Miami, FL 33176
(305) 984-4343
Digital Contact Information:
cristina@creativekidstherapyinc.com

and
9710 East Indigo Street
Suite 201
Palmetto Bay, FL 33157
(786) 277-6210
Digital Contact Information:
cristina@creativekidstherapyinc.com

Cabrera Quintana, Yemney, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(754) 234-0643
Digital Contact Information:
tcmfl2018@gmail.com

and
9502 Southwest 166th Court
Miami, FL 33196
(754) 234-0643
Digital Contact Information:
tcmfl2018@gmail.com

and
5881 Northwest 151st Street
127
Miami Lakes, FL 330142450
(786) 768-5756
Digital Contact Information:
http://sweetchildbehavior.com
tcmfl2018@gmail.com

and
7975 Northwest 154th Street
230
Miami Lakes, FL 33016
(305) 874-7245
Digital Contact Information:
tcmfl2018@gmail.com

and
9555 Southwest 175th Terrace
650
Palmetto Bay, FL 33157
(786) 768-5756
Digital Contact Information:
tcmfl2018@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cabrera, Sergio, BA, BCBA ■
10300 Southwest 72nd Street
300
Miami, FL 33173
(786) 418-9730
Digital Contact Information:
http://www.happydreamsofkids.com
manager@happydreamsofkids.com

Cabrera, Vanessa C, MS, BCBA ■
7925 Northwest 12th Street
130 130
Doral, FL 33126
(786) 870-5090
Digital Contact Information:
http://www.limitlesslearningaba.com
vanessa@limitlesslearningaba.com

and
7925 Northwest 12th Street
Unit 130
Doral, FL 33126
(786) 870-5090
Digital Contact Information:
http://www.limitlesslearningaba.com
vanessa@limitlesslearningaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cabrera Vega, Ileana, MPSY, BCBA ■
13740 Southwest 260th Lane
213 213
Homestead, FL 33032
(954) 913-3832
Digital Contact Information:
megan@amromed.com

and
15715 South Dixie Highway
412
Miami, FL 33157
(786) 316-7186
Digital Contact Information:
megan@amromed.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
megan@amromed.com

and
13301 Southwest 132nd Avenue
209 209
Miami, FL 33186
(786) 713-5553
Digital Contact Information:
megan@amromed.com

and
13416 Southwest 128th Street
Miami, FL 33186
(786) 732-0247
Digital Contact Information:
megan@amromed.com

Cabrera-Ortiz, Eidys, MS, BCBA ■
10515 Southwest 40th Street
Miami, FL 33165
(786) 615-2208
Digital Contact Information:
miamimental@gmail.com

Caceres, Anniela, MPSY, BCBA ■
10482 Northwest 31st Terrace
STE 2A
Doral, FL 33172
(786) 542-5043
Digital Contact Information:
1stcarecms@gmail.com

and
1150 Northwest 72nd Avenue
ph 2
Miami, FL 33126
(786) 542-5043
Digital Contact Information:
http://1stcarecms.com
1stcarecms@gmail.com

Caceres, Crystal, MA, BCBA ■
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/services@cmnbtherapy.com

and
Home Based Services Only
Doral, FL 33126
(786) 382-6959
Digital Contact Information:
services@cmnbtherapy.com

Cacioppo, Christie, MA, BCBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
credentialing@kidsspotrehab.com

and
12456 Southwest 127th Avenue
Miami, FL 33186
(786) 953-8500
Digital Contact Information:
credentialing@kidsspotrehab.com

Caldera, Urania M, MS, BCBA ■
10920 Southwest 184th Street
Miami, FL 33157
(305) 378-5775
Digital Contact Information:
http://www.slbtherapy.com
umcaldera@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Caldera-Crespo, Carmen L, MA, BCBA ■
13300 Southwest 128th Street
Miami, FL 33186
(786) 250-3451
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Calderon Galvez, Giselle, MS, BCBA ■
10675 Southwest 190th Street
STE 1202
Cutler Bay, FL 33157
(786) 227-6262
Digital Contact Information:
office@behaviorandwellnesscorp.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(786) 254-5372
Digital Contact Information:
office@behaviorandwellnesscorp.com
Other Languages Spoken by Provider or Office Staff
Spanish

Calderon, Kelly M, MA, BCBA ■
585 East 49th Street
11
Hialeah, FL 33013
(305) 970-9165
Digital Contact Information:
info@brightstartllc.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Calleja, Conan, MA, BCBA ■
2990 Southeast 7th Place
Homestead, FL 33033
(786) 676-2014
Digital Contact Information:
behaviorskillstraining@gmail.com

Calvert, Judith, MS, BCBA ■
3271 NW 7th St

Ste 203
Miami, FL 33125
(786) 220-6902
Digital Contact Information:
esperanzagroup@espgrp.net

and
13195 Southwest 134th Street
101
Miami, FL 33186
(786) 227-6830
Digital Contact Information:
http://esperanzagroup.net
esperanzagroup@espgrp.net

and
Home Based Services Only
West Miami, FL 33144
(786) 404-1017
Digital Contact Information:
esperanzagroup@espgrp.net
Other Languages Spoken by Provider or Office Staff
Spanish

Calvo, Alejandro F, MS, BCBA ■
8300 NW 53rd St
Ste 350
Miami, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Camarena, Lizeth, MSED, BCBA ■
909 North Miami Beach Boulevard
STE 301
North Miami Beach, FL 33162
(305) 822-7202
Digital Contact Information:
insurance@appliedbehavior.net
Other Languages Spoken by Provider or Office Staff
Hebrew, Haitian Creole, Creole, French, Spanish

Campbell, Teagan, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
providerenrollment@acornhealth.com

Campos, Alex, MPSY, BCBA ■
Home Based Services Only
Miami, FL 33155
(786) 612-7186
Digital Contact Information:
alextcampos@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Campos, Gloria E, MPSY, BCBA ■
8281 SW 27th Ter
Miami, FL 33155
(786) 509-2538
Digital Contact Information:
gloriaelenacampos@yahoo.com

and
Home Based Services Only
Miami, FL 33155
(786) 509-2538
Digital Contact Information:
gloriaelenacampos@yahoo.com

Canales, Sharon, MS, BCBA ■
12360 Southwest 132nd Court
STE 205
Miami, FL 33186
(786) 429-3738
Digital Contact Information:
favyhcs@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Canamero, Victoria, BS, BCABA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
sseastcoast22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cancanon, Yunaisis G, MS, BCBA ■
7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
info@bmmaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cano, Michelle, MA, BCBA ■
11060 N Kendall Dr
Miami, FL 33176
(305) 668-8644
Digital Contact Information:
http://www.mestrebehavior.com
info@mestrebehavior.com

Cano, Viviana, MS, BCBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
Home Based Services Only
Miami, FL 33155
(786) 262-5559
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
9600 Northwest 25th Street
STE 5E
Miami, FL 33172
(888) 527-8037
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Canto Galan, Yanelys, MPSY, BCBA ■
1275 West 47th Place
#449
Hialeah, FL 33012
(305) 425-1338
Digital Contact Information:
magicbehavioralcare@gmail.com

and
Home Based Services Only
Miami Gardens, FL 33014
(305) 640-5739
Digital Contact Information:
magicbehavioralcare@gmail.com

Capote-Sanchez, Tracy, MED, BCBA-D ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(305) 273-3773
Digital Contact Information:
aillobre@behavior-analysis.org

and
13300 Southwest 128th Street
Miami, FL 33186
(786) 250-3451
Digital Contact Information:
aillobre@behavior-analysis.org

Caraballo Sigler, Yaysel M, MBS, BCBA ■
1700 Southwest 57th Avenue
209
Miami, FL 33155
(786) 558-4981
Digital Contact Information:
ycaraballo@csbehavioralmiami.com

Carabase, Marikate, MED, BCBA, LBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
marikate.greene@gmail.com

and
382 Northeast 191st Street
Miami, FL 33179
(561) 537-6153
Digital Contact Information:
marikate.greene@gmail.com

Caraza Cruz, Anabel, MS, BCBA ■
1140 West 50th Street
SUITE 304
Hialeah, FL 33012
(786) 267-2830
Digital Contact Information:
anabelcaraza@gmail.com

and
1840 West 49th Street
#714
Hialeah, FL 33012
(305) 699-8388
Digital Contact Information:
anabelcaraza@gmail.com

and
4410 West 16th Avenue
unit 41
Hialeah, FL 33012
(786) 267-2830
Digital Contact Information:
http://www.abastarbehavioral.com
anabelcaraza@gmail.com

and
21505 Southwest 177th Avenue
Miami, FL 33187
(786) 226-2816
Digital Contact Information:
http://www.abatodayinc.com
anabelcaraza@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Carbajal, Yaneisy, MED, BCBA ■
7900 Oak Ln
400
Hialeah, FL 33016
(786) 622-5743
Digital Contact Information:
admin@mybehavioral.health

Carballo Lataza, Julia, MPSY, BCBA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

Carballo, Yusel, MSED, BCBA ■
7900 Oak Ln
400
Hialeah, FL 33016
(786) 622-5743
Digital Contact Information:
ymbehavioralhealth@gmail.com

and
Home Based Services Only
Miami Lakes, FL 33016
(786) 622-5743
Digital Contact Information:
ymbehavioralhealth@gmail.com

Cardenas, Krystine M, MS, BCBA ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(954) 757-7790
Digital Contact Information:
http://www.behavior-analysis.org
rhulsey@behavior-analysis.org
Other Languages Spoken by Provider or Office Staff
Spanish

Cardenas Mesa, Belkis, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 542-4690
Digital Contact Information:
brightstarbehaviorservices@gmail.com

and
8950 Southwest 152nd Street
110
Palmetto Bay, FL 33157
(786) 542-4690
Digital Contact Information:
brightstarbehaviorservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cardet Ibarra, Maria P, MS, BCBA ■
30392 Old Dixie Highway
Homestead, FL 33030
(786) 283-0175
Digital Contact Information:
vanessa@amromed.com

and
14204 Southwest 289th Terrace
Homestead, FL 33033
(305) 878-1255
Digital Contact Information:
vanessa@amromed.com

and
12985 Southwest 130th Court
101 101
Miami, FL 33186
(786) 205-0090
Digital Contact Information:
vanessa@amromed.com

and
27132 South Dixie Highway
Naranja, FL 33032
(786) 283-0175
Digital Contact Information:
vanessa@amromed.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
vanessa@amromed.com

Careaga, Dioskora, MS, BCBA, LMHC ■
2828 Coral Way
Ste 460
Coral Gables, FL 33145
(732) 523-2327
Digital Contact Information:
http://www.hinesandassociates.net
dioskorac@msn.com

and
12550 Biscayne Boulevard
STE 306
North Miami, FL 33181
(305) 642-5255
Digital Contact Information:
http://www.hinesandassociates.net
dioskorac@msn.com
Other Languages Spoken by Provider or Office Staff
Spanish

Caridad Fernandez, Ernestina, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 732-7516
Digital Contact Information:
familylovenetworks@gmail.com

Caridad Martinez, Keilyn, MS, BCBA ■
Home Based Services Only
Doral, FL 33122
(305) 394-8251
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Carmona, Cristina, MA, BCBA, LBA ■
12730 Northwest 102nd Place
Hialeah Gardens, FL 33018
(305) 343-0783
Digital Contact Information:
http://www.daytodaybehavior.com
goldencarega@mbhpays.com

Carmona Rodriguez, Danisley, MS, BCBA ■
10631 Southwest 88th Street
135
Miami, FL 33176
(786) 603-6567
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
10691 North Kendall Drive
207
Miami, FL 33176
(786) 401-6113
Digital Contact Information:
genesisconsultingservices39@gmail.com

Carnet Beira, Garry, MS, BCBA ■
5901 Northwest 183rd Street
Suite 264
Hialeah, FL 33015
(786) 803-2664
Digital Contact Information:

https://oasismentalhealthcenter.com
nkitching@readysetconnect.org
Other Languages Spoken by Provider or Office Staff
Spanish

Caro, Denis, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

Carreras Martinez, Monica, MA, BCBA ■
2020 Ponce de Leon
Suite 1201
Miami, FL 33134
(305) 917-5414
Digital Contact Information:
mirta@psychologybeyond.com

and
8370 W Flagler St
Ste 226
Miami, FL 33144
(305) 917-5414
Digital Contact Information:
mirta@psychologybeyond.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Carrillo, Carlos, MA, BCBA ■
20325 Old Cutler Road
Cutler Bay, FL 33189
Digital Contact Information:
info@mykidtherapycenter.com

and
1180 North Krome Avenue
Homestead, FL 33030
(786) 349-4700
Digital Contact Information:
info@mykidtherapycenter.com

and
49 NW 17th St
Homestead, FL 33030
(786) 349-4700
Digital Contact Information:
info@mykidtherapycenter.com

and
14425 Country Walk Drive
Miami, FL 33186
(786) 349-4700
Digital Contact Information:
info@mykidtherapycenter.com

Cartas, Grisel, MS, BCBA, LCSW ■
5455 Southwest 8th Street
230
Miami, FL 33134
(786) 629-8836
Digital Contact Information:
vidacounselinggroup@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cartaya, Raul, MS, BCABA ■
12855 Southwest 136th Avenue
221
Miami, FL 33186
(786) 319-2276
Digital Contact Information:
luciano@mymbcinc.com

and
15190 Southwest 136th Street
UNIT 26
Miami, FL 33196
(786) 319-2276
Digital Contact Information:
luciano@mymbcinc.com

Carvajal, Maria, MS, BCBA ■
Home Based Services Only
Hialeah, FL 33012
(561) 460-0284
Digital Contact Information:
info@brightfuturebehavioral.com

Casali, Rosa E, MS, BCBA ■
17340 Northwest 27th Avenue
Miami Gardens, FL 33056
(786) 255-0613
Digital Contact Information:
rgcasali@gmail.com

and
9344 Southwest 170th Lane
Palmetto Bay, FL 33157
(305) 710-0029
Digital Contact Information:
rgcasali@gmail.com

Casanas Marrero, Glenda, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 832-6630
Digital Contact Information:
glendacmf@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Casanueva, Yanely, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 537-7016
Digital Contact Information:
bcbaworkteam@gmail.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(786) 287-4039
Digital Contact Information:
bcbaworkteam@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Casillas, Isis, MSW, BCBA ■
9415 SW 72nd St
Ste 131
Miami, FL 33173
(305) 662-6448
Digital Contact Information:
http://www.miamibehaviortherapy.com
info@miamibehaviortherapy.com

and
9415 Southwest 72nd Street
101
Miami, FL 33173
(305) 662-6448
Digital Contact Information:
http://www.miamibehaviortherapy.com
info@miamibehaviortherapy.com

Caso, Sabrina, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

Castanos, Michelle, MED, BCBA ■
7875 Northwest 12th Street
120
Doral, FL 33126
(786) 505-4449
Digital Contact Information:
http://southfloridabehavior.com
mcastanos@southfloridabehavior.com

and
7875 Northwest 12th Street
118
Miami, FL 33126
(786) 505-4449
Digital Contact Information:
http://southfloridabehavior.com
mcastanos@southfloridabehavior.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Castellon, Adela, MS, BCBA ■
10200 Northwest 25th Street
STE 204
Doral, FL 33172
(305) 406-3689
Digital Contact Information:
http://www.foundartacademy.org
castellonadela@yahoo.com

and
14125 Northwest 80th Avenue
304
Miami Lakes, FL 33016
(786) 305-7222
Digital Contact Information:
castellonadela@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Castellon, Nohelany, MA, BCBA ■
7990 Southwest 117th Avenue
Suite 134
Kendall, FL 33183
(305) 741-2218
Digital Contact Information:
info@buildablocktherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Castellon, Yaima, MA, BCBA ■
8300 West Flagler Street
170
Miami, FL 33144
(786) 633-5171
Digital Contact Information:
olympushcs@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Castilla, Anamaria, MS, BCBA ■
Home Based Services Only
Pinecrest, FL 33156
(786) 432-1099
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Castillero, Yalilis, BS, BCBA ■
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
credentialing@southbillcare.com
Other Languages Spoken by Provider or Office Staff
Latvian, Spanish

Castillo, Brandon, MS, BCBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
brandon.castillo@shaping-change.com

Castillo, Gerardo, MA, BCBA, LBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(888) 501-8540
Digital Contact Information:
https://acornhealth.com
info@acornhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Castineiras, Carla M, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Castro, Darian, MS, BCBA ■
1801 Southwest 22nd Street
328
Miami, FL 33145
(786) 536-7694
Digital Contact Information:
office@tlhproject.com

and
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
office@tlhproject.com

and
306 Westward Dr
Miami Springs, FL 33166
(786) 588-7894
Digital Contact Information:
office@tlhproject.com
Other Languages Spoken by Provider or Office Staff
Spanish

Castro De La Cruz, Beatriz, MPSY, BCBA ■
8300 Northwest 53rd Street
Suite 102
Doral, FL 33166
(786) 769-5222
Digital Contact Information:
genesisconsultingservices39@gmail.com

Castro, Helen, MS, BCBA ■
1140 West 50th Street
STE 303
Hialeah, FL 330123411
(305) 231-3371
Digital Contact Information:
monica.castro@riosplace.com

and
12135 Northeast 8th Avenue
North Miami, FL 33161
(954) 292-8645
Digital Contact Information:
https://riosplace.com/
monica.castro@riosplace.com

Castro, Lauren, MS, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
evernorth@teampbs.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
evernorth@teampbs.com

and
1951 NW 7th Ave
Ste 600
Miami, FL 33136
(929) 384-7193
Digital Contact Information:
evernorth@teampbs.com

Castro, Monica, MS, BCBA ■
Home Based Services Only
Miami Shores, FL 33161
(954) 292-8645
Digital Contact Information:
monica@abassolutions.com

and
12135 Northeast 8th Avenue
North Miami, FL 33161
(954) 292-8645
Digital Contact Information:
monica@abassolutions.com

Castro, Niurka, MPSY, BCABA ■
9600 Northwest 25th Street
STE 5E
Miami, FL 33172
(888) 527-8037
Digital Contact Information:
info@brightstartllc.com

Castro, Paula, MA, BCBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
https://tillytherapy.com/
evernorth@teampbs.com

and
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
evernorth@teampbs.com

Castro, Soray, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
(407) 955-4001
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Castro, Synthia, MHS, LBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 873-0935
Digital Contact Information:
intake@rainbowstepsaba.com

and
4310 Southwest 164th Court
Miami, FL 33185
(305) 905-0631
Digital Contact Information:
intake@rainbowstepsaba.com
Other Languages Spoken by Provider or Office Staff

Spanish

Castro Turuseta, Maggie B, MPSY, BCBA ■
10261 Southwest 72nd Street
Miami, FL 33173
(786) 773-3654
Digital Contact Information:
info@bmmaba.com

and
7900 Northwest 155th Street
304
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
info@bmmaba.com

and
7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
info@bmmaba.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Causo, Patricia, MS, BCBA ■
10920 Southwest 184th Street
Miami, FL 33157
(305) 378-5775
Digital Contact Information:
pattycauso@gmail.com

Cavassa, Adriana A, MA, BCBA ■
12750 Southwest 128th Street
Suite #201
Miami, FL 33186
(786) 592-2051
Digital Contact Information:
https://www.behavioraccservices.com
office@behavioraccservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cayon, Margye, MPSY, BCBA ■
12750 Southwest 128th Street
Suite #201
Miami, FL 33186
(786) 592-2051
Digital Contact Information:
http://www.behavioraccservices.com
office@behavioraccservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cazeau, Kintz-Estherlie, MS, BCBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
http://kidsspotrehab.com
team@a1ahealth.com

and
12456 Southwest 127th Avenue
Miami, FL 33186
(786) 953-8500
Digital Contact Information:
team@a1ahealth.com

Cedeno Nadal, Claudia, MS, BCBA ■
8785 Southwest 165th Avenue
307
Miami, FL 33193
(786) 956-7480
Digital Contact Information:
http://abamelioragroup.com
info@abameliora.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cejas Gonzalez, Amisel, MPSY, BCBA ■
3105 Northwest 107th Avenue
Ste 405
Doral, FL 33172
(786) 299-7782
Digital Contact Information:
info@sunshinebehavioralhealthservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cejas, Nazira, MBS, BCBA ■
8660 West Flagler Street
STE 121
Miami, FL 33144
(305) 600-4774
Digital Contact Information:
admin@fkbac.com

and
3479 Northeast 163rd Street
North Miami Beach, FL 33160
(786) 206-6500
Digital Contact Information:
admin@fkbac.com
Other Languages Spoken by Provider or Office Staff
Spanish

Centeno, Neydis, PSYD, BCBA ■
7235 Southwest 24th Street
204
Miami, FL 33155
(786) 452-0257
Digital Contact Information:
maximumachieversllc@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Cepero, Erika, MED, LBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
credentialing@alpacahealth.io

Cerna, Olga, MS, BCBA ■
2300 West 84th Street
406
Hialeah, FL 33016
(786) 960-6767
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
5881 Northwest 151st Street
127
Miami Lakes, FL 330142450
(786) 905-2262
Digital Contact Information:
http://sweetchildbehavior.com
info@newlifeaba.com

Cervantes Fernandez, Jose G, MSED, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 523-3249
Digital Contact Information:
cervantesbcba@gmail.com

and
1380 Northeast Miami Gardens Drive
220f
Miami, FL 33179
(786) 523-3249
Digital Contact Information:
cervantesbcba@gmail.com

and
1930 Northeast 185th Terrace
North Miami Beach, FL 33179
(786) 523-3249
Digital Contact Information:
cervantesbcba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cervantes Valladares, Marilin, BSN, BCABA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 587-0424
Digital Contact Information:
cervantes9515@gmail.com

Cervera, Carol, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 853-8355
Digital Contact Information:
cristina@creativekidstherapyinc.com

and
1512 Southwest 14th Terrace
Miami, FL 33145
(786) 853-8355
Digital Contact Information:
cristina@creativekidstherapyinc.com

and
13195 Southwest 134th Street
Ste. 201
Miami, FL 33186
(786) 206-6500
Digital Contact Information:
cristina@creativekidstherapyinc.com

and
FL
(786) 206-6500
Digital Contact Information:
cristina@creativekidstherapyinc.com

and
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
cristina@creativekidstherapyinc.com

Chang, Ya-Ping, BA, BCABA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(888) 501-8540
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Checo, Lymairy, MS, BCBA ■
2332 Galiano Street
Floor 2
Coral Gables, FL 33134
(305) 497-0662
Digital Contact Information:
Not Available

and
3833 Southwest 8th Street
Coral Gables, FL 33134
(786) 440-1176
Digital Contact Information:
Not Available

and
7829 Northwest 116 Place
Medley, FL 33178
(786) 440-1176
Digital Contact Information:
Not Available

Chen, Joel, BA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(888) 501-8540
Digital Contact Information:
jennifer.horta@superherospeechtherapy.com

and
13155 SW 134th St
Ste 207
Miami, FL 33186
(786) 842-3624
Digital Contact Information:
http://www.superherospeechtherapy.com
jennifer.horta@superherospeechtherapy.com

Cheri'E Thompson, Taylor, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

and
13195 Southwest 134th Street
Ste. 201
Miami, FL 33186
(888) 880-9270
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

Cherician, Diana, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 306-5534
Digital Contact Information:
mpmcmhc@miamipersonalmanagement.com

and
Home Based Services Only
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
mpmcmhc@miamipersonalmanagement.com

and
1031 Ives Dairy Road
STE 240
Miami, FL 33179
(786) 306-5534
Digital Contact Information:
mpmcmhc@miamipersonalmanagement.com

and
945 Southwest 122nd Avenue
Miami, FL 33184
(786) 536-4807
Digital Contact Information:
mpmcmhc@miamipersonalmanagement.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Chico Pimentel, Leonardo, MBS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 299-7782
Digital Contact Information:
littlebluebeesbehaviortherapy2@gmail.com

and
2711 Southwest 137th Avenue
ste 89
Miami, FL 33175
(305) 456-6002
Digital Contact Information:
littlebluebeesbehaviortherapy2@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Chico, Yuleidys G, MBS, BCBA ■
7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
info@bmmaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Chirino, Cristina, BS, BCBA ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(305) 273-3773
Digital Contact Information:
http://www.behavior-analysis.org
tvargas@behavior-analysis.org

Chirito, Fiorella, MSW, BCBA ■
2898 Northwest 79th Avenue
Doral, FL 33122
(305) 597-3861
Digital Contact Information:
fchirito@beyondresultsaba.com

Chirolde, Griela, MS, BCBA ■
1500 Northwest 89th Court
Ste 117
Doral, FL 33172
(305) 431-6410
Digital Contact Information:
griela@developingnewhorizons.com

Chong, Roxana, MS, BCBA ■
8353 Southwest 124th Street
102
Miami, FL 33156
(305) 902-6435
Digital Contact Information:
http://www.abamiami.com
roxanac@abamiami.com

and
8603 South Dixie Highway
303
Pinecrest, FL 33156
(305) 902-6435
Digital Contact Information:
roxanac@abamiami.com
Other Languages Spoken by Provider or Office Staff

Spanish

Choudhury, Ian, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com
Other Languages Spoken by Provider or Office Staff English

Chuairey, Jessica, MS, BCBA ■
Home Based Services Only
Doral, FL 33126
(407) 800-6086
Digital Contact Information:
prokidzabatherapy@yahoo.com

and
13404 Southwest 128th Street
Miami, FL 33186
(305) 433-0897
Digital Contact Information:
prokidzabatherapy@yahoo.com
Other Languages Spoken by Provider or Office Staff Portuguese, German, French, Spanish

Cicetti, Lisa, PSYD, LMHC, LP ■
1100 Southwest 57th Avenue
Suite 100
Miami, FL 33144
(786) 556-7688
Digital Contact Information:
lisacicetti@yahoo.com

Cintron, Natasha, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
info@acornhealth.com

Ciraulo, Salvatore, MA, BCBA, LBA ■
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
aharrell@mercypluscare.com

Citelli, Ornella, MED, BCBA ■
800 Northeast 95th Street
Miami Shores, FL 33138
(305) 798-6784
Digital Contact Information:
browardbhcs@gmail.com

and
9999 Northeast 2nd Avenue
209
Miami Shores, FL 33138
(305) 798-6784
Digital Contact Information:
browardbhcs@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Claudio, Pedro, BCBA, MA ■
13155 SW 134th St
Ste 207
Miami, FL 33186
(785) 358-6559
Digital Contact Information:
info@superherospeechtherapy.com
Other Languages Spoken by Provider or Office Staff Spanish

Clavijo Hernandez, Ana, MBS, BCBA ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
sucel@practice-mgmt.com

and
Home Based Services Only
Hialeah, FL 33013
(786) 592-6680
Digital Contact Information:
sucel@practice-mgmt.com

and
2300 West 84th Street
404a
Hialeah, FL 33016
(786) 681-8494
Digital Contact Information:
sucel@practice-mgmt.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
sucel@practice-mgmt.com

and
18303 Southwest 153rd Place
Miami, FL 33187
(786) 343-9391
Digital Contact Information:
sucel@practice-mgmt.com

and
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
sucel@practice-mgmt.com

Clemente, Rita, MS, BCBA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
http://www.appliedbhs.com
dabs@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Coca-Penna, Stephanie, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Coello, Jenny, MS, BCBA, LBA, LMHC ■
15325 Northwest 60th Avenue
#105
Miami Lakes, FL 33014
(305) 512-5388
Digital Contact Information:
info@kidsbehavioralnetwork.com

and
14411 Commerce Way
350
Miami Lakes, FL 33016
(786) 333-2975
Digital Contact Information:
info@kidsbehavioralnetwork.com
Other Languages Spoken by Provider or Office Staff English, Sign Lang Amer, Spanish

Coet, Andrew, MA, BCBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
https://tillytherapy.com/
info@excelleratedtc.com

Cohen, Leor, MA, BCBA ■
18451 Northeast 27th Place
Aventura, FL 33160
(786) 683-2398
Digital Contact Information:
http://www.abastartherapy.com
leor.cohen21@gmail.com
Other Languages Spoken by Provider or Office Staff Hebrew

Cohen, Regina, MSED, BCBA ■
21011 Northeast 25th Court
Miami, FL 33180
(305) 988-5115
Digital Contact Information:
info@abarockin.com

Collado, Dayanay, MS, BCBA ■
Home Based Services Only
Hialeah, FL 33012
(561) 460-0284
Digital Contact Information:
info@brightfuturebehavioral.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Collado, Tamara, MSED, BCBA ■
9800 Caribbean Boulevard
Cutler Bay, FL 33189
(305) 968-3011
Digital Contact Information:
tamaracollado1974@gmail.com

and
10300 Southwest 72nd Street
250b
Miami, FL 33173
(305) 939-6878
Digital Contact Information:
tamaracollado1974@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Collazo, Amanda, MA, BCBA ■
Home Based Services Only
Hialeah, FL 33010
(305) 280-5730
Digital Contact Information:
clinicare23@outlook.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 534-7172
Digital Contact Information:
clinicare23@outlook.com

and
12750 Northwest 17th Street
216 216
Miami, FL 33182
(888) 527-8037
Digital Contact Information:
http://www.brightstartpossibility.com
clinicare23@outlook.com
Other Languages Spoken by Provider or Office Staff Hebrew, English, Spanish

Collazo, Yaraled, MPH, BCBA ■
2500 Northwest 79th Avenue
Suite 180
Doral, FL 33122
(786) 253-7868
Digital Contact Information:
cristina@creativekidstherapyinc.com

and
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
cristina@creativekidstherapyinc.com
Other Languages Spoken by Provider or Office Staff Spanish

College Arzola, Lellany, MS, BCBA ■
Home Based Services Only
Doral, FL 33126
(786) 637-2974
Digital Contact Information:
admin@mycommunityss.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 732-2139
Digital Contact Information:
admin@mycommunityss.com

and
13501 Southwest 128th Street
114a
Miami, FL 33186
(786) 732-2139
Digital Contact Information:
admin@mycommunityss.com

Colmenares Serrano, Norly A, MA, BCBA ■
10482 Northwest 31st Terrace
STE 2A
Doral, FL 33172
(786) 765-7550
Digital Contact Information:
aleatherapeuticbehavioralserv@gmail.com

and
131 Northeast 8th Street
Homestead, FL 33030
(786) 291-3979
Digital Contact Information:
http://www.aleatbs.com
aleatherapeuticbehavioralserv@gmail.com

Columbie, Liane, MSN, APRN, BCBA ■
1400 Northwest 107th Avenue
306
Miami, FL 33172
(786) 817-7444
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff Spanish

Columbie Prado, Yaliana, MBS, BCBA ■
8660 West Flagler Street
STE 121
Miami, FL 33144
(305) 600-4774
Digital Contact Information:
newhorizontherapy19@yahoo.com

and
12985 Southwest 130th Court
101 101
Miami, FL 33186
(786) 205-0090
Digital Contact Information:
newhorizontherapy19@yahoo.com
Other Languages Spoken by Provider or Office Staff Spanish

Comas, Chabely, BA, BCABA ■
1000 Brickell Avenue
Miami, FL 33131
(888) 527-8037
Digital Contact Information:
vzayas@brightstartllc.com
Other Languages Spoken by Provider or Office Staff Spanish

Comas, Jesus, BS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 875-7812
Digital Contact Information:
info@bhavioralcorporation.com
Other Languages Spoken by Provider or Office Staff Spanish

Compierchio, Nicole, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

Concepcion Toledano, Niurka, MS, BCBA ■
100 Northeast 15th Street
203
Homestead, FL 33030
(786) 542-4690
Digital Contact Information:
professionalbaskills@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 542-4690
Digital Contact Information:
professionalbaskills@gmail.com

and
8950 Southwest 152nd Street
110
Palmetto Bay, FL 33157
(786) 542-4690
Digital Contact Information:
professionalbaskills@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Conde, America, MS, BCBA, LMHC ■
7721 Southwest 62nd Avenue
Suite 203
South Miami, FL 33143
(305) 707-1600
Digital Contact Information:
http://www.pivotaltherapy.net
aconde@pivotaltherapy.net

Conde, Krystal, MS, BCBA ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/

stpfl@tcbbilling.com

and

7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
stpfl@tcbbilling.com

and

11455 West Flagler Street
417
Miami, FL 33174
(786) 308-6757
Digital Contact Information:
stpfl@tcbbilling.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Haitian, Japanese, French, Russian, Italian, Spanish, Vietnamese

Conley, Makenzie, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

Constantino-Rios, Jeniree Carolina, BS, BCBA ■
8785 SW 165th Ave
Ste 103
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

Contreras, Cindy, MS, BCBA ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(954) 577-7790
Digital Contact Information:
http://www.behavior-analysis.org
baicredentialing@behavior-analysis.org
Other Languages Spoken by Provider or Office Staff
Spanish

Contreras Molerio, Yelena, BS, BCBA ■
10300 Southwest 72nd Street
300
Miami, FL 33173
(561) 608-3573
Digital Contact Information:
http://www.happydreamsofkids.com
happydreamsofkids@gmail.com

Coppola, Amanda, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
providerenrollment@acornhealth.com

Coppola, Whitney, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(757) 277-9874
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Cordero, Aymee, MS, BCBA ■
14815 Southwest 163rd Terrace
Miami, FL 33187
(786) 806-0308
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cordero, Gisselle, MS, BCBA ■
Home Based Services Only
Redland, FL 33031
(305) 910-5057
Digital Contact Information:
abasolutionsautism@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cordido Vega, Mariana, MA, BCBA ■
7925 Northwest 12th Street
130 130
Doral, FL 33126
(786) 870-5090
Digital Contact Information:
http://www.limitlesslearningaba.com
info@limitlesslearningaba.com

and

7875 Northwest 12th Street
118
Miami, FL 33126
(786) 505-4449
Digital Contact Information:
info@limitlesslearningaba.com

Corona Martinez, Delaney, MS, LCPC, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
home@christianpsychological.org

Cortellesso, Ashley, MA, BCBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(410) 538-2574
Digital Contact Information:
https://tillytherapy.com/
credentialing@elemy.com

and

8785 SW 165th Ave
Ste 104
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
http://www.behavioralfamilysolutions.com
credentialing@elemy.com

Corzo, Angela, MS, BCBA ■
9560 SW 107th Ave
Ste 106
Miami, FL 33176
(786) 899-0308
Digital Contact Information:
luciano@mymbcinc.com

and

15190 Southwest 136th Street
UNIT 26
Miami, FL 33196
(786) 899-0308
Digital Contact Information:
luciano@mymbcinc.com

Corzo Hernandez, Magalys, BS, BCABA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 587-0424
Digital Contact Information:
magalis.corzo@yahoo.com

Corzo Pumar, Anelys, CD, BCABA ■
1275 West 47th Place
#449
Hialeah, FL 33012
(305) 425-1338
Digital Contact Information:
magicbehavioral@gmail.com

and

Home Based Services Only
Miami Gardens, FL 33014
(305) 640-5739
Digital Contact Information:
magicbehavioral@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Coto Hernandez, Zulia, MS, BCBA ■
7920 Northwest 168th Terrace
Miami Lakes, FL 33016
(786) 879-2117
Digital Contact Information:
info@abcsfl.com

Crawford, Brooklyn, MA, BCBA ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(954) 577-7790
Digital Contact Information:
baicredentialing@behavior-analysis.org

Crespo, Jailene, MA, BCBA ■
2898 Northwest 79th Avenue
Doral, FL 33122
(786) 646-9250
Digital Contact Information:
yperez@koalaaba.com

Cruz Estrada, Yanesi D, MS, BCBA ■
10491 Southwest 200th Terrace
Cutler Bay, FL 33189
(786) 230-5158
Digital Contact Information:
luciano@mymbcinc.com

and

2450 Southwest 137th Avenue
232
Miami, FL 33175
(786) 360-6496
Digital Contact Information:
luciano@mymbcinc.com

and

2460 Southwest 137th Avenue
242
Miami, FL 33175
(305) 339-1889
Digital Contact Information:
luciano@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cruz, Gladys, MA, BCBA ■
28802 Southwest 160th Court
Homestead, FL 33033
(786) 379-4261
Digital Contact Information:
therapy110@gmail.com

and

18951 Southwest 106th Avenue
105 106
Miami, FL 33157
(305) 233-4448
Digital Contact Information:
therapy110@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Cruz Gonzalez, Melissa C, MA, BCBA ■
10200 Northwest 25th Street
STE 205
Miami, FL 33172
(305) 602-0268
Digital Contact Information:
http://www.denalibehaviorcrt.com
melissa.cruz0607@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cruz Guzman, Mery, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 538-9758
Digital Contact Information:
silkglovestherapy@gmail.com

Cruz, Jennifer, MA, BCBA ■
2520 Coral Way
2 19
Miami, FL 33145
(855) 832-6727
Digital Contact Information:
evernorth@teampbs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cruz, Jesus R, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
admissions@abaalliancecareservices.com

and

18951 Southwest 106th Avenue
105 106
Miami, FL 33157
(305) 233-4448
Digital Contact Information:
admissions@abaalliancecareservices.com

and

5881 Northwest 151st Street
Suite: 103
Miami Lakes, FL 33014
(786) 703-4154
Digital Contact Information:
admissions@abaalliancecareservices.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Cruz, Kimberly, BA, BCBA ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
kcruz@ebhealthgroup.com

and

7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
kcruz@ebhealthgroup.com

Cruz, Natalia, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
genesisconsultingservices39@gmail.com

and

3750 Northwest 87th Avenue
744
Miami, FL 33178
(786) 899-0308
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cruz Ramos, Niurka, MS, BCBA ■
631 Northwest 45th Avenue
100
Miami, FL 33126
(786) 343-8890
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cruz Silva, Dianelys, MPSY, BCBA ■
1071 Southwest 124th Court
Miami, FL 33184
(786) 338-0063
Digital Contact Information:
ashley@amromed.com

Cruz, Yulema, MS, BCBA-D ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(888) 501-8540
Digital Contact Information:
https://acornhealth.com
info@acornhealth.com

Cuadra, Richard, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Cuervo Betancourt, Natacha, BCBA, BS, MED ■
5407 Southwest 131st Court
Miami, FL 33175
(305) 209-1095
Digital Contact Information:
angelesesperan@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cuesta, Daniella, MA, BCBA ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(954) 577-7790
Digital Contact Information:
baicredentialing@behavior-analysis.org
Other Languages Spoken by Provider or Office Staff
Spanish

Cueto Fernandez, Rachel, MS, BCBA ■
2030 Douglas Road

STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
http://www.appliedbhs.com
dabs@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cueto, Yenni C, MED, BCBA ■
3750 West 16th Avenue
218
Hialeah, FL 33012
(786) 409-3231
Digital Contact Information:
blossomingmindsllc@gmail.com

and
1670 Northeast 191st Street
Miami, FL 33179
(786) 532-0898
Digital Contact Information:
blossomingmindsllc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cumbermack, Dominique A, MA, BCBA, LBA ■
12750 Northwest 17th Street
216 216
Miami, FL 33182
(888) 527-8037
Digital Contact Information:
http://www.brightstartpossibility.com
info@brightstartllc.com

Cuna, Yordanka, MS, BCBA ■
1840 W 49th St
Ste 420
Hialeah, FL 33012
(786) 553-3150
Digital Contact Information:
myhappyaba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cunill, Lauren N, MA, BCBA ■
11925 Southwest 72nd Street
Miami, FL 33183
(305) 562-4683
Digital Contact Information:
http://www.shapingacademy.com
info@shapingacademy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Curdi, Loreley, MC, BCBA ■
2520 Coral Way
2 19
Miami, FL 33145
(855) 832-6727
Digital Contact Information:
evernorth@teampbs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cuson, Ariadna, MED, BCBA ■
8785 SW 165th Ave
Ste 103
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
devin@acbehavioral.com

and
8785 SW 165th Ave
Ste 104
Miami, FL 33193
(305) 798-6784
Digital Contact Information:
devin@acbehavioral.com

and
800 Northeast 95th Street
Miami Shores, FL 33138
(305) 798-6784
Digital Contact Information:
devin@acbehavioral.com

Cwalinski, Ana, ABA, BCBA, MS ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(954) 577-7790
Digital Contact Information:
info@behavior-analysis.org

D'Andrea, Mariachiara, MS, BCBA ■
107 Antilla Avenue
Coral Gables, FL 331343301
(305) 567-5881
Digital Contact Information:
mgarcia@cagables.com
Other Languages Spoken by Provider or Office Staff
English, Italian, Spanish

Dabbs, Nadine, MS, BCBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
https://tillytherapy.com/credentialing.lmbs@lighthousembs.com

Dai, Anita, MED, LBA ■
Home Based Services Only
Doral, FL 33122
(305) 603-8747
Digital Contact Information:
credentialing@theratreepeds.com

Damiani Coca, Milagros, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
admission@beaconbehaviortherapy.com

and
11077 Biscayne Boulevard
Suite 211
Miami, FL 33161
(305) 974-5388
Digital Contact Information:
http://www.beaconbehavioraltherapy.com
admission@beaconbehaviortherapy.com

and
Home Based Services Only
Miami Shores, FL 33161
(786) 523-9912
Digital Contact Information:
admission@beaconbehaviortherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Damus, Harry, PSYD, LP ■
8200 SW 117th Ave
Ste 306
Miami, FL 33183
(305) 274-0640
Digital Contact Information:
hdamus@therapeuticbehavioral.com
Other Languages Spoken by Provider or Office Staff Creole

Daniel, Dania, MS, BCBA ■
Home Based Services Only
Doral, FL 33126
(305) 433-5489
Digital Contact Information:
dania.daniel@danielhealthcorp.com

and
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
dania.daniel@danielhealthcorp.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(410) 538-2574
Digital Contact Information:
https://tillytherapy.com/
dania.daniel@danielhealthcorp.com

and
2157 Southwest 13th Avenue
3
Miami, FL 33145
(786) 878-1331
Digital Contact Information:
dania.daniel@danielhealthcorp.com

and
14358 Southwest 159th Terrace
Miami, FL 33177
(786) 419-1501
Digital Contact Information:
dania.daniel@danielhealthcorp.com
Other Languages Spoken by Provider or Office Staff
Spanish

Daniel, Marlon, MHS, BCBA ■
10200 Northwest 25th Street
201
Doral, FL 33172
(786) 442-0953
Digital Contact Information:
shaista@bikhamhealthcare.com

Darias-Montano, Marlen, BCBA, MED ■
8890 Southwest 24th Street
210
Miami, FL 33165
(786) 715-9774
Digital Contact Information:
dariasbehavioralservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Darko, Awura A, MS, BCBA ■
1065 Southwest 8th Street
1459
Miami, FL 33130
(855) 853-0228
Digital Contact Information:
awura.darko3@gmail.com

Davalos Alfonso, Danays, MPSY, BCBA ■
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
danaysdf@gmail.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
danaysdf@gmail.com

and
15295 Northwest 60th Avenue
STE 100
Miami Lakes, FL 33014
(305) 316-2055
Digital Contact Information:
danaysdf@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Davila Aguilar, Christina M, MA, BCBA ■
1840 W 49th St
Ste 420
Hialeah, FL 33012
(786) 553-3150
Digital Contact Information:
myhappyaba@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Davis, Barbara J, PHD, BCBA-D ■
14645 Northwest 77th Avenue
Suite 105
Miami Lakes, FL 33014
(202) 420-8359
Digital Contact Information:
barbara.davis@littleleaves.org

Davis, Khalia, MS, BCBA ■
FL
(347) 893-1266
(833) 458-0386
Digital Contact Information:
evernorth@teampbs.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
evernorth@teampbs.com

and
1000 Brickell Avenue
Miami, FL 33131
(347) 893-1266
Digital Contact Information:
evernorth@teampbs.com

and
1951 NW 7th Ave
Ste 600
Miami, FL 33136
(929) 384-7193
Digital Contact Information:
evernorth@teampbs.com

De Armas, Dayanei, MMFT, BCBA, LMHC ■
30392 Old Dixie Highway
Homestead, FL 33030
(786) 283-0175
Digital Contact Information:
beyondpositivepsychology@yahoo.com

and
30350 SW 156th Ave
Homestead, FL 33033
(305) 975-3126
Digital Contact Information:
beyondpositivepsychology@yahoo.com

and
12039 Southwest 132nd Court
28 4
Miami, FL 33186
(786) 355-5654
Digital Contact Information:
beyondpositivepsychology@yahoo.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
beyondpositivepsychology@yahoo.com

and
27132 South Dixie Highway
Naranja, FL 33032
(786) 283-0175
Digital Contact Information:
beyondpositivepsychology@yahoo.com

De Bernardis, Sailyn, MS, BCBA ■
Home Based Services Only
Miami Gardens, FL 33014
(786) 542-0133
Digital Contact Information:
info@ekilibrium.org
Other Languages Spoken by Provider or Office Staff
Spanish

De La Cruz, Cecilia, MSW, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 418-0608
Digital Contact Information:
luciano@mymbcinc.com

and
10535 Southwest 124th Road
Miami, FL 33186
(305) 418-0608
Digital Contact Information:
luciano@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

De La Maza, Claudia, MA, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
genesisconsultingservices39@gmail.com

De La Nuez, Stephenie, MA, BCBA ■
1180 North Krome Avenue
Homestead, FL 33030
(786) 349-4700
Digital Contact Information:
stephenie@mykidtherapycenter.com

and
49 NW 17th St
Homestead, FL 33030
(786) 349-4700
Digital Contact Information:
http://mykidtherapycenter.com
stephenie@mykidtherapycenter.com
Other Languages Spoken by Provider or Office Staff

Spanish

De La Paz, Lazara, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
admissions@abaalliancecareservices.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

De La Yncera Garcia, Aimee, MHS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 458-9535
Digital Contact Information:
bmbchildrentherapies@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

De Leon Guerra, Gidelin, MA, BCBA ■
8350 Northwest 52nd Terrace
Suite 301
Doral, FL 33166
(786) 992-1151
Digital Contact Information:
info@newlifeaba.com

and
10482 Northwest 31st Terrace
STE 2A
Doral, FL 33172
(305) 224-0014
Digital Contact Information:
info@newlifeaba.com

and
12360 Southwest 132nd Court
STE 205
Miami, FL 33186
(786) 429-3738
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

De Tuya, Taylor, MA, BCBA ■
7705 North Kendall Drive
Kendall, FL 33156
(786) 801-9712
Digital Contact Information:
http://firmfoundationsaba.com
taylor@firmfoundationsaba.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 801-3134
Digital Contact Information:
taylor@firmfoundationsaba.com

and
9425 Southwest 72nd Street
164
Miami, FL 33173
(305) 279-2286
Digital Contact Information:
taylor@firmfoundationsaba.com

and
Home Based Services Only
South Miami, FL 33146
(786) 536-9714
Digital Contact Information:
taylor@firmfoundationsaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Deal, Priscilla A, MS, BCBA ■
9415 SW 72nd St
Ste 131
Miami, FL 33173
(305) 662-6448
Digital Contact Information:
http://www.miamibehaviortherapy.com
deal.priscilla@gmail.com

and
9415 Southwest 72nd Street
101
Miami, FL 33173
(305) 662-6448
Digital Contact Information:
http://www.miamibehaviortherapy.com
deal.priscilla@gmail.com

Debasa Marimon, Gretel, MSED, BCBA ■
2500 Northwest 79th Avenue
Suite 180
Doral, FL 33122
(786) 253-7868
Digital Contact Information:
gretel.debasa@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Decastelli, Florencia, MS, LMHC ■
Home Based Services Only
Miami Gardens, FL 33014
(305) 417-1535
Digital Contact Information:
newhopecasemanagementservices@gmail.com
Other Languages Spoken by Provider or Office Staff English

Degarmo Sesin, Paula S, MS, BCBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(410) 538-2574
Digital Contact Information:
https://tillytherapy.com/
hphpeds@advantumhealth.com

Deker, Meredith K, MS, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
https://tillytherapy.com/
info@inbloomautism.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
info@inbloomautism.com

Del Cristo Martinez, Dayalin, MS, BCBA ■
8900 Southwest 117th Avenue
c101
Miami, FL 33186
(786) 568-1259
Digital Contact Information:
icrtherapy1@gmail.com

Del Risco Fuentes, Alina, MA, BCBA ■
FL
(786) 574-1276
Digital Contact Information:
info@bmmaba.com

and
10261 Southwest 72nd Street
Miami, FL 33173
(786) 773-3654
Digital Contact Information:
info@bmmaba.com

and
7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
info@bmmaba.com

Del Sol Amador, Kenia, MS, BCBA ■
2459 West 70th Street
Hialeah, FL 33016
(786) 571-0939
Digital Contact Information:
info@newlifeaba.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Del Sol, Jessica, MBS, BCBA ■
657 South Drive
Miami Springs, FL 33166
(786) 860-5161
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Del Sol Padron, Hanalally, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 772-1577
Digital Contact Information:
hanalally.delsol@yahoo.com

and
7001 Southwest 97th Avenue
104
Miami, FL 33173
(786) 772-1577
Digital Contact Information:
hanalally.delsol@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Del Toro, Yilliam V, MS, BCBA, LBA ■
226 Southwest 8th Avenue
Miami, FL 33130
(305) 537-9490
Digital Contact Information:
opusmentalhealthcenter@gmail.com

and
1350 Southwest 57th Avenue
West Miami, FL 33144
(786) 404-1017
Digital Contact Information:
opusmentalhealthcenter@gmail.com

and
Home Based Services Only
West Miami, FL 33144
(786) 404-1017
Digital Contact Information:
opusmentalhealthcenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Delamo, Michael, MA, BCBA ■
2898 Northwest 79th Avenue
Doral, FL 33122
(786) 646-9250
Digital Contact Information:
cary@nwds-staff.com

Delfin, Carlos A, MS, BCBA ■
8200 Northwest 41st Street
269
Doral, FL 33166
(305) 763-4196
Digital Contact Information:
jcabrera@mymbcinc.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 695-8672
Digital Contact Information:
jcabrera@mymbcinc.com

and
4155 Southwest 130th Avenue
108
Miami, FL 33175
(786) 695-8672
Digital Contact Information:
jcabrera@mymbcinc.com

Delgado Dorticos, Amilkar, MS, BCBA ■
15260 SW 280th St
Ste 205
Homestead, FL 33032
(305) 707-7237
Digital Contact Information:
http://www.familybehaviorservices.org
therapy110@gmail.com

and
18951 Southwest 106th Avenue
105 106
Miami, FL 33157
(305) 233-4448
Digital Contact Information:
therapy110@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Delgado, Lina R, MS, BCBA ■
13195 Southwest 134th Street
Suite 106
Miami, FL 33186
(786) 250-3220
Digital Contact Information:
contact@peaktherapycenter.com

and
13501 Southwest 136th Street
STE 205
Miami, FL 33186
(305) 209-4321
Digital Contact Information:
http://sunshinespectrumaba.com
contact@peaktherapycenter.com

Delgado Marquez, Marice, EDM, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 227-6003
Digital Contact Information:
marice2490@gmail.com

and
12700 Southwest 122nd Avenue
108 110
Miami, FL 33186
(786) 227-6008
Digital Contact Information:
marice2490@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Delgado, Mayrelis, MS, BCBA ■
3401 Northwest 82nd Avenue
105e
Doral, FL 33122
(786) 614-3121
Digital Contact Information:
Not Available

and
Home Based Services Only
Doral, FL 33122
(786) 614-3121
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Delgado, Nora, BS, BCBA ■
633 North Krome Avenue
Suite 6
Homestead, FL 33030
(786) 525-9926
Digital Contact Information:
dabs.credentialing@appliedbhs.com

and
9555 Southwest 175th Terrace
55
Palmetto Bay, FL 33157
(305) 812-8048
Digital Contact Information:
dabs.credentialing@appliedbhs.com

and
9555 Southwest 175th Terrace
555
Palmetto Bay, FL 33157
(305) 812-8048
Digital Contact Information:
dabs.credentialing@appliedbhs.com

Delgado, Raymond, MED, BCBA ■
4750 Northwest 184th Terrace
Miami Gardens, FL 33055
(305) 301-5971
Digital Contact Information:
hashtagtherapyinc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Delgado Rodriguez, Yessica, MS, BCBA ■
2300 West 84th Street
404a
Hialeah, FL 33016
(786) 681-8494
Digital Contact Information:
yessicadelgado87@gmail.com

and
13055 Southwest 42nd Street
STE 104
Miami, FL 33175
(305) 480-7839
Digital Contact Information:

yessicadelgado87@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Delgado, Samantha, MBS, BCBA ■
Home Based Services Only
Miami Lakes, FL 33018
(305) 343-0783
Digital Contact Information:
samantha.delgado.10@gmail.com
Other Languages Spoken by Provider or Office Staff Haitian, Spanish

Delgado Santana, Arletty, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 299-7782
Digital Contact Information:
genesisconsultingservices39@gmail.com
and
Northwest 6 Street
Miami, FL 33172
(786) 487-8801
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Delgado, Sheila, BA, BCBA ■
10447 SW 108th Ave
Apt E278
Miami, FL 33176
(305) 597-3861
Digital Contact Information:
danielam@fittingpiecestx.com

Delger, Delfina, MA, BCBA ■
1900 N Bayshore Dr
1A-122
Miami, FL 33132
(954) 400-3251
Digital Contact Information:
http://www.abacustherapies.com
haley.hounchell@yourmissingpiece.com
and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(954) 400-3251
Digital Contact Information:
http://www.abacustherapies.com
haley.hounchell@yourmissingpiece.com
and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(954) 400-3251
Digital Contact Information:
haley.hounchell@yourmissingpiece.com

Denis, Aina, MBS, BCBA ■
15715 South Dixie Highway
330
Miami, FL 33157
(786) 732-0842
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Denski, Johanna, MS, BCBA, LMFT ■
5455 Southwest 8th Street
230
Miami, FL 33134
(786) 629-8836
Digital Contact Information:
vidacounselinggroup@gmail.com

Der Rohe-Borghese, Gema Y, MSW, BCBA, LBA, LCSW ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
orlando@pbhd.health
and
2525 Ponce de Leon Boulevard
370
Miami, FL 33134
(954) 408-1568
Digital Contact Information:
orlando@pbhd.health
Other Languages Spoken by Provider or Office Staff Haitian Creole

Deras, Gabriela, MA, BCBA ■
2898 Northwest 79th Avenue
Doral, FL 33122
(305) 597-3861
Digital Contact Information:
Not Available

Desangeles, Marixiel D, MS, BCBA ■
1900 N Bayshore Dr
1A-122
Miami, FL 33132
(954) 400-3251
Digital Contact Information:
https://abacustherapies.com/
stephanie@abacustherapies.com
and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(954) 400-3251
Digital Contact Information:
https://abacustherapies.com/
stephanie@abacustherapies.com
and
18950 Southwest 106th Avenue
118
Miami, FL 33157
(786) 206-3928
Digital Contact Information:
stephanie@abacustherapies.com
and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(954) 400-3251
Digital Contact Information:
https://abacustherapies.com/
stephanie@abacustherapies.com
Other Languages Spoken by Provider or Office Staff Portuguese, Spanish

Deschamps, Sonia, MPSY, BCBA ■
1414 Northwest 107th Avenue
204
Doral, FL 33172
(305) 225-8711
Digital Contact Information:
info@sunshinebehavioralhealthservices.com
and
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
info@sunshinebehavioralhealthservices.com
and
18901 Southwest 106th Avenue
229
Miami, FL 33157
(786) 506-9008
Digital Contact Information:
info@sunshinebehavioralhealthservices.com

DiGiovanni, Nicole, MA, BCBA ■
2520 Coral Way
2 19
Miami, FL 33145
(855) 832-6727
Digital Contact Information:
https://www.teampbs.com/
evernorth@teampbs.com

Dianelis, Duarte, BS, BCBA ■
7001 Southwest 97th Avenue
104
Miami, FL 33173
(786) 772-1577
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Dias Galiano, Anna, MA, BCBA ■
Home Based Services Only
Aventura, FL 33180
(305) 283-0442
Digital Contact Information:
rhulsey@behavior-analysis.org
and
6761 Southwest 6th Street
Miami, FL 33144
(305) 283-0442
Digital Contact Information:
rhulsey@behavior-analysis.org
and
9220 Sunset Dr
Ste 101
Miami, FL 33173
(305) 273-3773
Digital Contact Information:
http://www.behavior-analysis.org
rhulsey@behavior-analysis.org
and
Home Based Services Only
Opa-locka, FL 33054
(305) 283-0442
Digital Contact Information:
rhulsey@behavior-analysis.org
and
Home Based Services Only
West Miami, FL 33144
(305) 283-0442
Digital Contact Information:
rhulsey@behavior-analysis.org

Diaz, Alejandro, MS, BCBA ■
1400 Northwest 107th Avenue
306
Miami, FL 33172
(786) 817-7444
Digital Contact Information:
jcabrera@mymbcinc.com

Diaz Alsina, Laura V, MS, BCBA ■
Home Based Services Only
Hialeah, FL 33012
(305) 200-3326
Digital Contact Information:
asmtherapy@gmail.com
and
12985 Southwest 130th Court
101 101
Miami, FL 33186
(786) 205-0090
Digital Contact Information:
asmtherapy@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Diaz Blanco, Noelia M, MS, BCBA ■
8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-2822
Digital Contact Information:
henry.williams@xybermed.com
and
8660 West Flagler Street
STE 121
Miami, FL 33144
(305) 600-4774
Digital Contact Information:
henry.williams@xybermed.com

Diaz, Breydik, MS, BCBA ■
2520 Coral Way
2 19
Miami, FL 33145
(855) 832-6727
Digital Contact Information:
https://www.teampbs.com/
evernorth@teampbs.com

Diaz Cabrera, Yuleisvi, MS, BCBA ■
2210 Northwest 92nd Avenue
e1
Doral, FL 33172
(786) 208-7539
Digital Contact Information:
vivianaicare@gmail.com
and
7801 Northwest 37th Street
Lp-201
Doral, FL 33195
(305) 468-9899
Digital Contact Information:
vivianaicare@gmail.com
and
1000 Brickell Avenue
Miami, FL 33131
(305) 468-9899
Digital Contact Information:
vivianaicare@gmail.com
and
2500 SW 107TH AVE
42
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
vivianaicare@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Diaz, Carlos R, MS, BCABA ■
15301 Southwest 123rd Avenue
Miami, FL 33186
(786) 886-6446
Digital Contact Information:
blessedtherapy@gmail.com

Diaz, Claudia, MS, BCBA ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
http://universalcommunityservices.com
hilda@universalcommunityservices.com
and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(786) 432-7113
Digital Contact Information:
hilda@universalcommunityservices.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Diaz Colina, Maria J, BA, BCBA ■
Home Based Services Only
Doral, FL 33126
(305) 433-5489
Digital Contact Information:
vanessa@amromed.com
and
27132 South Dixie Highway
Naranja, FL 33032
(786) 283-0175
Digital Contact Information:
vanessa@amromed.com

Diaz Encinosa, Barbara M, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
mamisol58@yahoo.es
and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
mamisol58@yahoo.es
and
13301 Southwest 132nd Avenue
201 201
Miami, FL 33186
(305) 509-5537
Digital Contact Information:
mamisol58@yahoo.es

Diaz Esteban, Carlos A, MHDL, BCABA ■
7500 Northwest 25th Street
STE 200
Miami, FL 33122
(305) 909-4872
Digital Contact Information:
Not Available

Diaz Gazan, Yudith, MS, BCBA ■
12260 Southwest 8th Street
156
Miami, FL 33184
(786) 332-4326
Digital Contact Information:
Not Available

Diaz Gonzalez, Beatriz, MBS, BCBA ■
2300 West 84th Street
404a
Hialeah, FL 33016
(786) 681-8494
Digital Contact Information:
docspringhealth@gmail.com
and
13501 Southwest 128th Street

114a
Miami, FL 33186
(786) 732-2139
Digital Contact Information:
docspringhealth@gmail.com

and
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
docspringhealth@gmail.com

Diaz, Gretel, BA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 475-5732
Digital Contact Information:
info@cornerstone-cba.com

and
12920 Southwest 133rd Court
11
Miami, FL 33186
(786) 212-5530
Digital Contact Information:
https://cornerstonebehavioralanalysis.com/
info@cornerstone-cba.com

Diaz Hernandez, Ana J, MPSY, LBA ■
15301 Southwest 123rd Avenue
Miami, FL 33186
(786) 886-6446
Digital Contact Information:
anad12@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz, Ilsy, BA, BCBA ■
8785 SW 165th Ave
Ste 103
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

and
8785 SW 165th Ave
Ste 104
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

Diaz, Janly, MPSY, BCBA ■
7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
info@bmmaba.com

and
Home Based Services Only
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
info@bmmaba.com

Diaz, Lia J, MBS, BCBA ■
16201 Northeast 13th Avenue
North Miami Beach, FL 33162
(786) 955-6224
Digital Contact Information:
http://www.superkidsaba.com
lia@superkidsaba.com

and
17121 Northeast 6th Avenue
North Miami Beach, FL 33162
(305) 952-3161
Digital Contact Information:
lia@superkidsaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz, Lissainet, MA, BCBA ■
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
lissainet.diaz@cultivatebhe.com

Diaz Llanes, Barbara, MED, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 569-6783
Digital Contact Information:
team@achievebehaviorcenters.com

Diaz, Marylin, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(407) 800-7711
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Diaz Melian, Milena, MPSY, BCBA ■
8040 Northwest 95th Street
217
Hialeah Gardens, FL 33016
(786) 655-3929
Digital Contact Information:
abamagicpath@gmail.com

Diaz, Michelle, MS, LABA ■
HOME BASED SERVICES ONLY
Miami, FL 33178
(786) 660-1074
Digital Contact Information:
mdiaz@bostonblc.org
Other Languages Spoken by Provider or Office Staff English

Diaz Mir, Gabriela S, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 394-5105
Digital Contact Information:
gabrielabcba96@gmail.com

and
12001 Southwest 128th Court
Suite Suite 104
Miami, FL 33186
(786) 868-0505
Digital Contact Information:
gabrielabcba96@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz, Miriam A, MBS, BCBA ■
8350 Northwest 52nd Terrace
301 130
Doral, FL 33166
(786) 342-4367
Digital Contact Information:
brightlinebehavior@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz, Miya, MS, BCBA ■
7801 Northwest 37th Street
Lp-201
Doral, FL 33195
(305) 468-9899
Digital Contact Information:
vivianaicare@gmail.com

and
1150 Northwest 72nd Avenue
ph 2
Miami, FL 33126
(786) 542-5043
Digital Contact Information:
http://1stcarecms.com
vivianaicare@gmail.com

and
11890 Southwest 8th Street
405
Miami, FL 33184
(786) 439-7098
Digital Contact Information:
http://britobehaviorservices.com
vivianaicare@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Creole, Spanish

Diaz Molina, Adylen, MPSY, BCBA ■
7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
info@bmmaba.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Diaz Pando, Daniel, BS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 538-9758
Digital Contact Information:
silkglovestherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz Reyes, Lourdes, MS, BCBA ■
12360 SW 132nd Ct
Ste 201
Miami, FL 33186
(786) 701-9605
Digital Contact Information:
aba-ojtcorp@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz, Roderick, MA, BCBA ■
2500 Northwest 79th Avenue
Suite 180
Doral, FL 33122
(786) 253-7868
Digital Contact Information:
admin@universalcommunityservices.com

and
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
http://universalcommunityservices.com
admin@universalcommunityservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz, Stephanie, MA, BCBA ■
10855 Southwest 72nd Street
UNIT 1-5
Miami, FL 33173
(305) 720-2166
Digital Contact Information:
info@stepforwardaba.com

and
333 W 41st St
Ste 414
Miami Beach, FL 33140
(305) 720-2166
Digital Contact Information:
https://stepforwardaba.com/
info@stepforwardaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz, Sucely, BS, BCABA ■
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
dabs.credentialing@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz, Suzet, MED, BCBA ■
15715 South Dixie Highway
412
Miami, FL 33157
(786) 316-7186
Digital Contact Information:
briana@llbillingoffice.com

and
941 Southwest 87th Avenue
Suite A
Miami, FL 33174
(786) 873-9392
Digital Contact Information:
briana@llbillingoffice.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz, Tatiana, EDM, BCBA ■
15715 South Dixie Highway
412
Miami, FL 33157
(786) 316-7186
Digital Contact Information:
briana@llbillingoffice.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz Varela, Lisbeth, MMH, LBA ■
12001 Southwest 128th Court
Suite Suite 104
Miami, FL 33186
(786) 868-0505
Digital Contact Information:
agency@juntosbmb.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz, Yendri, MA, BCBA ■
12985 Southwest 130th Court
204 204
Miami, FL 33186
(305) 735-3878
Digital Contact Information:
therapy@kidsspotrehab.com

Diaz-Salvat, Claudia, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 854-1116
Digital Contact Information:
https://acornhealth.com
support@achievingtrueself.com

and
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
http://kidsspotrehab.com
support@achievingtrueself.com

Dietsch-Vazquez, Liliana, MED, BCBA ■
8200 Northwest 41st Street
Suite 200
Miami, FL 33166
(786) 774-7729
Digital Contact Information:
http://www.integrativemethods.com
info@integrativemethods.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diez De Sollano, Carina, MSW, LCSW ■
2100 Coral Way
Coral Gables, FL 33145
(786) 320-1677
Digital Contact Information:
http://www.ydzm.org
rossconsultingandcredentialing@gmail.com

and
7925 Northwest 12th Street
225
Doral, FL 33126
(305) 456-4378
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
3750 West 16th Avenue
208 210
Hialeah, FL 33012
(305) 301-3283
Digital Contact Information:
https://www.serenitytms.com/
rossconsultingandcredentialing@gmail.com

and
2100 West 76th Street
201 206
Hialeah, FL 33016
(786) 353-2324
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
5590 W 20th Ave
Ste 404
Hialeah, FL 33016
(305) 826-9330
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
FL
(305) 338-6219
Digital Contact Information:
rossconsultingandcredentialing@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Dillette, Bryana, MA, BCBA ■
14125 Northwest 80th Avenue
304
Miami Lakes, FL 33016
(786) 305-7222
Digital Contact Information:

christy@southfloridaaba.org

Dobnikar, Kendall, MA, BCBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
credentialing@kyocare.com

Domingues, Yeidy, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
admissions@abaalliancecareservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Dominguez, Alejandro, MS, BCBA ■
18901 Southwest 106th Avenue
a 227
Cutler Bay, FL 33157
(786) 732-7516
Digital Contact Information:
goodbehavior.as@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 732-7516
Digital Contact Information:
goodbehavior.as@gmail.com

and
15715 South Dixie Highway
330
Miami, FL 33157
(786) 732-0842
Digital Contact Information:
goodbehavior.as@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Dominguez Alvarez, Dayami, MS, BCBA ■
7779 Northwest 146th Street
Hialeah, FL 33016
(786) 702-6868
Digital Contact Information:
dayami@childrenbehavioraltherapy.com

Dominguez, Alyssa, MS, BCBA ■
9425 Southwest 72nd Street
164
Miami, FL 33173
(305) 279-2286
Digital Contact Information:
taylor@freshstartsnow.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Dominguez Benitez, Lisandra, MS, BCBA ■
7875 Northwest 12th Street
118
Miami, FL 33126
(786) 505-4449
Digital Contact Information:
http://southfloridabehavior.com
info@southfloridabehavio.com
Other Languages Spoken by Provider or Office Staff
Spanish

Dominguez Contreras, Lisandra, MS, BCBA ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
http://universalcommunityservices.com
admin@universalcommunityservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Dominguez, Dayana, MBS, BCBA ■
13200 Southwest 128th Street
Suite E2
Miami, FL 33186
(813) 252-0825
Digital Contact Information:
admin@prestigebehaviortherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Dominguez Lemus, Beatriz, MBS, BCBA ■
99 Northwest 183rd Street
suite: 241E
Miami Gardens, FL 33169
(786) 899-3042
Digital Contact Information:
https://suarezbehavioral.wixsite.com/mysite
suarezbehavioral@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Dominguez Lopez, Greys, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 458-9535
Digital Contact Information:
bmbchildrentherapies@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Dominguez, Nallivi, MS, BCBA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
6001 Northwest 153rd Street
Suite 160
Miami Lakes, FL 33014
(786) 384-4990
Digital Contact Information:
info@newlifeaba.com

Dominguez Suarez, Roberto, MS, BCBA ■
13416 Southwest 128th Street
Miami, FL 33186
(786) 732-0247
Digital Contact Information:
http://milestones-aba.org
milestonesaba2023@gmail.com

Dominguez Tamayo, Yaliagny D, BS, BCABA ■
3300 West 84th Street
10 10
Hialeah, FL 33018
(561) 909-8980
Digital Contact Information:
privateinsurancechildgarden@gmail.com
Other Languages Spoken by Provider or Office Staff Creole, Spanish

Dominguez Viera, Chesy, BS, BCABA ■
1700 Southwest 57th Avenue
209
Miami, FL 33155
(786) 558-4981
Digital Contact Information:
lpcarecorp@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Dominguez, Yoelkis, MS, BCBA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
http://www.appliedbhs.com
dabs@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Don, Arturo, MC, LMHC ■
17670 Northwest 78th Avenue
STE 113
Hialeah, FL 33015
(716) 558-4565
Digital Contact Information:
sseastcoast22@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
sseastcoast22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Donato, Eneidys, MS, BCBA ■
10691 North Kendall Drive
300
Miami, FL 33176
(305) 469-1101
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Dopking, Allison M, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
evernorth@teampbs.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Dorler, Jaela, BCBA, MA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(561) 235-7613
Digital Contact Information:
care@tillytherapy.com

Dorvilus, Alsberg, MA, BCBA ■
5190 Northwest 167th Street
202
Hialeah, FL 33014
(305) 756-9940
Digital Contact Information:
evernorth@teampbs.com

and
2520 Coral Way
2 19
Miami, FL 33145
(855) 832-6727
Digital Contact Information:
evernorth@teampbs.com

Doyle, Alissa D, MA, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
jon@beyondabatherapy.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
jon@beyondabatherapy.com

and
1951 NW 7th Ave
Ste 600
Miami, FL 33136
(929) 384-7193
Digital Contact Information:
jon@beyondabatherapy.com

Driggs, Yenny, MBS, BCBA ■
17324 Northwest 63rd Avenue
Hialeah, FL 33015
(786) 879-2117
Digital Contact Information:
dchsbehavioranalysis@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Drumb, Lisa, MA, BCBA, LBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
info@appliedabc.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Dubois, Rose, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

Duboy, Marion, MED, BCBA ■
2520 Coral Way
2 19
Miami, FL 33145
(855) 832-6727
Digital Contact Information:
info@brightstartllc.com

and
12750 Northwest 17th Street
216 216
Miami, FL 33182
(888) 527-8037
Digital Contact Information:
https://www.brightstartbh.com/
info@brightstartllc.com

Dumbar, Yadira, MS, BCBA ■
Home Based Services Only
Hialeah, FL 33012
(561) 460-0284
Digital Contact Information:
lifetimecareservices@gmail.com

and
8743 Southwest 9th Terrace
4
Miami, FL 33174
(786) 360-2869
Digital Contact Information:
lifetimecareservices@gmail.com

and
5801 Northwest 151st Street
206
Miami Lakes, FL 33014
(305) 504-1749
Digital Contact Information:
lifetimecareservices@gmail.com

and
FL
(305) 504-1749
Digital Contact Information:
lifetimecareservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Duquette, Gabriella, PSYD, LP ■
10691 N Kendall Dr
Ste 105
Miami, FL 33176
(305) 668-6018
Digital Contact Information:
gabyd17@bellsouth.net

Duran, Haydee, BS, BCABA ■
13831 Southwest 59th Street
Suite 200
Miami, FL 33183
(786) 536-2361
Digital Contact Information:
http://www.inclusivenest.com
info@inclusivenest.com
Other Languages Spoken by Provider or Office Staff
Spanish

Duran, Yessenia, MED, LBA ■
10920 Southwest 184th Street
Miami, FL 33157
(305) 378-5775
Digital Contact Information:
http://www.slbtherapy.com
yessenia.duran@live.com
Other Languages Spoken by Provider or Office Staff
Spanish

Durgin, Cheryl, MED, LBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
cheryl@blessings-ranch.com

Durham, Wesley A, MA, BCBA ■
8200 Northwest 41st Street
Suite 200
Miami, FL 33166
(786) 774-7729
Digital Contact Information:
http://www.integrativemethods.com
info@integrativemethods.com
Other Languages Spoken by Provider or Office Staff
Spanish

Dustman, Kayla, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134

(844) 244-1818
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Ebro, Ibis, MS, BCBA ■
Home Based Services Only
Miami Gardens, FL 33014
(305) 417-1535
Digital Contact Information:
ibisebro@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Eckardt, Karen, MPSY, BCBA ■
13424 Southwest 90th Terrace
Miami, FL 33186
(786) 308-6353
Digital Contact Information:
eckardtkaren277@gmail.com

Edrosa, Caridad B, MBS, BCBA ■
10711 Southwest 216th Street
103 103
Goulds, FL 33170
(305) 965-9682
Digital Contact Information:
info@abcsfl.com

and
2500 SW 107TH AVE
42
Miami, FL 33165
(305) 965-9682
Digital Contact Information:
http://www.abcsfl.com
info@abcsfl.com

and
FL
(786) 615-3334
Digital Contact Information:
info@abcsfl.com

and
12750 Southwest 128th Street
Suite #201
Miami, FL 33186
(786) 592-2051
Digital Contact Information:
http://www.behavioraccservices.com
info@abcsfl.com

and
13501 Southwest 128th Street
114a
Miami, FL 33186
(786) 732-2139
Digital Contact Information:
info@abcsfl.com

Egendoerfer, Gale, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
amegoaba@amegoinc.org

Elder, Waleed, MSED, LBA ■
16699 Collins Avenue
2609 2609
Sunny Isles Beach, FL 33160
(646) 504-3492
Digital Contact Information:
credentialing@crystalvoxx.com

and
16699 Collins Avenue
Apartment 2609
Sunny Isles Beach, FL 33160
(646) 504-3492
Digital Contact Information:
credentialing@crystalvoxx.com

Elias Rodriguez, Maythe, MS, BCBA ■
1150 Northwest 72nd Avenue
ph 2
Miami, FL 33126
(786) 542-5043
Digital Contact Information:
rmacalino@brightbehavioralhealth.com

and
9555 Southwest 175th Terrace
650
Palmetto Bay, FL 33157
(786) 768-5756
Digital Contact Information:
rmacalino@brightbehavioralhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Emile, Sybil, MA, BCBA ■
18451 Northeast 27th Place
Aventura, FL 33160
(786) 683-2398
Digital Contact Information:
eandc@rethinkbilling.com

Emrick, Amanda, MED, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
haley.hounchell@yourmissingpiece.com

Enerson, Maxine, MS, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
evernorth@teampbs.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
evernorth@teampbs.com

and
1951 NW 7th Ave
Ste 600
Miami, FL 33136
(929) 384-7193
Digital Contact Information:
evernorth@teampbs.com

and
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
evernorth@teampbs.com

Enot Flores, Edna, MS, BCBA ■
3625 Northwest 82nd Avenue
101
Doral, FL 33166
(786) 583-8663
Digital Contact Information:
info@appliedabc.com

Enriquez, Daniela, MA, BCBA ■
9425 Southwest 72nd Street
164
Miami, FL 33173
(305) 279-2286
Digital Contact Information:
http://freshstartsnow.com
daniela.enriquez0912@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Enriquez Garcia, Leyanis, MS, BCBA ■
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
info@newlifeaba.com

and
945 Southwest 122nd Avenue
Miami, FL 33184
(786) 536-4807
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff English

Erbiti, Natasha, MA, BCBA ■
12750 Northwest 17th Street
216 216
Miami, FL 33182
(888) 527-8037
Digital Contact Information:
http://www.brightstartpossibility.com
info@brightstartllc.com

Escobar, Karla, MS, BCBA ■
Home Based Services Only
Doral, FL 33126
(305) 433-5489
Digital Contact Information:
yiliam@kidstherapyconnection.com

and
7800 Southwest 57th Avenue
205
South Miami, FL 33143
(305) 854-2471
Digital Contact Information:
http://www.kidstherapyconnection.com
yiliam@kidstherapyconnection.com
Other Languages Spoken by Provider or Office Staff
Spanish

Escobar Lozada, Betsy, MS, BCBA ■
6625 Miami Lakes Drive
226
Hialeah, FL 33014
(305) 777-3884
Digital Contact Information:
Not Available

Esparza, Yumi, MMH, BCBA ■
Home Based Services Only
Hialeah, FL 33012
(561) 962-1286
Digital Contact Information:
counselorbroward@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Espejo, Jennifer I, MS, BCBA ■
10750 Northwest 66th Street
Doral, FL 33178
(305) 417-9879
Digital Contact Information:
jespe002@gmail.com

and
5 Olive Dr
Apt 15
Hialeah, FL 33010
(305) 417-9879
Digital Contact Information:
http://www.behavior-track.com
jespe002@gmail.com

and
5 Olive Drive
15 15
Hialeah, FL 33010
(305) 417-9879
Digital Contact Information:
http://www.behavior-track.com
jespe002@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Espejo, Meryl, MA, BCBA ■
5 Olive Drive
15 15
Hialeah, FL 33010
(305) 417-9879
Digital Contact Information:
https://www.behavior-track.com/
info@behavior-track.com

Espejo, Rafael, MA, BCBA ■
5 Olive Dr
Apt 15
Hialeah, FL 33010
(305) 417-9879
Digital Contact Information:
http://www.behavior-track.com
info@behavior-track.com

and
Home Based Services Only
Hialeah, FL 33010
(305) 417-9879
Digital Contact Information:
info@behavior-track.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Espinosa, Ana, MBS, BCBA ■
5931 NW 173rd Dr
Unit 10
Hialeah, FL 33015
(305) 826-7884
Digital Contact Information:
ircoffice@interehacen.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Espinosa, Anthony, MPSY, BCBA ■
Home Based Services Only
Doral, FL 33122
(305) 394-8251
Digital Contact Information:
info@bmmaba.com

and
7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
info@bmmaba.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Espinoza, Patricia S, MS, BCABA ■
9415 Southwest 72nd Street
101
Miami, FL 33173
(305) 662-6448
Digital Contact Information:
http://www.miamibehaviortherapy.com
maveninbehavior305@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Estevanell, Joshua, MBS, BCBA ■
631 Northwest 45th Avenue
100
Miami, FL 33126
(786) 343-8890
Digital Contact Information:
http://guilservices.com
guilservices001@gmail.com

and
Home Based Services Only
Miami Lakes, FL 33018
(786) 536-7908
Digital Contact Information:
guilservices001@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Estevez Torres, Zoe, MS, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
bfernandez@smartbatherapy.com

and
306 Westward Dr
Miami Springs, FL 33166
(786) 588-7894
Digital Contact Information:
http://www.smartbatherapy.com
bfernandez@smartbatherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Estrada Espinosa, Ana, MPSY, BCBA ■
13200 Southwest 128th Street
Suite E2
Miami, FL 33186
(813) 252-0825
Digital Contact Information:
admin@prestigebehaviortherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Estrada, Gabriela E, BA, BCBA ■
365 Northwest 16th Street
Homestead, FL 33030
(305) 546-6160
Digital Contact Information:
abaforlittles@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Estrada Garcia, Oralis, EDM, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 536-7470
Digital Contact Information:
dadebehavioralservices@gmail.com

and
10691 North Kendall Drive
211
Miami, FL 33176
(305) 984-4343
Digital Contact Information:
dadebehavioralservices@gmail.com

Estrella, Danilda, MA, BCBA ■

8785 SW 165th Ave
Ste 103
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
yamile@behavioralfamilysolutions.com

and
8785 SW 165th Ave
Ste 104
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
yamile@behavioralfamilysolutions.com

and
Southwest 134th Street
Three Lakes, FL 33186
(954) 625-9077
Digital Contact Information:
yamile@behavioralfamilysolutions.com

Estupinan Acevedo, Piedad D, MA, BCBA ■
1250 Southwest 27th Avenue
207
Miami, FL 33135
(786) 502-3137
Digital Contact Information:
camiamibehavior@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Exposito, Roxana, MPSY, BCBA ■
8601 Southwest 199th Street
Cutler Bay, FL 33189
(305) 908-2999
Digital Contact Information:
mario@mghomecare.com

and
10200 NW 25th St
Ste 114
Doral, FL 33172
(305) 908-2999
Digital Contact Information:
http://www.mghomecare.com
mario@mghomecare.com

and
40 Northwest 8th Street
Homestead, FL 33030
(305) 908-2999
Digital Contact Information:
mario@mghomecare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fajardo, Grethel, MS, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
genesisconsultingservices39@gmail.com

Falcon, Mariam, MED, BCBA ■
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
http://novacommunityservice.com
info@novacshealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Falcon, Oilime, MD, BCBA ■
FL
(786) 603-6567
Digital Contact Information:
enrollpriv@bikhamhealthcare.com

Faldon-Gamarra, Terry, MED, BCBA ■
11025 SW 84th St
Ste 8
Miami, FL 33173
(833) 971-1230
Digital Contact Information:
info@pbstherapy.com

Famada, Kaelyn N, MA, BCBA ■
6055 Northwest 104th Avenue
Suite 2
Doral, FL 33178
Digital Contact Information:
http://dstherapies.com
ana.ospina@dstherapies.com
Other Languages Spoken by Provider or Office Staff
Spanish

Farinas, Marilyn, MS, BCBA ■
13301 Southwest 132nd Avenue
203 203
Miami, FL 33186
(786) 632-9993
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Fay, Candace, BA, BCABA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(305) 846-9807
Digital Contact Information:
https://acornhealth.com
info@acornhealth.com
Other Languages Spoken by Provider or Office Staff English

Febles, Livia, MPSY, BCBA ■
2500 Southwest 107th Avenue
37
Miami, FL 33165
(305) 228-3780
Digital Contact Information:
excellentcare1@att.net

Febres, Julissa M, MA, BCBA ■
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
https://stepforwardaba.com/
admin@stepforwardaba.com
Other Languages Spoken by Provider or Office Staff
Hebrew, Spanish

Feijo, Roberto, BS, BCABA ■
Home Based Services Only
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
southfloridabbf@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Feldman, Hannah, BA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
ebony.taylor@hopebridge.com

Feliu-Roque, Karelia, MA, BCBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 953-8500
Digital Contact Information:
http://kidsspotrehab.com
credentialing@kidsspotrehab.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Felix, Stephanie, MS, BCBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
credentialing@alpacahealth.io

Fenton Hodge, Yivell M, MS, BCBA ■
7875 Northwest 12th Street
118
Miami, FL 33126
(786) 505-4449
Digital Contact Information:
http://southfloridabehavior.com
info@southfloridabehavio.com

and
10855 Southwest 72nd Street
UNIT 1-5
Miami, FL 33173
(305) 720-2166
Digital Contact Information:
info@southfloridabehavio.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ferbeyre, Halle, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
providerenrollment@acornhealth.com

Fernandez, Adriano, BS, BCABA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
http://www.appliedbhs.com
dabs@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez Calienes, Lauren, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 238-7237
Digital Contact Information:
credentialing@practolytics.com

and
8532 Southwest 8th Street
STE 290
Miami, FL 33144
(786) 927-8048
Digital Contact Information:
credentialing@practolytics.com

and
12460 Southwest 8th Street
2024
Miami, FL 33184
(786) 801-0944
Digital Contact Information:
credentialing@practolytics.com

and
9710 East Indigo Street
Suite 201
Palmetto Bay, FL 33157
(786) 277-6210
Digital Contact Information:
credentialing@practolytics.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Cindy, MSED, BCBA ■
10200 NW 25th St
Ste 114
Doral, FL 33172
(305) 908-2999
Digital Contact Information:
reachingwellness@hotmail.com

and
782 Northwest 42nd Avenue
Suite 4
Miami, FL 33126
(786) 337-0885
Digital Contact Information:
reachingwellness@hotmail.com

and
9380 Sunset Drive
b165
Miami, FL 33173
(786) 337-0585
Digital Contact Information:
reachingwellness@hotmail.com

Fernandez, Delio J, MS, BCBA ■
14815 Southwest 163rd Terrace
Miami, FL 33187
(786) 806-0308
Digital Contact Information:
jcabrera@mymbcinc.com

Fernandez Duarte, Imandra, MS, BCBA ■
18901 Southwest 106th Avenue
a 227
Cutler Bay, FL 33157
(786) 732-7516
Digital Contact Information:
info@newlifeaba.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 732-7516
Digital Contact Information:
info@newlifeaba.com

and
18901 Southwest 106th Avenue
229
Miami, FL 33157
(786) 506-9008
Digital Contact Information:
info@newlifeaba.com

and
1031 Ives Dairy Road
STE 240
Miami, FL 33179
(786) 306-5534
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Edwina, MBS, BCBA ■
Home Based Services Only
Miami Gardens, FL 33014
(305) 640-5739
Digital Contact Information:
romerolifehealth@yahoo.com

Fernandez Esteva, Mercedes, BS, BCABA ■
13501 Southwest 128th Street
Suite 106
Miami, FL 33186
(786) 731-3919
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Geisy, MS, BCBA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@brightfuturebehavioral.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
info@brightfuturebehavioral.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez Hernandez, Cecilia, MA, BCBA ■
15715 South Dixie Highway
412
Miami, FL 33157
(786) 316-7186
Digital Contact Information:
briana@llbillingoffice.com

and
941 Southwest 87th Avenue
Suite A
Miami, FL 33174
(786) 873-9392
Digital Contact Information:
briana@llbillingoffice.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Janeissy, MS, BCBA ■
10200 Northwest 25th Street
STE 204
Doral, FL 33172
(305) 406-3689
Digital Contact Information:
info@foundartacademy.org
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Jennifer, MS, BCBA, LBA ■
11601 Biscayne Boulevard
Miami, FL 33181
(786) 206-4151
Digital Contact Information:
info@appliedabc.com

and
909 North Miami Beach Boulevard
STE 301

North Miami Beach, FL 33162
(305) 822-7202
Digital Contact Information:
info@appliedabc.com

Fernandez Manso, Andy, BA, BCABA ■
11890 Southwest 8th Street
405
Miami, FL 33184
(786) 439-7098
Digital Contact Information:
Not Available

Fernandez Manso, Cinira, MPSY, BCBA ■
11890 Southwest 8th Street
405
Miami, FL 33184
(786) 439-7098
Digital Contact Information:
Not Available

Fernandez, Maria D, MS, BCBA ■
13170 Southwest 128th Street
STE 206
Miami, FL 33186
(786) 382-0550
Digital Contact Information:
jcabrera@mymbcinc.com

Fernandez, Marta, MA, BCBA ■
1400 Northwest 107th Avenue
306
Miami, FL 33172
(786) 817-7444
Digital Contact Information:
martafernandezneumann@yahoo.com

and
13866 Southwest 56th Street
Miami, FL 33175
(786) 380-8585
Digital Contact Information:
martafernandezneumann@yahoo.com

Fernandez Martell, Madelin, MD, BCBA ■
9555 Southwest 175th Terrace
Suite 223
Palmetto Bay, FL 33157
(786) 370-4198
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Maydonis, MSED, BCBA ■
6955 Northwest 77th Avenue
205
Miami, FL 33166
(305) 308-4696
Digital Contact Information:
mental.h@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Fernandez, Melanie A, MS, BCBA ■
585 East 49th Street
11
Hialeah, FL 33013
(305) 970-9165
Digital Contact Information:
billingadmin@optimalbeginning.com

and
16311 NW 87th Ct
Hialeah, FL 33018
(305) 586-8549
Digital Contact Information:
billingadmin@optimalbeginning.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Fernandez Montero, Lisbet, MA, BCBA ■
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
office@tlhproject.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez Ojeda, Zuleimy D, MS, BCBA ■
Home Based Services Only
Miami Shores, FL 33161
(786) 709-8403
Digital Contact Information:
info@cameroarnp.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez Perez, Yilan, BCBA, MS ■
Home Based Services Only
West Miami, FL 33144
(305) 741-2218
Digital Contact Information:
prestigebehavioralcenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Rey, MS, BCBA ■
10300 Southwest 72nd Street
250b
Miami, FL 33173
(305) 939-6878
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez Rodriguez, Ernesto, MS, BCBA ■
15295 Northwest 60th Avenue
STE 100
Miami Lakes, FL 33014
(305) 316-2055
Digital Contact Information:
heightservicespro@gmail.com

Fernandez, Tania M, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 534-7172
Digital Contact Information:
clinicare23@outlook.com

Fernandez, Vanessa, MA, BCBA, LBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
credentialing@tillytherapy.com

Fernandez, Vanessa B, MSW, BCBA ■
8200 Northwest 41st Street
Suite 200
Miami, FL 33166
(305) 401-5259
Digital Contact Information:
vanessa.bcba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Yanet, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(703) 496-4371
Digital Contact Information:
https://acornhealth.com
admin@autismfirstus.com

Fernando, Arielle, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
providerenrollment@acornhealth.com

Ferran, Flavia M, BA, BCABA ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
services@cmnbtherapy.com

and
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
services@cmnbtherapy.com
Other Languages Spoken by Provider or Office Staff
Portuguese, English, Haitian Creole, Japanese, French, Russian, Italian, Spanish, Vietnamese

Ferreiro, Melany, MS, BCBA ■
1275 West 47th Place
#449
Hialeah, FL 33012
(305) 425-1338
Digital Contact Information:
magicbehavioral@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ferrer, Barbara, MS, BCBA, LMHC ■
FL
(786) 724-4224
Digital Contact Information:
https://www.vita-cog.com/
enrollpriv@bikhamhealthcare.com

and
9220 Sunset Drive
104
Miami, FL 33173
(786) 724-4224
Digital Contact Information:
enrollpriv@bikhamhealthcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ferrer, Jezabell, EDM, BCBA ■
10300 Southwest 72nd Street
#354
Miami, FL 33173
(786) 444-7996
Digital Contact Information:
jzadvancedbehaviorservices@gmail.com

Ferrer, Roxana, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 571-9533
Digital Contact Information:
office@smartbatherapy.com

and
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
office@smartbatherapy.com

and
306 Westward Dr
Miami Springs, FL 33166
(786) 588-7894
Digital Contact Information:
http://www.smartbatherapy.com
office@smartbatherapy.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(786) 522-7203
Digital Contact Information:
office@smartbatherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fesser, Alanna, MA, BCBA ■
9415 SW 72nd St
Ste 131
Miami, FL 33173
(305) 662-6448
Digital Contact Information:
http://www.miamibehaviortherapy.com
alannafesser@gmail.com

and
9415 Southwest 72nd Street
101
Miami, FL 33173
(305) 662-6448
Digital Contact Information:
http://www.miamibehaviortherapy.com
alannafesser@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Figueredo Isaac, Liudmila, MED, BCABA ■
13205 Southwest 137th Avenue
#212
Miami, FL 33186
(786) 732-6298
Digital Contact Information:
florentina1943@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Figueredo, Vanessa, MS, BCBA ■
7235 Southwest 24th Street
204
Miami, FL 33155
(786) 452-0257
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Figueroa, Danais, MA, BCBA ■
3750 West 16th Avenue
218
Hialeah, FL 33012
(786) 409-3231
Digital Contact Information:
credentialing@kidsspotrehab.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@kidsspotrehab.com

Figueroa, Rachel, MS, BCBA, LBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Fiol, Elizabeth, MA, BCBA ■
8353 Southwest 124th Street
102
Miami, FL 33156
(305) 902-6435
Digital Contact Information:
jeanne@onebehavior.com

and
12973 Southwest 112th Street
151
Miami, FL 33186
(305) 204-7037
Digital Contact Information:
jeanne@onebehavior.com

and
8603 South Dixie Highway
303
Pinecrest, FL 33156
(305) 902-6435
Digital Contact Information:
http://www.abamiami.com
jeanne@onebehavior.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fitzpatrick, Mary Kathryn, MA, BCBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
kfitzpatrick@blnautism.com

and
12456 Southwest 127th Avenue
Miami, FL 33186
(786) 953-8500
Digital Contact Information:
kfitzpatrick@blnautism.com

Fleitas, Samantha, BS, BCBA ■
995 Northwest 119th Street
681858
North Miami, FL 33168
(786) 838-7040
Digital Contact Information:
http://bmcmiami.com
samfleitas@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Flores, Veronica, MS, BCBA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(305) 480-7839
Digital Contact Information:
info@newlifeaba.com

Flores-Mursuli, Geraldine, MA, BCBA ■
8160 Geneva Court
311 311
Doral, FL 33166
(786) 223-7310
Digital Contact Information:
xioredlv@gmail.com

and
12485 SW 9th Ter
Miami, FL 33184
(786) 223-7310
Digital Contact Information:
http://www.triumphbehavioral.com
xioredlv@gmail.com

Fonseca, Jackeline, MS, BCBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 953-8500
Digital Contact Information:
http://kidsspotrehab.com
credentialing@kidsspotrehab.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Fonseca, Odalys, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 715-8511
Digital Contact Information:
interbehavcorp@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Forteza Cordero, Judith, MA, BCABA ■
2500 Northwest 79th Avenue
Suite 211
Doral, FL 33122
(786) 675-8650
Digital Contact Information:
dleonintegritybehaviorservice@gmail.com

and
10482 Northwest 31st Terrace
STE 2A
Doral, FL 33172
(786) 765-7550
Digital Contact Information:
dleonintegritybehaviorservice@gmail.com

and
Home Based Services Only
Hialeah, FL 33012
(561) 460-0284
Digital Contact Information:
dleonintegritybehaviorservice@gmail.com

and
131 Northeast 8th Street
Homestead, FL 33030
(786) 291-3979
Digital Contact Information:
dleonintegritybehaviorservice@gmail.com

Fraga, Alicia, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
admissions@abaalliancecareservices.com

and
8300 NW 53rd St
Ste 350
Miami, FL 33166
(305) 776-0728
Digital Contact Information:
admissions@abaalliancecareservices.com

and
9570 Southwest 107th Avenue
104c
Miami, FL 33176
(786) 267-2830
Digital Contact Information:
admissions@abaalliancecareservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fraga, Joyce, MED, BCBA ■
9415 Southwest 72nd Street
101
Miami, FL 33173
(305) 662-6448
Digital Contact Information:
http://www.miamibehaviortherapy.com
joycefraga@rocketmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fraguela-Lam, Mayren, MSSW, LCSW ■
10691 North Kendall Drive
312
Miami, FL 33176
(786) 592-8470
Digital Contact Information:
bmhealthserv@gmail.com

and
FL
(786) 592-8470
Digital Contact Information:
bmhealthserv@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Frances, Elyssa M, MA, BCBA ■
Home Based Services Only
Miami Gardens, FL 33014
(786) 254-7637
Digital Contact Information:
brightstepsaba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Francis, Jasmin, MA, BCBA ■
16201 Northeast 13th Avenue
North Miami Beach, FL 33162
(786) 955-6224
Digital Contact Information:
http://www.superkidsaba.com
jasmin@superkidsaba.com

and
17121 Northeast 6th Avenue
North Miami Beach, FL 33162
(305) 952-3161
Digital Contact Information:
jasmin@superkidsaba.com
Other Languages Spoken by Provider or Office Staff
Hebrew, Spanish

Franco Paz, Jean, BS, BCBA ■
Home Based Services Only
Hialeah, FL 33010
(305) 280-5730
Digital Contact Information:
shakira@behaviorchangefl.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
shakira@behaviorchangefl.com

Francois, Esther, MA, BCBA ■
14125 Northwest 80th Avenue
304
Miami Lakes, FL 33016
(786) 305-7222
Digital Contact Information:
christy@southfloridaaba.org

Frank, Sabrina, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 854-1116
Digital Contact Information:
https://acornhealth.com
info@acornhealth.com

Frias Cabrera, Yicel, MS, BCBA ■
13155 Southwest 42nd Street
STE 204
Miami, FL 33175
(786) 486-9756
Digital Contact Information:
loveinservicesprivate@gmail.com

and
13469 Southwest 29th Street
Miami, FL 33175
(786) 486-9756
Digital Contact Information:
loveinservicesprivate@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Friese, Brianna T, BA, BCABA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
admin@abaalliance.com
Other Languages Spoken by Provider or Office Staff
Spanish

Frontela Fernandez, Ailyn, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 732-7516
Digital Contact Information:
familylovenetworks@gmail.com

and
10300 Southwest 72nd Street
#354
Miami, FL 33173
(305) 787-2924
Digital Contact Information:
familylovenetworks@gmail.com

Fuentes Deleon, Romy, MED, BCBA ■
8601 Southwest 199th Street
Cutler Bay, FL 33189
(305) 908-2999
Digital Contact Information:
yordanka@mghomecare.com

and
10200 Northwest 25th Street
STE 114
Doral, FL 33172
(956) 884-4944
Digital Contact Information:
yordanka@mghomecare.com

and
40 Northwest 8th Street
Homestead, FL 33030
(305) 908-2999
Digital Contact Information:
yordanka@mghomecare.com

and
9380 Sunset Drive
b165
Miami, FL 33173
(786) 337-0585
Digital Contact Information:
yordanka@mghomecare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fuentes, Faniley, MS, BCBA ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
info@newlifeaba.com

and
1000 Brickell Avenue
Miami, FL 33131
(754) 234-0643
Digital Contact Information:
info@newlifeaba.com

and
14750 Southwest 26th Street
STE 114
Miami, FL 33185
(786) 536-9441
Digital Contact Information:
info@newlifeaba.com

and
9502 Southwest 166th Court
Miami, FL 33196
(754) 234-0643
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fuentes, Saily, BA, BCABA ■
1250 Southwest 27th Avenue
207
Miami, FL 33135
(786) 502-3137
Digital Contact Information:
cabehavior@gmail.com

and
8550 West Flagler Street
STE 118
Miami, FL 33144
(786) 391-4113
Digital Contact Information:
cabehavior@gmail.com

Fundora, Gladys, MMH, BCBA, LMHC ■
1000 Brickell Avenue
Miami, FL 33131
(786) 817-2356
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
http://kidsspotrehab.com
rossconsultingandcredentialing@gmail.com

and
19100 Southwest 106th Avenue
12 12
Miami, FL 33157
(786) 360-2852
Digital Contact Information:
rossconsultingandcredentialing@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fundora, Ronnie, MA, BCBA ■
FL
(786) 569-6783
Digital Contact Information:
team@achievebehaviorcenters.com

Fung-Collazo, Thalia, MA, BCBA ■
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
http://www.miamipersonalmanagement.com
mpmcmhc@miamipersonalmanagement.com

and
730 Northwest 107th Avenue
104
Miami, FL 33172
(305) 307-1911
Digital Contact Information:
mpmcmhc@miamipersonalmanagement.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Fustes Ramirez, Lien, MS, BCBA ■
10711 Southwest 216th Street
103 103
Goulds, FL 33170
(305) 965-9682
Digital Contact Information:
aleatherapeuticbehavioralserv@gmail.com

and
131 Northeast 8th Street
Homestead, FL 33030
(786) 291-3979
Digital Contact Information:
http://www.aleatbs.com
aleatherapeuticbehavioralserv@gmail.com

Gainor, Dawn M, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
info@acornhealth.com

Gainza Mayo, Mariela D, MSN, APRN ■
7971 Bird Road
15
Miami, FL 33155
(786) 504-5620
Digital Contact Information:
kenia.rodriguez@ffmhs.com

and
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
kenia.rodriguez@ffmhs.com
Other Languages Spoken by

Provider or Office Staff Spanish

Galan Goicochea, Rosalia, MBS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 433-0897
Digital Contact Information:
bluelifetherapy@gmail.com
Other Languages Spoken by Provider or Office Staff Kreol, Spanish

Galano Fito, Liliana, BA, BCABA ■
1535 N Goldeneye Ln
Homestead, FL 33035
(786) 212-5530
Digital Contact Information:
info@cornerstone-cba.com

Galban, Jazmin, MPSY, BCBA ■
Home Based Services Only
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
gperez@hbccmhc.com
Other Languages Spoken by Provider or Office Staff Spanish

Galban, Noemi, BA, BCABA ■
10300 Southwest 72nd Street
300
Miami, FL 33173
(786) 418-9730
Digital Contact Information:
http://www.happydreamsofkids.com
manager@happydreamsofkids.com

Galban, Yenisleydis, MS, BCABA ■
2500 Northwest 79th Avenue
Suite 180
Doral, FL 33122
(786) 253-7868
Digital Contact Information:
https://www.neurodverse.com/
yenygalban@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Galindo Aguero, Indira M, MS, BCBA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff Spanish

Gallardo, Rosalva, MS, BCABA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 238-7237
Digital Contact Information:
info@epossibilitiesllc.com
Other Languages Spoken by Provider or Office Staff Spanish

Gama, Ana Iris, MS, BCBA ■
1570 West 38th Place
12 12
Hialeah, FL 33012
(786) 615-2514
Digital Contact Information:
solutions@cobohomehealthservices.com

and
4410 West 16th Avenue
unit 41
Hialeah, FL 33012
(786) 267-2830
Digital Contact Information:
solutions@cobohomehealthservices.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 536-7470
Digital Contact Information:
solutions@cobohomehealthservices.com

Gamazo, Glendys, MA, BCBA ■
1900 North Bayshore Drive
Miami, FL 33132
(954) 400-3251
Digital Contact Information:
https://abacustherapies.com/
info@abacustherapies.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(954) 400-3251
Digital Contact Information:
https://abacustherapies.com/
info@abacustherapies.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(954) 400-3251
Digital Contact Information:
https://abacustherapies.com/
info@abacustherapies.com

Gandara, Elena, BA, BCABA ■
Home Based Services Only
Doral, FL 33122
(305) 603-8747
Digital Contact Information:
lightingbehaviorservices@gmail.com

and
1275 West 47th Place
#449
Hialeah, FL 33012
(305) 425-1338
Digital Contact Information:
lightingbehaviorservices@gmail.com

and
4800 Northwest 167th Street
Miami Gardens, FL 33014
(305) 515-2726
Digital Contact Information:
http://www.lightingbehavior.com
lightingbehaviorservices@gmail.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(786) 254-5372
Digital Contact Information:
lightingbehaviorservices@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Gandia Blanco, Adeline, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 695-8789
Digital Contact Information:
group@innovatiobhc.com
Other Languages Spoken by Provider or Office Staff Spanish

Garaboa Niebla, Jisell, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
bluelifetherapy@gmail.com

and
13404 Southwest 128th Street
Miami, FL 33186
(305) 433-0897
Digital Contact Information:
http://www.bluelifetherapy.com
bluelifetherapy@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Garces, Carmen, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 964-5356
Digital Contact Information:
abacentersolutions@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Garces, Yudisley, EDM, BCBA ■
1414 Northwest 107th Avenue
204
Doral, FL 33172
(305) 225-8711
Digital Contact Information:
dadebehavioralservices@gmail.com

and
2300 West 84th Street
406
Hialeah, FL 33016
(786) 960-6767
Digital Contact Information:
dadebehavioralservices@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 536-7470
Digital Contact Information:
dadebehavioralservices@gmail.com

and
14875 Northwest 77th Avenue
Suite 204
Miami Lakes, FL 33014
(786) 321-1400
Digital Contact Information:
dadebehavioralservices@gmail.com

Garcia, Amanda, MS, BCBA ■
11342 Southwest 244th Terrace
Homestead, FL 33032
(863) 589-2068
Digital Contact Information:
amy15957.ag@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 586-5762
Digital Contact Information:
amy15957.ag@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Garcia, Arletis, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 534-7172
Digital Contact Information:
clinicare23@outlook.com

Garcia Arteaga, Teresa, MS, BCBA ■
2721 SW 137th Ave
Ste 113
Miami, FL 33175
(786) 558-7248
Digital Contact Information:
http://pensandoconvargas.com
tgarcia@thinkingwithvargas.com

Garcia, Aylen, MS, BCBA ■
10491 Southwest 200th Terrace
Cutler Bay, FL 33189
(786) 230-5158
Digital Contact Information:
luciano@mymbcinc.com

and
2450 Southwest 137th Avenue
232
Miami, FL 33175
(786) 360-6496
Digital Contact Information:
luciano@mymbcinc.com

and
2460 Southwest 137th Avenue
242
Miami, FL 33175
(305) 339-1889
Digital Contact Information:
luciano@mymbcinc.com
Other Languages Spoken by Provider or Office Staff Spanish

Garcia Calixto, Valeria, MS, BCBA ■
8350 Northwest 52nd Terrace
301 130
Doral, FL 33166
(786) 342-4367
Digital Contact Information:
brightlinebehavior@gmail.com

Garcia, Candace, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Garcia, David, MS, BCBA ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(954) 757-7790
Digital Contact Information:
http://www.behavior-analysis.org
dgarcia@behavior-analysis.org

Garcia, Diana, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

and
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

Garcia, Eliani, MED, BCBA ■
2804 Del Prado Blvd S
209
Miami, FL 33194
(786) 800-4916
Digital Contact Information:
aba@confidentmindsllc.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Garcia, Estrella, MBS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 875-7812
Digital Contact Information:
jcabrera@mymbcinc.com

and
10691 North Kendall Drive
#202
Miami, FL 33176
(786) 534-7172
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff Spanish

Garcia, Gertrudis, MMFT, LMFT ■
1414 Northwest 107th Avenue
204
Doral, FL 33172
(305) 225-8711
Digital Contact Information:
toplifecaresolutions@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 536-7470
Digital Contact Information:
toplifecaresolutions@gmail.com

and
175 Fontainebleau Boulevard
Miami, FL 33172
(305) 960-7124
Digital Contact Information:
toplifecaresolutions@gmail.com

and
10677 North Kendall Drive
ste 5-a
Miami, FL 33176
(305) 225-8711
Digital Contact Information:
http://toplifecaresolutions.com
toplifecaresolutions@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Garcia, Gretchen, BS, BCABA ■
12150 Southwest 128th Court
222
Miami, FL 33186
(786) 701-8164
Digital Contact Information:
http://www.kendallbehavior.com
office@kendallbehavior.com
Other Languages Spoken by Provider or Office Staff Spanish

Garcia Hernandez, Adelfa, BA, BCBA ■
16657 Southwest 81st Terrace
Miami, FL 33193
(786) 426-1166
Digital Contact Information:
pathwaysaba@gmail.com

Garcia, Hugo, MS, BCBA ■

1000 Brickell Avenue
Miami, FL 33131
(786) 695-8672
Digital Contact Information:
abaproinfo@gmail.com

and
4155 Southwest 130th Avenue
108
Miami, FL 33175
(786) 919-3784
Digital Contact Information:
abaproinfo@gmail.com
Other Languages Spoken by Provider or Office Staff French

Garcia, Janice, MPSY, BCBA ■
9415 SW 72nd St
Ste 131
Miami, FL 33173
(305) 662-6448
Digital Contact Information:
http://www.miamibehaviortherapy.com
jgarc813@fiu.edu

and
9415 Southwest 72nd Street
101
Miami, FL 33173
(305) 662-6448
Digital Contact Information:
http://www.miamibehaviortherapy.com
jgarc813@fiu.edu

Garcia, Kalya, MED, BCBA ■
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
office@tlhproject.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Karoline, MA, BCBA ■
8201 Northwest 21st Street
Doral, FL 33122
(305) 879-5458
Digital Contact Information:
kgarcia.aba@gmail.com

and
8201 Northwest 181st Street
Hialeah, FL 33015
(305) 204-8290
Digital Contact Information:
kgarcia.aba@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 204-8290
Digital Contact Information:
kgarcia.aba@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, English, Spanish

Garcia, Katery I, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(888) 501-8540
Digital Contact Information:
https://acornhealth.com
credentialing@kidsspotrehab.com

and
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
credentialing@kidsspotrehab.com

and
8660 West Flagler Street
STE 121
Miami, FL 33144
(305) 600-4774
Digital Contact Information:
credentialing@kidsspotrehab.com

and
1900 Southwest 22nd Street
#205
Miami, FL 33145
(305) 648-7212
Digital Contact Information:
credentialing@kidsspotrehab.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia Lara, Mabel, MBS, BCBA ■
2500 SW 107TH AVE
42
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
luciano@mymbcinc.com

and
9560 SW 107th Ave
Ste 106
Miami, FL 33176
(786) 899-0308
Digital Contact Information:
luciano@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Leonel, BA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(305) 846-9807
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

and
7275 Southwest 90th Way
507 507
Kendall, FL 33156
(305) 970-8117
Digital Contact Information:
providerenrollment@acornhealth.com

Garcia Lorenzo, Rachel, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 701-9079
Digital Contact Information:
rachel.garcia1515@gmail.com

and
12968 Southwest 133rd Court
Miami, FL 33186
(786) 701-9079
Digital Contact Information:
http://www.brighterpathservices.com
rachel.garcia1515@gmail.com

Garcia Marchante, Kamila, MS, BCBA, LBA ■
14645 Northwest 77th Avenue
Suite 105
Miami Lakes, FL 33014
(202) 420-8359
Digital Contact Information:
http://www.littleleaves.org
info@littleleaves.org

Garcia, Maria T, BA, LBA ■
3901 Northwest 79th Avenue
Suite 246
Doral, FL 33166
(786) 418-5400
Digital Contact Information:
http://www.stepsmiami.com
behaviorconsultantsfl@gmail.com

and
11980 Southwest 144th Court
Suite #210
Miami, FL 33186
(305) 640-8918
Digital Contact Information:
behaviorconsultantsfl@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia Mendiola, Niurka, MS, BCBA ■
Home Based Services Only
Hialeah, FL 33013
(786) 592-6680
Digital Contact Information:
mendiola6812@gmail.com

and
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
http://kidsspotrehab.com
mendiola6812@gmail.com

and
8475 Southwest 43rd Street
Miami, FL 33155
(786) 804-9405
Digital Contact Information:
mendiola6812@gmail.com

and
9415 Southwest 72nd Street
SUITE 175
Miami, FL 33173
(786) 406-4353
Digital Contact Information:
mendiola6812@gmail.com

and
13383 Southwest 42nd Street
Miami, FL 33175
(305) 305-7121
Digital Contact Information:
mendiola6812@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Mirtha M, BA, BCABA ■
2550 Northwest 72nd Avenue
115
Miami, FL 33122
(786) 536-2012
Digital Contact Information:
http://sunshinebehaviorhc.com
sunshinebehaviorhealthcare@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia Mitchell, Daniel, PHD, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 467-7006
Digital Contact Information:
possibilitiesbs@gmail.com

and
4471 Northwest 36th Street
suite 200-2
Miami Springs, FL 33166
(787) 403-8420
Digital Contact Information:
possibilitiesbs@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia Morejon, Ailyn, MS, BCABA ■
16657 Southwest 81st Terrace
Miami, FL 33193
(786) 426-1166
Digital Contact Information:
pathwaysaba@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Garcia, Niurka, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 587-0424
Digital Contact Information:
niurkagarcia93@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia Paja, Yanaydis, BS, BCBA ■
Home Based Services Only
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
mpmcmhc@miamipersonalmanagement.com

Garcia Pedraja, Miguel H, EDD, BCBA ■
18901 Southwest 106th Avenue
229
Miami, FL 33157
(786) 506-9008
Digital Contact Information:
advancecommservices@gmail.com

Garcia Perez, Wendy, MA, BCBA ■
1180 North Krome Avenue
Homestead, FL 33030
(786) 349-4700
Digital Contact Information:
mleon@mykidtherapycenter.com

and
49 NW 17th St
Homestead, FL 33030
(786) 349-4700
Digital Contact Information:
http://mykidtherapycenter.com
mleon@mykidtherapycenter.com

and
14425 Country Walk Drive
Miami, FL 33186
(786) 349-4700
Digital Contact Information:
mleon@mykidtherapycenter.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia Ramos, Idelvys, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 832-6630
Digital Contact Information:
mohit@bikhamhealthcare.com

and
1425 SW 27th Ave
Miami, FL 33145
(305) 619-3202
Digital Contact Information:
mohit@bikhamhealthcare.com

Garcia Rangel, Annay, MS, BCBA ■
175 Fontainebleau Boulevard
Miami, FL 33172
(305) 551-6373
Digital Contact Information:
annayg.rangel@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia Rodriguez, Mailyn, MBS, BCBA ■
8333 NW 53rd St
Ste 450
Miami, FL 33166
(786) 432-7113
Digital Contact Information:
yetiem.bello@professionalhbservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Rossely N, MA, BCBA ■
18451 Northeast 27th Place
Aventura, FL 33160
(786) 683-2398
Digital Contact Information:
info@appliedabc.com

Garcia, Sively, MS, BCBA ■
10300 Southwest 72nd Street
250b
Miami, FL 33173
(305) 939-6878
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Garcia, Solange C, MBS, BCBA ■
11980 Southwest 144th Court
Suite #210
Miami, FL 33186
(305) 640-8918
Digital Contact Information:
https://www.floridabehaviorhealthgroup.com/
behaviorconsultantfl@gmail.com

Garcia, Vanessa J, MS, LBA ■
10143 Costa Del Sol Boulevard
Doral, FL 33178
(917) 284-9393
Digital Contact Information:
info@abaastepatatimecare.com

and
64 Northwest 54th Street
103
Miami, FL 33127
(305) 767-1924
Digital Contact Information:
http://www.autismspecialtygroup.com
info@abaastepatatimecare.com

Garcia Vazquez, Claudia, MS, BCBA ■
11890 Southwest 8th Street
STE 309
Miami, FL 331841710
(305) 220-6060
Digital Contact Information:
iregalado@growingsmilesaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Victoria, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134

(844) 244-1818
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

and
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
providerenrollment@acornhealth.com

Garcia, Yamirka, MS, BCBA ■
7235 Southwest 24th Street
204
Miami, FL 33155
(786) 452-0257
Digital Contact Information:
jcabrera@mymbcinc.com

and
Home Based Services Only
Opa-locka, FL 33054
(786) 919-3784
Digital Contact Information:
jcabrera@mymbcinc.com

Garcia, Yeney, MBS, BCBA, LMHC ■
7900 Oak Ln
400
Hialeah, FL 33016
(786) 622-5743
Digital Contact Information:
ymbehavioralhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garciga, Orlando, MSED, BCBA ■
7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
info@bmmaba.com

and
Home Based Services Only
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
info@bmmaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gargallo Dominguez, Arys L, MPSY, BCBA ■
5050 Northwest 74th Avenue
107
Miami, FL 33166
(305) 640-8280
Digital Contact Information:
arysleyda@gmail.com

and
14221 Southwest 120th Street
Suite 214
Miami, FL 33186
(786) 452-1185
Digital Contact Information:
arysleyda@gmail.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 640-8280
Digital Contact Information:
arysleyda@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garibay Esparza, Manuel, MA, BCBA ■
7925 Northwest 12th Street
130 130
Doral, FL 33126
(786) 870-5090
Digital Contact Information:
http://www.limitlesslearningaba.com
adminabc@abcbehavior.live

and
2947 Coconut Avenue
2 2
Miami, FL 33133
(786) 541-5735
Digital Contact Information:
adminabc@abcbehavior.live

Garkavchenko, Oxana, MED, LMHC ■
8550 West Flagler Street
Suite 113
Miami, FL 33144
(786) 486-6766
Digital Contact Information:
xtherapyart@gmail.com

and
FL
(786) 486-6766
Digital Contact Information:
xtherapyart@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garrido Garcia, Miguel, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 713-0982
Digital Contact Information:
sunnybehavior@gmail.com

Garrote, Lazaro J, MA, BCBA ■
7990 Southwest 117th Avenue
Suite 134
Kendall, FL 33183
(305) 741-2218
Digital Contact Information:
lgarrote@buildablocktherapy.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 741-2218
Digital Contact Information:
lgarrote@buildablocktherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gavidia, Gesell, MS, BCBA ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(954) 757-7790
Digital Contact Information:
http://www.behavior-analysis.org
rhulsey@behavior-analysis.org

Gawriluk, Morgan, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Gaz, Tzipora, MED, LBA ■
1000 Brickell Avenue
Miami, FL 33131
(347) 893-1266
Digital Contact Information:
licensedbaps@gmail.com
Other Languages Spoken by Provider or Office Staff
Hebrew, Russian, Yiddish, Spanish

Geimer, Eric, MED, BCBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
credentialing@alpacahealth.io

Gener, Yahumara, MA, BCBA ■
10689 N Kendall Dr
Ste 314
Miami, FL 33176
(786) 603-6567
Digital Contact Information:
enrollpriv@bikhamhealthcare.com

Georgescu, Luisa R, MPSY, BCBA ■
2500 Northwest 79th Avenue
295
Doral, FL 33122
(305) 896-8161
Digital Contact Information:
info@newlifeaba.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(786) 622-5743
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gerecht, Joseph, EDM, BCBA, LBA ■
1688 Meridian Avenue
600 & 700
Miami Beach, FL 33139
(786) 655-8200
Digital Contact Information:
licensedbaps@gmail.com
Other Languages Spoken by Provider or Office Staff
Hebrew, Russian, Yiddish, Spanish

Ghold, Naiylla J, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 991-3213
Digital Contact Information:
kristina@amrextherapypm.com

Gil, Elida E, MS, BCBA ■
9560 SW 107th Ave
Ste 106
Miami, FL 33176
(786) 899-0308
Digital Contact Information:
mortega@tlhproject.com

and
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
mortega@tlhproject.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gil, Orianna A, MC, BCBA ■
8353 Southwest 124th Street
102
Miami, FL 33156
(305) 902-6435
Digital Contact Information:
http://abamiami.com
oriannagil0@gmail.com

and
8603 South Dixie Highway
303
Pinecrest, FL 33156
(305) 902-6435
Digital Contact Information:
http://abamiami.com
oriannagil0@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gilbert, Monica D, PSYD, LMHC, LP ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 317-4478
Digital Contact Information:
https://crystalabatherapy.com/
monicagilbert09@yahoo.com

and
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 317-4478
Digital Contact Information:
https://crystalabatherapy.com/
monicagilbert09@yahoo.com
Other Languages Spoken by Provider or Office Staff Sign Lang Amer

Giles, Caitlin, MS, BCBA ■
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
https://stepforwardaba.com/
info@stepforwardaba.com

Gineman, Ashley, BCBA, LBA, MPSY ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(410) 538-2574
Digital Contact Information:
care@tillytherapy.com

Giron, Yamilet, BA, BCBA ■
30350 SW 156th Ave
Homestead, FL 33033
(786) 481-9833
Digital Contact Information:
admin@specialwayaba.com

and
Home Based Services Only
Homestead, FL 33034
(786) 612-9793
Digital Contact Information:
admin@specialwayaba.com

and
6175 Northwest 153rd Street
STE 215
Miami Lakes, FL 33014
(305) 200-3326
Digital Contact Information:
http://asmtherapy.com
admin@specialwayaba.com

and
27132 South Dixie Highway
Naranja, FL 33032
(786) 283-0175
Digital Contact Information:
admin@specialwayaba.com

Giu Zaldivar, Yurima, MS, BCBA ■
2240 Palm Beach Lakes Blvd Ste 400e
Hialeah, FL 33016
(954) 734-4708
Digital Contact Information:
wingsabaservice@gmail.com

and
6121 West 24th Avenue
209 209
Hialeah, FL 33016
(954) 734-4708
Digital Contact Information:
wingsabaservice@gmail.com

and
18901 Southwest 106th Avenue
229
Miami, FL 33157
(786) 506-9008
Digital Contact Information:
wingsabaservice@gmail.com

and
Home Based Services Only
Miami Lakes, FL 33016
(954) 734-4708
Digital Contact Information:
wingsabaservice@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Godoy Duran, Karina, MS, LMFT ■
879 East 28th Street
Hialeah, FL 33013
(786) 326-2260
Digital Contact Information:
innerwellnessaba@gmail.com

and
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
innerwellnessaba@gmail.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(786) 580-2204
Digital Contact Information:
innerwellnessaba@gmail.com

and
13590 Southwest 134th Avenue
104
Miami, FL 33186
(305) 896-8161
Digital Contact Information:
innerwellnessaba@gmail.com

Goldberg, Miriam B, MED, LBA ■
1000 Brickell Avenue
Miami, FL 33131
(347) 893-1266
Digital Contact Information:
sjakoubek@gchmoinc.com

and
633 Northeast 167th Street
FL 8 # 829
Miami, FL 33162
(305) 930-5648
Digital Contact Information:
http://precisionfamilytherapy.com
sjakoubek@gchmoinc.com

and
633 Northeast 167th Street

fl 8 # 829
Miami, FL 33162
(305) 930-5648
Digital Contact Information:
http://precisionfamilytherapy.com
sjakoubek@gchmoinc.com

and
1042 Northeast 179th Terrace
North Miami Beach, FL 33162
(646) 431-6994
Digital Contact Information:
sjakoubek@gchmoinc.com

Gomez, Alexander, MS, BCBA ■
659 Northeast 125th Street
North Miami, FL 33161
(305) 454-9885
Digital Contact Information:
aylahmedicaid@northacademynmb.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gomez, Amelia, MBS, BCBA ■
2500 SW 107TH AVE
42
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
info@abcsfl.com

and
FL
(786) 615-3334
Digital Contact Information:
info@abcsfl.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gomez, Anggy, MACP, BCBA ■
Home Based Services Only
Hialeah, FL 33012
(305) 425-1338
Digital Contact Information:
magicbehavioralcare@gmail.com

and
7815 Coral Way
101
Miami, FL 33155
(786) 615-4879
Digital Contact Information:
magicbehavioralcare@gmail.com

Gomez, Angi D, MBS, BCBA ■
10700 Caribbean Boulevard
UNIT 203
Cutler Bay, FL 33189
(786) 786-4674
Digital Contact Information:
infopositivemindful@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gomez, Gabriela G, MA, BCBA ■
9415 SW 72nd St
Ste 131
Miami, FL 33173
(305) 662-6448
Digital Contact Information:
http://www.miamibehaviortherapy.com
gabrielagriveron@gmail.com

and
9415 Southwest 72nd Street
101
Miami, FL 33173
(305) 662-6448
Digital Contact Information:
http://www.miamibehaviortherapy.com
gabrielagriveron@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gomez Garcia, Daylen, MEQ, BCBA ■
11478 Southwest 237th Terrace
Homestead, FL 33032
(551) 323-8077
Digital Contact Information:
daylengomezbacb@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gomez Hernandez, Mario, MBS, BCBA ■
9555 Southwest 175th Terrace
Suite 223
Palmetto Bay, FL 33157
(786) 370-4198
Digital Contact Information:
everlastingachievements@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gomez Machado, Olga S, MED, BCBA ■
18901 Southwest 106th Avenue
229
Miami, FL 33157
(786) 808-6575
Digital Contact Information:
advancecommservices@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gomez, Mayling, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(305) 846-9807
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

and
6055 Northwest 104th Avenue
Suite 2
Doral, FL 33178
(786) 476-5155
Digital Contact Information:
http://dstherapies.com
providerenrollment@acornhealth.com

Gomez Molina, Andy, MA, BCBA ■
3833 Southwest 8th Street
Coral Gables, FL 33134
(786) 254-5372
Digital Contact Information:
office@smartbatherapy.com

and
306 Westward Dr
Miami Springs, FL 33166
(786) 588-7894
Digital Contact Information:
http://www.smartbatherapy.com
office@smartbatherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gomez, Odalys, MSS, BCBA ■
2500 Southwest 107th Avenue
41
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
info@abcsfl.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
info@abcsfl.com

and
Home Based Services Only
Miami Gardens, FL 33014
(305) 640-5739
Digital Contact Information:
info@abcsfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gomez Quintana, Arquelys, MPSY, BCBA ■
10700 Caribbean Boulevard
UNIT 203
Cutler Bay, FL 33189
(305) 299-8005
Digital Contact Information:
infopositivemindful@gmail.com

Gomez, Yilianna, BCBA, MS ■
7875 Northwest 12th Street
118
Miami, FL 33126
(786) 505-4449
Digital Contact Information:
info@southfloridabehavior.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Adria, MSED, BCBA ■
600 Northeast 22nd Terrace
205
Homestead, FL 33033
(786) 650-2779
Digital Contact Information:
elasabaservicesinc@gmail.com

and
650 Northeast 22nd Terrace
202 09
Homestead, FL 33033
(305) 877-3886
Digital Contact Information:
elasabaservicesinc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Alejandro, MA, BCBA ■
64 Northwest 54th Street
103
Miami, FL 33127
(305) 767-1924
Digital Contact Information:
http://www.autismspecialtygroup.com
raquel.ronacher@autismspecialtygroup.com

Gonzalez, Alexandra, MS, BCBA ■
1550 Madruga Avenue
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
agonzalez14@outlook.com

and
4374 Southwest 164th Court
Miami, FL 33185
(786) 351-7052
Digital Contact Information:
agonzalez14@outlook.com

and
13416 Southwest 128th Street
Miami, FL 33186
(786) 732-0247
Digital Contact Information:
agonzalez14@outlook.com

Gonzalez, Alyssa, MS, BCBA ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(305) 273-3773
Digital Contact Information:
http://www.behavior-analysis.org
rhulsey@behavior-analysis.org

Gonzalez, Angela, MS, BCBA ■
8051 West 24th Avenue
Suite 12
Hialeah, FL 33016
(305) 733-5918
Digital Contact Information:
agonz0170@aol.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 204-8290
Digital Contact Information:
agonz0170@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Aniamarien, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 778-9646
Digital Contact Information:
amhbehavioralservices@gmail.com

Gonzalez Arman, Jesus M, MA, BCBA ■
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
https://stepforwardaba.com/
info@stepforwardaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez Bejar, Carmen L, BA, BCABA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
http://www.appliedbhs.com
dabs@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com

and
10300 Southwest 72nd Street
#354
Miami, FL 33173
(305) 787-2924
Digital Contact Information:
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Brittany, MA, BCBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
credentialing@alpacahealth.io

Gonzalez, Dayani, MS, BCBA ■
13683 Southwest 278th Terrace
Homestead, FL 33032
(786) 886-6446
Digital Contact Information:
vanessa@amromed.com

and
15924 SW 92nd Ave
Miami, FL 33157
(786) 636-1303
Digital Contact Information:
vanessa@amromed.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
vanessa@amromed.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gonzalez, Deynelis, MS, BCBA ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
yavila@avilahealthgroup.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
yavila@avilahealthgroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Ernesto, MPH, BCBA ■
17324 Northwest 63rd Avenue
Hialeah, FL 33015
(786) 879-2117
Digital Contact Information:
dchsbehavioranalysis@gmail.com

Gonzalez Feria, Ana I, MPSY, BCBA ■
12001 Southwest 128th Court
Suite Suite 104
Miami, FL 33186
(786) 868-0505
Digital Contact Information:
agency@juntosbmb.com

and
13301 Southwest 132nd Avenue
209 209
Miami, FL 33186
(786) 713-5553
Digital Contact Information:
agency@juntosbmb.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gonzalez Forte, Ariadna, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 695-8672
Digital Contact Information:

abaproinfo@gmail.com

and

4155 Southwest 130th Avenue
108
Miami, FL 33175
(786) 695-8672
Digital Contact Information:
abaproinfo@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, German, French, Spanish

Gonzalez, Glenda O, MS, BCBA ■

8601 Southwest 199th Street
Cutler Bay, FL 33189
(305) 908-2999
Digital Contact Information:
contact@mghomecare.com

and

10200 NW 25th St
Ste 114
Doral, FL 33172
(305) 280-2480
Digital Contact Information:
contact@mghomecare.com

and

40 Northwest 8th Street
Homestead, FL 33030
(305) 908-2999
Digital Contact Information:
contact@mghomecare.com

and

Home Based Services Only
Miami, FL 33142
(305) 280-2480
Digital Contact Information:
contact@mghomecare.com

and

9380 Sunset Drive
b165
Miami, FL 33173
(786) 337-0585
Digital Contact Information:
contact@mghomecare.com

Gonzalez Guevara, Magyulis, EDM, BCBA ■

1000 Brickell Avenue
Miami, FL 33131
(786) 536-7470
Digital Contact Information:
enrollpriv@bikhamhealthcare.com

and

10689 N Kendall Dr
Ste 314
Miami, FL 33176
(786) 603-6567
Digital Contact Information:
enrollpriv@bikhamhealthcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Hector P, MBS, BCBA ■

12150 Southwest 128th Court
222
Miami, FL 33186
(786) 701-8164
Digital Contact Information:
http://www.kendallbehavior.com
office@kendallbehavior.com

Gonzalez Jaramillo, Suleida, MS, BCBA ■

1801 Southwest 22nd Street
328
Miami, FL 33145
(786) 536-7694
Digital Contact Information:
leadthewaybehavioralservices@gmail.com

and

HOME BASED SERVICES ONLY
Miami, FL 33178
(305) 280-5732
Digital Contact Information:
leadthewaybehavioralservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Julianne, MA, BCBA, LBA ■

1500 S Douglas Rd
230
Coral Gables, FL 33134
(888) 501-8540
Digital Contact Information:
https://acornhealth.com
lburns@cdaintensivelearning.com

and

11025 SW 84th St
Ste 8
Miami, FL 33173
(833) 971-1230
Digital Contact Information:
lburns@cdaintensivelearning.com

and

12985 Southwest 130th Court
204 204
Miami, FL 33186
(305) 735-3878
Digital Contact Information:
lburns@cdaintensivelearning.com

Gonzalez, Kirenia, MA, BCBA ■

9600 Northwest 25th Street
STE 5E
Miami, FL 33172
(888) 527-8037
Digital Contact Information:
info@behaviordg.com

and

12750 Northwest 17th Street
216 216
Miami, FL 33182
(888) 527-8037
Digital Contact Information:
http://www.brightstartpossibility.com
info@behaviordg.com

Gonzalez Lastre, Yamilet L, MS, BCBA ■

2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
dabs.credentialing@appliedbhs.com

and

8040 Northwest 95th Street
217
Hialeah Gardens, FL 33016
(786) 655-3929
Digital Contact Information:
dabs.credentialing@appliedbhs.com

and

7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
http://appliedbhs.com
dabs.credentialing@appliedbhs.com

Gonzalez, Lisbet, MS, BCBA ■

3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
http://universalcommunityservices.com
admin@universalcommunityservices.com

Gonzalez Llanes, Nancy, MPSY, BCBA ■

1000 Brickell Avenue
Miami, FL 33131
(786) 538-9758
Digital Contact Information:
silkglovestherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez Lopez, Yenis, MBS, BCBA ■

8950 Southwest 152nd Street
112
Palmetto Bay, FL 33157
(786) 432-0829
Digital Contact Information:
https://www.bluehorizonaba.com/
hr@bluehorizonaba.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gonzalez, Maria, MA, BCBA ■

1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Gonzalez, Maria E, MBS, BCBA ■

10691 North Kendall Drive
#202
Miami, FL 33176
(754) 400-7702
Digital Contact Information:
clinicare23@outlook.com

and

12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
clinicare23@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Maribel, BA, BCABA ■

1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
abaandbeyond20@gmail.com

and

12150 Southwest 128th Court
118
Miami, FL 33186
(786) 319-8882
Digital Contact Information:
abaandbeyond20@gmail.com

and

12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
abaandbeyond20@gmail.com
Other Languages Spoken by Provider or Office Staff English

Gonzalez, Melisa, MS, BCBA ■

2520 Coral Way
2 19
Miami, FL 33145
(855) 832-6727
Digital Contact Information:
evernorth@teampbs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Neyli, MA, BCBA ■

7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
info@bmmaba.com

Gonzalez Orta, Carlos, MS, BCBA ■

1840 West 49th Street
Suite 723
Hialeah, FL 33012
(786) 333-4275
Digital Contact Information:
http://helpinghandstc.com
info@brightfuturebehavioral.com

Gonzalez, Osvaldo, MS, BCABA ■

Home Based Services Only
Miami Gardens, FL 33014
(305) 640-5739
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gonzalez Otano, Gipsia, MA, BCBA ■

9010 SW 137th Ave
Ste 212
Miami, FL 33186
(786) 762-2474
Digital Contact Information:
gipsia@goodbehaviorbeginnings.net
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez Rivera, Ariel, MA, BCBA ■

730 Northwest 107th Avenue
104
Miami, FL 33172
(305) 504-1749
Digital Contact Information:
dreamingtogether22@gmail.com

and

9010 SW 137th Ave
Ste 212
Miami, FL 33186
(786) 762-2474
Digital Contact Information:
dreamingtogether22@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gonzalez Robaina, Emigdia, MA, BCBA ■

1000 Brickell Avenue
Miami, FL 33131
(305) 456-6002
Digital Contact Information:
tampa@littlebluebeesbehaviortherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez Rodriguez, Dianelys, MS, BCBA ■

2500 Northwest 79th Avenue
268
Doral, FL 33122
(786) 208-2907
Digital Contact Information:
info@wbehavioralservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Sadis, MS, BCABA ■

1000 Brickell Avenue
Miami, FL 33131
(305) 263-0207
Digital Contact Information:
info@newlifeaba.com

and

12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and

13301 Southwest 132nd Avenue
112 112
Miami, FL 33186
(305) 640-8342
Digital Contact Information:
https://yamtherapyservices.com
info@newlifeaba.com

Gonzalez, Samantha, MPSY, BCBA ■

2520 Coral Way
2 19
Miami, FL 33145
(855) 832-6727
Digital Contact Information:
evernorth@teampbs.com

Gonzalez Santana, Mariolys, MS, BCBA ■

12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
credentialing@southbillcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Sarah, BCBA, MA ■

13300 Southwest 128th Street
Miami, FL 33186
(786) 250-3451
Digital Contact Information:
Not Available

Gonzalez, Sheila, MA, BCBA ■

3170 Coral Way
1608 1608
Coral Gables, FL 33145
(786) 577-7228
Digital Contact Information:
http://behavior-evolution.com
contact@behavior-evolution.com

and

7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
contact@behavior-evolution.com

and

10964 Southwest 182nd Lane
Miami, FL 33157
(786) 577-7228
Digital Contact Information:
http://behavior-evolution.com
contact@behavior-evolution.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez Valdes, Yarobys, MPSY, BCBA ■
8180 Northwest 36th Street
225
Doral, FL 33166
(786) 817-4129
Digital Contact Information:
https://amazingkiddosbehavior.com
bcba.ygv86@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 537-7016
Digital Contact Information:
bcba.ygv86@gmail.com

Gonzalez Varela, Janet, MS, BCBA ■
10691 North Kendall Drive
207
Miami, FL 33176
(305) 640-8342
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
13301 Southwest 132nd Avenue
112 112
Miami, FL 33186
(305) 640-8342
Digital Contact Information:
https://yamtherapyservices.com
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Yailen, MBS, BCBA ■
5901 Miami Gardens Drive
207
Hialeah, FL 33015
(786) 560-3178
Digital Contact Information:
childrendreamsaba@gmail.com

and
909 North Miami Beach Boulevard
STE 301
North Miami Beach, FL 33162
(305) 822-7202
Digital Contact Information:
childrendreamsaba@gmail.com

Gonzalez, Yanet, MA, BCBA ■
Home Based Services Only
Hialeah, FL 33012
(305) 570-0775
Digital Contact Information:
info@sunnydaybehavioral.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Yanetsi S, MS, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Yelina, MS, BCBA ■
30908 Southwest 192nd Avenue
Homestead, FL 33030
(786) 404-3148
Digital Contact Information:
stepstherapycenter@gmail.com

and
HOME BASED SERVICES ONLY
Miami, FL 33178
(305) 280-5732
Digital Contact Information:
stepstherapycenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez-Chi, Yanet, MS, BCBA ■
306 Westward Dr
Miami Springs, FL 33166
(786) 588-7894
Digital Contact Information:
http://www.smartbatherapy.com
office@smartbatherapy.com

Goodwin, Mia, MA, BCBA ■
14645 Northwest 77th Avenue
Suite 105
Miami Lakes, FL 33014
(202) 420-8359
Digital Contact Information:
billing@littleleaves.org

Gordillo, Gabriela, BA, BCBA ■
Home Based Services Only
Aventura, FL 33180
(305) 283-0442
Digital Contact Information:
gordillogabrielabm@yahoo.com

and
8323 Northwest 12th Street
Suite 216
Doral, FL 33126
(305) 224-1929
Digital Contact Information:
gordillogabrielabm@yahoo.com

and
FL
(305) 224-1929
(305) 283-0442
Digital Contact Information:
gordillogabrielabm@yahoo.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
gordillogabrielabm@yahoo.com

and
6761 Southwest 6th Street
Miami, FL 33144
(305) 283-0442
Digital Contact Information:
gordillogabrielabm@yahoo.com

and
15715 South Dixie Highway
318
Miami, FL 33157
(786) 343-9391
Digital Contact Information:
gordillogabrielabm@yahoo.com

and
Home Based Services Only
Opa-locka, FL 33054
(305) 283-0442
Digital Contact Information:
gordillogabrielabm@yahoo.com

and
Home Based Services Only
West Miami, FL 33144
(305) 283-0442
Digital Contact Information:
gordillogabrielabm@yahoo.com

Gordon, Stephen, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(772) 266-8727
Digital Contact Information:
https://acornhealth.com
info@acornhealth.com

Graham, Whitney, MA, BCBA ■
9425 Southwest 72nd Street
164
Miami, FL 33173
(305) 279-2286
Digital Contact Information:
whitney@amadoorbehaviorco.com

Granado Perez, Mayelin, MSED, BCBA ■
110 West 17th Street
Hialeah, FL 33010
(786) 267-8467
Digital Contact Information:
kdbehaviorservices@gmail.com

Greenhaw, Rhonda J, MBS, BCBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(410) 538-2574
Digital Contact Information:
https://tillytherapy.com/
rosie@equanimitytherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Grille, Nicole J, MA, BCBA ■
7925 Northwest 12th Street
130 130
Doral, FL 33126
(786) 870-5090
Digital Contact Information:
http://www.limitlesslearningaba.com
nicole@limitlesslearningaba.com

and
7925 Northwest 12th Street
Unit 130
Doral, FL 33126
(786) 870-5090
Digital Contact Information:
http://www.limitlesslearningaba.com
nicole@limitlesslearningaba.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Grillo-Santiago, Nichole, MA, BCBA ■
2520 Coral Way
2 19
Miami, FL 33145
(855) 832-6727
Digital Contact Information:
evernorth@teampbs.com
Other Languages Spoken by Provider or Office Staff English

Grueiro, Eliani, BS, BCABA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 588-7894
Digital Contact Information:
info@newlifeaba.com

and
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
info@newlifeaba.com

and
306 Westward Dr
Miami Springs, FL 33166
(786) 588-7894
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Guareschi, Paola, MS, BCBA ■
7000 Southwest 62nd Avenue
STE 407
South Miami, FL 33143
(305) 586-2953
Digital Contact Information:
maveninbehavior305@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Guedes, Sabrina, MA, BCBA ■
7801 Northwest 37th Street
Lp-201
Doral, FL 33195
(305) 468-9899
Digital Contact Information:
vivianaicare@gmail.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
vivianaicare@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Creole, Spanish

Guerra, Estrella, MS, BCBA ■
6405 Northwest 36th Street
Virginia Gardens, FL 33166
(786) 238-2008
Digital Contact Information:
Not Available

Guerra, Evelin, MA, BCABA ■
8300 West Flagler Street
170
Miami, FL 33144
(786) 633-5171
Digital Contact Information:
olympushcs@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Guerra Garcia, Yaney, MS, BCBA ■
7900 Oak Ln
400
Hialeah, FL 33016
(786) 622-5743
Digital Contact Information:
ymbehavioralhealth@gmail.com

and
14505 Commerce Way
Ste 750
Miami Lakes, FL 33016
(305) 362-9989
Digital Contact Information:
ymbehavioralhealth@gmail.com

Guerra, Lisandra, MS, BCBA ■
12150 Southwest 128th Court
125
Miami, FL 33186
(305) 964-5191
Digital Contact Information:
jcabrera@mymbcinc.com

Guerra, Marcelo H, MA, BCBA ■
10200 Northwest 25th Street
STE 204
Doral, FL 33172
(305) 406-3689
Digital Contact Information:
dadebehavioralservices@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 536-7470
Digital Contact Information:
dadebehavioralservices@gmail.com

and
4560 Southwest 128th Avenue
Miami, FL 33175
(786) 973-7474
Digital Contact Information:
dadebehavioralservices@gmail.com

Guerra Mayedo, Geidy, MS, BCBA ■
Home Based Services Only
Virginia Gardens, FL 33166
(786) 328-4688
Digital Contact Information:
ggmtherapyservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Guerra Raillo, Rosiris Y, MS, BCBA ■
6625 Miami Lakes Drive
231
Miami Lakes, FL 33014
(786) 322-9323
Digital Contact Information:
goldenkidscare@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Guerra, Yoel, MA, BCBA ■
Home Based Services Only
Doral, FL 33122
(561) 643-7643
Digital Contact Information:
brightstepsaba@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 263-0207
Digital Contact Information:
brightstepsaba@gmail.com

and
9600 Northwest 25th Street
STE 5E
Miami, FL 33172
(888) 527-8037
Digital Contact Information:
brightstepsaba@gmail.com

and
9299 SW 152nd St
Ste 200
Palmetto Bay, FL 33157
(305) 964-5356
Digital Contact Information:
brightstepsaba@gmail.com

Guerrero, Claudia P, MPSY, BCBA ■
13866 Southwest 56th Street
Miami, FL 33175
(786) 953-4446
Digital Contact Information:
btherapyconsultants@gmail.com

Guerrero, Cristina, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 277-1571
Digital Contact Information:
cristina@alternative-behavior.com

and
15715 South Dixie Highway
410
Miami, FL 33157
(786) 277-1571
Digital Contact Information:
http://www.alternative-behavior.com
cristina@alternative-behavior.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Guerrero, Lisa A, MED, BCBA ■
14645 Northwest 77th Avenue
Suite 105
Miami Lakes, FL 33014
(754) 812-8700
Digital Contact Information:
http://www.littleleaves.org
trisha.sprekelmeyer@littleleaves.org
Other Languages Spoken by Provider or Office Staff
Spanish

Guevara Alfayate, Lourdes, MED, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 536-7470
Digital Contact Information:
dadebehavioralservices@gmail.com

Guevara, Nancy, MS, BCBA ■
30392 Old Dixie Highway
Homestead, FL 33030
(786) 283-0175
Digital Contact Information:
info@nnrtherapycenter.com

and
14204 Southwest 289th Terrace
Homestead, FL 33033
(305) 878-1255
Digital Contact Information:
info@nnrtherapycenter.com

and
3201 Northwest 24th Street Road
301
Miami, FL 33142
(305) 846-1804
Digital Contact Information:
info@nnrtherapycenter.com

and
17363 Southwest 137th Place
Miami, FL 33177
(305) 905-0877
Digital Contact Information:
info@nnrtherapycenter.com

and
27132 South Dixie Highway
Naranja, FL 33032
(786) 283-0175
Digital Contact Information:
info@nnrtherapycenter.com
Other Languages Spoken by Provider or Office Staff
Spanish

Guevara, Niurvis, MS, BCBA ■
5201 Blue Lagoon Dr
Fl 8
Miami, FL 33126
(786) 857-1195
Digital Contact Information:
info@nnrtherapycenter.com

and
3201 Northwest 24th Street Road
301
Miami, FL 33142
(305) 846-1804
Digital Contact Information:
info@nnrtherapycenter.com

and
17363 Southwest 137th Place
Miami, FL 33177
(786) 857-1195
Digital Contact Information:
info@nnrtherapycenter.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Guevara, Orlando, MS, BCBA ■
Home Based Services Only
Doral, FL 33122
(305) 603-8747
Digital Contact Information:
withoutlimitstherapy@gmail.com

and
7801 Northwest 37th Street
Lp-201
Doral, FL 33195
(305) 468-9899
Digital Contact Information:
withoutlimitstherapy@gmail.com

and
15884 Southwest 137th Avenue
Miami, FL 33177
(305) 456-6002
Digital Contact Information:
withoutlimitstherapy@gmail.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
withoutlimitstherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Creole, Spanish

Guevara, Yadira, BS, BCABA ■
13831 Southwest 59th Street
Suite 200
Miami, FL 33183
(786) 536-2361
Digital Contact Information:
http://www.inclusivenest.com
info@inclusivenest.com
Other Languages Spoken by Provider or Office Staff
Spanish

Guibert Reyes, Wilfredo, MS, BCBA ■
8300 NW 53rd St
Ste 350
Miami, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Guijarro, Danay, BA, BCBA ■
1486 West 84th Street
Hialeah, FL 33014
(305) 828-5276
Digital Contact Information:
danay.guijarro@gmail.com

and
15165 Northwest 77th Avenue
Hialeah, FL 33014
(305) 828-5276
Digital Contact Information:
http://angelsreach.org/
danay.guijarro@gmail.com

Guillen, Wendy, MA, BCBA ■
Home Based Services Only
Doral, FL 33126
(305) 433-5489
Digital Contact Information:
sasha@mestre-behavior.com

Guinaldo, Berenice D, MBS, BCBA ■
13155 SW 134th St
Ste 207
Miami, FL 33186
(785) 358-6559
Digital Contact Information:
http://www.superherospeechtherapy.com
jennifer.horta@superherospeechtherapy.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gurris, Aliana A, BS, BCABA ■
15190 Southwest 136th Street
UNIT 26
Miami, FL 33196
(786) 925-5617
Digital Contact Information:
luciano@mymbcinc.com

Gutierrez De Leon, Yanaiky C, MBS, BCBA ■
10300 Southwest 72nd Street
300
Miami, FL 33173
(786) 418-9730
Digital Contact Information:
http://www.happydreamsofkids.com
littlebluebeesbehaviortherapy2@gmail.com

and
9485 Sunset Drive
A-258
Miami, FL 33173
(786) 812-0705
Digital Contact Information:
littlebluebeesbehaviortherapy2@gmail.com

and
15884 Southwest 137th Avenue
Miami, FL 33177
(305) 456-6002
Digital Contact Information:
https://www.littlebluebeesbehaviortherapy.com/
littlebluebeesbehaviortherapy2@gmail.com

Gutierrez, Helen, MS, BCBA ■
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
credentialing@creativekidstherapyinc.com

Gutierrez, Marilyn S, MS, BCBA ■
FL
(305) 204-8745
Digital Contact Information:
https://www.wowabatherapy.com/insurance@wowabatherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gutierrez, Maritery, MBS, BCBA ■
13155 Southwest 42nd Street
STE 204
Miami, FL 33175
(786) 486-9756
Digital Contact Information:
loveinservicesinc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gutierrez, Marta, MS, BCBA ■
13055 Southwest 42nd Street
205
Miami, FL 33175
(305) 846-9079
Digital Contact Information:
eandgtherapycorp@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gutierrez Santana, Nidia, MS, BCBA ■
1275 West 47th Place
314
Hialeah, FL 33012
(786) 401-7586
Digital Contact Information:
wecareautismservices@gmail.com

and
Home Based Services Only
Hialeah, FL 33012
(786) 401-7586
Digital Contact Information:
wecareautismservices@gmail.com

Gutierrez-Rodriguez, Lorena, MS, BCBA ■
9240 Southwest 158th Lane
Palmetto Bay, FL 33157
(305) 788-2849
Digital Contact Information:
eibs@eibscorp.com
Other Languages Spoken by Provider or Office Staff
Spanish

Guzman, Francisco J, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/providerenrollment@geodehealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Guzman, Natasha, BA, BCBA ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 317-4478
Digital Contact Information:
https://crystalabatherapy.com/
natasha-guzman@hotmail.com

and
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 317-4478
Digital Contact Information:
https://crystalabatherapy.com/
natasha-guzman@hotmail.com

and
2095 SW 1st St
Miami, FL 33135
(305) 971-1230
Digital Contact Information:
natasha-guzman@hotmail.com

and
11025 SW 84th St
Ste 8
Miami, FL 33173
(305) 971-1230
Digital Contact Information:
natasha-guzman@hotmail.com

Guzman Seijas, Nivaldo, MA, BCBA ■
2100 West 76th Street
407
Hialeah, FL 33016
(305) 804-3478
Digital Contact Information:
abacenter2022@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Halim, Anjelica J, MS, BCBA ■
7990 Southwest 117th Avenue
Suite 134
Kendall, FL 33183
(305) 741-2218
Digital Contact Information:
ajacome@buildablocktherapy.com

Hammerstrom, Ashlyn, MA, BCBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
therapy@kidsspotrehab.com

and
12456 Southwest 127th Avenue
101
Miami, FL 33186
(786) 953-8500
Digital Contact Information:
http://kidsspotrehab.com
therapy@kidsspotrehab.com

Hardanian, Shahnawz, MS, BCBA ■
14645 Northwest 77th Avenue
Suite 105
Miami Lakes, FL 33014
(202) 420-8359
Digital Contact Information:
info@littleleaves.org

Harper, Marcus B, MA, BCBA ■
9600 Northwest 25th Street
STE 5E
Miami, FL 33172
(305) 984-4343
Digital Contact Information:
info@brigthstartllc.com

and
10691 North Kendall Drive
211
Miami, FL 33176
(305) 984-4343
Digital Contact Information:
info@brigthstartllc.com

Hayes, Elisabeth, MA, BCBA ■
936 SW 1st Ave
Miami, FL 33130
(805) 252-7770
Digital Contact Information:
elisabeth@lanternlearning.org

and
1000 Brickell Avenue
Miami, FL 33131
(805) 252-7770
Digital Contact Information:
elisabeth@lanternlearning.org
Other Languages Spoken by Provider or Office Staff

Spanish

Hebra, Nancy, BS, BCABA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 964-5356
Digital Contact Information:
abacentersolutions@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hechavarria, Lianet, MPSY, BCBA ■
Home Based Services Only
Miami Gardens, FL 33014
(305) 640-5739
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Hennessy, Carrie, MA, BCBA, LBA ■
1065 Southwest 8th Street
1459
Miami, FL 33130
(855) 853-0228
Digital Contact Information:
julie.mangine@joinsproutherapy.com

Henriquez, Violet, MA, BCBA ■
1030 Northeast 36th Avenue
Homestead, FL 33033
(305) 799-4542
Digital Contact Information:
credentialing@maxmedicalbilling.com

and
2520 Coral Way
2 19
Miami, FL 33145
(855) 832-6727
Digital Contact Information:
credentialing@maxmedicalbilling.com

Henson, Dayren S, MS, LBA ■
FL
(833) 458-0386
Digital Contact Information:
https://tillytherapy.com/
referrals@centriahealthcare.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(410) 538-2574
Digital Contact Information:
https://tillytherapy.com/
referrals@centriahealthcare.com

Heredia Gonzalez, Laura, MS, BCBA ■
Home Based Services Only
Hialeah, FL 33012
(305) 200-3326
Digital Contact Information:
asmtherapy@gmail.com

and
12150 Southwest 128th Court
125
Miami, FL 33186
(305) 964-5191
Digital Contact Information:
asmtherapy@gmail.com

and
6175 Northwest 153rd Street
STE 215
Miami Lakes, FL 33014
(305) 200-3326
Digital Contact Information:
asmtherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Ada, MS, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Alexandria, MS, BCBA, LBA ■
9241 Southwest 212th Terrace
Cutler Bay, FL 33189
(786) 447-0022
Digital Contact Information:
aly.hernandez86@gmail.com

Hernandez, Alhena, MSED, BCBA ■
14204 Southwest 289th Terrace
Homestead, FL 33033
(305) 878-1255
Digital Contact Information:
abatoday7@gmail.com

and
21505 Southwest 177th Avenue
Miami, FL 33187
(786) 226-2816
Digital Contact Information:
http://www.abatodayinc.com
abatoday7@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Ana, BA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(954) 400-3251
Digital Contact Information:
info@abacustherapies.com

and
1500 North Bayshore Drive
1a 122
Miami, FL 33132
(786) 290-8101
Digital Contact Information:
http://www.abacustherapies.com
info@abacustherapies.com

Hernandez, Ania, MS, BCBA ■
12060 Southwest 129th Court
Suite 205
Miami, FL 33186
(786) 864-9113
Digital Contact Information:
Not Available

Hernandez, Annalie, MBS, BCBA ■
13831 Southwest 59th Street
Suite 200
Miami, FL 33183
(786) 536-2361
Digital Contact Information:
http://www.inclusivenest.com
info@inclusivenest.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Bianca F, MS, BCBA ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
admin@aspirebehavioral.org

and
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
admin@aspirebehavioral.org

and
333 West 41st Street
Suite 324
Miami, FL 33140
(786) 673-9355
Digital Contact Information:
https://stepforwardaba.com/
admin@aspirebehavioral.org

Hernandez Blondin, William, MS, BCBA ■
306 Westward Dr
Miami Springs, FL 33166
(786) 588-7894
Digital Contact Information:
office@smartbatherapy.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
office@smartbatherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez Carballo, Jane, MA, BCBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(305) 244-5299
Digital Contact Information:
https://rainbowbehavioralservices.com
rainbowbehavioralservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez Flores, Olideisy, MBS, BCBA ■
15884 Southwest 137th Avenue
Miami, FL 33177
(305) 456-6002
Digital Contact Information:
cloverbehaviorservices@gmail.com

and
12150 Southwest 128th Court
Suite 226
Miami, FL 33186
(786) 429-1005
Digital Contact Information:
cloverbehaviorservices@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Hernandez Gamboa, Marbelia, MS, BCBA ■
10515 Southwest 40th Street
Miami, FL 33165
(786) 615-2208
Digital Contact Information:
miamimental@gmail.com

Hernandez Gonzalez, Evelyn, MA, BCBA ■
12905 Southwest 132nd Street
Ste 8
Miami, FL 33186
(786) 338-0188
Digital Contact Information:
http://www.learningwithaba.com
administration@learningwithaba.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Hernandez, Guillermo, MS, BCBA ■
1150 Northwest 72nd Avenue
ph 2
Miami, FL 33126
(786) 542-5043
Digital Contact Information:
http://1stcarecms.com
info@newlifeaba.com

and
13055 Southwest 42nd Street
STE 104
Miami, FL 33175
(305) 480-7839
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(305) 480-7839
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Hernandez Hernandez, Antonio, MS, BCBA ■
18901 Southwest 106th Avenue
a 227
Cutler Bay, FL 33157
(786) 732-7516
Digital Contact Information:
info@newlifeaba.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez Izquierdo, Dianelys, BS, BCABA ■
7500 Northwest 25th Street
Suite 254
Miami, FL 33122
(786) 391-8613
Digital Contact Information:
amecaprovider@gmail.com

Hernandez, Jimmy, MS, BCBA ■
12150 Southwest 128th Court
#201
Miami, FL 33186
(786) 697-1966
Digital Contact Information:
brightbeginningservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Julia, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 450-2918
Digital Contact Information:
glowingmindsaba@gmail.com

and
10300 Southwest 72nd Street
250b
Miami, FL 33173
(305) 939-6878
Digital Contact Information:
glowingmindsaba@gmail.com
Other Languages Spoken by Provider or Office Staff Sign Lang Amer, Spanish

Hernandez Lauzardo, Ana N, MA, BCBA ■
15924 SW 92nd Ave
Miami, FL 33157
(786) 636-1303
Digital Contact Information:
maria.aviles@hhfcfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Lazaro, MA, BCBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
info@inbloomautism.com

Hernandez, Leidy L, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 964-7927
Digital Contact Information:
credentialing@tillytherapy.com

and
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
credentialing@tillytherapy.com

and
12970 Southwest 133rd Court
a
Miami, FL 33186
(786) 445-5607
Digital Contact Information:
http://specialneedscareinc.com
credentialing@tillytherapy.com

and
FL
(786) 352-7621
(833) 458-0386
Digital Contact Information:
credentialing@tillytherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Lenay, MS, BCBA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

Hernandez, Liliana, MS, BCBA, LBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 475-5732
Digital Contact Information:
mfrancisco@exceptionalbillingservices.llc
Other Languages Spoken by Provider or Office Staff

Spanish

Hernandez Lopez, Yusday D, BS, BCBA ■
3300 West 84th Street
Unit 10
Hialeah, FL 33018
(305) 335-0407
Digital Contact Information:
http://www.childgardens.com
privateinsurancechildgarden@gmail.com
Other Languages Spoken by Provider or Office Staff Creole, Spanish

Hernandez, Magalys, BS, BCABA ■
13501 Southwest 128th Street
Suite 106
Miami, FL 33186
(786) 731-3919
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Mariah C, MA, BCBA ■
13155 SW 134th St
Ste 207
Miami, FL 33186
(785) 358-6559
Digital Contact Information:
http://www.superherospeechtherapy.com
jennifer.horta@superherospeechtherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Marian D, MPSY, BCBA ■
10200 Northwest 25th Street
STE 204
Doral, FL 33172
Digital Contact Information:
info@foundartacademy.org
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Marilin, MS, BCABA ■
13501 Southwest 128th Street
Suite 106
Miami, FL 33186
(786) 731-3919
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez Montero, Yoswliany E, MS, BCBA ■
100 Northeast 15th Street
203
Homestead, FL 33030
(786) 404-3075
Digital Contact Information:
maria.aviles@hhfcfl.com

and
15924 SW 92nd Ave
Miami, FL 33157
(786) 636-1303
Digital Contact Information:
maria.aviles@hhfcfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Nayelys, MA, BCBA ■
1180 North Krome Avenue
Homestead, FL 33030
(786) 349-4700
Digital Contact Information:
mleon@mykidtherapycenter.com

and
49 NW 17th St
Homestead, FL 33030
(786) 349-4700
Digital Contact Information:
mleon@mykidtherapycenter.com

and
14425 Country Walk Drive
Miami, FL 33186
(786) 349-4700
Digital Contact Information:
mleon@mykidtherapycenter.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Hernandez, Nick, BA, BCBA ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(305) 273-3773
Digital Contact Information:
http://www.behavior-analysis.org
jalvarez@behavior-analysis.org
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Niurvict, MBS, BCBA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
http://appliedbhs.com
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Osmany, MSW, BCBA ■
14221 Southwest 120th Street
227
Miami, FL 33186
(305) 300-3004
Digital Contact Information:
abamasterpro@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez Quesada, Olga, MS, BCBA ■
100 Northeast 15th Street
203
Homestead, FL 33030
(786) 404-3075
Digital Contact Information:
professionalbaskills@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez Regalado, Marta I, MBS, BCBA ■
8001 West 26th Avenue
2 2
Hialeah, FL 33016
(786) 666-0475
Digital Contact Information:
safebehaviorcare@gmail.com

and
7392 Northwest 35th Terrace
301
Miami, FL 33122
(786) 666-0475
Digital Contact Information:
safebehaviorcare@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez Rodriguez, Dailen, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 402-2267
Digital Contact Information:
elcbehavior21@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Victor J, MS, BCBA ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
info@bhavioralcorporation.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Yandy, MMH, LMHC ■
1250 Southwest 27th Avenue
207
Miami, FL 33135
(786) 522-7203
Digital Contact Information:
cabehavior@gmail.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(786) 522-7203
Digital Contact Information:
cabehavior@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Yolexy, MACP, BCBA ■
1150 Northwest 72nd Avenue
ph 2
Miami, FL 33126
(786) 542-5043
Digital Contact Information:
http://1stcarecms.com
genesisconsultingservices39@gmail.com

and
18951 Southwest 106th Avenue
105 106
Miami, FL 33157
(305) 233-4448
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
10300 Southwest 72nd Street
250b
Miami, FL 33173
(305) 939-6878
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Hernandez-Pereira, Gabriela, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
credentialingaba@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Herrera, Anouk, MSW, LCSW ■
380 Giralda Avenue
507w
Coral Gables, FL 33134
(786) 277-2938
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
10200 Northwest 25th Street
211
Doral, FL 33172
(305) 381-0346
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
900 West 49th Street
STE 400
Hialeah, FL 33012
(305) 587-2231
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
1150 Northwest 72nd Avenue
700
Miami, FL 33126
(305) 815-1277
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
7270 Northwest 12th Street
Suite 810
Miami, FL 33126
(786) 718-2390
Digital Contact Information:
http://www.globalrehab.com
rossconsultingandcredentialing@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 832-6630
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
11401 Southwest 40th Street
#345
Miami, FL 33165
(305) 603-7063
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
4995 Northwest 72nd Avenue
102
Miami, FL 33166
(786) 360-3584
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
12700 Southwest 128th Street
STE 108
Miami, FL 33186
(786) 732-0865
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
13205 Southwest 137th Avenue
224 225
Miami, FL 33186
(786) 290-9192
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
13335 Southwest 124th Street
STE 214
Miami, FL 33186
(786) 429-1495
Digital Contact Information:
rossconsultingandcredentialing@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Herrera, Asiel, MA, BCBA ■
2898 Northwest 79th Avenue
Doral, FL 33122
(305) 597-3861
Digital Contact Information:
cary.merida@newwaydayservices.org

Herrera, Gregory, MS, BCBA ■
7990 Southwest 117th Avenue
Suite 134
Kendall, FL 33183
(305) 741-2218
Digital Contact Information:
gherrera@buildablocktherapy.com

Herrera, Jacqueline, MA, BCBA ■
1470 Northwest 107th Avenue
STE 19R
Miami, FL 33172
(305) 220-3382
Digital Contact Information:
http://www.risenconsultants.com
jcabrera@mymbcinc.com

and
7001 Southwest 97th Avenue
104
Miami, FL 33173
(786) 772-1577
Digital Contact Information:
jcabrera@mymbcinc.com

and
14050 Southwest 84th Street
201
Miami, FL 33183
(305) 209-1095
Digital Contact Information:
http://angelesaba.com
jcabrera@mymbcinc.com

and
8785 SW 165th Ave
Ste 104
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
jcabrera@mymbcinc.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Herrera, Laura, MS, BCBA ■
7875 Northwest 12th Street

120
Doral, FL 33126
(786) 505-4449
Digital Contact Information:
http://southfloridabehavior.com
lherrera@southfloridabehavior.com

and
7875 Northwest 12th Street
118
Miami, FL 33126
(786) 505-4449
Digital Contact Information:
http://southfloridabehavior.com
lherrera@southfloridabehavior.com

Herrera, Natalie, BA, BCABA ■
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
services@cmnbtherapy.com

Herrera Oro, Soley, BA, BCABA ■
13301 Southwest 132nd Avenue
209 209
Miami, FL 33186
(786) 713-5553
Digital Contact Information:
info@behaviorassociates.org
Other Languages Spoken by Provider or Office Staff Spanish

Herrera, Sandra, MBS, BCBA ■
2500 Northwest 79th Avenue
Suite 211
Doral, FL 33122
(786) 675-8650
Digital Contact Information:
info@bmmaba.com

and
7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
info@bmmaba.com

Hevel, Brianna, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Hidalgo, Ana H, MA, BCBA ■
9379 West 32nd Lane
Hialeah, FL 33018
(954) 812-1642
Digital Contact Information:
rebecca@stepforwardaba.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Hidalgo Anias, Niurka M, MS, BCBA ■
4410 West 16th Avenue
unit 41
Hialeah, FL 33012
(786) 267-2830
Digital Contact Information:
http://www.abastarbehavioral.com
behaviorplusservices@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
behaviorplusservices@gmail.com

and
8300 NW 53rd St
Ste 350
Miami, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
behaviorplusservices@gmail.com

Hidalgo Moner, Isis M, MPSY, BCBA ■
Home Based Services Only
Miami Gardens, FL 33014
(954) 451-0148
Digital Contact Information:
heightservicespro@gmail.com

Hill, Felicia M, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@lifestance.com

Hill, Marcell L, EDM, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
hmossaba@fullspectrumaba.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
hmossaba@fullspectrumaba.com

Hirsch, Amanda, PSYD, LP ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
https://tillytherapy.com/
credentialing@elemy.com
Other Languages Spoken by Provider or Office Staff English

Hmidan, Vanessa, BCBA, MS ■
FL
(833) 458-0386
Digital Contact Information:
care@tillytherapy.com

Hohnstock, Jason, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
providerenrollment@acornhealth.com

Holtzman, Jenna, MA, BCBA ■
9350 SW 72nd St
Ste 100
Miami, FL 33173
(305) 279-2286
Digital Contact Information:
miriam@doubledigitbilling.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Horrach, Yenny, MS, BCBA ■
10300 Southwest 72nd Street
300
Miami, FL 33173
(786) 418-9730
Digital Contact Information:
http://www.happydreamsofkids.com
manager@happydreamsofkids.com

Hoyos, Natalie, MS, BCBA ■
9600 Northwest 25th Street
STE 5E
Miami, FL 33172
(888) 527-8037
Digital Contact Information:
info@brightstartllc.com

and
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
info@brightstartllc.com

Huerta Perez, Ketty M, MS, BCBA ■
18901 Southwest 106th Avenue
a227
Cutler Bay, FL 33157
(786) 732-7516
Digital Contact Information:
familylovebehavioral@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 732-7516
Digital Contact Information:
familylovebehavioral@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Hunter, Hayley, MA, BCBA, LBA ■
64 Northwest 54th Street
103
Miami, FL 33127
(305) 767-1924
Digital Contact Information:
http://www.autismspecialtygroup.com
credentialing@bi-aba.com

Hurtado Perez, Gilberto, MPSY, BCBA ■
10675 Southwest 190th Street
1207
Cutler Bay, FL 33157
(305) 219-0423
Digital Contact Information:
littlebeebehavior@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 255-6203
Digital Contact Information:
littlebeebehavior@gmail.com

and
6001 Northwest 153rd Street
Suite 160
Miami Lakes, FL 33014
(786) 384-4990
Digital Contact Information:
littlebeebehavior@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Hurtado Riera, Jenny, MBS, BCBA ■
10700 Southwest 46th Street
Miami, FL 33165
(786) 907-4925
Digital Contact Information:
http://www.bluehopetherapyservices.com
office@bluehopetherapyservices.com

and
5600 Southwest 135th Avenue
202b
Miami, FL 33183
(786) 856-4499
Digital Contact Information:
office@bluehopetherapyservices.com
Other Languages Spoken by Provider or Office Staff Spanish

Hutchinson, Shamarla, MA, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
credentialing@tillytherapy.com

Iannicelli, Arlette, MS, BCBA ■
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
arlette@therpaycareservices.com

and
306 Westward Dr
Miami Springs, FL 33166
(786) 588-7894
Digital Contact Information:
http://www.smartbatherapy.com
arlette@therpaycareservices.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(786) 522-7203
Digital Contact Information:
arlette@therpaycareservices.com

Ibanez Mostajo, Estela, MA, BCBA ■
14645 Northwest 77th Avenue
Suite 105
Miami Lakes, FL 33014
(202) 420-8359
Digital Contact Information:
info@littleleaves.org

Ibarra, Melissa J, MS, LMHC ■
9220 Sunset Drive
104
Miami, FL 33173
(786) 724-4224
Digital Contact Information:
admin@vita-cog.com

and
FL
(786) 497-3375
Digital Contact Information:
https://www.srfhealinghelp.net/
admin@vita-cog.com
Other Languages Spoken by Provider or Office Staff English

Ibarra, Odet, MA, BCBA ■
2500 Northwest 79th Avenue
295
Doral, FL 33122
(305) 280-5732
Digital Contact Information:
aplusbehavioral@gmail.com

and
HOME BASED SERVICES ONLY
Miami, FL 33178
(305) 280-5732
Digital Contact Information:
aplusbehavioral@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Ibarra, Teresita, MS, BCBA, LMFT ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
http://www.appliedbhs.com
kairoscounselinggroup@gmail.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
http://appliedbhs.com
kairoscounselinggroup@gmail.com

and
8707 Southwest 159th Path
Miami, FL 33193
(786) 444-6433
Digital Contact Information:
kairoscounselinggroup@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Igheldane, Chahinaz, MS, BCBA ■
Home Based Services Only
Aventura, FL 33180
(786) 612-5077
Digital Contact Information:
info@abatogether.com

and
Home Based Services Only
Golden Beach, FL 33160
(786) 612-5077
Digital Contact Information:
info@abatogether.com

and
Home Based Services Only
Homestead, FL 33033
(786) 612-5077
Digital Contact Information:
info@abatogether.com

and
Home Based Services Only
Homestead, FL 33034
(786) 612-5077
Digital Contact Information:
info@abatogether.com

and
Home Based Services Only
Key Biscayne, FL 33149
(786) 612-5077
Digital Contact Information:
info@abatogether.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 612-5077
Digital Contact Information:
info@abatogether.com

and
Home Based Services Only
Miami, FL 33142
(786) 612-5077
Digital Contact Information:
info@abatogether.com

and
Home Based Services Only
Miami, FL 33147
(786) 612-5077
Digital Contact Information:
info@abatogether.com

and
Home Based Services Only
Miami, FL 33155
(786) 612-5077
Digital Contact Information:
info@abatogether.com

and
13195 Southwest 134th Street
Miami, FL 33186
(786) 206-6500
Digital Contact Information:
info@abatogether.com

and
8785 SW 165th Ave
Ste 104
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
info@abatogether.com

and
Home Based Services Only
Miami Beach, FL 33154
(786) 612-5077
Digital Contact Information:
info@abatogether.com

and
Home Based Services Only
Miami Gardens, FL 33015
(786) 612-5077
Digital Contact Information:
info@abatogether.com

and
Home Based Services Only
Miami Gardens, FL 33055
(786) 612-5077
Digital Contact Information:
info@abatogether.com

and
Home Based Services Only
Miami Lakes, FL 33016
(786) 612-5077
Digital Contact Information:
info@abatogether.com

and
Home Based Services Only
Naranja, FL 33032
(786) 612-5077
Digital Contact Information:
info@abatogether.com

and
Home Based Services Only
Opa-locka, FL 33054
(786) 612-5077
Digital Contact Information:
info@abatogether.com

and
Home Based Services Only
Pinecrest, FL 33156
(786) 612-5077
Digital Contact Information:
info@abatogether.com

and
Home Based Services Only
Quail Heights, FL 33187
(786) 612-5077
Digital Contact Information:
info@abatogether.com

and
Home Based Services Only
South Miami, FL 33143
(786) 612-5077
Digital Contact Information:
info@abatogether.com

and
Home Based Services Only
South Miami, FL 33146
(786) 612-5077
Digital Contact Information:
info@abatogether.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(786) 612-5077
Digital Contact Information:
info@abatogether.com
Other Languages Spoken by Provider or Office Staff
Spanish

Iglesias, Icela, MPSY, BCBA ■
8601 Southwest 199th Street
Cutler Bay, FL 33189
(305) 908-2999
Digital Contact Information:
yordanka@mghomecare.com

and
10200 NW 25th St
Ste 114
Doral, FL 33172
(305) 908-2999
Digital Contact Information:
http://www.mghomecare.com
yordanka@mghomecare.com

Iglesias Ruano, Dianeibis, MS, BCBA ■
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
abaintake@creativekidstherapyinc.com

Inclan, Leonardo, MS, BCBA ■
FL
(305) 720-3464
Digital Contact Information:
cary@nwds-staff.com

and
13195 Southwest 134th Street
Ste. 201
Miami, FL 33186
(786) 206-6500
Digital Contact Information:
cary@nwds-staff.com

Infante Fuentes, Glenda, MS, BCBA ■
8660 West Flagler Street
STE 121
Miami, FL 33144
(305) 600-4774
Digital Contact Information:
jcabrera@mymbcinc.com

and
FL
(305) 600-4774
Digital Contact Information:
jcabrera@mymbcinc.com

and
13301 Southwest 132nd Avenue
203 203
Miami, FL 33186
(786) 632-9993
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Insua, Marco, MS, BCABA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

Iriarte, Rebecca M, MS, BCBA ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(305) 273-3773
Digital Contact Information:
http://www.behavior-analysis.org
aillobre@behavior-analysis.org
Other Languages Spoken by Provider or Office Staff
Spanish

Isakharova, Susana, MSED, BCBA ■
13301 Southwest 132nd Avenue
209 209
Miami, FL 33186
(786) 713-5553
Digital Contact Information:
info@behavior123.com
Other Languages Spoken by Provider or Office Staff
Hebrew, English, German, Ukrainian, Russian, Yiddish, Spanish, Polish

Isea, Genessys M, MA, BCABA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(888) 501-8540
Digital Contact Information:
https://acornhealth.com
superherospeechinfo@gmail.com

and
333 West 41st Street
Suite 324
Miami, FL 33140
(786) 673-9355
Digital Contact Information:
https://stepforwardaba.com/
superherospeechinfo@gmail.com

and
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
https://stepforwardaba.com/
superherospeechinfo@gmail.com

Iturrizaga, Tancy M, MA, BCBA ■
13195 Southwest 134th Street
Suite 106
Miami, FL 33186
(786) 250-3220
Digital Contact Information:
billing@peaktherapycenter.com

and
13195 Sw 13th St Ste 106
Miami, FL 33186
(786) 250-3220
Digital Contact Information:
billing@peaktherapycenter.com

and
13501 Southwest 136th Street
STE 205
Miami, FL 33186
(305) 209-4321
Digital Contact Information:
http://sunshinespectrumaba.com
billing@peaktherapycenter.com

and
14629 Southwest 104th Street
505
Miami, FL 33186
(786) 226-0835
Digital Contact Information:
billing@peaktherapycenter.com

Ivanchuk, Igor, MA, BCBA ■
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
crystal@mmabasolutions.com

Izaguirre, Cathy, BCBA, MS ■
2898 Northwest 79th Avenue
Doral, FL 33122
(305) 597-3861
Digital Contact Information:
cary@nwds-staff.com

Izekor, Abiola O, MSN, APRNCNP, NP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

Izquierdo, Isabella, MACP, BCBA ■
9350 SW 72nd St
Ste 100
Miami, FL 33173
(305) 279-2286
Digital Contact Information:
isaizquierdo20@gmail.com

Izquierdo, Sharon R, BS, BCBA ■
Home Based Services Only
Doral, FL 33126
(407) 800-6086
Digital Contact Information:
prokidzabatherapy@yahoo.com

and
123 N Krome Ave
Ste 104
Homestead, FL 33030
(786) 349-4559
Digital Contact Information:
prokidzabatherapy@yahoo.com

and
131 Northeast 8th Street
Homestead, FL 33030
(786) 291-3979
Digital Contact Information:
prokidzabatherapy@yahoo.com

and
14204 Southwest 289th Terrace
Homestead, FL 33033
(305) 878-1255
Digital Contact Information:
prokidzabatherapy@yahoo.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 445-9554
Digital Contact Information:
prokidzabatherapy@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Jabrayan, Marine W, MA, BCBA ■
13195 Southwest 134th Street
Ste. 201
Miami, FL 33186
(561) 421-5111
Digital Contact Information:
marine@behavioralfamilysolutions.com

and
8785 SW 165th Ave
Ste 104
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
https://behavioralfamilysolutions.com/
marine@behavioralfamilysolutions.com
Other Languages Spoken by Provider or Office Staff
Spanish

Jackson, Clarissa, MA, BCBA ■
FL
(909) 255-0195
Digital Contact Information:
http://bxhub.org
admin@bxhub.org

Jackson, Jaimera, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
info@acornhealth.com

Jackson, Jessica, BA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Jas, Jackeline, MS, BCBA ■

13195 Southwest 134th Street
Suite 106
Miami, FL 33186
(786) 250-3220
Digital Contact Information:
jackeline.jas@gmail.com

and
13195 Sw 13th St Ste 106
Miami, FL 33186
(305) 539-9777
Digital Contact Information:
jackeline.jas@gmail.com

and
13501 Southwest 136th Street
STE 205
Miami, FL 33186
(305) 209-4321
Digital Contact Information:
http://sunshinespectrumaba.com
jackeline.jas@gmail.com

and
14629 Southwest 104th Street
505
Miami, FL 33186
(786) 226-0835
Digital Contact Information:
jackeline.jas@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Jean Baptiste, Anastasia E, MS, BCBA ■
10200 Northwest 25th Street
STE 204
Doral, FL 33172
(305) 406-3689
Digital Contact Information:
http://www.foundartacademy.org
thelighthousetherapycenter@gmail.com

Jeniffer, Escalona Cervantes, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
admissions@abaalliancecareservices.com

Jenkins, Helena, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(347) 893-1266
Digital Contact Information:
helena@growwellaba.com

and
FL
(305) 930-5648
(347) 893-1266
Digital Contact Information:
helena@growwellaba.com

Jerez Morales, Nadienka, MED, BCBA ■
3401 Northwest 82nd Avenue
105e
Doral, FL 33122
(786) 614-3121
Digital Contact Information:
freddie.maxwell@amromed.com

and
Home Based Services Only
Doral, FL 33122
(786) 614-3121
Digital Contact Information:
freddie.maxwell@amromed.com

and
1916 Northwest 84th Avenue
Doral, FL 33126
(305) 224-1929
Digital Contact Information:
freddie.maxwell@amromed.com

and
27132 South Dixie Highway
Naranja, FL 33032
(786) 481-9833
Digital Contact Information:
freddie.maxwell@amromed.com

Jerez, Samir G, MMH, LMHC ■
17225 South Dixie Highway
STE 203
Palmetto Bay, FL 33157
(786) 601-2608
Digital Contact Information:
lifestarcmhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Jerez, Tatiana, MA, BCBA ■
1900 Southwest 22nd Street
#205
Miami, FL 33145
(305) 648-7212
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Jessica, Mata, BA, BCABA ■
4800 Northwest 167th Street
Miami Gardens, FL 33014
(305) 515-2726
Digital Contact Information:
http://www.lightingbehavior.com
lightingbehaviorservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Jha, Lynnette, MS, BCBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
https://tillytherapy.com/
myaballc@gmail.com

Jimenez, Claudia, MS, BCBA ■
70 NW 6th St
Homestead, FL 33030
(305) 318-8370
Digital Contact Information:
thelighthousetherapycenter@gmail.com

and
13930 SW 47th St
Ste 203
Miami, FL 33175
(786) 534-7127
Digital Contact Information:
thelighthousetherapycenter@gmail.com

and
15777 Southwest 75th Terrace
Miami, FL 33193
(305) 318-8370
Digital Contact Information:
thelighthousetherapycenter@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Jimenez Clavijo, Aylen, BA, BCABA ■
3750 West 16th Avenue
218
Hialeah, FL 33012
(954) 840-6701
Digital Contact Information:
proactivehealthcare2016@gmail.com

and
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
proactivehealthcare2016@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Jimenez, Giselle L, MS, LMFT ■
11890 Southwest 8th Street
STE 309
Miami, FL 331841710
(305) 220-6060
Digital Contact Information:
http://www.blueangelcare.net
info@blueangelcare.net

Jimenez Herrera, Alex, MPSY, BCBA ■
12985 Southwest 130th Court
209 209
Miami, FL 33186
(786) 363-0171
Digital Contact Information:
contact@bmbafl.com

and
16931 Southwest 152nd Avenue
Miami, FL 33187
(786) 262-9997
Digital Contact Information:
contact@bmbafl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Jimenez Jorge, Marisleydi, MA, BCBA ■
1022 East 8th Avenue
Hialeah, FL 33010
(786) 615-7829
Digital Contact Information:
ddrehabbeacon@gmail.com

and
3412 West 84th Street
e106
Hialeah, FL 33018
(305) 827-7344
Digital Contact Information:
ddrehabbeacon@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Jimenez, Liana, MED, BCBA ■
9710 East Indigo Street
Suite 201
Palmetto Bay, FL 33157
(786) 277-6210
Digital Contact Information:
admin@twoheartsaba.com

Jimenez, Pablo A, MS, BCABA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
sseastcoast22@gmail.com

and
13055 Southwest 42nd Street
STE 104
Miami, FL 33175
(305) 480-7839
Digital Contact Information:
sseastcoast22@gmail.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
sseastcoast22@gmail.com

Jimenez, Rene, MS, BCBA ■
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
Not Available

Jimenez, Yadira, MS, BCABA ■
7235 Southwest 24th Street
204
Miami, FL 33155
(786) 452-0257
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Johannes, Izabella A, MS, BCBA ■
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
admin@stepforwardaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

John, Seleena, MA, BCBA ■
13195 Southwest 134th Street
Ste. 201
Miami, FL 33186
(786) 206-6500
Digital Contact Information:
evernorth@teampbs.com

and
FL
(786) 206-6500
Digital Contact Information:
evernorth@teampbs.com

and
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
evernorth@teampbs.com

Johnson, Kamla D, MSW, LCSW ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
http://www.dgphealthandwellness.com
adams@pcmgfl.com
Other Languages Spoken by Provider or Office Staff English

Johnson, Zoe, MA, BCBA ■
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
office@sparkabatherapy.com

Jonas, Alfred, MD ■
8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-2822
Digital Contact Information:
http://www.mgmbehavioral.com
bhcofl@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Jones, Ingrid, MED, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
https://tillytherapy.com/
crd@autismhomesupport.com

Jones, Markayla, BA, BCABA ■
12750 Northwest 17th Street
216 216
Miami, FL 33182
(888) 527-8037
Digital Contact Information:
http://brightstartpossibility.com
info@brightstartllc.com

Jones, Tala, MA, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
https://tillytherapy.com/
credentialing@tillytherapy.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
credentialing@tillytherapy.com

and
1951 NW 7th Ave
Ste 600
Miami, FL 33136
(929) 384-7193
Digital Contact Information:
credentialing@tillytherapy.com

Jordonne, Nathalie G, MS, BCBA ■
8660 West Flagler Street
STE 121
Miami, FL 33144
(305) 600-4774
Digital Contact Information:
info@childrenslove.care

Jorge, Ada, MED, BCBA ■
3383 Northwest 7th Street
313
Miami, FL 33125
(786) 558-9474
Digital Contact Information:
trudy@medvaultconsultants.com

Jorge, Yohanna, MA, BCBA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
credentialing.dpt@gmail.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
http://appliedbhs.com
credentialing.dpt@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Joshi, Sarika, MA, BCBA ■
6303 Blue Lagoon Dr
Ste 400

Miami, FL 33126
(833) 458-0386
Digital Contact Information:
https://tillytherapy.com/
info@behaviordg.com

Juantorena Alen, Yunit, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
info@newlifeaba.com

and
13055 Southwest 42nd Street
STE 104
Miami, FL 33175
(305) 480-7839
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

Jump, Allison, MPSY, BCBA ■
15165 Northwest 77th Avenue
Hialeah, FL 33014
(305) 828-5276
Digital Contact Information:
http://angelsreach.org/
jennifer.schwartz@angelsreach.org

Jurado, Mariella, MA, BCBA ■
7900 Oak Ln
400
Hialeah, FL 33016
(786) 622-5743
Digital Contact Information:
ymbehavioralhealth@gmail.com

Kamara, Edward, MA, LBA ■
1065 Southwest 8th Street
1459
Miami, FL 33130
(855) 853-0228
Digital Contact Information:
edwardkamarachildrensmilestone@gmail.com

Karkour, Raquel, MS, BCBA ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(305) 273-3773
Digital Contact Information:
http://www.behavior-analysis.org
rhulsey@behavior-analysis.org

Karla, Jordan Martinez, MED, BCBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
kwelch@kidsspotrehab.com

Kastris, Tina, MS, BCBA ■
Home Based Services Only
Hialeah, FL 33013
(786) 592-6680
Digital Contact Information:
ababillingservices@gmail.com

Katsigeorgis, Joanna, PHD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
mshain@seniorcaretherapy.com
Other Languages Spoken by Provider or Office Staff Greek

Katz, Lauren, MA, BCBA ■
11025 SW 84th St
Ste 8
Miami, FL 33173
(833) 971-1230
Digital Contact Information:
info@cdaintensivelearning.com
Other Languages Spoken by Provider or Office Staff
Spanish

Khan, Saira, MA, BCBA ■
13195 Southwest 134th Street
Suite 106
Miami, FL 33186
(786) 250-3220
Digital Contact Information:
saira.khan.nunez@gmail.com

and
13501 Southwest 136th Street
STE 205
Miami, FL 33186
(305) 209-4321
Digital Contact Information:
http://sunshinespectrumaba.com
saira.khan.nunez@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Kissenberth, Morgan T, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
info@acornhealth.com

Klaskala, Marta C, MS, LMHC, LPCC ■
11890 Southwest 8th Street
STE 309
Miami, FL 331841710
(305) 964-5236
Digital Contact Information:
http://www.blueangelcare.net
jxross12@gmail.com

Klingberg, Natalie, MA, BCBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
matt.potak@behavioranalysissolutions.com

Knopp, Melissa D, MSED, BCBA ■
6865 Bay Drive
21 21
Miami, FL 33141
(845) 275-0697
Digital Contact Information:
credentialing@corticacare.com

and
FL
(845) 275-0697
Digital Contact Information:
credentialing@corticacare.com

Knowles, Mary, MS, BCBA-D ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(954) 757-7790
Digital Contact Information:
http://www.behavior-analysis.org
rhulsey@behavior-analysis.org
Other Languages Spoken by Provider or Office Staff
Spanish

Ko, Soo, MS, BCBA ■
777 Brickell Ave
Ste 500
Miami, FL 33131
(305) 330-4660
Digital Contact Information:
ajlba@mbhpays.com

and
2520 Coral Way
2 19
Miami, FL 33145
(855) 832-6727
Digital Contact Information:
ajlba@mbhpays.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Kolb-Jackson, Elizabeth, MED, BCBA ■
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
lsantiago@camenbehavioral.org

Korner, Jacqueline, MS, BCBA ■
1400 Northeast Miami Gardens Drive
Ste 211
Miami, FL 33179
(786) 274-7777
Digital Contact Information:
http://www.positivebehaviortreatment.com
pbtinc@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Kramer, Kimberly M, EDM, LBA ■
1065 Southwest 8th Street
1459
Miami, FL 33130
(855) 853-0228
Digital Contact Information:
kkramerchildrensmilestone@gmail.com

Kroes, Hendrik, MS, BCBA ■
18443 Southwest 87th Place
Cutler Bay, FL 33157
(305) 699-3241
Digital Contact Information:
http://www.luxabatherapy.com
info@luxabatherapy.com

and
10625 Southwest 112th Avenue
201 201
Miami, FL 33176
(305) 699-3241
Digital Contact Information:
info@luxabatherapy.com

and
10625 Southwest 112th Avenue
APT 201
Miami, FL 33176
(786) 367-5726
Digital Contact Information:
info@luxabatherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Kyles, Miranda, MA, BCBA, LBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 991-3213
Digital Contact Information:
kristina@texacute.com

La O, Marielis, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 536-7470
Digital Contact Information:
camiamibehavior@gmail.com

and
1250 Southwest 27th Avenue
207
Miami, FL 33135
(305) 305-0279
Digital Contact Information:
camiamibehavior@gmail.com

and
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
camiamibehavior@gmail.com

and
9010 Southwest 137th Avenue
213
Miami, FL 33186
(305) 305-0279
Digital Contact Information:
camiamibehavior@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

La Rosa, Maydelin, MS, BCBA ■
5881 Northwest 151st Street
127
Miami Lakes, FL 330142450
(786) 905-2262
Digital Contact Information:
http://sweetchildbehavior.com
tcmfl2018@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Labat, Cassandra, MS, BCBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
oklahoma@thebxchange.com

and
FL
(786) 352-7621
Digital Contact Information:
oklahoma@thebxchange.com
Other Languages Spoken by Provider or Office Staff
Spanish

Laborda, Nevenka, EDS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 536-7470
Digital Contact Information:
dadebehavioralservices@gmail.com

and
8950 SW 74th Ct
Ste 2201
Miami, FL 33156
(305) 479-5983
Digital Contact Information:
dadebehavioralservices@gmail.com

and
12135 Northeast 8th Avenue
North Miami, FL 33161
(954) 292-8645
Digital Contact Information:
https://riosplace.com/
dadebehavioralservices@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Labrada, Linet, MA, BCBA ■
20774 West Dixie Highway
b
Miami, FL 33180
(305) 549-8665
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lacosta, Lisette, MS, BCBA ■
657 South Drive
Miami Springs, FL 33166
(786) 860-5161
Digital Contact Information:
lisette@lacostatherapy.com

and
657 South Drive
#403
Miami Springs, FL 33166
(786) 860-5161
Digital Contact Information:
lisette@lacostatherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ladron De Guevara, Edey, MBS, BCBA ■
6215 West 20th Avenue
409 409
Hialeah, FL 33012
(786) 810-3656
Digital Contact Information:
ddrehabbeacon@gmail.com

and
Home Based Services Only
Hialeah, FL 33012
(786) 810-3656
Digital Contact Information:
ddrehabbeacon@gmail.com

Lafontaine, Zenayda A, MSED, BCBA ■
9241 Southwest 212th Terrace
Cutler Bay, FL 33189
(786) 447-0022
Digital Contact Information:
http://www.abdbehavior.com
zlafontaine@abdbehavior.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lalinde, Kendra, MS, BCBA ■
8785 SW 165th Ave
Ste 103
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
info@behavioralfamilysolutions.com

Lamour, Carolyn, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:

credentialing@behavioralfamilysolutions.com

Langan, Alexandria M, MS, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
cred@cubetherapybilling.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
cred@cubetherapybilling.com

and
1951 NW 7th Ave
Ste 600
Miami, FL 33136
(929) 384-7193
Digital Contact Information:
cred@cubetherapybilling.com

Lara, Stephanie, MSCC, LMHC ■
12750 Southwest 128th Street
Suite #201
Miami, FL 33186
(786) 592-2051
Digital Contact Information:
http://www.behavioraccservices.com
office@behavioraccservices.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Laudo, Alicia M, MPSY, BCBA ■
Home Based Services Only
Doral, FL 33122
(305) 591-7898
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Lauren, Pena Gonzalez, MA, BCBA ■
1180 North Krome Avenue
Homestead, FL 33030
(786) 349-4700
Digital Contact Information:
http://mykidtherapycenter.com
lpena@mykidtherapycenter.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lauvince, Woodline, MS, BCBA ■
FL
(561) 560-0064
(833) 458-0386
Digital Contact Information:
http://kokorocare.org
support@modbehavioraba.com

Lauzurique Tenorio, Grace, MA, BCBA ■
15260 SW 280th St
Ste 205
Homestead, FL 33032
(305) 707-7237
Digital Contact Information:
http://www.familybehaviorservices.org
admin@familybehavioralservices.org

and
Home Based Services Only
Miami Gardens, FL 33014
(786) 919-3784
Digital Contact Information:
admin@familybehavioralservices.org

Lavandera, Yadira, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
office@tlhproject.com

and
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
office@tlhproject.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lazo, Nara, MS, BCBA ■
2828 Coral Way
560
Coral Gables, FL 33145
(786) 238-7298
Digital Contact Information:
info@brightfuturebehavioral.com

and
Home Based Services Only
Hialeah, FL 33012
(561) 460-0284
Digital Contact Information:
info@brightfuturebehavioral.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lazor, Brittney, MS, BCBA ■
14645 Northwest 77th Avenue
Suite 105
Miami Lakes, FL 33014
(202) 420-8359
Digital Contact Information:
http://www.littleleaves.org
craley@littleleaves.org

Leal, Eduardo, MS, BCBA ■
1031 Ives Dairy Road
STE 240
Miami, FL 33179
(786) 306-5534
Digital Contact Information:
mortega@tlhproject.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lebredo, Heidi, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 817-2356
Digital Contact Information:
lebredobehavioranalysiservices@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ledo, Damaris, MA, BCBA ■
8500 SW 92nd Street
206
Miami, FL 33156
(768) 899-0500
Digital Contact Information:
contact@peaktherapycenter.com

and
13195 Southwest 134th Street
Suite 106
Miami, FL 33186
(786) 250-3220
Digital Contact Information:
contact@peaktherapycenter.com

Lee, Karmelyn, MS, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
alintanallc@gmail.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
alintanallc@gmail.com

and
1951 NW 7th Ave
Ste 600
Miami, FL 33136
(929) 384-7193
Digital Contact Information:
alintanallc@gmail.com

Lehardy, Robert, MA, BCBA ■
107 Antilla Avenue
Coral Gables, FL 331343301
(305) 567-5881
Digital Contact Information:
info@cagables.com

Lemos, Yigsy M, MS, BCBA ■
3542 W 93rd Pl
Hialeah, FL 33018
(786) 281-2421
Digital Contact Information:
yigsy.lemos@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Lemus Rodriguez, Elida, MBS, BCBA ■
10711 Southwest 216th Street
103 103
Goulds, FL 33170
(305) 965-9682
Digital Contact Information:
hopestaraba@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 732-2139
Digital Contact Information:
hopestaraba@gmail.com

and
6001 Northwest 153rd Street
Suite 160
Miami Lakes, FL 33014
(786) 384-4990
Digital Contact Information:
hopestaraba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lemus, Vivian, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(305) 846-9807
Digital Contact Information:
https://acornhealth.com
info@acornhealth.com

and
6405 Northwest 36th Street
Virginia Gardens, FL 33166
(786) 238-2008
Digital Contact Information:
info@acornhealth.com

Lemus-Dominguez, Olianys, MS, BCBA ■
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
credentialing@southbillcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Leon, Enrique, MA, BCBA ■
18901 Southwest 106th Avenue
229
Miami, FL 33157
(786) 808-6575
Digital Contact Information:
maximumachieversllc@gmail.com

Leon, Euselis, MS, BCABA ■
13501 Southwest 128th Street
Suite 106
Miami, FL 33186
(786) 731-3919
Digital Contact Information:
jcabrera@mymbcinc.com

Leon, Kelly, MS, BCBA ■
2520 Coral Way
2 19
Miami, FL 33145
(855) 832-6727
Digital Contact Information:
https://www.teampbs.com/evernorth@teampbs.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Leon, Onel, MHS, BCBA ■
Home Based Services Only
Doral, FL 33126
(305) 433-5489
Digital Contact Information:
tcmfl2018@gmail.com

and
5881 Northwest 151st Street
127
Miami Lakes, FL 330142450
(305) 433-5489
Digital Contact Information:
tcmfl2018@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Leon, Reina, MS, BCABA ■
1414 Northwest 107th Avenue
204
Doral, FL 33172
(305) 225-8711
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Leonor, Camila, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Lerma, Diley, BA, BCABA ■
9010 SW 137th Ave
Ste 212
Miami, FL 33186
(786) 762-2474
Digital Contact Information:
gipsia@goodbehaviorbeginnings.net
Other Languages Spoken by Provider or Office Staff
English, Spanish

Letlow, Janielle, MED, BCBA ■
14125 Northwest 80th Avenue
304
Miami Lakes, FL 33016
(786) 305-7222
Digital Contact Information:
haley.hounchell@yourmissingpiece.com

Levine, Elexis, MA, BCBA ■
9350 Sunset Drive
Suite 175
Miami, FL 33173
(786) 673-9355
Digital Contact Information:
http://www.stepforwardaba.com
admin@stepforwardaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Levy, Allison T, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(888) 501-8540
Digital Contact Information:
https://acornhealth.com
info@sproutbehavioralservices.com

Levy, Jessica, MA, BCBA ■
2520 Coral Way
2 19
Miami, FL 33145
(855) 832-6727
Digital Contact Information:
cary@nwds-staff.com

Leyva, Celio, BA, BCABA ■
18901 Southwest 106th Avenue
a 227
Cutler Bay, FL 33157
(786) 732-7516
Digital Contact Information:
goodbehavior.as@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 732-7516
Digital Contact Information:
goodbehavior.as@gmail.com

and
15715 South Dixie Highway
330
Miami, FL 33157
(786) 732-0842
Digital Contact Information:
goodbehavior.as@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Leyva Gomez, Miguel A, EDM, BCBA ■
12985 Southwest 130th Court
108 1
Miami, FL 33186
(786) 537-2758
Digital Contact Information:
leyvasbehavioraltherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Leyva Queija, Yunaida, MS, BCBA ■
1500 Northwest 89th Court
Ste 117
Doral, FL 33172
(305) 431-6410
Digital Contact Information:
info@newlifeaba.com

and
5753 West 15th Court
Hialeah, FL 33012
(786) 712-4963
Digital Contact Information:
info@newlifeaba.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
13424 Southwest 90th Terrace
Miami, FL 33186
(786) 308-6353
Digital Contact Information:
info@newlifeaba.com

and
8100 Northwest 155th Street
200
Miami Lakes, FL 33016
(786) 479-0029
Digital Contact Information:
info@newlifeaba.com

and
8100 Northwest 155th Street
201
Miami Lakes, FL 33016
(786) 539-2181
Digital Contact Information:
info@newlifeaba.com

and
Home Based Services Only
Miami Lakes, FL 33016
(561) 764-7093
Digital Contact Information:
info@newlifeaba.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(786) 416-3576
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Leyva, Renan, PHD, BCBA ■
7801 Northwest 37th Street
Lp-201
Doral, FL 33195
(305) 468-9899
Digital Contact Information:
vivianaicare@gmail.com

and
13301 Southwest 132nd Avenue
112 112
Miami, FL 33186
(305) 640-8342
Digital Contact Information:
https://yamtherapyservices.com
vivianaicare@gmail.com

and
6405 Northwest 36th Street
Virginia Gardens, FL 33166
(786) 238-2008
Digital Contact Information:
vivianaicare@gmail.com

and
6405 Northwest 36th Street
#123
Virginia Gardens, FL 33166
(786) 872-4325
Digital Contact Information:
vivianaicare@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lezcano, Rolando, MA, BCBA ■
30392 Old Dixie Highway
Homestead, FL 33030
(786) 283-0175
Digital Contact Information:
info@btserviceslittlegiants.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
info@btserviceslittlegiants.com

and
27132 South Dixie Highway
Naranja, FL 33032
(786) 283-0175
Digital Contact Information:
info@btserviceslittlegiants.com
Other Languages Spoken by Provider or Office Staff
Spanish

Limas De La Paz, David, MS, BCBA ■
1414 Northwest 107th Avenue
204
Doral, FL 33172
(305) 225-8711
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Limia, Ana C, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(888) 501-8540
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Liriano, Brianne, MBS, BCBA ■
9425 Southwest 72nd Street
164
Miami, FL 33173
(305) 279-2286
Digital Contact Information:
taylor@freshstartsnow.com
Other Languages Spoken by Provider or Office Staff
Spanish

Little, Gina M, MA, BCBA ■
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/services@cmnbtherapy.com

and
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
services@cmnbtherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Llama Figueredo, Leticia, MPSY, BCBA ■
Home Based Services Only
Miami Lakes, FL 33016
(561) 764-7093
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Llanes Hernandez, Vanessa, MSED, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
info@newlifeaba.com

and
Home Based Services Only
Miami, FL 33155
(786) 747-4949
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 747-4949
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Llanes, Maday, BCABA, BS ■
9600 Northwest 25th Street
STE 5E
Miami, FL 33172
(888) 527-8037
Digital Contact Information:
info@brightstartllc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Llanes Torna, Ana Sarai, MS, BCBA ■
8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-2822
Digital Contact Information:
http://www.mgmbehavioral.com
accuratebehaviorsolutions@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 964-7695
Digital Contact Information:
accuratebehaviorsolutions@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lledo Rodriguez, Laura, MED, BCBA ■
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
credentialing@southbillcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lobaina Fernandez Rubio, Giselle, MS, BCBA ■
100 NE 15th St
Homestead, FL 33030
(786) 370-2216
Digital Contact Information:
thvegainsurances23@gmail.com

and
3222 Southeast 5th Street
Homestead, FL 33033
(786) 370-2216
Digital Contact Information:
https://myabaschool.com/
thvegainsurances23@gmail.com

and
Home Based Services Only
Homestead, FL 33033
(786) 370-2216
Digital Contact Information:
thvegainsurances23@gmail.com

and
29485 Southwest 177th Court
Homestead, FL 33034
(786) 486-0165
Digital Contact Information:
thvegainsurances23@gmail.com

Lopez, Allison, MS, BCBA ■
14645 Northwest 77th Avenue
Suite 105
Miami Lakes, FL 33014
(202) 420-8359
Digital Contact Information:
info@littleleaves.org

Lopez, Camille T, MED, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 810-8002
Digital Contact Information:
bebrightservicesadm@gmail.com

and
1321 Southwest 126th Place
Miami, FL 33184
(786) 860-5161
Digital Contact Information:
bebrightservicesadm@gmail.com

and
657 South Drive
Miami Springs, FL 33166
(786) 860-5161
Digital Contact Information:
bebrightservicesadm@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Carlos, MS, BCBA ■
14645 Northwest 77th Avenue
Suite 105
Miami Lakes, FL 33014
(202) 420-8359
Digital Contact Information:
info@littleleaves.org

Lopez Castellanos, Liuba M, MS, BCBA ■
1275 West 47th Place
#449
Hialeah, FL 33012
(305) 425-1338
Digital Contact Information:
magicbehavioralcare@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Diana, MA, BCBA ■
Home Based Services Only
Hialeah, FL 33012
(305) 570-0775
Digital Contact Information:
credentialing@creativekidstherapyinc.com

and
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
credentialing@creativekidstherapyinc.com

Lopez Fernandez, Laura, MS, BCBA ■
Home Based Services Only
Naranja, FL 33032
(407) 800-6086
Digital Contact Information:
support@abc4s.com
Other Languages Spoken by Provider or Office Staff
German, French, Spanish

Lopez Fustes, Rebeca, MPSY, BCABA ■
13404 Southwest 128th Street
Miami, FL 33186
(305) 433-0897
Digital Contact Information:
bluelifetherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Hector, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
zairad29@yahoo.com

and
13424 Southwest 90th Terrace
Miami, FL 33186
(786) 308-6353
Digital Contact Information:
zairad29@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Lopez, Jacqueline M, BA, BCBA ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/services@cmnbtherapy.com

and
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/services@cmnbtherapy.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Creole, Japanese, French, Italian

Lopez, Josue, MD ■
15260 Southwest 280th Street
203
Homestead, FL 33032
(786) 601-7491
Digital Contact Information:
lrodriguezllbs@gmail.com

and
7270 Northwest 12th Street
430
Miami, FL 33126
(786) 615-2843
Digital Contact Information:
https://www.lasagradafamiliacenter.com
lrodriguezllbs@gmail.com

and
2141 Southwest 1st Street
201

Miami, FL 33135
(786) 920-9137
Digital Contact Information:
lrodriguezllbs@gmail.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
lrodriguezllbs@gmail.com

and
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
lrodriguezllbs@gmail.com

and
7001 SW 97th Ave
Ste 206
Miami, FL 33173
(786) 294-0123
Digital Contact Information:
https://www.chgpsychiatry.com/
lrodriguezllbs@gmail.com

and
2424 Southwest 137th Avenue
Miami, FL 331756311
(786) 655-0831
Digital Contact Information:
http://www.
miamihealthmedicalcenter.us
lrodriguezllbs@gmail.com

and
9125 SW 87th Ave
Miami, FL 33176
(305) 735-3919
Digital Contact Information:
lrodriguezllbs@gmail.com

and
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
lrodriguezllbs@gmail.com

and
13155 Southwest 134th Street
221
Miami, FL 33186
(786) 652-9880
Digital Contact Information:
lrodriguezllbs@gmail.com

and
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
lrodriguezllbs@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Lisel, MS, BCBA ■
1570 West 38th Place
12 12
Hialeah, FL 33012
(786) 615-2514
Digital Contact Information:
solutions@
cobohomehealthservices.com

and
1900 Southwest 22nd Street
#205
Miami, FL 33145
(305) 648-7212
Digital Contact Information:
solutions@
cobohomehealthservices.com

and
20774 West Dixie Highway
b
Miami, FL 33180
(305) 549-8665
Digital Contact Information:
solutions@
cobohomehealthservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez Machandi, Dayanna, MS, BCBA ■
12460 Southwest 8th Street
Miami, FL 33184
(786) 801-0944
Digital Contact Information:
dynamicsandbehaviorservicesinc@
gmail.com

and
12460 Southwest 8th Street
2024
Miami, FL 33184
(786) 801-0944
Digital Contact Information:
dynamicsandbehaviorservicesinc@
gmail.com

Lopez, Melissa, MS, BCBA ■
1840 West 49th Street
Suite 723
Hialeah, FL 33012
(786) 333-4275
Digital Contact Information:
http://helpinghandstc.com
info@brightfuturebehavioral.com

and
Home Based Services Only
Hialeah, FL 33012
(561) 460-0284
Digital Contact Information:
info@brightfuturebehavioral.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
info@brightfuturebehavioral.com

Lopez, Oxanna, BS, BCABA ■
3750 Northeast 169th Street
Apartment 306
North Miami Beach, FL 33160
(786) 873-0298
Digital Contact Information:
jcabrera@mymbcinc.com

Lopez Reyna, Cindy, MS, BCABA ■
1250 Southwest 27th Avenue
207
Miami, FL 33135
(786) 502-3137
Digital Contact Information:
mortega@tlhproject.com

and
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
mortega@tlhproject.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Themis, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 204-8290
Digital Contact Information:
themislopez28@gmail.com

and
2520 Coral Way
2 19
Miami, FL 33145
(855) 832-6727
Digital Contact Information:
themislopez28@gmail.com

and
5767 Northwest 151st Street
b
Miami Lakes, FL 33014
(786) 431-5801
Digital Contact Information:
themislopez28@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Loredo, Ana, MS, BCBA ■
12855 Southwest 136th Avenue
104
Miami, FL 33186
(305) 467-8879
Digital Contact Information:
genesisconsultingservices39@
gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lorenzo, Alexander, MS, BCBA ■
12985 Southwest 130th Court
204 204
Miami, FL 33186
(305) 735-3878
Digital Contact Information:
http://www.abasquad.com
credentialing@animatebehavior.
com
Other Languages Spoken by Provider or Office Staff
Spanish

Lorenzo Caballeria, Yenisei, MS, BCBA ■
4599 Northwest 7th Street
Miami, FL 33126
(786) 230-6860
Digital Contact Information:
luciano@mymbcinc.com

and
8660 West Flagler Street
STE 121
Miami, FL 33144
(305) 600-4774
Digital Contact Information:
luciano@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Lorenzo Chavez, Kenia, MS, BCBA ■
7392 Northwest 35th Terrace
301
Miami, FL 33122
(786) 666-0475
Digital Contact Information:
gomezclinic583@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 542-4690
Digital Contact Information:
gomezclinic583@gmail.com

and
Home Based Services Only
Miami, FL 33155
(786) 747-4949
Digital Contact Information:
gomezclinic583@gmail.com

and
13055 Southwest 42nd Street
STE 104
Miami, FL 33175
(305) 480-7839
Digital Contact Information:
gomezclinic583@gmail.com

and
8950 Southwest 152nd Street
110
Palmetto Bay, FL 33157
(786) 542-4690
Digital Contact Information:
gomezclinic583@gmail.com

and
9555 Southwest 175th Terrace
610
Palmetto Bay, FL 33157
(786) 859-0979
Digital Contact Information:
gomezclinic583@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lorenzo, Marisol, MS, BCBA ■
8300 West Flagler Street
170
Miami, FL 33144
(786) 633-5171
Digital Contact Information:
olympushcs@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Lorenzo Perez, Adilec, MPSY, BCBA ■
1400 Northwest 107th Avenue
306
Miami, FL 33172
(786) 817-7444
Digital Contact Information:
genesisconsultingservices39@
gmail.com

Losanto Broceta, Meysser, MS, BCBA ■
1840 West 49th Street
#714
Hialeah, FL 33012
(305) 699-8388
Digital Contact Information:
credentialing@southbillcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Loughrey, Tara O, PHD, BCBA-D ■
FL
(305) 546-7797
Digital Contact Information:
http://www.abaonlinesupport.com
drtara@abaonlinesupport.com

Lozano, Annabelle, MS, BCBA ■
12855 Southwest 132nd Street
Suite 102
Miami, FL 33186
(305) 964-5777
Digital Contact Information:
http://www.pbpbehavior.com
alozano@pbpbehavior.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lueje Garcia, Arletty, BA, BCABA ■
2520 Coral Way
2 19
Miami, FL 33145
(855) 832-6727
Digital Contact Information:
claudia@healtheworld.net

and
11420 N Kendall Dr
Ste 112
Miami, FL 33176
(855) 832-6727
Digital Contact Information:
claudia@healtheworld.net
Other Languages Spoken by Provider or Office Staff
English, Spanish

Luis, Cinthya, MA, BCBA ■
Home Based Services Only
Miami Gardens, FL 33014
(305) 640-5739
Digital Contact Information:
helpinghandsbfs@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Luis, Jeanne, MA, BCBA ■
12973 Southwest 112th Street
151
Miami, FL 33186
(305) 204-7037
Digital Contact Information:
info@onebehavior.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Luisa, Michelle, MA, BCBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
https://tillytherapy.com/
credentialing@csd.me

Luna, Ahirelys, MSED, BCBA ■
2300 West 84th Street
406
Hialeah, FL 33016
(786) 960-6767
Digital Contact Information:
nymbehavioral@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Luna, Cindy, MS, BCBA ■
580 Northwest 183rd Street
Miami Gardens, FL 33169
(305) 400-1589
Digital Contact Information:
jfuentes@
jumpstartdevelopmentalservic
es.com

and
5767 Northwest 151st Street
b
Miami Lakes, FL 33014
(786) 431-5801
Digital Contact Information:
https://
jumpstartdevelopmentalservic
es.com/
jfuentes@
jumpstartdevelopmentalservic
es.com

Luna, Jessica, BA, BCABA ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
services@cmnbtherapy.com

and
7875 Northwest 12th Street
110

Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
services@cmnbtherapy.com

and
Home Based Services Only
Doral, FL 33126
(786) 382-6959
Digital Contact Information:
services@cmnbtherapy.com

Lutzow, Bree, MS, BCBA, LBA ■
11276 SW 232nd St
Miami, FL 33170
(305) 912-8399
Digital Contact Information:
chris.johnson@actionbehavior.com

Lyn, Robyn, MA, BCBA ■
4175 W 20th Ave
Hialeah, FL 33012
(305) 825-0300
Digital Contact Information:
rklyn@aol.com

and
1645 Southwest 107th Avenue
Ste 114A
Miami, FL 33165
(786) 209-2140
Digital Contact Information:
rklyn@aol.com

MacAulay, Alexa, MS, BCBA ■
11373 West Flagler Street
202
Miami, FL 33174
(786) 302-7909
Digital Contact Information:
jcabrera@mymbcinc.com

Maceda, Shakira, MS, BCABA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Machado, Jose, BCBA, MEQ ■
2020 Ponce de Leon
Suite 1201
Miami, FL 33134
(305) 917-5414
Digital Contact Information:
healthofmind@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Machado, Roberto, BA, BCABA ■
15715 South Dixie Highway
330
Miami, FL 33157
(786) 732-0842
Digital Contact Information:
goodbehavior.as@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Machado Rodriguez, Heyler, MS, BCBA ■
Home Based Services Only
Miami Gardens, FL 33015
(305) 705-5666
Digital Contact Information:
info@safehavenmedicalcenter.com
Other Languages Spoken by Provider or Office Staff
Spanish

Machado, Teresita, MHS, BCABA ■
13501 Southwest 128th Street
Suite 106
Miami, FL 33186
(786) 731-3919
Digital Contact Information:
jcabrera@mymbcinc.com

and
Home Based Services Only
West Miami, FL 33144
(786) 404-1017
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Machado Torres, Maylen, MS, BCBA ■
Home Based Services Only
Miami Gardens, FL 33014
(305) 200-3326
Digital Contact Information:
asmtherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Machado, Yadira, MA, BCBA ■
Home Based Services Only
Hialeah, FL 33013
(786) 592-6680
Digital Contact Information:
info@kidsbehavioral.com

Machado-Gonzalez, Yanivis, PHD, BCBA, LMHC ■
11925 Southwest 72nd Street
Miami, FL 33183
(305) 562-4683
Digital Contact Information:
yanivisgonzalez@gmail.com

and
12240 Southwest 128th Court
110
Miami, FL 33186
(305) 562-4683
Digital Contact Information:
yanivisgonzalez@gmail.com

Machin, Marianny, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@
behavioralfamilysolutions.com

and
12973 Southwest 112th Street
151
Miami, FL 33186
(305) 204-7037
Digital Contact Information:
credentialing@
behavioralfamilysolutions.com

and
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(305) 204-7037
Digital Contact Information:
credentialing@
behavioralfamilysolutions.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Maderal, Aileen, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(888) 501-8540
Digital Contact Information:
https://acornhealth.com
maderalaileen@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Maidique Rojas, Katherine, MS, BCBA ■
16160 Southwest 304th Street
Homestead, FL 33033
(786) 616-9903
Digital Contact Information:
advancedmedicalh@bellsouth.net

and
13055 Southwest 42nd Street
STE 104
Miami, FL 33175
(305) 480-7839
Digital Contact Information:
advancedmedicalh@bellsouth.net

Majeski, Metal, MSED, BCBA ■
1380 Northeast Miami Gardens
Drive
Suite 255
Miami, FL 33179
(954) 651-2969
Digital Contact Information:
info@appliedabc.com
Other Languages Spoken by Provider or Office Staff English

Malagon Hernandez, Mario J, DED, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
13155 Southwest 42nd Street
STE 204
Miami, FL 33175
(786) 486-9756
Digital Contact Information:
info@newlifeaba.com

and
13469 Southwest 29th Street
Miami, FL 33175
(786) 486-9756
Digital Contact Information:
info@newlifeaba.com

Maldonado, Alejandro, MS, BCBA ■
10691 North Kendall Drive
211
Miami, FL 33176
(305) 984-4343
Digital Contact Information:
credentialing@butterflyeffects.com

and
13205 Southwest 137th Avenue
#212
Miami, FL 33186
(786) 732-6298
Digital Contact Information:
credentialing@butterflyeffects.com

Maldonado, Alexandra, BA, BCABA ■
12240 Southwest 128th Court
110
Miami, FL 33186
(305) 562-4683
Digital Contact Information:
info@shapingacademy.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Haitian Creole, Japanese, Italian, Spanish

Manfredi, Andrea, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(954) 399-5700
Digital Contact Information:
tbraecklein@aitkids.com

and
995 Northwest 119th Street
681858
North Miami, FL 33168
(954) 399-5700
Digital Contact Information:
http://www.bmcmiami.com
tbraecklein@aitkids.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Manresa, Alexandra M, MA, BCBA ■
7875 Northwest 12th Street
118
Miami, FL 33126
(385) 213-5586
Digital Contact Information:
info@southfloridabehavior.com
Other Languages Spoken by Provider or Office Staff English

Manrique, Alisandra, MA, BCBA ■
8300 Northwest 53rd Street
Suite 102
Doral, FL 33166
(786) 769-5222
Digital Contact Information:
genesisconsultingservices39@
gmail.com

Manrique, Nejani, BCABA, BS ■
12700 Southwest 122nd Avenue
108 110
Miami, FL 33186
(786) 227-6008
Digital Contact Information:
indese@indese.net
Other Languages Spoken by Provider or Office Staff
Spanish

Manso, Yomarys, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 707-7308
Digital Contact Information:
noneoperations@
spectrumtherapycare.com

Mansur, Said, MS, BCBA ■
15715 South Dixie Highway
314
Miami, FL 33157
(305) 588-7039
Digital Contact Information:
saidmansur23@gmail.com

and
14505 Commerce Way
Ste 750
Miami Lakes, FL 33016
(305) 362-9989
Digital Contact Information:
saidmansur23@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Marante, Amanda, MS, BCBA ■
Home Based Services Only
Virginia Gardens, FL 33166
(305) 781-4385
Digital Contact Information:
admin@catalystgrowthaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Marante, Kevin, BA, BCABA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
http://www.appliedbhs.com
dabs@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Marcano, Arianne, MS, BCBA, LBA ■
9415 Southwest 72nd Street
101
Miami, FL 33173
(305) 662-6448
Digital Contact Information:
credentialing@mindcolorautism.
com

and
13205 Southwest 137th Avenue
#212
Miami, FL 33186
(786) 732-6298
Digital Contact Information:
credentialing@mindcolorautism.
com

and
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
credentialing@mindcolorautism.
com

March, Madelaine, BS, BCABA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
sseastcoast22@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Marcuello, Dailyn, MA, BCBA ■
Home Based Services Only
Hialeah, FL 33012
(305) 570-0775
Digital Contact Information:
cristina@creativekidstherapyinc.
com

and
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
cristina@creativekidstherapyinc.
com
Other Languages Spoken by Provider or Office Staff
Spanish

Mariani, Anna, MA, BCBA ■
10855 Southwest 72nd Street
& 16
Miami, FL 33173
(305) 720-2166
Digital Contact Information:
jcabrera@mymbcinc.com

and
10855 Southwest 72nd Street
UNIT 1-5
Miami, FL 33173
(305) 720-2166
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Marichal, Betsy, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 817-2356
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
1900 Southwest 22nd Street
#205
Miami, FL 33145
(305) 648-7212
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Marin, Alina, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 587-0424
Digital Contact Information:
alinamarinsuarez@gmail.com

Marin, Dayra, MPSY, BCBA ■
7500 Northwest 25th Street
STE 200
Miami, FL 33122
(305) 909-4872
Digital Contact Information:
improvedbehaviortherapy@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0429
Digital Contact Information:
improvedbehaviortherapy@gmail.com

Marin, Judith, ED, BCABA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Marino, Nancy, MS, BCBA ■
7580 Northwest 186th Street
202 202
Hialeah, FL 33015
(786) 385-5347
Digital Contact Information:
newbeginningbehavior@yahoo.com

Marino Nunez, Adrian, MSED, BCBA ■
1550 Madruga Avenue
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
http://www.abc4s.com
miamicognitive@gmail.com

and
1701 W Flagler St
Ste 310
Miami, FL 33135
(786) 467-7006
Digital Contact Information:
miamicognitive@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mark, Nichole, MA, BCBA ■
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
cristina@creativekidstherapyinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Marmol, Claudia, MA, BCBA ■
11420 N Kendall Dr
Ste 112
Miami, FL 33176
(305) 279-1999
Digital Contact Information:
claudia@healtheworld.net
Other Languages Spoken by Provider or Office Staff
Spanish

Maron, Tali, MS, BCBA ■
909 North Miami Beach Boulevard
STE 301
North Miami Beach, FL 33162
(305) 822-7202
Digital Contact Information:
tmaron@hotmail.com

Marquez Figueroa, Nathalie, MS, BCBA ■
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
info@stepforwardaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Marquez, Joaquin F, PSYD, BCBA ■
9555 Southwest 175th Terrace
Palmetto Bay, FL 33157
(786) 458-9535
Digital Contact Information:
bmbchildrentherapies@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Marquez, Maidelin, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(888) 501-8540
Digital Contact Information:
https://acornhealth.com
info@sproutbehavioralservices.com

and
8785 SW 165th Ave
Ste 103
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
info@sproutbehavioralservices.com

and
8785 SW 165th Ave
Ste 104
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
info@sproutbehavioralservices.com

and
Home Based Services Only
Miami Gardens, FL 33014
(786) 254-7637
Digital Contact Information:
info@sproutbehavioralservices.com

Marrero Moreno, Annelisse, MS, BCBA ■
Home Based Services Only
Aventura, FL 33180
(305) 283-0442
Digital Contact Information:
dreamingtogether22@gmail.com

and
6761 Southwest 6th Street
Miami, FL 33144
(305) 283-0442
Digital Contact Information:
dreamingtogether22@gmail.com

and
730 Northwest 107th Avenue
104
Miami, FL 33172
(305) 504-1749
Digital Contact Information:
dreamingtogether22@gmail.com

and
Home Based Services Only
Opa-locka, FL 33054
(305) 283-0442
Digital Contact Information:
dreamingtogether22@gmail.com

and
Home Based Services Only
West Miami, FL 33144
(305) 283-0442
Digital Contact Information:
dreamingtogether22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Marrero Rigau, Ana, MS, BCBA ■
7235 Southwest 24th Street
204
Miami, FL 33155
(786) 452-0257
Digital Contact Information:
jcabrera@mymbcinc.com

and
15715 South Dixie Highway
226
Miami, FL 33157
(305) 849-4186
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Marrero, Vanessa, MS, BCBA ■
9425 Southwest 72nd Street
164
Miami, FL 33173
(305) 279-2286
Digital Contact Information:
vonmmarrero1996@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Marti Padron, Mauricio, MA, BCBA ■
7900 Oak Ln
400
Hialeah, FL 33016
(786) 482-0495
Digital Contact Information:
martibehavioral@yahoo.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 482-0495
Digital Contact Information:
martibehavioral@yahoo.com

and
4180 Southwest 74th Court
204
Miami, FL 33155
(786) 401-7327
Digital Contact Information:
martibehavioral@yahoo.com

and
18951 Southwest 106th Avenue
105 106
Miami, FL 33157
(305) 233-4448
Digital Contact Information:
martibehavioral@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Martin, Jocelyn, MS, BCBA ■
12150 SW 128th Ct
Ste 208
Miami, FL 33186
(305) 300-4673
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martin, Kimberly, PHD, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
credentialing@tillytherapy.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
credentialing@tillytherapy.com

and
1951 NW 7th Ave
Ste 600
Miami, FL 33136
(929) 384-7193
Digital Contact Information:
credentialing@tillytherapy.com

Martin, Leidys, MS, BCBA ■
18951 Southwest 106th Avenue
105 106
Miami, FL 33157
(305) 233-4448
Digital Contact Information:
milestonesaba2023@gmail.com

and
13416 Southwest 128th Street
Miami, FL 33186
(786) 732-0247
Digital Contact Information:
http://milestones-aba.org
milestonesaba2023@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Martin, Manuel, MA, BCBA ■
Home Based Services Only
Doral, FL 33122
(305) 591-7898
Digital Contact Information:
heartwellhomecare@att.net

and
9555 Southwest 175th Terrace
610
Palmetto Bay, FL 33157
(786) 859-0979
Digital Contact Information:
heartwellhomecare@att.net
Other Languages Spoken by Provider or Office Staff
English, Spanish

Martin, Maristella, EDM, LBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 854-1116
Digital Contact Information:
https://acornhealth.com
info@acornhealth.com

Martin, Mayte, MS, BCBA ■
15884 Southwest 137th Avenue
Miami, FL 33177
(305) 456-6002
Digital Contact Information:
credentialing@southbillcare.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
credentialing@southbillcare.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Martin, Mercy, MS, BCBA ■
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
r.karpen@mbhpays.com

and
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
http://kidsspotrehab.com
r.karpen@mbhpays.com

Martin, Noemi, MBS, BCBA ■
11980 Southwest 144th Court
Suite #210
Miami, FL 33186
(786) 429-3738
Digital Contact Information:
behaviorconsultantfl@gmail.com

and
12360 Southwest 132nd Court
STE 205
Miami, FL 33186
(786) 429-3738
Digital Contact Information:
behaviorconsultantfl@gmail.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
behaviorconsultantfl@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Martin Torres, Yuliet, MPSY, BCBA ■
5190 Northwest 167th Street
Hialeah, FL 33014
(305) 990-0863
Digital Contact Information:
ymtbehavior@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martin, Yaisel, MA, BCBA ■
13301 Southwest 132nd Avenue
201 201
Miami, FL 33186
(305) 509-5537
Digital Contact Information:
canibehaviormanagement@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Adriana, MS, BCBA ■
18522 Southwest 136th Court
Miami, FL 33177
(305) 416-8189
Digital Contact Information:
info@cornerstone-cba.com

Martinez, Alexis J, MA, BCBA ■
Home Based Services Only
Aventura, FL 33180
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Golden Beach, FL 33160
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
342 West 37th Street
Hialeah, FL 33012
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Homestead, FL 33030
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Homestead, FL 33033
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Key Biscayne, FL 33149
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Miami, FL 33142
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Miami, FL 33147
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Miami, FL 33155
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Miami Beach, FL 33154
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Miami Gardens, FL 33015
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Miami Gardens, FL 33055
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Miami Lakes, FL 33016
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Naranja, FL 33032
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Opa-locka, FL 33054
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Pinecrest, FL 33156
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Quail Heights, FL 33187
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
South Miami, FL 33143
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
South Miami, FL 33146
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Ariadna, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 955-6224
Digital Contact Information:
vzayas@brightstartllc.com

and
16201 Northeast 13th Avenue
North Miami Beach, FL 33162
(786) 955-6224
Digital Contact Information:
http://www.superkidsaba.com
vzayas@brightstartllc.com

and
17121 Northeast 6th Avenue
North Miami Beach, FL 33162
(305) 952-3161
Digital Contact Information:
vzayas@brightstartllc.com

and
FL
(786) 955-6224
Digital Contact Information:
vzayas@brightstartllc.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Martinez, Beatriz, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 536-7470
Digital Contact Information:
dadebehavioralservices@gmail.com

and
8900 Southwest 117th Avenue
c101
Miami, FL 33186
(786) 568-1259
Digital Contact Information:
dadebehavioralservices@gmail.com

Martinez Camarero, Claudia, MBS, BCBA ■
631 Northwest 45th Avenue
100
Miami, FL 33126
(786) 343-8890
Digital Contact Information:
info@milestones-aba.org

and
1000 Brickell Avenue
Miami, FL 33131
(305) 964-7927
Digital Contact Information:
info@milestones-aba.org

and
15715 South Dixie Highway
330
Miami, FL 33157
(786) 732-0842
Digital Contact Information:
info@milestones-aba.org

and
15884 Southwest 137th Avenue
Miami, FL 33177
(305) 456-6002
Digital Contact Information:
info@milestones-aba.org

and
13416 Southwest 128th Street
Miami, FL 33186
(786) 732-0247
Digital Contact Information:
http://milestones-aba.org
info@milestones-aba.org
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Danny, MS, BCBA ■
3625 Northwest 82nd Avenue
101
Doral, FL 33166
(786) 401-6113
Digital Contact Information:
http://www.neuralinkhealth.com
earlyinterventionclinic1@gmail.com

and
1414 Northwest 107th Avenue
204
Doral, FL 33172
(305) 225-8711
Digital Contact Information:
earlyinterventionclinic1@gmail.com

and
1275 West 47th Place
#449
Hialeah, FL 33012
(305) 425-1338
Digital Contact Information:
earlyinterventionclinic1@gmail.com

and
10691 North Kendall Drive
207
Miami, FL 33176
(786) 401-6113
Digital Contact Information:
earlyinterventionclinic1@gmail.com

and
Home Based Services Only
Miami Gardens, FL 33014
(305) 640-5739
Digital Contact Information:
earlyinterventionclinic1@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Dayris, MS, BCBA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
dabs.credentialing@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
http://appliedbhs.com
dabs.credentialing@appliedbhs.com

Martinez, Elisa, MS, BCBA ■
633 North Krome Avenue
Suite 6
Homestead, FL 33030
(786) 525-9926
Digital Contact Information:
dabs.credentialing@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Eric, BA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(888) 501-8540
Digital Contact Information:
https://acornhealth.com
cary.merida@newwaydayservices.org
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez Garcia, Barbara, MBS, BCBA ■
12150 Southwest 128th Court
118
Miami, FL 33186
(786) 319-8882
Digital Contact Information:
abaandbeyond20@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez Gonzalez, Danny, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 536-7470
Digital Contact Information:
info@newlifeaba.com

and
13813 Southwest 32nd Street
Miami, FL 33175
(786) 597-3813
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez Grillo, Alexis, MBS, BCBA ■
FL
(786) 439-7098
Digital Contact Information:
info@britobehaviorservices.com

Martinez Izquierdo, Marielys, BSN, BCABA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

Martinez, Leyti, MS, BCBA ■
13590 Southwest 134th Avenue
104
Miami, FL 33186
(305) 896-8161
Digital Contact Information:
genesisconsultingservices39@gmail.com

Martinez, Ligia, MS, BCBA ■
13195 Southwest 134th Street
Ste. 201
Miami, FL 33186
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

and
8785 SW 165th Ave
Ste 103
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

and
8785 SW 165th Ave
Ste 104

Miami, FL 33193
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

Martinez, Liliam, BS, BCBA ■
13404 Southwest 128th Street
Miami, FL 33186
(305) 433-0897
Digital Contact Information:
http://www.bluelifetherapy.com
bluelifetherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Maria M, BS, BCBA ■
5801 Northwest 151st Street
STE 200B
Hialeah, FL 33014
(786) 376-2651
Digital Contact Information:
marocha@brightstartllc.com

and
Home Based Services Only
Miami, FL 33155
(786) 262-5559
Digital Contact Information:
marocha@brightstartllc.com

and
15715 South Dixie Highway
314
Miami, FL 33157
(305) 588-7039
Digital Contact Information:
marocha@brightstartllc.com

and
12430 Southwest 188th Street
Miami, FL 33177
(305) 209-1095
Digital Contact Information:
http://angelesaba.com
marocha@brightstartllc.com

and
12750 Northwest 17th Street
216 216
Miami, FL 33182
(888) 527-8037
Digital Contact Information:
http://www.brightstartpossibility.com
marocha@brightstartllc.com

and
14050 Southwest 84th Street
201
Miami, FL 33183
(305) 209-1095
Digital Contact Information:
http://angelesaba.com
marocha@brightstartllc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Mayelin O, BS, BCABA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
dabs.credentialing@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
http://appliedbhs.com
dabs.credentialing@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Martinez, Milagros, BA, BCBA ■
3833 Southwest 8th Street
Coral Gables, FL 33134
(305) 393-7623
Digital Contact Information:
milagros.martinez@cultivatebhe.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 393-7623
Digital Contact Information:
milagros.martinez@cultivatebhe.com

and
Home Based Services Only
Miami, FL 33155
(305) 393-7623
Digital Contact Information:
milagros.martinez@cultivatebhe.com

and
13195 Southwest 134th Street
Ste. 201
Miami, FL 33186
(786) 206-6500
Digital Contact Information:
milagros.martinez@cultivatebhe.com

and
FL
(786) 206-6500
(305) 393-7623
Digital Contact Information:
milagros.martinez@cultivatebhe.com

and
Home Based Services Only
South Miami, FL 33143
(305) 393-7623
Digital Contact Information:
milagros.martinez@cultivatebhe.com

and
Home Based Services Only
West Miami, FL 33144
(305) 393-7623
Digital Contact Information:
milagros.martinez@cultivatebhe.com

Martinez Mirabal, Katherine, MS, BCBA ■
1250 Southwest 27th Avenue
207
Miami, FL 33135
(786) 391-4113
Digital Contact Information:
cabehavior@gmail.com

and
8550 West Flagler Street
STE 118
Miami, FL 33144
(786) 391-4113
Digital Contact Information:
cabehavior@gmail.com

Martinez, Niurka, BS, BCABA ■
1400 Northwest 107th Avenue
306
Miami, FL 33172
(786) 817-7444
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Olga, MS, BCBA ■
1900 Southwest 22nd Street
#205
Miami, FL 33145
(305) 648-7212
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Ovidio, MA, BCBA ■
13416 Southwest 128th Street
Miami, FL 33186
(786) 732-0247
Digital Contact Information:
http://milestones-aba.org
loriwilliams57@hotmail.com

Martinez Pedrera, Gisselle, MA, BCBA ■
8601 Southwest 199th Street
Cutler Bay, FL 33189
(305) 908-2999
Digital Contact Information:
freddie.maxwell@amromed.com

and
10200 Northwest 25th Street
STE 114
Doral, FL 33172
(305) 908-2999
Digital Contact Information:
freddie.maxwell@amromed.com

and
40 Northwest 8th Street
Homestead, FL 33030
(305) 908-2999
Digital Contact Information:
freddie.maxwell@amromed.com

and
30350 SW 156th Ave
Homestead, FL 33033
(786) 283-0175
Digital Contact Information:
freddie.maxwell@amromed.com

and
27132 South Dixie Highway
Naranja, FL 33032
(786) 481-9833
Digital Contact Information:
freddie.maxwell@amromed.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Martinez Tacoronte, Anet, MS, BCBA ■
1500 Northwest 89th Court
Ste 117
Doral, FL 33172
(786) 535-9785
Digital Contact Information:
credentialing@spectrumababill.com
Other Languages Spoken by Provider or Office Staff English

Martinez, Yaitee, MS, BCBA ■
2020 Ponce de Leon
Suite 1201
Miami, FL 33134
(305) 917-5414
Digital Contact Information:
healthofmind@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Yanet, MS, BCBA ■
9600 Northwest 25th Street
STE 5E
Miami, FL 33172
(305) 896-8161
Digital Contact Information:
info@brightstartllc.com

Martinez, Yelenis, MS, BCBA ■
15260 SW 280th St
Ste 205
Homestead, FL 33032
(305) 707-7237
Digital Contact Information:
http://www.familybehaviorservices.org
ymartinez.abaservices@gmail.com

and
8660 West Flagler Street
STE 121
Miami, FL 33144
(305) 600-4774
Digital Contact Information:
ymartinez.abaservices@gmail.com

and
10691 North Kendall Drive
211
Miami, FL 33176
(305) 984-4343
Digital Contact Information:
ymartinez.abaservices@gmail.com

and
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
ymartinez.abaservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Marvin, Andrew, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
providerenrollment@acornhealth.com

Mas Gonzalez, Marisol, MS, BCABA ■
13501 Southwest 128th Street
Suite 106
Miami, FL 33186
(786) 731-3919
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mason Alexander, Gage, BS, BCBA ■
12750 Northwest 17th Street
216 216
Miami, FL 33182
(888) 527-8037
Digital Contact Information:
http://www.brightstartpossibility.com
info@brightstartllc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mason, Kayla, MA, BCBA, LBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
info@appliedabc.com

Mason, Melissa, MS, BCBA ■
64 Northwest 54th Street
103
Miami, FL 33127
(305) 767-1924
Digital Contact Information:
http://www.autismspecialtygroup.com
melissacassidy8@gmail.com

Massana, Yosmara, MPSY, BCBA ■
Home Based Services Only
Hialeah, FL 33013
(786) 592-6680
Digital Contact Information:
info@mistherapy.com

and
2459 West 70th Street
Hialeah, FL 33016
(786) 571-0939
Digital Contact Information:
info@mistherapy.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 204-8290
Digital Contact Information:
info@mistherapy.com

and
Home Based Services Only
Miami Gardens, FL 33014
(786) 606-7766
Digital Contact Information:
info@mistherapy.com

Masson Boucourt, Miler, MPSY, BCBA ■
10711 Southwest 216th Street
103 103
Goulds, FL 33170
(305) 965-9682
Digital Contact Information:
credentialing@southbillcare.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
credentialing@southbillcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Matarelli, Ashley, MA, BCABA, LBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(888) 501-8540
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Mateo, Maykel, MS, LCSW ■
13301 Southwest 132nd Avenue
203 203
Miami, FL 33186
(786) 632-9993
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Matos Morales, Guillermo, MED, BCBA ■
730 Northwest 107th Avenue
104
Miami, FL 33172
(305) 504-1749
Digital Contact Information:
credentialing@southbillcare.com

and
12485 Southwest 137th Avenue
Suite 106

Miami, FL 33186
(786) 250-4423
Digital Contact Information:
credentialing@southbillcare.com

Matos, Rebecca, MA, BCBA ■
107 Antilla Avenue
Coral Gables, FL 331343301
(305) 567-5881
Digital Contact Information:
mgarcia@cagables.com
Other Languages Spoken by Provider or Office Staff
Spanish

Matter, Ashley, PHD, BCBA-D ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
credentialing@kyotherapy.com

Matthews, Benjamin, MA, BCBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
evernorth@teampbs.com

Matthews, Quentessa, MPSY, BCBA, LBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
chris.johnson@actionbehavior.com
Other Languages Spoken by Provider or Office Staff English

Maury, Michelle, MBS, BCBA ■
1414 Northwest 107th Avenue
204
Doral, FL 33172
(305) 225-8711
Digital Contact Information:
esperanzagroup@espgrp.net

and
13195 Southwest 134th Street
101
Miami, FL 33186
(786) 227-6830
Digital Contact Information:
http://esperanzagroup.net
esperanzagroup@espgrp.net
Other Languages Spoken by Provider or Office Staff
English, Spanish

May, Shelby, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
providerenrollment@acornhealth.com

Mayo, Dania, MA, BCBA ■
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
http://appliedbhs.com
goldenkidscareinc@gmail.com

and
6625 Miami Lakes Drive
231
Miami Lakes, FL 33014
(786) 322-9323
Digital Contact Information:
goldenkidscareinc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mayor, Jennifer, MS, BCBA ■
FL
(786) 501-1153
Digital Contact Information:
kidsrusbehaviortherapyllc@gmail.com

Mayoral Machado, Oden, MPSY, BCBA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
13200 Southwest 128th Street
Suite E2
Miami, FL 33186
(813) 252-0825
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mayoral, Odelys, MS, BCBA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
13200 Southwest 128th Street
Suite E2
Miami, FL 33186
(813) 252-0825
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mazzarella, Chris J, MA, BCBA ■
12360 SW 132nd Ct
Ste 201
Miami, FL 33186
(786) 701-9605
Digital Contact Information:
aba-ojtcorp@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

McCarthy, Khadija M, BA, BCBA ■
13195 Southwest 134th Street
Suite 106
Miami, FL 33186
(786) 250-3220
Digital Contact Information:
http://www.peaktherapycenter.com
khadijamccarthy@gmail.com

and
13501 Southwest 136th Street
STE 205
Miami, FL 33186
(305) 209-4321
Digital Contact Information:
http://sunshinespectrumaba.com
khadijamccarthy@gmail.com

and
8785 SW 165th Ave
Ste 104
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
khadijamccarthy@gmail.com

McGrady, Ursula, MS, BCBA ■
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
http://www.miamipersonalmanagement.com
mpmcmhc@miamipersonalmanagement.com

and
14707 South Dixie Highway
Suite 200
Miami, FL 33176
(305) 321-5177
Digital Contact Information:
mpmcmhc@miamipersonalmanagement.com
Other Languages Spoken by Provider or Office Staff
Spanish

McKee, Ronit, MS, BCBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(410) 538-2574
Digital Contact Information:
credentialing@tbh.com

McLean, Jodi-Ann, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 964-7927
Digital Contact Information:
maveninbehavior305@gmail.com

and
12150 Southwest 128th Court
Suite 224
Miami, FL 33186
(305) 964-7927
Digital Contact Information:
maveninbehavior305@gmail.com

and
7701 Southwest 62nd Avenue
STE 200
South Miami, FL 33143
(305) 586-2953
Digital Contact Information:
http://www.maveninbehavior.com
maveninbehavior305@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

McPhail, Cheryl L, MS, BCBA, LBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
info@appliedabc.com

and
12456 Southwest 127th Avenue
Miami, FL 33186
(786) 953-8500
Digital Contact Information:
info@appliedabc.com
Other Languages Spoken by Provider or Office Staff English

Mechling, Sarah, MA, BCBA ■
11601 Biscayne Boulevard
Miami, FL 33181
(786) 206-4151
Digital Contact Information:
srmechling@gmail.com

Mederos Cardenas, Mylena, MS, BCBA ■
1840 West 49th Street
#714
Hialeah, FL 33012
(305) 699-8388
Digital Contact Information:
credentialing@southbillcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mederos, Elaine, MA, BCBA ■
2520 Coral Way
2 19
Miami, FL 33145
(855) 832-6727
Digital Contact Information:
evernorth@teampbs.com

Medina, Cristina, MS, BCBA ■
7232 Southwest 39th Terrace
Miami, FL 33155
(305) 431-7224
Digital Contact Information:
http://www.hopefortomorrowtherapy.com
hopefortomorrowtherapy@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Medina, Jennilee, MS, BCBA ■
13300 Southwest 128th Street
Miami, FL 33186
(786) 250-3451
Digital Contact Information:
jmedina@firststepsint.com

Medina, Maria E, MS, LMHC ■
5881 Northwest 151st Street
Suite: 103
Miami Lakes, FL 33014
(786) 703-4154
Digital Contact Information:
peaceofmindmhs@hotmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Medina Martin, Damary, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 558-7248
Digital Contact Information:
lightingbehaviorservices@gmail.com

and
2721 SW 137th Ave
Ste 113
Miami, FL 33175
(786) 558-7248
Digital Contact Information:
lightingbehaviorservices@gmail.com

and
4800 Northwest 167th Street
Miami Gardens, FL 33014
(305) 515-2726
Digital Contact Information:
http://www.lightingbehavior.com
lightingbehaviorservices@gmail.com

and
15291 Northwest 60th Avenue
Suite 107
Miami Lakes, FL 33014
(786) 608-1805
Digital Contact Information:
lightingbehaviorservices@gmail.com

and
183 Sw 153pl
Richmond West, FL 33187
(786) 343-9391
Digital Contact Information:
lightingbehaviorservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Medina, Michelle, MED, BCBA ■
657 South Drive
Miami Springs, FL 33166
(786) 860-5161
Digital Contact Information:
thebehaviorists@ababuildingblocks.com

Medina, Nancy M, MBS, BCBA ■
8950 Southwest 152nd Street
106a
Palmetto Bay, FL 33157
(786) 398-2965
Digital Contact Information:
hr@kindermindsaba.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Medina, Nicole, BS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(305) 846-9807
Digital Contact Information:
https://acornhealth.com
info@acornhealth.com

Medina Ramirez, Yuritza, DNP, APRN ■
FL
(786) 398-1326
Digital Contact Information:
admin@onestoppsych.com

and
261 Westward Drive
suite 108-109
Miami, FL 33166
(305) 200-5176
Digital Contact Information:
admin@onestoppsych.com

and
13195 Southwest 134th Street
101
Miami, FL 33186
(786) 227-6830
Digital Contact Information:
http://esperanzagroup.net
admin@onestoppsych.com

and
15660 Southwest 72nd Street
Miami, FL 33193
(786) 697-1150
Digital Contact Information:
admin@onestoppsych.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mejia, Maria A, MA, BCBA ■
9240 Southwest 158th Lane
18th
Palmetto Bay, FL 33157
(305) 788-2849
Digital Contact Information:
http://eibscorp.com
info@eibscorp.com
Other Languages Spoken by Provider or Office Staff Italian, Spanish

Mejias, Lizette M, MA, BCBA ■
5455 Southwest 8th Street
230
Miami, FL 33134
(786) 629-8836
Digital Contact Information:
info@vidacounselinggroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Melendez, Anabel M, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
Not Available

Melo, Ranses, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 536-7470
Digital Contact Information:
dadebehavioralservices@gmail.com

Mena, Humberto, MS, BCBA ■
12955 Southwest 132nd Street
Suite 205
Miami, FL 33186
(305) 220-3382
Digital Contact Information:
http://www.risenconsultants.com
mhum29@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mena, Yaima M, MMH, LMHC ■
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
sseacoast22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mendez Blancart, Rosa M, MA, BCBA ■
30392 Old Dixie Highway
Homestead, FL 33030
(786) 283-0175
Digital Contact Information:
myhungrycaterpillar@gmail.com

and
27132 South Dixie Highway
Naranja, FL 33032
(786) 283-0175
Digital Contact Information:
myhungrycaterpillar@gmail.com

Mendez, Christian, MA, BCBA ■
Salzedo Street
Miami, FL 33134
(786) 310-2352
Digital Contact Information:
cmendez@icds-miami.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mendez, Gigi, MBS, BCBA ■
3750 Northwest 87th Avenue
744
Miami, FL 33178
(786) 689-6517
Digital Contact Information:
genesisconsultingservices39@gmail.com

Mendez, Jeily, BA, BCABA ■
10300 Southwest 72nd Street
300
Miami, FL 33173
(786) 418-9730
Digital Contact Information:
manager@happydreamsofkids.com

Mendez, Lizbey, MA, BCBA ■
18901 Southwest 106th Avenue
229 230
Cutler Bay, FL 33157
(786) 808-6575
Digital Contact Information:
advancebehavior71@gmail.com

and
15715 South Dixie Highway
226
Miami, FL 33157
(305) 849-4186
Digital Contact Information:
advancebehavior71@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mendez, Mayloren, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 285-0394
Digital Contact Information:
maylorenotr@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Mendez, Wendy, MS, BCBA ■
Home Based Services Only
Naranja, FL 33032
(407) 800-6086
Digital Contact Information:
prokidzabatherapy@yahoo.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
prokidzabatherapy@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mendoza Bermudez, Jessabel, MA, BCBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(305) 549-8665
Digital Contact Information:
https://rainbowbehavioralservices.com
rainbowbehavioralservices@gmail.com

and
1900 Southwest 22nd Street
#205
Miami, FL 33145
(305) 648-7212
Digital Contact Information:
rainbowbehavioralservices@gmail.com

and
20774 West Dixie Highway
b
Miami, FL 33180
(305) 549-8665
Digital Contact Information:
rainbowbehavioralservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mendoza Moya, Yudith, MSED, BCABA ■
8660 West Flagler Street
STE 121
Miami, FL 33144
(305) 600-4774
Digital Contact Information:
info@brightfuturebehavioral.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mendoza, Saira V, BA, BCABA ■
Home Based Services Only
Miami Gardens, FL 33014
(305) 640-5739
Digital Contact Information:
info@abahealthpb.com
Other Languages Spoken by Provider or Office Staff
Spanish

Menendez, Helen, BS, BCABA ■
15715 South Dixie Highway
330
Miami, FL 33157
(786) 732-0842
Digital Contact Information:
goodbehavior.as@gmail.com

Menendez Huergo, Maribel, BS, BCABA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Menendez, Jorge L, MS, BCBA ■
21505 Southwest 177th Avenue
Miami, FL 33187
(786) 226-2816
Digital Contact Information:
http://www.abatodayinc.com
jmene006@fiu.edu
Other Languages Spoken by Provider or Office Staff
Spanish

Menendez, Liliam, MS, BCBA ■
11077 Biscayne Boulevard
Suite 211
Miami, FL 33161
(305) 974-5388
Digital Contact Information:
http://www.beaconbehavioraltherapy.com
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Meneses, Maria V, MED, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 955-6224
Digital Contact Information:
mariavalentina@alldayaba.com

and
7791 Northwest 46th Street
206
Miami, FL 33166
(305) 525-8162
Digital Contact Information:
mariavalentina@alldayaba.com

and
16201 Northeast 13th Avenue
North Miami Beach, FL 33162
(786) 955-6224
Digital Contact Information:
http://www.superkidsaba.com
mariavalentina@alldayaba.com

and
17121 Northeast 6th Avenue
North Miami Beach, FL 33162
(305) 952-3161
Digital Contact Information:
mariavalentina@alldayaba.com

and
FL
(786) 955-6224
Digital Contact Information:
mariavalentina@alldayaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Meneses, Yanela, MS, BCBA ■
Home Based Services Only
Miami Shores, FL 33161
(786) 709-8403
Digital Contact Information:
info@cameroarnp.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mengana, Lazaro W, MA, BCBA ■
8900 Southwest 107th Avenue
201
Miami, FL 33176
(786) 401-6152
Digital Contact Information:
admin@wmbehavior.com

Merayo, Maria, MS, BCBA ■
Home Based Services Only
Virginia Gardens, FL 33166
(786) 254-5372
Digital Contact Information:
office@behaviorandwellnesscorp.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Mesa, Catalina, MS, BCBA ■
7875 Northwest 12th Street
118
Miami, FL 33126
(786) 505-4449
Digital Contact Information:
cmesa005@gmail.com

and
12973 Southwest 112th Street
151
Miami, FL 33186
(305) 204-7037
Digital Contact Information:
cmesa005@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Mesa Hernandez, Adis, MBS, BCBA ■
5901 Miami Gardens Drive
207
Hialeah, FL 33015
(786) 560-3178
Digital Contact Information:
hopestaraba@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Mesa Labrada, Jose, BA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 440-9092
Digital Contact Information:
jmabaservices@gmail.com

and
12460 Southwest 8th Street
2024
Miami, FL 33184
(786) 801-0944
Digital Contact Information:
jmabaservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mesa, Omar, MS, BCBA ■
Home Based Services Only
Doral, FL 33122
(561) 643-7643
Digital Contact Information:
brightstepsaba@gmail.com

and
110 West 17th Street
Hialeah, FL 33010
(786) 267-8467
Digital Contact Information:
brightstepsaba@gmail.com

and
Home Based Services Only
Hialeah, FL 33010
(786) 267-8467
Digital Contact Information:
brightstepsaba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mestre, Ashley M, MS, BCBA ■
11060 SW 88th St
Miami, FL 33176
(305) 668-8644
Digital Contact Information:
ashley@mestre-behavior.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Mezawi, Yordanka, MSED, BCBA ■
3833 Southwest 8th Street
Coral Gables, FL 33134
(786) 202-1701
Digital Contact Information:
info@ababuddies.com

and
2901 Southwest 7th Street
a
Miami, FL 33125
(786) 202-1701
Digital Contact Information:
info@ababuddies.com
Other Languages Spoken by Provider or Office Staff
Spanish

Miceli Padilla, Stephanie L, MS, BCBA ■
7875 Northwest 12th Street
118
Miami, FL 33126
(786) 505-4449
Digital Contact Information:
info@southfloridabehavior.com

Mikhaylova, Tatiana, MSED, BCBA ■
3530 Mystic Pointe Drive
608 608
Aventura, FL 33180

(786) 540-0458
Digital Contact Information:
tatiana@mistherapy.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(929) 617-6362
Digital Contact Information:
tatiana@mistherapy.com

Milan, Paola K, MS, BCBA ■
13590 Southwest 134th Avenue
104
Miami, FL 33186
(305) 896-8161
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Miles, Cayley, MED, BCBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
clinical@getanswersnow.com

and
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
clinical@getanswersnow.com

and
12456 Southwest 127th Avenue
Miami, FL 33186
(786) 953-8500
Digital Contact Information:
clinical@getanswersnow.com

Mill, Dayneris, MS, BCBA ■
1900 Southwest 22nd Street
#205
Miami, FL 33145
(305) 648-7212
Digital Contact Information:
eberthsbehavioral@gmail.com

and
6780 Coral Way
Miami, FL 33155
(305) 648-7212
Digital Contact Information:
eberthsbehavioral@gmail.com

and
20774 West Dixie Highway
b
Miami, FL 33180
(305) 549-8665
Digital Contact Information:
eberthsbehavioral@gmail.com

Miller, Teal, BCBA, MS ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
care@tillytherapy.com

Mills, Krystel, MS, BCBA ■
14707 South Dixie Highway
Suite 200
Miami, FL 33176
(786) 592-1574
Digital Contact Information:
http://www.familybehaviortherapy.com
administration@familybehaviortherapy.com

and
12985 Southwest 130th Court
204 204
Miami, FL 33186
(305) 735-3878
Digital Contact Information:
administration@familybehaviortherapy.com

and
FL
(305) 735-3878
Digital Contact Information:
administration@familybehaviortherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mirabal Lopez, Elias, MS, BCBA ■
7801 Northwest 37th Street
Lp-201
Doral, FL 33195
(305) 468-9899
Digital Contact Information:
vivianaicare@gmail.com

and
Home Based Services Only
Miami Lakes, FL 33018
(786) 536-7908
Digital Contact Information:
vivianaicare@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Creole, Spanish

Miranda, Kelly M, MBS, BCBA ■
12150 Southwest 128th Court
222
Miami, FL 33186
(786) 701-8164
Digital Contact Information:
http://www.kendallbehavior.com
office@kendallbehavior.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Miranda Loyola, Patricia, MSED, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
insuranceoperations@360bhmail.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
insuranceoperations@360bhmail.com

and
1951 NW 7th Ave
Ste 600
Miami, FL 33136
(929) 384-7193
Digital Contact Information:
insuranceoperations@360bhmail.com

Moas, Ayellet, MSED, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(440) 320-6543
Digital Contact Information:
goldencarega@mbhpays.com

Moise, Danica, MA, BCBA ■
7925 Northwest 12th Street
130 130
Doral, FL 33126
(833) 458-0386
Digital Contact Information:
admin@limitlesslearningaba.com

and
7925 Northwest 12th Street
Unit 130
Doral, FL 33126
(786) 870-5090
Digital Contact Information:
admin@limitlesslearningaba.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
https://tillytherapy.com/
admin@limitlesslearningaba.com

and
2947 Coconut Avenue
2 2
Miami, FL 33133
(786) 541-5735
Digital Contact Information:
admin@limitlesslearningaba.com

Moise, Phonselor, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(347) 893-1266
Digital Contact Information:
evernorth@teampbs.com

Molina, Jacquelyn, BS, BCBA ■
10200 Northwest 25th Street
211
Doral, FL 33172
(786) 269-3502
Digital Contact Information:
services@cmnbtherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Molina Jimenez, Magalys, MBS, BCBA ■
1700 Southwest 57th Avenue
209
Miami, FL 33155
(786) 558-4981
Digital Contact Information:
jcabrera@mymbcinc.com

and
15160 Southwest 136th Street
15 15
Miami, FL 33196
(786) 558-4981
Digital Contact Information:
jcabrera@mymbcinc.com

Molina, Sonia, MS, BCBA ■
7500 Northwest 25th Street
STE 200
Miami, FL 33122
(305) 909-4872
Digital Contact Information:
https://www.miasupreme.com/
soniadelatorre1@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mollinedo, Karla, MS, BCBA ■
2020 Ponce de Leon
Suite 1201
Miami, FL 33134
(305) 917-5414
Digital Contact Information:
mirta@psychologybeyond.com
Other Languages Spoken by Provider or Office Staff
Spanish

Monahan, Shannon, BA, BCBA, LBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
info@interventionsunlimited.com
Other Languages Spoken by Provider or Office Staff English

Mondragon, Michelle, MS, BCBA ■
1380 Northeast Miami Gardens Drive
Suite 255
Miami, FL 33179
(954) 651-2969
Digital Contact Information:
info@mysunshinetherapy.com

Moner Garcia, Maria, EDM, BCBA ■
8180 Northwest 36th Street
209
Doral, FL 33166
(786) 334-6946
Digital Contact Information:
heightservicespro@gmail.com

and
Home Based Services Only
Miami Gardens, FL 33014
(954) 451-0148
Digital Contact Information:
heightservicespro@gmail.com

Monner Lopez, Elizabeth, MS, BCBA ■
10515 Southwest 40th Street
Miami, FL 33165
(786) 615-2208
Digital Contact Information:
miamimental@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Montano, Daniel, MA, LBA ■
27132 South Dixie Highway
Naranja, FL 33032
(786) 283-0175
Digital Contact Information:
myhungrycaterpillar@gmail.com

Montano Silva, Madelen, MS, BCBA ■
3750 West 16th Avenue
218
Hialeah, FL 33012
(786) 409-3231
Digital Contact Information:
jcabrera@mymbcinc.com

and
1250 SW 27th Ave
Ste 402
Miami, FL 33135
(305) 619-9231
Digital Contact Information:
jcabrera@mymbcinc.com

and
9380 Southwest 72nd Street
250
Miami, FL 33173
(786) 409-3231
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Montes, Amanda, MS, BCBA ■
2520 Coral Way
2 19
Miami, FL 33145
(855) 832-6727
Digital Contact Information:
https://www.teampbs.com/
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Montes De Oca, Yelenis, MS, BCABA ■
10300 Southwest 72nd Street
300
Miami, FL 33173
(786) 418-9730
Digital Contact Information:
http://www.happydreamsofkids.com
manager@happydreamsofkids.com

Montesino Pinera, Gerardo, MS, BCBA ■
200 East 4th Street
204 204
Hialeah, FL 33010
(305) 414-3719
Digital Contact Information:
montesino2012@yahoo.com

Montiel, Greysel, BS, BCBA ■
13550 Southwest 88th Street
STE 270B
Miami, FL 331861513
(786) 447-3228
Digital Contact Information:
marvelousdreamservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Montoya, Karla, MPSY, BCBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
info@irockbehavior.com

and
12456 Southwest 127th Avenue
Miami, FL 33186
(786) 953-8500
Digital Contact Information:
info@irockbehavior.com
Other Languages Spoken by Provider or Office Staff
Spanish

Monzon, Grethel C, MBS, BCABA ■
10482 Northwest 31st Terrace
STE 2A
Doral, FL 33172
(786) 765-7550
Digital Contact Information:
info@newlifeaba.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Monzon Lage, Barbara C, MPSY, BCBA ■
7001 Southwest 97th Avenue
104
Miami, FL 33173
(786) 772-1577
Digital Contact Information:

bmbchildrentherapies@gmail.com

and

Home Based Services Only
West Miami, FL 33144
(786) 458-9535
Digital Contact Information:
bmbchildrentherapies@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Morales, Antonio, MED, BCBA ■

10300 Southwest 72nd Street
250b
Miami, FL 33173
(305) 939-6878
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Morales, Dayma, MS, BCBA ■

Home Based Services Only
Hialeah, FL 33012
(561) 460-0284
Digital Contact Information:
info@brightfuturebehavioral.com
Other Languages Spoken by Provider or Office Staff
Spanish

Morales Fraginals, Elaine, MS, BCBA ■

1000 Brickell Avenue
Miami, FL 33131
(786) 616-4689
Digital Contact Information:
skillsflorida@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Morales, Jimmy, MS, BCBA ■

1486 West 84th Street
Hialeah, FL 33014
(305) 828-5276
Digital Contact Information:
jim.mor328@gmail.com

Morales, Marta D, MS, BCABA ■

4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
mpmcmhc@miamipersonalmanagement.com

and

12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
mpmcmhc@miamipersonalmanagement.com

and

12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
mpmcmhc@miamipersonalmanagement.com

Morales, Maryabel, MA, BCBA ■

Home Based Services Only
Doral, FL 33122
(561) 643-7643
Digital Contact Information:
springhealthusa@gmail.com

Morales, Mayelin, MSW, LCSW ■

10200 Northwest 25th Street
211
Doral, FL 33172
(305) 381-0346
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and

1444 West 49th Street
Hialeah, FL 33012
(786) 703-5459
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and

900 West 49th Street
STE 400
Hialeah, FL 33012
(305) 587-2231
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and

5941 Northwest 173rd Drive
6
Hialeah, FL 33015
(786) 360-4328
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and

8001 West 26th Avenue
6 6
Hialeah, FL 33016
(786) 372-3262
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and

8551 Northwest South River Drive
Medley, FL 33166
(305) 603-9344
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and

7925 Northwest 12th Street
405
Miami, FL 33126
(786) 401-7278
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and

5455 Southwest 8th Street
230
Miami, FL 33134
(786) 629-8836
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and

1250 Southwest 27th Avenue
Suite 506
Miami, FL 33135
(786) 536-9278
Digital Contact Information:
http://rehabcenterag.com
mayelinmoraleslcsw@gmail.com

and

4905 Northwest 72nd Avenue
5
Miami, FL 33166
(786) 391-3816
Digital Contact Information:
http://paradisehealthgroup.com
mayelinmoraleslcsw@gmail.com

and

5080 Northwest 74th Avenue
Miami, FL 33166
(786) 372-3262
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and

13335 Southwest 124th Street
STE 211
Miami, FL 33186
(786) 429-1770
Digital Contact Information:
mayelinmoraleslcsw@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Morales Navarro, Ivon, MPSY, BCBA ■

10491 Southwest 200th Terrace
Cutler Bay, FL 33189
(786) 230-5158
Digital Contact Information:
mlcbehavior@gmail.com

and

1000 Brickell Avenue
Miami, FL 33131
(786) 740-9707
Digital Contact Information:
mlcbehavior@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Morales Obando, Virginia N, MS, BCBA ■

10515 Southwest 40th Street
Miami, FL 33165
(786) 615-2208
Digital Contact Information:
miamimental@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Morales Rodriguez, Odalys, MA, BCABA ■

5455 Southwest 8th Street
230
Miami, FL 33134
(786) 629-8836
Digital Contact Information:
info@newlifeaba.com

and

12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 629-8836
Digital Contact Information:
info@newlifeaba.com

Morano, Daniela, MA, BCBA ■

10447 SW 108th Ave
Apt E278
Miami, FL 33176
(305) 597-3861
Digital Contact Information:
dani_morano@hotmail.com

Morassi, Merceydes, MS, BCBA, LMHC ■

1000 Brickell Avenue
Miami, FL 33131
(954) 325-8558
Digital Contact Information:
help@comprehensivecounselor.org
Other Languages Spoken by Provider or Office Staff
Spanish

Moreda-Mendez, Yanet, MSN, APRN ■

10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
http://www.dgphealthandwellness.com
info@kaaficounseling.com

and

1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
info@kaaficounseling.com
Other Languages Spoken by Provider or Office Staff
Spanish

Morejon, Isaelis, MS, BCBA ■

11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
yavila@avilahealthgroup.com

and

8785 Southwest 165th Avenue
307
Miami, FL 33193
(786) 956-7480
Digital Contact Information:
http://abamelioragroup.com
yavila@avilahealthgroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Morejon, Maelys C, MS, BCBA ■

7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
admin@brighterworldfl.com

and

7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
admin@brighterworldfl.com

and

12750 Northwest 17th Street
216 216
Miami, FL 33182
(888) 527-8037
Digital Contact Information:
admin@brighterworldfl.com

Moreno Marrero, Adriana, MED, BCBA ■

704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
genesisconsultingservices39@gmail.com

and

11410 North Kendall Drive
105
Miami, FL 33176
(786) 257-6349
Digital Contact Information:
genesisconsultingservices39@gmail.com

and

12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
genesisconsultingservices39@gmail.com

Morgado Gandia, Monica, MS, BCBA ■

8203 Southwest 124th Street
Pinecrest, FL 33156
(786) 533-3846
Digital Contact Information:
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Morin, Petra M, MA, BCBA ■

113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
office@smartbatherapy.com

and

306 Westward Dr
Miami Springs, FL 33166
(786) 588-7894
Digital Contact Information:
http://www.smartbatherapy.com
office@smartbatherapy.com

and

Home Based Services Only
Virginia Gardens, FL 33166
(786) 522-7203
Digital Contact Information:
office@smartbatherapy.com

Morina Garcia, Lilianne, MA, BCBA ■

11925 Southwest 72nd Street
Miami, FL 33183
(305) 562-4683
Digital Contact Information:
providerenrollment@acornhealth.com

Morris, Amy, MED, BCBA ■

1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Moure Rodriguez, Patricia, MPSY, BCBA ■

11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
paul@ericasbillingservices.com

and

30350 SW 156th Ave
Homestead, FL 33033
(786) 283-0175
Digital Contact Information:
paul@ericasbillingservices.com

and

7392 Northwest 35th Terrace
301
Miami, FL 33122
(786) 666-0475
Digital Contact Information:
paul@ericasbillingservices.com

and

1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
(305) 255-6203
Digital Contact Information:
paul@ericasbillingservices.com

and

13055 Southwest 42nd Street
STE 104
Miami, FL 33175
(305) 480-7839
Digital Contact Information:
paul@ericasbillingservices.com

and
4310 Southwest 164th Court
Miami, FL 33185
(305) 803-6663
Digital Contact Information:
paul@ericasbillingservices.com

and
27132 South Dixie Highway
Naranja, FL 33032
(786) 283-0175
(786) 481-9833
Digital Contact Information:
paul@ericasbillingservices.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
paul@ericasbillingservices.com

Mourino, Mayte S, MS, BCBA ■
13590 Southwest 134th Avenue
104
Miami, FL 33186
(305) 896-8161
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Moya Menas, Yuliet, MA, BCBA ■
10675 Southwest 190th Street
STE 1202
Cutler Bay, FL 33157
(786) 227-6262
Digital Contact Information:
kenia.rodriguez@ffmhs.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 255-6203
Digital Contact Information:
kenia.rodriguez@ffmhs.com

and
15924 SW 92nd Ave
Miami, FL 33157
(786) 636-1303
Digital Contact Information:
kenia.rodriguez@ffmhs.com

and
10300 Southwest 72nd Street
250b
Miami, FL 33173
(305) 939-6878
Digital Contact Information:
kenia.rodriguez@ffmhs.com

and
8950 Southwest 152nd Street
116
Palmetto Bay, FL 33157
(786) 669-2619
Digital Contact Information:
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mrla, Tiffany, MS, BCBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
holly.renshaw@yourmissingpiece.com

and
12456 Southwest 127th Avenue
Miami, FL 33186
(786) 953-8500
Digital Contact Information:
holly.renshaw@yourmissingpiece.com

Mugica, Niurka, BS, BCBA ■
15924 SW 92nd Ave
Miami, FL 33157
(786) 636-1303
Digital Contact Information:
behaviorplusservices@gmail.com

and
8300 NW 53rd St
Ste 350
Miami, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com

and
9570 Southwest 107th Avenue
104c
Miami, FL 33176
(786) 267-2830
Digital Contact Information:
behaviorplusservices@gmail.com

Muniz Garcia, Gretta E, MS, BCBA ■
FL
(786) 257-8485
Digital Contact Information:
http://www.gabehaviortherapy.com
admissions@abaalliancecareservices.com

and
7500 Northwest 25th Street
Suite 254
Miami, FL 33122
(786) 391-8613
Digital Contact Information:
admissions@abaalliancecareservices.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 254-1033
Digital Contact Information:
admissions@abaalliancecareservices.com

and
14081 Southwest 168th Lane
Miami, FL 33177
(786) 254-1033
Digital Contact Information:
admissions@abaalliancecareservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Muniz, Ivis, MS, BCBA ■
10975 SW 91st St
Miami, FL 33176
(786) 261-8116
Digital Contact Information:
imuniz07@aol.com

and
7260 SW 117th Ave
Miami, FL 33183
(786) 294-0537
Digital Contact Information:
imuniz07@aol.com

and
8266 Mills Drive
Miami, FL 33283
(786) 261-8116
Digital Contact Information:
imuniz07@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Muniz, Laura, MBS, BCBA ■
107 Antilla Avenue
Coral Gables, FL 331343301
(305) 567-5881
Digital Contact Information:
mgarcia@cagables.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Munk, Rut, MED, LBA ■
1000 Brickell Avenue
Miami, FL 33131
(347) 893-1266
Digital Contact Information:
licensedbaps@gmail.com
Other Languages Spoken by Provider or Office Staff
Hebrew, Russian, Yiddish, Spanish

Munoz, Fabiola, MS, BCBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
http://kidsspotrehab.com
therapy@kidsspotrehab.com
Other Languages Spoken by Provider or Office Staff
Spanish

Munoz Guerra, Tatiana, MA, BCBA ■
10261 Southwest 72nd Street
Miami, FL 33173
(786) 773-3654
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 773-3654
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Munoz, Luis, MA, BCBA ■
14707 S Dixie Hwy
Ste 211
Miami, FL 33176
(305) 586-1142
Digital Contact Information:
abaallstars01@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Munoz Madrazo, Maylen, MA, BCBA ■
107 Antilla Avenue
Coral Gables, FL 331343301
(305) 567-5881
Digital Contact Information:
http://crystalacademycg.com
developmentaltherapiesbeyond@gmail.com

and
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 317-4478
Digital Contact Information:
developmentaltherapiesbeyond@gmail.com

and
7625 SW 21st St
Miami, FL 33155
(888) 527-8037
Digital Contact Information:
developmentaltherapiesbeyond@gmail.com

and
8785 SW 165th Ave
Ste 104
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
developmentaltherapiesbeyond@gmail.com

Munoz Millares, Dayami, MS, BCBA ■
13590 Southwest 134th Avenue
104
Miami, FL 33186
(305) 896-8161
Digital Contact Information:
asmtherapy@gmail.com

and
Home Based Services Only
Miami Gardens, FL 33014
(305) 200-3326
Digital Contact Information:
asmtherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Munoz Pang, Yamile, MA, BCBA ■
8100 Northwest 155th Street
200
Miami Lakes, FL 33016
(786) 479-0029
Digital Contact Information:
littlestepsbehavioral@gmail.com

and
8100 Northwest 155th Street
201
Miami Lakes, FL 33016
(786) 539-2181
Digital Contact Information:
littlestepsbehavioral@gmail.com

Munroe, Marsha P, MS, BCBA ■
9485 Sunset Drive
A-258
Miami, FL 33173
(786) 812-0705
Digital Contact Information:
services@cmnbtherapy.co

and
18220 Southwest 97th Avenue
Palmetto Bay, FL 33157
(786) 592-1574
Digital Contact Information:
services@cmnbtherapy.co
Other Languages Spoken by Provider or Office Staff
Portuguese, Turkish, Haitian, Japanese, French, Russian, Italian, Egyptian, Vietnamese

Mursuli, Diego A, BA, BCBA ■
8160 Geneva Court
311
Doral, FL 33166
(786) 925-7633
Digital Contact Information:
dmursuli@gmail.com

and
8160 Geneva Court
311 311
Doral, FL 33166
(786) 925-7633
Digital Contact Information:
dmursuli@gmail.com

and
8160 Jeneva Ct Ste 311
Miami, FL 33166
(786) 925-7633
Digital Contact Information:
dmursuli@gmail.com

and
12485 SW 9th Ter
Miami, FL 33184
(786) 223-7310
Digital Contact Information:
dmursuli@gmail.com

Naimoli, Dawn, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(386) 254-8788
Digital Contact Information:
g.leep@tf1aba.com

Napoles, Maria C, MS, BCBA ■
2020 Ponce de Leon
Suite 1201
Miami, FL 33134
(305) 917-5414
Digital Contact Information:
mirta@psychologybeyond.com
Other Languages Spoken by Provider or Office Staff
Spanish

Nasai, Ayasha N, MS, BCBA ■
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
info@stepforwardaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Nash, Donald P, PSYD, LP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
credentialing@caravelautism.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@caravelautism.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@caravelautism.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
credentialing@caravelautism.com

Nasr, Tarek, MED, BCBA ■
382 Northeast 191st Street
Miami, FL 33179
(561) 537-6153
Digital Contact Information:
evernorth@teampbs.com

Natalia Marino, Mariela, MS, BCBA ■
7900 Oak Ln
400
Hialeah, FL 33016
(786) 622-5743
Digital Contact Information:
myhungrycaterpillar@gmail.com

and
27132 South Dixie Highway
Naranja, FL 33032

(786) 283-0175
Digital Contact Information:
myhungrycaterpillar@gmail.com

Nau, Natalie, MS, BCBA ■
9415 Southwest 72nd Street
101
Miami, FL 33173
(305) 662-6448
Digital Contact Information:
http://www.miamibehaviortherapy.com
info@miamibehaviortherapy.com

Naulles, Grisell, MS, BCBA ■
13501 Southwest 128th Street
Suite 106
Miami, FL 33186
(786) 731-3919
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Navarro, Chavelys V, MS, BCBA ■
12150 Southwest 128th Court
#201
Miami, FL 33186
(786) 697-1966
Digital Contact Information:
brightbeginningservices@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Navarro, Isabel, BS, BCABA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 586-5762
Digital Contact Information:
info@newlifeaba.com

and

12985 Southwest 130th Court
217 217
Miami, FL 33186
(305) 586-5762
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff Spanish

Navarro, Leticia, MA, BCBA ■
10300 Southwest 72nd Street
250b
Miami, FL 33173
(305) 939-6878
Digital Contact Information:
genesisconsultingservices39@gmail.com

and

Home Based Services Only
Miami Gardens, FL 33014
(305) 417-1535
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Naves-Arellano, Kristine A, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@lifestance.com

Nawabi, Mariam, MA, BCBA ■
777 Brickell Ave
Ste 500
Miami, FL 33131
(305) 330-4660
Digital Contact Information:
http://www.lotusbehavior.com
info@lotusbehavior.org
Other Languages Spoken by Provider or Office Staff Farsi, Sign Lang Amer

Nazario Cervantes, Ernesto, MS, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Nazzaro, Karline R, MSED, BCBA ■
9425 Southwest 72nd Street
164
Miami, FL 33173
(305) 279-2286
Digital Contact Information:
k.nazzaro@protonmail.com

Neira, Mirtha, MS, BCBA ■
9010 Southwest 137th Avenue
213
Miami, FL 33186
(305) 305-0279
Digital Contact Information:
jorgitodj.cabrera@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Nekhankin, Alexandra, MA, BCBA ■
Home Based Services Only
Doral, FL 33126
(305) 433-5489
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Nelson, Tracy L, MS, BCBA, LBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(410) 538-2574
Digital Contact Information:
discoveryaba@mbhpays.com

Nercess, Erika, BA, BCBA ■
11060 N Kendall Dr
Miami, FL 33176
(305) 668-8644
Digital Contact Information:
jenny@mestrebehavior.com

Neri, Joshua, MA, LMHC ■
17670 Northwest 78th Avenue
STE 113
Hialeah, FL 33015
(716) 558-4565
Digital Contact Information:
empoweredcommunitysolutons@gmail.com

and

15715 South Dixie Highway
226
Miami, FL 33157
(305) 849-4186
Digital Contact Information:
empoweredcommunitysolutons@gmail.com

and

5600 Southwest 135th Avenue
STE 203
Miami, FL 33183
(786) 953-4962
Digital Contact Information:
empoweredcommunitysolutons@gmail.com

and

12595 Southwest 137th Avenue
STE 201
Miami, FL 33186
(786) 770-4832
Digital Contact Information:
empoweredcommunitysolutons@gmail.com

and

13205 Southwest 137th Avenue
130
Miami, FL 33186
(786) 773-4191
Digital Contact Information:
empoweredcommunitysolutons@gmail.com

and

13335 SW 124th St
Ste 106
Miami, FL 33186
(786) 842-3964
Digital Contact Information:
empoweredcommunitysolutons@gmail.com

and

13590 Southwest 134th Avenue
205c
Miami, FL 33186
(786) 754-6474
Digital Contact Information:
empoweredcommunitysolutons@gmail.com

and

FL
(786) 773-4191
(727) 455-9330
Digital Contact Information:
empoweredcommunitysolutons@gmail.com

and

975 Arthur Godfrey Road
Suite 308
Miami Beach, FL 33140
(305) 456-1014
Digital Contact Information:
http://www.mindandsoultherapy.org
empoweredcommunitysolutons@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Nevius, Lauren A, MS, BCBA, LBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
lauren.dempsey95@yahoo.com

Nguyen, Jennifer, MS, BCBA ■
10200 Northwest 25th Street
STE 204
Doral, FL 33172
(305) 406-3689
Digital Contact Information:
http://www.foundartacademy.org
thelighthousetherapycenter@gmail.com
Other Languages Spoken by Provider or Office Staff Urdu, Spanish, Hindi

Nieves, Jakeline, MA, BCBA ■
3750 Northwest 87th Avenue
744
Miami, FL 33178
(786) 689-6517
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Nino, Amanda, MA, BCBA ■
2898 Northwest 79th Avenue
Doral, FL 33122
(305) 597-3861
Digital Contact Information:
anino@nwds-staff.com
Other Languages Spoken by Provider or Office Staff Spanish

Nitsch, Elizabeth, PSYD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/payors@emorahealth.com

Noa, Vanessa, MBS, BCABA ■
13195 Southwest 134th Street
101
Miami, FL 33186
(786) 227-6830
Digital Contact Information:
http://esperanzagroup.net
esperanzagroup@espgrp.net
Other Languages Spoken by Provider or Office Staff English, Spanish

Noda Rodriguez, Leyanis N, MS, BCBA ■
11401 Southwest 40th Street
465
Miami, FL 33165
(786) 580-4609
Digital Contact Information:
laaroffice@gmail.com
Other Languages Spoken by Provider or Office Staff Portuguese, English, Spanish

Nodarse Cortinas, Maria B, MED, BCBA ■
8100 Northwest 155th Street
200
Miami Lakes, FL 33016
(786) 479-0029
Digital Contact Information:
belkysnodarse@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Noriega, Hilda M, MS, BCBA ■
10700 Caribbean Boulevard
Suite 101
Cutler Bay, FL 33189
(305) 777-3883
Digital Contact Information:
essentialhealingofsouthflorida@gmail.com

and

1022 East 8th Avenue
Hialeah, FL 33010
(786) 615-7829
Digital Contact Information:
essentialhealingofsouthflorida@gmail.com

and

3412 West 84th Street
e106
Hialeah, FL 33018
(305) 827-7344
Digital Contact Information:
essentialhealingofsouthflorida@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Novak, Oliver D, MS, BCBA ■
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
onovak@buildablocktherapy.com

Novales, Rosabel, MS, LMHC ■
2500 Northwest 79th Avenue
Suite 211
Doral, FL 33122
(786) 675-8650
Digital Contact Information:
ymbehavioralhealth@gmail.com

and

Home Based Services Only
Doral, FL 33122
(786) 675-8650
Digital Contact Information:
ymbehavioralhealth@gmail.com

and

782 Northwest 42nd Avenue
Suite 4
Miami, FL 33126
(786) 337-0885
Digital Contact Information:
ymbehavioralhealth@gmail.com

and

Home Based Services Only
Miami Lakes, FL 33016
(786) 622-5743
Digital Contact Information:
ymbehavioralhealth@gmail.com

Novoa, Dafne, EDM, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 536-7470
Digital Contact Information:
info@bmmaba.com

and

7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
info@bmmaba.com

Novoa, Laura, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 467-8879
Digital Contact Information:
premabehavioralsinc@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Nowels, Karin, BA, BCABA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
karinagua75@yahoo.com

and

10920 Southwest 184th Street
Miami, FL 33157
(305) 378-5775

Digital Contact Information:
karinagua75@yahoo.com

Noya Ontivero, Danny, MBS, BCBA ■
220 Washington Avenue
Homestead, FL 33030
(305) 704-0313
Digital Contact Information:
https://www.cleverkidstherapy.com/
noya1982@hotmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Nunes Caprara, Gabriela, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Nunes, Fernanda U, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(407) 618-0493
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Nunez Arguelles, Dunia, MBS, BCBA ■
731 Northeast 2nd Place
Hialeah, FL 33010
(786) 955-4435
Digital Contact Information:
bluelifebehaviortherapy@gmail.com

and
20774 West Dixie Highway
b
Miami, FL 33180
(305) 549-8665
Digital Contact Information:
bluelifebehaviortherapy@gmail.com

and
13404 Southwest 128th Street
Miami, FL 33186
(305) 433-0897
Digital Contact Information:
bluelifebehaviortherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Nunez, Chanel E, MA, BCBA ■
20325 Old Cutler Road
Cutler Bay, FL 33189
(305) 321-5177
Digital Contact Information:
cnune017@fiu.edu

and
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 317-4478
Digital Contact Information:
https://crystalabatherapy.com/
cnune017@fiu.edu

and
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 317-4478
Digital Contact Information:
https://crystalabatherapy.com/
cnune017@fiu.edu

and
Home Based Services Only
Doral, FL 33126
(786) 382-6959
Digital Contact Information:
cnune017@fiu.edu

and
333 West 41st Street
Suite 324
Miami, FL 33140
(786) 673-9355
Digital Contact Information:
https://stepforwardaba.com/
cnune017@fiu.edu

and
9350 Sunset Drive
Suite 175
Miami, FL 33173
(786) 673-9355
Digital Contact Information:
cnune017@fiu.edu

and
18220 Southwest 97th Avenue
Palmetto Bay, FL 33157
(786) 592-1574
Digital Contact Information:
cnune017@fiu.edu

Nunez, Cristina, MS, BCBA ■
55 Southeast 6th Street
3307 3307
Miami, FL 33131
(786) 301-7706
Digital Contact Information:
info@llminds.com

and
FL
(786) 301-7706
Digital Contact Information:
http://www.llminds.com
info@llminds.com

Nunez Dominguez, Silvia Y, EDM, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 568-7565
Digital Contact Information:
sndprofessionalservicesllc@gmail.com

Nunez, Karina, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(561) 385-0085
Digital Contact Information:
info@newlifeaba.com

Nunez, Yanelis, MPSY, BCBA ■
5600 Southwest 135th Avenue
STE 211
Miami, FL 33183
(305) 746-4507
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
12855 Southwest 136th Avenue
104
Miami, FL 33186
(305) 467-8879
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Obregon, Stephanie, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
ennifer.horta@superherospeechtherapy.com

Ochoa, Sharon, MS, BCBA ■
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
info@stepforwardaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ochoteco Hurtado, Jose, MS, BCBA ■
800 Northeast 95th Street
Miami Shores, FL 33138
(305) 798-6784
Digital Contact Information:
jochoteco@embracingchallenges.com
Other Languages Spoken by Provider or Office Staff
Spanish

Odio, Natalie, MA, BCBA, LABA ■
10200 Northwest 25th Street
211
Doral, FL 33172
(786) 269-3502
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Portuguese, Haitian Creole, Japanese, Spanish

Ogrodnik, Patrick A, MS, BCBA ■
13155 SW 134th St
Ste 207
Miami, FL 33186
(785) 358-6559
Digital Contact Information:
https://www.superherospeechtherapy.com/
jennifer.horta@superherospeechtherapy.com

Oliva Villar, Lizett, MS, BCBA ■
FL
(305) 437-8080
Digital Contact Information:
olivalizett@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Olive, Tania, MS, BCBA ■
717 Ponce de Leon Boulevard
Suite 209
Coral Gables, FL 33134
(305) 381-0839
Digital Contact Information:
https://www.winglessangelsbs.com/
alfay.behavioralservices@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 779-9475
Digital Contact Information:
alfay.behavioralservices@gmail.com

and
14875 Northwest 77th Avenue
Suite 204
Miami Lakes, FL 33014
(786) 321-1400
Digital Contact Information:
alfay.behavioralservices@gmail.com

and
5881 Northwest 151st Street
127
Miami Lakes, FL 330142450
(786) 905-2262
Digital Contact Information:
http://sweetchildbehavior.com
alfay.behavioralservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Oliver, Claudia, MS, BCBA ■
2520 Coral Way
2 19
Miami, FL 33145
(855) 832-6727
Digital Contact Information:
evernorth@teampbs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Oliveros, Nilian, MA, BCBA ■
1275 West 47th Place
#449
Hialeah, FL 33012
(305) 425-1338
Digital Contact Information:
magicbehavioralcare@gmail.com

and
Home Based Services Only
Miami Gardens, FL 33014
(305) 640-5739
Digital Contact Information:
magicbehavioralcare@gmail.com

Ombach, Sadie, MA, LBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
affinity@affinitytreatment.com

Onusuru, Vitus M, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ca-credentialing@lifestance.com

Orama, Henry, MA, BCBA ■
Home Based Services Only
Hialeah, FL 33013
(786) 592-6680
Digital Contact Information:
henryorama07@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Oran, Michelle, MS, BCBA ■
13195 Southwest 134th Street
134
Miami, FL 33186
(305) 794-8353
Digital Contact Information:
ali@mestrebehavior.com

and
13195 Southwest 134th Street
Ste. 201
Miami, FL 33186
(305) 794-8353
Digital Contact Information:
ali@mestrebehavior.com

and
8785 SW 165th Ave
Ste 104
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
ali@mestrebehavior.com

Orellana, Katherine, MBS, BCBA ■
7779 Northwest 146th Street
Hialeah, FL 33016
(786) 702-6868
Digital Contact Information:
dayami@childrenbehavioraltherapy.com

Orfao-Martin, Claudia, MSW, LICSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
mollymar@yahoo.com
Other Languages Spoken by Provider or Office Staff
Portuguese, English

Ornelas, Evelyn, MA, BCBA ■
7800 Southwest 57th Avenue
205
South Miami, FL 33143
(732) 423-1616
Digital Contact Information:
http://www.kidstherapyconnection.com
yiliam@kidstherapyconnection.com
Other Languages Spoken by Provider or Office Staff
Spanish

Orofino, Karina, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(888) 501-8540
Digital Contact Information:
https://acornhealth.com
karinaorofino@me.com

Orozco, Daniella, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 955-6224
Digital Contact Information:
abcdevelopcenter@gmail.com

and
1900 Sans Souci Boulevard
330 330
North Miami, FL 33181
(786) 631-1370
Digital Contact Information:
abcdevelopcenter@gmail.com

and
16201 Northeast 13th Avenue
North Miami Beach, FL 33162
(786) 955-6224
Digital Contact Information:
abcdevelopcenter@gmail.com

and
17121 Northeast 6th Avenue
North Miami Beach, FL 33162
(305) 952-3161
Digital Contact Information:
abcdevelopcenter@gmail.com

and
FL
(786) 955-6224
Digital Contact Information:
abcdevelopcenter@gmail.com

Orozco, Stephanie, MS, BCBA ■
909 North Miami Beach Boulevard
STE 301
North Miami Beach, FL 33162
(305) 822-7202
Digital Contact Information:
aplusbehavioral@gmail.com

Orsini, Analyn, MS, BCBA ■
7500 Northwest 25th Street
STE 200
Miami, FL 33122
(305) 909-4872
Digital Contact Information:
info@bmmaba.com

and
7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
info@bmmaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Orta Martinez, Midamys, MBS, LBA ■
10675 Southwest 190th Street
STE 1202
Cutler Bay, FL 33157
(786) 227-6262
Digital Contact Information:
lovelykids@myyahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ortega Chicuri, Xuchitl, BS, BCABA ■
30908 Southwest 192nd Avenue
Homestead, FL 33030
(786) 404-3148
Digital Contact Information:
allstaraba22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ortega, Laura R, MS, LMFT ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
contact@elevatepsychiatry.com

and
1711 W 38th Pl
Ste 1207
Hialeah, FL 33012
(786) 592-0940
Digital Contact Information:
contact@elevatepsychiatry.com

and
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
contact@elevatepsychiatry.com

and
16201 SW 95th Ave
Ste 101
Miami, FL 33157
(786) 592-0940
Digital Contact Information:
contact@elevatepsychiatry.com

Ortega, Leticia, MS, BCBA ■
5600 SW 135th Ave
Ste 112
Miami, FL 33183
(305) 746-4507
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
12855 Southwest 136th Avenue
104
Miami, FL 33186
(305) 467-8879
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ortega, Marlyn, MS, BCBA ■
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
mortega@tlhproject.com

and
306 Westward Dr
Miami Springs, FL 33166
(786) 588-7894
Digital Contact Information:
http://www.smartbatherapy.com
mortega@tlhproject.com

and
FL
(786) 522-7203
Digital Contact Information:
mortega@tlhproject.com

Ortega, Orlando, MED, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 800-4916
Digital Contact Information:
aba@confidentmindsllc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ortega Vazquez, Frank, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
credentialingaba@gmail.com

and
13590 Southwest 134th Avenue
104
Miami, FL 33186
(305) 896-8161
Digital Contact Information:
credentialingaba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ortiz Abella, Mirelis, MS, BCBA ■
7815 Coral Way
101
Miami, FL 33155
(786) 615-4879
Digital Contact Information:
behaviorplusservices@gmail.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ortiz, Eyleen, DED, BCBA-D ■
224 Washington Avenue
2
Homestead, FL 33030
(305) 704-0506
Digital Contact Information:
info@cleverkidsbehavioralservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ortiz, Madiana, MS, BCBA ■
9999 Northeast 2nd Avenue
219
Miami Shores, FL 33138
(954) 871-1119
Digital Contact Information:
mdohemsi@gmail.com
Other Languages Spoken by Provider or Office Staff English

Ortiz, Tania E, BA, BCABA ■
800 Northeast 95th Street
Miami Shores, FL 33138
(305) 798-6784
Digital Contact Information:
admin@aspirebehavioral.org
Other Languages Spoken by Provider or Office Staff
Spanish

Ortuzar, Ashley, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Ospina, Ana, MA, BCBA ■
6055 Northwest 104th Avenue
Suite 2
Doral, FL 33178
(786) 476-5155
Digital Contact Information:
http://dstherapies.com
ana.ospina@dstherapies.com
Other Languages Spoken by Provider or Office Staff
Spanish

Otano, Gladys, DPH, BCBA ■
20200 Southwest 320th Street
Homestead, FL 33030
(305) 450-4219
Digital Contact Information:
butterflybehavior22@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 450-4219
Digital Contact Information:
butterflybehavior22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ozuna Catalan, Karla, MS, BCBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
contracting@bluesprigpediatrics.com

Pacheco, Danae K, MBS, BCBA ■
8660 West Flagler Street
STE 121
Miami, FL 33144
(305) 600-4774
Digital Contact Information:
dkpbehavior@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pacheco Vega, Diana, MS, BCBA ■
Home Based Services Only
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
gperez@hbccmhc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Padilla, Eliany, EDM, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
credentialing@tillytherapy.com

Padilla Moya, Leticia, MS, BCBA ■
8300 NW 53rd St
Ste 350
Miami, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com

and
10261 Southwest 72nd Street
Miami, FL 33173
(786) 773-3654
Digital Contact Information:
behaviorplusservices@gmail.com

and
7975 Northwest 154th Street
230
Miami Lakes, FL 33016
(305) 874-7245
Digital Contact Information:
behaviorplusservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Padilla, Pedro A, MS, BCBA ■
Home Based Services Only
Doral, FL 33122
(305) 603-8747
Digital Contact Information:
behaviorpedestal@gmail.com

and
730 Northwest 107th Avenue
110
Miami, FL 33172
(305) 249-1183
Digital Contact Information:
behaviorpedestal@gmail.com

and
1380 Northeast Miami Gardens Drive
220f
Miami, FL 33179
(786) 523-3249
Digital Contact Information:
https://behaviorpedestal.com/
behaviorpedestal@gmail.com

and
5881 Northwest 151st Street
Suite: 103
Miami Lakes, FL 33014
(786) 703-4154
Digital Contact Information:
behaviorpedestal@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Padilla Rojas, Hasel, MED, BCBA ■
Home Based Services Only
Hialeah, FL 33010
(786) 919-3784
Digital Contact Information:
admissions@abaalliancecareservices.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 919-3784
Digital Contact Information:
admissions@abaalliancecareservices.com

and
12150 Southwest 128th Court
222
Miami, FL 33186
(786) 701-8164
Digital Contact Information:
admissions@abaalliancecareservices.com

and
12855 Southwest 132nd Street
STE 207
Miami, FL 33186
(786) 587-0424
Digital Contact Information:
admissions@abaalliancecareservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Padron, Dyana, MA, BCBA ■
2898 Northwest 79th Avenue
Doral, FL 33122
(305) 597-3861
Digital Contact Information:
dpadron01@koalaaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Padron Llanes, Anadaris, BA, BCABA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Padron, Solangel, PSYD, BCBA ■
3025 Northwest 11th Street
Miami, FL 33125
(786) 715-3175
Digital Contact Information:
http://brightsidebehavioralcenter.com
padronsolangel@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 715-3175
Digital Contact Information:
padronsolangel@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Padura, Amelia, MS, BCBA ■
8200 Northwest 41st Street

269
Doral, FL 33166
(305) 763-4196
Digital Contact Information:
jcabrera@mymbcinc.com

Paifer, Ibis, BS, BCBA ■
1570 West 38th Place
12 12
Hialeah, FL 33012
(786) 615-2514
Digital Contact Information:
abcbehaviorhelp@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 263-0207
Digital Contact Information:
abcbehaviorhelp@gmail.com

and
10691 North Kendall Drive
211
Miami, FL 33176
(305) 984-4343
Digital Contact Information:
abcbehaviorhelp@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pakiela, Adam, MA, BCBA ■
9600 Northwest 25th Street
STE 5E
Miami, FL 33172
(888) 527-8037
Digital Contact Information:
outreach@appliedabc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Palacio-Perez, Candice, MC, BCBA ■
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
credentialing@creativekidstherapyinc.com

Palacios, Valeria, MS, BCBA ■
3050 Southwest 37th Avenue
Miami, FL 33133
(954) 682-6521
Digital Contact Information:
valeriapalacios366@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Palanas, Stephanie, MA, LBA ■
1380 Northeast Miami Gardens Drive
Suite 255
Miami, FL 33179
(954) 651-2969
Digital Contact Information:
wvigo@aokservices.org
Other Languages Spoken by Provider or Office Staff
Cebuano, Tagalog, Russian, Spanish

Palenzuela Hernandez, Pedro, BS, BCABA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Palermo, Brittany, MSN, APNP, APRN, APRNCNP, CRNP, NP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
brittany.palermo@chenaltherapy.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com
Other Languages Spoken by Provider or Office Staff English

Palma, Desiree P, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

and
13195 Southwest 134th Street
Suite 106
Miami, FL 33186
(786) 250-3220
Digital Contact Information:
http://behavioralfamilysolutions.com
credentialing@behavioralfamilysolutions.com

and
13501 Southwest 136th Street
STE 205
Miami, FL 33186
(305) 209-4321
Digital Contact Information:
http://sunshinespectrumaba.com
credentialing@behavioralfamilysolutions.com

Palomino Cajide, Adis B, MA, BCBA ■
13205 Southwest 137th Avenue
#212
Miami, FL 33186
(786) 732-6298
Digital Contact Information:
info@bwoaba.com

Pamphile, Stacy, MS, BCBA ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(954) 577-7790
Digital Contact Information:
http://www.behavior-analysis.org
billing@thehelmaba.com

Paneca, Yordany, MS, BCBA ■
1916 Northwest 84th Avenue
Doral, FL 33126
(305) 433-5489
Digital Contact Information:
http://a1ahealth.com
team@a1ahealth.com

and
Home Based Services Only
Doral, FL 33126
(305) 433-5489
Digital Contact Information:
team@a1ahealth.com

and
15715 South Dixie Highway
330
Miami, FL 33157
(786) 732-0842
Digital Contact Information:
team@a1ahealth.com

Pantoja Jaraba, Eloisa, MPSY, BCBA ■
20325 Old Cutler Road
Cutler Bay, FL 33189
(305) 321-5177
Digital Contact Information:
pantojaeloisa@gmail.com

and
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 317-4478
Digital Contact Information:
https://crystalabatherapy.com/
pantojaeloisa@gmail.com

and
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 317-4478
Digital Contact Information:
https://crystalabatherapy.com/
pantojaeloisa@gmail.com

and
Home Based Services Only
Doral, FL 33126
(786) 382-6959
Digital Contact Information:
pantojaeloisa@gmail.com

and
10045 Northwest 28th Terrace
Doral, FL 33172
(786) 447-2175
Digital Contact Information:
pantojaeloisa@gmail.com

Papini, Rosemary, MS, BCBA ■
4224 Southwest 6th Street
Coral Gables, FL 33134
(786) 399-4799
Digital Contact Information:
torrestherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese

Pardo, Diana, MPSY, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Paredes, Dinaibys, MBS, BCBA ■
99 Northwest 183rd Street
suite: 241E
Miami Gardens, FL 33169
(786) 899-3042
Digital Contact Information:
https://suarezbehavioral.wixsite.com/mysite
suarezbehavioral@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Parkhurst, Chelsea, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
inquiries@learning-leaps.com

Parra, Gisela, MSED, BCBA ■
Home Based Services Only
Doral, FL 33126
(305) 433-5489
Digital Contact Information:
abasupport@dacare.net
Other Languages Spoken by Provider or Office Staff
Spanish

Patino, Ginna, MED, BCBA ■
7875 Northwest 12th Street
118
Miami, FL 33126
(786) 505-4449
Digital Contact Information:
info@southfloridabehavio.com
Other Languages Spoken by Provider or Office Staff
Spanish

Paz Quintero, Leslie, MS, BCBA, LMFT ■
Home Based Services Only
Hialeah, FL 33010
(305) 280-5730
Digital Contact Information:
sucel.tejeda@abaofswf.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 280-5730
Digital Contact Information:
sucel.tejeda@abaofswf.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pedraza Duran, Lismary, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
9502 Southwest 166th Court
Miami, FL 33196
(754) 234-0643
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pedraza Rodriguez, Paloma, MS, BCBA ■
13300 Southwest 128th Street
Miami, FL 33186
(786) 250-3451
Digital Contact Information:
jmedina@firststepsint.com
Other Languages Spoken by Provider or Office Staff Sign Lang Amer, Spanish

Pedroso Montesino, Barbara, MS, BCBA ■
930 Hialeah Drive
Hialeah, FL 33010
(786) 398-1509
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Peguero Novo, Maite, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(754) 234-0643
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
9502 Southwest 166th Court
Miami, FL 33196
(754) 234-0643
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pekier, Tehila, MA, BCBA, LBA ■

1000 Brickell Avenue
Miami, FL 33131
(347) 893-1266
Digital Contact Information:
info@appliedabc.com

Pena, Adara, MS, BCBA ■
30350 SW 156th Ave
Homestead, FL 33033
(786) 283-0175
Digital Contact Information:
jcabrera@mymbcinc.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
jcabrera@mymbcinc.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
jcabrera@mymbcinc.com

Pena, Gabriela, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 707-7308
Digital Contact Information:
arianna@mistherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pena, Marcos, MA, BCBA ■
1250 Southwest 27th Avenue
207
Miami, FL 33135
(786) 502-3137
Digital Contact Information:
esperanzagroup@espgrp.net

and
13195 Southwest 134th Street
101
Miami, FL 33186
(786) 227-6830
Digital Contact Information:
http://esperanzagroup.net
esperanzagroup@espgrp.net

Pena, Maureen, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 255-6203
Digital Contact Information:
therapy110@gmail.com

and
18951 Southwest 106th Avenue
105 106
Miami, FL 33157
(305) 233-4448
Digital Contact Information:
therapy110@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pena, Mayra M, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 894-9121
Digital Contact Information:
info@brightfuturebehavioral.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pena Trejo, Elizabeth, MS, BCBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
credentialing@kyocare.com

Penate, Hervey, MPSY, BCBA ■
3750 West 16th Avenue
218
Hialeah, FL 33012
(786) 409-3231
Digital Contact Information:
proactivehealthcare2016@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Penate Juviel, Melvys, MPSY, BCBA ■
2100 West 76th Street
407
Hialeah, FL 33016
(305) 804-3478
Digital Contact Information:
abacenter2022@gmail.com

Pendas Salgado, Yelena, MS, BCBA ■
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
mortega@tlhproject.com

and
306 Westward Dr
Miami Springs, FL 33166
(786) 588-7894
Digital Contact Information:
http://www.smartbatherapy.com
mortega@tlhproject.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Penichet, Ana R, MBS, BCBA ■
Home Based Services Only
Doral, FL 33122
(305) 603-8747
Digital Contact Information:
withoutlimitstherapy@gmail.com

and
7801 Northwest 37th Street
Lp-201
Doral, FL 33195
(305) 468-9899
Digital Contact Information:
withoutlimitstherapy@gmail.com

and
12855 Southwest 132nd Street
STE 207
Miami, FL 33186
(786) 587-0424
Digital Contact Information:
withoutlimitstherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Creole, Spanish

Pennington, Laurel, BS, BCBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
managecare@surpassbh.com

Peralta, Yelynel, MED, BCBA, LBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 854-1116
Digital Contact Information:
https://acornhealth.com
faisalabatherapy@gmail.com

and
1916 Northwest 84th Avenue
Doral, FL 33126
(305) 224-1929
Digital Contact Information:
faisalabatherapy@gmail.com

Peraza, Jose A, MS, BCBA ■
10711 Southwest 216th Street
103 103
Goulds, FL 33170
(305) 965-9682
Digital Contact Information:
imetherapyservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perdomo, Julissa, MA, LBA ■
3833 Southwest 8th Street
Coral Gables, FL 33134
(786) 440-1176
Digital Contact Information:
clinical@getanswersnow.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perdomo Matheu, Adrian, MS, BCBA ■
9600 Northwest 25th Street
STE 5E
Miami, FL 33172
(888) 527-8037
Digital Contact Information:
http://brightstartpossibility.com
info@brightstartllc.com

Perdomo Morente, Liliana, MS, BCBA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(239) 431-2629
Digital Contact Information:
info@newlifeaba.com

and
8203 Southwest 124th Street
Pinecrest, FL 33156
(561) 564-1466
Digital Contact Information:
info@newlifeaba.com

and
Home Based Services Only
West Miami, FL 33144
(786) 404-1017
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perea, Pamela, MED, BCBA ■
13195 Southwest 134th Street
Ste. 201
Miami, FL 33186
(786) 206-6500
Digital Contact Information:
http://behavioralfamilysolutions.com
credentialing@behavioralfamilysolutions.com

Perez, Adrian, MS, BCBA ■
Home Based Services Only
Hialeah, FL 33012
(561) 460-0284
Digital Contact Information:
info@brightfuturebehavioral.com

Perez Angel, Alicia A, MBS, BCBA ■
6405 Northwest 36th Street
#123
Virginia Gardens, FL 33166
(786) 872-4325
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Ayleme, MS, BCBA ■
27132 South Dixie Highway
Naranja, FL 33032
(786) 283-0175
Digital Contact Information:
mericakidshopeservices@gmail.com

Perez, Beatriz, MA, BCBA ■
580 Northwest 183rd Street
Miami Gardens, FL 33169
(305) 400-1589
Digital Contact Information:
dasilva.jennifer@superherokiddosabacenter.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Perez, Belkis, MS, BCBA ■
1840 West 49th Street
302
Hialeah, FL 33012
(786) 391-2275
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez Benitez, Carlos I, PHD, LP ■
1701 W Flagler St
Ste 310
Miami, FL 33135
(786) 467-7006
Digital Contact Information:
carlosisraelphd@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez Cardenas, Laura, MS, BCBA ■
3220 Southwest 107th Court
Miami, FL 33165
(786) 246-5462
Digital Contact Information:
adrianbluetherapy@gmail.com

and
FL
(786) 246-5462
Digital Contact Information:
adrianbluetherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Perez Castro, Yissel, MS, BCBA ■
10691 North Kendall Drive
207
Miami, FL 33176
(786) 401-6113
Digital Contact Information:
enrollpriv@bikhamhealthcare.com

and
FL
(786) 603-6567
Digital Contact Information:
enrollpriv@bikhamhealthcare.com

Perez, Claudia, MMH, BCBA ■
Home Based Services Only
Miami, FL 33155
(786) 262-5559
Digital Contact Information:
namastebehaviortherapy@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Perez Contreras, Janet, BA, BCABA ■
9600 Northwest 25th Street
STE 5E
Miami, FL 33172
(888) 527-8037
Digital Contact Information:
csuarez@brightstartllc.com

Perez, Diana, MSED, BCBA ■
12360 SW 132nd Ct
Ste 201
Miami, FL 33186
(786) 701-9605
Digital Contact Information:
dmp08c@me.com

and
15230 SW 146th Ter
Miami, FL 33196
(786) 223-6905
Digital Contact Information:
dmp08c@me.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Elizabeth, MS, BCBA ■
13195 Southwest 134th Street
Ste. 201
Miami, FL 33186
(786) 206-6500
Digital Contact Information:
info@brightstartllc.com

and
8785 SW 165th Ave
Ste 103
Miami, FL 33193
(786) 206-2500
Digital Contact Information:
http://www.behavioralfamilysolutions.com
info@brightstartllc.com

and
8785 SW 165th Ave
Ste 104
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
http://www.behavioralfamilysolutions.com
info@brightstartllc.com

Perez Falco, Maritza, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0429
Digital Contact Information:
cabehavior@gmail.com

and
1250 Southwest 27th Avenue
207
Miami, FL 33135
(786) 238-2008
Digital Contact Information:
cabehavior@gmail.com

and
5901 Southwest 74th Street
#414

Miami, FL 33143
(786) 238-2008
Digital Contact Information:
cabehavior@gmail.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(786) 580-2204
Digital Contact Information:
cabehavior@gmail.com

Perez, Freddy F, MPSY, BCABA ■
3833 Southwest 8th Street
Coral Gables, FL 33134
(786) 580-1165
Digital Contact Information:
hr@winglessangelsbs.com

and
717 Ponce de Leon Boulevard
Suite 209
Coral Gables, FL 33134
(305) 381-0839
Digital Contact Information:
https://www.winglessangelsbs.com/
hr@winglessangelsbs.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Perez Garcia, Patricia, MA, BCBA ■
1022 East 8th Avenue
Hialeah, FL 33010
(786) 615-7829
Digital Contact Information:
haileyg@ababilling.net

and
3412 West 84th Street
e106
Hialeah, FL 33018
(305) 827-7344
Digital Contact Information:
haileyg@ababilling.net

and
9344 Southwest 170th Lane
Palmetto Bay, FL 33157
(305) 710-0029
Digital Contact Information:
haileyg@ababilling.net
Other Languages Spoken by Provider or Office Staff
Spanish

Perez Gonzalez, Madeleyvi F, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 224-1645
Digital Contact Information:
info@btserviceslittlegiants.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez Gonzalez, Nancy, MED, BCBA ■
13155 Southwest 42nd Street
STE 204
Miami, FL 33175
(786) 486-9756
Digital Contact Information:
loveinservicesprivate@gmail.com

and
13469 Southwest 29th Street
Miami, FL 33175
(786) 486-9756
Digital Contact Information:
loveinservicesprivate@gmail.com

and
Home Based Services Only
Miami Gardens, FL 33014
(305) 640-5739
Digital Contact Information:
loveinservicesprivate@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Guadalupe, MS, LMHC ■
7875 SW 104th St
Ste 101
Miami, FL 33156
(305) 899-1587
Digital Contact Information:
http://www.jcsfl.org
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Igmar, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 695-8672
Digital Contact Information:
abaproinfo@gmail.com

and
4155 Southwest 130th Avenue
108
Miami, FL 33175
(786) 695-8672
Digital Contact Information:
abaproinfo@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, German, French, Spanish

Perez, Lazaro, MS, BCBA ■
1801 Southwest 22nd Street
328
Miami, FL 33145
(786) 536-7694
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Lester A, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 238-7237
Digital Contact Information:
info@epossibilitiesllc.com

and
8785 Southwest 165th Avenue
308
Miami, FL 33193
(786) 238-7237
Digital Contact Information:
info@epossibilitiesllc.com

Perez Lorenzo, Elizabet, MA, BCBA ■
Home Based Services Only
Miami Shores, FL 33161
(786) 709-8403
Digital Contact Information:
info@cameroarnp.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez Lugo, Yaima, BS, BCABA, BCBA ■
18844 Southwest 319th Street
Homestead, FL 33030
(786) 641-1962
Digital Contact Information:
Not Available

and
175 Fontainebleau Boulevard
Miami, FL 33172
(786) 558-8246
Digital Contact Information:
Not Available

Perez, Luisa, MSED, BCBA ■
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
support@modbehavioraba.com

Perez Machado, Lenia, MA, BCBA ■
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
office@smartbatherapy.com

and
306 Westward Dr
Miami Springs, FL 33166
(786) 558-7894
Digital Contact Information:
office@smartbatherapy.com

Perez, Madalys, MA, BCABA ■
30908 Southwest 192nd Avenue
Homestead, FL 33030
(786) 404-3148
Digital Contact Information:
allstaraba22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Madiane, MACP, LMHC ■
12150 Southwest 128th Court
Suite 108
Miami, FL 33186
(786) 732-0607
Digital Contact Information:
madiane@mpbehavioral.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Maria C, MED, BCABA ■
13404 Southwest 128th Street
Miami, FL 33186
(305) 433-0897
Digital Contact Information:
http://www.bluelifetherapy.com
bluelifetherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Mariela, MS, BCABA ■
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
http://www.miamipersonalmanagement.com
mpmcmhc@miamipersonalmanagement.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Marlene, MS, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Marta, BS, BCABA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(239) 431-2629
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Melanie, MS, BCBA ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
admin@universalcommunityservices.com

and
13195 Southwest 134th Street
101
Miami, FL 33186
(786) 227-6830
Digital Contact Information:
http://esperanzagroup.net
admin@universalcommunityservices.com

Perez Pino, Roseli, BS, BCABA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 587-0424
Digital Contact Information:
roseli.pp89@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Perez Quinonez, Angel A, MBS, BCBA ■
659 Northeast 125th Street
North Miami, FL 33161
(305) 454-9885
Digital Contact Information:
aylahmedicaid@northacademynmb.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Perez Quintana, Ovis, MHS, BCBA ■
FL
(786) 357-0619
Digital Contact Information:
stepwisebs@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Rosmery, MS, BCBA ■
6625 Miami Lakes Drive
231
Miami Lakes, FL 33014
(786) 322-9323
Digital Contact Information:
goldenkidscareinc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez Sanchez, Deniss, MA, BCBA, LMHC ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 854-1116
Digital Contact Information:
cary@nwds-staff.com

and
FL
(786) 738-6468
Digital Contact Information:
cary@nwds-staff.com

Perez Sanchez, Yaleidy, MS, BCBA ■
900 East 9th Street
Hialeah, FL 33010
(305) 381-5294
Digital Contact Information:
info@newlifeaba.com

and
7392 Northwest 35th Terrace
301
Miami, FL 33122
(786) 666-0475
Digital Contact Information:
info@newlifeaba.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
info@newlifeaba.com

and
10300 Southwest 72nd Street
250b
Miami, FL 33173
(305) 939-6878
Digital Contact Information:
info@newlifeaba.com

and
9485 Sunset Drive
A-258
Miami, FL 33173
(786) 812-0705
Digital Contact Information:
info@newlifeaba.com

and
14722 Southwest 56th Street
Miami, FL 33185
(305) 456-0572
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez Santana, Sisley, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
admissions@abaalliancecareservices.com

and
306 Westward Dr
Miami Springs, FL 33166
(786) 588-7894
Digital Contact Information:
admissions@abaalliancecareservices.com

and

Home Based Services Only
Virginia Gardens, FL 33166
(786) 522-7203
Digital Contact Information:
admissions@abaalliancecareservices.com
Other Languages Spoken by Provider or Office Staff Spanish

Perez, Sonnia B, MS, BCABA ■
650 Northeast 22nd Terrace
212 214
Homestead, FL 33033
(786) 312-4478
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff Spanish

Perez Sosa, Mailin, MPSY, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
providerenrollment@acornhealth.com

and
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
providerenrollment@acornhealth.com

Perez Sotolongo, Anabel, MBS, BCBA ■
24 East 5th Street
1a
Hialeah, FL 33010
(786) 506-2646
Digital Contact Information:
bluehopebehavioral@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Perez Tabares, Maritza, MBS, BCBA ■
2550 Northwest 72nd Avenue
#218
Miami, FL 33122
(786) 536-2009
Digital Contact Information:
porrerobcba@gmail.com

and
1150 Northwest 72nd Avenue
ph 2
Miami, FL 33126
(786) 542-5043
Digital Contact Information:
http://1stcarecms.com
porrerobcba@gmail.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
porrerobcba@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Perez, Yanitza, MS, BCBA ■
1250 Southwest 27th Avenue
207
Miami, FL 33135
(305) 220-6060
Digital Contact Information:
cabehavior@gmail.com

and
11890 Southwest 8th Street
STE 309
Miami, FL 331841710
(305) 220-6060
Digital Contact Information:
http://www.blueangelcare.net
cabehavior@gmail.com

Perez-Delgado, Julio C, MBS, BCBA, LMHC ■
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(786) 592-2323
Digital Contact Information:
contact@emphourinc.com
Other Languages Spoken by Provider or Office Staff Spanish

Perez-Estevez, Misty R, MA, BCBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
mpevss@outlook.com
Other Languages Spoken by Provider or Office Staff Sign Lang Amer

Petraki, Mariela, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 715-8511
Digital Contact Information:
nickmegalos@yahoo.com

and
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
nickmegalos@yahoo.com

Phelan, Colton S, MA, BCBA, LBA ■
FL
(833) 458-0386
Digital Contact Information:
credentialing@tillytherapy.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
credentialing@tillytherapy.com

Phelps, Jennifer, MS, BCBA, LBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
sunshine-advantage@mbhpays.com

Philippe, Emmerson, MED, LBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
tarakhailsaid@gmail.com

Pichardo, Alejandro, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(516) 787-0992
Digital Contact Information:
ahamza3761@gmail.com

and
1380 Northeast Miami Gardens Drive
Suite 255
Miami, FL 33179
(954) 651-2969
Digital Contact Information:
ahamza3761@gmail.com

Pie, Nathalie, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(888) 501-8540
Digital Contact Information:
https://acornhealth.com
abaswfl@gmail.com

and
8785 SW 165th Ave
Ste 103
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
abaswfl@gmail.com

and
8785 SW 165th Ave
Ste 104
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
abaswfl@gmail.com

Pierre, Ashley, PHD, BCBA ■
945 Southwest 122nd Avenue
Miami, FL 33184
(786) 536-4807
Digital Contact Information:
behavioranalysis@barebehavior.com
Other Languages Spoken by Provider or Office Staff Creole, French, Spanish

Pimentel, Rismary, MBS, BCBA ■
Home Based Services Only
Doral, FL 33122
(786) 536-2012
Digital Contact Information:
sunshinebehaviorhealthcare@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Pinedo, Caridad, MA, BCBA ■
9600 Northwest 25th Street
Doral, FL 33172
(888) 527-8037
Digital Contact Information:
http://brightstartpossibility.com
info@brightstartllc.com

Pinedo, Christina, MS, BCBA ■
415 Southwest 72nd Street
101
Coral Gables, FL 33143
(305) 662-6448
Digital Contact Information:
http://www.miamibehaviortherapy.com
christinafern18@gmail.com

and
FL
(305) 662-6448
Digital Contact Information:
http://www.miamibehaviortherapy.com
christinafern18@gmail.com

and
11251 SW 240th Ln
Homestead, FL 33032
(305) 912-8399
Digital Contact Information:
christinafern18@gmail.com

and
9415 SW 72nd St
Ste 131
Miami, FL 33173
(305) 662-6448
Digital Contact Information:
http://www.miamibehaviortherapy.com
christinafern18@gmail.com

and
9415 Southwest 72nd Street
101
Miami, FL 33173
(305) 662-6448
Digital Contact Information:
http://www.miamibehaviortherapy.com
christinafern18@gmail.com

and
13501 Southwest 136th Street
STE 205
Miami, FL 33186
(305) 209-4321
Digital Contact Information:
http://sunshinespectrumaba.com
christinafern18@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Pinedo, Jorge, MS, BCBA ■
1180 North Krome Avenue
Homestead, FL 33030
(786) 349-4700
Digital Contact Information:
luciano@mymbcinc.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 904-4219
Digital Contact Information:
luciano@mymbcinc.com

and
10250 Southwest 56th Street
A202
Miami, FL 33165
(888) 527-8037
Digital Contact Information:
http://brightstartpossibility.com/
luciano@mymbcinc.com

and
15371 Southwest 77th Lane
Miami, FL 33193
(305) 904-4219
Digital Contact Information:
luciano@mymbcinc.com

and
8785 SW 165th Ave
Ste 101
Miami, FL 33193
(786) 409-2646
Digital Contact Information:
luciano@mymbcinc.com

Pineiro, Sandra, MC, BCBA ■
1900 Southwest 22nd Street
#205
Miami, FL 33145
(305) 648-7212
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
20774 West Dixie Highway
b
Miami, FL 33180
(305) 549-8665
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
12855 Southwest 136th Avenue
104
Miami, FL 33186
(305) 467-8879
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Pinera Carmona, Danaisy, MS, BCBA ■
1140 West 50th Street
SUITE 304
Hialeah, FL 33012
(786) 267-2830
Digital Contact Information:
behaviorplusservices@gmail.com

and
4410 West 16th Avenue
unit 41
Hialeah, FL 33012
(786) 267-2830
Digital Contact Information:
http://www.abastarbehavioral.com
behaviorplusservices@gmail.com

and
8300 NW 53rd St
Ste 350
Miami, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Pinero De La Rosa, Yeledys, MSSW, BCBA ■
9502 Southwest 166th Court
Miami, FL 33196
(754) 234-0643
Digital Contact Information:
abagrowthandconnection@gmail.com

Pinero, Heydi, MA, BCBA ■
10200 Northwest 25th Street
STE 204
Doral, FL 33172
(305) 406-3689
Digital Contact Information:
http://www.foundartacademy.org
nfo@foundartacademy.org

and
1022 East 8th Avenue
Hialeah, FL 33010
(786) 615-7829
Digital Contact Information:
nfo@foundartacademy.org

and
3412 West 84th Street
e106
Hialeah, FL 33018
(305) 827-7344
Digital Contact Information:
nfo@foundartacademy.org

and
8950 SW 74th Ct

Ste 2201
Miami, FL 33156
(800) 368-2143
Digital Contact Information:
nfo@foundartacademy.org
Other Languages Spoken by Provider or Office Staff
Spanish

Pinero, Pablo, MED, BCBA ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
services@cmnbtherapy.com

and
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
services@cmnbtherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pino Alfonso, Yadeisys, MS, BCBA ■
8785 Southwest 165th Avenue
307
Miami, FL 33193
(786) 956-7480
Digital Contact Information:
http://abamelioragroup.com
info@abameliora.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pino, Elizabeth, MS, BCBA ■
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
office@tlhproject.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pino, Leydis, PSYD, BCBA, LCP ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 317-4478
Digital Contact Information:
https://crystalabatherapy.com/
services@cmnbtherapy.com

and
1000 Brickell Avenue
Miami, FL 33131
(754) 234-0643
Digital Contact Information:
services@cmnbtherapy.com

and
9502 Southwest 166th Court
Miami, FL 33196
(754) 234-0643
Digital Contact Information:
services@cmnbtherapy.com

Pino, Mariela, MS, BCBA ■
7900 Northwest 155th Street
304
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
mortega@tlhproject.com

and
7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
mortega@tlhproject.com

and
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
mortega@tlhproject.com
Other Languages Spoken by Provider or Office Staff
Spanish

Piquera, Guillermo, MS, BCABA ■
1400 Northwest 107th Avenue
306
Miami, FL 33172
(786) 817-7444
Digital Contact Information:
milestonesaba2023@gmail.com

and
13416 Southwest 128th Street
Miami, FL 33186
(786) 732-0247
Digital Contact Information:
http://milestones-aba.org
milestonesaba2023@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pita Lopez, Arlene, MS, BCBA ■
18951 Southwest 106th Avenue
105 106
Miami, FL 33157
(305) 233-4448
Digital Contact Information:
therapy110@gmail.com

and
12821 Southwest 134th Court
11 11
Miami, FL 33186
(305) 256-1653
Digital Contact Information:
therapy110@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pizarro Lopez, Amy, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 365-2155
Digital Contact Information:
info@miabehavior.com

and
12973 Southwest 112th Street
151
Miami, FL 33186
(305) 204-7037
Digital Contact Information:
info@miabehavior.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Plasencia, Belkis, MSN, APRN ■
7921 Bird Rd
Ste 41
Miami, FL 33155
(305) 425-1393
Digital Contact Information:
ynhcsaba@gmail.com

and
7971 Bird Road
39
Miami, FL 33155
(786) 910-7179
Digital Contact Information:
ynhcsaba@gmail.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
ynhcsaba@gmail.com

and
7001 SW 97th Ave
Ste 206
Miami, FL 33173
(786) 294-0123
Digital Contact Information:
https://www.chgpsychiatry.com/
ynhcsaba@gmail.com

and
9425 Southwest 72nd Street
Suite 251
Miami, FL 33173
(305) 305-6573
Digital Contact Information:
ynhcsaba@gmail.com

and
13706 Southwest 56th Street
STE 105-106
Miami, FL 331756036
(786) 523-4289
Digital Contact Information:
ynhcsaba@gmail.com

and
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
ynhcsaba@gmail.com

and
13335 Southwest 124th Street
STE 101
Miami, FL 33186
(786) 842-3635
Digital Contact Information:
ynhcsaba@gmail.com

and
13501 Southwest 128th Street
STE 114
Miami, FL 33186
(786) 250-3440
Digital Contact Information:
ynhcsaba@gmail.com

and
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
ynhcsaba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Plasencia Perez, Marelys, DED, BCABA ■
27132 South Dixie Highway
Naranja, FL 33032
(786) 283-0175
Digital Contact Information:
vanessa@amromed.com

Plaza, Jonathan, MA, BCBA ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 317-4478
Digital Contact Information:
https://crystalabatherapy.com/
info@hebxtherapy.com

and
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
info@hebxtherapy.com

and
14618 Southwest 38th Street
2 2
Miami, FL 33175
(786) 302-9710
Digital Contact Information:
http://www.higherbx.com
info@hebxtherapy.com

Pokallus, Kristin, MS, BCBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
credentialing@songbirdcare.com

Ponce, Raul, MS, BCBA ■
14707 South Dixie Highway
Suite 200
Miami, FL 33176
(305) 321-5177
Digital Contact Information:
http://familybehaviortherapy.com
administration@
familybehaviortherapy.com

Poritz, Stacie, MSED, BCBA ■
13195 Southwest 134th Street
Ste. 201
Miami, FL 33186
(786) 206-6500
Digital Contact Information:
stacie@behavioralfamilysolutions.
com

Porrero, Liset, MBS, BCBA ■
2550 Northwest 72nd Avenue
#218
Miami, FL 33122
(786) 536-2009
Digital Contact Information:
porrerobcba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Portales, Mariana, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
info@sparking-change.com
Other Languages Spoken by Provider or Office Staff
Spanish

Portales, Sandra M, MS, BCBA ■
13590 Southwest 134th Avenue
104
Miami, FL 33186
(305) 896-8161
Digital Contact Information:
genesisconsultingservices39@
gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Porter, Judy, BCBA, MS ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
evernorth@teampbs.com

Portuondo, Maria, MA, BCBA ■
18951 Southwest 106th Avenue
105 106
Miami, FL 33157
(305) 233-4448
Digital Contact Information:
therapy110@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pose, Ashley, MA, BCBA ■
6405 Northwest 36th Street
Virginia Gardens, FL 33166
(786) 953-8500
Digital Contact Information:
credentialing@kidsspotrehab.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Posner, Annette, MA, BCBA ■
2500 Northwest 107th Avenue
200
Doral, FL 33172
(305) 597-3861
Digital Contact Information:
annette@kidskonnecttherapy.net

Pramanik, Aloke, MS, BCBA ■
Home Based Services Only
Doral, FL 33122
(305) 603-8747
Digital Contact Information:
withoutlimitstherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Preciado, Charlene, MBS, LBA ■
717 Ponce de Leon Boulevard
Suite 209
Coral Gables, FL 33134
(305) 381-0839
Digital Contact Information:
aptusaba.edinburg@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Priedes Rodriguez, Yusiet, MA, BCBA ■
8950 Southwest 74th Court
2299
Kendall, FL 33156
(786) 363-0171
Digital Contact Information:
info@abawithpassion.com

and
16931 Southwest 152nd Avenue
Miami, FL 33187
(786) 262-9997
Digital Contact Information:
info@abawithpassion.com

Prieges, Sabrina, BA, BCBA ■
1180 North Krome Avenue
Homestead, FL 33030
(786) 349-4700
Digital Contact Information:
info@mykidtherapycenter.com

and
49 NW 17th St
Homestead, FL 33030
(786) 349-4700
Digital Contact Information:
http://mykidtherapycenter.com
info@mykidtherapycenter.com

and
14425 Country Walk Drive
Miami, FL 33186
(786) 349-4700

Digital Contact Information:
info@mykidtherapycenter.com
Other Languages Spoken by Provider or Office Staff
Spanish

Prieto, Aymee, MPSY, BCABA ■
Home Based Services Only
West Miami, FL 33144
(786) 404-1017
Digital Contact Information:
opusmentalhealthcenter@gmail.com

Proenza, Magda, MS, BCBA ■
2721 SW 137th Ave
Ste 113
Miami, FL 33175
(786) 558-7248
Digital Contact Information:
http://pensandoconvargas.com
info@thinkingwithvargas.com
Other Languages Spoken by Provider or Office Staff
Spanish

Prophete, Alyssa, MS, BCBA ■
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
info@kidcenteredtherapy.com

Puebla, Teresa, MS, BCBA ■
13195 Southwest 134th Street
Ste. 201
Miami, FL 33186
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

Pujol Figueredo, Dayana, MS, BCBA ■
13195 Southwest 134th Street
101
Miami, FL 33186
(786) 227-6830
Digital Contact Information:
http://esperanzagroup.net
esperanzagroup@espgrp.net
Other Languages Spoken by Provider or Office Staff
Spanish

Pupo Padilla, Yaneixi, MBS, BCBA ■
14100 Palmetto Frontage Road
UNIT 101
Hialeah, FL 33016
(305) 318-9443
Digital Contact Information:
yuly@abarusllc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Purcell, William, MA, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
info@brightstartllc.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(410) 538-2574
Digital Contact Information:
info@brightstartllc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Quallo, Shania, MS, BCBA ■
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
insurance@mindfulsproutsaba.com

Quam, Jessica, MS, BCBA ■
995 Northwest 119th Street
681858
North Miami, FL 33168
(954) 399-5700
Digital Contact Information:
https://www.bmcmiami.com/
info@bmcmiami.com

Queija Leyva, Milma, MA, BCBA ■
Home Based Services Only
Miami Lakes, FL 33016
(561) 764-7093
Digital Contact Information:
robel@roarcbt.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(786) 416-3576
Digital Contact Information:
robel@roarcbt.com

Quesada, Jennifer, MS, BCBA ■
8300 West Flagler Street
170
Miami, FL 33144
(786) 633-5171
Digital Contact Information:
olympushcs@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Quevedo, Elizabeth, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
admissions@abaalliancecareservices.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Quevedo, Lauren, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 695-8672
Digital Contact Information:
abaproinfo@gmail.com

and
4155 Southwest 130th Avenue
108
Miami, FL 33175
(786) 695-8672
Digital Contact Information:
abaproinfo@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Quinones, Annarella, MS, BCBA ■
13590 Southwest 134th Avenue
104
Miami, FL 33186
(305) 896-8161
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Quinones, Ever, PHD, BCBA, LBA ■
8950 SW 74th Ct
Ste 2201
Miami, FL 33156
(800) 368-2143
Digital Contact Information:
info@behaviorassociates.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

Quinones, Gabriela, MPSY, BCBA ■
Home Based Services Only
Doral, FL 33122
(305) 394-8251
Digital Contact Information:
info@bmmaba.com

and
7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
info@bmmaba.com

Quinones, Zahily, MS, BCBA ■
930 Hialeah Drive
Hialeah, FL 33010
(786) 398-1509
Digital Contact Information:
jcabrera@mymbcinc.com

Quinonez Meza, Javier, MSN, APRN ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Quinonez Zambrano, Ana L, MS, BCBA ■
2898 Northwest 79th Avenue
Doral, FL 33122
(305) 597-3861
Digital Contact Information:
credentialing@koalaaba.com

Quintana, Claudia A, BA, BCBA ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 317-4478
Digital Contact Information:
https://crystalabatherapy.com/
cquin018@fiu.edu

and
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 317-4478
Digital Contact Information:
https://crystalabatherapy.com/
cquin018@fiu.edu

Quintana, Elizabeth, MS, BCBA ■
1900 Southwest 22nd Street
#205
Miami, FL 33145
(305) 648-7212
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
10691 North Kendall Drive
207
Miami, FL 33176
(786) 401-6113
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Quintana Fernandez, Aleymis, MS, BCBA ■
2520 Coral Way
2 19
Miami, FL 33145
(855) 832-6727
Digital Contact Information:
evernorth@teampbs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Quintana, Keily, MA, BCBA ■
5600 SW 135th Ave
Ste 112
Miami, FL 33183
(305) 746-4507
Digital Contact Information:
myhungrycaterpillar@gmail.com

and
27132 South Dixie Highway
Naranja, FL 33032
(786) 283-0175
Digital Contact Information:
myhungrycaterpillar@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Quintana, Tania, MA, BCBA ■
4730 Northwest 3rd Street
Miami, FL 33126
(786) 487-8655
Digital Contact Information:
taniamederoz24@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0429
Digital Contact Information:
taniamederoz24@gmail.com

Quintela Lozano, Jenisse, MA, BCBA ■
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
office@smartbatherapy.com

and
306 Westward Dr
Miami Springs, FL 33166
(786) 588-7894
Digital Contact Information:
http://www.smartbatherapy.com
office@smartbatherapy.com

and
1990 Northeast 163rd Street
Suite 220
North Miami Beach, FL 33162
(305) 301-6530
Digital Contact Information:
office@smartbatherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Quintero, Yissel, MS, BCBA ■
Home Based Services Only
Hialeah, FL 33012
(561) 460-0284
Digital Contact Information:
info@brightfuturebehavioral.com
Other Languages Spoken by Provider or Office Staff
Spanish

Quirch, Deborah, MED, BCBA ■
7500 Northwest 25th Street
STE 200
Miami, FL 33122
(305) 909-4872
Digital Contact Information:
ylbmillchaningbehavior@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 255-6203
Digital Contact Information:
ylbmillchaningbehavior@gmail.com

and
1900 Southwest 22nd Street
#205
Miami, FL 33145
(305) 648-7212
Digital Contact Information:
ylbmillchaningbehavior@gmail.com

Quirino, Maria Eushela, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
providerenrollment@acornhealth.com

Rachuig, Marie K, MA, BCBA ■
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
https://stepforwardaba.com/
info@stepforwardaba.com

Rader, Lisa, MA, ABA, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
lrader@emeraldcoastkidstherapy.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
lrader@emeraldcoastkidstherapy.com

and
1951 NW 7th Ave
Ste 600
Miami, FL 33136

(929) 384-7193
Digital Contact Information:
lrader@emeraldcoastkidstherapy.com

Radulich, Mark, MSW, LCSW ■
FL
(305) 902-6347
(202) 410-5972
Digital Contact Information:
help@joinuplift.co

Raimundo, Marcia, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 713-0982
Digital Contact Information:
sunnybehavior@gmail.com

Ramdin, Priya, BS, BCABA ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
clinical.coordinator@cmnbtherapy.com

and
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
clinical.coordinator@cmnbtherapy.com

Ramirez, Adriana, MS, BCBA ■
7875 Northwest 12th Street
110
Doral, FL 33126
(305) 846-9346
Digital Contact Information:
https://crystalabatherapy.com/
services@cmnbtherapy.com

Ramirez, Ariadna, MS, BCBA ■
6804 Southwest 83rd Court
Miami, FL 33143
(786) 432-5099
Digital Contact Information:
http://sunnyhorizonstherapies.com
lburns@cdaintensivelearning.com

and
10300 SW 72nd St
Ste 114
Miami, FL 33173
(855) 832-6727
Digital Contact Information:
lburns@cdaintensivelearning.com

and
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
lburns@cdaintensivelearning.com

and
Home Based Services Only
South Miami, FL 33143
(786) 370-5237
Digital Contact Information:
lburns@cdaintensivelearning.com

Ramirez Capestany, Yinet, MS, BCBA ■
30350 SW 156th Ave
Homestead, FL 33033
(561) 283-7181
Digital Contact Information:
freddie.maxwell@amromed.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
freddie.maxwell@amromed.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
freddie.maxwell@amromed.com

and
27132 South Dixie Highway
Naranja, FL 33032
(786) 481-9833
Digital Contact Information:
freddie.maxwell@amromed.com

Ramirez, Evelin, MS, BCBA ■
13831 Southwest 59th Street
Suite 200
Miami, FL 33183
(786) 536-2361
Digital Contact Information:
info@inclusivenest.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ramirez, Laritza, MA, BCBA ■
15924 SW 92nd Ave
Miami, FL 33157
(786) 636-1303
Digital Contact Information:
kenia.rodriguez@ffmhs.com

and
6405 Northwest 36th Street
#123
Virginia Gardens, FL 33166
(786) 872-4325
Digital Contact Information:
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ramirez Machin, Aylen, MS, BCBA ■
1275 West 47th Place
#449
Hialeah, FL 33012
(305) 425-1338
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ramirez, Martha, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 329-9993
Digital Contact Information:
koodollc4@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ramirez, Melina S, BS, BCABA ■
13404 Southwest 128th Street
Miami, FL 33186
(305) 433-0897
Digital Contact Information:
http://www.bluelifetherapy.com
bluelifetherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ramirez, Nivia, MBS, BCBA ■
1140 West 50th Street
STE 303
Hialeah, FL 330123411
(305) 231-3371
Digital Contact Information:
https://kidscaretherapycenterinc.net/
niviaramirez55@hotmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 875-7812
Digital Contact Information:
niviaramirez55@hotmail.com

Ramirez Ordaz, Yanelis, MPSY, BCBA, LBA ■
27132 South Dixie Highway
Naranja, FL 33032
(786) 481-9833
Digital Contact Information:
info@turningpointtherapyservices.org

Ramirez Pupo, Yenisbel, MED, BCBA ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
osmany@littleheartsbehaviorsupport.com

and
3800 Northwest 201st Terrace
Miami Gardens, FL 33055
(786) 378-9197
Digital Contact Information:
osmany@littleheartsbehaviorsupport.com

Ramirez, Reiner, MS, BCBA ■
13590 Southwest 134th Avenue
104
Miami, FL 33186
(305) 896-8161
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ramon Del Risco, Andres, MBS, BCBA ■
730 Northwest 107th Avenue
110
Miami, FL 33172
(305) 249-1183
Digital Contact Information:
palmbehavioral2@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ramon, Laura, MS, BCBA ■
Home Based Services Only
Doral, FL 33122
(305) 394-8251
Digital Contact Information:
lauralore1216@gmail.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(786) 622-5743
Digital Contact Information:
lauralore1216@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 204-8290
Digital Contact Information:
lauralore1216@gmail.com

and
5767 Northwest 151st Street
b
Miami Lakes, FL 33014
(786) 431-5801
Digital Contact Information:
lauralore1216@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ramos, Berenice, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 707-7308
Digital Contact Information:
genesisconsultingservices39@gmail.com

Ramos, Catherine, MS, BCBA ■
8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-2822
Digital Contact Information:
albaladejoabatherapy@gmail.com

and
13301 Southwest 132nd Avenue
209 209
Miami, FL 33186
(786) 713-5553
Digital Contact Information:
albaladejoabatherapy@gmail.com

Ramos, Cristina, MSED, LBA ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
sunshine-advantage@mbhpays.com

and
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
sunshine-advantage@mbhpays.com

and
306 Westward Dr
Miami Springs, FL 33166
(786) 588-7894
Digital Contact Information:
http://www.smartbatherapy.com
sunshine-advantage@mbhpays.com

Ramos, Halia, MA, BCBA ■
14707 South Dixie Highway
303
Miami, FL 33176
(786) 333-3207
Digital Contact Information:
sucel.tejeda@abaofswf.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ramos, Idenio, MBS, BCBA ■
14100 Palmetto Frontage Road
UNIT 101
Hialeah, FL 33016
(305) 318-9443
Digital Contact Information:
yuly@abarusllc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ramos, Iraisys, MS, BCBA ■
8300 Northwest 53rd Street
Suite 102
Doral, FL 33166
(786) 769-5222
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 558-8246
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
3750 Northwest 87th Avenue
744
Miami, FL 33178
(786) 689-6517
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ramos Linares, Amarilys, MACP, BCBA, LMHC ■
Home Based Services Only
Miami, FL 33142
(305) 280-2480
Digital Contact Information:
ever@foundartacademy.org

and
9380 Sunset Drive
b165
Miami, FL 33173
(786) 337-0585
Digital Contact Information:
ever@foundartacademy.org
Other Languages Spoken by Provider or Office Staff
Spanish

Ramos, Malena, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 536-7470
Digital Contact Information:
mabelingrid@yahoo.com

and
7625 SW 21 St
Miami, FL 33155
(888) 527-8037
Digital Contact Information:
mabelingrid@yahoo.com

and
13490 Southwest 134th Avenue
207
Miami, FL 33186
(305) 263-0207
Digital Contact Information:
mabelingrid@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ramos, Melanie, MS, BCBA ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
yavila@avilahealthgroup.com

and
64 Northwest 54th Street

103
Miami, FL 33127
(305) 767-1924
Digital Contact Information:
http://www.autismspecialtygroup.com
yavila@avilahealthgroup.com

Ramos, Melanie, BS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 558-7248
Digital Contact Information:
yuniertv@thinkingwithvargas.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ramos, Natalie, MS, BCBA ■
330 Southwest 27th Avenue
STE 301
Miami, FL 33135
(786) 868-1331
Digital Contact Information:
http://www.counselingsociety.com
counselingsocietymiami@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ramos Perez, Milena, MPSY, BCBA ■
8180 Northwest 36th Street
225
Doral, FL 33166
(786) 817-4129
Digital Contact Information:
https://amazingkiddosbehavior.com
lightingbehaviorservices@gmail.com
and
29485 Southwest 177th Court
Homestead, FL 33034
(786) 486-0165
Digital Contact Information:
lightingbehaviorservices@gmail.com
and
14722 Southwest 56th Street
Miami, FL 33185
(305) 456-0572
Digital Contact Information:
lightingbehaviorservices@gmail.com
and
4800 Northwest 167th Street
Miami Gardens, FL 33014
(305) 515-2726
Digital Contact Information:
http://www.lightingbehavior.com
lightingbehaviorservices@gmail.com
and
Home Based Services Only
Miami Gardens, FL 33014
(786) 606-7766
Digital Contact Information:
lightingbehaviorservices@gmail.com
and
Home Based Services Only
Virginia Gardens, FL 33166
(786) 287-4039
Digital Contact Information:
lightingbehaviorservices@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Raters, Jennifer, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Rawden, Shaylin, MED, LBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(410) 538-2574
Digital Contact Information:
brianna.bonomo@elemy.com

Raymond, Lisa, MS, BCBA ■
8200 Northwest 41st Street
Suite 200
Miami, FL 33166
(305) 317-5516
Digital Contact Information:
http://childrensbehaviortherapy.com
vanessa@childrensbehaviortherapy.com
and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 317-5516
Digital Contact Information:
vanessa@childrensbehaviortherapy.com

Recio, Daily, MA, BCBA ■
10711 Southwest 216th Street
100 100
Goulds, FL 33170
(786) 222-6129
Digital Contact Information:
http://www.sunflowerabaservices.com
sunflowerabaservices@gmail.com

Regalado Rodriguez, Ivet, MS, BCBA ■
8900 Southwest 117th Avenue
c101
Miami, FL 33186
(786) 568-1259
Digital Contact Information:
icrtherapy1@gmail.com

Reinoso Vega, Marah, MA, BCBA ■
2020 Ponce de Leon
Suite 1201
Miami, FL 33134
(305) 917-5414
Digital Contact Information:
mirta@psychologybeyond.vom
Other Languages Spoken by Provider or Office Staff
Spanish

Rendler, Yitta, MS, BCBA ■
6405 Northwest 36th Street
Virginia Gardens, FL 33166
(786) 238-2008
Digital Contact Information:
therapy@kidsspotrehab.com

Rente, Sofia, MBS, BCBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
mmmbehavior@gmail.com

Repiso, Katy, MA, BCBA ■
2300 West 84th Street
404a
Hialeah, FL 33016
(305) 992-0160
Digital Contact Information:
springhealthusa@gmail.com
and
15260 SW 280th St
Ste 205
Homestead, FL 33032
(305) 707-7237
Digital Contact Information:
http://www.familybehaviorservices.org
springhealthusa@gmail.com

Reuis, Laura, MA, BCBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
haley.hounchell@yourmissingpiece.com

Rey, Jennifer, BA, BCBA ■
2898 Northwest 79th Avenue
Doral, FL 33122
(305) 597-3861
Digital Contact Information:
cary@nwds-staff.com

Reyes, Daime, MS, BCBA ■
18451 Northeast 27th Place
Aventura, FL 33160
(786) 683-2398
Digital Contact Information:
sseastcoast22@gmail.com
and
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
sseastcoast22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Reyes, Karen A, MS, BCBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
kreyesbcba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Reyes Leiva, Roberto, MS, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
genesisconsultingservices39@gmail.com

Reyes Ortega, Isabel, MA, BCBA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
http://www.appliedbhs.com
dabs@appliedbhs.com
and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Reyes Rodriguez, Raudel, MBS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 875-7812
Digital Contact Information:
clinical@spbsolutions.org

Reyes, Tania, MBS, BCBA ■
1541 Southeast 12th Avenue
Suite 4
Homestead, FL 33034
(786) 214-0041
Digital Contact Information:
info@abcsfl.com
and
1000 Brickell Avenue
Miami, FL 33131
(786) 214-0041
Digital Contact Information:
info@abcsfl.com
and
FL
(786) 615-3334
Digital Contact Information:
info@abcsfl.com

Reynoso, Sharon R, MS, BCBA ■
9240 Southwest 158th Lane
18th
Palmetto Bay, FL 33157
(305) 788-2849
Digital Contact Information:
http://eibscorp.com
sharonreynoso22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Reza, Kerrie, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
providerenrollment@acornhealth.com

Riandez Gimeno, Yanisleydis A, BA, BCABA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0429
Digital Contact Information:
improvedbehaviortherapy@gmail.com
Other Languages Spoken by Provider or Office Staff English

Riddle, Shirley, MS, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
https://tillytherapy.com/
credentialing@tillytherapy.com

Rigual Yumar, Maida, BS, BCABA ■
7235 Southwest 24th Street
204
Miami, FL 33155
(786) 452-0257
Digital Contact Information:
jcabrera@mymbcinc.com
and
15715 South Dixie Highway
226
Miami, FL 33157
(305) 849-4186
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rincon, Erika, MS, BCBA ■
8200 Northwest 41st Street
269
Doral, FL 33166
(305) 763-4196
Digital Contact Information:
jcabrera@mymbcinc.com
and
2450 Southwest 137th Avenue
232
Miami, FL 33175
(786) 360-6496
Digital Contact Information:
jcabrera@mymbcinc.com

Rios, Amy, BA, BCABA ■
10691 North Kendall Drive
211
Miami, FL 33176
(305) 984-4343
Digital Contact Information:
info@brightstartllc.com
and
12750 Northwest 17th Street
216 216
Miami, FL 33182
(888) 527-8037
Digital Contact Information:
http://brightstartpossibility.com
info@brightstartllc.com

Rivas, Daniel A, MA, BCBA ■
13810 Southwest 112th Street
103 103
Miami, FL 33186
(716) 969-3653
Digital Contact Information:
daniel@dartherapyaba.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rivas, Dominique, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
providerenrollment@acornhealth.com

Rivera Borrero, Olga, MS, BCBA ■
1250 Southwest 27th Avenue
207
Miami, FL 33135
(786) 502-3137
Digital Contact Information:
cabehavior@gmail.com
and
8950 Southwest 152nd Street
116
Palmetto Bay, FL 33157
(786) 669-2619
Digital Contact Information:
cabehavior@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rivera, Henry R, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@adaugeohealthcare.

com

Rivera, Isabela, MS, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
evernorth@teampbs.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(410) 538-2574
Digital Contact Information:
evernorth@teampbs.com

and
2520 Coral Way
2 19
Miami, FL 33145
(855) 832-6727
Digital Contact Information:
https://www.teampbs.com/
evernorth@teampbs.com

and
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
evernorth@teampbs.com

Rivera-Fernandez, Fabiola M, BA, BCABA ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
services@cmnbtherapy.com

and
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
services@cmnbtherapy.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Japanese, French, Italian, Spanish

Rivero, Edelis, MS, BCBA ■
7001 Southwest 97th Avenue
104
Miami, FL 33173
(786) 772-1577
Digital Contact Information:
edelis.r14@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rivero, Maribel, BA, BCABA ■
5881 Northwest 151st Street
127
Miami Lakes, FL 330142450
(786) 905-2262
Digital Contact Information:
http://sweetchildbehavior.com
tcmfl2018@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rivero, Saimary, MS, BCBA ■
8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-2822
Digital Contact Information:
http://www.mgmbehavioral.com
sairivero@mgmbehavioral.com
Other Languages Spoken by Provider or Office Staff
Spanish

Riveron Sanchez, Zenia, MS, BCBA ■
10300 Southwest 72nd Street
250b
Miami, FL 33173
(305) 939-6878
Digital Contact Information:
dynamicsandbehaviorservicesinc@gmail.com

and
12460 Southwest 8th Street
2024
Miami, FL 33184
(786) 801-0944
Digital Contact Information:
dynamicsandbehaviorservicesinc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Riveron, Yenisey, BA, BCBA ■
13404 Southwest 128th Street
Miami, FL 33186
(305) 433-0897
Digital Contact Information:
yaneiro@sunshinemindsbehavior.com

Rivers, Arisleidy, MED, BCBA ■
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
credentialing@southbillcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Robayna, Niady, MS, BCBA ■
3785 Northwest 82nd Avenue
STE 408
Doral, FL 33166
(305) 310-7907
Digital Contact Information:
evernorth@teampbs.com

and
2520 Coral Way
2 19
Miami, FL 33145
(855) 832-6727
Digital Contact Information:
evernorth@teampbs.com

and
14225 SW 42nd St
Miami, FL 33175
(305) 221-8200
Digital Contact Information:
evernorth@teampbs.com

Roberts, Nikole K, PHD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
credentialing@cerebral.com

Robles, Heidi, BA, BCBA ■
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
services@cmnbtherapy.com

Rodriguez Abreu, Elizabeth, EDM, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 536-7470
Digital Contact Information:
dadebehavioralservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Abril, EDM, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 964-7695
Digital Contact Information:
behaviorconsultantfl@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Alexandria, MA, BCBA ■
11025 SW 84th St
Ste 8
Miami, FL 33173
(833) 971-1230
Digital Contact Information:
evernorth@teampbs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Alfonso, Adrian, MS, BCBA ■
8300 NW 53rd St
Ste 350
Miami, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com

and
4155 Southwest 130th Avenue
108
Miami, FL 33175
(786) 695-8672
Digital Contact Information:
behaviorplusservices@gmail.com

Rodriguez, Andrea, MS, BCBA ■
1550 Madruga Avenue
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
progressivebehavioranalyst@gmail.com

and
9010 Southwest 137th Avenue
213
Miami, FL 33186
(305) 305-0279
Digital Contact Information:
progressivebehavioranalyst@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Anibelle, MA, BCBA ■
2898 Northwest 79th Avenue
Doral, FL 33122
(786) 646-9250
Digital Contact Information:
careers@koalaaba.com

Rodriguez, Annabel, MMH, BCBA, LMHC ■
10200 Northwest 25th Street
STE 205
Miami, FL 33172
(305) 602-8074
Digital Contact Information:
admin@denalibehaviorcrt.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rodriguez Arana, Jessica, MS, BCBA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Audrey E, MS, BCBA ■
Home Based Services Only
Miami Lakes, FL 33016
(561) 764-7093
Digital Contact Information:
Not Available

Rodriguez, Belkis, BS, BCABA ■
14707 South Dixie Highway
303
Miami, FL 33176
(786) 333-3207
Digital Contact Information:
leap.behavior@gmail.com

and
1380 Northeast Miami Gardens Drive
220f
Miami, FL 33179
(786) 523-3249
Digital Contact Information:
leap.behavior@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Camila, MS, BCBA ■
7801 Northwest 37th Street
Lp-201
Doral, FL 33195
(305) 468-9899
Digital Contact Information:
vivianaicare@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Creole, Spanish

Rodriguez Cespedez, Jany, MS, BCBA ■
Home Based Services Only
Doral, FL 33122
(305) 591-7898
Digital Contact Information:
heartwellhomecare@att.net

and
9555 Southwest 175th Terrace
610
Palmetto Bay, FL 33157
(786) 859-0979
Digital Contact Information:
heartwellhomecare@att.net
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rodriguez Chaviano, Mayrelis, MS, BCBA ■
100 Northeast 15th Street
203
Homestead, FL 33030
(786) 404-3075
Digital Contact Information:
admin2@twoheartsaba.com

and
9710 East Indigo Street
Suite 201
Palmetto Bay, FL 33157
(786) 277-6210
Digital Contact Information:
admin2@twoheartsaba.com

Rodriguez, Cheyla, MPSY, BCBA ■
9710 East Indigo Street
Suite 201
Palmetto Bay, FL 33157
(786) 277-6210
Digital Contact Information:
admin@twoheartsaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Christina, MS, BCBA ■
7000 Southwest 62nd Avenue
STE 407
South Miami, FL 33143
(305) 586-2953
Digital Contact Information:
maveninbehavior305@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Danelia, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 779-9475
Digital Contact Information:
alfay.behavioralservices@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rodriguez, Danitza, MA, BCBA ■
10691 North Kendall Drive
207
Miami, FL 33176
(786) 401-6113
Digital Contact Information:
enrollpriv@bikhamhealthcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, David, MS, BCBA ■
Home Based Services Only
Miami, FL 33155
(786) 755-2615
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
5600 SW 135th Ave
Ste 112
Miami, FL 33183
(305) 746-4507
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Del Rey, Meylin, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
2450 Southwest 137th Avenue
232

Miami, FL 33175
(786) 360-6496
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 452-1185
Digital Contact Information:
info@newlifeaba.com

and
13424 Southwest 90th Terrace
Miami, FL 33186
(786) 308-6353
Digital Contact Information:
info@newlifeaba.com

and
14221 Southwest 120th Street
Suite 214
Miami, FL 33186
(786) 452-1185
Digital Contact Information:
http://www.jandatherapy.com
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rodriguez Delgado, Isvel, MS, BCBA ■
Home Based Services Only
Doral, FL 33126
(407) 800-6086
Digital Contact Information:
prokidzabatherapy@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Diaz, Gema, MED, BCBA ■
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
credentialing@southbillcare.com

Rodriguez Diaz, Geyma, MBS, BCBA ■
13301 Southwest 132nd Avenue
201 201
Miami, FL 33186
(305) 509-5537
Digital Contact Information:
info@newlifeaba.com

and
27132 South Dixie Highway
Naranja, FL 33032
(786) 283-0175
Digital Contact Information:
info@newlifeaba.com

Rodriguez, Diva, MA, BCBA ■
Home Based Services Only
Miami Gardens, FL 33055
(305) 301-5971
Digital Contact Information:
hashtagtherapyinc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Domingo, Adlih, BA, BCABA ■
585 East 49th Street
11
Hialeah, FL 33013
(305) 970-9165
Digital Contact Information:
admin@mbinstitute.org
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Elaine A, MS, BCBA ■
8210 SW 38th St
Miami, FL 33155
(305) 469-6745
Digital Contact Information:
elainerod@littlesproutsbehavior.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Elizabeth M, MS, LBA ■
8353 Southwest 124th Street
102
Miami, FL 33156
(305) 902-6435
Digital Contact Information:
http://www.abamiami.com
ocuevas@ctac1.com

and
8603 South Dixie Highway
303
Pinecrest, FL 33156
(305) 902-6435
Digital Contact Information:
http://www.abamiami.com
ocuevas@ctac1.com

Rodriguez, Erika, MA, BCBA ■
12456 Southwest 127th Avenue
Miami, FL 33186
(786) 953-8500
Digital Contact Information:
http://kidsspotrehab.com
ajlba@mbhpays.com

Rodriguez, Gabriel L, MS, BCBA, LMHC ■
7875 Northwest 12th Street
120
Doral, FL 33126
(786) 505-4449
Digital Contact Information:
http://southfloridabehavior.com
info@southfloridabehavior.com

and
7875 Northwest 12th Street
118
Miami, FL 33126
(786) 505-4449
Digital Contact Information:
http://southfloridabehavior.com
info@southfloridabehavior.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
info@southfloridabehavior.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rodriguez Gonzalez, Rocio, MS, BCBA ■
49 NW 17th St
Homestead, FL 33030
(786) 349-4700
Digital Contact Information:
http://mykidtherapycenter.com
lfernandez@mykidtherapycenter.com

and
14425 Country Walk Drive
Miami, FL 33186
(786) 349-4700
Digital Contact Information:
lfernandez@mykidtherapycenter.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Greysi, BCBA, MS ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
http://universalcommunityservices.com
happytimebehavioral2020@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 224-1645
Digital Contact Information:
happytimebehavioral2020@gmail.com

and
8203 Southwest 124th Street
Pinecrest, FL 33156
(786) 533-3846
Digital Contact Information:
happytimebehavioral2020@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Harrison, Yirina, MS, BCBA ■
9010 Southwest 137th Avenue
213
Miami, FL 33186
(305) 305-0279
Digital Contact Information:
jcabrera@mymbcinc.com

and
9344 Southwest 170th Lane
Palmetto Bay, FL 33157
(305) 710-0029
Digital Contact Information:
jcabrera@mymbcinc.com

Rodriguez, Isis, MED, BCBA ■
1665 West 68th Street
208
Hialeah, FL 33014
(305) 519-2546
Digital Contact Information:
ir.becerra@yahoo.com

and
1801 Coral Way
Ste 405
Miami, FL 33145
(786) 866-5914
Digital Contact Information:
ir.becerra@yahoo.com

and
8614 Southwest 147th Court
419
Miami, FL 33193
(786) 378-0033
Digital Contact Information:
ir.becerra@yahoo.com

Rodriguez, Jazmine, MS, BCBA ■
Home Based Services Only
Doral, FL 33126
(305) 433-5489
Digital Contact Information:
jrodriguez.bcba@gmail.com

and
Home Based Services Only
Hialeah, FL 33013
(786) 592-6680
Digital Contact Information:
jrodriguez.bcba@gmail.com

and
8323 Northwest 12th Avenue
Miami, FL 33150
(305) 224-1929
Digital Contact Information:
jrodriguez.bcba@gmail.com

and
14653 Southwest 56th Street
Miami, FL 33175
(786) 205-9733
Digital Contact Information:
jrodriguez.bcba@gmail.com

Rodriguez, Jenna, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(888) 501-8540
Digital Contact Information:
https://acornhealth.com
evernorth@teampbs.com

Rodriguez, Jessica M, MBS, BCBA ■
9241 Southwest 212th Terrace
Cutler Bay, FL 33189
(786) 447-0022
Digital Contact Information:
http://www.abdbehavior.com
zlafontaine@abdbehavior.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 447-0022
Digital Contact Information:
zlafontaine@abdbehavior.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Jose A, BA, BCABA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 534-7172
Digital Contact Information:
clinicare23@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Josue H, MSED, LBA ■
1275 W 47th Pl
Ste 407
Hialeah, FL 33012
(786) 409-3231
Digital Contact Information:
luciano@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Karla, BA, BCBA ■
30392 Old Dixie Highway
Homestead, FL 33030
(786) 481-9833
Digital Contact Information:
freddie.maxwell@amromed.com
Other Languages Spoken by Provider or Office Staff English

Rodriguez, Karla, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

Rodriguez, Karla, BA, BCBA ■
27132 South Dixie Highway
Naranja, FL 33032
(786) 481-9833
Digital Contact Information:
freddie.maxwell@amromed.com
Other Languages Spoken by Provider or Office Staff English

Rodriguez, Keyla, MBS, BCBA ■
3105 Northwest 107th Avenue
Ste 405
Doral, FL 33172
(305) 385-9919
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 299-7782
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
7815 Coral Way
101
Miami, FL 33155
(786) 615-4879
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
9710 East Indigo Street
Suite 201
Palmetto Bay, FL 33157
(786) 277-6210
Digital Contact Information:
genesisconsultingservices39@gmail.com

Rodriguez, Lesly, MMH, BCBA ■
1350 Southwest 57th Avenue
313
West Miami, FL 33144
(786) 404-1017
Digital Contact Information:
sseastcoast22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Lisandra, MPSY, BCBA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
bmbchildrentherapies@gmail.com

and
5455 Southwest 8th Street
230
Miami, FL 33134
(786) 629-8836
Digital Contact Information:
bmbchildrentherapies@gmail.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
http://appliedbhs.com
bmbchildrentherapies@gmail.com

and

12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
bmbchildrentherapies@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Lissa E, BS, BCABA ■
9245 Southwest 158th Lane
FL 3
Miami, FL 33157
(786) 587-5599
Digital Contact Information:
https://brightsuntherapy.com
brightsuntherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rodriguez, Lisset, MBS, BCBA ■
13424 Southwest 90th Terrace
Miami, FL 33186
(786) 308-6353
Digital Contact Information:
zairad29@yahoo.com

Rodriguez, Lourdes, MMH, BCABA ■
Home Based Services Only
West Miami, FL 33144
(786) 404-1017
Digital Contact Information:
opusmentalhealthcenter@gmail.com

Rodriguez Luaces, Lidia M, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(754) 542-5096
Digital Contact Information:
behavioralfamilyservices@gmail.com

and
1250 Southwest 27th Avenue
207
Miami, FL 33135
(786) 502-3137
Digital Contact Information:
behavioralfamilyservices@gmail.com

and
15291 Northwest 60th Avenue
Suite 107
Miami Lakes, FL 33014
(786) 608-1805
Digital Contact Information:
behavioralfamilyservices@gmail.com

and
6405 Northwest 36th Street
#123
Virginia Gardens, FL 33166
(786) 872-4325
Digital Contact Information:
behavioralfamilyservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Manuel, MS, BCBA ■
11960 Southwest 184th Street
Miami, FL 33177
(786) 765-8232
Digital Contact Information:
sunshineabaservices@gmail.com

and
6405 Northwest 36th Street
Virginia Gardens, FL 33166
(786) 238-2008
Digital Contact Information:
sunshineabaservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Maria E, MED, BCBA ■
8950 Southwest 74th Court
2299
Kendall, FL 33156
(786) 363-0171
Digital Contact Information:
info@abawithpassion.com

and
2500 Southwest 107th Avenue
41
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
info@abawithpassion.com

and
12905 Southwest 132nd Street
Ste 8
Miami, FL 33186
(786) 338-0188
Digital Contact Information:
info@abawithpassion.com

and
16931 Southwest 152nd Avenue
Miami, FL 33187
(786) 262-9997
Digital Contact Information:
info@abawithpassion.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rodriguez, Marian, MA, BCBA ■
8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-2822
Digital Contact Information:
http://www.mgmbehavioral.com
mgmbehavioral@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Martinez, Ariadna, MS, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
info@foundartacademy.org

and
1000 Brickell Avenue
Miami, FL 33131
(786) 695-8672
Digital Contact Information:
info@foundartacademy.org

and
7001 Southwest 97th Avenue
104
Miami, FL 33173
(786) 772-1577
Digital Contact Information:
info@foundartacademy.org

and
4155 Southwest 130th Avenue
108
Miami, FL 33175
(786) 695-8672
Digital Contact Information:
info@foundartacademy.org
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Martinez, Iliana, MS, BCBA ■
10711 Southwest 216th Street
103 103
Goulds, FL 33170
(305) 965-9682
Digital Contact Information:
imetherapyservices@gmail.com

Rodriguez Mas, Julieta, BA, BCABA ■
600 Northeast 22nd Terrace
205
Homestead, FL 33033
(786) 332-1530
Digital Contact Information:
elasabaservicesinc@gmail.com

Rodriguez Mauri, Lusy, MS, BCBA ■
1250 Southwest 27th Avenue
207
Miami, FL 33135
(786) 502-3137
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rodriguez Miguel, Galina, MPSY, ABA ■
10691 North Kendall Drive
#202
Miami, FL 33176
(786) 534-7172
Digital Contact Information:
admin@excellentmc.com

and
12448 Southwest 127th Avenue
Miami, FL 33186
(786) 864-1030
Digital Contact Information:
admin@excellentmc.com

and
9020 Southwest 137th Avenue
210
Miami, FL 33186
(786) 558-5042
Digital Contact Information:
admin@excellentmc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Milagros, MA, BCABA ■
18901 Southwest 106th Avenue
229 230
Cutler Bay, FL 33157
(786) 808-6575
Digital Contact Information:
advancebehavior71@gmail.com

Rodriguez Novo, Adaisis, MPSY, BCBA ■
18901 Southwest 106th Avenue
229
Miami, FL 33157
(786) 506-9008
Digital Contact Information:
adaisisrodriguez@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Porrino, Jenniffer, MA, BCBA ■
2520 Coral Way
2 19
Miami, FL 33145
(855) 832-6727
Digital Contact Information:
evernorth@teampbs.com

Rodriguez, Rachel, MED, BCBA ■
9600 Northwest 25th Street
Doral, FL 33172
(305) 597-3861
Digital Contact Information:
http://newwaydayservices.org
credentialing@newwaydyaservices.org

Rodriguez, Reggy, BA, BCABA ■
585 East 49th Street
11
Hialeah, FL 33013
(305) 970-9165
Digital Contact Information:
admin@mbinstitute.org
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Reina, Caridad, MBS, BCBA ■
10700 Southwest 46th Street
Miami, FL 33165
(786) 907-4925
Digital Contact Information:
http://www.bluehopetherapyservices.com
office@bluehopetherapyservices.com

and
5600 Southwest 135th Avenue
202b
Miami, FL 33183
(786) 856-4499
Digital Contact Information:
office@bluehopetherapyservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Rodriguez, Nemesio, BS, BCBA ■
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
credentialing@southbillcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Royo, Yenia, MA, BCBA ■
8900 Southwest 107th Avenue
201
Miami, FL 33176
(786) 401-6152
Digital Contact Information:
admin@wmbehavior.com

Rodriguez, Sabrina A, MS, BCBA ■
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
services@cmnbtherapy.com

and
8660 West Flagler Street
STE 121
Miami, FL 33144
(305) 600-4774
Digital Contact Information:
services@cmnbtherapy.com

Rodriguez, Sunem, BA, BCBA ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
services@cmnbtherapy.com

and
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
services@cmnbtherapy.com

and
12970 Southwest 133rd Court
a
Miami, FL 33186
(786) 445-5607
Digital Contact Information:
services@cmnbtherapy.com
Other Languages Spoken by Provider or Office Staff
Hebrew, Portuguese, Haitian Creole, Japanese, French, Russian, Italian, Vietnamese

Rodriguez Valdez, Yeniffer, BA, BCABA ■
4800 Northwest 167th Street
Miami Gardens, FL 33014
(305) 515-2726
Digital Contact Information:
http://www.lightingbehavior.com
lightingbehaviorservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Vargas, Odet, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 747-6489
Digital Contact Information:
mvargas@caresmatter.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Xuxa, MS, BCBA ■
Home Based Services Only
Aventura, FL 33180
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Golden Beach, FL 33160
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Homestead, FL 33030
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Homestead, FL 33033
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Key Biscayne, FL 33149
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Miami, FL 33142
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Miami, FL 33147
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Miami, FL 33155
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Miami Beach, FL 33154
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Miami Gardens, FL 33015
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Miami Gardens, FL 33055
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Miami Lakes, FL 33016
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Naranja, FL 33032
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Opa-locka, FL 33054
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Pinecrest, FL 33156
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Quail Heights, FL 33187
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
South Miami, FL 33143
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
South Miami, FL 33146
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Yanely, MS, BCBA ■
Home Based Services Only
Miami Gardens, FL 33014
(786) 606-7766
Digital Contact Information:
info@mistherapy.com

Rodriguez, Yoslania, MBS, BCBA ■
2300 West 84th Street
STE 104
Hialeah, FL 33016
(305) 903-3168
Digital Contact Information:
amhscorp@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Yusmary, MPSY, BCBA ■
1414 Northwest 107th Avenue
204
Doral, FL 33172
(305) 225-8711
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
1900 Southwest 22nd Street
#205
Miami, FL 33145
(305) 549-8665
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
20774 West Dixie Highway
b
Miami, FL 33180
(305) 549-8665
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rogers, Jordan, MPSY, BCBA ■
FL
(786) 569-6783
(732) 685-2991
Digital Contact Information:
http://www.achievebehaviorcenters.com
team@achievebehaviorcenters.com

Rojas Branas, Danayqui, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 303-0147
Digital Contact Information:
orrmirey14@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rojas, Joanna, MS, BCBA ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(305) 273-3773
Digital Contact Information:
http://www.behavior-analysis.org
rhulsey@behavior-analysis.com

Rojas, Juan, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(888) 501-8540
Digital Contact Information:
https://acornhealth.com
credentialing@invohealthcare.com

Rojas, Yendy, BS, BCABA ■
12750 Northwest 17th Street
216 216
Miami, FL 33182
(888) 527-8037
Digital Contact Information:
http://www.brightstartpossibility.com
info@brightstartllc.com

Rollman, Kristen, MA, LBA ■
340 SE 3rd St
Apt 3109
Miami, FL 33131
(914) 500-5532
Digital Contact Information:
Not Available

Roman, Dhanarys, MBS, BCBA ■
9245 Southwest 158th Lane
FL 3
Miami, FL 33157
(786) 587-5599
Digital Contact Information:
https://brightsuntherapy.com
brightsuntherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Roman, Orialys L, MS, BCBA ■
3300 West 84th Street
Unit 10
Hialeah, FL 33018
(305) 335-0407
Digital Contact Information:
privateinsurancechildgarden@gmail.com

and
3271 NW 7th St
Ste 203
Miami, FL 33125
(786) 220-6902
Digital Contact Information:
privateinsurancechildgarden@gmail.com
Other Languages Spoken by Provider or Office Staff Creole, Spanish

Romero, Claudia, MA, BCBA ■
15715 South Dixie Highway
226
Miami, FL 33157
(305) 849-4186
Digital Contact Information:
jsmqv2020@gmail.com

Romero Gonzalez, Kirenia, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
abaswfl@gmail.com

Romero, Jerrika M, MSED, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 336-5381
Digital Contact Information:
info@mysunshinetherapy.com

and
1380 Northeast Miami Gardens Drive
Suite 255
Miami, FL 33179
(954) 651-2969
Digital Contact Information:
info@mysunshinetherapy.com

Romero, Kenia, MA, BCBA ■
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
info@evolvingmindstogether.com

Romero, Loris, MA, BCBA ■
3833 Southwest 8th Street
Coral Gables, FL 33134
(786) 254-5372
Digital Contact Information:
credentialing@southbillcare.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
credentialing@southbillcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Romero Quintana, Yamela, MMH, BCBA ■
1840 W 49th St
Ste 420
Hialeah, FL 33012
(786) 553-3150
Digital Contact Information:
magic.path.ins24@gmail.com

and
8040 Northwest 95th Street
217
Hialeah Gardens, FL 33016
(786) 655-3929
Digital Contact Information:
magic.path.ins24@gmail.com

Ronacher, Christoph H, MS, BCBA, LBA ■
64 Northwest 54th Street
103
Miami, FL 33127
(305) 767-1924
Digital Contact Information:
http://www.autismspecialtygroup.com
raquel.ronacher@autismspecialtygroup.com
Other Languages Spoken by Provider or Office Staff
German

Roque, Alicia, MS, LMHC ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
newbeginnignbehavior@yahoo.com

and
7580 Northwest 186th Street
202 202
Hialeah, FL 33015
(786) 385-5347
Digital Contact Information:
newbeginnignbehavior@yahoo.com

and
5455 Southwest 8th Street
230
Miami, FL 33134
(786) 629-8836
Digital Contact Information:
newbeginnignbehavior@yahoo.com

and
11890 Southwest 8th Street
403
Miami, FL 33184
(786) 362-5981
Digital Contact Information:
newbeginnignbehavior@yahoo.com

Roque, Yamisela, MS, BCBA ■
10675 Southwest 190th Street
1207
Cutler Bay, FL 33157
(305) 219-0423
Digital Contact Information:
info@nexoaba.com

and
2550 Northwest 72nd Avenue
115
Miami, FL 33122
(786) 536-2012
Digital Contact Information:
info@nexoaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rosa, Jonelli, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Rosa, Stephanie M, BS, BCBA ■
3833 Southwest 8th Street
Coral Gables, FL 33134
(786) 440-1176
Digital Contact Information:
info@breakthroughbehavior.com
Other Languages Spoken by Provider or Office Staff Sign Lang Amer, Spanish

Rosales, Isabel C, MS, LBA ■
12973 Southwest 112th Street
151
Miami, FL 33186
(305) 204-7037
Digital Contact Information:
jeanne@onebehavior.com

Other Languages Spoken by Provider or Office Staff
English, Spanish

Rosario, Tamara, MS, LMHC ■
11077 Biscayne Boulevard
410
Miami, FL 33161
(888) 494-0808
Digital Contact Information:
https://tamara-rosario.clientsecure.me
office@sbhss.net
Other Languages Spoken by Provider or Office Staff
Spanish

Rosario Tejada, Francine, MS, BCBA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(305) 480-7839
Digital Contact Information:
info@newlifeaba.com

Rosas, Jacqueline, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com
Other Languages Spoken by Provider or Office Staff English

Rosas, Nataly, MA, BCBA ■
Home Based Services Only
Doral, FL 33122
(786) 614-3121
Digital Contact Information:
maria.aviles@hhfcfl.com

and
15924 SW 92nd Ave
Miami, FL 33157
(786) 636-1303
Digital Contact Information:
maria.aviles@hhfcfl.com

and
13416 Southwest 128th Street
Miami, FL 33186
(786) 732-0247
Digital Contact Information:
maria.aviles@hhfcfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rose, Yakima, MS, BCBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
yrose@vivoaba.com

Rosell, Edeli, BA, BCBA ■
18901 Southwest 106th Avenue
229 230
Cutler Bay, FL 33157
(786) 506-9008
Digital Contact Information:
advancecommunity71@gmail.com

and
Home Based Services Only
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
advancecommunity71@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rozos Costales, Aysbell, MS, BCABA ■
12900 Southwest 128th Street
Suite 107
Miami, FL 33186
(786) 312-2665
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rubio Fernandez, Lizbet, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 695-8672
Digital Contact Information:
abaproinfo@gmail.com

and
4155 Southwest 130th Avenue
108
Miami, FL 33175
(786) 695-8672
Digital Contact Information:
abaproinfo@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, English, German, French, Spanish

Rugama Leiva, Amanda, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 766-3097
Digital Contact Information:
thrivebehaviortherapy@gmail.com

and
1400 Northwest 107th Avenue
306
Miami, FL 33172
(786) 817-7444
Digital Contact Information:
thrivebehaviortherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ruhi, Sheila M, MS, BCBA ■
5915 Ponce de Leon
STE 64
Coral Gables, FL 33146
(305) 397-8679
Digital Contact Information:
http://www.blossombehaviortherapy.com
sheilamicheller@gmail.com

and
10200 Northwest 25th Street
211
Doral, FL 33172
(786) 269-3502
Digital Contact Information:
sheilamicheller@gmail.com

and
7241 Southwest 63rd Avenue
STE 101A
South Miami, FL 331434838
(305) 397-8679
Digital Contact Information:
sheilamicheller@gmail.com

Ruiz, Anaysi, MS, BCBA ■
3833 Southwest 8th Street
Coral Gables, FL 33134
(786) 254-5372
Digital Contact Information:
office@behaviorandwellnesscorp.com

Ruiz, Britney A, MS, BCBA ■
Home Based Services Only
Doral, FL 33126
(407) 800-6086
Digital Contact Information:
prokidzabatherapy@yahoo.com

and
12750 Northwest 17th Street
216 216
Miami, FL 33182
(888) 527-8037
Digital Contact Information:
prokidzabatherapy@yahoo.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
prokidzabatherapy@yahoo.com
Other Languages Spoken by Provider or Office Staff
German, French, Spanish

Ruiz, Rosmeri, MA, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
genesisconsultingservices39@gmail.com

Ruiz, Roxana, MS, BCBA ■
15600 Southwest 288th Street
306
Homestead, FL 33033
(786) 650-2299
Digital Contact Information:
jcabrera@mymbcinc.com

and
12900 Southwest 128th Street
Suite 107
Miami, FL 33186
(786) 312-2665
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ruiz, Teresa, MS, BCBA ■
13501 Southwest 128th Street
Suite 106
Miami, FL 33186
(786) 731-3919
Digital Contact Information:
abcchildrenbehavior@gmail.com

Ruiz Urra, Isis M, MS, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
intouchcommunityserv@gmail.com

Ruiz, Vanessa, MS, BCBA ■
16201 Northeast 13th Avenue
North Miami Beach, FL 33162
(786) 955-6224
Digital Contact Information:
http://www.superkidsaba.com
evernorth@teampbs.com

and
17121 Northeast 6th Avenue
North Miami Beach, FL 33162
(305) 952-3161
Digital Contact Information:
evernorth@teampbs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Russo, Danielle, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
providerenrollment@acornhealth.com

Sainz Riveron, Camila, MED, BCBA ■
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
credentialing@southbillcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Salas Alfonso, Jennie, MS, BCBA ■
8601 Southwest 199th Street
Cutler Bay, FL 33189
(305) 908-2999
Digital Contact Information:
yordanka@mghomecare.com

and
10200 Northwest 25th Street
STE 114
Doral, FL 33172
(305) 280-2480
Digital Contact Information:
yordanka@mghomecare.com

and
40 Northwest 8th Street
Homestead, FL 33030
(305) 908-2999
Digital Contact Information:
yordanka@mghomecare.com

and
Home Based Services Only
Miami, FL 33142
(305) 280-2480
Digital Contact Information:
yordanka@mghomecare.com

and
9380 Sunset Drive
b165
Miami, FL 33173
(786) 337-0585
Digital Contact Information:
yordanka@mghomecare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Salazar Costales, Ildelisa, MBS, BCABA ■
8350 Northwest 52nd Terrace
Suite 301
Doral, FL 33166
(786) 992-1151
Digital Contact Information:
info@beatoncareservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Salazar, Jennifer, MA, BCBA ■
9350 SW 72nd St
Ste 100
Miami, FL 33173
(305) 279-2286
Digital Contact Information:
jennifer@freshstartsnow.com

and
9425 Southwest 72nd Street
164
Miami, FL 33173
(305) 279-2286
Digital Contact Information:
jennifer@freshstartsnow.com
Other Languages Spoken by Provider or Office Staff
Spanish

Salazar, Ofelia, PHD, BCBA ■
6761 Southwest 7th Street
Miami, FL 33144
(305) 905-4429
Digital Contact Information:
loveagles67@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Saldana, Stephanie, MBS, BCBA ■
11980 Southwest 144th Court
Suite #210
Miami, FL 33186
(305) 640-8918
Digital Contact Information:
behaviorconsultantfl@gmail.com

and
12360 Southwest 132nd Court
STE 205
Miami, FL 33186
(786) 429-3738
Digital Contact Information:
behaviorconsultantfl@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Salgado, Dalgis, MA, BCBA ■
10700 Caribbean Boulevard
Suite 101
Cutler Bay, FL 33189
(305) 777-3883
Digital Contact Information:
admin@coralbehavioral.com

and
10200 Northwest 25th Street
STE 204
Doral, FL 33172
(305) 406-3689
Digital Contact Information:
admin@coralbehavioral.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(786) 622-5743
Digital Contact Information:
admin@coralbehavioral.com

and
Home Based Services Only
Miami Gardens, FL 33014
(305) 777-3883
Digital Contact Information:
admin@coralbehavioral.com

and
6625 Miami Lakes Drive
#374
Miami Lakes, FL 33014
(305) 777-3883
Digital Contact Information:
admin@coralbehavioral.com
Other Languages Spoken by Provider or Office Staff
Spanish

Salgado Gutierrez, Marisol, MS, BCBA ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
info@avilahealthgroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Salgado, Yaima, CD, BCBA ■
1900 Southwest 22nd Street
#205
Miami, FL 33145
(305) 648-7212
Digital Contact Information:
stepstherapycenter@gmail.com

and
20774 West Dixie Highway
b
Miami, FL 33180
(305) 549-8665
Digital Contact Information:
stepstherapycenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Salgueiro, Brenda, BCBA, MS ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(954) 577-7790
Digital Contact Information:
info@behavior-analysis.org
Other Languages Spoken by Provider or Office Staff
Spanish

Salzman, Amy, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 955-6224
Digital Contact Information:
crystalkidscenter@gmail.com

and
16201 Northeast 13th Avenue
North Miami Beach, FL 33162
(786) 955-6224
Digital Contact Information:
http://www.superkidsaba.com
crystalkidscenter@gmail.com

and
17121 Northeast 6th Avenue
North Miami Beach, FL 33162
(305) 952-3161
Digital Contact Information:
crystalkidscenter@gmail.com

and
FL
(786) 955-6224
Digital Contact Information:
crystalkidscenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Hebrew, English

Samaniego, Sophia, MS, BCBA ■
9379 West 32nd Lane
Hialeah, FL 33018
(954) 812-1642
Digital Contact Information:
sophiafernandezbcba@gmail.com

and
333 West 41st Street
Suite 324
Miami, FL 33140
(954) 812-1642
Digital Contact Information:
https://stepforwardaba.com/
sophiafernandezbcba@gmail.com

and
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
https://stepforwardaba.com/
sophiafernandezbcba@gmail.com

Samitier, Carolina, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(888) 501-8540
Digital Contact Information:
https://acornhealth.com
olympushcs@gmail.com

and
3625 Northwest 82nd Avenue
101
Doral, FL 33166
(786) 583-8663
Digital Contact Information:
olympushcs@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

San Blas Garcia, Jessabell, BA, BCABA ■
11025 SW 84th St
Ste 8
Miami, FL 33173
(833) 971-1230
Digital Contact Information:
http://carpediemacademy.org
lburns@cdaintensivelearning.com
Other Languages Spoken by Provider or Office Staff
Spanish

San Juan, Janella, MS, NP, PMHNP ■
FL
(305) 902-6347
Digital Contact Information:
sara.rydin@caduc.com
Other Languages Spoken by Provider or Office Staff English

San Juan, Yudelkys, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
office@smartbatherapy.com

and
5246 Southwest 8th Street
208d
Miami, FL 33134
(786) 366-1273
Digital Contact Information:
office@smartbatherapy.com

and
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
http://kidsspotrehab.com
office@smartbatherapy.com

and
175 Fontainebleau Boulevard
Miami, FL 33172
(786) 366-1273
Digital Contact Information:
office@smartbatherapy.com

and
Home Based Services Only
Miami Lakes, FL 33018
(786) 366-1273
Digital Contact Information:
office@smartbatherapy.com

and
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
office@smartbatherapy.com

and
306 Westward Dr
Miami Springs, FL 33166
(786) 588-7894
Digital Contact Information:
http://www.smartbatherapy.com
office@smartbatherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

San Miguel, Anniela, MS, LBA ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(954) 577-7790
Digital Contact Information:
credentialing@autismfirstus.com

Sanabria, Alyssa K, MA, BCBA ■
9350 Sunset Drive
Suite 175
Miami, FL 33173
(786) 673-9355
Digital Contact Information:
asanabria@buildablocktherapy.com

and
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
asanabria@buildablocktherapy.com

Sanchez Alfonso, Julio R, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 558-8246
Digital Contact Information:
jrsanalf@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sanchez, Alina, MS, BCBA ■
14471 S Dixie Hwy
Miami, FL 33176
(786) 803-8826
Digital Contact Information:
amorebhc@gmail.com

and
9010 Southwest 137th Avenue
101
Miami, FL 33186
(786) 803-8826
Digital Contact Information:
http://amorementalhealthcorp.com
amorebhc@gmail.com

Sanchez, Daymar, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 713-0982
Digital Contact Information:
sunnybehavior@gmail.com

Sanchez, Daymara, MBS, BCABA ■
15160 Southwest 136th Street
Unit 15
Miami, FL 33196
(786) 701-9656
Digital Contact Information:
mvcaringtherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sanchez, Emely M, MPSY, BCBA ■
1180 North Krome Avenue
Homestead, FL 33030
(786) 349-4700
Digital Contact Information:
http://mykidtherapycenter.com
emelys.0627@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sanchez, Geiser, MPSY, BCBA ■
3750 West 16th Avenue
218
Hialeah, FL 33012
(786) 409-3231
Digital Contact Information:
roactivehealthcare2016@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sanchez, Jennife, MA, BCBA ■
Home Based Services Only
Hialeah, FL 33013
(786) 592-6680
Digital Contact Information:
info@kidsbehavioral.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sanchez, Julio J, MBS, BCBA ■
8900 Southwest 117th Avenue
c206
Miami, FL 33186
(305) 224-0014
Digital Contact Information:
http://n/a
vbghealth@gmail.com

Sanchez, Kevin, BA, BCBA ■
658 Southwest 5th Avenue
7
Miami, FL 33130
(786) 603-1491
Digital Contact Information:
kss5@hotmail.com

Sanchez, Miguel, MS, BCBA ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
http://universalcommunityservices.com
admin@universalcommunityservices.com

and
941 Southwest 87th Avenue
Suite A
Miami, FL 33174
(786) 873-9392
Digital Contact Information:
admin@universalcommunityservices.com

Sanchez, Onaida, MS, BCBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
http://kidsspotrehab.com
therapy@kidsspotrehab.com

Sanchez, Sonia, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 991-3213
Digital Contact Information:
info@abaunus.com

Sanchez, Taylor, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com
Other Languages Spoken by Provider or Office Staff English

Sanchez, Yanaika, BS, BCABA ■
30908 Southwest 192nd Avenue
Homestead, FL 33030
(786) 404-3148
Digital Contact Information:
allstaraba22@gmail.com

Santamaria Ramos, Rosaly, MS, BCBA ■
Home Based Services Only
Miami Lakes, FL 33018
(786) 536-7908
Digital Contact Information:
prokidzabatherapy@yahoo.com

and
Home Based Services Only
Naranja, FL 33032
(407) 800-6086
Digital Contact Information:
prokidzabatherapy@yahoo.com
Other Languages Spoken by Provider or Office Staff
German, French, Spanish

Santana, Ashley M, MS, BCBA ■
13155 SW 134th St
Ste 207
Miami, FL 33186
(786) 842-3624
Digital Contact Information:
http://www.superherospeechtherapy.com
santana2694@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Santana, Janeiris, MS, BCBA ■
1840 West 49th Street
#714
Hialeah, FL 33012
(305) 699-8388
Digital Contact Information:
credentialing@southbillcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Santana Pedrero, Aleymi, MA, BCBA ■
2020 Ponce de Leon
Suite 1201
Miami, FL 33134
(305) 917-5414
Digital Contact Information:
http://healthofmind.net
mirta@psychologybeyond.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Santana, Zaira, EDM, BCBA ■
7875 Northwest 12th Street
120
Doral, FL 33126
(786) 505-4449
Digital Contact Information:
http://southfloridabehavior.com
mcastanos@southfloridabehavior.com

and
7875 Northwest 12th Street
118
Miami, FL 33126
(786) 505-4449
Digital Contact Information:
http://southfloridabehavior.com
mcastanos@southfloridabehavior.com

and
10855 Southwest 72nd Street
UNIT 1-5
Miami, FL 33173
(305) 720-2166
Digital Contact Information:
mcastanos@southfloridabehavior.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
mcastanos@southfloridabehavior.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Santander Luis, Yainet, MS, BCBA ■
10631 Southwest 88th Street
135
Miami, FL 33176
(786) 603-6567
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
10691 North Kendall Drive
207
Miami, FL 33176
(786) 603-6567
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Santiesteban, Carolina, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

Santos-Lopez, Isael, BA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(888) 501-8540
Digital Contact Information:
https://acornhealth.com
info@acornhealth.com

Saranova Lara, Luz Maria, BS, BCABA ■
30908 Southwest 192nd Avenue
Homestead, FL 33030
(786) 404-3148
Digital Contact Information:
allstaraba22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sarasti, Israel, MS, BCBA-D ■
419 W 49th St
Ste 210
Hialeah, FL 33012
(855) 832-6727
Digital Contact Information:
israel.sarasti@gmail.com

Sarduy, Idelys, MSED, BCBA ■
14505 Commerce Way
Ste 750
Miami Lakes, FL 33016
(305) 362-9989
Digital Contact Information:
diamondhealth@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Sarduy, Yerling, MS, BCBA ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
info@avilahealthgroup.com

and
7580 Northwest 186th Street
202 202
Hialeah, FL 33015
(786) 385-5347
Digital Contact Information:
info@avilahealthgroup.com

and
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
info@avilahealthgroup.com

Sarmiento, Lourdes, MS, BCABA ■
14722 Southwest 56th Street
Miami, FL 33185
(305) 456-0572
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Sarpoolaki, Yasamin I, MS, BCBA ■
20405 Southwest 326th Street
Homestead, FL 33030
(321) 413-3366
Digital Contact Information:
admin@positivestepsaba.com

Sarria, Joana, MSED, BCBA ■
3901 Northwest 79th Avenue
Suite 246
Doral, FL 33166
(786) 418-5400
Digital Contact Information:
http://www.stepsmiami.com
info@stepsmiami.com

and
18901 Southwest 106th Avenue
229
Miami, FL 33157
(786) 506-9008
Digital Contact Information:
info@stepsmiami.com

and
7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
info@stepsmiami.com
Other Languages Spoken by Provider or Office Staff
Spanish

Saunders, Lauren, MS, BCBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
http://kidsspotrehab.com
therapy@kidsspotrehab.com

and
12456 Southwest 127th Avenue
Miami, FL 33186
(786) 953-8500
Digital Contact Information:
therapy@kidsspotrehab.com

Savino, Katerina, BCBA, MA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
info@actionbehavior.com

Scaglia, Fiorella, MS, BCBA ■
7925 Northwest 12th Street
130 130
Doral, FL 33126
(786) 870-5090
Digital Contact Information:
fiorellascaglia@abcbehavior.live

and
2947 Coconut Avenue
2 2
Miami, FL 33133
(786) 541-5735
Digital Contact Information:
fiorellascaglia@abcbehavior.live
Other Languages Spoken by Provider or Office Staff
Spanish

Schad, Natalie T, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(954) 400-3251
Digital Contact Information:
kate@abacustherapies.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(954) 400-3251
Digital Contact Information:
kate@abacustherapies.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(954) 400-3251
Digital Contact Information:
kate@abacustherapies.com
Other Languages Spoken by Provider or Office Staff
Spanish

Schewe, Ivey, MA, LBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
rogers@joybridgekids.com

Schnabel, Jenell, MA, BCBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
rurbano@autismspectrumalliance.com

Schueg, Rachel, MA, BCBA ■
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
credentialing@creativekidstherapyinc.com
Other Languages Spoken by Provider or Office Staff English

Scott, Heather N, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(888) 501-8540
Digital Contact Information:
heather.scott@everysteptogether.org

Scutti, Janea, MS, BCBA ■
20801 Biscayne Boulevard
409 449
Miami, FL 33180
(561) 931-3837
Digital Contact Information:
info@performanceaba.com

Segall, Ytamar, MA, BCBA, LBA ■
Home Based Services Only
Miami Beach, FL 33154
(702) 374-7148
Digital Contact Information:
ysegall1@gmail.com

Segovia, Miriam, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 742-3093
Digital Contact Information:
carmelasegovia@hotmail.com

and
12750 Southwest 128th Street
Suite #201
Miami, FL 33186
(786) 592-2051
Digital Contact Information:
carmelasegovia@hotmail.com

Segura Perez, Jennifer M, MPSY, BCBA ■
13383 Southwest 42nd Street
Miami, FL 33175
(305) 305-7121
Digital Contact Information:
seguraj77@hotmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Segura, Serguey, MSED, BCBA ■
Home Based Services Only
Virginia Gardens, FL 33166
(786) 416-3576
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Seijas Pazos, Maylin, BA, BCABA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
13055 Southwest 42nd Street
STE 104
Miami, FL 33175
(305) 480-7839
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Seivane Cespedes, Randolph, MS, BCABA, BCBA ■
2020 Ponce de Leon
Suite 1201
Miami, FL 33134
(305) 917-5414
Digital Contact Information:
mirta@psychologybeyond.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sequeira Gonzalez, Joshua, MA, BCBA ■
11925 Southwest 72nd Street
Miami, FL 33183
(305) 562-4683
Digital Contact Information:
evernorth@teampbs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Seraphin, Valerie, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(561) 808-5201
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

Serio, Daily, BA, BCBA ■
12240 Southwest 128th Court
110
Miami, FL 33186
(305) 562-4683
Digital Contact Information:
http://www.shapingacademy.com
info@shapingacademy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Serna, Juanita, BCBA, MS ■
7875 Northwest 12th Street
118
Miami, FL 33126
(786) 505-4449
Digital Contact Information:
info@southfloridabehavior.com
Other Languages Spoken by Provider or Office Staff
Spanish

Serrano Patten, Ana, MBS, BCBA ■
7580 Northwest 186th Street
202 202
Hialeah, FL 33015
(786) 385-5347
Digital Contact Information:
newbeginningbehavior@yahoo.com

and
11890 Southwest 8th Street
405
Miami, FL 33184
(786) 439-7098
Digital Contact Information:
newbeginningbehavior@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Shah, Tanvi, MED, BCBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
tanvishah3003@gmail.com

and
12456 Southwest 127th Avenue
Miami, FL 33186
(786) 953-8500
Digital Contact Information:
tanvishah3003@gmail.com

Show, Christiana, MS, BCBA, LBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(866) 583-6003
Digital Contact Information:
https://acornhealth.com

Sierra, Ashely, BA, BCABA ■
Home Based Services Only
Doral, FL 33122
(305) 591-7898
Digital Contact Information:
vzayas@brightstartllc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sigler, Yaditza, MS, BCBA ■
15160 Southwest 136th Street
Unit 15
Miami, FL 33196
(786) 701-9656
Digital Contact Information:
jcabrera@mymbcinc.com

Sile, Amanda, MS, BCBA, LBA ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(954) 577-7790
Digital Contact Information:
fvaldes@acornhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Silva, Erik, MS, LMHC ■
8323 Northwest 12th Street
Ste 206
Doral, FL 33126
(305) 373-3424
Digital Contact Information:
info@themind-gym.com

and
FL
(754) 400-1539
Digital Contact Information:
info@themind-gym.com

and
15660 Southwest 72nd Street
Miami, FL 33193
(786) 697-1150
Digital Contact Information:
info@themind-gym.com

Silva, Gabriela, MS, BCBA ■
11925 Southwest 72nd Street
Miami, FL 33183
(305) 562-4683
Digital Contact Information:
info@shapingacademy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Silva, Paola, MA, BCBA ■
8200 Northwest 41st Street
Suite 200
Miami, FL 33166
(786) 774-7729
Digital Contact Information:
http://www.integrativemethods.com
info@integrativemethods.com
Other Languages Spoken by Provider or Office Staff
Spanish

Silvia, Diana, MA, BCBA ■
7990 Southwest 117th Avenue
Suite 134
Kendall, FL 33183
(305) 741-2218
Digital Contact Information:
info@pbstherapy.com

and
8355 West Flagler Street
239
Miami, FL 33126
(305) 741-2218
Digital Contact Information:
info@pbstherapy.com

Singh, Natasha, MA, BCABA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
chastity.stroud@yourmissingpiece.com

Sisti, Gina, MA, BCBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
providerenrollment@acornhealth.com

Sitko, Stephanie, MA, BCBA ■
FL
(786) 206-6500
Digital Contact Information:
http://behavioralfamilysolutions.com
credentialing@behavioralfamilysolutions.com

and
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

Slusar, Angie, MED, BCBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
kwelch@kidsspotrehab.com

Smith, Ceasha, MS, BCBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(929) 617-6362
Digital Contact Information:
behaviorbutterflyaba@gmail.com

Smith, Kasey, BS, BCABA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
rhonda@jkpba.com

Snyder, Yvette, MA, BCBA ■
9425 Southwest 72nd Street
164
Miami, FL 33173
(305) 279-2286
Digital Contact Information:
yvette@freshstartsnow.com
Other Languages Spoken by Provider or Office Staff
Spanish

Solis, Yohandra, PHD, BCBA-D ■
3414 W 84th St
Ste 110
Hialeah, FL 33018
(786) 419-5998
Digital Contact Information:
yohandrasolis@yahoo.com

and
8916 NW 114th St
Hialeah, FL 33018
(786) 419-5998
Digital Contact Information:
yohandrasolis@yahoo.com

and
808 NE 73rd St
Miami, FL 33138
(786) 294-0537
Digital Contact Information:
yohandrasolis@yahoo.com

and
3850 NW 38th Ct
Miami, FL 33166
(305) 294-0537
Digital Contact Information:
yohandrasolis@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Soluto, Linet, BA, BCBA ■
13195 Southwest 134th Street
Ste. 201
Miami, FL 33186
(561) 421-5111
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

and
8785 SW 165th Ave
Ste 104
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
http://www.behavioralfamilysolutions.com/
credentialing@behavioralfamilysolutions.com

Sonora Duran, Yanet, BS, BCBA ■
14204 Southwest 289th Terrace
Homestead, FL 33033
(305) 878-1255
Digital Contact Information:
brightbehaviorserv@gmail.com

and
18951 Southwest 106th Avenue
105 106
Miami, FL 33157
(305) 233-4448
Digital Contact Information:
brightbehaviorserv@gmail.com

and
12460 Southwest 8th Street
2024
Miami, FL 33184
(786) 801-0944
Digital Contact Information:
brightbehaviorserv@gmail.com

and
14204 Southwest 8th Street
Miami, FL 33184
(305) 878-1255
Digital Contact Information:
brightbehaviorserv@gmail.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
brightbehaviorserv@gmail.com

Sordo Sanchez, Idalia, MS, BCBA ■
1275 West 47th Place
#449
Hialeah, FL 33012
(305) 425-1338
Digital Contact Information:
magicbehavioral@gmail.com

and
8660 West Flagler Street
STE 121
Miami, FL 33144
(305) 600-4774
Digital Contact Information:
magicbehavioral@gmail.com

and
9010 Southwest 137th Avenue
213
Miami, FL 33186
(305) 305-0279
Digital Contact Information:
magicbehavioral@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Soris, Maylen, BS, BCABA ■
7500 Northwest 25th Street
Suite 254
Miami, FL 33122
(786) 391-8613
Digital Contact Information:
maylensoris@gmail.com

and
10250 Southwest 56th Street
A202
Miami, FL 33165
(888) 527-8037
Digital Contact Information:
http://brightstartpossibility.com
maylensoris@gmail.com

Sosa, Amanda V, MBS, BCBA ■
1486 West 84th Street
Hialeah, FL 33014
(305) 828-5276
Digital Contact Information:
jen.schwartz@comcast.net

and
15165 Northwest 77th Avenue
Hialeah, FL 33014
(305) 828-5276
Digital Contact Information:
http://angelsreach.org/
jen.schwartz@comcast.net

and
17840 Northwest 59th Avenue
104 104
Hialeah, FL 33015
(305) 828-5276
Digital Contact Information:
jen.schwartz@comcast.net

Sosa, Mariluz, EDM, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 536-7470
Digital Contact Information:
dadebehavioralservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sosa Martinez, Misleny, MS, BCBA, LMHC ■
4810 Southwest 8th Street
suite 103
Coral Gables, FL 33134
(786) 353-2616
Digital Contact Information:
https://vdzleading.com/
genesisconsultingservices39@gmail.com

and
801 Monterey Street
202
Coral Gables, FL 33134
(305) 591-7898
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
Home Based Services Only
Doral, FL 33122
(305) 591-7898
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
1200 Northwest 78th Avenue
210
Doral, FL 33126
(786) 285-3438
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
5590 West 20th Avenue
200 201
Hialeah, FL 33016
(305) 557-1555
Digital Contact Information:
http://lifestarwellnesscenter.com
genesisconsultingservices39@gmail.com

and
2050 West 56th Street
SUITE 15-16
Hialeah, FL 330162601
(305) 557-1555
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
3414 West 84th Street
Suite D110
Hialeah, FL 33018
(305) 825-4320
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
3416 West 84th Street
C-108
Hialeah, FL 33018
(305) 557-1555
Digital Contact Information:
http://lifestarwellnesscenter.com
genesisconsultingservices39@gmail.com

and
5757 Waterford District Drive
Unit 172
Miami, FL 33126
(786) 524-2880
Digital Contact Information:
http://www.lifetimesolutionsagency.com

genesisconsultingservices39@gmail.com

and

1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
genesisconsultingservices39@gmail.com

and

12002 Southwest 128th Court
203
Miami, FL 33186
(786) 713-0851
Digital Contact Information:
genesisconsultingservices39@gmail.com

and

8950 Southwest 152nd Street
110
Palmetto Bay, FL 33157
(786) 542-4690
Digital Contact Information:
genesisconsultingservices39@gmail.com

and

9555 Southwest 175th Terrace
610
Palmetto Bay, FL 33157
(786) 859-0979
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Soto, Israel, BA, BCABA ■

2898 Northwest 79th Avenue
Doral, FL 33122
(305) 597-3861
Digital Contact Information:
cary@nwds-staff.com

Soto Mantilla, Tania, MC, BCBA ■

16650 North Kendall Drive
210
Miami, FL 33196
(305) 916-4870
Digital Contact Information:
luciano@mymbcinc.com

and

8950 Southwest 152nd Street
106a
Palmetto Bay, FL 33157
(786) 398-2965
Digital Contact Information:
luciano@mymbcinc.com

and

8950 Southwest 152nd Street
112
Palmetto Bay, FL 33157
(786) 432-0829
Digital Contact Information:
luciano@mymbcinc.com

and

8950 Southwest 152nd Street
116
Palmetto Bay, FL 33157
(786) 669-2619
Digital Contact Information:
luciano@mymbcinc.com

and

9555 Southwest 175th Terrace
Suite 209
Palmetto Bay, FL 33157
(786) 365-4001
Digital Contact Information:
luciano@mymbcinc.com

Soto, Maria P, MC, BCBA ■

5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
info@appliedabc.com
Other Languages Spoken by Provider or Office Staff English

Soto Medina, Ana M, MBS, BCBA ■

18901 Southwest 106th Avenue
a 227
Cutler Bay, FL 33157
(786) 732-7516
Digital Contact Information:
goodbehavior.as@gmail.com

and

1000 Brickell Avenue
Miami, FL 33131
(786) 732-0842
Digital Contact Information:
goodbehavior.as@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Sotomayor Perez, Xiomara, BS, BCABA ■

12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and

Home Based Services Only
West Miami, FL 33144
(786) 404-1017
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Souto, Miyelis, MA, BCBA ■

175 Fontainebleau Boulevard
Miami, FL 33172
(786) 366-1273
Digital Contact Information:
cred@kidsspotrehab.com

and

6405 Northwest 36th Street
Virginia Gardens, FL 33166
(786) 238-2008
Digital Contact Information:
cred@kidsspotrehab.com
Other Languages Spoken by Provider or Office Staff
Spanish

Spencer, Lilliana, MS, BCBA ■

13300 Southwest 128th Street
Miami, FL 33186
(786) 250-3451
Digital Contact Information:
http://www.firststepsinterventions.com
lspencer@firststepsint.com
Other Languages Spoken by Provider or Office Staff
Spanish

St Louis, Adrienne, MA, BCBA ■

1000 Brickell Avenue
Miami, FL 33131
(347) 893-1266
Digital Contact Information:
4rezilience@gmail.com

and

633 Northeast 167th Street
Suite 1125
North Miami Beach, FL 33162
(305) 749-5454
Digital Contact Information:
4rezilience@gmail.com

St Pierre, Breanna, MA, BCBA ■

1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
holly.renshaw@yourmissingpiece.com

Stano, Jacki, MED, BCBA, LBA ■

801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
credentialing@kyocare.com

Stavrinos, Nina, MS, BCBA ■

777 Brickell Ave
Ste 500
Miami, FL 33131
(305) 330-4660
Digital Contact Information:
http://www.lotusbehavior.com
lotusbehavior@gmail.com

Steelman, Erin, MS, BCBA ■

801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
info@gatewaylg.com

Stephens, David M, MS, BCBA ■

390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
info@happyheartsaba.com

Stubbs, Marcie D, MA, LMHC, LPC ■

FL
(305) 902-6347
Digital Contact Information:
credentialing@lifestance.com

Suarez, Lilianne, MA, BCBA ■

9600 Northwest 25th Street
STE 5E
Miami, FL 33172
(888) 527-8037
Digital Contact Information:
info@brightstartllc.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Suarez, Magdielis, MS, BCBA ■

2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
http://www.appliedbhs.com
dabs@appliedbhs.com

and

7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com

Suarez, Michael, PHD, BCBA-D ■

3271 NW 7th St
Ste 203
Miami, FL 33125
(786) 220-6902
Digital Contact Information:
msuar022@fiu.edu

and

1000 Brickell Avenue
Miami, FL 33131
(786) 220-6902
Digital Contact Information:
msuar022@fiu.edu

and

9735 SW 138th Ave
Miami, FL 33186
(786) 543-5137
Digital Contact Information:
msuar022@fiu.edu

and

6538 Collins Ave
Miami Beach, FL 33141
(203) 529-5123
Digital Contact Information:
msuar022@fiu.edu
Other Languages Spoken by Provider or Office Staff
Spanish

Suarez Sanchez, Zulema Y, MS, BCBA ■

1000 Brickell Avenue
Miami, FL 33131
(239) 328-2561
Digital Contact Information:
abcbehaviorhelp@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Suarez Vega, Rosaily, MS, BCBA ■

8300 NW 53rd St
Ste 350
Miami, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com

and

12150 Southwest 128th Court
Suite # 230
Miami, FL 33186
(786) 720-3368
Digital Contact Information:
behaviorplusservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Suarez Vistorte, Jose I, MS, BCBA ■

10200 Northwest 25th Street
211
Doral, FL 33172
(305) 381-0346
Digital Contact Information:
info@newlifeaba.com

and

12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

Suarez, Yania, MS, BCBA ■

12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
credentialing@southbillcare.com

Suarez, Yenny, MBS, BCBA ■

99 Northwest 183rd Street
suite: 241E
Miami Gardens, FL 33169
(786) 899-3042
Digital Contact Information:
https://suarezbehavioral.wixsite.com/mysite
suarezbehavioral@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Suarez-Aviles, Audrey S, MA, BCBA ■

117 Northeast 1st Avenue
Floor 9
Miami, FL 33132
(786) 340-5830
Digital Contact Information:
http://www.beehaviorabatherapy.com
kimmarie.watson@rethinkbilling.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sueiro, Danaya, MS, BCBA ■

8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-2822
Digital Contact Information:
info@newlifeaba.com

and

10691 North Kendall Drive
207
Miami, FL 33176
(786) 401-6113
Digital Contact Information:
info@newlifeaba.com

and

12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sweeney, Jessica, MS, ABA ■

1065 Southwest 8th Street
1459
Miami, FL 33130
(855) 853-0228
Digital Contact Information:
credentialing@joinsproutherapy.com
Other Languages Spoken by Provider or Office Staff English

Tabla, Yoel F, MPSY, BCBA ■

8335 Southwest 72nd Avenue
218d 218d
Miami, FL 33143
(786) 354-8613
Digital Contact Information:
yoeltabla@yahoo.com

and

10300 Southwest 72nd Street
300
Miami, FL 33173
(786) 418-9730
Digital Contact Information:
http://www.happydreamsofkids.com
yoeltabla@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Tamayo, Giselle, MA, BCBA ■
13195 Southwest 134th Street
Ste. 201
Miami, FL 33186
(786) 206-6500
Digital Contact Information:
giselle@behavioralfamilysolutions.com

and
8785 SW 165th Ave
Ste 103
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
giselle@behavioralfamilysolutions.com

Tamayo, Marcela, MA, BCBA ■
10482 Northwest 31st Terrace
STE 2A
Doral, FL 33172
(786) 765-7550
Digital Contact Information:
dleonintegritybehaviorservice@gmail.com

Tanquero Llano, Liset, MS, BCBA ■
30392 Old Dixie Highway
Homestead, FL 33030
(786) 283-0175
Digital Contact Information:
myhungrycaterpillar@gmail.com

and
27132 South Dixie Highway
Naranja, FL 33032
(786) 283-0175
Digital Contact Information:
myhungrycaterpillar@gmail.com

Tapanes Morejon, Elaine, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
abagrowthandconnection@gmail.com

and
9502 Southwest 166th Court
Miami, FL 33196
(754) 234-0643
Digital Contact Information:
abagrowthandconnection@gmail.com

Tapia, Daniel, MS, BCBA ■
2898 Northwest 79th Avenue
Doral, FL 33122
(786) 646-9250
Digital Contact Information:
tjou@koalaaba.com

and
Home Based Services Only
Hialeah, FL 33010
(305) 280-5730
Digital Contact Information:
tjou@koalaaba.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 280-5730
Digital Contact Information:
tjou@koalaaba.com

Tarrero, Addis, MPSY, BCBA ■
7344 Southwest 48th Street
103
Miami, FL 33155
(786) 210-2765
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
12150 Southwest 128th Court
#201
Miami, FL 33186
(786) 697-1966
Digital Contact Information:
genesisconsultingservices39@gmail.com

Tarver, Jillisa, MPSY, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
jillisa.tarver@jtbehavioral.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
jillisa.tarver@jtbehavioral.com

Tatte Herrera, Yamila, MA, BCBA ■
100 Northeast 15th Street
203
Homestead, FL 33030
(786) 404-3075
Digital Contact Information:
allstaraba22@gmail.com

and
30908 Southwest 192nd Avenue
Homestead, FL 33030
(786) 404-3148
Digital Contact Information:
allstaraba22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Tatum, Audrey, MS, BCBA ■
1201 Northeast 200th Street
Miami, FL 33179
(954) 599-2260
Digital Contact Information:
info@behavioralfamilysolutions.com

Tawfiq, Safia, MPSY, BCBA ■
2550 Northwest 72nd Avenue
115
Miami, FL 33122
(786) 536-2012
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 695-8672
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
Home Based Services Only
Miami, FL 33155
(786) 262-5559
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
4155 Southwest 130th Avenue
108
Miami, FL 33175
(786) 695-8672
Digital Contact Information:
genesisconsultingservices39@gmail.com

Taylor, Samantha D, MBS, BCBA ■
5801 Northwest 151st Street
STE 200B
Hialeah, FL 33014
(786) 376-2651
Digital Contact Information:
angelesesperan@gmail.com

and
20200 Southwest 320th Street
Homestead, FL 33030
(305) 450-4219
Digital Contact Information:
angelesesperan@gmail.com

and
12430 Southwest 188th Street
Miami, FL 33177
(305) 209-1095
Digital Contact Information:
http://angelesaba.com
angelesesperan@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Temple, Philyce, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
info@behaviordg.com

Tenorio, Jose, BS, BCABA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
sseastcoast22@gmail.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
sseastcoast22@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Teran, Samantha, MA, BCBA ■
10300 Southwest 72nd Street
300
Miami, FL 33173
(786) 418-9730
Digital Contact Information:
http://www.happydreamsofkids.com
steran1230@gmail.com

and
14125 Northwest 80th Avenue
304
Miami Lakes, FL 33016
(786) 305-7222
Digital Contact Information:
steran1230@gmail.com

and
2100 Sans Souci Boulevard
1207 1207
North Miami, FL 33181
(786) 756-6063
Digital Contact Information:
steran1230@gmail.com

and
FL
(786) 756-6063
Digital Contact Information:
steran1230@gmail.com

Terra Pupo, Yurilis, MED, BCBA ■
3105 Northwest 107th Avenue
Ste 405
Doral, FL 33172
(786) 401-6113
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 299-7782
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
7235 Southwest 24th Street
204
Miami, FL 33155
(786) 452-0257
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
10689 N Kendall Dr
Ste 314
Miami, FL 33176
(786) 603-6567
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
10691 North Kendall Drive
207
Miami, FL 33176
(786) 401-6113
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
5881 Northwest 151st Street
Suite: 103
Miami Lakes, FL 33014
(786) 703-4154
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Testar, Ana G, MS, BCABA ■
930 Hialeah Drive
Hialeah, FL 33010
(786) 398-1509
Digital Contact Information:
jcabrera@mymbcinc.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 537-7016
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Thomas, Marie, MA, BCBA ■
657 South Drive
Miami Springs, FL 33166
(845) 458-8755
Digital Contact Information:
hello@the-behaviorists.com

Thompson, Elena, BA, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
jnickell@abahelps.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
jnickell@abahelps.com

and
1951 NW 7th Ave
Ste 600
Miami, FL 33136
(929) 384-7193
Digital Contact Information:
jnickell@abahelps.com

Thompson, Marsha M, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 991-3213
Digital Contact Information:
credentialing@flautism.com
Other Languages Spoken by Provider or Office Staff English

Thompson, Shannon R, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@lifestance.com

Tice, Darius, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 822-7202
Digital Contact Information:
kim@appliedbehavior.net

and
909 North Miami Beach Boulevard
STE 301
North Miami Beach, FL 33162
(305) 822-7202
Digital Contact Information:
https://appliedbehavior.net/
kim@appliedbehavior.net

Tirado Rodriguez, Tania, MS, BCBA ■
10300 Southwest 72nd Street
300
Miami, FL 33173
(786) 418-9730
Digital Contact Information:
manager@happydreamsofkids.com

Toevs, Alexa, MED, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
providerenrollment@acornhealth.com

Tomic, Anita, BS, BCBA ■
1756 North Bayshore Drive
22c 22c
Miami, FL 33132
(786) 642-2149
Digital Contact Information:
anita@sparkabatherapy.com

Torna Perez, Keidy, ED, BCBA ■
110 West 17th Street
Hialeah, FL 33010
(786) 267-8467
Digital Contact Information:
info@newlifeaba.com

and
Home Based Services Only
Hialeah, FL 33010
(786) 267-8467
Digital Contact Information:
info@newlifeaba.com

and
2300 West 84th Street

404a
Hialeah, FL 33016
(786) 681-8494
Digital Contact Information:
info@newlifeaba.com

and
2459 West 70th Street
Hialeah, FL 33016
(786) 571-0939
Digital Contact Information:
info@newlifeaba.com

and
30392 Old Dixie Highway
Homestead, FL 33030
(786) 481-9833
Digital Contact Information:
info@newlifeaba.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
27132 South Dixie Highway
Naranja, FL 33032
(786) 481-9833
Digital Contact Information:
info@newlifeaba.com

Toro, Juan, MC, BCBA ■
7580 Northwest 186th Street
202 202
Hialeah, FL 33015
(786) 385-5347
Digital Contact Information:
Not Available

and
2901 Southwest 7th Street
a
Miami, FL 33125
(786) 202-1701
Digital Contact Information:
Not Available

and
6405 Northwest 36th Street
Virginia Gardens, FL 33166
(786) 238-2008
Digital Contact Information:
Not Available

Torras Ceballos, Gabriela, MSCC, BCBA, LMHC ■
8300 West Flagler Street
STE 258C
Miami, FL 331446002
(786) 633-5171
Digital Contact Information:
counselingsocietymiami@gmail.com

and
2157 Southwest 13th Avenue
3
Miami, FL 33145
(786) 878-1331
Digital Contact Information:
http://www.counselingsociety.com
counselingsocietymiami@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Torrecillas, Andres A, MS, BCABA, BCBA ■
2020 Ponce de Leon
Suite 1201
Miami, FL 33134
(305) 917-5414
Digital Contact Information:
torrecillas0711@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Torrente, Luz M, MBS, BCBA ■
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
wellbehaved.corp@gmail.com

Torres Guerra, Sandra M, MBS, BCBA ■
1665 West 68th Street
208
Hialeah, FL 33014
(305) 519-2546
Digital Contact Information:
childrensbehavioralint@gmail.com

and
2400 NW 54th St
Miami, FL 33142
(305) 213-0496
Digital Contact Information:
childrensbehavioralint@gmail.com

and
15715 South Dixie Highway
412
Miami, FL 33157
(786) 316-7186
Digital Contact Information:
childrensbehavioralint@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Torres, Irina C, MS, BCBA ■
175 Fontainebleau Boulevard
Miami, FL 33172
(305) 590-1085
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Torres, Lilibeth, MS, BCBA ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(954) 577-7790
Digital Contact Information:
http://www.behavior-analysis.org
baicredentialing@behavior-analysis.org
Other Languages Spoken by Provider or Office Staff
Spanish

Torres, Maritza, MS, BCBA ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
services@behavioralspark.com

and
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
services@behavioralspark.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 473-6153
Digital Contact Information:
services@behavioralspark.com

and
10373 Southwest 2nd Street
Miami, FL 33174
(305) 984-8908
Digital Contact Information:
services@behavioralspark.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, French, Italian, Spanish

Torres, Natalie, MA, BCBA ■
9300 Fontainebleau Boulevard
209 209
Miami, FL 33172
(786) 879-9331
Digital Contact Information:
ntorres@kindsidetherapy.com

Torres, Sergio, LMHC, MSCC ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
Not Available

Torres, Tatiana, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(305) 846-9807
Digital Contact Information:
torrestherapy@gmail.com

and
3833 Southwest 8th Street
Coral Gables, FL 33134
(786) 399-4799
Digital Contact Information:
torrestherapy@gmail.com

and
7340 Southwest 48th Street
#106
Miami, FL 33155
(305) 501-1513
Digital Contact Information:
torrestherapy@gmail.com

and
Home Based Services Only
Miami, FL 33155
(305) 469-6745
Digital Contact Information:
torrestherapy@gmail.com

Torres, Yiset, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 329-9993
Digital Contact Information:
koodollc4@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Toth, Jennifer, MPSY, LBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
candace@tlccredandconsulting.com

Trabazo, Amelia E, MA, LBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(305) 846-9807
Digital Contact Information:
https://acornhealth.com
info@acornhealth.com

and
11601 Biscayne Boulevard
Miami, FL 33181
(786) 206-4151
Digital Contact Information:
info@acornhealth.com

Travieso, Dalgis, MS, BCBA ■
11251 SW 240th Ln
Homestead, FL 33032
(305) 912-8399
Digital Contact Information:
weareuniqueaba@gmail.com

and
11276 SW 232nd St
Miami, FL 33170
(305) 912-8399
Digital Contact Information:
weareuniqueaba@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Trujillo, Eimi, MS, BCBA ■
10200 Northwest 25th Street
211
Doral, FL 33172
(786) 269-3502
Digital Contact Information:
clinical.coordinator@cmnbtherapy.com

and
1535 N Goldeneye Ln
Homestead, FL 33035
(786) 212-5530
Digital Contact Information:
clinical.coordinator@cmnbtherapy.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 475-5732
Digital Contact Information:
clinical.coordinator@cmnbtherapy.com

and
12920 Southwest 133rd Court
Miami, FL 33186
(786) 475-5732
Digital Contact Information:
http://cornerstone-cba.com
clinical.coordinator@cmnbtherapy.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Haitian Creole, Japanese, Italian, Spanish

Tuckler, Steven, MA, BCBA ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(305) 273-3773
Digital Contact Information:
http://www.behavior-analysis.org
tvargas@behavior-analysis.org

Tull, Michele R, MC, BCBA ■
2300 West 84th Street
404a
Hialeah, FL 33016
(786) 681-8494
Digital Contact Information:
mrtully@me.com

Tura, Mariela, MA, BCBA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
harmonybehaviorprivate@gmail.com

and
1840 West 49th Street
#714
Hialeah, FL 33012
(305) 699-8388
Digital Contact Information:
harmonybehaviorprivate@gmail.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
http://appliedbhs.com
harmonybehaviorprivate@gmail.com

and
15291 Northwest 60th Avenue
Suite 107
Miami Lakes, FL 33014
(786) 608-1805
Digital Contact Information:
harmonybehaviorprivate@gmail.com

Uriostegui, Donna, MS, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
donna.uriostegui.aba@gmail.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
donna.uriostegui.aba@gmail.com

Urquiola, Dalaine, MED, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 817-2356
Digital Contact Information:
dalaine23@hotmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Urrutia, Anaisy, MS, BCBA ■
14471 S Dixie Hwy
Miami, FL 33176
(786) 803-8826
Digital Contact Information:
http://www.amorementalhealthcorp.com
tcmfl2018@gmail.com

and
9010 Southwest 137th Avenue
101
Miami, FL 33186
(786) 803-8826
Digital Contact Information:
http://amorementalhealthcorp.com
tcmfl2018@gmail.com

and
6001 Northwest 153rd Street
Suite 160
Miami Lakes, FL 33014
(786) 384-4990
Digital Contact Information:
tcmfl2018@gmail.com

and
5881 Northwest 151st Street
127
Miami Lakes, FL 330142450
(786) 219-8907

Digital Contact Information:
http://sweetchildbehavior.com
tcmfl2018@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Usategui Guilarte, Alana, MA, BCBA ■
7000 Southwest 62nd Avenue
STE 407
South Miami, FL 33143
(305) 586-2953
Digital Contact Information:
akusategui310@gmail.com

Ustariz, Reinel, MA, BCBA ■
Home Based Services Only
Hialeah, FL 33012
(561) 460-0284
Digital Contact Information:
info@brightfuturebehavioral.com

and
123 North Krome Avenue
suite 104
Homestead, FL 33030
Digital Contact Information:
info@brightfuturebehavioral.com

and
8080 West Flagler Street
2a
Miami, FL 33144
(786) 615-2640
Digital Contact Information:
info@brightfuturebehavioral.com

and
7815 Coral Way
101
Miami, FL 33155
(786) 615-4879
Digital Contact Information:
info@brightfuturebehavioral.com

and
10691 North Kendall Drive
207
Miami, FL 33176
(786) 401-6113
Digital Contact Information:
info@brightfuturebehavioral.com

Uzcategui, Doris, MA, BCBA ■
20774 West Dixie Highway
b
Miami, FL 33180
(305) 549-8665
Digital Contact Information:
dorisuzcategui2@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vaillant-Mekras, Jimena, PHD, BCBA-D ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(305) 273-3773
Digital Contact Information:
http://www.behavior-analysis.org
rhulsey@behavior-analysis.org
Other Languages Spoken by Provider or Office Staff
Spanish

Valdes Castillo, Naomy, MA, BCBA ■
10691 North Kendall Drive
207
Miami, FL 33176
(786) 401-6113
Digital Contact Information:
nvald1221@gmail.com

and
13205 Southwest 137th Avenue
#212
Miami, FL 33186
(786) 732-6298
Digital Contact Information:
nvald1221@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valdes, Christina, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
info@acornhealth.com

Valdes Gonzalez, Diana, MS, BCBA ■
8200 Northwest 41st Street
269
Doral, FL 33166
(305) 763-4196
Digital Contact Information:
jcabrera@mymbcinc.com

Valdes, Hany, MS, BCBA ■
Home Based Services Only
Miami, FL 33155
(786) 262-5559
Digital Contact Information:
genesisconsultingservices39@gmail.com

Valdes, Katherine, MS, BCBA ■
8200 Northwest 41st Street
269
Doral, FL 33166
(305) 763-4196
Digital Contact Information:
jcabrera@mymbcinc.com

Valdes Lopez, Yudith, MBS, BCBA ■
12150 Southwest 128th Court
Suite 226
Miami, FL 33186
(786) 429-1005
Digital Contact Information:
cloverbehaviorservices@gmail.com

Valdes, Luis, MS, BCBA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
http://appliedbhs.com
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valdes, Massiel, BS, BCBA ■
FL
(786) 337-0585
Digital Contact Information:
massielvaldes@hotmail.com

and
9380 Sunset Drive
b165
Miami, FL 33173
(786) 337-0585
Digital Contact Information:
massielvaldes@hotmail.com

and
9380 Sunset Drive
suite b211
Miami, FL 33173
(786) 337-0585
Digital Contact Information:
massielvaldes@hotmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valdes Ramos, Jazmin, MS, BCBA ■
1414 Northwest 107th Avenue
204
Doral, FL 33172
(305) 225-8711
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Valdes, Ricardo, MS, BCBA ■
7875 Northwest 12th Street
118
Miami, FL 33126
(786) 505-4449
Digital Contact Information:
info@southfloridabehavior.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valdespino, Ruben, MS, BCBA ■
18901 Southwest 106th Avenue
229
Miami, FL 33157
(786) 808-6575
Digital Contact Information:
jcabrera@mymbcinc.com

and
8743 Southwest 9th Terrace
2
Miami, FL 33174
(786) 534-6915
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Valdez, Lu'Chang, MBS, BCBA ■
1180 North Krome Avenue
Homestead, FL 33030
(786) 349-4700
Digital Contact Information:
mykidtherapycenter@gmail.com

and
49 NW 17th St
Homestead, FL 33030
(786) 349-4700
Digital Contact Information:
http://mykidtherapycenter.com
mykidtherapycenter@gmail.com

and
14425 Country Walk Drive
Miami, FL 33186
(786) 349-4700
Digital Contact Information:
mykidtherapycenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vale, Delmis, MA, BCBA ■
100 NE 15th St
Ste 101
Homestead, FL 33030
(786) 370-2216
Digital Contact Information:
camidel1227@gmail.com

and
183 Sw 153pl
Richmond West, FL 33187
(786) 343-9391
Digital Contact Information:
camidel1227@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valladares, Jose A, MS, BCBA ■
3731 Northwest 207th Street
Miami Gardens, FL 33055
(786) 357-0753
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Valle Baez, Lianet, MA, BCBA ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
http://universalcommunityservices.com
admin@universalcommunityservices.com

and
20774 West Dixie Highway
b
Miami, FL 33180
(305) 549-8665
Digital Contact Information:
admin@universalcommunityservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valle, Yaditsa, MS, BCBA ■
1250 Southwest 27th Avenue
207
Miami, FL 33135
(786) 502-3137
Digital Contact Information:
mortega@tlhproject.com

and
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
mortega@tlhproject.com

and
306 Westward Dr
Miami Springs, FL 33166
(786) 588-7894
Digital Contact Information:
http://www.smartbatherapy.com
mortega@tlhproject.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valle Yarandi, Fidel, MS, BCBA ■
Home Based Services Only
Miami Shores, FL 33161
(786) 709-8403
Digital Contact Information:
info@cameroarnp.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vallejo, Siomara, MA, BCBA ■
7355 Southwest 87th Avenue
300
Miami, FL 33173
(305) 854-2462
Digital Contact Information:
http://www.shinebrighttherapy.com
cred@cubetherapybilling.com

and
15120 Southwest 28th Street
Miami, FL 33185
(786) 470-0004
Digital Contact Information:
cred@cubetherapybilling.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valverde, Hany, MA, BCBA ■
10691 North Kendall Drive
207
Miami, FL 33176
(786) 401-6113
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vantrease, Deven, MS, BCBA ■
2898 Northwest 79th Avenue
Doral, FL 33122
(786) 646-9250
Digital Contact Information:
littleleafin@mbhpays.com

Vargas Fernandez, Yuniert M, MPSY, BCBA, LMFT ■
2721 SW 137th Ave
Ste 113
Miami, FL 33175
(786) 558-7248
Digital Contact Information:
yuniertv@thinkingwithvargas.com

Vargas, Leonardo, MA, BCBA ■
15924 SW 92nd Ave
Miami, FL 33157
(786) 636-1303
Digital Contact Information:
loriwilliams57@hotmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Varona, Evaristo, MS, BCBA ■
7500 Northwest 25th Street
STE 200
Miami, FL 33122
(305) 909-4872
Digital Contact Information:
Not Available

Vasquez, Clara S, MPSY, BCBA ■
2500 Northwest 79th Avenue
295
Doral, FL 33122
(786) 637-5168
Digital Contact Information:
apluschildbcorp@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vasquez, Janet, MS, BCBA, LBA ■
12985 Southwest 130th Court
204 204
Miami, FL 33186
(305) 735-3878
Digital Contact Information:
http://www.abasquad.com
info@abasquad.com

Vazquez, Jose A, BA, BCABA ■

15715 South Dixie Highway
314
Miami, FL 33157
(305) 588-7039
Digital Contact Information:
marocha@brightstartllc.com

and

9600 Northwest 25th Street
STE 5E
Miami, FL 33172
(888) 527-8037
Digital Contact Information:
marocha@brightstartllc.com

Vazquez, Karina, MA, BCBA ■
Home Based Services Only
Hialeah, FL 33012
(786) 536-5854
Digital Contact Information:
karinavg33@yahoo.es
Other Languages Spoken by Provider or Office Staff
Spanish

Vazquez, Lianis, MS, BCBA ■
3833 Southwest 8th Street
Coral Gables, FL 33134
(786) 254-5372
Digital Contact Information:
office@behaviorandwellnesscorp.com

Vazquez Morales, Daneida, MBS, BCBA ■
633 North Krome Avenue
Suite 6
Homestead, FL 33030
(786) 525-9926
Digital Contact Information:
danemanoli05@gmail.com

and

14707 South Dixie Highway
303
Miami, FL 33176
(786) 333-3207
Digital Contact Information:
danemanoli05@gmail.com

and

14331 Southwest 120th Street
Suite 202
Miami, FL 33186
(305) 812-8048
Digital Contact Information:
danemanoli05@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Vazquez, Rahimil, MS, BCBA, LBA ■
8300 NW 53rd St
Ste 350
Miami, FL 33166
(305) 776-0728
Digital Contact Information:
billing@ventecgroup.com

and

Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
billing@ventecgroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vazquez Valdes, Belkis, MBS, BCBA ■
2550 Northwest 72nd Avenue
#218
Miami, FL 33122
(786) 536-2009
Digital Contact Information:
porrerobcba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vega Cancio, Ayle, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
admissions@abaalliancecareservices.com

Vega Diaz, Maria T, EDM, BCBA ■
3300 West 84th Street
Hialeah, FL 33018
(305) 335-0407
Digital Contact Information:
childgardens.us@gmail.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Spanish

Vega Hernandez, Sheila, MS, BCBA ■
100 NE 15th St
Ste 101
Homestead, FL 33030
(786) 370-2216
Digital Contact Information:
thvegainsurances23@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vega Rodriguez, Yusleimy, MS, BCABA ■
8900 Southwest 117th Avenue
c101
Miami, FL 33186
(786) 568-1259
Digital Contact Information:
icrtherapy1@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vega Roman, Fanmy, MS, BCBA ■
Home Based Services Only
Doral, FL 33126
(305) 433-5489
Digital Contact Information:
mabelingrid@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vega, Stephania, MA, BCBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(833) 543-7768
Digital Contact Information:
therapy@kidsspotrehab.com

and

12456 Southwest 127th Avenue
Miami, FL 33186
(786) 953-8500
Digital Contact Information:
therapy@kidsspotrehab.com

Vega Yanes, Yuliet, MBS, BCBA ■
10700 Caribbean Boulevard
UNIT 203
Cutler Bay, FL 33189
(305) 299-8005
Digital Contact Information:
infopositivemindful@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Veiga, Marnie, MBS, BCBA ■
1275 W 47th Pl
Ste 407
Hialeah, FL 33012
(786) 409-3231
Digital Contact Information:
luciano@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vejerano, Marilin, MA, BCBA ■
18901 Southwest 106th Avenue
229 230
Cutler Bay, FL 33157
(786) 808-6575
Digital Contact Information:
advancebehavior71@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Velazco Rafael, Ania, MS, BCBA ■
2721 SW 137th Ave
Ste 113
Miami, FL 33175
(786) 558-7248
Digital Contact Information:
http://pensandoconvargas.com
info@thinkingwithvargas.com
Other Languages Spoken by Provider or Office Staff
Spanish

Velazquez, Isabella, MS, BCBA ■
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
https://stepforwardaba.com/
admin@stepforwardaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Velazquez, Taimari, MS, BCBA ■
1900 N Bayshore Dr
1A-122
Miami, FL 33132
(954) 400-3251
Digital Contact Information:
http://www.abacustherapies.com
roberta@abacustherapies.com

and

6405 Northwest 36th Street
Virginia Gardens, FL 33166
(786) 238-2008
Digital Contact Information:
roberta@abacustherapies.com

Velez, Keysha, MA, BCBA ■
7925 Northwest 12th Street
130 130
Doral, FL 33126
(786) 870-5090
Digital Contact Information:
http://www.limitlesslearningaba.com
admin@limitlesslearningaba.com

and

7925 Northwest 12th Street
Unit 130
Doral, FL 33126
(786) 870-5090
Digital Contact Information:
http://www.limitlesslearningaba.com
admin@limitlesslearningaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ventura Combarro, Erlys, MBS, BCBA ■
1900 Southwest 22nd Street
#205
Miami, FL 33145
(305) 648-7212
Digital Contact Information:
genesisconsultingservices39@gmail.com

and

12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ventura, Yilena, MA, BCBA ■
1900 Southwest 22nd Street
#205
Miami, FL 33145
(786) 250-4423
Digital Contact Information:
genesisconsultingservices39@gmail.com

and

12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
genesisconsultingservices39@gmail.com

Vera, Emma, MS, BCBA ■
3625 Northwest 82nd Avenue
101
Doral, FL 33166
(786) 583-8663
Digital Contact Information:
sseastcoast22@gmail.com

and

1000 Brickell Avenue
Miami, FL 33131
(305) 263-0207
Digital Contact Information:
sseastcoast22@gmail.com

and

13424 Southwest 90th Terrace
Miami, FL 33186
(786) 308-6353
Digital Contact Information:
sseastcoast22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vergara Gamez, Yoel, MS, BCABA ■
9600 Northwest 25th Street
STE 5E
Miami, FL 33172
(888) 527-8037
Digital Contact Information:
vzayas@brightstartllc.com

and

10261 Southwest 72nd Street
Miami, FL 33173
(786) 773-3654
Digital Contact Information:
vzayas@brightstartllc.com

Vergara Toro, Valentina, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
admissions@abaalliancecareservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vicente Prado, Yamina, MA, BCBA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
http://www.appliedbhs.com
dabs@appliedbhs.com

and

7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Victori, Maritza O, DED, BCBA ■
7801 Northwest 37th Street
Lp-201
Doral, FL 33195
(305) 468-9899
Digital Contact Information:
rosa.kuchling@pbhd.health

and

9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
rosa.kuchling@pbhd.health
Other Languages Spoken by Provider or Office Staff Haitian Creole, Spanish

Vidas, Elizabeth, MA, BCABA ■
FL
(833) 458-0386
Digital Contact Information:
https://tillytherapy.com/
credentialing@tillytherapy.com

Vila-Gonzalez, Yaquelin, BCBA, MS ■
9600 Northwest 25th Street
Doral, FL 33172
(305) 597-3861
Digital Contact Information:
cary@nwds-staff.com

and

9600 Northwest 25th Street
STE 5E
Miami, FL 33172
(888) 527-8037
Digital Contact Information:
cary@nwds-staff.com

Villar, Sandra, MA, BCBA ■
Home Based Services Only
Hialeah, FL 33013
(786) 592-6680
Digital Contact Information:
info@kidsbehavioral.com

and

5455 Southwest 8th Street
230
Miami, FL 33134
(786) 629-8836
Digital Contact Information:
info@kidsbehavioral.com

and

8080 West Flagler Street
2a

Miami, FL 33144
(786) 615-2640
Digital Contact Information:
info@kidsbehavioral.com
Other Languages Spoken by Provider or Office Staff
Spanish

Viltre Garcia, Yanelys, MS, BCBA ■
5201 Blue Lagoon Dr
Ste 800
Miami, FL 33126
(305) 632-8577
Digital Contact Information:
management@truecarehomeservicesinc.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
management@truecarehomeservicesinc.com

and
2500 SW 107TH AVE
42
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
management@truecarehomeservicesinc.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Vinas, Kristina, MA, BCBA ■
9425 Southwest 72nd Street
164
Miami, FL 33173
(305) 279-2286
Digital Contact Information:
taylor@freshstartsnow.com
Other Languages Spoken by Provider or Office Staff
Spanish

Visco, Lauren L, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
info@breakthroughbehavior.com

Vivas, Deidre, EDM, BCBA ■
HOME BASED SERVICES ONLY
Miami, FL 33178
(786) 942-4099
Digital Contact Information:
advancedmedicalh@bellsouth.net

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
advancedmedicalh@bellsouth.net
Other Languages Spoken by Provider or Office Staff
English, Spanish

Vizcaino, Olga M, MSN, APRN ■
2100 West 76th Street
201 206
Hialeah, FL 33016
(786) 353-2324
Digital Contact Information:
olgamaria861@yahoo.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
olgamaria861@yahoo.com

and
8950 Southwest 74th Court
1911
Miami, FL 33156
(786) 637-7338
Digital Contact Information:
olgamaria861@yahoo.com

and
6001 Northwest 153rd Street
203
Miami Lakes, FL 33014
(786) 459-2466
Digital Contact Information:
olgamaria861@yahoo.com

and
FL
(602) 562-7383
(786) 459-2466
Digital Contact Information:
olgamaria861@yahoo.com

Vizcaino, Patria Q, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
lightingbehaviorservices@gmail.com

and
8950 SW 74th Ct
Ste 2201
Miami, FL 33156
(800) 368-2143
Digital Contact Information:
lightingbehaviorservices@gmail.com

and
9560 SW 107th Ave
Ste 106
Miami, FL 33176
(786) 899-0308
Digital Contact Information:
lightingbehaviorservices@gmail.com

and
4800 Northwest 167th Street
Miami Gardens, FL 33014
(305) 515-2726
Digital Contact Information:
lightingbehaviorservices@gmail.com

Wack, Stephanie, MA, LBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
credentialing@autismlearningpartners.com

Walker, Lanesha, BA, BCABA ■
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
cristina@creativekidstherapyinc.com

Walls, Ashley, MA, BCBA ■
3833 Southwest 8th Street
Coral Gables, FL 33134
(754) 312-0781
Digital Contact Information:
ashleywalls.contact@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(754) 312-0781
Digital Contact Information:
ashleywalls.contact@gmail.com

and
Home Based Services Only
Pinecrest, FL 33156
(754) 312-0781
Digital Contact Information:
ashleywalls.contact@gmail.com

and
Home Based Services Only
South Miami, FL 33143
(754) 312-0781
Digital Contact Information:
ashleywalls.contact@gmail.com

and
Home Based Services Only
South Miami, FL 33146
(754) 312-0781
Digital Contact Information:
ashleywalls.contact@gmail.com

Walsh, Maricel, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 707-7308
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

Warren, Ashley, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
providerenrollment@acornhealth.com

Wasserman, Yocheved, MS, BCBA ■
1688 Meridian Avenue
600 & 700
Miami Beach, FL 33139
(786) 655-8200
Digital Contact Information:
admin@inspireabagroup.com
Other Languages Spoken by Provider or Office Staff
Hebrew, Farsi, Arabic, Russian, Spanish

Wendling, Alina, MBS, BCBA ■
10045 Northwest 28th Terrace
Doral, FL 33172
(786) 447-2175
Digital Contact Information:
info@southfloridabehavior.com

Wesson, Amanda, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(786) 868-0931
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

West, Tenesha, MS, BCBA ■
FL
(561) 223-8076
(833) 458-0386
Digital Contact Information:
credentialing@modbehavioraba.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
credentialing@modbehavioraba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Wheeler, Kimberly, MS, APRN, NP ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/start@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Whiley, Jazmene, MA, BCBA ■
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
https://stepforwardaba.com/admin@stepforwardaba.com

Wijesinghe, Timali, MED, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
tampabehavioral@maxhealth.com

Williams, Kabrena, MS, BCBA, LBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(410) 538-2574
Digital Contact Information:
info@appliedabc.com
Other Languages Spoken by Provider or Office Staff English

Williams, Tracy, MS, BCBA ■
10300 SW 72nd St
Ste 114
Miami, FL 33173
(855) 832-6727
Digital Contact Information:
lisa@behavioralinterventionforautism.com

Wilson, Andrea, MS, BCBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
credentialing@kidsspotrehab.com

and
12456 Southwest 127th Avenue
Miami, FL 33186
(786) 953-8500
Digital Contact Information:
credentialing@kidsspotrehab.com

Wilson, Kisha, MED, BCBA, LBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
payors@zinniahealth.com

Wirshing, Nicole, MS, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
info@shapingacademy.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
info@shapingacademy.com

and
1951 NW 7th Ave
Ste 600
Miami, FL 33136
(929) 384-7193
Digital Contact Information:
info@shapingacademy.com

and
11925 Southwest 72nd Street
Miami, FL 33183
(305) 562-4683
Digital Contact Information:
http://www.shapingacademy.com
info@shapingacademy.com

and
16304 Southwest 61st Lane
Miami, FL 33193
(786) 247-7125
Digital Contact Information:
info@shapingacademy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Wojcik, Maria, MSED, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 663-9051
Digital Contact Information:
jcabrera@mymbcinc.com

and
1840 Coral Way
215
Miami, FL 33145
(786) 663-9051
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Wolcott, Jennifer, MS, BCBA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
http://www.appliedbhs.com
dabs@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Wong, Siu M, MSW, BCBA ■
20325 Old Cutler Road
Cutler Bay, FL 33189
(305) 321-5177
Digital Contact Information:
http://familybehaviortherapy.com
amazingbehchanges@gmail.com

and
500 W 12th Pl
Hialeah, FL 33010
(305) 793-1421
Digital Contact Information:
amazingbehchanges@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131

(305) 793-1421
Digital Contact Information:
amazingbehchanges@gmail.com

and
14707 South Dixie Highway
Suite 200
Miami, FL 33176
(786) 592-1574
Digital Contact Information:
http://www.familybehaviortherapy.com
amazingbehchanges@gmail.com

and
1684 SW 151st Pl
Miami, FL 33185
(305) 793-1421
Digital Contact Information:
amazingbehchanges@gmail.com
Other Languages Spoken by Provider or Office Staff
Chinese, Cantonese, Mandarin

Wong, Yilian, MSED, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 536-7470
Digital Contact Information:
behaviorplusservices@gmail.com

and
18951 Southwest 106th Avenue
105 106
Miami, FL 33157
(305) 233-4448
Digital Contact Information:
behaviorplusservices@gmail.com

and
13416 Southwest 128th Street
Miami, FL 33186
(786) 732-0247
Digital Contact Information:
behaviorplusservices@gmail.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Woolery, Kimberly, MS, BCBA ■
777 Brickell Ave
Ste 500
Miami, FL 33131
(305) 330-4660
Digital Contact Information:
r.karpen@mbhpays.com

and
10250 SW 56th St
Ste D201
Miami, FL 33165
(888) 527-8037
Digital Contact Information:
r.karpen@mbhpays.com

and
10250 Southwest 56th Street
A202
Miami, FL 33165
(888) 527-8037
Digital Contact Information:
r.karpen@mbhpays.com

and
7905 SW 105th Ave
Miami, FL 33173
(786) 397-2761
Digital Contact Information:
r.karpen@mbhpays.com

and
12985 Southwest 130th Court
204 204
Miami, FL 33186
(305) 735-3878
Digital Contact Information:
r.karpen@mbhpays.com

and
FL
(305) 735-3878
Digital Contact Information:
r.karpen@mbhpays.com

Wray, Hayley, MED, LBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
contracting@bluesprigpediatrics.com

Wynn, Frednica A, MA, BCBA ■
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
https://stepforwardaba.com/
info@stepforwardaba.com

Yebra, Carmen, MS, BCBA ■
12800 SW 8th St
Miami, FL 33184
(786) 319-2980
Digital Contact Information:
http://aworld4kids.com
jhaigballard@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Yedzihiak, William K, MED, LBA ■
1065 Southwest 8th Street
1459
Miami, FL 33130
(855) 853-0228
Digital Contact Information:
williamybcba@childrensmilestone.org

Yero, Emily, BA, BCABA ■
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
services@cmnbtherapy.com

Yglesias, Marianela, MPSY, BCBA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ynirio, Alice M, MPSY, BCBA ■
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
mike.wood@bellmedex.com

and
14554 SW 143rd Pl
Miami, FL 33186
(786) 523-2414
Digital Contact Information:
mike.wood@bellmedex.com

and
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
mike.wood@bellmedex.com

Young-Buitrago, Daniella, MA, BCBA ■
Home Based Services Only
Doral, FL 33122
(305) 603-8747
Digital Contact Information:
db.bx.consultant@gmail.com

Yzquierdo, Roxana, BCBA, MS ■
8353 Southwest 124th Street
102
Miami, FL 33156
(305) 902-6435
Digital Contact Information:
Not Available

and
8603 South Dixie Highway
303
Pinecrest, FL 33156
(305) 902-6435
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Zak, Ashley, MS, BCBA, LBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
outreach@appliedabc.com

Zaldivar, Mirza, MS, BCBA ■
650 Northeast 22nd Terrace
202-9
Homestead, FL 33033
(786) 312-4478
Digital Contact Information:
http://opendoorbehavioralservices.com
embracinghopebes@gmail.com

and
650 Northeast 22nd Terrace
212 214
Homestead, FL 33033
(786) 312-4478
Digital Contact Information:
http://opendoorbehavioralservices.com
embracinghopebes@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Zambrano, Andrea Y, BS, BCBA ■
3508 Northwest 114th Avenue
ste 101
Doral, FL 33178
(954) 608-6767
Digital Contact Information:
floridaintegratedtherapy@gmail.com

Zambrano, Maria C, MED, BCBA ■
8353 Southwest 124th Street
102
Miami, FL 33156
(305) 902-6435
Digital Contact Information:
http://www.abamiami.com
maria@abamiami.com
Other Languages Spoken by Provider or Office Staff
Spanish

Zamora, Caridad R, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
13813 Southwest 32nd Street
Miami, FL 33175
(786) 597-3813
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Zarza Molina, Maydel, MS, BCBA ■
70 NW 6th St
Homestead, FL 33030
(786) 410-8922
Digital Contact Information:
http://brighttherapy.com
maydelzarza71@gmail.com

and
14572 Southwest 155th Place
Miami, FL 33196
(786) 294-8270
Digital Contact Information:
maydelzarza71@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Zayas, Eduardo, BA, BCABA ■
2898 Northwest 79th Avenue
Doral, FL 33122
(305) 597-3861
Digital Contact Information:
zayaseddie@aol.com

Zayas Fernandez, Blanca I, MSED, BCBA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Zeledon Aguilar, Yulinda, MA, BCBA ■
15260 SW 280th St
Ste 205
Homestead, FL 33032
(305) 707-7237
Digital Contact Information:
http://www.familybehaviorservices.org
genesisconsultingservices39@gmail.com

and
10300 Southwest 72nd Street
250b
Miami, FL 33173
(305) 939-6878
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Zelinger-Kaufman, Bascha, MED, BCBA ■
1380 Northeast Miami Gardens Drive
Suite 255
Miami, FL 33179
(954) 651-2969
Digital Contact Information:
info@appliedabc.com
Other Languages Spoken by Provider or Office Staff English

Zuccolotto Lombardi, Janeth K, BS, BCABA ■
18441 Northwest 2nd Avenue
Suite 100
Miami Gardens, FL 33169
(305) 400-1589
Digital Contact Information:
info@skorlando.net
Other Languages Spoken by Provider or Office Staff
Spanish

Zuluaga, Adriana D, MA, BCBA ■
21417 Southwest 109th Court
Cutler Bay, FL 33189
(305) 417-3577
Digital Contact Information:
http://www.bamboobehavior.com
info@bamboobehavior.com

and
8660 West Flagler Street
STE 121
Miami, FL 33144
(305) 600-4774
Digital Contact Information:
info@bamboobehavior.com
Other Languages Spoken by Provider or Office Staff
Spanish

Zuniga, Susana, MS, BCBA ■
100 Northeast 15th Street
203
Homestead, FL 33030
(786) 404-3075
Digital Contact Information:
allstaraba22@gmail.com

and
30908 Southwest 192nd Avenue
Homestead, FL 33030
(786) 404-3148
Digital Contact Information:
allstaraba22@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

AUTISM SOCIAL SKILLS TRAINING

Abdool-Ghany, Faheema, PHD, BCBA-D ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

and
12985 Southwest 130th Court
204 204
Miami, FL 33186
(305) 735-3878
Digital Contact Information:
http://www.abasquad.com
providerenrollment@acornhealth.com

Abreu, Helen, MS, BCBA ■
Home Based Services Only
Doral, FL 33126
(407) 800-6086
Digital Contact Information:
milestonesaba2023@gmail.com

and
2450 Southwest 137th Avenue
232
Miami, FL 33175
(786) 360-6496
Digital Contact Information:
milestonesaba2023@gmail.com

and
12900 Southwest 128th Street
Suite 107
Miami, FL 33186
(786) 312-2665
Digital Contact Information:
milestonesaba2023@gmail.com

and
13416 Southwest 128th Street
Miami, FL 33186
(786) 732-0247
Digital Contact Information:
http://milestones-aba.org
milestonesaba2023@gmail.com

Abreu, Liliam, MA, BCBA ■
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
http://www.miamipersonalmanagement.com
mpmcmhc@miamipersonalmanagement.com
Other Languages Spoken by Provider or Office Staff Spanish

Abreu, Yudeisy, MPSY, BCBA ■
3625 Northwest 82nd Avenue
101
Doral, FL 33166
(786) 583-8663
Digital Contact Information:
sseastcoast22@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
sseastcoast22@gmail.com

and
8300 West Flagler Street
170
Miami, FL 33144
(786) 633-5171
Digital Contact Information:
sseastcoast22@gmail.com

and
2450 Southwest 137th Avenue
232
Miami, FL 33175
(786) 360-6496
Digital Contact Information:
sseastcoast22@gmail.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
sseastcoast22@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Acosta, Gema, MS, BCBA ■
Home Based Services Only
Hialeah, FL 33012
(305) 570-0775
Digital Contact Information:
info@southfloridabehavior.com

Acosta, Indhira, MA, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
https://tillytherapy.com/
bbbinterventions@gmail.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
https://tillytherapy.com/
bbbinterventions@gmail.com

Acosta, Maria, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 467-8879
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
5600 SW 135th Ave
Ste 112
Miami, FL 33183
(305) 467-8879
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
12855 Southwest 136th Avenue
104
Miami, FL 33186
(305) 467-8879
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
Home Based Services Only
Naranja, FL 33032
(407) 800-6086
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Acosta, Natalia, MS, BCBA ■
19022 NE 29th Ave
Miami, FL 33180
(305) 931-1617
Digital Contact Information:
http://www.onupbehavior.com
natalia@onupbehavior.com

and
FL
(305) 931-1617
Digital Contact Information:
natalia@onupbehavior.com
Other Languages Spoken by Provider or Office Staff Spanish

Acosta Pages, Dairy, MPSY, BCBA ■
Home Based Services Only
Doral, FL 33122
(561) 643-7643
Digital Contact Information:
brightstepsaba@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Acosta, Rosa, MS, BCBA ■
8200 Northwest 41st Street
269
Doral, FL 33166
(305) 763-4196
Digital Contact Information:
vivianaicare@gmail.com

and
7801 Northwest 37th Street
Lp-201
Doral, FL 33195
(305) 468-9899
Digital Contact Information:
vivianaicare@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 468-9899
Digital Contact Information:
vivianaicare@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Acosta Soriano, Thabatha, MS, BCBA ■
2500 Northwest 79th Avenue
295
Doral, FL 33122
(305) 896-8161
Digital Contact Information:
info@newlifeaba.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 477-1193
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff Spanish

Acosta Valdes, Misleiny, MA, BCBA ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
services@cmnbtherapy.com

and
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
services@cmnbtherapy.com

Acuna Bermudez, Yudelsy, MS, BCBA ■
2100 West 76th Street
407
Hialeah, FL 33016
(305) 804-3478
Digital Contact Information:
abacenter2022@gmail.com

Adams, Takeira, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Adasme, Andrew, BA, BCABA ■
777 Brickell Ave
Ste 500
Miami, FL 33131
(305) 330-4660
Digital Contact Information:
http://www.lotusbehavior.com
info@lotusbehavior.com
Other Languages Spoken by Provider or Office Staff Sign Lang Amer, Spanish

Aguado, Natalie P, MA, BCBA, LBA ■
14645 Northwest 77th Avenue
Suite 105
Miami Lakes, FL 33014
(202) 420-8359
Digital Contact Information:
http://www.littleleaves.org
billing@littleleaves.org

Aguila, Carolina T, MS, BCBA, LBA ■
2520 Coral Way
2 19
Miami, FL 33145
(855) 832-6727
Digital Contact Information:
info@healtheworld.net
Other Languages Spoken by Provider or Office Staff Spanish

Aguila Cudeiro, Yudy, MSED, BCBA ■
Home Based Services Only
Hialeah, FL 33010
(786) 267-8467
Digital Contact Information:
amhscorp@yahoo.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
amhscorp@yahoo.com
Other Languages Spoken by Provider or Office Staff Spanish

Aguilar Corzo, Marieyis, MBS, BCBA ■
12905 Southwest 42nd Street
STE 111
Miami, FL 33175
(786) 558-4091
Digital Contact Information:
miraclebehavior@gmail.com

and
14750 Southwest 26th Street
STE 114
Miami, FL 33185
(786) 536-9441
Digital Contact Information:
miraclebehavior@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Aguilar, Elsa, BS, BCABA ■
14707 South Dixie Highway
Suite 200
Miami, FL 33176
(305) 321-5177
Digital Contact Information:
administration@familybehaviortherapy.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Aguilar, Fernanda, BS, BCBA ■
1400 Northwest 107th Avenue
306
Miami, FL 33172
(786) 817-7444
Digital Contact Information:
haidde.aquinotapia@kinderkonsulting.com

Aguilar, Lourdes C, BA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 671-7710
Digital Contact Information:
lcbauta@gmail.com

and
15120 Southwest 28th Street
Miami, FL 33185
(786) 269-9254
Digital Contact Information:
lcbauta@gmail.com

Aguilera-Baez, Hiram, MPSY, BCBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
labresha.proctor@kidsspotrehab.com

and
8660 West Flagler Street
STE 121
Miami, FL 33144
(305) 600-4774
Digital Contact Information:
labresha.proctor@kidsspotrehab.com

and
12456 Southwest 127th Avenue
101
Miami, FL 33186
(786) 953-8500
Digital Contact Information:
http://kidsspotrehab.com
labresha.proctor@kidsspotrehab.com

Aguirre, Dayani, MS, BCBA ■
70 NW 6th St
Homestead, FL 33030
(786) 410-8922
Digital Contact Information:
brighttherapy15@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Aira Vazquez, Arisnubia, MS, BCBA ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
sseastcoast22@gmail.com

and
2300 West 84th Street
406
Hialeah, FL 33016
(786) 960-6767
Digital Contact Information:
sseastcoast22@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:

sseastcoast22@gmail.com

and
14875 Northwest 77th Avenue
Suite 204
Miami Lakes, FL 33014
(786) 321-1400
Digital Contact Information:
sseastcoast22@gmail.com

and
5881 Northwest 151st Street
127
Miami Lakes, FL 330142450
(786) 905-2262
Digital Contact Information:
http://sweetchildbehavior.com
sseastcoast22@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Akinduro, Ingrid, MA, BCBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
https://tillytherapy.com/
mayelrgaspe@brightfutureabasolutions.com

and
1951 NW 7th Ave
Ste 600
Miami, FL 33136
(929) 384-7193
Digital Contact Information:
mayelrgaspe@brightfutureabasolutions.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Aladro Miranda, Darcy, MBS, BCBA ■
1414 Northwest 107th Avenue
204
Doral, FL 33172
(305) 225-8711
Digital Contact Information:
bluelifebehaviortherapy@gmail.com

Alanis, Karolina, MA, LBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
r.early@adaptforlifeaba.com
Other Languages Spoken by Provider or Office Staff English

Alarcon Farina, Jacquelin, MPSY, BCBA ■
3750 West 16th Avenue
218
Hialeah, FL 33012
(786) 409-3231
Digital Contact Information:
proactivehealthcare2016@gmail.com

and
8660 West Flagler Street
STE 121
Miami, FL 33144
(305) 600-4774
Digital Contact Information:
proactivehealthcare2016@gmail.com

and
13590 Southwest 134th Avenue
104
Miami, FL 33186
(305) 896-8161
Digital Contact Information:
proactivehealthcare2016@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alba, Tatiana M, MED, BCBA ■
8266 Mills Drive
836012
Miami, FL 33283
(305) 521-9556
Digital Contact Information:
tatiana.m.alba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Albelo Capote, Yusmeisy, MS, BCBA ■
1701 W Flagler St
Ste 310
Miami, FL 33135
(786) 467-7006
Digital Contact Information:
http://www.floridacognitive.com
miamicognitive@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Albernas Acosta, Carmen, BA, BCBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

and
13195 Southwest 134th Street
Ste. 201
Miami, FL 33186
(877) 264-6747
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

Alderman, Crystal, MS, BCBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(561) 235-7613
Digital Contact Information:
stacey@innovativebehaviormgmt.com

Alduncin Lopez, Anabel, BS, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
intouchcommunityserv@gmail.com

Alea, Yadimet, MS, BCBA ■
Home Based Services Only
Naranja, FL 33032
(786) 717-2220
Digital Contact Information:
yadimet93@icloud.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alech Vazquez, Chabeli A, MA, BCBA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(786) 429-3738
Digital Contact Information:
http://appliedbhs.com
dabs@appliedbhs.com

and
5050 Northwest 74th Avenue
107
Miami, FL 33166
(305) 640-8280
Digital Contact Information:
dabs@appliedbhs.com

and
12360 Southwest 132nd Court
STE 205
Miami, FL 33186
(786) 429-3738
Digital Contact Information:
dabs@appliedbhs.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 640-8280
Digital Contact Information:
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Aleman Martinez, Claudia, MA, BCBA ■
Home Based Services Only
South Miami, FL 33143
(305) 763-2117
Digital Contact Information:
claudia.alemanmartinez@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Alfalla, Arleti, MA, BCBA ■
2500 Northwest 79th Avenue
268
Doral, FL 33122
(786) 208-2907
Digital Contact Information:
dayami@childrenbehavioraltherapy.com

and
7779 Northwest 146th Street
Hialeah, FL 33016
(786) 702-6868
Digital Contact Information:
dayami@childrenbehavioraltherapy.com

and
941 Southwest 87th Avenue
Suite A
Miami, FL 33174
(786) 873-9392
Digital Contact Information:
dayami@childrenbehavioraltherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alfaro Tieles, Katileidis, MBS, BCBA ■
5901 Miami Gardens Drive
207
Hialeah, FL 33015
(786) 560-3178
Digital Contact Information:
hopestaraba@gmail.com

and
7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
hopestaraba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alfonso Leyva, Hansel, MA, BCBA ■
15924 SW 92nd Ave
Miami, FL 33157
(786) 636-1303
Digital Contact Information:
maria.aviles@hhfcfl.com

Alfonso Martinez, Taimara, MBS, BCBA ■
5600 Southwest 135th Avenue
202b
Miami, FL 33183
(786) 856-4499
Digital Contact Information:
taimaraoffice@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alfonso, Moraima, BS, BCABA ■
2020 Ponce de Leon
Suite 1201
Miami, FL 33134
(305) 917-5414
Digital Contact Information:
mirta@psychologybeyond.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alford-Sunday, Nakia C, MED, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
tx-credentialing@lifestance.com

Alizo, Silvia, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
hr@thepiecefits.com

Allen, Yohanka, MC, BCBA ■
11925 Southwest 72nd Street
Miami, FL 33183
(305) 562-4683
Digital Contact Information:
shapingacademy@gmail.com

Allen-De Arce, Adriana, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com
Other Languages Spoken by Provider or Office Staff
Spanish

Almaguer, Marilyn, PSYD, BCBA ■
8300 Northwest 53rd Street
Suite 102
Doral, FL 33166
(786) 769-5222
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
100 Northeast 15th Street
203
Homestead, FL 33030
(786) 404-3075
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Almanza, Yosairys, MS, BCBA ■
Home Based Services Only
Doral, FL 33122
(786) 614-3121
Digital Contact Information:
behaviorchangetherapeutics@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alonso, Ariane, MBS, BCBA ■
1490 West 49th Place
Suite 401
Hialeah, FL 33012
(786) 294-0255
Digital Contact Information:
info@bmmaba.com

and
10261 Southwest 72nd Street
Miami, FL 33173
(786) 773-3654
Digital Contact Information:
info@bmmaba.com

and
7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
info@bmmaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alonso, Frances, MS, BCBA ■
7875 Northwest 12th Street
118
Miami, FL 33126
(786) 505-4449
Digital Contact Information:
info@southfloridabehavior.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alonso Gamez, Lixandra, MPSY, BCBA ■
8300 West Flagler Street
170
Miami, FL 33144
(786) 633-5171
Digital Contact Information:
olympushcs@gmail.com

Alonso Garcia, Elizabeth, MS, BCBA ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alonso, Jose M, MMH, BCBA ■
6405 Northwest 36th Street
#123

Virginia Gardens, FL 33166
(786) 872-4325
Digital Contact Information:
http://www.abyshs.com
ytrabado@abyshs.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Alonso, Leticia, MS, BCABA ■
12360 Southwest 132nd Court
STE 205
Miami, FL 33186
(786) 429-3738
Digital Contact Information:
favyhcs@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Alonso, Marilyn, MPSY, BCBA ■
8601 Southwest 199th Street
Cutler Bay, FL 33189
(305) 908-2999
Digital Contact Information:
marygley@bellsouth.net

and
10200 NW 25th St
Ste 114
Doral, FL 33172
(305) 908-2999
Digital Contact Information:
marygley@bellsouth.net

and
40 Northwest 8th Street
Homestead, FL 33030
(305) 908-2999
Digital Contact Information:
marygley@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Alonso, Raysa, MA, BCBA ■
8100 Northwest 155th Street
201
Miami Lakes, FL 33016
(786) 539-2181
Digital Contact Information:
alondraabaservices@gmail.com

Alonso, Yanelis, MS, BCBA ■
8300 Northwest 53rd Street
Suite 102
Doral, FL 33166
(786) 769-5222
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
175 Fontainebleau Boulevard
Miami, FL 33172
(305) 590-1085
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Alsina Triay, Maria D, MS, BCBA ■
6175 Northwest 153rd Street
STE 215
Miami Lakes, FL 33014
(305) 200-3326
Digital Contact Information:
asmtherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Altamirano, Marveed, MA, BCBA ■
13590 Southwest 134th Avenue
104
Miami, FL 33186
(305) 896-8161
Digital Contact Information:
thrivingmindscenter@gmail.com

Alvarez, Asnay M, MPSY, BCBA ■
Home Based Services Only
Hialeah, FL 33012
(561) 460-0284
Digital Contact Information:
admin@dreambigaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alvarez, Catherine, MS, BCBA ■
2300 West 84th Street
Ste 601
Hialeah, FL 33016
(305) 363-4001
Digital Contact Information:
http://www.vytalyzeminds.net
info@vytalyzeminds.net
Other Languages Spoken by Provider or Office Staff
Spanish

Alvarez, Iliana, MED, BCBA ■
930 Hialeah Drive
Hialeah, FL 33010
(786) 398-1509
Digital Contact Information:
magic.path.ins24@gmail.com

and
8040 Northwest 95th Street
217
Hialeah Gardens, FL 33016
(786) 655-3929
Digital Contact Information:
magic.path.ins24@gmail.com

Alvarez, Inna, MBS, BCBA ■
1150 Northwest 72nd Avenue
ph 2
Miami, FL 33126
(786) 542-5043
Digital Contact Information:
http://1stcarecms.com
office@bluehopetherapyservices.com

and
10700 Southwest 46th Street
Miami, FL 33165
(786) 907-4925
Digital Contact Information:
http://www.bluehopetherapyservices.com
office@bluehopetherapyservices.com

Alvarez, Lisbeth, MS, BCBA ■
13590 Southwest 134th Avenue
104
Miami, FL 33186
(305) 896-8161
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alvarez, Lorianne, MA, BCBA ■
13195 Southwest 134th Street
Ste. 201
Miami, FL 33186
(786) 206-6500
Digital Contact Information:
lorianne.alvarez72@gmail.com

and
FL
(786) 516-0157
Digital Contact Information:
lorianne.alvarez72@gmail.com

Alvarez, Mirisleydis, MS, BCBA ■
Home Based Services Only
Hialeah, FL 33013
(786) 486-3909
Digital Contact Information:
malvarezbcba@gmail.com

and
3271 NW 7th St
Ste 203
Miami, FL 33125
(786) 220-6902
Digital Contact Information:
malvarezbcba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alvarez, Olivia, MS, BCBA ■
9415 Southwest 72nd Street
101
Miami, FL 33173
(305) 662-6448
Digital Contact Information:
oliviaalvarezaba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alvarez Ospino, Elvin, MA, BCBA ■
2730 SW 3rd Ave
Ste 602
Miami, FL 33129
(786) 283-0175
Digital Contact Information:
http://alos.org
elvinalvarez@gmail.com

and
2730 Southwest 3rd Avenue
STE 800
Miami, FL 33129
(786) 641-5326
Digital Contact Information:
http://alos.org
elvinalvarez@gmail.com

Alvarez Ramirez, Magne C, MBS, BCABA ■
12855 Southwest 136th Avenue
221
Miami, FL 33186
(786) 319-2276
Digital Contact Information:
admin@bettercareforyou.com

Alvarez, Susana, MS, BCBA ■
10447 Southwest 108th Avenue
e278 e278
Miami, FL 33176
(305) 283-7789
Digital Contact Information:
danielam@fittingpiecestx.com

Alvarez Toledo, Claudia, MS, BCBA ■
8300 NW 53rd St
Ste 350
Miami, FL 33166
(305) 776-0728
Digital Contact Information:
risenconsultants@outlook.com

and
8785 Southwest 165th Avenue
307
Miami, FL 33193
(786) 956-7480
Digital Contact Information:
risenconsultants@outlook.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
risenconsultants@outlook.com

Amadeo, Audrey L, MS, BCBA ■
8785 SW 165th Ave
Ste 103
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
hashtagtherapyinc@gmail.com

and
8785 SW 165th Ave
Ste 104
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
hashtagtherapyinc@gmail.com

and
Home Based Services Only
Miami Gardens, FL 33055
(305) 301-5971
Digital Contact Information:
hashtagtherapyinc@gmail.com

Amador, David, MBS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 536-7470
Digital Contact Information:
dadebehavioralservices@gmail.com

and
12855 Southwest 136th Avenue
221
Miami, FL 33186
(786) 319-2276
Digital Contact Information:
dadebehavioralservices@gmail.com

Amador, Georgina M, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 356-8161
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
English, Spanish

Amador Vale, Monica C, MBS, BCBA ■
717 Ponce de Leon Boulevard
Suite 209
Coral Gables, FL 33134
(305) 381-0839
Digital Contact Information:
https://www.winglessangelsbs.com/
behaviorconsultantfl@gmail.com

and
1900 Southwest 22nd Street
#205
Miami, FL 33145
(305) 648-7212
Digital Contact Information:
behaviorconsultantfl@gmail.com

and
10691 North Kendall Drive
#202
Miami, FL 33176
(786) 534-7172
Digital Contact Information:
behaviorconsultantfl@gmail.com

and
11980 Southwest 144th Court
Suite #210
Miami, FL 33186
(786) 246-4661
Digital Contact Information:
https://www.floridabehaviorhealthgroup.com/
behaviorconsultantfl@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Amat, Marina L, MS, BCBA ■
1570 West 38th Place
12 12
Hialeah, FL 33012
(786) 615-2514
Digital Contact Information:
behaviorplusservices@gmail.com

and
8300 NW 53rd St
Ste 350
Miami, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com

and
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
behaviorplusservices@gmail.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(786) 522-7203
Digital Contact Information:
behaviorplusservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Amestoy, Ana, MPSY, BCBA ■
13590 Southwest 134th Avenue
104
Miami, FL 33186
(305) 896-8161
Digital Contact Information:
apluschildbcorp@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ansteatt, Kayleigh, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
haley.hounchell@yourmissingpiece.com

Appolon, Ludie, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 340-5830
Digital Contact Information:
audrey@beehaviorabatherapy.com

Arandia, Eloisa, MMFT, BCBA, LMHC ■
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arauz, Kristel, MS, BCBA ■
7990 Southwest 117th Avenue
Suite 134
Kendall, FL 33183
(305) 741-2218
Digital Contact Information:
karauz@buildablocktherapy.com

and
8355 West Flagler Street
239
Miami, FL 33126
(305) 741-2218
Digital Contact Information:
karauz@buildablocktherapy.com

Arce, Ana I, MA, BCBA ■
12973 Southwest 112th Street
151
Miami, FL 33186
(305) 204-7037
Digital Contact Information:
info@onebehavior.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Arce Reyes, Maebys, MPSY, BCBA ■
1900 Southwest 22nd Street
#205
Miami, FL 33145
(305) 648-7212
Digital Contact Information:
genesisconsultingservices39@gmail.com

Arcia Leal, Daniela, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 204-8290
Digital Contact Information:
info@mistherapt.com

and
5767 Northwest 151st Street
b
Miami Lakes, FL 33014
(786) 431-5801
Digital Contact Information:
info@mistherapt.com
Other Languages Spoken by Provider or Office Staff
Russian, Yiddish, Spanish

Arcia, Lizbeth, MA, BCBA, LBA ■
Home Based Services Only
Hialeah, FL 33010
(305) 280-5730
Digital Contact Information:
info@appliedabc.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 280-5730
Digital Contact Information:
info@appliedabc.com

Arencibia, Judith, EDS, BCBA ■
1840 West 49th Street
720
Hialeah, FL 33012
(786) 803-8593
Digital Contact Information:
amdja26@gmail.com
Other Languages Spoken by Provider or Office Staff
Russian, Italian, Spanish

Arencibia, Yoarys, MA, BCBA ■
Home Based Services Only
Aventura, FL 33180
(305) 283-0442
Digital Contact Information:
morningsideaba@gmail.com

and
6761 Southwest 6th Street
Miami, FL 33144
(305) 283-0442
Digital Contact Information:
morningsideaba@gmail.com

and
Home Based Services Only
Opa-locka, FL 33054
(305) 283-0442
Digital Contact Information:
morningsideaba@gmail.com

and
Home Based Services Only
West Miami, FL 33144
(305) 283-0442
Digital Contact Information:
morningsideaba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arevalo, Ariana, BA, BCBA ■
9425 Southwest 72nd Street
164
Miami, FL 33173
(305) 279-2286
Digital Contact Information:
taylor@freshstartsnow.com

and
12985 Southwest 130th Court
204 204
Miami, FL 33186
(305) 735-3878
Digital Contact Information:
http://www.abasquad.com
taylor@freshstartsnow.com

Argote, Leah, MA, BCBA ■
2947 Coconut Avenue
2 2
Miami, FL 33133
(786) 541-5735
Digital Contact Information:
kdconsultingfl@gmail.com

Argudin Figueredo, Tania, MS, BCBA ■
16657 Southwest 81st Terrace
Miami, FL 33193
(786) 426-1166
Digital Contact Information:
pathwaysaba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arguelles, Doris, BA, BCABA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 356-8754
Digital Contact Information:
cubanitadori@yahoo.com

and
14536 Southwest 170th Street
Miami, FL 33177
(786) 356-8754
Digital Contact Information:
cubanitadori@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arias, Ivette, MPSY, ABA, BCBA ■
1250 Southwest 27th Avenue
207
Miami, FL 33135
(732) 523-2327
Digital Contact Information:
camiamibehavior@gmail.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
camiamibehavior@gmail.com

and
Home Based Services Only
West Miami, FL 33144
(786) 404-1017
Digital Contact Information:
camiamibehavior@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Arjones Betancourt, Sadielys, MS, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
genesisconsultingservices39@gmail.com

Armas, Yenisleidy, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 695-8672
Digital Contact Information:
abaproinfo@gmail.com

and
4155 Southwest 130th Avenue
108
Miami, FL 33175
(786) 695-8672
Digital Contact Information:
abaproinfo@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Arnesen Hernandez, Zuhe C, MA, BCBA ■
12985 Southwest 130th Court
204 204
Miami, FL 33186
(305) 735-3878
Digital Contact Information:
info@abasquad.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Arocha, Dalkis, MPSY, BCBA ■
HOME BASED SERVICES ONLY
Miami, FL 33178
(305) 280-5732
Digital Contact Information:
developmentalimprovements@outlook.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Aroche, Gladys, MPSY, LMHC ■
5881 Northwest 151st Street
111
Miami Lakes, FL 33014
(305) 440-8920
Digital Contact Information:
gac25@ymail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arriera, Stefanie T, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
admissions@abaalliancecareservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arteaga Simon, Yanela G, MBS, BCBA ■
7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
info@bmmaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Atencia, Angie P, MS, BCBA ■
13055 Southwest 42nd Street
STE 104
Miami, FL 33175
(305) 480-7839
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

Auricchio, Bianca, MS, BCBA ■
13195 Southwest 134th Street
Ste. 201
Miami, FL 33186
(786) 206-6500
Digital Contact Information:
biancathebcba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Autie Castro, Yamila, MPSY, BCBA ■
8660 West Flagler Street
STE 121
Miami, FL 33144
(305) 600-4774
Digital Contact Information:
info@sunshinebehavioralhealthservices.com

Avendano, Lenny, MA, BCBA ■
2898 Northwest 79th Avenue
Doral, FL 33122
(786) 646-9250
Digital Contact Information:
Not Available

Avila, Sara, MS, BCBA ■
FL
(305) 452-0820
Digital Contact Information:
avilasara1211@gmail.com

and
Home Based Services Only
Miami Lakes, FL 33018
(305) 904-1862
Digital Contact Information:
avilasara1211@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Aviles, Frank, MBS, BCBA ■
2898 Northwest 79th Avenue
Doral, FL 33122
(786) 646-9250
Digital Contact Information:
staffing@koalaaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Azaret, Janell M, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 853-8355
Digital Contact Information:
jmazaret@gmail.com

and
1512 Southwest 14th Terrace
Miami, FL 33145
(786) 853-8355
Digital Contact Information:
jmazaret@gmail.com

and
4525 Southwest 146th Court
Miami, FL 33175
(305) 807-1909
Digital Contact Information:
jmazaret@gmail.com

and
12985 Southwest 130th Court
204 204
Miami, FL 33186
(305) 735-3878
Digital Contact Information:
http://www.abasquad.com
jmazaret@gmail.com

Bacaro, Janiett, MA, BCBA ■
110 West 17th Street
Hialeah, FL 33010
(786) 267-8467
Digital Contact Information:
jbm.terapeuta@gmail.com

and
Home Based Services Only
Hialeah, FL 33010
(786) 267-8467
Digital Contact Information:
jbm.terapeuta@gmail.com

and
4410 West 16th Avenue
unit 41
Hialeah, FL 33012
(786) 267-2830
Digital Contact Information:
http://www.abastarbehavioral.com
jbm.terapeuta@gmail.com

and
2459 West 70th Street
Hialeah, FL 33016
(786) 571-0939
Digital Contact Information:
jbm.terapeuta@gmail.com

and
Home Based Services Only
Miami, FL 33155
(786) 747-4949
Digital Contact Information:
jbm.terapeuta@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Bachan, Kassandra, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Baez, Damaris, MA, BCABA ■
14707 South Dixie Highway

Suite 200
Miami, FL 33176
(305) 321-5177
Digital Contact Information:
administration@familybehaviortherapy.com

Baez, Naeyjalite, MS, BCBA, LBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 218-6596
Digital Contact Information:
naeyjalite@stoneofhelpaba.com
Other Languages Spoken by Provider or Office Staff English

Balan, Aurora, MS, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Balart Cid, Lidice M, MBS, BCBA ■
8203 Southwest 124th Street
Pinecrest, FL 33156
(786) 533-3846
Digital Contact Information:
mbcbehavioranalysis@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Baltodano, Fernando, MED, BCBA ■
12750 Southwest 128th Street
Suite #201
Miami, FL 33186
(786) 592-2051
Digital Contact Information:
http://www.behavioraccservices.com
office@behavioraccservices.com

Balza, Melany, MA, BCBA ■
8900 Southwest 117th Avenue
Suite B201
Miami, FL 33186
(305) 896-0425
Digital Contact Information:
seamlessbehavioralinc@gmail.com

Barbero, Aldo J, MED, BCBA ■
20335 West Country Club Drive
1410 1410
Aventura, FL 33180
(786) 523-9153
Digital Contact Information:
info@bluecompassbehavioral.com
Other Languages Spoken by Provider or Office Staff English

Barbeyto, Maria L, MBS, BCBA ■
11256 Southwest 238th Street
Homestead, FL 33032
(305) 498-3176
Digital Contact Information:
http://www.selflc.com
selflearningcenterus@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Barcena, Maylin D, MS, BCBA, LBA ■
2500 Northwest 79th Avenue
268
Doral, FL 33122
(786) 208-2907
Digital Contact Information:
info@wbehavioralservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barciela, Gilberto, MSN, APRNPMH ■
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
forwardwithfc@gmail.com

Barhold, Theresa, BCBA, MS ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
Not Available

Barone, Andrea V, MS, BCBA ■
12973 Southwest 112th Street
151
Miami, FL 33186
(305) 204-7037
Digital Contact Information:
jeanne@onebehavior.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barrancos, Lara S, MS, BCBA ■
Home Based Services Only
Aventura, FL 33180
(305) 283-0442
Digital Contact Information:
behaviorplusservices@gmail.com

and
8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-2822
Digital Contact Information:
behaviorplusservices@gmail.com

and
6761 Southwest 6th Street
Miami, FL 33144
(305) 283-0442
Digital Contact Information:
behaviorplusservices@gmail.com

and
8300 NW 53rd St
Ste 350
Miami, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com

and
Home Based Services Only
Opa-locka, FL 33054
(305) 283-0442
Digital Contact Information:
behaviorplusservices@gmail.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com

and
Home Based Services Only
West Miami, FL 33144
(305) 283-0442
Digital Contact Information:
behaviorplusservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barreiro Sanchez, Marla, MA, BCBA ■
1400 Northwest 107th Avenue
306
Miami, FL 33172
(786) 817-7444
Digital Contact Information:
office@behavioralinterventionforautism.com

Barrera, Maidy, MPSY, BCBA ■
10300 Southwest 72nd Street
250b
Miami, FL 33173
(305) 939-6878
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
13055 Southwest 42nd Street
STE 104
Miami, FL 33175
(305) 480-7839
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barrero Ramirez, Odelmis, MED, BCBA ■
1900 Southwest 22nd Street
#205
Miami, FL 33145
(305) 648-7212
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
13301 Southwest 132nd Avenue
209 209
Miami, FL 33186
(786) 713-5553
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Barreto, Camila, MA, LMFT ■
20225 Northeast 34th Court
APT 2511
Aventura, FL 33180
(805) 453-2525
Digital Contact Information:
http://www.connectedbeings.com
connectedbeings@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barrionuevo, Giovanna, MED, BCBA ■
13195 Southwest 134th Street
Ste. 201
Miami, FL 33186
(786) 206-6500
Digital Contact Information:
giovanna@behavioralfamilysolutions.com

Barroso, Alina, MD, LMHC ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Barsalona, Heather A, MS, BCBA ■
16853 Northeast 2nd Avenue
s102
North Miami Beach, FL 33162
(954) 262-4317
Digital Contact Information:
el436@nova.edu

Baster, Daniela, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 586-5762
Digital Contact Information:
shared@behavioralinsightsllc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Baster, Katerine, BA, BCABA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
http://www.appliedbhs.com
dabs@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Baster Lahera, Yennis, MED, BCBA ■
Home Based Services Only
Hialeah, FL 33012
(786) 728-8966
Digital Contact Information:
abatherapyevolution@gmail.com

Batista, Maylin, PHD, LMHC ■
6001 Northwest 153rd Street
157
Miami Lakes, FL 33014
(415) 941-4109
Digital Contact Information:
http://www.intent-therapy.com
intenttherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Batista, Vanessa, MBS, BCBA ■
8900 Southwest 117th Avenue
c206
Miami, FL 33186
(305) 224-0014
Digital Contact Information:
http://n/a
vbghealth@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bavaresco, Norma P, MS, BCBA ■
8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-2822
Digital Contact Information:
http://www.mgmbehavioral.com
info@newlifeaba.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
13055 Southwest 42nd Street
STE 104
Miami, FL 33175
(305) 480-7839
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bean, Anthony, PHD, LP ■
333 Southeast 2nd Avenue
Suite 2000
Miami, FL 33131
(833) 369-1144
Digital Contact Information:
credentialing@asprcmsolutions.com

Beaton Fernandez, Sheila, MBS, BCBA ■
8350 Northwest 52nd Terrace
Suite 301
Doral, FL 33166
(786) 992-1151
Digital Contact Information:
dleonintegritybehaviorservice@gmail.com

and
9555 Southwest 175th Terrace
555
Palmetto Bay, FL 33157
(305) 812-8048
Digital Contact Information:
dleonintegritybehaviorservice@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Beaujour, Gabriela, BA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
info@acornhealth.com

Becker, Steven, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

Bellido, Yania, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
sseastcoast22@gmail.com

and
7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
sseastcoast22@gmail.com
Other Languages Spoken by Provider or Office Staff

English, Spanish

Bello, Jany L, EDM, BCBA ■
381 North Krome Avenue
Suite 105
Homestead, FL 33030
(305) 440-0048
Digital Contact Information:
http://nextsteptherapy.co
info@avilahealthgroup.com

and
FL
(305) 440-0048
Digital Contact Information:
http://nextsteptherapy.co
info@avilahealthgroup.com

and
3012 Southeast 3rd Drive
Homestead, FL 33033
(305) 407-7442
Digital Contact Information:
http://exceptionalmindsaba.com
info@avilahealthgroup.com

and
Home Based Services Only
Homestead, FL 33033
(305) 407-7442
Digital Contact Information:
info@avilahealthgroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bello Rivera, Yetiem, MS, BCBA ■
8333 NW 53rd St
Ste 450
Miami, FL 33166
(786) 442-4379
Digital Contact Information:
yetiem.bello@professionalhbservices.com

and
Home Visits Only
Virginia Gardens, FL 33166
(786) 442-4379
Digital Contact Information:
http://www.professionalhbservices.com
yetiem.bello@professionalhbservices.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Belot, Max A, MN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

Beltran, Chaveli, BA, BCABA ■
12855 Southwest 136th Avenue
221
Miami, FL 33186
(786) 319-2276
Digital Contact Information:
admin@bettercareforyou.com

Beltran Montalvo, Felipe, MSN, APRN ■
1165 West 49th Street
suite 207
Hialeah, FL 33012
(305) 703-3386
Digital Contact Information:
appointmens@compass.md

and
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
http://www.compasshealthsystems.com
appointmens@compass.md

and
FL
(305) 891-0050
(305) 279-5535
(954) 771-7743
(954) 447-0010
(888) 852-6672
Digital Contact Information:
http://www.compasshealthsystems.com
appointmens@compass.md

and
5245 Northwest 36th Street
Unit 209
Miami Springs, FL 33166
(786) 453-6812
Digital Contact Information:
appointmens@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
appointmens@compass.md

Bencid Gonzalez, Diana, MMH, BCBA ■
Home Based Services Only
Miami Gardens, FL 33014
(305) 777-3883
Digital Contact Information:
acebehavioral2@gmail.com

Bencomo, Danay, MBS, BCBA ■
7779 Northwest 146th Street
Hialeah, FL 33016
(786) 702-6868
Digital Contact Information:
dayami@childrenbehavioraltherapy.com

Benitez, Candace, MA, BCBA ■
770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
card.credentialing@centerforautism.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
card.credentialing@centerforautism.com

and
5201 Blue Lagoon Dr
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
card.credentialing@centerforautism.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
card.credentialing@centerforautism.com

and
80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
card.credentialing@centerforautism.com

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
card.credentialing@centerforautism.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
card.credentialing@centerforautism.com

and
830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
card.credentialing@centerforautism.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(888) 684-2779
Digital Contact Information:
card.credentialing@centerforautism.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
card.credentialing@centerforautism.com
Other Languages Spoken by Provider or Office Staff
Spanish

Benton, Lacy, MED, BCBA ■
2525 Ponce de Leon Boulevard
370
Miami, FL 33134
(888) 343-7222
Digital Contact Information:
http://www.pbhd.health
crd@autismhomesupport.com

Bermudez, Gilda, CD, BCBA ■
18901 Southwest 106th Avenue
229
Miami, FL 33157
(786) 808-6575
Digital Contact Information:
advancecommservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bernat, Juan, BA, BCABA ■
10447 SW 108th Ave
Apt E278
Miami, FL 33176
(305) 597-3861
Digital Contact Information:
inscred2017@gmail.com

Berra, Daniela R, MS, BCBA ■
13501 Southwest 136th Street
STE 205
Miami, FL 33186
(305) 209-4321
Digital Contact Information:
http://sunshinespectrumaba.com
info@sunshinespectrumaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Betancourt, Amneris, PHD, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Betancourt, Ismelis, MED, BCBA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(954) 960-4310
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Betancourt, Yanet, MS, BCABA ■
2500 Northwest 79th Avenue
Suite 180
Doral, FL 33122
(786) 253-7868
Digital Contact Information:
yanet2014cuba@gmail.com

and
5455 Southwest 8th Street
230
Miami, FL 33134
(786) 629-8836
Digital Contact Information:
yanet2014cuba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Billings, Bettina R, MS, LBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(602) 560-2836
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Bingham, Lauren E, EDD, BCBA ■
8450 Northwest 102nd Avenue
225
Doral, FL 33178
(786) 749-8548
Digital Contact Information:
jcamarillo@dreamteambehavioralservices.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 749-8548
Digital Contact Information:
jcamarillo@dreamteambehavioralservices.com

Blanco, Melissa, MED, BCBA ■
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
clinical.coordinator@cmnbtherapy.com

Blanco Sanchez, Yunieska, MPSY, BCBA ■
650 Northeast 22nd Terrace
212 214
Homestead, FL 33033
(786) 312-4478
Digital Contact Information:
http://opendoorbehavioralservices.com
sseastcoast22@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
sseastcoast22@gmail.com

and
Home Based Services Only
Miami, FL 33155
(786) 747-4949
Digital Contact Information:
sseastcoast22@gmail.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
sseastcoast22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bloise, Gabriela, MS, LMHC ■
Home Based Services Only
Miami Gardens, FL 33014
(305) 777-3883
Digital Contact Information:
acebehavioral2@gmail.com

and
5881 Northwest 151st Street
Suite: 103
Miami Lakes, FL 33014
(786) 703-4154
Digital Contact Information:
acebehavioral2@gmail.com

Blumtritt, Cesar E, PHD, BCABA, LMHC ■
10200 Northwest 25th Street
201
Doral, FL 33172
(305) 406-3689
Digital Contact Information:
http://www.foundartacademy.org
denalicrt@aol.com

and
10200 Northwest 25th Street
STE 204
Doral, FL 33172
(305) 406-3689
Digital Contact Information:
http://www.foundartacademy.org
denalicrt@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Boada Hung, Yessika, MS, BCBA ■
9344 Southwest 170th Lane

Palmetto Bay, FL 33157
(305) 710-0029
Digital Contact Information:
yessicaboada1988@gmail.com

Boada Hung, Yirka, MS, BCBA ■
1022 East 8th Avenue
Hialeah, FL 33010
(786) 615-7829
Digital Contact Information:
rgcasali@gmail.com

and
3412 West 84th Street
e106
Hialeah, FL 33018
(305) 827-7344
Digital Contact Information:
rgcasali@gmail.com

and
9344 Southwest 107th Lane
Miami, FL 33186
(305) 710-0029
Digital Contact Information:
rgcasali@gmail.com

and
9344 Southwest 170th Lane
Palmetto Bay, FL 33157
(305) 827-7344
Digital Contact Information:
rgcasali@gmail.com

Bobadilla, Maria, MA, BCBA ■
3833 Southwest 8th Street
Coral Gables, FL 33134
(786) 254-5372
Digital Contact Information:
ucommunityservices@outlook.com

and
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
ucommunityservices@outlook.com

and
20774 West Dixie Highway
b
Miami, FL 33180
(305) 549-8665
Digital Contact Information:
ucommunityservices@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bonet, Yanet, MS, BCBA ■
1900 Southwest 22nd Street
#205
Miami, FL 33145
(305) 648-7212
Digital Contact Information:
eberthsbehavioral@gmail.com

and
6780 Coral Way
Miami, FL 33155
(305) 549-8665
Digital Contact Information:
eberthsbehavioral@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Booker, Janelle, MA, BCBA ■
14645 Northwest 77th Avenue
Suite 105
Miami Lakes, FL 33014
(202) 420-8359
Digital Contact Information:
billing@littleleaves.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

Borrego, Dario, MBS, BCBA ■
14100 Palmetto Frontage Road
UNIT 101
Hialeah, FL 33016
(305) 318-9443
Digital Contact Information:
yuly@abarusllc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Borroto, Aliska, MBS, BCBA ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
learningtogetheraba@gmail.com

and
8080 West Flagler Street
2a
Miami, FL 33144
(786) 615-2640
Digital Contact Information:
https://www.learningtogetheraba.com/
learningtogetheraba@gmail.com

Borroto, Ivana, MS, BCBA ■
12973 Southwest 112th Street
151
Miami, FL 33186
(305) 204-7037
Digital Contact Information:
jeanne@onebehavior.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bottiglieri, Ashley, MA, BCBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
info@fbsaba.com
Other Languages Spoken by Provider or Office Staff English

Boullon, Ana L, MS, BCBA ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
http://universalcommunityservices.com
admin@universalcommunityservices.com

Bourzac, Camila, MA, BCBA ■
18443 Southwest 87th Place
201
Cutler Bay, FL 33157
(305) 699-3241
Digital Contact Information:
http://www.luxabatherapy.com
info@luxabatherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Boza Dominguez, Annia D, MS, BCBA ■
Home Based Services Only
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
gperez@hbccmhc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Brand, Brittany, MED, BCBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
erin.richardson@yourmissingpiece.com

Bravo, Liana, MA, BCBA ■
1180 North Krome Avenue
Homestead, FL 33030
(786) 349-4700
Digital Contact Information:
http://mykidtherapycenter.com
info@mykidtherapycenter.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bravo, Lorena, MA, BCBA ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(954) 577-7790
Digital Contact Information:
http://www.behavior-analysis.org
baicredentialing@behavior-analysis.org

Brazzini, Mijanou, MPSY, LMHC ■
13205 Southwest 137th Avenue
suite 126
Miami, FL 33186
(786) 713-0383
Digital Contact Information:
http://yjwcare.com
mbrazzini61@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Brenes, Annette, MS, BCBA ■
7875 Northwest 12th Street
118
Miami, FL 33126
(786) 505-4449
Digital Contact Information:
http://southfloridabehavior.com
info@southfloridabehavio.com
Other Languages Spoken by Provider or Office Staff
Spanish

Brito Barrios, Erick, MBS, BCBA ■
11890 Southwest 8th Street
405
Miami, FL 33184
(786) 439-7098
Digital Contact Information:
Not Available

Brito, Christian, MS, BCBA ■
11251 SW 240th Ln
Homestead, FL 33032
(305) 912-8399
Digital Contact Information:
weareuniqueaba@gmail.com

and
11276 SW 232nd St
Miami, FL 33170
(305) 912-8399
Digital Contact Information:
weareuniqueaba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Britton, Johanna M, MS, BCBA ■
2020 Ponce de Leon
Suite 1201
Miami, FL 33134
(305) 917-5414
Digital Contact Information:
mirta@psychologybeyond.vom
Other Languages Spoken by Provider or Office Staff
Spanish

Brizuela, David, MS, BCBA ■
Home Based Services Only
Doral, FL 33122
(786) 942-8066
Digital Contact Information:
marthab@neuro-quest.com

and
13055 Southwest 42nd Street
STE 104
Miami, FL 33175
(305) 480-7839
Digital Contact Information:
marthab@neuro-quest.com

Broche, Anibis, MMH, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 979-7309
Digital Contact Information:
anibisbroche@gmail.com

and
11401 SW 40th St
Ste 340
Miami, FL 33165
(786) 907-4925
Digital Contact Information:
anibisbroche@gmail.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
anibisbroche@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Brodeur, Brittany, MS, BCBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
credentialing@alpacahealth.io

Brown, Maria D, MA, BCBA ■
Home Based Services Only
Homestead, FL 33033
(305) 575-9997
Digital Contact Information:
info@behavioralfamilysolutions.com

and
8785 SW 165th Ave
Ste 104
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
info@behavioralfamilysolutions.com

Bryant, Keierica, MA, BCBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
info@actionbehavior.com

Bueno, Ingrid, MA, BCBA ■
1250 Southwest 27th Avenue
207
Miami, FL 33135
(786) 502-3137
Digital Contact Information:
camiamibehavior@gmail.com

and
6405 Northwest 36th Street
Virginia Gardens, FL 33166
(786) 238-2008
Digital Contact Information:
camiamibehavior@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Busbee, Haven N, MA, BCBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
mwood@cbiaba.com

Cabrera, Belkis, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
14722 Southwest 56th Street
Miami, FL 33185
(305) 456-0572
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Cabrera, Carlos, MS, LMHC ■
10515 Southwest 40th Street
Miami, FL 33165
(786) 615-2208
Digital Contact Information:
miamimental@gmail.com

and
10521 Southwest 40th Street
Miami, FL 33165
(786) 853-4285
Digital Contact Information:
miamimental@gmail.com

Cabrera, David, BA, BCBA ■
HOME BASED SERVICES ONLY
Miami, FL 33178
(786) 660-1074
Digital Contact Information:
info@vtccmail.com

Cabrera, Isabel, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 930-6967
Digital Contact Information:
clinicare23@outlook.com

and
10691 North Kendall Drive
#202
Miami, FL 33176
(786) 534-7172
Digital Contact Information:
clinicare23@outlook.com

and
12460 Southwest 8th Street
Miami, FL 33184
(786) 801-0944
Digital Contact Information:
clinicare23@outlook.com

and
FL
(786) 534-7172

(954) 294-6770
Digital Contact Information:
clinicare23@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cabrera, Laura, MS, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
shapingacademy@gmail.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
shapingacademy@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 301-7706
Digital Contact Information:
info@llminds.com

and
1951 NW 7th Ave
Ste 600
Miami, FL 33136
(929) 384-7193
Digital Contact Information:
shapingacademy@gmail.com

and
11925 Southwest 72nd Street
Miami, FL 33183
(305) 562-4683
Digital Contact Information:
shapingacademy@gmail.com

and
16304 Southwest 61st Lane
Miami, FL 33193
(786) 247-7125
Digital Contact Information:
shapingacademy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cabrera Quintana, Yemney, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(754) 234-0643
Digital Contact Information:
tcmfl2018@gmail.com

and
9502 Southwest 166th Court
Miami, FL 33196
(754) 234-0643
Digital Contact Information:
tcmfl2018@gmail.com

and
5881 Northwest 151st Street
127
Miami Lakes, FL 330142450
(786) 768-5756
Digital Contact Information:
http://sweetchildbehavior.com
tcmfl2018@gmail.com

and
7975 Northwest 154th Street
230
Miami Lakes, FL 33016
(305) 874-7245
Digital Contact Information:
tcmfl2018@gmail.com

and
9555 Southwest 175th Terrace
650
Palmetto Bay, FL 33157
(786) 768-5756
Digital Contact Information:
tcmfl2018@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cabrera, Vanessa C, MS, BCBA ■
7925 Northwest 12th Street
130 130
Doral, FL 33126
(786) 870-5090
Digital Contact Information:
http://www.limitlesslearningaba.com
vanessa@limitlesslearningaba.com

and
7925 Northwest 12th Street
Unit 130
Doral, FL 33126
(786) 870-5090
Digital Contact Information:
http://www.limitlesslearningaba.com
vanessa@limitlesslearningaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Caceres, Anniela, MPSY, BCBA ■
10482 Northwest 31st Terrace
STE 2A
Doral, FL 33172
(786) 542-5043
Digital Contact Information:
1stcarecms@gmail.com

and
1150 Northwest 72nd Avenue
ph 2
Miami, FL 33126
(786) 542-5043
Digital Contact Information:
http://1stcarecms.com
1stcarecms@gmail.com

Cacioppo, Christie, MA, BCBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
credentialing@kidsspotrehab.com

and
12456 Southwest 127th Avenue
Miami, FL 33186
(786) 953-8500
Digital Contact Information:
credentialing@kidsspotrehab.com

Caldera, Urania M, MS, BCBA ■
10920 Southwest 184th Street
Miami, FL 33157
(305) 378-5775
Digital Contact Information:
http://www.slbtherapy.com
umcaldera@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Caldera-Crespo, Carmen L, MA, BCBA ■
13300 Southwest 128th Street
Miami, FL 33186
(786) 250-3451
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Calderon Galvez, Giselle, MS, BCBA ■
10675 Southwest 190th Street
STE 1202
Cutler Bay, FL 33157
(786) 227-6262
Digital Contact Information:
office@behaviorandwellnesscorp.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(786) 254-5372
Digital Contact Information:
office@behaviorandwellnesscorp.com
Other Languages Spoken by Provider or Office Staff
Spanish

Calderon, Kelly M, MA, BCBA ■
585 East 49th Street
11
Hialeah, FL 33013
(305) 970-9165
Digital Contact Information:
info@brightstartllc.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Calleja, Conan, MA, BCBA ■
2990 Southeast 7th Place
Homestead, FL 33033
(786) 676-2014
Digital Contact Information:
behaviorskillstraining@gmail.com

Calvert, Judith, MS, BCBA ■
3271 NW 7th St
Ste 203
Miami, FL 33125
(786) 220-6902
Digital Contact Information:
esperanzagroup@espgrp.net

and
13195 Southwest 134th Street
101
Miami, FL 33186
(786) 227-6830
Digital Contact Information:
http://esperanzagroup.net
esperanzagroup@espgrp.net

and
Home Based Services Only
West Miami, FL 33144
(786) 404-1017
Digital Contact Information:
esperanzagroup@espgrp.net
Other Languages Spoken by Provider or Office Staff
Spanish

Camarena, Lizeth, MSED, BCBA ■
909 North Miami Beach Boulevard
STE 301
North Miami Beach, FL 33162
(305) 822-7202
Digital Contact Information:
insurance@appliedbehavior.net
Other Languages Spoken by Provider or Office Staff
Hebrew, Haitian Creole, Creole, French, Spanish

Campbell, Teagan, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
providerenrollment@acornhealth.com

Campos, Alex, MPSY, BCBA ■
Home Based Services Only
Miami, FL 33155
(786) 612-7186
Digital Contact Information:
alextcampos@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Campos, Gloria E, MPSY, BCBA ■
8281 SW 27th Ter
Miami, FL 33155
(786) 509-2538
Digital Contact Information:
gloriaelenacampos@yahoo.com

and
Home Based Services Only
Miami, FL 33155
(786) 509-2538
Digital Contact Information:
gloriaelenacampos@yahoo.com

Canamero, Victoria, BS, BCABA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
sseastcoast22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cancanon, Yunaisis G, MS, BCBA ■
7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
info@bmmaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Capriata, Olga J, MSW, LCSW ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
http://lotuscounseling.com
admi@lotuscounseling.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
http://www.lotuscounseling.com
admi@lotuscounseling.com

and
7811 Coral Way
106
Miami, FL 33155
(305) 412-0138
Digital Contact Information:
admi@lotuscounseling.com

and
13930 SW 47th St
Ste 202
Miami, FL 33175
(305) 387-7850
Digital Contact Information:
admi@lotuscounseling.com

and
5600 SW 135th Ave
Ste 116
Miami, FL 33183
(305) 387-7850
Digital Contact Information:
admi@lotuscounseling.com
Other Languages Spoken by Provider or Office Staff
Spanish

Caraballo Sigler, Yaysel M, MBS, BCBA ■
1700 Southwest 57th Avenue
209
Miami, FL 33155
(786) 558-4981
Digital Contact Information:
ycaraballo@csbehavioralmiami.com

Carabase, Marikate, MED, BCBA, LBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
marikate.greene@gmail.com

and
382 Northeast 191st Street
Miami, FL 33179
(561) 537-6153
Digital Contact Information:
marikate.greene@gmail.com

Carballo Lataza, Julia, MPSY, BCBA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

Carmona, Cristina, MA, BCBA, LBA ■
12730 Northwest 102nd Place
Hialeah Gardens, FL 33018
(305) 343-0783
Digital Contact Information:
http://www.daytodaybehavior.com
goldencarega@mbhpays.com

Carnet Beira, Garry, MS, BCBA ■
5901 Northwest 183rd Street
Suite 264
Hialeah, FL 33015
(786) 803-2664
Digital Contact Information:
https://oasismentalhealthcenter.com
nkitching@readysetconnect.org
Other Languages Spoken by Provider or Office Staff
Spanish

Caro, Denis, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

Carreras Martinez, Monica, MA, BCBA ■
2020 Ponce de Leon
Suite 1201
Miami, FL 33134
(305) 917-5414
Digital Contact Information:
mirta@psychologybeyond.com

and
8370 W Flagler St
Ste 226

Miami, FL 33144
(305) 917-5414
Digital Contact Information:
mirta@psychologybeyond.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Carrillo, Carlos, MA, BCBA ■
20325 Old Cutler Road
Cutler Bay, FL 33189
Digital Contact Information:
info@mykidtherapycenter.com

and
1180 North Krome Avenue
Homestead, FL 33030
(786) 349-4700
Digital Contact Information:
info@mykidtherapycenter.com

and
49 NW 17th St
Homestead, FL 33030
(786) 349-4700
Digital Contact Information:
info@mykidtherapycenter.com

and
14425 Country Walk Drive
Miami, FL 33186
(786) 349-4700
Digital Contact Information:
info@mykidtherapycenter.com

Cartas, Grisel, MS, BCBA, LCSW ■
5455 Southwest 8th Street
230
Miami, FL 33134
(786) 629-8836
Digital Contact Information:
vidacounselinggroup@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Casanas Marrero, Glenda, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 832-6630
Digital Contact Information:
glendacmf@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Casanueva, Yanely, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 537-7016
Digital Contact Information:
bcbaworkteam@gmail.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(786) 287-4039
Digital Contact Information:
bcbaworkteam@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Casillas, Isis, MSW, BCBA ■
9415 SW 72nd St
Ste 131
Miami, FL 33173
(305) 662-6448
Digital Contact Information:
http://www.miamibehaviortherapy.com
info@miamibehaviortherapy.com

and
9415 Southwest 72nd Street
101
Miami, FL 33173
(305) 662-6448
Digital Contact Information:
http://www.miamibehaviortherapy.com
info@miamibehaviortherapy.com

Caso, Sabrina, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

Castellon, Adela, MS, BCBA ■
10200 Northwest 25th Street
STE 204
Doral, FL 33172
(305) 406-3689
Digital Contact Information:
http://www.foundartacademy.org
castellonadela@yahoo.com

and
14125 Northwest 80th Avenue
304
Miami Lakes, FL 33016
(786) 305-7222
Digital Contact Information:
castellonadela@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Castellon, Nohelany, MA, BCBA ■
7990 Southwest 117th Avenue
Suite 134
Kendall, FL 33183
(305) 741-2218
Digital Contact Information:
info@buildablocktherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Castellon, Yaima, MA, BCBA ■
8300 West Flagler Street
170
Miami, FL 33144
(786) 633-5171
Digital Contact Information:
olympushcs@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Castilla, Anamaria, MS, BCBA ■
Home Based Services Only
Pinecrest, FL 33156
(786) 432-1099
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Castillero, Yalilis, BS, BCBA ■
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
credentialing@southbillcare.com
Other Languages Spoken by Provider or Office Staff
Latvian, Spanish

Castineiras, Carla M, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Castro Cordoba, Juan Luis B, MD ■
4960 SW 72nd Ave
Ste 303
Miami, FL 33155
(305) 554-1700
Digital Contact Information:
intake@compass.md

and
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
https://www.compasshealthsystems.com
intake@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
https://www.compasshealthsystems.com
intake@compass.md

Castro De La Cruz, Beatriz, MPSY, BCBA ■
8300 Northwest 53rd Street
Suite 102
Doral, FL 33166
(786) 769-5222
Digital Contact Information:
genesisconsultingservices39@gmail.com

Castro, Helen, MS, BCBA ■
1140 West 50th Street
STE 303
Hialeah, FL 330123411
(305) 231-3371
Digital Contact Information:
monica.castro@riosplace.com

and
12135 Northeast 8th Avenue
North Miami, FL 33161
(954) 292-8645
Digital Contact Information:
https://riosplace.com/
monica.castro@riosplace.com

Castro, Soray, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
(407) 955-4001
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Castro, Synthia, MHS, LBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 873-0935
Digital Contact Information:
intake@rainbowstepsaba.com

and
4310 Southwest 164th Court
Miami, FL 33185
(305) 905-0631
Digital Contact Information:
intake@rainbowstepsaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cavassa, Adriana A, MA, BCBA ■
12750 Southwest 128th Street
Suite #201
Miami, FL 33186
(786) 592-2051
Digital Contact Information:
https://www.behavioraccservices.com
office@behavioraccservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cayon, Margye, MPSY, BCBA ■
12750 Southwest 128th Street
Suite #201
Miami, FL 33186
(786) 592-2051
Digital Contact Information:
http://www.behavioraccservices.com
office@behavioraccservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cazeau, Kintz-Estherlie, MS, BCBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
http://kidsspotrehab.com
team@a1ahealth.com

and
12456 Southwest 127th Avenue
Miami, FL 33186
(786) 953-8500
Digital Contact Information:
team@a1ahealth.com

Cejas Gonzalez, Amisel, MPSY, BCBA ■
3105 Northwest 107th Avenue
Ste 405
Doral, FL 33172
(786) 299-7782
Digital Contact Information:
info@sunshinebehavioralhealthservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cejas, Nazira, MBS, BCBA ■
8660 West Flagler Street
STE 121
Miami, FL 33144
(305) 600-4774
Digital Contact Information:
admin@fkbac.com

and
3479 Northeast 163rd Street
North Miami Beach, FL 33160
(786) 206-6500
Digital Contact Information:
admin@fkbac.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cepero, Erika, MED, LBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
credentialing@alpacahealth.io

Cerna, Olga, MS, BCBA ■
2300 West 84th Street
406
Hialeah, FL 33016
(786) 960-6767
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
5881 Northwest 151st Street
127
Miami Lakes, FL 330142450
(786) 905-2262
Digital Contact Information:
http://sweetchildbehavior.com
info@newlifeaba.com

Cervantes Fernandez, Jose G, MSED, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 523-3249
Digital Contact Information:
cervantesbcba@gmail.com

and
1380 Northeast Miami Gardens Drive
220f
Miami, FL 33179
(786) 523-3249
Digital Contact Information:
cervantesbcba@gmail.com

and
1930 Northeast 185th Terrace
North Miami Beach, FL 33179
(786) 523-3249
Digital Contact Information:
cervantesbcba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cervantes Valladares, Marilin, BSN, BCABA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 587-0424
Digital Contact Information:
cervantes9515@gmail.com

Cervera, Carol, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 853-8355
Digital Contact Information:
cristina@creativekidstherapyinc.com

and
1512 Southwest 14th Terrace
Miami, FL 33145
(786) 853-8355
Digital Contact Information:
cristina@creativekidstherapyinc.com

and
13195 Southwest 134th Street
Ste. 201
Miami, FL 33186
(786) 206-6500

Digital Contact Information:
cristina@creativekidstherapyinc.com

and

FL
(786) 206-6500
Digital Contact Information:
cristina@creativekidstherapyinc.com

and

5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
cristina@creativekidstherapyinc.com

Chacon Asusta, Leonardo, MS, BCBA, LCSW ■
8500 Southwest 8th Street
Ste 258
Miami, FL 33144
(305) 810-8869
Digital Contact Information:
http://www.raisegroup.us
contact@raisegrp.com

and

22133 South Dixie Highway
Miami, FL 33170
(786) 504-3119
Digital Contact Information:
https://fpmflorida.org/
contact@raisegrp.com

and

13155 Southwest 134th Street
202
Miami, FL 33186
(786) 504-3119
Digital Contact Information:
contact@raisegrp.com

Cherician, Diana, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 306-5534
Digital Contact Information:
mpmcmhc@miamipersonalmanagement.com

and

Home Based Services Only
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
mpmcmhc@miamipersonalmanagement.com

and

1031 Ives Dairy Road
STE 240
Miami, FL 33179
(786) 306-5534
Digital Contact Information:
mpmcmhc@miamipersonalmanagement.com

and

945 Southwest 122nd Avenue
Miami, FL 33184
(786) 536-4807
Digital Contact Information:
mpmcmhc@miamipersonalmanagement.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Chico Pimentel, Leonardo, MBS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 299-7782
Digital Contact Information:
littlebluebeesbehaviortherapy2@gmail.com

and

2711 Southwest 137th Avenue
ste 89
Miami, FL 33175
(305) 456-6002
Digital Contact Information:
littlebluebeesbehaviortherapy2@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Chico, Yuleidys G, MBS, BCBA ■
7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
info@bmmaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Chong, Roxana, MS, BCBA ■
8353 Southwest 124th Street
102
Miami, FL 33156
(305) 902-6435
Digital Contact Information:
http://www.abamiami.com
roxanac@abamiami.com

and

8603 South Dixie Highway
303
Pinecrest, FL 33156
(305) 902-6435
Digital Contact Information:
roxanac@abamiami.com
Other Languages Spoken by Provider or Office Staff
Spanish

Choudhury, Ian, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com
Other Languages Spoken by Provider or Office Staff English

Cicetti, Lisa, PSYD, LMHC, LP ■
1100 Southwest 57th Avenue
Suite 100
Miami, FL 33144
(786) 556-7688
Digital Contact Information:
lisacicetti@yahoo.com

Cintron, Natasha, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
info@acornhealth.com

Ciraulo, Salvatore, MA, BCBA, LBA ■
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
aharrell@mercypluscare.com

Clavijo Hernandez, Ana, MBS, BCBA ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
sucel@practice-mgmt.com

and

Home Based Services Only
Hialeah, FL 33013
(786) 592-6680
Digital Contact Information:
sucel@practice-mgmt.com

and

2300 West 84th Street
404a
Hialeah, FL 33016
(786) 681-8494
Digital Contact Information:
sucel@practice-mgmt.com

and

1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
sucel@practice-mgmt.com

and

18303 Southwest 153rd Place
Miami, FL 33187
(786) 343-9391
Digital Contact Information:
sucel@practice-mgmt.com

and

9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
sucel@practice-mgmt.com

Clemente, Rita, MS, BCBA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
http://www.appliedbhs.com
dabs@appliedbhs.com

and

7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Coca-Penna, Stephanie, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Coello, Jenny, MS, BCBA, LBA, LMHC ■
15325 Northwest 60th Avenue
#105
Miami Lakes, FL 33014
(305) 512-5388
Digital Contact Information:
info@kidsbehavioralnetwork.com

and

14411 Commerce Way
350
Miami Lakes, FL 33016
(786) 333-2975
Digital Contact Information:
info@kidsbehavioralnetwork.com
Other Languages Spoken by Provider or Office Staff
English, Sign Lang Amer, Spanish

Coet, Andrew, MA, BCBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
https://tillytherapy.com/
info@excelleratedtc.com

Cofino Matos, Karol, MSN, APRN ■
9849 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 664-4540
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cohen, Regina, MSED, BCBA ■
21011 Northeast 25th Court
Miami, FL 33180
(305) 988-5115
Digital Contact Information:
info@abarockin.com

Comas, Jesus, BS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 875-7812
Digital Contact Information:
info@bhavioralcorporation.com
Other Languages Spoken by Provider or Office Staff
Spanish

Compierchio, Nicole, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

Conde, Krystal, MS, BCBA ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
stpfl@tcbbilling.com

and

7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
stpfl@tcbbilling.com

and

11455 West Flagler Street
417
Miami, FL 33174
(786) 308-6757
Digital Contact Information:
stpfl@tcbbilling.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Haitian, Japanese, French, Russian, Italian, Spanish, Vietnamese

Conley, Makenzie, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

Constantino-Rios, Jeniree Carolina, BS, BCBA ■
8785 SW 165th Ave
Ste 103
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

Contreras, Cindy, MS, BCBA ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(954) 577-7790
Digital Contact Information:
http://www.behavior-analysis.org
baicredentialing@behavior-analysis.org
Other Languages Spoken by Provider or Office Staff
Spanish

Contreras Molerio, Yelena, BS, BCBA ■
10300 Southwest 72nd Street
300
Miami, FL 33173
(561) 608-3573
Digital Contact Information:
http://www.happydreamsofkids.com
happydreamsofkids@gmail.com

Coppola, Amanda, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
providerenrollment@acornhealth.com

Coppola, Whitney, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(757) 277-9874
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Cordido Vega, Mariana, MA, BCBA ■
7925 Northwest 12th Street
130 130
Doral, FL 33126
(786) 870-5090
Digital Contact Information:
http://www.limitlesslearningaba.com
info@limitlesslearningaba.com

and

7875 Northwest 12th Street
118
Miami, FL 33126
(786) 505-4449
Digital Contact Information:
info@limitlesslearningaba.com

Correa, Larisa A, MSW, CSW, LCSW, LICSW, LISW-CP ■
FL
(561) 567-8795
(347) 738-1199

(315) 873-2936
Digital Contact Information:
http://www.joinuplift.co
mpowercounselingpllc@gmail.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
mpowercounselingpllc@gmail.com

and
FL
(561) 567-8795
(347) 738-1199
(315) 873-2936
Digital Contact Information:
http://www.joinuplift.co
mpowercounselingpllc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cortellesso, Ashley, MA, BCBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(410) 538-2574
Digital Contact Information:
https://tillytherapy.com/
credentialing@elemy.com

and
8785 SW 165th Ave
Ste 104
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
http://www.
behavioralfamilysolutions.com
credentialing@elemy.com

Corzo Hernandez, Magalys, BS, BCABA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 587-0424
Digital Contact Information:
magalis.corzo@yahoo.com

Corzo Pumar, Anelys, CD, BCABA ■
1275 West 47th Place
#449
Hialeah, FL 33012
(305) 425-1338
Digital Contact Information:
magicbehavioral@gmail.com

and
Home Based Services Only
Miami Gardens, FL 33014
(305) 640-5739
Digital Contact Information:
magicbehavioral@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Crawford, Brooklyn, MA, BCBA ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(954) 577-7790
Digital Contact Information:
baicredentialing@
behavior-analysis.org

Cruz Estrada, Yanesi D, MS, BCBA ■
10491 Southwest 200th Terrace
Cutler Bay, FL 33189
(786) 230-5158
Digital Contact Information:
luciano@mymbcinc.com

and
2450 Southwest 137th Avenue
232
Miami, FL 33175
(786) 360-6496
Digital Contact Information:
luciano@mymbcinc.com

and
2460 Southwest 137th Avenue
242
Miami, FL 33175
(305) 339-1889
Digital Contact Information:
luciano@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cruz Guzman, Mery, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 538-9758
Digital Contact Information:
silkglovestherapy@gmail.com

Cruz, Kimberly, BA, BCBA ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
kcruz@ebhealthgroup.com

and
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
kcruz@ebhealthgroup.com

Cruz, Natalia, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
genesisconsultingservices39@
gmail.com

and
3750 Northwest 87th Avenue
744
Miami, FL 33178
(786) 899-0308
Digital Contact Information:
genesisconsultingservices39@
gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cruz Ramos, Niurka, MS, BCBA ■
631 Northwest 45th Avenue
100
Miami, FL 33126
(786) 343-8890
Digital Contact Information:
genesisconsultingservices39@
gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cruz Silva, Dianelys, MPSY, BCBA ■
1071 Southwest 124th Court
Miami, FL 33184
(786) 338-0063
Digital Contact Information:
ashley@amromed.com

Cuervo Betancourt, Natacha, BCBA, BS, MED ■
5407 Southwest 131st Court
Miami, FL 33175
(305) 209-1095
Digital Contact Information:
angelesesperan@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cuesta, Daniella, MA, BCBA ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(954) 577-7790
Digital Contact Information:
baicredentialing@
behavior-analysis.org
Other Languages Spoken by Provider or Office Staff
Spanish

Cueto Fernandez, Rachel, MS, BCBA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
http://www.appliedbhs.com
dabs@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cueto, Yenni C, MED, BCBA ■
3750 West 16th Avenue
218
Hialeah, FL 33012
(786) 409-3231
Digital Contact Information:
blossomingmindsllc@gmail.com

and
1670 Northeast 191st Street
Miami, FL 33179
(786) 532-0898
Digital Contact Information:
blossomingmindsllc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cunill, Lauren N, MA, BCBA ■
11925 Southwest 72nd Street
Miami, FL 33183
(305) 562-4683
Digital Contact Information:
http://www.shapingacademy.com
info@shapingacademy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cwalinski, Ana, ABA, BCBA, MS ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(954) 577-7790
Digital Contact Information:
info@behavior-analysis.org

Dabbs, Nadine, MS, BCBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
https://tillytherapy.com/
credentialing.lmbs@lighthousembs.
com

Damus, Harry, PSYD, LP ■
8200 SW 117th Ave
Ste 306
Miami, FL 33183
(305) 274-0640
Digital Contact Information:
hdamus@therapeuticbehavioral.
com
Other Languages Spoken by Provider or Office Staff Creole

Daniel, Dania, MS, BCBA ■
Home Based Services Only
Doral, FL 33126
(305) 433-5489
Digital Contact Information:
dania.daniel@danielhealthcorp.
com

and
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
dania.daniel@danielhealthcorp.
com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(410) 538-2574
Digital Contact Information:
https://tillytherapy.com/
dania.daniel@danielhealthcorp.
com

and
2157 Southwest 13th Avenue
3
Miami, FL 33145
(786) 878-1331
Digital Contact Information:
dania.daniel@danielhealthcorp.
com

and
14358 Southwest 159th Terrace
Miami, FL 33177
(786) 419-1501
Digital Contact Information:
dania.daniel@danielhealthcorp.
com
Other Languages Spoken by Provider or Office Staff
Spanish

Darias-Montano, Marlen, BCBA, MED ■
8890 Southwest 24th Street
210
Miami, FL 33165
(786) 715-9774
Digital Contact Information:
dariasbehavioralservices@gmail.
com
Other Languages Spoken by Provider or Office Staff
Spanish

Davalos Alfonso, Danays, MPSY, BCBA ■
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
danaysdf@gmail.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
danaysdf@gmail.com

and
15295 Northwest 60th Avenue
STE 100
Miami Lakes, FL 33014
(305) 316-2055
Digital Contact Information:
danaysdf@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Davis, Barbara J, PHD, BCBA-D ■
14645 Northwest 77th Avenue
Suite 105
Miami Lakes, FL 33014
(202) 420-8359
Digital Contact Information:
barbara.davis@littleleaves.org

De Armas, Dayanei, MMFT, BCBA, LMHC ■
30392 Old Dixie Highway
Homestead, FL 33030
(786) 283-0175
Digital Contact Information:
beyondpositivepsychology@yahoo.
com

and
30350 SW 156th Ave
Homestead, FL 33033
(305) 975-3126
Digital Contact Information:
beyondpositivepsychology@yahoo.
com

and
12039 Southwest 132nd Court
28 4
Miami, FL 33186
(786) 355-5654
Digital Contact Information:
beyondpositivepsychology@yahoo.
com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
beyondpositivepsychology@yahoo.
com

and
27132 South Dixie Highway
Naranja, FL 33032
(786) 283-0175
Digital Contact Information:
beyondpositivepsychology@yahoo.
com

De La Cruz, Cecilia, MSW, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 418-0608
Digital Contact Information:
luciano@mymbcinc.com

and
10535 Southwest 124th Road
Miami, FL 33186
(305) 418-0608
Digital Contact Information:
luciano@mymbcinc.com
Other Languages Spoken by Provider or Office Staff

Spanish

De La Maza, Claudia, MA, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
genesisconsultingservices39@gmail.com

De La Nuez, Stephenie, MA, BCBA ■
1180 North Krome Avenue
Homestead, FL 33030
(786) 349-4700
Digital Contact Information:
stephenie@mykidtherapycenter.com

and
49 NW 17th St
Homestead, FL 33030
(786) 349-4700
Digital Contact Information:
http://mykidtherapycenter.com
stephenie@mykidtherapycenter.com
Other Languages Spoken by Provider or Office Staff
Spanish

De Leon Guerra, Gidelin, MA, BCBA ■
8350 Northwest 52nd Terrace
Suite 301
Doral, FL 33166
(786) 992-1151
Digital Contact Information:
info@newlifeaba.com

and
10482 Northwest 31st Terrace
STE 2A
Doral, FL 33172
(305) 224-0014
Digital Contact Information:
info@newlifeaba.com

and
12360 Southwest 132nd Court
STE 205
Miami, FL 33186
(786) 429-3738
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

De Souza Morais, Michele, MD ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
https://www.compasshealthsystems.com/credentialing@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(888) 852-6672
Digital Contact Information:
http://www.compasshealthsystems.com
credentialing@compass.md
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

De Tuya, Taylor, MA, BCBA ■
7705 North Kendall Drive
Kendall, FL 33156
(786) 801-9712
Digital Contact Information:
http://firmfoundationsaba.com
taylor@firmfoundationsaba.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 801-3134
Digital Contact Information:
taylor@firmfoundationsaba.com

and
9425 Southwest 72nd Street
164
Miami, FL 33173
(305) 279-2286
Digital Contact Information:
taylor@firmfoundationsaba.com

and
Home Based Services Only
South Miami, FL 33146
(786) 536-9714
Digital Contact Information:
taylor@firmfoundationsaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Debasa Marimon, Gretel, MSED, BCBA ■
2500 Northwest 79th Avenue
Suite 180
Doral, FL 33122
(786) 253-7868
Digital Contact Information:
gretel.debasa@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Degarmo Sesin, Paula S, MS, BCBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(410) 538-2574
Digital Contact Information:
https://tillytherapy.com/
hphpeds@advantumhealth.com

Del Cristo Martinez, Dayalin, MS, BCBA ■
8900 Southwest 117th Avenue
c101
Miami, FL 33186
(786) 568-1259
Digital Contact Information:
icrtherapy1@gmail.com

Del Risco Fuentes, Alina, MA, BCBA ■
FL
(786) 574-1276
Digital Contact Information:
info@bmmaba.com

and
10261 Southwest 72nd Street
Miami, FL 33173
(786) 773-3654
Digital Contact Information:
info@bmmaba.com

and
7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
info@bmmaba.com

Del Sol Amador, Kenia, MS, BCBA ■
2459 West 70th Street
Hialeah, FL 33016
(786) 571-0939
Digital Contact Information:
info@newlifeaba.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Del Sol Padron, Hanalally, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 772-1577
Digital Contact Information:
hanalally.delsol@yahoo.com

and
7001 Southwest 97th Avenue
104
Miami, FL 33173
(786) 772-1577
Digital Contact Information:
hanalally.delsol@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Del Toro, Yilliam V, MS, BCBA, LBA ■
226 Southwest 8th Avenue
Miami, FL 33130
(305) 537-9490
Digital Contact Information:
opusmentalhealthcenter@gmail.com

and
1350 Southwest 57th Avenue
West Miami, FL 33144
(786) 404-1017
Digital Contact Information:
opusmentalhealthcenter@gmail.com

and
Home Based Services Only
West Miami, FL 33144
(786) 404-1017
Digital Contact Information:
opusmentalhealthcenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Delamo, Michael, MA, BCBA ■
2898 Northwest 79th Avenue
Doral, FL 33122
(786) 646-9250
Digital Contact Information:
cary@nwds-staff.com

Delgado Marquez, Marice, EDM, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 227-6003
Digital Contact Information:
marice2490@gmail.com

and
12700 Southwest 122nd Avenue
108 110
Miami, FL 33186
(786) 227-6008
Digital Contact Information:
marice2490@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Delgado, Mayrelis, MS, BCBA ■
3401 Northwest 82nd Avenue
105e
Doral, FL 33122
(786) 614-3121
Digital Contact Information:
Not Available

and
Home Based Services Only
Doral, FL 33122
(786) 614-3121
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Delgado, Nora, BS, BCBA ■
633 North Krome Avenue
Suite 6
Homestead, FL 33030
(786) 525-9926
Digital Contact Information:
dabs.credentialing@appliedbhs.com

and
9555 Southwest 175th Terrace
55
Palmetto Bay, FL 33157
(305) 812-8048
Digital Contact Information:
dabs.credentialing@appliedbhs.com

and
9555 Southwest 175th Terrace
555
Palmetto Bay, FL 33157
(305) 812-8048
Digital Contact Information:
dabs.credentialing@appliedbhs.com

Delgado, Raymond, MED, BCBA ■
4750 Northwest 184th Terrace
Miami Gardens, FL 33055
(305) 301-5971
Digital Contact Information:
hashtagtherapyinc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Delgado, Samantha, MBS, BCBA ■
Home Based Services Only
Miami Lakes, FL 33018
(305) 343-0783
Digital Contact Information:
samantha.delgado.10@gmail.com
Other Languages Spoken by Provider or Office Staff
Haitian, Spanish

Delgado Santana, Arletty, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 299-7782
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
Northwest 6 Street
Miami, FL 33172
(786) 487-8801
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Delgado, Sheila, BA, BCBA ■
10447 SW 108th Ave
Apt E278
Miami, FL 33176
(305) 597-3861
Digital Contact Information:
danielam@fittingpiecestx.com

Delger, Delfina, MA, BCBA ■
1900 N Bayshore Dr
1A-122
Miami, FL 33132
(954) 400-3251
Digital Contact Information:
http://www.abacustherapies.com
haley.hounchell@yourmissingpiece.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(954) 400-3251
Digital Contact Information:
http://www.abacustherapies.com
haley.hounchell@yourmissingpiece.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(954) 400-3251
Digital Contact Information:
haley.hounchell@yourmissingpiece.com

Der Rohe-Borghese, Gema Y, MSW, BCBA, LBA, LCSW ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
orlando@pbhd.health

and
2525 Ponce de Leon Boulevard
370
Miami, FL 33134
(954) 408-1568
Digital Contact Information:
orlando@pbhd.health
Other Languages Spoken by Provider or Office Staff Haitian Creole

Deras, Gabriela, MA, BCBA ■
2898 Northwest 79th Avenue
Doral, FL 33122
(305) 597-3861
Digital Contact Information:
Not Available

Desangeles, Marixiel D, MS, BCBA ■
1900 N Bayshore Dr
1A-122
Miami, FL 33132
(954) 400-3251
Digital Contact Information:
https://abacustherapies.com/
stephanie@abacustherapies.com

and

9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(954) 400-3251
Digital Contact Information:
https://abacustherapies.com/
stephanie@abacustherapies.com

and
18950 Southwest 106th Avenue
118
Miami, FL 33157
(786) 206-3928
Digital Contact Information:
stephanie@abacustherapies.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(954) 400-3251
Digital Contact Information:
https://abacustherapies.com/
stephanie@abacustherapies.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Deschamps, Sonia, MPSY, BCBA ■

1414 Northwest 107th Avenue
204
Doral, FL 33172
(305) 225-8711
Digital Contact Information:
info@
sunshinebehavioralhealthservices.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
info@
sunshinebehavioralhealthservices.com

and
18901 Southwest 106th Avenue
229
Miami, FL 33157
(786) 506-9008
Digital Contact Information:
info@
sunshinebehavioralhealthservices.com

Diaz Alsina, Laura V, MS, BCBA ■

Home Based Services Only
Hialeah, FL 33012
(305) 200-3326
Digital Contact Information:
asmtherapy@gmail.com

and
12985 Southwest 130th Court
101 101
Miami, FL 33186
(786) 205-0090
Digital Contact Information:
asmtherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz Blanco, Noelia M, MS, BCBA ■

8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-2822
Digital Contact Information:
henry.williams@xybermed.com

and
8660 West Flagler Street
STE 121
Miami, FL 33144
(305) 600-4774
Digital Contact Information:
henry.williams@xybermed.com

Diaz Cabrera, Yuleisvi, MS, BCBA ■

2210 Northwest 92nd Avenue
e1
Doral, FL 33172
(786) 208-7539
Digital Contact Information:
vivianaicare@gmail.com

and
7801 Northwest 37th Street
Lp-201
Doral, FL 33195
(305) 468-9899
Digital Contact Information:
vivianaicare@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 468-9899
Digital Contact Information:
vivianaicare@gmail.com

and
2500 SW 107TH AVE
42
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
vivianaicare@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz, Claudia, MS, BCBA ■

3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
http://universalcommunityservices.com
hilda@
universalcommunityservices.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(786) 432-7113
Digital Contact Information:
hilda@
universalcommunityservices.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Diaz Colina, Maria J, BA, BCBA ■

Home Based Services Only
Doral, FL 33126
(305) 433-5489
Digital Contact Information:
vanessa@amromed.com

and
27132 South Dixie Highway
Naranja, FL 33032
(786) 283-0175
Digital Contact Information:
vanessa@amromed.com

Diaz Encinosa, Barbara M, MA, BCBA ■

1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
mamisol58@yahoo.es

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
mamisol58@yahoo.es

and
13301 Southwest 132nd Avenue
201 201
Miami, FL 33186
(305) 509-5537
Digital Contact Information:
mamisol58@yahoo.es

Diaz Gazan, Yudith, MS, BCBA ■

12260 Southwest 8th Street
156
Miami, FL 33184
(786) 332-4326
Digital Contact Information:
Not Available

Diaz Hernandez, Ana J, MPSY, LBA ■

15301 Southwest 123rd Avenue
Miami, FL 33186
(786) 886-6446
Digital Contact Information:
anad12@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz, Janly, MPSY, BCBA ■

7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
info@bmmaba.com

and
Home Based Services Only
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
info@bmmaba.com

Diaz, Lia J, MBS, BCBA ■

16201 Northeast 13th Avenue
North Miami Beach, FL 33162
(786) 955-6224
Digital Contact Information:
http://www.superkidsaba.com
lia@superkidsaba.com

and
17121 Northeast 6th Avenue
North Miami Beach, FL 33162
(305) 952-3161
Digital Contact Information:
lia@superkidsaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz, Lissainet, MA, BCBA ■

12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
lissainet.diaz@cultivatebhe.com

Diaz Llanes, Barbara, MED, BCBA ■

1000 Brickell Avenue
Miami, FL 33131
(786) 569-6783
Digital Contact Information:
team@achievebehaviorcenters.com

Diaz, Marylin, MS, BCBA ■

1500 S Douglas Rd
230
Coral Gables, FL 33134
(407) 800-7711
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Diaz, Michelle, MS, LABA ■

HOME BASED SERVICES ONLY
Miami, FL 33178
(786) 660-1074
Digital Contact Information:
mdiaz@bostonblc.org
Other Languages Spoken by Provider or Office Staff English

Diaz, Miriam A, MBS, BCBA ■

8350 Northwest 52nd Terrace
301 130
Doral, FL 33166
(786) 342-4367
Digital Contact Information:
brightlinebehavior@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz, Miya, MS, BCBA ■

7801 Northwest 37th Street
Lp-201
Doral, FL 33195
(305) 468-9899
Digital Contact Information:
vivianaicare@gmail.com

and
1150 Northwest 72nd Avenue
ph 2
Miami, FL 33126
(786) 542-5043
Digital Contact Information:
http://1stcarecms.com
vivianaicare@gmail.com

and
11890 Southwest 8th Street
405
Miami, FL 33184
(786) 439-7098
Digital Contact Information:
http://britobehaviorservices.com
vivianaicare@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Creole, Spanish

Diaz Molina, Adylen, MPSY, BCBA ■

7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
info@bmmaba.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Diaz Pando, Daniel, BS, BCBA ■

1000 Brickell Avenue
Miami, FL 33131
(786) 538-9758
Digital Contact Information:
silkglovestherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz, Roderick, MA, BCBA ■

2500 Northwest 79th Avenue
Suite 180
Doral, FL 33122
(786) 253-7868
Digital Contact Information:
admin@
universalcommunityservices.com

and
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
http://universalcommunityservices.com
admin@
universalcommunityservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz, Sucely, BS, BCABA ■

7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
dabs.credentialing@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz, Yendri, MA, BCBA ■

12985 Southwest 130th Court
204 204
Miami, FL 33186
(305) 735-3878
Digital Contact Information:
therapy@kidsspotrehab.com

Diaz-Salvat, Claudia, MS, BCBA ■

1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 854-1116
Digital Contact Information:
https://acornhealth.com
support@achievingtrueself.com

and
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
http://kidsspotrehab.com
support@achievingtrueself.com

Dieppa, Renan, MS, LMHC ■

8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-2822
Digital Contact Information:
http://www.mgmbehavioral.com
mgmbehavioral@gmail.com

and
13301 Southwest 132nd Avenue
209 209
Miami, FL 33186
(786) 713-5553
Digital Contact Information:
mgmbehavioral@gmail.com

Dietsch-Vazquez, Liliana, MED, BCBA ■

8200 Northwest 41st Street
Suite 200
Miami, FL 33166
(786) 774-7729
Digital Contact Information:
http://www.integrativemethods.com
info@integrativemethods.com
Other Languages Spoken by

Provider or Office Staff Spanish

Dillette, Bryana, MA, BCBA ■
14125 Northwest 80th Avenue
304
Miami Lakes, FL 33016
(786) 305-7222
Digital Contact Information:
christy@southfloridaaba.org

Dobnikar, Kendall, MA, BCBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
credentialing@kyocare.com

Domingues, Yeidy, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
admissions@abaalliancecareservices.com
Other Languages Spoken by Provider or Office Staff Spanish

Dominguez Alvarez, Dayami, MS, BCBA ■
7779 Northwest 146th Street
Hialeah, FL 33016
(786) 702-6868
Digital Contact Information:
dayami@childrenbehavioraltherapy.com

Dominguez, Alyssa, MS, BCBA ■
9425 Southwest 72nd Street
164
Miami, FL 33173
(305) 279-2286
Digital Contact Information:
taylor@freshstartsnow.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Dominguez Benitez, Lisandra, MS, BCBA ■
7875 Northwest 12th Street
118
Miami, FL 33126
(786) 505-4449
Digital Contact Information:
http://southfloridabehavior.com
info@southfloridabehavio.com
Other Languages Spoken by Provider or Office Staff Spanish

Dominguez Contreras, Lisandra, MS, BCBA ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
http://universalcommunityservices.com
admin@universalcommunityservices.com
Other Languages Spoken by Provider or Office Staff Spanish

Dominguez, Dayana, MBS, BCBA ■
13200 Southwest 128th Street
Suite E2
Miami, FL 33186
(813) 252-0825
Digital Contact Information:
admin@prestigebehaviortherapy.com
Other Languages Spoken by Provider or Office Staff Spanish

Dominguez Lemus, Beatriz, MBS, BCBA ■
99 Northwest 183rd Street
suite: 241E
Miami Gardens, FL 33169
(786) 899-3042
Digital Contact Information:
https://suarezbehavioral.wixsite.com/mysite
suarezbehavioral@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Dominguez Lopez, Greys, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 458-9535
Digital Contact Information:
bmbchildrentherapies@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Dominguez, Nallivi, MS, BCBA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and

6001 Northwest 153rd Street
Suite 160
Miami Lakes, FL 33014
(786) 384-4990
Digital Contact Information:
info@newlifeaba.com

Dominguez Suarez, Roberto, MS, BCBA ■
13416 Southwest 128th Street
Miami, FL 33186
(786) 732-0247
Digital Contact Information:
http://milestones-aba.org
milestonesaba2023@gmail.com

Dominguez Tamayo, Yaliagny D, BS, BCABA ■
3300 West 84th Street
10 10
Hialeah, FL 33018
(561) 909-8980
Digital Contact Information:
privateinsurancechildgarden@gmail.com
Other Languages Spoken by Provider or Office Staff Creole, Spanish

Dominguez Viera, Chesy, BS, BCABA ■
1700 Southwest 57th Avenue
209
Miami, FL 33155
(786) 558-4981
Digital Contact Information:
lpcarecorp@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Dominguez, Yoelkis, MS, BCBA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
http://www.appliedbhs.com
dabs@appliedbhs.com

and

7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff Spanish

Don, Arturo, MC, LMHC ■
17670 Northwest 78th Avenue
STE 113
Hialeah, FL 33015
(716) 558-4565
Digital Contact Information:
sseastcoast22@gmail.com

and

1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
sseastcoast22@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Dopking, Allison M, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
evernorth@teampbs.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Dorler, Jaela, BCBA, MA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(561) 235-7613
Digital Contact Information:
care@tillytherapy.com

Doyle, Alissa D, MA, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
jon@beyondabatherapy.com

and

6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
jon@beyondabatherapy.com

and

1951 NW 7th Ave
Ste 600
Miami, FL 33136
(929) 384-7193
Digital Contact Information:
jon@beyondabatherapy.com

Doyley-Green, Natalie S, MSN, APRN, NP ■
2820 Northeast 214th Street
Aventura, FL 33180
(256) 500-8688
Digital Contact Information:
hello@joinblossomhealth.com

and

2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
http://happierliving.com
hello@joinblossomhealth.com

and

2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com

and

255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com

and

370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com

and

1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://happierliving.com
hello@joinblossomhealth.com

and

333 Southeast 2nd Avenue
Suite #2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
hello@joinblossomhealth.com

and

801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
hello@joinblossomhealth.com

and

3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
http://happierliving.com
hello@joinblossomhealth.com

and

350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com

and

429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com

and

323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com

Driggs, Yenny, MBS, BCBA ■
17324 Northwest 63rd Avenue
Hialeah, FL 33015
(786) 879-2117
Digital Contact Information:
dchsbehavioranalysis@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Drumb, Lisa, MA, BCBA, LBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
info@appliedabc.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Dumbar, Yadira, MS, BCBA ■
Home Based Services Only
Hialeah, FL 33012
(561) 460-0284
Digital Contact Information:
lifetimecareservices@gmail.com

and

8743 Southwest 9th Terrace
4
Miami, FL 33174
(786) 360-2869
Digital Contact Information:
lifetimecareservices@gmail.com

and

5801 Northwest 151st Street
206
Miami Lakes, FL 33014
(305) 504-1749
Digital Contact Information:
lifetimecareservices@gmail.com

and

FL
(305) 504-1749
Digital Contact Information:
lifetimecareservices@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Duran, Gladys A, MSW, LCSW ●
FL
(305) 321-9998
Digital Contact Information:
http://pivotalbeginnings.com
gduran@pivotalbeginnings.com
Other Languages Spoken by Provider or Office Staff Spanish

Duran, Yessenia, MED, LBA ■
10920 Southwest 184th Street
Miami, FL 33157
(305) 378-5775
Digital Contact Information:
http://www.slbtherapy.com
yessenia.duran@live.com
Other Languages Spoken by Provider or Office Staff Spanish

Durgin, Cheryl, MED, LBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
cheryl@blessings-ranch.com

Durham, Wesley A, MA, BCBA ■
8200 Northwest 41st Street
Suite 200
Miami, FL 33166

(786) 774-7729
Digital Contact Information:
http://www.integrativemethods.com
info@integrativemethods.com
Other Languages Spoken by Provider or Office Staff
Spanish

Dustman, Kayla, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Ebro, Ibis, MS, BCBA ■
Home Based Services Only
Miami Gardens, FL 33014
(305) 417-1535
Digital Contact Information:
ibisebro@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Echemendia Hernandez, Keiliss, MSW, LCSW ■
9862 Southwest 196th Street
Cutler Bay, FL 33157
(786) 252-8982
Digital Contact Information:
info@smartendeavorsaba.com

and
7789 Northwest 48th Street
375
Doral, FL 33166
(163) 963-1047
Digital Contact Information:
info@smartendeavorsaba.com

and
13590 Southwest 134th Avenue
210
Miami, FL 33186
(786) 732-4299
Digital Contact Information:
info@smartendeavorsaba.com

Eckardt, Karen, MPSY, BCBA ■
13424 Southwest 90th Terrace
Miami, FL 33186
(786) 308-6353
Digital Contact Information:
eckardtkaren277@gmail.com

Edrosa, Caridad B, MBS, BCBA ■
10711 Southwest 216th Street
103 103
Goulds, FL 33170
(305) 965-9682
Digital Contact Information:
info@abcsfl.com

and
2500 SW 107TH AVE
42
Miami, FL 33165
(305) 965-9682
Digital Contact Information:
http://www.abcsfl.com
info@abcsfl.com

and
FL
(786) 615-3334
Digital Contact Information:
info@abcsfl.com

and
12750 Southwest 128th Street
Suite #201
Miami, FL 33186
(786) 592-2051
Digital Contact Information:
http://www.behavioraccservices.com
info@abcsfl.com

and
13501 Southwest 128th Street
114a
Miami, FL 33186
(786) 732-2139
Digital Contact Information:
info@abcsfl.com

Egendoerfer, Gale, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
amegoaba@amegoinc.org

Elder, Waleed, MSED, LBA ■
16699 Collins Avenue
2609 2609
Sunny Isles Beach, FL 33160
(646) 504-3492
Digital Contact Information:
credentialing@crystalvoxx.com

and
16699 Collins Avenue
Apartment 2609
Sunny Isles Beach, FL 33160
(646) 504-3492
Digital Contact Information:
credentialing@crystalvoxx.com

Elias Rodriguez, Maythe, MS, BCBA ■
1150 Northwest 72nd Avenue
ph 2
Miami, FL 33126
(786) 542-5043
Digital Contact Information:
rmacalino@brightbehavioralhealth.com

and
9555 Southwest 175th Terrace
650
Palmetto Bay, FL 33157
(786) 768-5756
Digital Contact Information:
rmacalino@brightbehavioralhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Elma, Linda S, MSW, LCSW ■
11601 Biscayne Boulevard
303
Miami, FL 33181
(954) 278-0487
Digital Contact Information:
http://lsmsmentalhealth.com
info@lindaelmalcsw.com
Other Languages Spoken by Provider or Office Staff Creole

Emrick, Amanda, MED, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
haley.hounchell@yourmissingpiece.com

Enamorado, Yanko, MD ■
4302 Alton Rd
Ste 820
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com

and
4304 Alton Rd
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com

and
4304 Alton Rd
Fl 1
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com

Enot Flores, Edna, MS, BCBA ■
3625 Northwest 82nd Avenue
101
Doral, FL 33166
(786) 583-8663
Digital Contact Information:
info@appliedabc.com

Enriquez, Daniela, MA, BCBA ■
9425 Southwest 72nd Street
164
Miami, FL 33173
(305) 279-2286
Digital Contact Information:
http://freshstartsnow.com
daniela.enriquez0912@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Enriquez Garcia, Leyanis, MS, BCBA ■
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
info@newlifeaba.com

and
945 Southwest 122nd Avenue
Miami, FL 33184
(786) 536-4807
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff English

Escobar Lozada, Betsy, MS, BCBA ■
6625 Miami Lakes Drive
226
Hialeah, FL 33014
(305) 777-3884
Digital Contact Information:
Not Available

Esparza, Yumi, MMH, BCBA ■
Home Based Services Only
Hialeah, FL 33012
(561) 962-1286
Digital Contact Information:
counselorbroward@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Espejo, Meryl, MA, BCBA ■
5 Olive Drive
15 15
Hialeah, FL 33010
(305) 417-9879
Digital Contact Information:
https://www.behavior-track.com/
info@behavior-track.com

Espejo, Rafael, MA, BCBA ■
5 Olive Dr
Apt 15
Hialeah, FL 33010
(305) 417-9879
Digital Contact Information:
http://www.behavior-track.com
info@behavior-track.com

and
Home Based Services Only
Hialeah, FL 33010
(305) 417-9879
Digital Contact Information:
info@behavior-track.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Espinosa, Anthony, MPSY, BCBA ■
Home Based Services Only
Doral, FL 33122
(305) 394-8251
Digital Contact Information:
info@bmmaba.com

and
7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
info@bmmaba.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Espinoza Marin, Ennyluz, MMH, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Espinoza, Patricia S, MS, BCABA ■
9415 Southwest 72nd Street
101
Miami, FL 33173
(305) 662-6448
Digital Contact Information:
http://www.miamibehaviortherapy.com
maveninbehavior305@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Estevanell, Joshua, MBS, BCBA ■
631 Northwest 45th Avenue
100
Miami, FL 33126
(786) 343-8890
Digital Contact Information:
http://guilservices.com
guilservices001@gmail.com

and
Home Based Services Only
Miami Lakes, FL 33018
(786) 536-7908
Digital Contact Information:
guilservices001@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Estrada Espinosa, Ana, MPSY, BCBA ■
13200 Southwest 128th Street
Suite E2
Miami, FL 33186
(813) 252-0825
Digital Contact Information:
admin@prestigebehaviortherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Estrada, Gabriela E, BA, BCBA ■
365 Northwest 16th Street
Homestead, FL 33030
(305) 546-6160
Digital Contact Information:
abaforlittles@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Exposito, Roxana, MPSY, BCBA ■
8601 Southwest 199th Street
Cutler Bay, FL 33189
(305) 908-2999
Digital Contact Information:
mario@mghomecare.com

and
10200 NW 25th St
Ste 114
Doral, FL 33172
(305) 908-2999
Digital Contact Information:
http://www.mghomecare.com
mario@mghomecare.com

and
40 Northwest 8th Street
Homestead, FL 33030
(305) 908-2999
Digital Contact Information:
mario@mghomecare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fajardo, Grethel, MS, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
genesisconsultingservices39@gmail.com

Falcon, Mariam, MED, BCBA ■
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
http://novacommunityservice.com
info@novacshealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Falcon, Oilime, MD, BCBA ■
FL
(786) 603-6567
Digital Contact Information:
enrollpriv@bikhamhealthcare.com

Faldon-Gamarra, Terry, MED, BCBA ■
11025 SW 84th St
Ste 8
Miami, FL 33173

(833) 971-1230
Digital Contact Information:
info@pbstherapy.com

Fay, Candace, BA, BCABA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(305) 846-9807
Digital Contact Information:
https://acornhealth.com
info@acornhealth.com
Other Languages Spoken by Provider or Office Staff English

Febles, Livia, MPSY, BCBA ■
2500 Southwest 107th Avenue
37
Miami, FL 33165
(305) 228-3780
Digital Contact Information:
excellentcare1@att.net

Feijo, Roberto, BS, BCABA ■
Home Based Services Only
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
southfloridabbf@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Feldman, Hannah, BA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
ebony.taylor@hopebridge.com

Felix, Stephanie, MS, BCBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
credentialing@alpacahealth.io

Fenton Hodge, Yivell M, MS, BCBA ■
7875 Northwest 12th Street
118
Miami, FL 33126
(786) 505-4449
Digital Contact Information:
http://southfloridabehavior.com
info@southfloridabehavio.com

and

10855 Southwest 72nd Street
UNIT 1-5
Miami, FL 33173
(305) 720-2166
Digital Contact Information:
info@southfloridabehavio.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ferbeyre, Halle, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
providerenrollment@acornhealth.com

Fernandez, Adriano, BS, BCABA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
http://www.appliedbhs.com
dabs@appliedbhs.com

and

7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez Duarte, Imandra, MS, BCBA ■
18901 Southwest 106th Avenue
a 227
Cutler Bay, FL 33157
(786) 732-7516
Digital Contact Information:
info@newlifeaba.com

and

1000 Brickell Avenue
Miami, FL 33131
(786) 732-7516
Digital Contact Information:
info@newlifeaba.com

and

18901 Southwest 106th Avenue
229
Miami, FL 33157
(786) 506-9008
Digital Contact Information:
info@newlifeaba.com

and

1031 Ives Dairy Road
STE 240
Miami, FL 33179
(786) 306-5534
Digital Contact Information:
info@newlifeaba.com

and

12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Edwina, MBS, BCBA ■
Home Based Services Only
Miami Gardens, FL 33014
(305) 640-5739
Digital Contact Information:
romerolifehealth@yahoo.com

Fernandez, Janeissy, MS, BCBA ■
10200 Northwest 25th Street
STE 204
Doral, FL 33172
(305) 406-3689
Digital Contact Information:
info@foundartacademy.org
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Jennifer, MS, BCBA, LBA ■
11601 Biscayne Boulevard
Miami, FL 33181
(786) 206-4151
Digital Contact Information:
info@appliedabc.com

and

909 North Miami Beach Boulevard
STE 301
North Miami Beach, FL 33162
(305) 822-7202
Digital Contact Information:
info@appliedabc.com

Fernandez Manso, Andy, BA, BCABA ■
11890 Southwest 8th Street
405
Miami, FL 33184
(786) 439-7098
Digital Contact Information:
Not Available

Fernandez Manso, Cinira, MPSY, BCBA ■
11890 Southwest 8th Street
405
Miami, FL 33184
(786) 439-7098
Digital Contact Information:
Not Available

Fernandez, Marta, MA, BCBA ■
1400 Northwest 107th Avenue
306
Miami, FL 33172
(786) 817-7444
Digital Contact Information:
martafernandezneumann@yahoo.com

and

13866 Southwest 56th Street
Miami, FL 33175
(786) 380-8585
Digital Contact Information:
martafernandezneumann@yahoo.com

Fernandez Martell, Madelin, MD, BCBA ■
9555 Southwest 175th Terrace
Suite 223
Palmetto Bay, FL 33157
(786) 370-4198
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Maydonis, MSED, BCBA ■
6955 Northwest 77th Avenue
205
Miami, FL 33166
(305) 308-4696
Digital Contact Information:
mental.h@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Fernandez, Melanie A, MS, BCBA ■
585 East 49th Street
11
Hialeah, FL 33013
(305) 970-9165
Digital Contact Information:
billingadmin@optimalbeginning.com

and

16311 NW 87th Ct
Hialeah, FL 33018
(305) 586-8549
Digital Contact Information:
billingadmin@optimalbeginning.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Fernandez Ojeda, Zuleimy D, MS, BCBA ■
Home Based Services Only
Miami Shores, FL 33161
(786) 709-8403
Digital Contact Information:
info@cameroarnp.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez Perez, Yilan, BCBA, MS ■
Home Based Services Only
West Miami, FL 33144
(305) 741-2218
Digital Contact Information:
prestigebehavioralcenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Rey, MS, BCBA ■
10300 Southwest 72nd Street
250b
Miami, FL 33173
(305) 939-6878
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Vanessa, MA, BCBA, LBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
credentialing@tillytherapy.com

Fernandez, Vanessa B, MSW, BCBA ■
8200 Northwest 41st Street
Suite 200
Miami, FL 33166
(305) 401-5259
Digital Contact Information:
vanessa.bcba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernando, Arielle, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
providerenrollment@acornhealth.com

Ferran, Flavia M, BA, BCABA ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
services@cmnbtherapy.com

and

7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
services@cmnbtherapy.com
Other Languages Spoken by Provider or Office Staff
Portuguese, English, Haitian Creole, Japanese, French, Russian, Italian, Spanish, Vietnamese

Ferreiro, Melany, MS, BCBA ■
1275 West 47th Place
#449
Hialeah, FL 33012
(305) 425-1338
Digital Contact Information:
magicbehavioral@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ferrer, Barbara, MS, BCBA, LMHC ■
FL
(786) 724-4224
Digital Contact Information:
https://www.vita-cog.com/
enrollpriv@bikhamhealthcare.com

and

9220 Sunset Drive
104
Miami, FL 33173
(786) 724-4224
Digital Contact Information:
enrollpriv@bikhamhealthcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ferrer, Jezabell, EDM, BCBA ■
10300 Southwest 72nd Street
#354
Miami, FL 33173
(786) 444-7996
Digital Contact Information:
jzadvancedbehaviorservices@gmail.com

Figueredo, Vanessa, MS, BCBA ■
7235 Southwest 24th Street
204
Miami, FL 33155
(786) 452-0257
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Figueroa, Danais, MA, BCBA ■
3750 West 16th Avenue
218
Hialeah, FL 33012
(786) 409-3231
Digital Contact Information:
credentialing@kidsspotrehab.com

and

1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@kidsspotrehab.com

Figueroa, Rachel, MS, BCBA, LBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Fitzpatrick, Mary Kathryn, MA, BCBA ■
5901 Southwest 74th Street
#414

Miami, FL 33143
(786) 238-2008
Digital Contact Information:
kfitzpatrick@blnautism.com

and
12456 Southwest 127th Avenue
Miami, FL 33186
(786) 953-8500
Digital Contact Information:
kfitzpatrick@blnautism.com

Flores, Veronica, MS, BCBA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(305) 480-7839
Digital Contact Information:
info@newlifeaba.com

Fonseca, Odalys, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 715-8511
Digital Contact Information:
interbehavcorp@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fraga, Alicia, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
admissions@abaalliancecareservices.com

and
8300 NW 53rd St
Ste 350
Miami, FL 33166
(305) 776-0728
Digital Contact Information:
admissions@abaalliancecareservices.com

and
9570 Southwest 107th Avenue
104c
Miami, FL 33176
(786) 267-2830
Digital Contact Information:
admissions@abaalliancecareservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fraga, Joyce, MED, BCBA ■
9415 Southwest 72nd Street
101
Miami, FL 33173
(305) 662-6448
Digital Contact Information:
http://www.miamibehaviortherapy.com
joycefraga@rocketmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Frances, Elyssa M, MA, BCBA ■
Home Based Services Only
Miami Gardens, FL 33014
(786) 254-7637
Digital Contact Information:
brightstepsaba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Francis, Jasmin, MA, BCBA ■
16201 Northeast 13th Avenue
North Miami Beach, FL 33162
(786) 955-6224
Digital Contact Information:
http://www.superkidsaba.com
jasmin@superkidsaba.com

and
17121 Northeast 6th Avenue
North Miami Beach, FL 33162
(305) 952-3161
Digital Contact Information:
jasmin@superkidsaba.com
Other Languages Spoken by Provider or Office Staff
Hebrew, Spanish

Francois, Esther, MA, BCBA ■
14125 Northwest 80th Avenue
304
Miami Lakes, FL 33016
(786) 305-7222
Digital Contact Information:
christy@southfloridaaba.org

Frank, Sabrina, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 854-1116
Digital Contact Information:
https://acornhealth.com
info@acornhealth.com

Friese, Brianna T, BA, BCABA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
admin@abaalliance.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fuentes Deleon, Romy, MED, BCBA ■
8601 Southwest 199th Street
Cutler Bay, FL 33189
(305) 908-2999
Digital Contact Information:
yordanka@mghomecare.com

and
10200 Northwest 25th Street
STE 114
Doral, FL 33172
(956) 884-4944
Digital Contact Information:
yordanka@mghomecare.com

and
40 Northwest 8th Street
Homestead, FL 33030
(305) 908-2999
Digital Contact Information:
yordanka@mghomecare.com

and
9380 Sunset Drive
b165
Miami, FL 33173
(786) 337-0585
Digital Contact Information:
yordanka@mghomecare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fuentes, Faniley, MS, BCBA ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
info@newlifeaba.com

and
1000 Brickell Avenue
Miami, FL 33131
(754) 234-0643
Digital Contact Information:
info@newlifeaba.com

and
14750 Southwest 26th Street
STE 114
Miami, FL 33185
(786) 536-9441
Digital Contact Information:
info@newlifeaba.com

and
9502 Southwest 166th Court
Miami, FL 33196
(754) 234-0643
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fundora, Gladys, MMH, BCBA, LMHC ■
1000 Brickell Avenue
Miami, FL 33131
(786) 817-2356
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
http://kidsspotrehab.com
rossconsultingandcredentialing@gmail.com

and
19100 Southwest 106th Avenue
12 12
Miami, FL 33157
(786) 360-2852
Digital Contact Information:
rossconsultingandcredentialing@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fundora, Ronnie, MA, BCBA ■
FL
(786) 569-6783
Digital Contact Information:
team@achievebehaviorcenters.com

Fung-Collazo, Thalia, MA, BCBA ■
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
http://www.miamipersonalmanagement.com
mpmcmhc@miamipersonalmanagement.com

and
730 Northwest 107th Avenue
104
Miami, FL 33172
(305) 307-1911
Digital Contact Information:
mpmcmhc@miamipersonalmanagement.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gainor, Dawn M, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
info@acornhealth.com

Gainza Mayo, Mariela D, MSN, APRN ■
7971 Bird Road
15
Miami, FL 33155
(786) 504-5620
Digital Contact Information:
kenia.rodriguez@ffmhs.com

and
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Galan Goicochea, Rosalia, MBS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 433-0897
Digital Contact Information:
bluelifetherapy@gmail.com
Other Languages Spoken by Provider or Office Staff Kreol, Spanish

Galano Fito, Liliana, BA, BCABA ■
1535 N Goldeneye Ln
Homestead, FL 33035
(786) 212-5530
Digital Contact Information:
info@cornerstone-cba.com

Galban, Jazmin, MPSY, BCBA ■
Home Based Services Only
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
gperez@hbccmhc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Galindo Aguero, Indira M, MS, BCBA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gallardo, Rosalva, MS, BCABA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 238-7237
Digital Contact Information:
info@epossibilitiesllc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gandia Blanco, Adeline, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 695-8789
Digital Contact Information:
group@innovatiobhc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garaboa Niebla, Jisell, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
bluelifetherapy@gmail.com

and
13404 Southwest 128th Street
Miami, FL 33186
(305) 433-0897
Digital Contact Information:
http://www.bluelifetherapy.com
bluelifetherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garces, Carmen, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 964-5356
Digital Contact Information:
abacentersolutions@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Garcia, Aylen, MS, BCBA ■
10491 Southwest 200th Terrace
Cutler Bay, FL 33189
(786) 230-5158
Digital Contact Information:
luciano@mymbcinc.com

and
2450 Southwest 137th Avenue
232
Miami, FL 33175
(786) 360-6496
Digital Contact Information:
luciano@mymbcinc.com

and
2460 Southwest 137th Avenue
242
Miami, FL 33175
(305) 339-1889
Digital Contact Information:
luciano@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia Calixto, Valeria, MS, BCBA ■
8350 Northwest 52nd Terrace
301 130
Doral, FL 33166
(786) 342-4367
Digital Contact Information:
brightlinebehavior@gmail.com

Garcia, Candace, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Garcia, Diana, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

and
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

Garcia, Gertrudis, MMFT, LMFT ■
1414 Northwest 107th Avenue
204
Doral, FL 33172
(305) 225-8711
Digital Contact Information:
toplifecaresolutions@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 536-7470
Digital Contact Information:
toplifecaresolutions@gmail.com

and
175 Fontainebleau Boulevard
Miami, FL 33172
(305) 960-7124
Digital Contact Information:
toplifecaresolutions@gmail.com

and
10677 North Kendall Drive
ste 5-a
Miami, FL 33176
(305) 225-8711
Digital Contact Information:
http://toplifecaresolutions.com
toplifecaresolutions@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Garcia, Gretchen, BS, BCABA ■
12150 Southwest 128th Court
222
Miami, FL 33186
(786) 701-8164
Digital Contact Information:
http://www.kendallbehavior.com
office@kendallbehavior.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia Hernandez, Adelfa, BA, BCBA ■
16657 Southwest 81st Terrace
Miami, FL 33193
(786) 426-1166
Digital Contact Information:
pathwaysaba@gmail.com

Garcia, Hugo, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 695-8672
Digital Contact Information:
abaproinfo@gmail.com

and
4155 Southwest 130th Avenue
108
Miami, FL 33175
(786) 919-3784
Digital Contact Information:
abaproinfo@gmail.com
Other Languages Spoken by Provider or Office Staff French

Garcia, Janice, MPSY, BCBA ■
9415 SW 72nd St
Ste 131
Miami, FL 33173
(305) 662-6448
Digital Contact Information:
http://www.miamibehaviortherapy.com
jgarc813@fiu.edu

and
9415 Southwest 72nd Street
101
Miami, FL 33173
(305) 662-6448
Digital Contact Information:
http://www.miamibehaviortherapy.com
jgarc813@fiu.edu

Garcia Lara, Mabel, MBS, BCBA ■
2500 SW 107TH AVE
42
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
luciano@mymbcinc.com

and
9560 SW 107th Ave
Ste 106
Miami, FL 33176
(786) 899-0308
Digital Contact Information:
luciano@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Leonel, BA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(305) 846-9807
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

and
7275 Southwest 90th Way
507 507
Kendall, FL 33156
(305) 970-8117
Digital Contact Information:
providerenrollment@acornhealth.com

Garcia Marchante, Kamila, MS, BCBA, LBA ■
14645 Northwest 77th Avenue
Suite 105
Miami Lakes, FL 33014
(202) 420-8359
Digital Contact Information:
http://www.littleleaves.org
info@littleleaves.org

Garcia, Maria J, MS, LMFT ■
8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-2822
Digital Contact Information:
tashaneb@4kids.us

and
17801 Northwest 2nd Avenue
202
Miami, FL 33169
(954) 979-7911
Digital Contact Information:
tashaneb@4kids.us
Other Languages Spoken by Provider or Office Staff
English, Spanish

Garcia, Maria T, BA, LBA ■
3901 Northwest 79th Avenue
Suite 246
Doral, FL 33166
(786) 418-5400
Digital Contact Information:
http://www.stepsmiami.com
behaviorconsultantsfl@gmail.com

and
11980 Southwest 144th Court
Suite #210
Miami, FL 33186
(305) 640-8918
Digital Contact Information:
behaviorconsultantsfl@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia Mendiola, Niurka, MS, BCBA ■
Home Based Services Only
Hialeah, FL 33013
(786) 592-6680
Digital Contact Information:
mendiola6812@gmail.com

and
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
http://kidsspotrehab.com
mendiola6812@gmail.com

and
8475 Southwest 43rd Street
Miami, FL 33155
(786) 804-9405
Digital Contact Information:
mendiola6812@gmail.com

and
9415 Southwest 72nd Street
SUITE 175
Miami, FL 33173
(786) 406-4353
Digital Contact Information:
mendiola6812@gmail.com

and
13383 Southwest 42nd Street
Miami, FL 33175
(305) 305-7121
Digital Contact Information:
mendiola6812@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Mirtha M, BA, BCABA ■
2550 Northwest 72nd Avenue
115
Miami, FL 33122
(786) 536-2012
Digital Contact Information:
http://sunshinebehaviorhc.com
sunshinebehaviorhealthcare@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia Morejon, Ailyn, MS, BCABA ■
16657 Southwest 81st Terrace
Miami, FL 33193
(786) 426-1166
Digital Contact Information:
pathwaysaba@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Garcia, Niurka, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 587-0424
Digital Contact Information:
niurkagarcia93@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia Paja, Yanaydis, BS, BCBA ■
Home Based Services Only
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
mpmcmhc@miamipersonalmanagement.com

Garcia Pedraja, Miguel H, EDD, BCBA ■
18901 Southwest 106th Avenue
229
Miami, FL 33157
(786) 506-9008
Digital Contact Information:
advancecommservices@gmail.com

Garcia Perez, Wendy, MA, BCBA ■
1180 North Krome Avenue
Homestead, FL 33030
(786) 349-4700
Digital Contact Information:
mleon@mykidtherapycenter.com

and
49 NW 17th St
Homestead, FL 33030
(786) 349-4700
Digital Contact Information:
http://mykidtherapycenter.com
mleon@mykidtherapycenter.com

and
14425 Country Walk Drive
Miami, FL 33186
(786) 349-4700
Digital Contact Information:
mleon@mykidtherapycenter.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia Ramos, Idelvys, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 832-6630
Digital Contact Information:
mohit@bikhamhealthcare.com

and
1425 SW 27th Ave
Miami, FL 33145
(305) 619-3202
Digital Contact Information:
mohit@bikhamhealthcare.com

Garcia Rodriguez, Mailyn, MBS, BCBA ■
8333 NW 53rd St
Ste 450
Miami, FL 33166
(786) 432-7113
Digital Contact Information:
yetiem.bello@professionalhbservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Rossely N, MA, BCBA ■
18451 Northeast 27th Place
Aventura, FL 33160
(786) 683-2398
Digital Contact Information:
info@appliedabc.com

Garcia, Sively, MS, BCBA ■
10300 Southwest 72nd Street
250b
Miami, FL 33173
(305) 939-6878
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Garcia, Solange C, MBS, BCBA ■
11980 Southwest 144th Court
Suite #210
Miami, FL 33186
(305) 640-8918
Digital Contact Information:
https://www.floridabehaviorhealthgroup.com/
behaviorconsultantfl@gmail.com

Garcia, Vanessa J, MS, LBA ■
10143 Costa Del Sol Boulevard
Doral, FL 33178
(917) 284-9393
Digital Contact Information:
info@abaastepatatimecare.com

and
64 Northwest 54th Street
103
Miami, FL 33127
(305) 767-1924
Digital Contact Information:
http://www.autismspecialtygroup.com
info@abaastepatatimecare.com

Garcia, Victoria, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

and
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
providerenrollment@acornhealth.com

Garcia, Yamirka, MS, BCBA ■
7235 Southwest 24th Street
204
Miami, FL 33155
(786) 452-0257
Digital Contact Information:
jcabrera@mymbcinc.com

and
Home Based Services Only
Opa-locka, FL 33054
(786) 919-3784
Digital Contact Information:
jcabrera@mymbcinc.com

Garciga, Orlando, MSED, BCBA ■
7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016

(786) 536-2037
Digital Contact Information:
http://bmmaba.com
info@bmmaba.com

and
Home Based Services Only
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
info@bmmaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garibay Esparza, Manuel, MA, BCBA ■
7925 Northwest 12th Street
130 130
Doral, FL 33126
(786) 870-5090
Digital Contact Information:
http://www.limitlesslearningaba.com
adminabc@abcbehavior.live

and
2947 Coconut Avenue
2 2
Miami, FL 33133
(786) 541-5735
Digital Contact Information:
adminabc@abcbehavior.live

Garrido Garcia, Miguel, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 713-0982
Digital Contact Information:
sunnybehavior@gmail.com

Garrote, Lazaro J, MA, BCBA ■
7990 Southwest 117th Avenue
Suite 134
Kendall, FL 33183
(305) 741-2218
Digital Contact Information:
lgarrote@buildablocktherapy.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 741-2218
Digital Contact Information:
lgarrote@buildablocktherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gawriluk, Morgan, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Gaz, Tzipora, MED, LBA ■
1000 Brickell Avenue
Miami, FL 33131
(347) 893-1266
Digital Contact Information:
licensedbaps@gmail.com
Other Languages Spoken by Provider or Office Staff
Hebrew, Russian, Yiddish, Spanish

Geimer, Eric, MED, BCBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
credentialing@alpacahealth.io

Georgescu, Luisa R, MPSY, BCBA ■
2500 Northwest 79th Avenue
295
Doral, FL 33122
(305) 896-8161
Digital Contact Information:
info@newlifeaba.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(786) 622-5743
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gerecht, Joseph, EDM, BCBA, LBA ■
1688 Meridian Avenue
600 & 700
Miami Beach, FL 33139
(786) 655-8200
Digital Contact Information:
licensedbaps@gmail.com
Other Languages Spoken by Provider or Office Staff
Hebrew, Russian, Yiddish, Spanish

Ghold, Naiylla J, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 991-3213
Digital Contact Information:
kristina@amrextherapypm.com

Gil, Elida E, MS, BCBA ■
9560 SW 107th Ave
Ste 106
Miami, FL 33176
(786) 899-0308
Digital Contact Information:
mortega@tlhproject.com

and
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
mortega@tlhproject.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gil, Lissette, MC, LMHC ■
1000 Brickell Avenue
Miami, FL 33131
(305) 903-3505
Digital Contact Information:
glorialissettegil@gmail.com

and
10661 North Kendall Drive
Suite 228
Miami, FL 33176
(305) 595-5485
Digital Contact Information:
glorialissettegil@gmail.com

and
10691 Southwest 88th Street
Suite 110
Miami, FL 33176
(305) 595-5485
Digital Contact Information:
glorialissettegil@gmail.com

and
12150 Southwest 128th Court
Suite 233
Miami, FL 33186
(786) 238-7666
Digital Contact Information:
glorialissettegil@gmail.com

and
12485 Southwest 137th Avenue
STE 109
Miami, FL 33186
(786) 592-2748
Digital Contact Information:
glorialissettegil@gmail.com

and
8765 Southwest 165th Avenue
203
Miami, FL 33193
(786) 238-7666
Digital Contact Information:
glorialissettegil@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gil, Orianna A, MC, BCBA ■
8353 Southwest 124th Street
102
Miami, FL 33156
(305) 902-6435
Digital Contact Information:
http://abamiami.com
oriannagil0@gmail.com

and
8603 South Dixie Highway
303
Pinecrest, FL 33156
(305) 902-6435
Digital Contact Information:
http://abamiami.com
oriannagil0@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gilbert, Monica D, PSYD, LMHC, LP ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 317-4478
Digital Contact Information:
https://crystalabatherapy.com/
monicagilbert09@yahoo.com

and
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 317-4478
Digital Contact Information:
https://crystalabatherapy.com/
monicagilbert09@yahoo.com
Other Languages Spoken by Provider or Office Staff Sign Lang Amer

Giles, Caitlin, MS, BCBA ■
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
https://stepforwardaba.com/
info@stepforwardaba.com

Gineman, Ashley, BCBA, LBA, MPSY ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(410) 538-2574
Digital Contact Information:
care@tillytherapy.com

Giron, Yamilet, BA, BCBA ■
30350 SW 156th Ave
Homestead, FL 33033
(786) 481-9833
Digital Contact Information:
admin@specialwayaba.com

and
Home Based Services Only
Homestead, FL 33034
(786) 612-9793
Digital Contact Information:
admin@specialwayaba.com

and
6175 Northwest 153rd Street
STE 215
Miami Lakes, FL 33014
(305) 200-3326
Digital Contact Information:
http://asmtherapy.com
admin@specialwayaba.com

and
27132 South Dixie Highway
Naranja, FL 33032
(786) 283-0175
Digital Contact Information:
admin@specialwayaba.com

Giu Zaldivar, Yurima, MS, BCBA ■
2240 Palm Beach Lakes Blvd Ste 400e
Hialeah, FL 33016
(954) 734-4708
Digital Contact Information:
wingsabaservice@gmail.com

and
6121 West 24th Avenue
209 209
Hialeah, FL 33016
(954) 734-4708
Digital Contact Information:
wingsabaservice@gmail.com

and
18901 Southwest 106th Avenue
229
Miami, FL 33157
(786) 506-9008
Digital Contact Information:
wingsabaservice@gmail.com

and
Home Based Services Only
Miami Lakes, FL 33016
(954) 734-4708
Digital Contact Information:
wingsabaservice@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Godoy Duran, Karina, MS, LMFT ■
879 East 28th Street
Hialeah, FL 33013
(786) 326-2260
Digital Contact Information:
innerwellnessaba@gmail.com

and
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
innerwellnessaba@gmail.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(786) 580-2204
Digital Contact Information:
innerwellnessaba@gmail.com

and
13590 Southwest 134th Avenue
104
Miami, FL 33186
(305) 896-8161
Digital Contact Information:
innerwellnessaba@gmail.com

Goldberg, Miriam B, MED, LBA ■
1000 Brickell Avenue
Miami, FL 33131
(347) 893-1266
Digital Contact Information:
sjakoubek@gchmoinc.com

and
633 Northeast 167th Street
FL 8 # 829
Miami, FL 33162
(305) 930-5648
Digital Contact Information:
http://precisionfamilytherapy.com
sjakoubek@gchmoinc.com

and
633 Northeast 167th Street
fl 8 # 829
Miami, FL 33162
(305) 930-5648
Digital Contact Information:
http://precisionfamilytherapy.com
sjakoubek@gchmoinc.com

and
1042 Northeast 179th Terrace
North Miami Beach, FL 33162
(646) 431-6994
Digital Contact Information:
sjakoubek@gchmoinc.com

Gomez, Alexander, MS, BCBA ■
659 Northeast 125th Street
North Miami, FL 33161
(305) 454-9885
Digital Contact Information:
aylahmedicaid@northacademynmb.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gomez, Amelia, MBS, BCBA ■
2500 SW 107TH AVE
42
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
info@abcsfl.com

and
FL
(786) 615-3334
Digital Contact Information:
info@abcsfl.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gomez, Angi D, MBS, BCBA ■
10700 Caribbean Boulevard
UNIT 203
Cutler Bay, FL 33189
(786) 786-4674
Digital Contact Information:
infopositivemindful@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gomez Hernandez, Mario, MBS, BCBA ■
9555 Southwest 175th Terrace
Suite 223
Palmetto Bay, FL 33157

(786) 370-4198
Digital Contact Information:
everlastingachievements@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gomez Machado, Olga S, MED, BCBA ■
18901 Southwest 106th Avenue
229
Miami, FL 33157
(786) 808-6575
Digital Contact Information:
advancecommservices@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gomez, Odalys, MSS, BCBA ■
2500 Southwest 107th Avenue
41
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
info@abcsfl.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
info@abcsfl.com

and
Home Based Services Only
Miami Gardens, FL 33014
(305) 640-5739
Digital Contact Information:
info@abcsfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gomez Quintana, Arquelys, MPSY, BCBA ■
10700 Caribbean Boulevard
UNIT 203
Cutler Bay, FL 33189
(305) 299-8005
Digital Contact Information:
infopositivemindful@gmail.com

Gomez, Yilianna, BCBA, MS ■
7875 Northwest 12th Street
118
Miami, FL 33126
(786) 505-4449
Digital Contact Information:
info@southfloridabehavior.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Adria, MSED, BCBA ■
600 Northeast 22nd Terrace
205
Homestead, FL 33033
(786) 650-2779
Digital Contact Information:
elasabaservicesinc@gmail.com

and
650 Northeast 22nd Terrace
202 09
Homestead, FL 33033
(305) 877-3886
Digital Contact Information:
elasabaservicesinc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Alejandro, MA, BCBA ■
64 Northwest 54th Street
103
Miami, FL 33127
(305) 767-1924
Digital Contact Information:
http://www.autismspecialtygroup.com
raquel.ronacher@autismspecialtygroup.com

Gonzalez, Alexandra, MS, BCBA ■
1550 Madruga Avenue
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
agonzalez14@outlook.com

and
4374 Southwest 164th Court
Miami, FL 33185
(786) 351-7052
Digital Contact Information:
agonzalez14@outlook.com

and
13416 Southwest 128th Street
Miami, FL 33186
(786) 732-0247
Digital Contact Information:
agonzalez14@outlook.com

Gonzalez, Aniamarien, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 778-9646
Digital Contact Information:
amhbehavioralservices@gmail.com

Gonzalez Bejar, Carmen L, BA, BCABA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
http://www.appliedbhs.com
dabs@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com

and
10300 Southwest 72nd Street
#354
Miami, FL 33173
(305) 787-2924
Digital Contact Information:
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Brittany, MA, BCBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
credentialing@alpacahealth.io

Gonzalez, Deynelis, MS, BCBA ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
yavila@avilahealthgroup.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
yavila@avilahealthgroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Ernesto, MPH, BCBA ■
17324 Northwest 63rd Avenue
Hialeah, FL 33015
(786) 879-2117
Digital Contact Information:
dchsbehavioranalysis@gmail.com

Gonzalez Forte, Ariadna, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 695-8672
Digital Contact Information:
abaproinfo@gmail.com

and
4155 Southwest 130th Avenue
108
Miami, FL 33175
(786) 695-8672
Digital Contact Information:
abaproinfo@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, German, French, Spanish

Gonzalez, Hector P, MBS, BCBA ■
12150 Southwest 128th Court
222
Miami, FL 33186
(786) 701-8164
Digital Contact Information:
http://www.kendallbehavior.com
office@kendallbehavior.com

Gonzalez Lastre, Yamilet L, MS, BCBA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
dabs.credentialing@appliedbhs.com

and
8040 Northwest 95th Street
217
Hialeah Gardens, FL 33016
(786) 655-3929
Digital Contact Information:
dabs.credentialing@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
http://appliedbhs.com
dabs.credentialing@appliedbhs.com

Gonzalez Llanes, Nancy, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 538-9758
Digital Contact Information:
silkglovestherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez Lopez, Yenis, MBS, BCBA ■
8950 Southwest 152nd Street
112
Palmetto Bay, FL 33157
(786) 432-0829
Digital Contact Information:
https://www.bluehorizonaba.com/
hr@bluehorizonaba.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gonzalez, Maria, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Gonzalez, Maribel, BA, BCABA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
abaandbeyond20@gmail.com

and
12150 Southwest 128th Court
118
Miami, FL 33186
(786) 319-8882
Digital Contact Information:
abaandbeyond20@gmail.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
abaandbeyond20@gmail.com
Other Languages Spoken by Provider or Office Staff English

Gonzalez, Neyli, MA, BCBA ■
7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
info@bmmaba.com

Gonzalez Otano, Gipsia, MA, BCBA ■
9010 SW 137th Ave
Ste 212
Miami, FL 33186
(786) 762-2474
Digital Contact Information:
gipsia@goodbehaviorbeginnings.net
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez Rivera, Ariel, MA, BCBA ■
730 Northwest 107th Avenue
104
Miami, FL 33172
(305) 504-1749
Digital Contact Information:
dreamingtogether22@gmail.com

and
9010 SW 137th Ave
Ste 212
Miami, FL 33186
(786) 762-2474
Digital Contact Information:
dreamingtogether22@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gonzalez Robaina, Emigdia, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 456-6002
Digital Contact Information:
tampa@littlebluebeesbehaviortherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez Rodriguez, Dianelys, MS, BCBA ■
2500 Northwest 79th Avenue
268
Doral, FL 33122
(786) 208-2907
Digital Contact Information:
info@wbehavioralservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Sadis, MS, BCABA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 263-0207
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
13301 Southwest 132nd Avenue
112 112
Miami, FL 33186
(305) 640-8342
Digital Contact Information:
https://yamtherapyservices.com
info@newlifeaba.com

Gonzalez Santana, Mariolys, MS, BCBA ■
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
credentialing@southbillcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Sheila, MA, BCBA ■
3170 Coral Way
1608 1608
Coral Gables, FL 33145
(786) 577-7228
Digital Contact Information:
http://behavior-evolution.com
contact@behavior-evolution.com

and
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
contact@behavior-evolution.com

and
10964 Southwest 182nd Lane
Miami, FL 33157
(786) 577-7228
Digital Contact Information:
http://behavior-evolution.com
contact@behavior-evolution.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Yailen, MBS, BCBA ■
5901 Miami Gardens Drive
207
Hialeah, FL 33015
(786) 560-3178
Digital Contact Information:
childrendreamsaba@gmail.com

and
909 North Miami Beach Boulevard
STE 301
North Miami Beach, FL 33162
(305) 822-7202
Digital Contact Information:
childrendreamsaba@gmail.com

Gonzalez, Yanet, MA, BCBA ■
Home Based Services Only
Hialeah, FL 33012
(305) 570-0775
Digital Contact Information:
info@sunnydaybehavioral.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Yanetsi S, MS, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Yelina, MS, BCBA ■
30908 Southwest 192nd Avenue
Homestead, FL 33030
(786) 404-3148
Digital Contact Information:
stepstherapycenter@gmail.com

and
HOME BASED SERVICES ONLY
Miami, FL 33178
(305) 280-5732
Digital Contact Information:
stepstherapycenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gordillo, Gabriela, BA, BCBA ■
Home Based Services Only
Aventura, FL 33180
(305) 283-0442
Digital Contact Information:
gordillogabrielabm@yahoo.com

and
8323 Northwest 12th Street
Suite 216
Doral, FL 33126
(305) 224-1929
Digital Contact Information:
gordillogabrielabm@yahoo.com

and
FL
(305) 224-1929
(305) 283-0442
Digital Contact Information:
gordillogabrielabm@yahoo.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
gordillogabrielabm@yahoo.com

and
6761 Southwest 6th Street
Miami, FL 33144
(305) 283-0442
Digital Contact Information:
gordillogabrielabm@yahoo.com

and
15715 South Dixie Highway
318
Miami, FL 33157
(786) 343-9391
Digital Contact Information:
gordillogabrielabm@yahoo.com

and
Home Based Services Only
Opa-locka, FL 33054
(305) 283-0442
Digital Contact Information:
gordillogabrielabm@yahoo.com

and
Home Based Services Only
West Miami, FL 33144
(305) 283-0442
Digital Contact Information:
gordillogabrielabm@yahoo.com

Gordon, Stephen, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(772) 266-8727
Digital Contact Information:
https://acornhealth.com
info@acornhealth.com

Gorham, Tania, MMFT, LMFT ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
gorhamtania@gmail.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
gorhamtania@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Greenhaw, Rhonda J, MBS, BCBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(410) 538-2574
Digital Contact Information:
https://tillytherapy.com/
rosie@equanimitytherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Grille, Nicole J, MA, BCBA ■
7925 Northwest 12th Street
130 130
Doral, FL 33126
(786) 870-5090
Digital Contact Information:
http://www.limitlesslearningaba.com
nicole@limitlesslearningaba.com

and
7925 Northwest 12th Street
Unit 130
Doral, FL 33126
(786) 870-5090
Digital Contact Information:
http://www.limitlesslearningaba.com
nicole@limitlesslearningaba.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Grueiro, Eliani, BS, BCABA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 588-7894
Digital Contact Information:
info@newlifeaba.com

and
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
info@newlifeaba.com

and
306 Westward Dr
Miami Springs, FL 33166
(786) 588-7894
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Guedes, Sabrina, MA, BCBA ■
7801 Northwest 37th Street
Lp-201
Doral, FL 33195
(305) 468-9899
Digital Contact Information:
vivianaicare@gmail.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
vivianaicare@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Creole, Spanish

Guerra, Evelin, MA, BCABA ■
8300 West Flagler Street
170
Miami, FL 33144
(786) 633-5171
Digital Contact Information:
olympushcs@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Guerra Garcia, Yaney, MS, BCBA ■
7900 Oak Ln
400
Hialeah, FL 33016
(786) 622-5743
Digital Contact Information:
ymbehavioralhealth@gmail.com

and
14505 Commerce Way
Ste 750
Miami Lakes, FL 33016
(305) 362-9989
Digital Contact Information:
ymbehavioralhealth@gmail.com

Guerra Mayedo, Geidy, MS, BCBA ■
Home Based Services Only
Virginia Gardens, FL 33166
(786) 328-4688
Digital Contact Information:
ggmtherapyservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Guerra Raillo, Rosiris Y, MS, BCBA ■
6625 Miami Lakes Drive
231
Miami Lakes, FL 33014
(786) 322-9323
Digital Contact Information:
goldenkidscare@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Guerra, Yoel, MA, BCBA ■
Home Based Services Only
Doral, FL 33122
(561) 643-7643
Digital Contact Information:
brightstepsaba@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 263-0207
Digital Contact Information:
brightstepsaba@gmail.com

and
9600 Northwest 25th Street
STE 5E
Miami, FL 33172
(888) 527-8037
Digital Contact Information:
brightstepsaba@gmail.com

and
9299 SW 152nd St
Ste 200
Palmetto Bay, FL 33157
(305) 964-5356
Digital Contact Information:
brightstepsaba@gmail.com

Guerrero, Claudia P, MPSY, BCBA ■
13866 Southwest 56th Street
Miami, FL 33175
(786) 953-4446
Digital Contact Information:
btherapyconsultants@gmail.com

Guerrero, Cristina, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 277-1571
Digital Contact Information:
cristina@alternative-behavior.com

and
15715 South Dixie Highway
410
Miami, FL 33157
(786) 277-1571
Digital Contact Information:
http://www.alternative-behavior.com
cristina@alternative-behavior.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Guevara, Nancy, MS, BCBA ■
30392 Old Dixie Highway
Homestead, FL 33030
(786) 283-0175
Digital Contact Information:
info@nnrtherapycenter.com

and
14204 Southwest 289th Terrace
Homestead, FL 33033
(305) 878-1255
Digital Contact Information:
info@nnrtherapycenter.com

and
3201 Northwest 24th Street Road
301
Miami, FL 33142
(305) 846-1804
Digital Contact Information:
info@nnrtherapycenter.com

and
17363 Southwest 137th Place
Miami, FL 33177
(305) 905-0877
Digital Contact Information:
info@nnrtherapycenter.com

and
27132 South Dixie Highway
Naranja, FL 33032
(786) 283-0175
Digital Contact Information:
info@nnrtherapycenter.com
Other Languages Spoken by Provider or Office Staff
Spanish

Guevara, Niurvis, MS, BCBA ■
5201 Blue Lagoon Dr
Fl 8
Miami, FL 33126
(786) 857-1195
Digital Contact Information:
info@nnrtherapycenter.com

and
3201 Northwest 24th Street Road
301
Miami, FL 33142
(305) 846-1804
Digital Contact Information:
info@nnrtherapycenter.com

and
17363 Southwest 137th Place
Miami, FL 33177
(786) 857-1195
Digital Contact Information:
info@nnrtherapycenter.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Guevara, Orlando, MS, BCBA ■
Home Based Services Only
Doral, FL 33122
(305) 603-8747
Digital Contact Information:
withoutlimitstherapy@gmail.com

and
7801 Northwest 37th Street
Lp-201
Doral, FL 33195
(305) 468-9899
Digital Contact Information:
withoutlimitstherapy@gmail.com

and
15884 Southwest 137th Avenue
Miami, FL 33177
(305) 456-6002
Digital Contact Information:
withoutlimitstherapy@gmail.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
withoutlimitstherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Creole, Spanish

Guibert Reyes, Wilfredo, MS, BCBA ■
8300 NW 53rd St
Ste 350
Miami, FL 33166

(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Guillen, Wendy, MA, BCBA ■
Home Based Services Only
Doral, FL 33126
(305) 433-5489
Digital Contact Information:
sasha@mestre-behavior.com

Guinaldo, Berenice D, MBS, BCBA ■
13155 SW 134th St
Ste 207
Miami, FL 33186
(785) 358-6559
Digital Contact Information:
http://www.superherospeechtherapy.com
jennifer.horta@superherospeechtherapy.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gutierrez De Leon, Yanaiky C, MBS, BCBA ■
10300 Southwest 72nd Street
300
Miami, FL 33173
(786) 418-9730
Digital Contact Information:
http://www.happydreamsofkids.com
littlebluebeesbehaviortherapy2@gmail.com
and
9485 Sunset Drive
A-258
Miami, FL 33173
(786) 812-0705
Digital Contact Information:
littlebluebeesbehaviortherapy2@gmail.com
and
15884 Southwest 137th Avenue
Miami, FL 33177
(305) 456-6002
Digital Contact Information:
https://www.littlebluebeesbehaviortherapy.com/
littlebluebeesbehaviortherapy2@gmail.com

Gutierrez, Maritery, MBS, BCBA ■
13155 Southwest 42nd Street
STE 204
Miami, FL 33175
(786) 486-9756
Digital Contact Information:
loveinservicesinc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gutierrez, Marta, MS, BCBA ■
13055 Southwest 42nd Street
205
Miami, FL 33175
(305) 846-9079
Digital Contact Information:
eandgtherapycorp@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gutierrez-Rodriguez, Lorena, MS, BCBA ■
9240 Southwest 158th Lane
Palmetto Bay, FL 33157
(305) 788-2849
Digital Contact Information:
eibs@eibscorp.com
Other Languages Spoken by Provider or Office Staff
Spanish

Guzman, Francisco J, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
providerenrollment@geodehealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Guzman Seijas, Nivaldo, MA, BCBA ■
2100 West 76th Street
407
Hialeah, FL 33016
(305) 804-3478
Digital Contact Information:
abacenter2022@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Haider, Shamshad, MED, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff Farsi, Urdu, Arabic, Hindi

Halim, Anjelica J, MS, BCBA ■
7990 Southwest 117th Avenue
Suite 134
Kendall, FL 33183
(305) 741-2218
Digital Contact Information:
ajacome@buildablocktherapy.com

Hammerstrom, Ashlyn, MA, BCBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
therapy@kidsspotrehab.com
and
12456 Southwest 127th Avenue
101
Miami, FL 33186
(786) 953-8500
Digital Contact Information:
http://kidsspotrehab.com
therapy@kidsspotrehab.com

Hardanian, Shahnawz, MS, BCBA ■
14645 Northwest 77th Avenue
Suite 105
Miami Lakes, FL 33014
(202) 420-8359
Digital Contact Information:
info@littleleaves.org

Hayes, Elisabeth, MA, BCBA ■
936 SW 1st Ave
Miami, FL 33130
(805) 252-7770
Digital Contact Information:
elisabeth@lanternlearning.org
and
1000 Brickell Avenue
Miami, FL 33131
(805) 252-7770
Digital Contact Information:
elisabeth@lanternlearning.org
Other Languages Spoken by Provider or Office Staff
Spanish

Hebra, Nancy, BS, BCABA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 964-5356
Digital Contact Information:
abacentersolutions@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hechavarria, Lianet, MPSY, BCBA ■
Home Based Services Only
Miami Gardens, FL 33014
(305) 640-5739
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Heredia Gonzalez, Laura, MS, BCBA ■
Home Based Services Only
Hialeah, FL 33012
(305) 200-3326
Digital Contact Information:
asmtherapy@gmail.com
and
12150 Southwest 128th Court
125
Miami, FL 33186
(305) 964-5191
Digital Contact Information:
asmtherapy@gmail.com
and
6175 Northwest 153rd Street
STE 215
Miami Lakes, FL 33014
(305) 200-3326
Digital Contact Information:
asmtherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Ada, MS, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Alexandria, MS, BCBA, LBA ■
9241 Southwest 212th Terrace
Cutler Bay, FL 33189
(786) 447-0022
Digital Contact Information:
aly.hernandez86@gmail.com

Hernandez, Alhena, MSED, BCBA ■
14204 Southwest 289th Terrace
Homestead, FL 33033
(305) 878-1255
Digital Contact Information:
abatoday7@gmail.com
and
21505 Southwest 177th Avenue
Miami, FL 33187
(786) 226-2816
Digital Contact Information:
http://www.abatodayinc.com
abatoday7@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Ana, BA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(954) 400-3251
Digital Contact Information:
info@abacustherapies.com
and
1500 North Bayshore Drive
1a 122
Miami, FL 33132
(786) 290-8101
Digital Contact Information:
http://www.abacustherapies.com
info@abacustherapies.com

Hernandez, Ania, MS, BCBA ■
12060 Southwest 129th Court
Suite 205
Miami, FL 33186
(786) 864-9113
Digital Contact Information:
Not Available

Hernandez, Bianca F, MS, BCBA ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
admin@aspirebehavioral.org
and
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
admin@aspirebehavioral.org
and
333 West 41st Street
Suite 324
Miami, FL 33140
(786) 673-9355
Digital Contact Information:
https://stepforwardaba.com/
admin@aspirebehavioral.org

Hernandez Carballo, Jane, MA, BCBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(305) 244-5299
Digital Contact Information:
https://rainbowbehavioralservices.com
rainbowbehavioralservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez Flores, Olideisy, MBS, BCBA ■
15884 Southwest 137th Avenue
Miami, FL 33177
(305) 456-6002
Digital Contact Information:
cloverbehaviorservices@gmail.com
and
12150 Southwest 128th Court
Suite 226
Miami, FL 33186
(786) 429-1005
Digital Contact Information:
cloverbehaviorservices@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Hernandez, Guillermo, MS, BCBA ■
1150 Northwest 72nd Avenue
ph 2
Miami, FL 33126
(786) 542-5043
Digital Contact Information:
http://1stcarecms.com
info@newlifeaba.com
and
13055 Southwest 42nd Street
STE 104
Miami, FL 33175
(305) 480-7839
Digital Contact Information:
info@newlifeaba.com
and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(305) 480-7839
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Hernandez Hernandez, Antonio, MS, BCBA ■
18901 Southwest 106th Avenue
a 227
Cutler Bay, FL 33157
(786) 732-7516
Digital Contact Information:
info@newlifeaba.com
and
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez Izquierdo, Dianelys, BS, BCABA ■
7500 Northwest 25th Street
Suite 254
Miami, FL 33122
(786) 391-8613
Digital Contact Information:
amecaprovider@gmail.com

Hernandez, Juan D, MED, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
contracting@confidanthealth.com

Hernandez, Leidy L, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 964-7927
Digital Contact Information:

credentialing@tillytherapy.com

and

390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
credentialing@tillytherapy.com

and

12970 Southwest 133rd Court
a
Miami, FL 33186
(786) 445-5607
Digital Contact Information:
http://specialneedscareinc.com
credentialing@tillytherapy.com

and

FL
(786) 352-7621
(833) 458-0386
Digital Contact Information:
credentialing@tillytherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Lenay, MS, BCBA ■

12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

Hernandez, Liliana, MS, BCBA, LBA ■

1000 Brickell Avenue
Miami, FL 33131
(786) 475-5732
Digital Contact Information:
mfrancisco@exceptionalbillingservices.llc
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez Lopez, Yusday D, BS, BCBA ■

3300 West 84th Street
Unit 10
Hialeah, FL 33018
(305) 335-0407
Digital Contact Information:
http://www.childgardens.com
privateinsurancechildgarden@gmail.com
Other Languages Spoken by Provider or Office Staff Creole, Spanish

Hernandez, Mariah C, MA, BCBA ■

13155 SW 134th St
Ste 207
Miami, FL 33186
(785) 358-6559
Digital Contact Information:
http://www.superherospeechtherapy.com
jennifer.horta@superherospeechtherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Marian D, MPSY, BCBA ■

10200 Northwest 25th Street
STE 204
Doral, FL 33172
Digital Contact Information:
info@foundartacademy.org
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Nayelys, MA, BCBA ■

1180 North Krome Avenue
Homestead, FL 33030
(786) 349-4700
Digital Contact Information:
mleon@mykidtherapycenter.com

and

49 NW 17th St
Homestead, FL 33030
(786) 349-4700
Digital Contact Information:
mleon@mykidtherapycenter.com

and

14425 Country Walk Drive
Miami, FL 33186
(786) 349-4700
Digital Contact Information:
mleon@mykidtherapycenter.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Hernandez, Nick, BA, BCBA ■

9220 Sunset Dr
Ste 101
Miami, FL 33173
(305) 273-3773
Digital Contact Information:
http://www.behavior-analysis.org
jalvarez@behavior-analysis.org
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Niurvict, MBS, BCBA ■

2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com

and

7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
http://appliedbhs.com
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Osmany, MSW, BCBA ■

14221 Southwest 120th Street
227
Miami, FL 33186
(305) 300-3004
Digital Contact Information:
abamasterpro@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez Regalado, Marta I, MBS, BCBA ■

8001 West 26th Avenue
2 2
Hialeah, FL 33016
(786) 666-0475
Digital Contact Information:
safebehaviorcare@gmail.com

and

7392 Northwest 35th Terrace
301
Miami, FL 33122
(786) 666-0475
Digital Contact Information:
safebehaviorcare@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez Rodriguez, Dailen, MS, BCBA ■

1000 Brickell Avenue
Miami, FL 33131
(786) 402-2267
Digital Contact Information:
elcbehavior21@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Victor J, MS, BCBA ■

3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
info@bhavioralcorporation.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Yolexy, MACP, BCBA ■

1150 Northwest 72nd Avenue
ph 2
Miami, FL 33126
(786) 542-5043
Digital Contact Information:
http://1stcarecms.com
genesisconsultingservices39@gmail.com

and

18951 Southwest 106th Avenue
105 106
Miami, FL 33157
(305) 233-4448
Digital Contact Information:
genesisconsultingservices39@gmail.com

and

10300 Southwest 72nd Street
250b
Miami, FL 33173
(305) 939-6878
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Herrera, Anouk, MSW, LCSW ■

380 Giralda Avenue
507w
Coral Gables, FL 33134
(786) 277-2938
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and

10200 Northwest 25th Street
211
Doral, FL 33172
(305) 381-0346
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and

900 West 49th Street
STE 400
Hialeah, FL 33012
(305) 587-2231
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and

1150 Northwest 72nd Avenue
700
Miami, FL 33126
(305) 815-1277
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and

7270 Northwest 12th Street
Suite 810
Miami, FL 33126
(786) 718-2390
Digital Contact Information:
http://www.globalrehab.com
rossconsultingandcredentialing@gmail.com

and

1000 Brickell Avenue
Miami, FL 33131
(786) 832-6630
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and

11401 Southwest 40th Street
#345
Miami, FL 33165
(305) 603-7063
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and

4995 Northwest 72nd Avenue
102
Miami, FL 33166
(786) 360-3584
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and

12700 Southwest 128th Street
STE 108
Miami, FL 33186
(786) 732-0865
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and

13205 Southwest 137th Avenue
224 225
Miami, FL 33186
(786) 290-9192
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and

13335 Southwest 124th Street
STE 214
Miami, FL 33186
(786) 429-1495
Digital Contact Information:
rossconsultingandcredentialing@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Herrera, Gregory, MS, BCBA ■

7990 Southwest 117th Avenue
Suite 134
Kendall, FL 33183
(305) 741-2218
Digital Contact Information:
gherrera@buildablocktherapy.com

Herrera, Laura, MS, BCBA ■

7875 Northwest 12th Street
120
Doral, FL 33126
(786) 505-4449
Digital Contact Information:
http://southfloridabehavior.com
lherrera@southfloridabehavior.com

and

7875 Northwest 12th Street
118
Miami, FL 33126
(786) 505-4449
Digital Contact Information:
http://southfloridabehavior.com
lherrera@southfloridabehavior.com

Herrera, Natalie, BA, BCABA ■

7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/services@cmnbtherapy.com

Herrera Oro, Soley, BA, BCABA ■

13301 Southwest 132nd Avenue
209 209
Miami, FL 33186
(786) 713-5553
Digital Contact Information:
info@behaviorassociates.org
Other Languages Spoken by Provider or Office Staff
Spanish

Herrera, Sandra, MBS, BCBA ■

2500 Northwest 79th Avenue
Suite 211
Doral, FL 33122
(786) 675-8650
Digital Contact Information:
info@bmmaba.com

and

7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
info@bmmaba.com

Hevel, Brianna, MA, BCBA ■

1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Hirsch, Amanda, PSYD, LP ■

6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
https://tillytherapy.com/credentialing@elemy.com
Other Languages Spoken by Provider or Office Staff English

Hohnstock, Jason, MS, BCBA ■

1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
providerenrollment@acornhealth.com

Huerta Perez, Ketty M, MS, BCBA ■

18901 Southwest 106th Avenue
a227
Cutler Bay, FL 33157
(786) 732-7516
Digital Contact Information:
familylovebehavioral@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 732-7516
Digital Contact Information:
familylovebehavioral@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Hurtado Perez, Gilberto, MPSY, BCBA ■
10675 Southwest 190th Street
1207
Cutler Bay, FL 33157
(305) 219-0423
Digital Contact Information:
littlebeebehavior@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 255-6203
Digital Contact Information:
littlebeebehavior@gmail.com

and
6001 Northwest 153rd Street
Suite 160
Miami Lakes, FL 33014
(786) 384-4990
Digital Contact Information:
littlebeebehavior@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hurtado Riera, Jenny, MBS, BCBA ■
10700 Southwest 46th Street
Miami, FL 33165
(786) 907-4925
Digital Contact Information:
http://www.bluehopetherapyservices.com
office@bluehopetherapyservices.com

and
5600 Southwest 135th Avenue
202b
Miami, FL 33183
(786) 856-4499
Digital Contact Information:
office@bluehopetherapyservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Iannicelli, Arlette, MS, BCBA ■
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
arlette@therpaycareservices.com

and
306 Westward Dr
Miami Springs, FL 33166
(786) 588-7894
Digital Contact Information:
http://www.smartbatherapy.com
arlette@therpaycareservices.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(786) 522-7203
Digital Contact Information:
arlette@therpaycareservices.com

Ibanez Mostajo, Estela, MA, BCBA ■
14645 Northwest 77th Avenue
Suite 105
Miami Lakes, FL 33014
(202) 420-8359
Digital Contact Information:
info@littleleaves.org

Ibarra, Odet, MA, BCBA ■
2500 Northwest 79th Avenue
295
Doral, FL 33122
(305) 280-5732
Digital Contact Information:
aplusbehavioral@gmail.com

and
HOME BASED SERVICES ONLY
Miami, FL 33178
(305) 280-5732
Digital Contact Information:
aplusbehavioral@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ibarra, Teresita, MS, BCBA, LMFT ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
http://www.appliedbhs.com
kairoscounselinggroup@gmail.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
http://appliedbhs.com
kairoscounselinggroup@gmail.com

and
8707 Southwest 159th Path
Miami, FL 33193
(786) 444-6433
Digital Contact Information:
kairoscounselinggroup@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Insua, Marco, MS, BCABA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

Iriarte, Rebecca M, MS, BCBA ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(305) 273-3773
Digital Contact Information:
http://www.behavior-analysis.org
aillobre@behavior-analysis.org
Other Languages Spoken by Provider or Office Staff
Spanish

Isakharova, Susana, MSED, BCBA ■
13301 Southwest 132nd Avenue
209 209
Miami, FL 33186
(786) 713-5553
Digital Contact Information:
info@behavior123.com
Other Languages Spoken by Provider or Office Staff
Hebrew, English, German, Ukrainian, Russian, Yiddish, Spanish, Polish

Iturrizaga, Tancy M, MA, BCBA ■
13195 Southwest 134th Street
Suite 106
Miami, FL 33186
(786) 250-3220
Digital Contact Information:
billing@peaktherapycenter.com

and
13195 Sw 13th St Ste 106
Miami, FL 33186
(786) 250-3220
Digital Contact Information:
billing@peaktherapycenter.com

and
13501 Southwest 136th Street
STE 205
Miami, FL 33186
(305) 209-4321
Digital Contact Information:
http://sunshinespectrumaba.com
billing@peaktherapycenter.com

and
14629 Southwest 104th Street
505
Miami, FL 33186
(786) 226-0835
Digital Contact Information:
billing@peaktherapycenter.com

Izaguirre, Cathy, BCBA, MS ■
2898 Northwest 79th Avenue
Doral, FL 33122
(305) 597-3861
Digital Contact Information:
cary@nwds-staff.com

Izekor, Abiola O, MSN, APRNCNP, NP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

Izquierdo, Isabella, MACP, BCBA ■
9350 SW 72nd St
Ste 100
Miami, FL 33173
(305) 279-2286
Digital Contact Information:
isaizquierdo20@gmail.com

Izquierdo, Sharon R, BS, BCBA ■
Home Based Services Only
Doral, FL 33126
(407) 800-6086
Digital Contact Information:
prokidzabatherapy@yahoo.com

and
123 N Krome Ave
Ste 104
Homestead, FL 33030
(786) 349-4559
Digital Contact Information:
prokidzabatherapy@yahoo.com

and
131 Northeast 8th Street
Homestead, FL 33030
(786) 291-3979
Digital Contact Information:
prokidzabatherapy@yahoo.com

and
14204 Southwest 289th Terrace
Homestead, FL 33033
(305) 878-1255
Digital Contact Information:
prokidzabatherapy@yahoo.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 445-9554
Digital Contact Information:
prokidzabatherapy@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Jabrayan, Marine W, MA, BCBA ■
13195 Southwest 134th Street
Ste. 201
Miami, FL 33186
(561) 421-5111
Digital Contact Information:
marine@behavioralfamilysolutions.com

and
8785 SW 165th Ave
Ste 104
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
https://behavioralfamilysolutions.com/
marine@behavioralfamilysolutions.com
Other Languages Spoken by Provider or Office Staff
Spanish

Jackson, Clarissa, MA, BCBA ■
FL
(909) 255-0195
Digital Contact Information:
http://bxhub.org
admin@bxhub.org

Jackson, Jaimera, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
info@acornhealth.com

Jackson, Jessica, BA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Jean Baptiste, Anastasia E, MS, BCBA ■
10200 Northwest 25th Street
STE 204
Doral, FL 33172
(305) 406-3689
Digital Contact Information:
http://www.foundartacademy.org
thelighthousetherapycenter@gmail.com

Jeniffer, Escalona Cervantes, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
admissions@abaalliancecareservices.com

Jenkins, Helena, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(347) 893-1266
Digital Contact Information:
helena@growwellaba.com

and
FL
(305) 930-5648
(347) 893-1266
Digital Contact Information:
helena@growwellaba.com

Jerez, Tatiana, MA, BCBA ■
1900 Southwest 22nd Street
#205
Miami, FL 33145
(305) 648-7212
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Jimenez Clavijo, Aylen, BA, BCABA ■
3750 West 16th Avenue
218
Hialeah, FL 33012
(954) 840-6701
Digital Contact Information:
proactivehealthcare2016@gmail.com

and

9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
proactivehealthcare2016@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Jimenez Herrera, Alex, MPSY, BCBA ■
12985 Southwest 130th Court
209 209
Miami, FL 33186
(786) 363-0171
Digital Contact Information:
contact@bmbafl.com

and
16931 Southwest 152nd Avenue
Miami, FL 33187
(786) 262-9997
Digital Contact Information:
contact@bmbafl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Jimenez Jorge, Marisleydi, MA, BCBA ■
1022 East 8th Avenue
Hialeah, FL 33010
(786) 615-7829
Digital Contact Information:
ddrehabbeacon@gmail.com

and
3412 West 84th Street
e106
Hialeah, FL 33018
(305) 827-7344
Digital Contact Information:
ddrehabbeacon@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Jimenez, Liana, MED, BCBA ■
9710 East Indigo Street
Suite 201
Palmetto Bay, FL 33157
(786) 277-6210
Digital Contact Information:
admin@twoheartsaba.com

Jimenez, Pablo A, MS, BCABA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
sseastcoast22@gmail.com

and
13055 Southwest 42nd Street
STE 104
Miami, FL 33175
(305) 480-7839
Digital Contact Information:
sseastcoast22@gmail.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
sseastcoast22@gmail.com

Johnson, Dione N, PHD, LP ■
FL
(800) 567-5433
Digital Contact Information:
https://totallife.com/
help@prosprhealth.io
Other Languages Spoken by Provider or Office Staff English

Jonas, Alfred, MD ■
8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-2822
Digital Contact Information:
http://www.mgmbehavioral.com
bhcofl@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Jones, Ingrid, MED, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
https://tillytherapy.com/
crd@autismhomesupport.com

Jordonne, Nathalie G, MS, BCBA ■
8660 West Flagler Street
STE 121
Miami, FL 33144
(305) 600-4774
Digital Contact Information:
info@childrenslove.care

Jorge, Ada, MED, BCBA ■
3383 Northwest 7th Street
313
Miami, FL 33125
(786) 558-9474
Digital Contact Information:
trudy@medvaultconsultants.com

Jorge, Yohanna, MA, BCBA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
credentialing.dpt@gmail.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
http://appliedbhs.com
credentialing.dpt@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Juantorena Alen, Yunit, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
info@newlifeaba.com

and
13055 Southwest 42nd Street
STE 104
Miami, FL 33175
(305) 480-7839
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

Kamara, Edward, MA, LBA ■
1065 Southwest 8th Street
1459
Miami, FL 33130
(855) 853-0228
Digital Contact Information:
edwardkamarachildrensmilestone@gmail.com

Kapoor, Kalvin, DO ■
66 W Flagler St
900
Miami, FL 33130
(305) 204-5372
Digital Contact Information:
http://www.vitalpsych.com
vitalpsychmd@gmail.com

Karkour, Raquel, MS, BCBA ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(305) 273-3773
Digital Contact Information:
http://www.behavior-analysis.org
rhulsey@behavior-analysis.org

Kastris, Tina, MS, BCBA ■
Home Based Services Only
Hialeah, FL 33013
(786) 592-6680
Digital Contact Information:
ababillingservices@gmail.com

Katz, Lauren, MA, BCBA ■
11025 SW 84th St
Ste 8
Miami, FL 33173
(833) 971-1230
Digital Contact Information:
info@cdaintensivelearning.com
Other Languages Spoken by Provider or Office Staff
Spanish

Khachatryan, Sunny, PHD, LMHC, LPCC ■
1001 Brickell Bay Dr
2701
Miami, FL 33131
(305) 742-5429
Digital Contact Information:
appointments@meetmarvin.com

Khan, Saira, MA, BCBA ■
13195 Southwest 134th Street
Suite 106
Miami, FL 33186
(786) 250-3220
Digital Contact Information:
saira.khan.nunez@gmail.com

and
13501 Southwest 136th Street
STE 205
Miami, FL 33186
(305) 209-4321
Digital Contact Information:
http://sunshinespectrumaba.com
saira.khan.nunez@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Kleiman, Nicole R, MS, LMHC ■
66 W Flagler St
900
Miami, FL 33130
(407) 875-3700
Digital Contact Information:
onboarding@growtherapy.com

Klingberg, Natalie, MA, BCBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
matt.potak@behavioranalysissolutions.com

Knopp, Melissa D, MSED, BCBA ■
6865 Bay Drive
21 21
Miami, FL 33141
(845) 275-0697
Digital Contact Information:
credentialing@corticacare.com

and
FL
(845) 275-0697
Digital Contact Information:
credentialing@corticacare.com

Ko, Soo, MS, BCBA ■
777 Brickell Ave
Ste 500
Miami, FL 33131
(305) 330-4660
Digital Contact Information:
ajlba@mbhpays.com

and
2520 Coral Way
2 19
Miami, FL 33145
(855) 832-6727
Digital Contact Information:
ajlba@mbhpays.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Kolb-Jackson, Elizabeth, MED, BCBA ■
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
lsantiago@camenbehavioral.org

Korner, Jacqueline, MS, BCBA ■
1400 Northeast Miami Gardens Drive
Ste 211
Miami, FL 33179
(786) 274-7777
Digital Contact Information:
http://www.positivebehaviortreatment.com
pbtinc@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Kramer, Kimberly M, EDM, LBA ■
1065 Southwest 8th Street
1459
Miami, FL 33130
(855) 853-0228
Digital Contact Information:
kkramerchildrensmilestone@gmail.com

Kugel, Elina, PSYD, LP ■
11900 Biscayne Boulevard
Miami, FL 33181
(786) 949-0001
Digital Contact Information:
http://www.curectneurotx.com
credentialing@curectneuro.com

Kyles, Miranda, MA, BCBA, LBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 991-3213
Digital Contact Information:
kristina@texacute.com

La Rosa, Maydelin, MS, BCBA ■
5881 Northwest 151st Street
127
Miami Lakes, FL 330142450
(786) 905-2262
Digital Contact Information:
http://sweetchildbehavior.com
tcmfl2018@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Labat, Cassandra, MS, BCBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
oklahoma@thebxchange.com

and
FL
(786) 352-7621
Digital Contact Information:
oklahoma@thebxchange.com
Other Languages Spoken by Provider or Office Staff
Spanish

Laborda, Nevenka, EDS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 536-7470
Digital Contact Information:
dadebehavioralservices@gmail.com

and
8950 SW 74th Ct
Ste 2201
Miami, FL 33156
(305) 479-5983
Digital Contact Information:
dadebehavioralservices@gmail.com

and
12135 Northeast 8th Avenue
North Miami, FL 33161
(954) 292-8645
Digital Contact Information:
https://riosplace.com/
dadebehavioralservices@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ladron De Guevara, Edey, MBS, BCBA ■
6215 West 20th Avenue
409 409
Hialeah, FL 33012
(786) 810-3656
Digital Contact Information:
ddrehabbeacon@gmail.com

and
Home Based Services Only
Hialeah, FL 33012
(786) 810-3656
Digital Contact Information:
ddrehabbeacon@gmail.com

Lalinde, Kendra, MS, BCBA ■
8785 SW 165th Ave
Ste 103
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
info@behavioralfamilysolutions.com

Lamour, Carolyn, MA, BCBA ■
1000 Brickell Avenue

Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

Landa, Rosario, MS, LMHC ■
8353 SW 124th St
Ste 204E
Miami, FL 33156
(305) 283-7039
Digital Contact Information:
youthedmiami@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Langan, Alexandria M, MS, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
cred@cubetherapybilling.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
cred@cubetherapybilling.com

and
1951 NW 7th Ave
Ste 600
Miami, FL 33136
(929) 384-7193
Digital Contact Information:
cred@cubetherapybilling.com

Lara, Stephanie, MSCC, LMHC ■
12750 Southwest 128th Street
Suite #201
Miami, FL 33186
(786) 592-2051
Digital Contact Information:
http://www.behavioraccservices.com
office@behavioraccservices.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Laudo, Alicia M, MPSY, BCBA ■
Home Based Services Only
Doral, FL 33122
(305) 591-7898
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Leal, Eduardo, MS, BCBA ■
1031 Ives Dairy Road
STE 240
Miami, FL 33179
(786) 306-5534
Digital Contact Information:
mortega@tlhproject.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lebredo, Heidi, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 817-2356
Digital Contact Information:
lebredobehavioranalysiservices@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lee, Karmelyn, MS, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
alintanallc@gmail.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
alintanallc@gmail.com

and
1951 NW 7th Ave
Ste 600
Miami, FL 33136
(929) 384-7193
Digital Contact Information:
alintanallc@gmail.com

Lemus Rodriguez, Elida, MBS, BCBA ■
10711 Southwest 216th Street
103 103
Goulds, FL 33170
(305) 965-9682
Digital Contact Information:
hopestaraba@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 732-2139
Digital Contact Information:
hopestaraba@gmail.com

and
6001 Northwest 153rd Street
Suite 160
Miami Lakes, FL 33014
(786) 384-4990
Digital Contact Information:
hopestaraba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lemus, Vivian, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(305) 846-9807
Digital Contact Information:
https://acornhealth.com
info@acornhealth.com

and
6405 Northwest 36th Street
Virginia Gardens, FL 33166
(786) 238-2008
Digital Contact Information:
info@acornhealth.com

Lemus-Dominguez, Olianys, MS, BCBA ■
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
credentialing@southbillcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Leon, Onel, MHS, BCBA ■
Home Based Services Only
Doral, FL 33126
(305) 433-5489
Digital Contact Information:
tcmfl2018@gmail.com

and
5881 Northwest 151st Street
127
Miami Lakes, FL 330142450
(305) 433-5489
Digital Contact Information:
tcmfl2018@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Leonor, Camila, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Lerma, Diley, BA, BCABA ■
9010 SW 137th Ave
Ste 212
Miami, FL 33186
(786) 762-2474
Digital Contact Information:
gipsia@goodbehaviorbeginnings.net
Other Languages Spoken by Provider or Office Staff
English, Spanish

Letlow, Janielle, MED, BCBA ■
14125 Northwest 80th Avenue
304
Miami Lakes, FL 33016
(786) 305-7222
Digital Contact Information:
haley.hounchell@yourmissingpiece.com

Levy, Jessica, MA, BCBA ■
2520 Coral Way
2 19
Miami, FL 33145
(855) 832-6727
Digital Contact Information:
cary@nwds-staff.com

Leyva Queija, Yunaida, MS, BCBA ■
1500 Northwest 89th Court
Ste 117
Doral, FL 33172
(305) 431-6410
Digital Contact Information:
info@newlifeaba.com

and
5753 West 15th Court
Hialeah, FL 33012
(786) 712-4963
Digital Contact Information:
info@newlifeaba.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
13424 Southwest 90th Terrace
Miami, FL 33186
(786) 308-6353
Digital Contact Information:
info@newlifeaba.com

and
8100 Northwest 155th Street
200
Miami Lakes, FL 33016
(786) 479-0029
Digital Contact Information:
info@newlifeaba.com

and
8100 Northwest 155th Street
201
Miami Lakes, FL 33016
(786) 539-2181
Digital Contact Information:
info@newlifeaba.com

and
Home Based Services Only
Miami Lakes, FL 33016
(561) 764-7093
Digital Contact Information:
info@newlifeaba.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(786) 416-3576
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Leyva, Renan, PHD, BCBA ■
7801 Northwest 37th Street
Lp-201
Doral, FL 33195
(305) 468-9899
Digital Contact Information:
vivianaicare@gmail.com

and
13301 Southwest 132nd Avenue
112 112
Miami, FL 33186
(305) 640-8342
Digital Contact Information:
https://yamtherapyservices.com
vivianaicare@gmail.com

and
6405 Northwest 36th Street
Virginia Gardens, FL 33166
(786) 238-2008
Digital Contact Information:
vivianaicare@gmail.com

and
6405 Northwest 36th Street
#123
Virginia Gardens, FL 33166
(786) 872-4325
Digital Contact Information:
vivianaicare@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lezcano, Rolando, MA, BCBA ■
30392 Old Dixie Highway
Homestead, FL 33030
(786) 283-0175
Digital Contact Information:
info@btserviceslittlegiants.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
info@btserviceslittlegiants.com

and
27132 South Dixie Highway
Naranja, FL 33032
(786) 283-0175
Digital Contact Information:
info@btserviceslittlegiants.com
Other Languages Spoken by Provider or Office Staff
Spanish

Liriano, Brianne, MBS, BCBA ■
9425 Southwest 72nd Street
164
Miami, FL 33173
(305) 279-2286
Digital Contact Information:
taylor@freshstartsnow.com
Other Languages Spoken by Provider or Office Staff
Spanish

Llanes Hernandez, Vanessa, MSED, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
info@newlifeaba.com

and
Home Based Services Only
Miami, FL 33155
(786) 747-4949
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 747-4949
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Llanes Torna, Ana Sarai, MS, BCBA ■
8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-2822
Digital Contact Information:
http://www.mgmbehavioral.com
accuratebehaviorsolutions@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 964-7695
Digital Contact Information:
accuratebehaviorsolutions@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lledo Rodriguez, Laura, MED, BCBA ■
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
credentialing@southbillcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lobaina Fernandez Rubio, Giselle, MS, BCBA ■
100 NE 15th St
Homestead, FL 33030
(786) 370-2216
Digital Contact Information:
thvegainsurances23@gmail.com

and
3222 Southeast 5th Street
Homestead, FL 33033
(786) 370-2216
Digital Contact Information:
https://myabaschool.com/
thvegainsurances23@gmail.com

and

Home Based Services Only
Homestead, FL 33033
(786) 370-2216
Digital Contact Information:
thvegainsurances23@gmail.com

and
29485 Southwest 177th Court
Homestead, FL 33034
(786) 486-0165
Digital Contact Information:
thvegainsurances23@gmail.com

Lopez, Allison, MS, BCBA ■
14645 Northwest 77th Avenue
Suite 105
Miami Lakes, FL 33014
(202) 420-8359
Digital Contact Information:
info@littleleaves.org

Lopez Castellanos, Liuba M, MS, BCBA ■
1275 West 47th Place
#449
Hialeah, FL 33012
(305) 425-1338
Digital Contact Information:
magicbehavioralcare@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Diana, MA, BCBA ■
Home Based Services Only
Hialeah, FL 33012
(305) 570-0775
Digital Contact Information:
credentialing@creativekidstherapyinc.com

and
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
credentialing@creativekidstherapyinc.com

Lopez Fustes, Rebeca, MPSY, BCABA ■
13404 Southwest 128th Street
Miami, FL 33186
(305) 433-0897
Digital Contact Information:
bluelifetherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Hector, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
zairad29@yahoo.com

and
13424 Southwest 90th Terrace
Miami, FL 33186
(786) 308-6353
Digital Contact Information:
zairad29@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Lopez, Jacqueline M, BA, BCBA ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/services@cmnbtherapy.com

and
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/services@cmnbtherapy.com
Other Languages Spoken by Provider or Office Staff
Haitian Creole, Creole, Japanese, French, Italian

Lopez, Lisel, MS, BCBA ■
1570 West 38th Place
12 12
Hialeah, FL 33012
(786) 615-2514
Digital Contact Information:
solutions@cobohomehealthservices.com

and
1900 Southwest 22nd Street
#205
Miami, FL 33145
(305) 648-7212
Digital Contact Information:
solutions@cobohomehealthservices.com

and
20774 West Dixie Highway
b
Miami, FL 33180
(305) 549-8665
Digital Contact Information:
solutions@cobohomehealthservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez Reyna, Cindy, MS, BCABA ■
1250 Southwest 27th Avenue
207
Miami, FL 33135
(786) 502-3137
Digital Contact Information:
mortega@tlhproject.com

and
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
mortega@tlhproject.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Themis, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 204-8290
Digital Contact Information:
themislopez28@gmail.com

and
2520 Coral Way
2 19
Miami, FL 33145
(855) 832-6727
Digital Contact Information:
themislopez28@gmail.com

and
5767 Northwest 151st Street
b
Miami Lakes, FL 33014
(786) 431-5801
Digital Contact Information:
themislopez28@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez-Brignoni, Evelyn, MD ■
475 Biltmore Way
Ste 204
Coral Gables, FL 33134
(305) 670-1411
Digital Contact Information:
evelynlopezbrignonimd@gmail.com

and
FL
(305) 670-1411
Digital Contact Information:
evelynlopezbrignonimd@gmail.com

and
124 Southeast 1st Road
A
Homestead, FL 33030
(786) 255-7979
Digital Contact Information:
evelynlopezbrignonimd@gmail.com

and
31 N Krome Ave
Homestead, FL 33030
(786) 481-5909
Digital Contact Information:
http://www.infinitecc.org
evelynlopezbrignonimd@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Creole, Spanish

Loredo, Ana, MS, BCBA ■
12855 Southwest 136th Avenue
104
Miami, FL 33186
(305) 467-8879
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lorenzo Chavez, Kenia, MS, BCBA ■
7392 Northwest 35th Terrace
301
Miami, FL 33122
(786) 666-0475
Digital Contact Information:
gomezclinic583@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 542-4690
Digital Contact Information:
gomezclinic583@gmail.com

and
Home Based Services Only
Miami, FL 33155
(786) 747-4949
Digital Contact Information:
gomezclinic583@gmail.com

and
13055 Southwest 42nd Street
STE 104
Miami, FL 33175
(305) 480-7839
Digital Contact Information:
gomezclinic583@gmail.com

and
8950 Southwest 152nd Street
110
Palmetto Bay, FL 33157
(786) 542-4690
Digital Contact Information:
gomezclinic583@gmail.com

and
9555 Southwest 175th Terrace
610
Palmetto Bay, FL 33157
(786) 859-0979
Digital Contact Information:
gomezclinic583@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lorenzo, Marisol, MS, BCBA ■
8300 West Flagler Street
170
Miami, FL 33144
(786) 633-5171
Digital Contact Information:
olympushcs@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Lorenzo Perez, Adilec, MPSY, BCBA ■
1400 Northwest 107th Avenue
306
Miami, FL 33172
(786) 817-7444
Digital Contact Information:
genesisconsultingservices39@gmail.com

Losanto Broceta, Meysser, MS, BCBA ■
1840 West 49th Street
#714
Hialeah, FL 33012
(305) 699-8388
Digital Contact Information:
credentialing@southbillcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Loughrey, Tara O, PHD, BCBA-D ■
FL
(305) 546-7797
Digital Contact Information:
http://www.abaonlinesupport.com
drtara@abaonlinesupport.com

Lueje Garcia, Arletty, BA, BCABA ■
2520 Coral Way
2 19
Miami, FL 33145
(855) 832-6727
Digital Contact Information:
claudia@healtheworld.net

and
11420 N Kendall Dr
Ste 112
Miami, FL 33176
(855) 832-6727
Digital Contact Information:
claudia@healtheworld.net
Other Languages Spoken by Provider or Office Staff
English, Spanish

Luisa, Michelle, MA, BCBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
https://tillytherapy.com/credentialing@csd.me

Luna, Ahirelys, MSED, BCBA ■
2300 West 84th Street
406
Hialeah, FL 33016
(786) 960-6767
Digital Contact Information:
nymbehavioral@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Luna, Cindy, MS, BCBA ■
580 Northwest 183rd Street
Miami Gardens, FL 33169
(305) 400-1589
Digital Contact Information:
jfuentes@jumpstartdevelopmentalservices.com

and
5767 Northwest 151st Street
b
Miami Lakes, FL 33014
(786) 431-5801
Digital Contact Information:
https://jumpstartdevelopmentalservices.com/
jfuentes@jumpstartdevelopmentalservices.com

Luna, Jessica, BA, BCABA ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/services@cmnbtherapy.com

and
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/services@cmnbtherapy.com

and
Home Based Services Only
Doral, FL 33126
(786) 382-6959
Digital Contact Information:
services@cmnbtherapy.com

Lutzow, Bree, MS, BCBA, LBA ■
11276 SW 232nd St
Miami, FL 33170
(305) 912-8399
Digital Contact Information:
chris.johnson@actionbehavior.com

Maceda, Shakira, MS, BCABA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Machado, Jose, BCBA, MEQ ■
2020 Ponce de Leon
Suite 1201
Miami, FL 33134
(305) 917-5414
Digital Contact Information:
healthofmind@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Machado Rodriguez, Heyler, MS, BCBA ■
Home Based Services Only
Miami Gardens, FL 33015
(305) 705-5666
Digital Contact Information:
info@safehavenmedicalcenter.com
Other Languages Spoken by

Provider or Office Staff Spanish

Machado, Teresita, MHS, BCABA ■
13501 Southwest 128th Street
Suite 106
Miami, FL 33186
(786) 731-3919
Digital Contact Information: jcabrera@mymbcinc.com

and

Home Based Services Only
West Miami, FL 33144
(786) 404-1017
Digital Contact Information: jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff Spanish

Machado Torres, Maylen, MS, BCBA ■
Home Based Services Only
Miami Gardens, FL 33014
(305) 200-3326
Digital Contact Information: asmtherapy@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Machado, Yadira, MA, BCBA ■
Home Based Services Only
Hialeah, FL 33013
(786) 592-6680
Digital Contact Information: info@kidsbehavioral.com

Machado-Gonzalez, Yanivis, PHD, BCBA, LMHC ■
11925 Southwest 72nd Street
Miami, FL 33183
(305) 562-4683
Digital Contact Information: yanivisgonzalez@gmail.com

and

12240 Southwest 128th Court
110
Miami, FL 33186
(305) 562-4683
Digital Contact Information: yanivisgonzalez@gmail.com

Maderal, Aileen, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(888) 501-8540
Digital Contact Information: https://acornhealth.com
maderalaileen@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Majeski, Metal, MSED, BCBA ■
1380 Northeast Miami Gardens Drive
Suite 255
Miami, FL 33179
(954) 651-2969
Digital Contact Information: info@appliedabc.com
Other Languages Spoken by Provider or Office Staff English

Malagon Hernandez, Mario J, DED, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information: info@newlifeaba.com

and

13155 Southwest 42nd Street
STE 204
Miami, FL 33175
(786) 486-9756
Digital Contact Information: info@newlifeaba.com

and

13469 Southwest 29th Street
Miami, FL 33175
(786) 486-9756
Digital Contact Information: info@newlifeaba.com

Maldonado, Alexandra, BA, BCABA ■
12240 Southwest 128th Court
110
Miami, FL 33186
(305) 562-4683
Digital Contact Information: info@shapingacademy.com
Other Languages Spoken by Provider or Office Staff Portuguese, Haitian Creole, Japanese, Italian, Spanish

Manfredi, Andrea, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(954) 399-5700
Digital Contact Information: tbraecklein@aitkids.com

and

995 Northwest 119th Street
681858
North Miami, FL 33168
(954) 399-5700
Digital Contact Information: http://www.bmcmiami.com
tbraecklein@aitkids.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Manresa, Alexandra M, MA, BCBA ■
7875 Northwest 12th Street
118
Miami, FL 33126
(385) 213-5586
Digital Contact Information: info@southfloridabehavior.com
Other Languages Spoken by Provider or Office Staff English

Manrique, Alisandra, MA, BCBA ■
8300 Northwest 53rd Street
Suite 102
Doral, FL 33166
(786) 769-5222
Digital Contact Information: genesisconsultingservices39@gmail.com

Mansur, Said, MS, BCBA ■
15715 South Dixie Highway
314
Miami, FL 33157
(305) 588-7039
Digital Contact Information: saidmansur23@gmail.com

and

14505 Commerce Way
Ste 750
Miami Lakes, FL 33016
(305) 362-9989
Digital Contact Information: saidmansur23@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Marante, Kevin, BA, BCABA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information: http://www.appliedbhs.com
dabs@appliedbhs.com

and

7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information: dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff Spanish

Marcano, Arianne, MS, BCBA, LBA ■
9415 Southwest 72nd Street
101
Miami, FL 33173
(305) 662-6448
Digital Contact Information: credentialing@mindcolorautism.com

and

13205 Southwest 137th Avenue
#212
Miami, FL 33186
(786) 732-6298
Digital Contact Information: credentialing@mindcolorautism.com

and

5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information: credentialing@mindcolorautism.com

March, Madelaine, BS, BCABA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information: sseastcoast22@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Mariani, Anna, MA, BCBA ■
10855 Southwest 72nd Street
& 16
Miami, FL 33173
(305) 720-2166
Digital Contact Information: jcabrera@mymbcinc.com

and

10855 Southwest 72nd Street
UNIT 1-5
Miami, FL 33173
(305) 720-2166
Digital Contact Information: jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff Spanish

Marichal, Betsy, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 817-2356
Digital Contact Information: genesisconsultingservices39@gmail.com

and

1900 Southwest 22nd Street
#205
Miami, FL 33145
(305) 648-7212
Digital Contact Information: genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Marin, Alina, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 587-0424
Digital Contact Information: alinamarinsuarez@gmail.com

Marin, Judith, ED, BCABA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information: info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff Spanish

Marmol Ocana, Leon, MD, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information: tcmfl2018@gmail.com

and

5881 Northwest 151st Street
127
Miami Lakes, FL 330142450
(786) 321-1400
Digital Contact Information: http://sweetchildbehavior.com
tcmfl2018@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Maron, Tali, MS, BCBA ■
909 North Miami Beach Boulevard
STE 301
North Miami Beach, FL 33162
(305) 822-7202
Digital Contact Information: tmaron@hotmail.com

Marquez, Joaquin F, PSYD, BCBA ■
9555 Southwest 175th Terrace
Palmetto Bay, FL 33157
(786) 458-9535
Digital Contact Information: bmbchildrentherapies@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Marrero Rigau, Ana, MS, BCBA ■
7235 Southwest 24th Street
204
Miami, FL 33155
(786) 452-0257
Digital Contact Information: jcabrera@mymbcinc.com

and

15715 South Dixie Highway
226
Miami, FL 33157
(305) 849-4186
Digital Contact Information: jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff Spanish

Marrero, Vanessa, MS, BCBA ■
9425 Southwest 72nd Street
164
Miami, FL 33173
(305) 279-2286
Digital Contact Information: vonmmarrero1996@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Marti Padron, Mauricio, MA, BCBA ■
7900 Oak Ln
400
Hialeah, FL 33016
(786) 482-0495
Digital Contact Information: martibehavioral@yahoo.com

and

1000 Brickell Avenue
Miami, FL 33131
(786) 482-0495
Digital Contact Information: martibehavioral@yahoo.com

and

4180 Southwest 74th Court
204
Miami, FL 33155
(786) 401-7327
Digital Contact Information: martibehavioral@yahoo.com

and

18951 Southwest 106th Avenue
105 106
Miami, FL 33157
(305) 233-4448
Digital Contact Information: martibehavioral@yahoo.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Martin, Manuel, MA, BCBA ■
Home Based Services Only
Doral, FL 33122
(305) 591-7898
Digital Contact Information: heartwellhomecare@att.net

and

9555 Southwest 175th Terrace
610
Palmetto Bay, FL 33157
(786) 859-0979
Digital Contact Information: heartwellhomecare@att.net
Other Languages Spoken by Provider or Office Staff English, Spanish

Martin, Maristella, EDM, LBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 854-1116
Digital Contact Information: https://acornhealth.com
info@acornhealth.com

Martin, Mayte, MS, BCBA ■
15884 Southwest 137th Avenue
Miami, FL 33177
(305) 456-6002
Digital Contact Information: credentialing@southbillcare.com

and

12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:

credentialing@southbillcare.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Martin, Noemi, MBS, BCBA ■
11980 Southwest 144th Court
Suite #210
Miami, FL 33186
(786) 429-3738
Digital Contact Information:
behaviorconsultantfl@gmail.com

and
12360 Southwest 132nd Court
STE 205
Miami, FL 33186
(786) 429-3738
Digital Contact Information:
behaviorconsultantfl@gmail.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
behaviorconsultantfl@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Martin, Yaisel, MA, BCBA ■
13301 Southwest 132nd Avenue
201 201
Miami, FL 33186
(305) 509-5537
Digital Contact Information:
canibehaviormanagement@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Adriana, MS, BCBA ■
18522 Southwest 136th Court
Miami, FL 33177
(305) 416-8189
Digital Contact Information:
info@cornerstone-cba.com

Martinez, Alexis J, MA, BCBA ■
Home Based Services Only
Aventura, FL 33180
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Golden Beach, FL 33160
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
342 West 37th Street
Hialeah, FL 33012
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Homestead, FL 33030
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Homestead, FL 33033
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Key Biscayne, FL 33149
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Miami, FL 33142
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Miami, FL 33147
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Miami, FL 33155
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Miami Beach, FL 33154
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Miami Gardens, FL 33015
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Miami Gardens, FL 33055
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Miami Lakes, FL 33016
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Naranja, FL 33032
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Opa-locka, FL 33054
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Pinecrest, FL 33156
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Quail Heights, FL 33187
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
South Miami, FL 33143
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
South Miami, FL 33146
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Danny, MS, BCBA ■
3625 Northwest 82nd Avenue
101
Doral, FL 33166
(786) 401-6113
Digital Contact Information:
http://www.neuralinkhealth.com
earlyinterventionclinic1@gmail.com

and
1414 Northwest 107th Avenue
204
Doral, FL 33172
(305) 225-8711
Digital Contact Information:
earlyinterventionclinic1@gmail.com

and
1275 West 47th Place
#449
Hialeah, FL 33012
(305) 425-1338
Digital Contact Information:
earlyinterventionclinic1@gmail.com

and
10691 North Kendall Drive
207
Miami, FL 33176
(786) 401-6113
Digital Contact Information:
earlyinterventionclinic1@gmail.com

and
Home Based Services Only
Miami Gardens, FL 33014
(305) 640-5739
Digital Contact Information:
earlyinterventionclinic1@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Elisa, MS, BCBA ■
633 North Krome Avenue
Suite 6
Homestead, FL 33030
(786) 525-9926
Digital Contact Information:
dabs.credentialing@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez Garcia, Barbara, MBS, BCBA ■
12150 Southwest 128th Court
118
Miami, FL 33186
(786) 319-8882
Digital Contact Information:
abaandbeyond20@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez Gonzalez, Danny, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 536-7470
Digital Contact Information:
info@newlifeaba.com

and
13813 Southwest 32nd Street
Miami, FL 33175
(786) 597-3813
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez Grillo, Alexis, MBS, BCBA ■
FL
(786) 439-7098
Digital Contact Information:
info@britobehaviorservices.com

Martinez Izquierdo, Marielys, BSN, BCABA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

Martinez, Leyti, MS, BCBA ■
13590 Southwest 134th Avenue
104
Miami, FL 33186
(305) 896-8161
Digital Contact Information:
genesisconsultingservices39@gmail.com

Martinez, Liliam, BS, BCBA ■
13404 Southwest 128th Street
Miami, FL 33186
(305) 433-0897
Digital Contact Information:
http://www.bluelifetherapy.com
bluelifetherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Mayelin O, BS, BCABA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
dabs.credentialing@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
http://appliedbhs.com
dabs.credentialing@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Martinez, Milagros, BA, BCBA ■
3833 Southwest 8th Street
Coral Gables, FL 33134
(305) 393-7623
Digital Contact Information:
milagros.martinez@cultivatebhe.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 393-7623
Digital Contact Information:
milagros.martinez@cultivatebhe.com

and
Home Based Services Only
Miami, FL 33155
(305) 393-7623
Digital Contact Information:
milagros.martinez@cultivatebhe.com

and
13195 Southwest 134th Street
Ste. 201
Miami, FL 33186
(786) 206-6500
Digital Contact Information:
milagros.martinez@cultivatebhe.com

and
FL
(786) 206-6500
(305) 393-7623
Digital Contact Information:
milagros.martinez@cultivatebhe.com

and
Home Based Services Only
South Miami, FL 33143
(305) 393-7623
Digital Contact Information:
milagros.martinez@cultivatebhe.com

and
Home Based Services Only
West Miami, FL 33144
(305) 393-7623
Digital Contact Information:
milagros.martinez@cultivatebhe.com

Martinez, Olga, MS, BCBA ■
1900 Southwest 22nd Street
#205
Miami, FL 33145
(305) 648-7212
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Ovidio, MA, BCBA ■
13416 Southwest 128th Street
Miami, FL 33186
(786) 732-0247
Digital Contact Information:
http://milestones-aba.org
loriwilliams57@hotmail.com

Martinez Pedrera, Gisselle, MA, BCBA ■
8601 Southwest 199th Street
Cutler Bay, FL 33189
(305) 908-2999
Digital Contact Information:
freddie.maxwell@amromed.com

and
10200 Northwest 25th Street
STE 114
Doral, FL 33172

(305) 908-2999
Digital Contact Information:
freddie.maxwell@amromed.com

and
40 Northwest 8th Street
Homestead, FL 33030
(305) 908-2999
Digital Contact Information:
freddie.maxwell@amromed.com

and
30350 SW 156th Ave
Homestead, FL 33033
(786) 283-0175
Digital Contact Information:
freddie.maxwell@amromed.com

and
27132 South Dixie Highway
Naranja, FL 33032
(786) 481-9833
Digital Contact Information:
freddie.maxwell@amromed.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Martinez Tacoronte, Anet, MS, BCBA ■
1500 Northwest 89th Court
Ste 117
Doral, FL 33172
(786) 535-9785
Digital Contact Information:
credentialing@spectrumababill.com
Other Languages Spoken by Provider or Office Staff English

Martinez, Yanet, MS, BCBA ■
9600 Northwest 25th Street
STE 5E
Miami, FL 33172
(305) 896-8161
Digital Contact Information:
info@brightstartllc.com

Martinez, Yelenis, MS, BCBA ■
15260 SW 280th St
Ste 205
Homestead, FL 33032
(305) 707-7237
Digital Contact Information:
http://www.familybehaviorservices.org
ymartinez.abaservices@gmail.com

and
8660 West Flagler Street
STE 121
Miami, FL 33144
(305) 600-4774
Digital Contact Information:
ymartinez.abaservices@gmail.com

and
10691 North Kendall Drive
211
Miami, FL 33176
(305) 984-4343
Digital Contact Information:
ymartinez.abaservices@gmail.com

and
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
ymartinez.abaservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Marvin, Andrew, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
providerenrollment@acornhealth.com

Mason, Kayla, MA, BCBA, LBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
info@appliedabc.com

Mason, Melissa, MS, BCBA ■
64 Northwest 54th Street
103
Miami, FL 33127
(305) 767-1924
Digital Contact Information:
http://www.autismspecialtygroup.com
melissacassidy8@gmail.com

Massana, Yosmara, MPSY, BCBA ■
Home Based Services Only
Hialeah, FL 33013
(786) 592-6680
Digital Contact Information:
info@mistherapy.com

and
2459 West 70th Street
Hialeah, FL 33016
(786) 571-0939
Digital Contact Information:
info@mistherapy.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 204-8290
Digital Contact Information:
info@mistherapy.com

and
Home Based Services Only
Miami Gardens, FL 33014
(786) 606-7766
Digital Contact Information:
info@mistherapy.com

Masson Boucourt, Miler, MPSY, BCBA ■
10711 Southwest 216th Street
103 103
Goulds, FL 33170
(305) 965-9682
Digital Contact Information:
credentialing@southbillcare.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
credentialing@southbillcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Matarelli, Ashley, MA, BCABA, LBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(888) 501-8540
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Matos Morales, Guillermo, MED, BCBA ■
730 Northwest 107th Avenue
104
Miami, FL 33172
(305) 504-1749
Digital Contact Information:
credentialing@southbillcare.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
credentialing@southbillcare.com

Matos, Rebecca, MA, BCBA ■
107 Antilla Avenue
Coral Gables, FL 331343301
(305) 567-5881
Digital Contact Information:
mgarcia@cagables.com
Other Languages Spoken by Provider or Office Staff
Spanish

Matter, Ashley, PHD, BCBA-D ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
credentialing@kyotherapy.com

Matthews, Quentessa, MPSY, BCBA, LBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
chris.johnson@actionbehavior.com
Other Languages Spoken by Provider or Office Staff English

Maury, Michelle, MBS, BCBA ■
1414 Northwest 107th Avenue
204
Doral, FL 33172
(305) 225-8711
Digital Contact Information:
esperanzagroup@espgrp.net

and
13195 Southwest 134th Street
101
Miami, FL 33186
(786) 227-6830
Digital Contact Information:
http://esperanzagroup.net
esperanzagroup@espgrp.net
Other Languages Spoken by Provider or Office Staff
English, Spanish

May, Shelby, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
providerenrollment@acornhealth.com

Mayo, Dania, MA, BCBA ■
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
http://appliedbhs.com
goldenkidscareinc@gmail.com

and
6625 Miami Lakes Drive
231
Miami Lakes, FL 33014
(786) 322-9323
Digital Contact Information:
goldenkidscareinc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mayoral Machado, Oden, MPSY, BCBA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
13200 Southwest 128th Street
Suite E2
Miami, FL 33186
(813) 252-0825
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mayoral, Odelys, MS, BCBA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
13200 Southwest 128th Street
Suite E2
Miami, FL 33186
(813) 252-0825
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

McCarthy, Khadija M, BA, BCBA ■
13195 Southwest 134th Street
Suite 106
Miami, FL 33186
(786) 250-3220
Digital Contact Information:
http://www.peaktherapycenter.com
khadijamccarthy@gmail.com

and
13501 Southwest 136th Street
STE 205
Miami, FL 33186
(305) 209-4321
Digital Contact Information:
http://sunshinespectrumaba.com
khadijamccarthy@gmail.com

and
8785 SW 165th Ave
Ste 104
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
khadijamccarthy@gmail.com

McGrady, Ursula, MS, BCBA ■
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
http://www.miamipersonalmanagement.com
mpmcmhc@miamipersonalmanagement.com

and
14707 South Dixie Highway
Suite 200
Miami, FL 33176
(305) 321-5177
Digital Contact Information:
mpmcmhc@miamipersonalmanagement.com
Other Languages Spoken by Provider or Office Staff
Spanish

McKee, Ronit, MS, BCBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(410) 538-2574
Digital Contact Information:
credentialing@tbh.com

McLean, Jodi-Ann, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 964-7927
Digital Contact Information:
maveninbehavior305@gmail.com

and
12150 Southwest 128th Court
Suite 224
Miami, FL 33186
(305) 964-7927
Digital Contact Information:
maveninbehavior305@gmail.com

and
7701 Southwest 62nd Avenue
STE 200
South Miami, FL 33143
(305) 586-2953
Digital Contact Information:
http://www.maveninbehavior.com
maveninbehavior305@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

McPhail, Cheryl L, MS, BCBA, LBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
info@appliedabc.com

and
12456 Southwest 127th Avenue
Miami, FL 33186
(786) 953-8500
Digital Contact Information:
info@appliedabc.com
Other Languages Spoken by Provider or Office Staff English

Mechling, Sarah, MA, BCBA ■
11601 Biscayne Boulevard
Miami, FL 33181
(786) 206-4151
Digital Contact Information:
srmechling@gmail.com

Mederos Cardenas, Mylena, MS, BCBA ■
1840 West 49th Street
#714
Hialeah, FL 33012
(305) 699-8388
Digital Contact Information:
credentialing@southbillcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Medina, Cristina, MS, BCBA ■
7232 Southwest 39th Terrace
Miami, FL 33155
(305) 431-7224
Digital Contact Information:
http://www.hopefortomorrowtherapy.com
hopefortomorrowtherapy@yahoo.com

Other Languages Spoken by Provider or Office Staff Spanish

Medina, Maria E, MS, LMHC ■
5881 Northwest 151st Street
Suite: 103
Miami Lakes, FL 33014
(786) 703-4154
Digital Contact Information:
peaceofmindmhs@hotmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Medina, Nancy M, MBS, BCBA ■
8950 Southwest 152nd Street
106a
Palmetto Bay, FL 33157
(786) 398-2965
Digital Contact Information:
hr@kindermindsaba.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Medina, Nicole, BS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(305) 846-9807
Digital Contact Information:
https://acornhealth.com
info@acornhealth.com

Medina Rojo, Raul, MSN, APRN ■
4445 West 16th Avenue
STE 405
Hialeah, FL 33012
(786) 233-6721
Digital Contact Information:
office@myrtleridge.us

and
1000 Brickell Avenue
Miami, FL 33131
(786) 701-9211
Digital Contact Information:
office@myrtleridge.us

and
9299 SW 152nd St
Ste 206
Palmetto Bay, FL 33157
(786) 883-0339
Digital Contact Information:
office@myrtleridge.us
Other Languages Spoken by Provider or Office Staff English, Spanish

Mejia, Maria A, MA, BCBA ■
9240 Southwest 158th Lane
18th
Palmetto Bay, FL 33157
(305) 788-2849
Digital Contact Information:
http://eibscorp.com
info@eibscorp.com
Other Languages Spoken by Provider or Office Staff Italian, Spanish

Mejias, Lizette M, MA, BCBA ■
5455 Southwest 8th Street
230
Miami, FL 33134
(786) 629-8836
Digital Contact Information:
info@vidacounselinggroup.com
Other Languages Spoken by Provider or Office Staff Spanish

Mena, Humberto, MS, BCBA ■
12955 Southwest 132nd Street
Suite 205
Miami, FL 33186
(305) 220-3382
Digital Contact Information:
http://www.risenconsultants.com
mhum29@yahoo.com
Other Languages Spoken by Provider or Office Staff Spanish

Mena, Yaima M, MMH, LMHC ■
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
sseacoast22@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Mendez, Gigi, MBS, BCBA ■
3750 Northwest 87th Avenue
744
Miami, FL 33178
(786) 689-6517
Digital Contact Information:
genesisconsultingservices39@gmail.com

Mendez, Lizbey, MA, BCBA ■
18901 Southwest 106th Avenue
229 230
Cutler Bay, FL 33157
(786) 808-6575
Digital Contact Information:
advancebehavior71@gmail.com

and
15715 South Dixie Highway
226
Miami, FL 33157
(305) 849-4186
Digital Contact Information:
advancebehavior71@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Mendoza Bermudez, Jessabel, MA, BCBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(305) 549-8665
Digital Contact Information:
https://rainbowbehavioralservices.com
rainbowbehavioralservices@gmail.com

and
1900 Southwest 22nd Street
#205
Miami, FL 33145
(305) 648-7212
Digital Contact Information:
rainbowbehavioralservices@gmail.com

and
20774 West Dixie Highway
b
Miami, FL 33180
(305) 549-8665
Digital Contact Information:
rainbowbehavioralservices@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Mendoza, Saira V, BA, BCABA ■
Home Based Services Only
Miami Gardens, FL 33014
(305) 640-5739
Digital Contact Information:
info@abahealthpb.com
Other Languages Spoken by Provider or Office Staff Spanish

Menendez Huergo, Maribel, BS, BCABA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff Spanish

Menendez, Liliam, MS, BCBA ■
11077 Biscayne Boulevard
Suite 211
Miami, FL 33161
(305) 974-5388
Digital Contact Information:
http://www.beaconbehavioraltherapy.com
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Meneses, Yanela, MS, BCBA ■
Home Based Services Only
Miami Shores, FL 33161
(786) 709-8403
Digital Contact Information:
info@cameroarnp.com
Other Languages Spoken by Provider or Office Staff Spanish

Mengana, Lazaro W, MA, BCBA ■
8900 Southwest 107th Avenue
201
Miami, FL 33176
(786) 401-6152
Digital Contact Information:
admin@wmbehavior.com

Merayo, Maria, MS, BCBA ■
Home Based Services Only
Virginia Gardens, FL 33166
(786) 254-5372
Digital Contact Information:
office@behaviorandwellnesscorp.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Mesa Hernandez, Adis, MBS, BCBA ■
5901 Miami Gardens Drive
207
Hialeah, FL 33015
(786) 560-3178
Digital Contact Information:
hopestaraba@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Mesa Labrada, Jose, BA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 440-9092
Digital Contact Information:
jmabaservices@gmail.com

and
12460 Southwest 8th Street
2024
Miami, FL 33184
(786) 801-0944
Digital Contact Information:
jmabaservices@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Mestre, Ashley M, MS, BCBA ■
11060 SW 88th St
Miami, FL 33176
(305) 668-8644
Digital Contact Information:
ashley@mestre-behavior.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Miceli Padilla, Stephanie L, MS, BCBA ■
7875 Northwest 12th Street
118
Miami, FL 33126
(786) 505-4449
Digital Contact Information:
info@southfloridabehavior.com

Mikhaylova, Tatiana, MSED, BCBA ■
3530 Mystic Pointe Drive
608 608
Aventura, FL 33180
(786) 540-0458
Digital Contact Information:
tatiana@mistherapy.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(929) 617-6362
Digital Contact Information:
tatiana@mistherapy.com

Milan, Paola K, MS, BCBA ■
13590 Southwest 134th Avenue
104
Miami, FL 33186
(305) 896-8161
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Mill, Dayneris, MS, BCBA ■
1900 Southwest 22nd Street
#205
Miami, FL 33145
(305) 648-7212
Digital Contact Information:
eberthsbehavioral@gmail.com

and
6780 Coral Way
Miami, FL 33155
(305) 648-7212
Digital Contact Information:
eberthsbehavioral@gmail.com

and
20774 West Dixie Highway
b
Miami, FL 33180
(305) 549-8665
Digital Contact Information:
eberthsbehavioral@gmail.com

Miller, Teal, BCBA, MS ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
care@tillytherapy.com

Mills, Krystel, MS, BCBA ■
14707 South Dixie Highway
Suite 200
Miami, FL 33176
(786) 592-1574
Digital Contact Information:
http://www.familybehaviortherapy.com
administration@familybehaviortherapy.com

and
12985 Southwest 130th Court
204 204
Miami, FL 33186
(305) 735-3878
Digital Contact Information:
administration@familybehaviortherapy.com

and
FL
(305) 735-3878
Digital Contact Information:
administration@familybehaviortherapy.com
Other Languages Spoken by Provider or Office Staff Spanish

Mirabal Lopez, Elias, MS, BCBA ■
7801 Northwest 37th Street
Lp-201
Doral, FL 33195
(305) 468-9899
Digital Contact Information:
vivianaicare@gmail.com

and
Home Based Services Only
Miami Lakes, FL 33018
(786) 536-7908
Digital Contact Information:
vivianaicare@gmail.com
Other Languages Spoken by Provider or Office Staff Portuguese, Creole, Spanish

Miranda, Kelly M, MBS, BCBA ■
12150 Southwest 128th Court
222
Miami, FL 33186
(786) 701-8164
Digital Contact Information:
http://www.kendallbehavior.com
office@kendallbehavior.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Miranda Loyola, Patricia, MSED, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
insuranceoperations@360bhmail.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
insuranceoperations@360bhmail.com

and
1951 NW 7th Ave
Ste 600
Miami, FL 33136
(929) 384-7193
Digital Contact Information:

insuranceoperations@360bhmail.com

Moas, Ayellet, MSED, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(440) 320-6543
Digital Contact Information:
goldencarega@mbhpays.com

Moise, Danica, MA, BCBA ■
7925 Northwest 12th Street
130 130
Doral, FL 33126
(833) 458-0386
Digital Contact Information:
admin@limitlesslearningaba.com

and
7925 Northwest 12th Street
Unit 130
Doral, FL 33126
(786) 870-5090
Digital Contact Information:
admin@limitlesslearningaba.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
https://tillytherapy.com/
admin@limitlesslearningaba.com

and
2947 Coconut Avenue
2 2
Miami, FL 33133
(786) 541-5735
Digital Contact Information:
admin@limitlesslearningaba.com

Moise, Phonselor, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(347) 893-1266
Digital Contact Information:
evernorth@teampbs.com

Molina, Jacquelyn, BS, BCBA ■
10200 Northwest 25th Street
211
Doral, FL 33172
(786) 269-3502
Digital Contact Information:
services@cmnbtherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Molina Jimenez, Magalys, MBS, BCBA ■
1700 Southwest 57th Avenue
209
Miami, FL 33155
(786) 558-4981
Digital Contact Information:
jcabrera@mymbcinc.com

and
15160 Southwest 136th Street
15 15
Miami, FL 33196
(786) 558-4981
Digital Contact Information:
jcabrera@mymbcinc.com

Molina, Sonia, MS, BCBA ■
7500 Northwest 25th Street
STE 200
Miami, FL 33122
(305) 909-4872
Digital Contact Information:
https://www.miasupreme.com/
soniadelatorre1@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Monahan, Shannon, BA, BCBA, LBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
info@interventionsunlimited.com
Other Languages Spoken by Provider or Office Staff English

Mondragon, Michelle, MS, BCBA ■
1380 Northeast Miami Gardens Drive
Suite 255
Miami, FL 33179
(954) 651-2969
Digital Contact Information:
info@mysunshinetherapy.com

Montano Silva, Madelen, MS, BCBA ■
3750 West 16th Avenue
218
Hialeah, FL 33012
(786) 409-3231
Digital Contact Information:
jcabrera@mymbcinc.com

and
1250 SW 27th Ave
Ste 402
Miami, FL 33135
(305) 619-9231
Digital Contact Information:
jcabrera@mymbcinc.com

and
9380 Southwest 72nd Street
250
Miami, FL 33173
(786) 409-3231
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Montesino Pinera, Gerardo, MS, BCBA ■
200 East 4th Street
204 204
Hialeah, FL 33010
(305) 414-3719
Digital Contact Information:
montesino2012@yahoo.com

Montiel, Greysel, BS, BCBA ■
13550 Southwest 88th Street
STE 270B
Miami, FL 331861513
(786) 447-3228
Digital Contact Information:
marvelousdreamservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Montoya, Karla, MPSY, BCBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
info@irockbehavior.com

and
12456 Southwest 127th Avenue
Miami, FL 33186
(786) 953-8500
Digital Contact Information:
info@irockbehavior.com
Other Languages Spoken by Provider or Office Staff
Spanish

Monzon, Grethel C, MBS, BCABA ■
10482 Northwest 31st Terrace
STE 2A
Doral, FL 33172
(786) 765-7550
Digital Contact Information:
info@newlifeaba.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Monzon Lage, Barbara C, MPSY, BCBA ■
7001 Southwest 97th Avenue
104
Miami, FL 33173
(786) 772-1577
Digital Contact Information:
bmbchildrentherapies@gmail.com

and
Home Based Services Only
West Miami, FL 33144
(786) 458-9535
Digital Contact Information:
bmbchildrentherapies@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Morales, Antonio, MED, BCBA ■
10300 Southwest 72nd Street
250b
Miami, FL 33173
(305) 939-6878
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Morales Fraginals, Elaine, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 616-4689
Digital Contact Information:
skillsflorida@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Morales, Jimmy, MS, BCBA ■
1486 West 84th Street
Hialeah, FL 33014
(305) 828-5276
Digital Contact Information:
jim.mor328@gmail.com

Morales, Lisset, MS, LMHC ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 661-5511
Digital Contact Information:
lissetmr@bellsouth.net

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
http://appliedbhs.com
lissetmr@bellsouth.net
Other Languages Spoken by Provider or Office Staff
English, Spanish

Morales, Marta D, MS, BCABA ■
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
mpmcmhc@miamipersonalmanagement.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
mpmcmhc@miamipersonalmanagement.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
mpmcmhc@miamipersonalmanagement.com

Morales, Maryabel, MA, BCBA ■
Home Based Services Only
Doral, FL 33122
(561) 643-7643
Digital Contact Information:
springhealthusa@gmail.com

Morales Navarro, Ivon, MPSY, BCBA ■
10491 Southwest 200th Terrace
Cutler Bay, FL 33189
(786) 230-5158
Digital Contact Information:
mlcbehavior@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 740-9707
Digital Contact Information:
mlcbehavior@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Morales Rodriguez, Odalys, MA, BCABA ■
5455 Southwest 8th Street
230
Miami, FL 33134
(786) 629-8836
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 629-8836
Digital Contact Information:
info@newlifeaba.com

Morano, Daniela, MA, BCBA ■
10447 SW 108th Ave
Apt E278
Miami, FL 33176
(305) 597-3861
Digital Contact Information:
dani_morano@hotmail.com

Morassi, Merceydes, MS, BCBA, LMHC ■
1000 Brickell Avenue
Miami, FL 33131
(954) 325-8558
Digital Contact Information:
help@comprehensivecounselor.org
Other Languages Spoken by Provider or Office Staff
Spanish

Moreda-Mendez, Yanet, MSN, APRN ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
http://www.dgphealthandwellness.com
info@kaaficounseling.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
info@kaaficounseling.com
Other Languages Spoken by Provider or Office Staff
Spanish

Morejon, Maelys C, MS, BCBA ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
admin@brighterworldfl.com

and
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
admin@brighterworldfl.com

and
12750 Northwest 17th Street
216 216
Miami, FL 33182
(888) 527-8037
Digital Contact Information:
admin@brighterworldfl.com

Moreno Marrero, Adriana, MED, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
11410 North Kendall Drive
105
Miami, FL 33176
(786) 257-6349
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
genesisconsultingservices39@gmail.com

Morgado Gandia, Monica, MS, BCBA ■
8203 Southwest 124th Street
Pinecrest, FL 33156
(786) 533-3846
Digital Contact Information:
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Morina Garcia, Lilianne, MA, BCBA ■
11925 Southwest 72nd Street
Miami, FL 33183
(305) 562-4683
Digital Contact Information:
providerenrollment@acornhealth.com

Moure Rodriguez, Patricia, MPSY, BCBA ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
paul@ericasbillingservices.com

and
30350 SW 156th Ave
Homestead, FL 33033
(786) 283-0175
Digital Contact Information:
paul@ericasbillingservices.com

and
7392 Northwest 35th Terrace
301
Miami, FL 33122
(786) 666-0475
Digital Contact Information:
paul@ericasbillingservices.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
(305) 255-6203
Digital Contact Information:
paul@ericasbillingservices.com

and
13055 Southwest 42nd Street
STE 104
Miami, FL 33175
(305) 480-7839
Digital Contact Information:
paul@ericasbillingservices.com

and
4310 Southwest 164th Court
Miami, FL 33185
(305) 803-6663
Digital Contact Information:
paul@ericasbillingservices.com

and
27132 South Dixie Highway
Naranja, FL 33032
(786) 283-0175
(786) 481-9833
Digital Contact Information:
paul@ericasbillingservices.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
paul@ericasbillingservices.com

Mourino, Mayte S, MS, BCBA ■
13590 Southwest 134th Avenue
104
Miami, FL 33186
(305) 896-8161
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Moya Menas, Yuliet, MA, BCBA ■
10675 Southwest 190th Street
STE 1202
Cutler Bay, FL 33157
(786) 227-6262
Digital Contact Information:
kenia.rodriguez@ffmhs.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 255-6203
Digital Contact Information:
kenia.rodriguez@ffmhs.com

and
15924 SW 92nd Ave
Miami, FL 33157
(786) 636-1303
Digital Contact Information:
kenia.rodriguez@ffmhs.com

and
10300 Southwest 72nd Street
250b
Miami, FL 33173
(305) 939-6878
Digital Contact Information:
kenia.rodriguez@ffmhs.com

and
8950 Southwest 152nd Street
116
Palmetto Bay, FL 33157
(786) 669-2619
Digital Contact Information:
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mrla, Tiffany, MS, BCBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
holly.renshaw@yourmissingpiece.com

and
12456 Southwest 127th Avenue
Miami, FL 33186
(786) 953-8500
Digital Contact Information:
holly.renshaw@yourmissingpiece.com

Muniz Garcia, Gretta E, MS, BCBA ■
FL
(786) 257-8485
Digital Contact Information:
http://www.gabehaviortherapy.com
admissions@abaalliancecareservices.com

and
7500 Northwest 25th Street
Suite 254
Miami, FL 33122
(786) 391-8613
Digital Contact Information:
admissions@abaalliancecareservices.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 254-1033
Digital Contact Information:
admissions@abaalliancecareservices.com

and
14081 Southwest 168th Lane
Miami, FL 33177
(786) 254-1033
Digital Contact Information:
admissions@abaalliancecareservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Muniz, Ivis, MS, BCBA ■
10975 SW 91st St
Miami, FL 33176
(786) 261-8116
Digital Contact Information:
imuniz07@aol.com

and
7260 SW 117th Ave
Miami, FL 33183
(786) 294-0537
Digital Contact Information:
imuniz07@aol.com

and
8266 Mills Drive
Miami, FL 33283
(786) 261-8116
Digital Contact Information:
imuniz07@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Muniz, Laura, MBS, BCBA ■
107 Antilla Avenue
Coral Gables, FL 331343301
(305) 567-5881
Digital Contact Information:
mgarcia@cagables.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Munk, Rut, MED, LBA ■
1000 Brickell Avenue
Miami, FL 33131
(347) 893-1266
Digital Contact Information:
licensedbaps@gmail.com
Other Languages Spoken by Provider or Office Staff
Hebrew, Russian, Yiddish, Spanish

Munoz Guerra, Tatiana, MA, BCBA ■
10261 Southwest 72nd Street
Miami, FL 33173
(786) 773-3654
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 773-3654
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Munoz, Luis, MA, BCBA ■
14707 S Dixie Hwy
Ste 211
Miami, FL 33176
(305) 586-1142
Digital Contact Information:
abaallstars01@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Munoz Madrazo, Maylen, MA, BCBA ■
107 Antilla Avenue
Coral Gables, FL 331343301
(305) 567-5881
Digital Contact Information:
http://crystalacademycg.com
developmentaltherapiesbeyond@gmail.com

and
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 317-4478
Digital Contact Information:
developmentaltherapiesbeyond@gmail.com

and
7625 SW 21st St
Miami, FL 33155
(888) 527-8037
Digital Contact Information:
developmentaltherapiesbeyond@gmail.com

and
8785 SW 165th Ave
Ste 104
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
developmentaltherapiesbeyond@gmail.com

Munoz Millares, Dayami, MS, BCBA ■
13590 Southwest 134th Avenue
104
Miami, FL 33186
(305) 896-8161
Digital Contact Information:
asmtherapy@gmail.com

and
Home Based Services Only
Miami Gardens, FL 33014
(305) 200-3326
Digital Contact Information:
asmtherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Munoz Pang, Yamile, MA, BCBA ■
8100 Northwest 155th Street
200
Miami Lakes, FL 33016
(786) 479-0029
Digital Contact Information:
littlestepsbehavioral@gmail.com

and
8100 Northwest 155th Street
201
Miami Lakes, FL 33016
(786) 539-2181
Digital Contact Information:
littlestepsbehavioral@gmail.com

Munroe, Marsha P, MS, BCBA ■
9485 Sunset Drive
A-258
Miami, FL 33173
(786) 812-0705
Digital Contact Information:
services@cmnbtherapy.co

and
18220 Southwest 97th Avenue
Palmetto Bay, FL 33157
(786) 592-1574
Digital Contact Information:
services@cmnbtherapy.co
Other Languages Spoken by Provider or Office Staff
Portuguese, Turkish, Haitian, Japanese, French, Russian, Italian, Egyptian, Vietnamese

Nash, Donald P, PSYD, LP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
credentialing@caravelautism.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@caravelautism.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@caravelautism.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
credentialing@caravelautism.com

Nasserzare, Jahanbakhsh, MD ■
1380 Northeast Miami Gardens Drive
Suite 140
Miami, FL 33179
(305) 940-0064
Digital Contact Information:
jnasserzaremd@gmail.com
Other Languages Spoken by Provider or Office Staff
German, Farsi

Nau, Natalie, MS, BCBA ■
9415 Southwest 72nd Street
101
Miami, FL 33173
(305) 662-6448
Digital Contact Information:
http://www.miamibehaviortherapy.com
info@miamibehaviortherapy.com

Navarro, Isabel, BS, BCABA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 586-5762
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(305) 586-5762
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Navarro, Leticia, MA, BCBA ■
10300 Southwest 72nd Street
250b
Miami, FL 33173
(305) 939-6878
Digital Contact Information:
genesisconsultingservices39@

gmail.com

and

Home Based Services Only
Miami Gardens, FL 33014
(305) 417-1535
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Nawabi, Mariam, MA, BCBA ■
777 Brickell Ave
Ste 500
Miami, FL 33131
(305) 330-4660
Digital Contact Information:
http://www.lotusbehavior.com
info@lotusbehavior.org
Other Languages Spoken by Provider or Office Staff Farsi, Sign Lang Amer

Nazario Cervantes, Ernesto, MS, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Neira, Mirtha, MS, BCBA ■
9010 Southwest 137th Avenue
213
Miami, FL 33186
(305) 305-0279
Digital Contact Information:
jorgitodj.cabrera@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Nekhankin, Alexandra, MA, BCBA ■
Home Based Services Only
Doral, FL 33126
(305) 433-5489
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Nercess, Erika, BA, BCBA ■
11060 N Kendall Dr
Miami, FL 33176
(305) 668-8644
Digital Contact Information:
jenny@mestrebehavior.com

Nevius, Lauren A, MS, BCBA, LBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
lauren.dempsey95@yahoo.com

Nguyen, Jennifer, MS, BCBA ■
10200 Northwest 25th Street
STE 204
Doral, FL 33172
(305) 406-3689
Digital Contact Information:
http://www.foundartacademy.org
thelighthousetherapycenter@gmail.com
Other Languages Spoken by Provider or Office Staff Urdu, Spanish, Hindi

Nieves, Jakeline, MA, BCBA ■
3750 Northwest 87th Avenue
744
Miami, FL 33178
(786) 689-6517
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Nino, Amanda, MA, BCBA ■
2898 Northwest 79th Avenue
Doral, FL 33122
(305) 597-3861
Digital Contact Information:
anino@nwds-staff.com
Other Languages Spoken by Provider or Office Staff Spanish

Noa, Vanessa, MBS, BCABA ■
13195 Southwest 134th Street
101
Miami, FL 33186
(786) 227-6830
Digital Contact Information:
http://esperanzagroup.net
esperanzagroup@espgrp.net
Other Languages Spoken by Provider or Office Staff English, Spanish

Noda Rodriguez, Leyanis N, MS, BCBA ■
11401 Southwest 40th Street
465
Miami, FL 33165
(786) 580-4609
Digital Contact Information:
laaroffice@gmail.com
Other Languages Spoken by Provider or Office Staff Portuguese, English, Spanish

Noriega, Hilda M, MS, BCBA ■
10700 Caribbean Boulevard
Suite 101
Cutler Bay, FL 33189
(305) 777-3883
Digital Contact Information:
essentialhealingofsouthflorida@gmail.com

and

1022 East 8th Avenue
Hialeah, FL 33010
(786) 615-7829
Digital Contact Information:
essentialhealingofsouthflorida@gmail.com

and

3412 West 84th Street
e106
Hialeah, FL 33018
(305) 827-7344
Digital Contact Information:
essentialhealingofsouthflorida@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Novak, Oliver D, MS, BCBA ■
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
onovak@buildablocktherapy.com

Novales, Rosabel, MS, LMHC ■
2500 Northwest 79th Avenue
Suite 211
Doral, FL 33122
(786) 675-8650
Digital Contact Information:
ymbehavioralhealth@gmail.com

and

Home Based Services Only
Doral, FL 33122
(786) 675-8650
Digital Contact Information:
ymbehavioralhealth@gmail.com

and

782 Northwest 42nd Avenue
Suite 4
Miami, FL 33126
(786) 337-0885
Digital Contact Information:
ymbehavioralhealth@gmail.com

and

Home Based Services Only
Miami Lakes, FL 33016
(786) 622-5743
Digital Contact Information:
ymbehavioralhealth@gmail.com

Novoa, Dafne, EDM, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 536-7470
Digital Contact Information:
info@bmmaba.com

and

7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
info@bmmaba.com

Novoa, Laura, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 467-8879
Digital Contact Information:
premabehavioralsinc@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Nowels, Karin, BA, BCABA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
karinagua75@yahoo.com

and

10920 Southwest 184th Street
Miami, FL 33157
(305) 378-5775
Digital Contact Information:
karinagua75@yahoo.com

Nunes Caprara, Gabriela, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Nunes, Fernanda U, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(407) 618-0493
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Nunez Arguelles, Dunia, MBS, BCBA ■
731 Northeast 2nd Place
Hialeah, FL 33010
(786) 955-4435
Digital Contact Information:
bluelifebehaviortherapy@gmail.com

and

20774 West Dixie Highway
b
Miami, FL 33180
(305) 549-8665
Digital Contact Information:
bluelifebehaviortherapy@gmail.com

and

13404 Southwest 128th Street
Miami, FL 33186
(305) 433-0897
Digital Contact Information:
bluelifebehaviortherapy@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Nunez, Chanel E, MA, BCBA ■
20325 Old Cutler Road
Cutler Bay, FL 33189
(305) 321-5177
Digital Contact Information:
cnune017@fiu.edu

and

7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 317-4478
Digital Contact Information:
https://crystalabatherapy.com/
cnune017@fiu.edu

and

7875 Northwest 12th Street
110
Doral, FL 33126
(786) 317-4478
Digital Contact Information:
https://crystalabatherapy.com/
cnune017@fiu.edu

and

Home Based Services Only
Doral, FL 33126
(786) 382-6959
Digital Contact Information:
cnune017@fiu.edu

and

333 West 41st Street
Suite 324
Miami, FL 33140
(786) 673-9355
Digital Contact Information:
https://stepforwardaba.com/
cnune017@fiu.edu

and

9350 Sunset Drive
Suite 175
Miami, FL 33173
(786) 673-9355
Digital Contact Information:
cnune017@fiu.edu

and

18220 Southwest 97th Avenue
Palmetto Bay, FL 33157
(786) 592-1574
Digital Contact Information:
cnune017@fiu.edu

Nunez, Karina, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and

12985 Southwest 130th Court
217 217
Miami, FL 33186
(561) 385-0085
Digital Contact Information:
info@newlifeaba.com

Nunez, Yanelis, MPSY, BCBA ■
5600 Southwest 135th Avenue
STE 211
Miami, FL 33183
(305) 746-4507
Digital Contact Information:
genesisconsultingservices39@gmail.com

and

12855 Southwest 136th Avenue
104
Miami, FL 33186
(305) 467-8879
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

O'Connor, Knequisha L, MSN, APRN ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
Not Available

and

1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
Not Available

Obregon, Stephanie, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
ennifer.horta@superherospeechtherapy.com

Odio, Natalie, MA, BCBA, LABA ■
10200 Northwest 25th Street
211
Doral, FL 33172
(786) 269-3502
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff Portuguese, Haitian Creole, Japanese, Spanish

Ogrodnik, Patrick A, MS, BCBA ■
13155 SW 134th St
Ste 207
Miami, FL 33186
(785) 358-6559
Digital Contact Information:
https://www.superherospeechtherapy.com/

jennifer.horta@superherospeechtherapy.com

Oliva Villar, Lizett, MS, BCBA ■
FL
(305) 437-8080
Digital Contact Information:
olivalizett@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ombach, Sadie, MA, LBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
affinity@affinitytreatment.com

Oran, Michelle, MS, BCBA ■
13195 Southwest 134th Street
134
Miami, FL 33186
(305) 794-8353
Digital Contact Information:
ali@mestrebehavior.com

and
13195 Southwest 134th Street
Ste. 201
Miami, FL 33186
(305) 794-8353
Digital Contact Information:
ali@mestrebehavior.com

and
8785 SW 165th Ave
Ste 104
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
ali@mestrebehavior.com

Orellana, Katherine, MBS, BCBA ■
7779 Northwest 146th Street
Hialeah, FL 33016
(786) 702-6868
Digital Contact Information:
dayami@childrenbehavioraltherapy.com

Ornelas, Evelyn, MA, BCBA ■
7800 Southwest 57th Avenue
205
South Miami, FL 33143
(732) 423-1616
Digital Contact Information:
http://www.kidstherapyconnection.com
yiliam@kidstherapyconnection.com
Other Languages Spoken by Provider or Office Staff
Spanish

Orozco, Daniella, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 955-6224
Digital Contact Information:
abcdevelopcenter@gmail.com

and
1900 Sans Souci Boulevard
330 330
North Miami, FL 33181
(786) 631-1370
Digital Contact Information:
abcdevelopcenter@gmail.com

and
16201 Northeast 13th Avenue
North Miami Beach, FL 33162
(786) 955-6224
Digital Contact Information:
abcdevelopcenter@gmail.com

and
17121 Northeast 6th Avenue
North Miami Beach, FL 33162
(305) 952-3161
Digital Contact Information:
abcdevelopcenter@gmail.com

and
FL
(786) 955-6224
Digital Contact Information:
abcdevelopcenter@gmail.com

Orozco, Stephanie, MS, BCBA ■
909 North Miami Beach Boulevard
STE 301
North Miami Beach, FL 33162
(305) 822-7202
Digital Contact Information:
aplusbehavioral@gmail.com

Orsini, Analyn, MS, BCBA ■
7500 Northwest 25th Street
STE 200
Miami, FL 33122
(305) 909-4872
Digital Contact Information:
info@bmmaba.com

and
7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
info@bmmaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Orta Martinez, Midamys, MBS, LBA ■
10675 Southwest 190th Street
STE 1202
Cutler Bay, FL 33157
(786) 227-6262
Digital Contact Information:
lovelykids@myyahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ortega, Laura R, MS, LMFT ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
contact@elevatepsychiatry.com

and
1711 W 38th Pl
Ste 1207
Hialeah, FL 33012
(786) 592-0940
Digital Contact Information:
contact@elevatepsychiatry.com

and
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
contact@elevatepsychiatry.com

and
16201 SW 95th Ave
Ste 101
Miami, FL 33157
(786) 592-0940
Digital Contact Information:
contact@elevatepsychiatry.com

Ortega, Leticia, MS, BCBA ■
5600 SW 135th Ave
Ste 112
Miami, FL 33183
(305) 746-4507
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
12855 Southwest 136th Avenue
104
Miami, FL 33186
(305) 467-8879
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ortega, Marlyn, MS, BCBA ■
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
mortega@tlhproject.com

and
306 Westward Dr
Miami Springs, FL 33166
(786) 588-7894
Digital Contact Information:
http://www.smartbatherapy.com
mortega@tlhproject.com

and
FL
(786) 522-7203
Digital Contact Information:
mortega@tlhproject.com

Ortiz, Alexa, MSW, BCBA, LCSW ■
13195 Southwest 134th Street
Ste. 201
Miami, FL 33186
(786) 206-6500
Digital Contact Information:
http://behavioralfamilysolutions.com
alexa@behavioralfamilysolutions.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ortiz, Eyleen, DED, BCBA-D ■
224 Washington Avenue
2
Homestead, FL 33030
(305) 704-0506
Digital Contact Information:
info@cleverkidsbehavioralservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ortiz, Tania E, BA, BCABA ■
800 Northeast 95th Street
Miami Shores, FL 33138
(305) 798-6784
Digital Contact Information:
admin@aspirebehavioral.org
Other Languages Spoken by Provider or Office Staff
Spanish

Ortuzar, Ashley, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Ospina, Ana, MA, BCBA ■
6055 Northwest 104th Avenue
Suite 2
Doral, FL 33178
(786) 476-5155
Digital Contact Information:
http://dstherapies.com
ana.ospina@dstherapies.com
Other Languages Spoken by Provider or Office Staff
Spanish

Otano, Gladys, DPH, BCBA ■
20200 Southwest 320th Street
Homestead, FL 33030
(305) 450-4219
Digital Contact Information:
butterflybehavior22@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 450-4219
Digital Contact Information:
butterflybehavior22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ozuna Catalan, Karla, MS, BCBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
contracting@bluesprigpediatrics.com

Pacheco Vega, Diana, MS, BCBA ■
Home Based Services Only
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
gperez@hbccmhc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Padron, Barbara, MS, LMFT ■
1575 West 53rd Street
Hialeah, FL 33012
(305) 707-5966
Digital Contact Information:
movingtowardagape@gmail.com

and
15715 S Dixie Hwy
Ste 403
Miami, FL 33157
(305) 707-5966
Digital Contact Information:
movingtowardagape@gmail.com

Padron, Dyana, MA, BCBA ■
2898 Northwest 79th Avenue
Doral, FL 33122
(305) 597-3861
Digital Contact Information:
dpadron01@koalaaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Padron Llanes, Anadaris, BA, BCABA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Padron, Solangel, PSYD, BCBA ■
3025 Northwest 11th Street
Miami, FL 33125
(786) 715-3175
Digital Contact Information:
http://brightsidebehavioralcenter.com
padronsolangel@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 715-3175
Digital Contact Information:
padronsolangel@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Paifer, Ibis, BS, BCBA ■
1570 West 38th Place
12 12
Hialeah, FL 33012
(786) 615-2514
Digital Contact Information:
abcbehaviorhelp@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 263-0207
Digital Contact Information:
abcbehaviorhelp@gmail.com

and
10691 North Kendall Drive
211
Miami, FL 33176
(305) 984-4343
Digital Contact Information:
abcbehaviorhelp@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Palacio-Perez, Candice, MC, BCBA ■
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
credentialing@creativekidstherapyinc.com

Palacios, Valeria, MS, BCBA ■
3050 Southwest 37th Avenue
Miami, FL 33133
(954) 682-6521
Digital Contact Information:
valeriapalacios366@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Palanas, Stephanie, MA, LBA ■
1380 Northeast Miami Gardens Drive
Suite 255
Miami, FL 33179
(954) 651-2969
Digital Contact Information:
wvigo@aokservices.org
Other Languages Spoken by Provider or Office Staff
Cebuano, Tagalog, Russian, Spanish

Palenzuela Hernandez, Pedro, BS, BCABA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:

info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff Spanish

Palermo, Brittany, MSN, APNP, APRN, APRNCNP, CRNP, NP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
brittany.palermo@chenaltherapy.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com
Other Languages Spoken by Provider or Office Staff English

Palma, Desiree P, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

and
13195 Southwest 134th Street
Suite 106
Miami, FL 33186
(786) 250-3220
Digital Contact Information:
http://behavioralfamilysolutions.com
credentialing@behavioralfamilysolutions.com

and
13501 Southwest 136th Street
STE 205
Miami, FL 33186
(305) 209-4321
Digital Contact Information:
http://sunshinespectrumaba.com
credentialing@behavioralfamilysolutions.com

Pamphile, Stacy, MS, BCBA ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(954) 577-7790
Digital Contact Information:
http://www.behavior-analysis.org
billing@thehelmaba.com

Paneca, Yordany, MS, BCBA ■
1916 Northwest 84th Avenue
Doral, FL 33126
(305) 433-5489
Digital Contact Information:
http://a1ahealth.com
team@a1ahealth.com

and
Home Based Services Only
Doral, FL 33126
(305) 433-5489
Digital Contact Information:
team@a1ahealth.com

and
15715 South Dixie Highway
330
Miami, FL 33157
(786) 732-0842
Digital Contact Information:
team@a1ahealth.com

Papini, Rosemary, MS, BCBA ■
4224 Southwest 6th Street
Coral Gables, FL 33134
(786) 399-4799
Digital Contact Information:
torrestherapy@gmail.com
Other Languages Spoken by Provider or Office Staff Portuguese

Pardo, Diana, MPSY, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Paredes, Dinaibys, MBS, BCBA ■
99 Northwest 183rd Street
suite: 241E
Miami Gardens, FL 33169
(786) 899-3042
Digital Contact Information:
https://suarezbehavioral.wixsite.com/mysite
suarezbehavioral@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Patino, Ginna, MED, BCBA ■
7875 Northwest 12th Street
118
Miami, FL 33126
(786) 505-4449
Digital Contact Information:
info@southfloridabehavio.com
Other Languages Spoken by Provider or Office Staff Spanish

Pedraza Duran, Lismary, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
9502 Southwest 166th Court
Miami, FL 33196
(754) 234-0643
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff Spanish

Peguero Novo, Maite, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(754) 234-0643
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
9502 Southwest 166th Court
Miami, FL 33196
(754) 234-0643
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff Spanish

Pekier, Tehila, MA, BCBA, LBA ■
1000 Brickell Avenue
Miami, FL 33131
(347) 893-1266
Digital Contact Information:
info@appliedabc.com

Pena, Adara, MS, BCBA ■
30350 SW 156th Ave
Homestead, FL 33033
(786) 283-0175
Digital Contact Information:
jcabrera@mymbcinc.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
jcabrera@mymbcinc.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
jcabrera@mymbcinc.com

Pena, Gabriela, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 707-7308
Digital Contact Information:
arianna@mistherapy.com
Other Languages Spoken by Provider or Office Staff Spanish

Pena, Maureen, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 255-6203
Digital Contact Information:
therapy110@gmail.com

and
18951 Southwest 106th Avenue
105 106
Miami, FL 33157
(305) 233-4448
Digital Contact Information:
therapy110@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Pena Trejo, Elizabeth, MS, BCBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
credentialing@kyocare.com

Penate Juviel, Melvys, MPSY, BCBA ■
2100 West 76th Street
407
Hialeah, FL 33016
(305) 804-3478
Digital Contact Information:
abacenter2022@gmail.com

Pendas Salgado, Yelena, MS, BCBA ■
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
mortega@tlhproject.com

and
306 Westward Dr
Miami Springs, FL 33166
(786) 588-7894
Digital Contact Information:
http://www.smartbatherapy.com
mortega@tlhproject.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Penichet, Ana R, MBS, BCBA ■
Home Based Services Only
Doral, FL 33122
(305) 603-8747
Digital Contact Information:
withoutlimitstherapy@gmail.com

and
7801 Northwest 37th Street
Lp-201
Doral, FL 33195
(305) 468-9899
Digital Contact Information:
withoutlimitstherapy@gmail.com

and
12855 Southwest 132nd Street
STE 207
Miami, FL 33186
(786) 587-0424
Digital Contact Information:
withoutlimitstherapy@gmail.com
Other Languages Spoken by Provider or Office Staff Portuguese, Creole, Spanish

Pennington, Laurel, BS, BCBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
managecare@surpassbh.com

Peraza, Jose A, MS, BCBA ■
10711 Southwest 216th Street
103 103
Goulds, FL 33170
(305) 965-9682
Digital Contact Information:
imetherapyservices@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Perdomo Morente, Liliana, MS, BCBA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(239) 431-2629
Digital Contact Information:
info@newlifeaba.com

and
8203 Southwest 124th Street
Pinecrest, FL 33156
(561) 564-1466
Digital Contact Information:
info@newlifeaba.com

and
Home Based Services Only
West Miami, FL 33144
(786) 404-1017
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff Spanish

Perea, Pamela, MED, BCBA ■
13195 Southwest 134th Street
Ste. 201
Miami, FL 33186
(786) 206-6500
Digital Contact Information:
http://behavioralfamilysolutions.com
credentialing@behavioralfamilysolutions.com

Perez Angel, Alicia A, MBS, BCBA ■
6405 Northwest 36th Street
#123
Virginia Gardens, FL 33166
(786) 872-4325
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Perez, Ayleme, MS, BCBA ■
27132 South Dixie Highway

Naranja, FL 33032
(786) 283-0175
Digital Contact Information:
mericakidshopeservices@gmail.com

Perez, Beatriz, MA, BCBA ■
580 Northwest 183rd Street
Miami Gardens, FL 33169
(305) 400-1589
Digital Contact Information:
dasilva.jennifer@superherokiddosabacenter.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Perez Cardenas, Laura, MS, BCBA ■
3220 Southwest 107th Court
Miami, FL 33165
(786) 246-5462
Digital Contact Information:
adrianbluetherapy@gmail.com

and
FL
(786) 246-5462
Digital Contact Information:
adrianbluetherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Perez Castro, Yissel, MS, BCBA ■
10691 North Kendall Drive
207
Miami, FL 33176
(786) 401-6113
Digital Contact Information:
enrollpriv@bikhamhealthcare.com

and
FL
(786) 603-6567
Digital Contact Information:
enrollpriv@bikhamhealthcare.com

Perez, Claudia, MMH, BCBA ■
Home Based Services Only
Miami, FL 33155
(786) 262-5559
Digital Contact Information:
namastebehaviortherapy@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Perez, Freddy F, MPSY, BCABA ■
3833 Southwest 8th Street
Coral Gables, FL 33134
(786) 580-1165
Digital Contact Information:
hr@winglessangelsbs.com

and
717 Ponce de Leon Boulevard
Suite 209
Coral Gables, FL 33134
(305) 381-0839
Digital Contact Information:
https://www.winglessangelsbs.com/
hr@winglessangelsbs.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Perez Garcia, Patricia, MA, BCBA ■
1022 East 8th Avenue
Hialeah, FL 33010
(786) 615-7829
Digital Contact Information:
haileyg@ababilling.net

and
3412 West 84th Street
e106
Hialeah, FL 33018
(305) 827-7344
Digital Contact Information:
haileyg@ababilling.net

and
9344 Southwest 170th Lane
Palmetto Bay, FL 33157
(305) 710-0029
Digital Contact Information:
haileyg@ababilling.net
Other Languages Spoken by Provider or Office Staff
Spanish

Perez Gonzalez, Madeleyvi F, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 224-1645
Digital Contact Information:
info@btserviceslittlegiants.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Guadalupe, MS, LMHC ■
7875 SW 104th St
Ste 101
Miami, FL 33156
(305) 899-1587
Digital Contact Information:
http://www.jcsfl.org
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Igmar, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 695-8672
Digital Contact Information:
abaproinfo@gmail.com

and
4155 Southwest 130th Avenue
108
Miami, FL 33175
(786) 695-8672
Digital Contact Information:
abaproinfo@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, German, French, Spanish

Perez, Lazaro, MS, BCBA ■
1801 Southwest 22nd Street
328
Miami, FL 33145
(786) 536-7694
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez Lugo, Yaima, BS, BCABA, BCBA ■
18844 Southwest 319th Street
Homestead, FL 33030
(786) 641-1962
Digital Contact Information:
Not Available

and
175 Fontainebleau Boulevard
Miami, FL 33172
(786) 558-8246
Digital Contact Information:
Not Available

Perez, Luisa, MSED, BCBA ■
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
support@modbehavioraba.com

Perez, Maria C, MED, BCABA ■
13404 Southwest 128th Street
Miami, FL 33186
(305) 433-0897
Digital Contact Information:
http://www.bluelifetherapy.com
bluelifetherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Mariela, MS, BCABA ■
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
http://www.miamipersonalmanagement.com
mpmcmhc@miamipersonalmanagement.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Marlene, MS, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Marta, BS, BCABA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(239) 431-2629
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Melanie, MS, BCBA ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
admin@universalcommunityservices.com

and
13195 Southwest 134th Street
101
Miami, FL 33186
(786) 227-6830
Digital Contact Information:
http://esperanzagroup.net
admin@universalcommunityservices.com

Perez Pino, Roseli, BS, BCABA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 587-0424
Digital Contact Information:
roseli.pp89@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Perez Quinonez, Angel A, MBS, BCBA ■
659 Northeast 125th Street
North Miami, FL 33161
(305) 454-9885
Digital Contact Information:
aylahmedicaid@northacademynmb.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Perez Quintana, Ovis, MHS, BCBA ■
FL
(786) 357-0619
Digital Contact Information:
stepwisebs@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Rosmery, MS, BCBA ■
6625 Miami Lakes Drive
231
Miami Lakes, FL 33014
(786) 322-9323
Digital Contact Information:
goldenkidscareinc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez Sanchez, Deniss, MA, BCBA, LMHC ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 854-1116
Digital Contact Information:
cary@nwds-staff.com

and
FL
(786) 738-6468
Digital Contact Information:
cary@nwds-staff.com

Perez Sanchez, Yaleidy, MS, BCBA ■
900 East 9th Street
Hialeah, FL 33010
(305) 381-5294
Digital Contact Information:
info@newlifeaba.com

and
7392 Northwest 35th Terrace
301
Miami, FL 33122
(786) 666-0475
Digital Contact Information:
info@newlifeaba.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
info@newlifeaba.com

and
10300 Southwest 72nd Street
250b
Miami, FL 33173
(305) 939-6878
Digital Contact Information:
info@newlifeaba.com

and
9485 Sunset Drive
A-258
Miami, FL 33173
(786) 812-0705
Digital Contact Information:
info@newlifeaba.com

and
14722 Southwest 56th Street
Miami, FL 33185
(305) 456-0572
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Sonnia B, MS, BCABA ■
650 Northeast 22nd Terrace
212 214
Homestead, FL 33033
(786) 312-4478
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez Sosa, Mailin, MPSY, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
providerenrollment@acornhealth.com

and
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
providerenrollment@acornhealth.com

Perez Tabares, Maritza, MBS, BCBA ■
2550 Northwest 72nd Avenue
#218
Miami, FL 33122
(786) 536-2009
Digital Contact Information:
porrerobcba@gmail.com

and
1150 Northwest 72nd Avenue
ph 2
Miami, FL 33126
(786) 542-5043
Digital Contact Information:
http://1stcarecms.com
porrerobcba@gmail.com

and
12485 Southwest 137th Avenue
Suite 106

Miami, FL 33186
(786) 250-4423
Digital Contact Information:
porrerobcba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez-Delgado, Julio C, MBS, BCBA, LMHC ■
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(786) 592-2323
Digital Contact Information:
contact@emphourinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez-Estevez, Misty R, MA, BCBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
mpevss@outlook.com
Other Languages Spoken by Provider or Office Staff Sign Lang Amer

Pie, Nathalie, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(888) 501-8540
Digital Contact Information:
https://acornhealth.com
abaswfl@gmail.com

and
8785 SW 165th Ave
Ste 103
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
abaswfl@gmail.com

and
8785 SW 165th Ave
Ste 104
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
abaswfl@gmail.com

Pierre, Ashley, PHD, BCBA ■
945 Southwest 122nd Avenue
Miami, FL 33184
(786) 536-4807
Digital Contact Information:
behavioranalysis@barebehavior.com
Other Languages Spoken by Provider or Office Staff Creole, French, Spanish

Pimentel, Rismary, MBS, BCBA ■
Home Based Services Only
Doral, FL 33122
(786) 536-2012
Digital Contact Information:
sunshinebehaviorhealthcare@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pineiro, Sandra, MC, BCBA ■
1900 Southwest 22nd Street
#205
Miami, FL 33145
(305) 648-7212
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
20774 West Dixie Highway
b
Miami, FL 33180
(305) 549-8665
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
12855 Southwest 136th Avenue
104
Miami, FL 33186
(305) 467-8879
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pinero De La Rosa, Yeledys, MSSW, BCBA ■
9502 Southwest 166th Court
Miami, FL 33196
(754) 234-0643
Digital Contact Information:
abagrowthandconnection@gmail.com

Pinero, Heydi, MA, BCBA ■
10200 Northwest 25th Street
STE 204
Doral, FL 33172
(305) 406-3689
Digital Contact Information:
http://www.foundartacademy.org
nfo@foundartacademy.org

and
1022 East 8th Avenue
Hialeah, FL 33010
(786) 615-7829
Digital Contact Information:
nfo@foundartacademy.org

and
3412 West 84th Street
e106
Hialeah, FL 33018
(305) 827-7344
Digital Contact Information:
nfo@foundartacademy.org

and
8950 SW 74th Ct
Ste 2201
Miami, FL 33156
(800) 368-2143
Digital Contact Information:
nfo@foundartacademy.org
Other Languages Spoken by Provider or Office Staff
Spanish

Pinero, Pablo, MED, BCBA ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
services@cmnbtherapy.com

and
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
services@cmnbtherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pino, Mariela, MS, BCBA ■
7900 Northwest 155th Street
304
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
mortega@tlhproject.com

and
7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
mortega@tlhproject.com

and
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
mortega@tlhproject.com
Other Languages Spoken by Provider or Office Staff
Spanish

Piquera, Guillermo, MS, BCABA ■
1400 Northwest 107th Avenue
306
Miami, FL 33172
(786) 817-7444
Digital Contact Information:
milestonesaba2023@gmail.com

and
13416 Southwest 128th Street
Miami, FL 33186
(786) 732-0247
Digital Contact Information:
http://milestones-aba.org
milestonesaba2023@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pizarro Lopez, Amy, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 365-2155
Digital Contact Information:
info@miabehavior.com

and
12973 Southwest 112th Street
151
Miami, FL 33186
(305) 204-7037
Digital Contact Information:
info@miabehavior.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Plasencia, Belkis, MSN, APRN ■
7921 Bird Rd
Ste 41
Miami, FL 33155
(305) 425-1393
Digital Contact Information:
ynhcsaba@gmail.com

and
7971 Bird Road
39
Miami, FL 33155
(786) 910-7179
Digital Contact Information:
ynhcsaba@gmail.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
ynhcsaba@gmail.com

and
7001 SW 97th Ave
Ste 206
Miami, FL 33173
(786) 294-0123
Digital Contact Information:
https://www.chgpsychiatry.com/
ynhcsaba@gmail.com

and
9425 Southwest 72nd Street
Suite 251
Miami, FL 33173
(305) 305-6573
Digital Contact Information:
ynhcsaba@gmail.com

and
13706 Southwest 56th Street
STE 105-106
Miami, FL 331756036
(786) 523-4289
Digital Contact Information:
ynhcsaba@gmail.com

and
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
ynhcsaba@gmail.com

and
13335 Southwest 124th Street
STE 101
Miami, FL 33186
(786) 842-3635
Digital Contact Information:
ynhcsaba@gmail.com

and
13501 Southwest 128th Street
STE 114
Miami, FL 33186
(786) 250-3440
Digital Contact Information:
ynhcsaba@gmail.com

and
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
ynhcsaba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Plaza, Jonathan, MA, BCBA ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 317-4478
Digital Contact Information:
https://crystalabatherapy.com/
info@hebxtherapy.com

and
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
info@hebxtherapy.com

and
14618 Southwest 38th Street
2 2
Miami, FL 33175
(786) 302-9710
Digital Contact Information:
http://www.higherbx.com
info@hebxtherapy.com

Pokallus, Kristin, MS, BCBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
credentialing@songbirdcare.com

Ponce, Raul, MS, BCBA ■
14707 South Dixie Highway
Suite 200
Miami, FL 33176
(305) 321-5177
Digital Contact Information:
http://familybehaviortherapy.com
administration@familybehaviortherapy.com

Poritz, Stacie, MSED, BCBA ■
13195 Southwest 134th Street
Ste. 201
Miami, FL 33186
(786) 206-6500
Digital Contact Information:
stacie@behavioralfamilysolutions.com

Porrero, Liset, MBS, BCBA ■
2550 Northwest 72nd Avenue
#218
Miami, FL 33122
(786) 536-2009
Digital Contact Information:
porrerobcba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Portales, Mariana, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
info@sparking-change.com
Other Languages Spoken by Provider or Office Staff
Spanish

Portales, Sandra M, MS, BCBA ■
13590 Southwest 134th Avenue
104
Miami, FL 33186
(305) 896-8161
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Porter, Judy, BCBA, MS ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
evernorth@teampbs.com

Pose, Ashley, MA, BCBA ■
6405 Northwest 36th Street
Virginia Gardens, FL 33166
(786) 953-8500
Digital Contact Information:
credentialing@kidsspotrehab.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Pramanik, Aloke, MS, BCBA ■
Home Based Services Only
Doral, FL 33122
(305) 603-8747
Digital Contact Information:
withoutlimitstherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Preciado, Charlene, MBS, LBA ■
717 Ponce de Leon Boulevard
Suite 209
Coral Gables, FL 33134
(305) 381-0839
Digital Contact Information:
aptusaba.edinburg@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Prieges, Sabrina, BA, BCBA ■
1180 North Krome Avenue
Homestead, FL 33030
(786) 349-4700
Digital Contact Information:
info@mykidtherapycenter.com

and
49 NW 17th St
Homestead, FL 33030
(786) 349-4700
Digital Contact Information:
http://mykidtherapycenter.com
info@mykidtherapycenter.com

and
14425 Country Walk Drive
Miami, FL 33186
(786) 349-4700
Digital Contact Information:
info@mykidtherapycenter.com
Other Languages Spoken by Provider or Office Staff
Spanish

Prophete, Alyssa, MS, BCBA ■
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
info@kidcenteredtherapy.com

Pujol Figueredo, Dayana, MS, BCBA ■
13195 Southwest 134th Street
101
Miami, FL 33186
(786) 227-6830
Digital Contact Information:
http://esperanzagroup.net
esperanzagroup@espgrp.net
Other Languages Spoken by Provider or Office Staff
Spanish

Pupo Padilla, Yaneixi, MBS, BCBA ■
14100 Palmetto Frontage Road
UNIT 101
Hialeah, FL 33016
(305) 318-9443
Digital Contact Information:
yuly@abarusllc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Purcell, William, MA, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
info@brightstartllc.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(410) 538-2574
Digital Contact Information:
info@brightstartllc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Quam, Jessica, MS, BCBA ■
995 Northwest 119th Street
681858
North Miami, FL 33168
(954) 399-5700
Digital Contact Information:
https://www.bmcmiami.com/
info@bmcmiami.com

Queija Leyva, Milma, MA, BCBA ■
Home Based Services Only
Miami Lakes, FL 33016
(561) 764-7093
Digital Contact Information:
robel@roarcbt.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(786) 416-3576
Digital Contact Information:
robel@roarcbt.com

Quesada, Jennifer, MS, BCBA ■
8300 West Flagler Street
170
Miami, FL 33144
(786) 633-5171
Digital Contact Information:
olympushcs@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Quevedo, Lauren, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 695-8672
Digital Contact Information:
abaproinfo@gmail.com

and
4155 Southwest 130th Avenue
108
Miami, FL 33175
(786) 695-8672
Digital Contact Information:
abaproinfo@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Quinones, Annarella, MS, BCBA ■
13590 Southwest 134th Avenue
104
Miami, FL 33186
(305) 896-8161
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Quinones, Ever, PHD, BCBA, LBA ■
8950 SW 74th Ct
Ste 2201
Miami, FL 33156
(800) 368-2143
Digital Contact Information:
info@behaviorassociates.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

Quinones, Gabriela, MPSY, BCBA ■
Home Based Services Only
Doral, FL 33122
(305) 394-8251
Digital Contact Information:
info@bmmaba.com

and
7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
info@bmmaba.com

Quinones, Zahily, MS, BCBA ■
930 Hialeah Drive
Hialeah, FL 33010
(786) 398-1509
Digital Contact Information:
jcabrera@mymbcinc.com

Quinonez Meza, Javier, MSN, APRN ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Quinonez Zambrano, Ana L, MS, BCBA ■
2898 Northwest 79th Avenue
Doral, FL 33122
(305) 597-3861
Digital Contact Information:
credentialing@koalaaba.com

Quintana, Elizabeth, MS, BCBA ■
1900 Southwest 22nd Street
#205
Miami, FL 33145
(305) 648-7212
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
10691 North Kendall Drive
207
Miami, FL 33176
(786) 401-6113
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Quintana, Tania, MA, BCBA ■
4730 Northwest 3rd Street
Miami, FL 33126
(786) 487-8655
Digital Contact Information:
taniamederoz24@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0429
Digital Contact Information:
taniamederoz24@gmail.com

Quintero, Yissel, MS, BCBA ■
Home Based Services Only
Hialeah, FL 33012
(561) 460-0284
Digital Contact Information:
info@brightfuturebehavioral.com
Other Languages Spoken by Provider or Office Staff
Spanish

Quirino, Maria Eushela, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
providerenrollment@acornhealth.com

Radulich, Mark, MSW, LCSW ■
FL
(305) 902-6347
(202) 410-5972
Digital Contact Information:
help@joinuplift.co

Raimundo, Marcia, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 713-0982
Digital Contact Information:
sunnybehavior@gmail.com

Ramdin, Priya, BS, BCABA ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
clinical.coordinator@cmnbtherapy.com

and
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
clinical.coordinator@cmnbtherapy.com

Ramirez, Adriana, MS, BCBA ■
7875 Northwest 12th Street
110
Doral, FL 33126
(305) 846-9346
Digital Contact Information:
https://crystalabatherapy.com/
services@cmnbtherapy.com

Ramirez Capestany, Yinet, MS, BCBA ■
30350 SW 156th Ave
Homestead, FL 33033
(561) 283-7181
Digital Contact Information:
freddie.maxwell@amromed.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
freddie.maxwell@amromed.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
freddie.maxwell@amromed.com

and
27132 South Dixie Highway
Naranja, FL 33032
(786) 481-9833
Digital Contact Information:
freddie.maxwell@amromed.com

Ramirez, Laritza, MA, BCBA ■
15924 SW 92nd Ave
Miami, FL 33157
(786) 636-1303
Digital Contact Information:
kenia.rodriguez@ffmhs.com

and
6405 Northwest 36th Street
#123
Virginia Gardens, FL 33166
(786) 872-4325
Digital Contact Information:
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ramirez Machin, Aylen, MS, BCBA ■
1275 West 47th Place
#449
Hialeah, FL 33012
(305) 425-1338
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ramirez, Melina S, BS, BCABA ■
13404 Southwest 128th Street
Miami, FL 33186
(305) 433-0897
Digital Contact Information:
http://www.bluelifetherapy.com
bluelifetherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ramirez Ordaz, Yanelis, MPSY, BCBA, LBA ■
27132 South Dixie Highway
Naranja, FL 33032
(786) 481-9833
Digital Contact Information:
info@turningpointtherapyservices.org

Ramirez, Reiner, MS, BCBA ■
13590 Southwest 134th Avenue
104
Miami, FL 33186
(305) 896-8161
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ramon Del Risco, Andres, MBS, BCBA ■
730 Northwest 107th Avenue
110
Miami, FL 33172
(305) 249-1183
Digital Contact Information:
palmbehavioral2@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ramon, Laura, MS, BCBA ■
Home Based Services Only
Doral, FL 33122
(305) 394-8251
Digital Contact Information:
lauralore1216@gmail.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(786) 622-5743
Digital Contact Information:
lauralore1216@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 204-8290
Digital Contact Information:
lauralore1216@gmail.com

and
5767 Northwest 151st Street
b
Miami Lakes, FL 33014
(786) 431-5801
Digital Contact Information:
lauralore1216@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ramos, Catherine, MS, BCBA ■
8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-2822
Digital Contact Information:
albaladejoabatherapy@gmail.com

and
13301 Southwest 132nd Avenue
209 209
Miami, FL 33186
(786) 713-5553
Digital Contact Information:
albaladejoabatherapy@gmail.com

Ramos, Idenio, MBS, BCBA ■
14100 Palmetto Frontage Road
UNIT 101
Hialeah, FL 33016
(305) 318-9443
Digital Contact Information:
yuly@abarusllc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ramos, Iraisys, MS, BCBA ■
8300 Northwest 53rd Street
Suite 102
Doral, FL 33166
(786) 769-5222
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 558-8246
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
3750 Northwest 87th Avenue
744
Miami, FL 33178
(786) 689-6517
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ramos Linares, Amarilys, MACP, BCBA, LMHC ■
Home Based Services Only
Miami, FL 33142
(305) 280-2480
Digital Contact Information:
ever@foundartacademy.org

and
9380 Sunset Drive
b165
Miami, FL 33173
(786) 337-0585
Digital Contact Information:
ever@foundartacademy.org
Other Languages Spoken by Provider or Office Staff
Spanish

Ramos, Malena, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 536-7470
Digital Contact Information:
mabelingrid@yahoo.com

and
7625 SW 21 St
Miami, FL 33155
(888) 527-8037
Digital Contact Information:
mabelingrid@yahoo.com

and
13490 Southwest 134th Avenue
207
Miami, FL 33186
(305) 263-0207
Digital Contact Information:
mabelingrid@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ramos, Natalie, MS, BCBA ■
330 Southwest 27th Avenue
STE 301
Miami, FL 33135
(786) 868-1331
Digital Contact Information:
http://www.counselingsociety.com
counselingsocietymiami@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rawden, Shaylin, MED, LBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(410) 538-2574
Digital Contact Information:
brianna.bonomo@elemy.com

Regalado Rodriguez, Ivet, MS, BCBA ■
8900 Southwest 117th Avenue
c101
Miami, FL 33186
(786) 568-1259
Digital Contact Information:
icrtherapy1@gmail.com

Reinoso Vega, Marah, MA, BCBA ■
2020 Ponce de Leon
Suite 1201
Miami, FL 33134
(305) 917-5414
Digital Contact Information:
mirta@psychologybeyond.vom
Other Languages Spoken by Provider or Office Staff
Spanish

Reisdorf, Sonia, DNP, APN, ARNP ■
2820 Northeast 214th Street
Ste 801
Aventura, FL 33180
(256) 500-8688
Digital Contact Information:
sreisdorf1@gmail.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
sreisdorf1@gmail.com

Rente, Sofia, MBS, BCBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
mmmbehavior@gmail.com

Repiso, Katy, MA, BCBA ■
2300 West 84th Street
404a
Hialeah, FL 33016
(305) 992-0160
Digital Contact Information:
springhealthusa@gmail.com

and
15260 SW 280th St
Ste 205
Homestead, FL 33032
(305) 707-7237
Digital Contact Information:
http://www.familybehaviorservices.org
springhealthusa@gmail.com

Reuis, Laura, MA, BCBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
haley.hounchell@yourmissingpiece.com

Rey, Jennifer, BA, BCBA ■
2898 Northwest 79th Avenue
Doral, FL 33122
(305) 597-3861
Digital Contact Information:
cary@nwds-staff.com

Reyes, Daime, MS, BCBA ■
18451 Northeast 27th Place
Aventura, FL 33160
(786) 683-2398
Digital Contact Information:
sseastcoast22@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
sseastcoast22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Reyes, Karen A, MS, BCBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
kreyesbcba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Reyes Leiva, Roberto, MS, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
genesisconsultingservices39@gmail.com

Reyes Ortega, Isabel, MA, BCBA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
http://www.appliedbhs.com
dabs@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Reyes Rodriguez, Raudel, MBS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 875-7812
Digital Contact Information:
clinical@spbsolutions.org

Reyes, Tania, MBS, BCBA ■
1541 Southeast 12th Avenue
Suite 4
Homestead, FL 33034
(786) 214-0041
Digital Contact Information:
info@abcsfl.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 214-0041
Digital Contact Information:
info@abcsfl.com

and
FL
(786) 615-3334
Digital Contact Information:
info@abcsfl.com

Reynoso, Sharon R, MS, BCBA ■
9240 Southwest 158th Lane
18th
Palmetto Bay, FL 33157
(305) 788-2849
Digital Contact Information:
http://eibscorp.com
sharonreynoso22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Reza, Kerrie, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
providerenrollment@acornhealth.com

Ricketts, Charlene A, MSN, APRN ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
credentialing@compass.md

and
FL
(305) 279-5535
(954) 771-7743
(888) 852-6672
(561) 752-9490
Digital Contact Information:
http://www.compasshealthsystems.com
credentialing@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(888) 852-6672
Digital Contact Information:
http://www.compasshealthsystems.com
credentialing@compass.md

Rincon, Erika, MS, BCBA ■
8200 Northwest 41st Street
269
Doral, FL 33166
(305) 763-4196
Digital Contact Information:
jcabrera@mymbcinc.com

and
2450 Southwest 137th Avenue
232
Miami, FL 33175
(786) 360-6496
Digital Contact Information:
jcabrera@mymbcinc.com

Rivas, Daniel A, MA, BCBA ■
13810 Southwest 112th Street
103 103
Miami, FL 33186
(716) 969-3653
Digital Contact Information:
daniel@dartherapyaba.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rivera, Henry R, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@adaugeohealthcare.com

Rivera-Fernandez, Fabiola M, BA, BCABA ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
services@cmnbtherapy.com

and
7875 Northwest 12th Street
110
Doral, FL 33126

(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/services@cmnbtherapy.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Japanese, French, Italian, Spanish

Rivero, Edelis, MS, BCBA ■
7001 Southwest 97th Avenue
104
Miami, FL 33173
(786) 772-1577
Digital Contact Information:
edelis.r14@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rivero, Maribel, BA, BCABA ■
5881 Northwest 151st Street
127
Miami Lakes, FL 330142450
(786) 905-2262
Digital Contact Information:
http://sweetchildbehavior.com
tcmfl2018@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rivero, Saimary, MS, BCBA ■
8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-2822
Digital Contact Information:
http://www.mgmbehavioral.com
sairivero@mgmbehavioral.com
Other Languages Spoken by Provider or Office Staff
Spanish

Riveron, Yenisey, BA, BCBA ■
13404 Southwest 128th Street
Miami, FL 33186
(305) 433-0897
Digital Contact Information:
yaneiro@sunshinemindsbehavior.com

Rivers, Arisleidy, MED, BCBA ■
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
credentialing@southbillcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Abril, EDM, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 964-7695
Digital Contact Information:
behaviorconsultantfl@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Andrea, MS, BCBA ■
1550 Madruga Avenue
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
progressivebehavioranalyst@gmail.com

and
9010 Southwest 137th Avenue
213
Miami, FL 33186
(305) 305-0279
Digital Contact Information:
progressivebehavioranalyst@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Annabel, MMH, BCBA, LMHC ■
10200 Northwest 25th Street
STE 205
Miami, FL 33172
(305) 602-8074
Digital Contact Information:
admin@denalibehaviorcrt.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rodriguez Arana, Jessica, MS, BCBA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Belkis, BS, BCABA ■
14707 South Dixie Highway
303
Miami, FL 33176
(786) 333-3207
Digital Contact Information:
leap.behavior@gmail.com

and
1380 Northeast Miami Gardens Drive
220f
Miami, FL 33179
(786) 523-3249
Digital Contact Information:
leap.behavior@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Camila, MS, BCBA ■
7801 Northwest 37th Street
Lp-201
Doral, FL 33195
(305) 468-9899
Digital Contact Information:
vivianaicare@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Creole, Spanish

Rodriguez Cespedez, Jany, MS, BCBA ■
Home Based Services Only
Doral, FL 33122
(305) 591-7898
Digital Contact Information:
heartwellhomecare@att.net

and
9555 Southwest 175th Terrace
610
Palmetto Bay, FL 33157
(786) 859-0979
Digital Contact Information:
heartwellhomecare@att.net
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rodriguez Chaviano, Mayrelis, MS, BCBA ■
100 Northeast 15th Street
203
Homestead, FL 33030
(786) 404-3075
Digital Contact Information:
admin2@twoheartsaba.com

and
9710 East Indigo Street
Suite 201
Palmetto Bay, FL 33157
(786) 277-6210
Digital Contact Information:
admin2@twoheartsaba.com

Rodriguez, Cheyla, MPSY, BCBA ■
9710 East Indigo Street
Suite 201
Palmetto Bay, FL 33157
(786) 277-6210
Digital Contact Information:
admin@twoheartsaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Danitza, MA, BCBA ■
10691 North Kendall Drive
207
Miami, FL 33176
(786) 401-6113
Digital Contact Information:
enrollpriv@bikhamhealthcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, David, MS, BCBA ■
Home Based Services Only
Miami, FL 33155
(786) 755-2615
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
5600 SW 135th Ave
Ste 112
Miami, FL 33183
(305) 746-4507
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Del Rey, Meylin, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
2450 Southwest 137th Avenue
232
Miami, FL 33175
(786) 360-6496
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 452-1185
Digital Contact Information:
info@newlifeaba.com

and
13424 Southwest 90th Terrace
Miami, FL 33186
(786) 308-6353
Digital Contact Information:
info@newlifeaba.com

and
14221 Southwest 120th Street
Suite 214
Miami, FL 33186
(786) 452-1185
Digital Contact Information:
http://www.jandatherapy.com
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rodriguez Delgado, Isvel, MS, BCBA ■
Home Based Services Only
Doral, FL 33126
(407) 800-6086
Digital Contact Information:
prokidzabatherapy@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Diaz, Gema, MED, BCBA ■
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
credentialing@southbillcare.com

Rodriguez Diaz, Geyma, MBS, BCBA ■
13301 Southwest 132nd Avenue
201 201
Miami, FL 33186
(305) 509-5537
Digital Contact Information:
info@newlifeaba.com

and
27132 South Dixie Highway
Naranja, FL 33032
(786) 283-0175
Digital Contact Information:
info@newlifeaba.com

Rodriguez, Elaine A, MS, BCBA ■
8210 SW 38th St
Miami, FL 33155
(305) 469-6745
Digital Contact Information:
elainerod@littlesproutsbehavior.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Elizabeth M, MS, LBA ■
8353 Southwest 124th Street
102
Miami, FL 33156
(305) 902-6435
Digital Contact Information:
http://www.abamiami.com
ocuevas@ctac1.com

and
8603 South Dixie Highway
303
Pinecrest, FL 33156
(305) 902-6435
Digital Contact Information:
http://www.abamiami.com
ocuevas@ctac1.com

Rodriguez, Erika, MA, BCBA ■
12456 Southwest 127th Avenue
Miami, FL 33186
(786) 953-8500
Digital Contact Information:
http://kidsspotrehab.com
ajlba@mbhpays.com

Rodriguez, Gabriel L, MS, BCBA, LMHC ■
7875 Northwest 12th Street
120
Doral, FL 33126
(786) 505-4449
Digital Contact Information:
http://southfloridabehavior.com
info@southfloridabehavior.com

and
7875 Northwest 12th Street
118
Miami, FL 33126
(786) 505-4449
Digital Contact Information:
http://southfloridabehavior.com
info@southfloridabehavior.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
info@southfloridabehavior.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rodriguez Harrison, Yirina, MS, BCBA ■
9010 Southwest 137th Avenue
213
Miami, FL 33186
(305) 305-0279
Digital Contact Information:
jcabrera@mymbcinc.com

and
9344 Southwest 170th Lane
Palmetto Bay, FL 33157
(305) 710-0029
Digital Contact Information:
jcabrera@mymbcinc.com

Rodriguez, Janelle, MPSY, BCBA ■
657 South Drive
Miami Springs, FL 33166
(786) 860-5161
Digital Contact Information:
thebehaviorists@ababuildingblocks.com

Rodriguez, Jazmine, MS, BCBA ■
Home Based Services Only
Doral, FL 33126
(305) 433-5489
Digital Contact Information:
jrodriguez.bcba@gmail.com

and
Home Based Services Only
Hialeah, FL 33013
(786) 592-6680
Digital Contact Information:
jrodriguez.bcba@gmail.com

and
8323 Northwest 12th Avenue
Miami, FL 33150
(305) 224-1929
Digital Contact Information:
jrodriguez.bcba@gmail.com

and
14653 Southwest 56th Street
Miami, FL 33175
(786) 205-9733
Digital Contact Information:
jrodriguez.bcba@gmail.com

Rodriguez, Jenna, MS, BCBA ■

1500 S Douglas Rd
230
Coral Gables, FL 33134
(888) 501-8540
Digital Contact Information:
https://acornhealth.com
evernorth@teampbs.com

Rodriguez, Josue H, MSED, LBA ■
1275 W 47th Pl
Ste 407
Hialeah, FL 33012
(786) 409-3231
Digital Contact Information:
luciano@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Karla, BA, BCBA ■
30392 Old Dixie Highway
Homestead, FL 33030
(786) 481-9833
Digital Contact Information:
freddie.maxwell@amromed.com

and
27132 South Dixie Highway
Naranja, FL 33032
(786) 481-9833
Digital Contact Information:
freddie.maxwell@amromed.com
Other Languages Spoken by Provider or Office Staff English

Rodriguez, Keyla, MBS, BCBA ■
3105 Northwest 107th Avenue
Ste 405
Doral, FL 33172
(305) 385-9919
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 299-7782
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
7815 Coral Way
101
Miami, FL 33155
(786) 615-4879
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
9710 East Indigo Street
Suite 201
Palmetto Bay, FL 33157
(786) 277-6210
Digital Contact Information:
genesisconsultingservices39@gmail.com

Rodriguez, Lesly, MMH, BCBA ■
1350 Southwest 57th Avenue
313
West Miami, FL 33144
(786) 404-1017
Digital Contact Information:
sseastcoast22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Lisandra, MPSY, BCBA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
bmbchildrentherapies@gmail.com

and
5455 Southwest 8th Street
230
Miami, FL 33134
(786) 629-8836
Digital Contact Information:
bmbchildrentherapies@gmail.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
http://appliedbhs.com
bmbchildrentherapies@gmail.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
bmbchildrentherapies@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Lissa E, BS, BCABA ■
9245 Southwest 158th Lane
FL 3
Miami, FL 33157
(786) 587-5599
Digital Contact Information:
https://brightsuntherapy.com
brightsuntherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rodriguez, Lisset, MBS, BCBA ■
13424 Southwest 90th Terrace
Miami, FL 33186
(786) 308-6353
Digital Contact Information:
zairad29@yahoo.com

Rodriguez, Manuel, MS, BCBA ■
11960 Southwest 184th Street
Miami, FL 33177
(786) 765-8232
Digital Contact Information:
sunshineabaservices@gmail.com

and
6405 Northwest 36th Street
Virginia Gardens, FL 33166
(786) 238-2008
Digital Contact Information:
sunshineabaservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Martinez, Ariadna, MS, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
info@foundartacademy.org

and
1000 Brickell Avenue
Miami, FL 33131
(786) 695-8672
Digital Contact Information:
info@foundartacademy.org

and
7001 Southwest 97th Avenue
104
Miami, FL 33173
(786) 772-1577
Digital Contact Information:
info@foundartacademy.org

and
4155 Southwest 130th Avenue
108
Miami, FL 33175
(786) 695-8672
Digital Contact Information:
info@foundartacademy.org
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Martinez, Iliana, MS, BCBA ■
10711 Southwest 216th Street
103 103
Goulds, FL 33170
(305) 965-9682
Digital Contact Information:
imetherapyservices@gmail.com

Rodriguez Mas, Julieta, BA, BCABA ■
600 Northeast 22nd Terrace
205
Homestead, FL 33033
(786) 332-1530
Digital Contact Information:
elasabaservicesinc@gmail.com

Rodriguez Mauri, Lusy, MS, BCBA ■
1250 Southwest 27th Avenue
207
Miami, FL 33135
(786) 502-3137
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rodriguez, Milagros, MA, BCABA ■
18901 Southwest 106th Avenue
229 230
Cutler Bay, FL 33157
(786) 808-6575
Digital Contact Information:
advancebehavior71@gmail.com

Rodriguez, Rachel, MED, BCBA ■
9600 Northwest 25th Street
Doral, FL 33172
(305) 597-3861
Digital Contact Information:
http://newwaydayservices.org
credentialing@newwaydyaservices.org

Rodriguez Reina, Caridad, MBS, BCBA ■
10700 Southwest 46th Street
Miami, FL 33165
(786) 907-4925
Digital Contact Information:
http://www.bluehopetherapyservices.com
office@bluehopetherapyservices.com

and
5600 Southwest 135th Avenue
202b
Miami, FL 33183
(786) 856-4499
Digital Contact Information:
office@bluehopetherapyservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Rodriguez, Nemesio, BS, BCBA ■
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
credentialing@southbillcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Royo, Yenia, MA, BCBA ■
8900 Southwest 107th Avenue
201
Miami, FL 33176
(786) 401-6152
Digital Contact Information:
admin@wmbehavior.com

Rodriguez, Sabrina A, MS, BCBA ■
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
services@cmnbtherapy.com

and
8660 West Flagler Street
STE 121
Miami, FL 33144
(305) 600-4774
Digital Contact Information:
services@cmnbtherapy.com

Rodriguez, Sunem, BA, BCBA ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
services@cmnbtherapy.com

and
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
services@cmnbtherapy.com

and
12970 Southwest 133rd Court
a
Miami, FL 33186
(786) 445-5607
Digital Contact Information:
services@cmnbtherapy.com
Other Languages Spoken by Provider or Office Staff
Hebrew, Portuguese, Haitian Creole, Japanese, French, Russian, Italian, Vietnamese

Rodriguez Vargas, Odet, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 747-6489
Digital Contact Information:
mvargas@caresmatter.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Xuxa, MS, BCBA ■
Home Based Services Only
Aventura, FL 33180
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Golden Beach, FL 33160
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Homestead, FL 33030
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Homestead, FL 33033
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Key Biscayne, FL 33149
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Miami, FL 33142
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Miami, FL 33147
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Miami, FL 33155
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Miami Beach, FL 33154
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Miami Gardens, FL 33015
(786) 612-5077
Digital Contact Information:

back2basicsbm@gmail.com

and

Home Based Services Only
Miami Gardens, FL 33055
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and

Home Based Services Only
Miami Lakes, FL 33016
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and

Home Based Services Only
Naranja, FL 33032
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and

Home Based Services Only
Opa-locka, FL 33054
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and

Home Based Services Only
Pinecrest, FL 33156
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and

Home Based Services Only
Quail Heights, FL 33187
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and

Home Based Services Only
South Miami, FL 33143
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and

Home Based Services Only
South Miami, FL 33146
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and

Home Based Services Only
Virginia Gardens, FL 33166
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Rodriguez, Yoslania, MBS, BCBA ■

2300 West 84th Street
STE 104
Hialeah, FL 33016
(305) 903-3168
Digital Contact Information:
amhscorp@yahoo.com
Other Languages Spoken by Provider or Office Staff Spanish

Rodriguez, Yusmary, MPSY, BCBA ■

1414 Northwest 107th Avenue
204
Doral, FL 33172
(305) 225-8711
Digital Contact Information:
genesisconsultingservices39@gmail.com

and

1900 Southwest 22nd Street
#205
Miami, FL 33145
(305) 549-8665
Digital Contact Information:
genesisconsultingservices39@gmail.com

and

20774 West Dixie Highway
b
Miami, FL 33180
(305) 549-8665
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Rogers, Jordan, MPSY, BCBA ■

FL
(786) 569-6783
(732) 685-2991
Digital Contact Information:
http://www.achievebehaviorcenters.com
team@achievebehaviorcenters.com

Rojas Branas, Danayqui, MPSY, BCBA ■

1000 Brickell Avenue
Miami, FL 33131
(305) 303-0147
Digital Contact Information:
orrmirey14@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Rojas, Joanna, MS, BCBA ■

9220 Sunset Dr
Ste 101
Miami, FL 33173
(305) 273-3773
Digital Contact Information:
http://www.behavior-analysis.org
rhulsey@behavior-analysis.com

Rollman, Kristen, MA, LBA ■

340 SE 3rd St
Apt 3109
Miami, FL 33131
(914) 500-5532
Digital Contact Information:
Not Available

Roman, Dhanarys, MBS, BCBA ■

9245 Southwest 158th Lane
FL 3
Miami, FL 33157
(786) 587-5599
Digital Contact Information:
https://brightsuntherapy.com
brightsuntherapy@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Roman, Orialys L, MS, BCBA ■

3300 West 84th Street
Unit 10
Hialeah, FL 33018
(305) 335-0407
Digital Contact Information:
privateinsurancechildgarden@gmail.com

and

3271 NW 7th St
Ste 203
Miami, FL 33125
(786) 220-6902
Digital Contact Information:
privateinsurancechildgarden@gmail.com
Other Languages Spoken by Provider or Office Staff Creole, Spanish

Romero, Claudia, MA, BCBA ■

15715 South Dixie Highway
226
Miami, FL 33157
(305) 849-4186
Digital Contact Information:
jsmqv2020@gmail.com

Romero Gonzalez, Kirenia, MA, BCBA ■

1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
abaswfl@gmail.com

Romero, Kenia, MA, BCBA ■

7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
info@evolvingmindstogether.com

Romero, Loris, MA, BCBA ■

3833 Southwest 8th Street
Coral Gables, FL 33134
(786) 254-5372
Digital Contact Information:
credentialing@southbillcare.com

and

12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
credentialing@southbillcare.com
Other Languages Spoken by Provider or Office Staff Spanish

Roque, Alicia, MS, LMHC ■

8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
newbeginningbehavior@yahoo.com

and

7580 Northwest 186th Street
202 202
Hialeah, FL 33015
(786) 385-5347
Digital Contact Information:
newbeginningbehavior@yahoo.com

and

5455 Southwest 8th Street
230
Miami, FL 33134
(786) 629-8836
Digital Contact Information:
newbeginningbehavior@yahoo.com

and

11890 Southwest 8th Street
403
Miami, FL 33184
(786) 362-5981
Digital Contact Information:
newbeginningbehavior@yahoo.com

Roque, Yamisela, MS, BCBA ■

10675 Southwest 190th Street
1207
Cutler Bay, FL 33157
(305) 219-0423
Digital Contact Information:
info@nexoaba.com

and

2550 Northwest 72nd Avenue
115
Miami, FL 33122
(786) 536-2012
Digital Contact Information:
info@nexoaba.com
Other Languages Spoken by Provider or Office Staff Spanish

Rosa, Jonelli, MA, BCBA ■

1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Rosa, Stephanie M, BS, BCBA ■

3833 Southwest 8th Street
Coral Gables, FL 33134
(786) 440-1176
Digital Contact Information:
info@breakthroughbehavior.com
Other Languages Spoken by Provider or Office Staff Sign Lang Amer, Spanish

Rosales, Isabel C, MS, LBA ■

12973 Southwest 112th Street
151
Miami, FL 33186
(305) 204-7037
Digital Contact Information:
jeanne@onebehavior.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Rosario, Tamara, MS, LMHC ■

11077 Biscayne Boulevard
410
Miami, FL 33161
(888) 494-0808
Digital Contact Information:
https://tamara-rosario.clientsecure.me
office@sbhss.net
Other Languages Spoken by Provider or Office Staff Spanish

Rosario Tejada, Francine, MS, BCBA ■

12985 Southwest 130th Court
217 217
Miami, FL 33186
(305) 480-7839
Digital Contact Information:
info@newlifeaba.com

Rose, Yakima, MS, BCBA ■

6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
yrose@vivoaba.com

Rosell, Edeli, BA, BCBA ■

18901 Southwest 106th Avenue
229 230
Cutler Bay, FL 33157
(786) 506-9008
Digital Contact Information:
advancecommunity71@gmail.com

and

Home Based Services Only
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
advancecommunity71@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Rozos Costales, Aysbell, MS, BCABA ■

12900 Southwest 128th Street
Suite 107
Miami, FL 33186
(786) 312-2665
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff Spanish

Rubio Fernandez, Lizbet, MS, BCBA ■

1000 Brickell Avenue
Miami, FL 33131
(786) 695-8672
Digital Contact Information:
abaproinfo@gmail.com

and

4155 Southwest 130th Avenue
108
Miami, FL 33175
(786) 695-8672
Digital Contact Information:
abaproinfo@gmail.com
Other Languages Spoken by Provider or Office Staff Portuguese, English, German, French, Spanish

Rugama Leiva, Amanda, MS, BCBA ■

1000 Brickell Avenue
Miami, FL 33131
(305) 766-3097
Digital Contact Information:
thrivebehaviortherapy@gmail.com

and

1400 Northwest 107th Avenue
306
Miami, FL 33172
(786) 817-7444
Digital Contact Information:
thrivebehaviortherapy@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Ruiz, Anaysi, MS, BCBA ■

3833 Southwest 8th Street
Coral Gables, FL 33134
(786) 254-5372
Digital Contact Information:
office@behaviorandwellnesscorp.com

Ruiz, Rosmeri, MA, BCBA ■

704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
genesisconsultingservices39@gmail.com

Ruiz, Roxana, MS, BCBA ■

15600 Southwest 288th Street
306
Homestead, FL 33033

(786) 650-2299
Digital Contact Information:
jcabrera@mymbcinc.com

and
12900 Southwest 128th Street
Suite 107
Miami, FL 33186
(786) 312-2665
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ruiz, Teresa, MS, BCBA ■
13501 Southwest 128th Street
Suite 106
Miami, FL 33186
(786) 731-3919
Digital Contact Information:
abcchildrenbehavior@gmail.com

Russo, Danielle, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
providerenrollment@acornhealth.com

Sainz Riveron, Camila, MED, BCBA ■
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
credentialing@southbillcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Salama, Sarine, MS, LMHC ■
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
sarine@serenitycounselingsolutions.org
Other Languages Spoken by Provider or Office Staff
Spanish

Salas Alfonso, Jennie, MS, BCBA ■
8601 Southwest 199th Street
Cutler Bay, FL 33189
(305) 908-2999
Digital Contact Information:
yordanka@mghomecare.com

and
10200 Northwest 25th Street
STE 114
Doral, FL 33172
(305) 280-2480
Digital Contact Information:
yordanka@mghomecare.com

and
40 Northwest 8th Street
Homestead, FL 33030
(305) 908-2999
Digital Contact Information:
yordanka@mghomecare.com

and
Home Based Services Only
Miami, FL 33142
(305) 280-2480
Digital Contact Information:
yordanka@mghomecare.com

and
9380 Sunset Drive
b165
Miami, FL 33173
(786) 337-0585
Digital Contact Information:
yordanka@mghomecare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Salazar Costales, Ildelisa, MBS, BCABA ■
8350 Northwest 52nd Terrace
Suite 301
Doral, FL 33166
(786) 992-1151
Digital Contact Information:
info@beatoncareservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Salazar, Ofelia, PHD, BCBA ■
6761 Southwest 7th Street
Miami, FL 33144
(305) 905-4429
Digital Contact Information:
loveagles67@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Saldana, Stephanie, MBS, BCBA ■
11980 Southwest 144th Court
Suite #210
Miami, FL 33186
(305) 640-8918
Digital Contact Information:
behaviorconsultantfl@gmail.com

and
12360 Southwest 132nd Court
STE 205
Miami, FL 33186
(786) 429-3738
Digital Contact Information:
behaviorconsultantfl@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Salgado, Dalgis, MA, BCBA ■
10700 Caribbean Boulevard
Suite 101
Cutler Bay, FL 33189
(305) 777-3883
Digital Contact Information:
admin@coralbehavioral.com

and
10200 Northwest 25th Street
STE 204
Doral, FL 33172
(305) 406-3689
Digital Contact Information:
admin@coralbehavioral.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(786) 622-5743
Digital Contact Information:
admin@coralbehavioral.com

and
Home Based Services Only
Miami Gardens, FL 33014
(305) 777-3883
Digital Contact Information:
admin@coralbehavioral.com

and
6625 Miami Lakes Drive
#374
Miami Lakes, FL 33014
(305) 777-3883
Digital Contact Information:
admin@coralbehavioral.com
Other Languages Spoken by Provider or Office Staff
Spanish

Salgado Gutierrez, Marisol, MS, BCBA ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
info@avilahealthgroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Salgado, Yaima, CD, BCBA ■
1900 Southwest 22nd Street
#205
Miami, FL 33145
(305) 648-7212
Digital Contact Information:
stepstherapycenter@gmail.com

and
20774 West Dixie Highway
b
Miami, FL 33180
(305) 549-8665
Digital Contact Information:
stepstherapycenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Salgueiro, Brenda, BCBA, MS ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(954) 577-7790
Digital Contact Information:
info@behavior-analysis.org
Other Languages Spoken by Provider or Office Staff
Spanish

Salzman, Amy, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 955-6224
Digital Contact Information:
crystalkidscenter@gmail.com

and
16201 Northeast 13th Avenue
North Miami Beach, FL 33162
(786) 955-6224
Digital Contact Information:
http://www.superkidsaba.com
crystalkidscenter@gmail.com

and
17121 Northeast 6th Avenue
North Miami Beach, FL 33162
(305) 952-3161
Digital Contact Information:
crystalkidscenter@gmail.com

and
FL
(786) 955-6224
Digital Contact Information:
crystalkidscenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Hebrew, English

Samitier, Carolina, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(888) 501-8540
Digital Contact Information:
https://acornhealth.com
olympushcs@gmail.com

and
3625 Northwest 82nd Avenue
101
Doral, FL 33166
(786) 583-8663
Digital Contact Information:
olympushcs@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

San Blas Garcia, Jessabell, BA, BCABA ■
11025 SW 84th St
Ste 8
Miami, FL 33173
(833) 971-1230
Digital Contact Information:
http://carpediemacademy.org
lburns@cdaintensivelearning.com
Other Languages Spoken by Provider or Office Staff
Spanish

San Juan, Janella, MS, NP, PMHNP ■
FL
(305) 902-6347
Digital Contact Information:
sara.rydin@caduc.com
Other Languages Spoken by Provider or Office Staff English

San Miguel, Anniela, MS, LBA ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(954) 577-7790
Digital Contact Information:
credentialing@autismfirstus.com

Sanchez Alfonso, Julio R, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 558-8246
Digital Contact Information:
jrsanalf@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sanchez, Alina, MS, BCBA ■
14471 S Dixie Hwy
Miami, FL 33176
(786) 803-8826
Digital Contact Information:
amorebhc@gmail.com

and
9010 Southwest 137th Avenue
101
Miami, FL 33186
(786) 803-8826
Digital Contact Information:
http://amorementalhealthcorp.com
amorebhc@gmail.com

Sanchez, Daymar, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 713-0982
Digital Contact Information:
sunnybehavior@gmail.com

Sanchez, Geiser, MPSY, BCBA ■
3750 West 16th Avenue
218
Hialeah, FL 33012
(786) 409-3231
Digital Contact Information:
roactivehealthcare2016@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sanchez, Julio J, MBS, BCBA ■
8900 Southwest 117th Avenue
c206
Miami, FL 33186
(305) 224-0014
Digital Contact Information:
http://n/a
vbghealth@gmail.com

Sanchez, Kevin, BA, BCBA ■
658 Southwest 5th Avenue
7
Miami, FL 33130
(786) 603-1491
Digital Contact Information:
kss5@hotmail.com

Sanchez, Sonia, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 991-3213
Digital Contact Information:
info@abaunus.com

Sanchez, Taylor, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com
Other Languages Spoken by Provider or Office Staff English

Santana, Ashley M, MS, BCBA ■
13155 SW 134th St
Ste 207
Miami, FL 33186
(786) 842-3624
Digital Contact Information:
http://www.superherospeechtherapy.com
santana2694@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Santana, Janeiris, MS, BCBA ■
1840 West 49th Street
#714
Hialeah, FL 33012
(305) 699-8388
Digital Contact Information:
credentialing@southbillcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Santana Pedrero, Aleymi, MA, BCBA ■
2020 Ponce de Leon
Suite 1201
Miami, FL 33134
(305) 917-5414
Digital Contact Information:
http://healthofmind.net
mirta@psychologybeyond.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Santana, Zaira, EDM, BCBA ■
7875 Northwest 12th Street
120
Doral, FL 33126
(786) 505-4449

Digital Contact Information:
http://southfloridabehavior.com
mcastanos@southfloridabehavior.com

and
7875 Northwest 12th Street
118
Miami, FL 33126
(786) 505-4449
Digital Contact Information:
http://southfloridabehavior.com
mcastanos@southfloridabehavior.com

and
10855 Southwest 72nd Street
UNIT 1-5
Miami, FL 33173
(305) 720-2166
Digital Contact Information:
mcastanos@southfloridabehavior.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
mcastanos@southfloridabehavior.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Santander Luis, Yainet, MS, BCBA ■
10631 Southwest 88th Street
135
Miami, FL 33176
(786) 603-6567
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
10691 North Kendall Drive
207
Miami, FL 33176
(786) 603-6567
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Santiesteban, Carolina, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

Santos-Lopez, Isael, BA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(888) 501-8540
Digital Contact Information:
https://acornhealth.com
info@acornhealth.com

Sarduy, Idelys, MSED, BCBA ■
14505 Commerce Way
Ste 750
Miami Lakes, FL 33016
(305) 362-9989
Digital Contact Information:
diamondhealth@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Sarpoolaki, Yasamin I, MS, BCBA ■
20405 Southwest 326th Street
Homestead, FL 33030
(321) 413-3366
Digital Contact Information:
admin@positivestepsaba.com

Saunders, Lauren, MS, BCBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
http://kidsspotrehab.com
therapy@kidsspotrehab.com

and
12456 Southwest 127th Avenue
Miami, FL 33186
(786) 953-8500
Digital Contact Information:
therapy@kidsspotrehab.com

Savino, Katerina, BCBA, MA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
info@actionbehavior.com

Schad, Natalie T, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(954) 400-3251
Digital Contact Information:
kate@abacustherapies.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(954) 400-3251
Digital Contact Information:
kate@abacustherapies.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(954) 400-3251
Digital Contact Information:
kate@abacustherapies.com
Other Languages Spoken by Provider or Office Staff
Spanish

Schewe, Ivey, MA, LBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
rogers@joybridgekids.com

Schueg, Rachel, MA, BCBA ■
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
credentialing@creativekidstherapyinc.com
Other Languages Spoken by Provider or Office Staff English

Scutti, Janea, MS, BCBA ■
20801 Biscayne Boulevard
409 449
Miami, FL 33180
(561) 931-3837
Digital Contact Information:
info@performanceaba.com

Segura Perez, Jennifer M, MPSY, BCBA ■
13383 Southwest 42nd Street
Miami, FL 33175
(305) 305-7121
Digital Contact Information:
seguraj77@hotmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Segura, Serguey, MSED, BCBA ■
Home Based Services Only
Virginia Gardens, FL 33166
(786) 416-3576
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Seijas Pazos, Maylin, BA, BCABA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
13055 Southwest 42nd Street
STE 104
Miami, FL 33175
(305) 480-7839
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Seivane Cespedes, Randolph, MS, BCABA, BCBA ■
2020 Ponce de Leon
Suite 1201
Miami, FL 33134
(305) 917-5414
Digital Contact Information:
mirta@psychologybeyond.com
Other Languages Spoken by Provider or Office Staff
Spanish

Seraphin, Valerie, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(561) 808-5201
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

Serio, Daily, BA, BCBA ■
12240 Southwest 128th Court
110
Miami, FL 33186
(305) 562-4683
Digital Contact Information:
http://www.shapingacademy.com
info@shapingacademy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Serna, Juanita, BCBA, MS ■
7875 Northwest 12th Street
118
Miami, FL 33126
(786) 505-4449
Digital Contact Information:
info@southfloridabehavior.com
Other Languages Spoken by Provider or Office Staff
Spanish

Serrano Patten, Ana, MBS, BCBA ■
7580 Northwest 186th Street
202 202
Hialeah, FL 33015
(786) 385-5347
Digital Contact Information:
newbeginningbehavior@yahoo.com

and
11890 Southwest 8th Street
405
Miami, FL 33184
(786) 439-7098
Digital Contact Information:
newbeginningbehavior@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Show, Christiana, MS, BCBA, LBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(866) 583-6003
Digital Contact Information:
https://acornhealth.com

Silva, Erik, MS, LMHC ■
8323 Northwest 12th Street
Ste 206
Doral, FL 33126
(305) 373-3424
Digital Contact Information:
info@themind-gym.com

and
FL
(754) 400-1539
Digital Contact Information:
info@themind-gym.com

and
15660 Southwest 72nd Street
Miami, FL 33193
(786) 697-1150
Digital Contact Information:
info@themind-gym.com

Silva, Gabriela, MS, BCBA ■
11925 Southwest 72nd Street
Miami, FL 33183
(305) 562-4683
Digital Contact Information:
info@shapingacademy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Silva, Paola, MA, BCBA ■
8200 Northwest 41st Street
Suite 200
Miami, FL 33166
(786) 774-7729
Digital Contact Information:
http://www.integrativemethods.com
info@integrativemethods.com
Other Languages Spoken by Provider or Office Staff
Spanish

Silvente Araujo, Carlos A, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
credentialingaba@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Silvia, Diana, MA, BCBA ■
7990 Southwest 117th Avenue
Suite 134
Kendall, FL 33183
(305) 741-2218
Digital Contact Information:
info@pbstherapy.com

and
8355 West Flagler Street
239
Miami, FL 33126
(305) 741-2218
Digital Contact Information:
info@pbstherapy.com

Singh, Natasha, MA, BCABA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
chastity.stroud@yourmissingpiece.com

Sisti, Gina, MA, BCBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
providerenrollment@acornhealth.com

Smith, Ceasha, MS, BCBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(929) 617-6362
Digital Contact Information:
behaviorbutterflyaba@gmail.com

Smith, Kasey, BS, BCABA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
rhonda@jkpba.com

Snyder, Yvette, MA, BCBA ■
9425 Southwest 72nd Street
164
Miami, FL 33173
(305) 279-2286
Digital Contact Information:
yvette@freshstartsnow.com
Other Languages Spoken by Provider or Office Staff
Spanish

Soluto, Linet, BA, BCBA ■
13195 Southwest 134th Street
Ste. 201
Miami, FL 33186
(561) 421-5111
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

and
8785 SW 165th Ave
Ste 104
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
http://www.behavioralfamilysolutions.com/
credentialing@behavioralfamilysolutions.com

Sordo Sanchez, Idalia, MS, BCBA ■
1275 West 47th Place
#449
Hialeah, FL 33012

(305) 425-1338
Digital Contact Information:
magicbehavioral@gmail.com

and
8660 West Flagler Street
STE 121
Miami, FL 33144
(305) 600-4774
Digital Contact Information:
magicbehavioral@gmail.com

and
9010 Southwest 137th Avenue
213
Miami, FL 33186
(305) 305-0279
Digital Contact Information:
magicbehavioral@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sosa, Amanda V, MBS, BCBA ■
1486 West 84th Street
Hialeah, FL 33014
(305) 828-5276
Digital Contact Information:
jen.schwartz@comcast.net

and
15165 Northwest 77th Avenue
Hialeah, FL 33014
(305) 828-5276
Digital Contact Information:
http://angelsreach.org/
jen.schwartz@comcast.net

and
17840 Northwest 59th Avenue
104 104
Hialeah, FL 33015
(305) 828-5276
Digital Contact Information:
jen.schwartz@comcast.net

Sosa Martinez, Misleny, MS, BCBA, LMHC ■
4810 Southwest 8th Street
suite 103
Coral Gables, FL 33134
(786) 353-2616
Digital Contact Information:
https://vdzleading.com/
genesisconsultingservices39@gmail.com

and
801 Monterey Street
202
Coral Gables, FL 33134
(305) 591-7898
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
Home Based Services Only
Doral, FL 33122
(305) 591-7898
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
1200 Northwest 78th Avenue
210
Doral, FL 33126
(786) 285-3438
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
5590 West 20th Avenue
200 201
Hialeah, FL 33016
(305) 557-1555
Digital Contact Information:
http://lifestarwellnesscenter.com
genesisconsultingservices39@gmail.com

and
2050 West 56th Street
SUITE 15-16
Hialeah, FL 330162601
(305) 557-1555
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
3414 West 84th Street
Suite D110
Hialeah, FL 33018
(305) 825-4320
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
3416 West 84th Street
C-108
Hialeah, FL 33018
(305) 557-1555
Digital Contact Information:
http://lifestarwellnesscenter.com
genesisconsultingservices39@gmail.com

and
5757 Waterford District Drive
Unit 172
Miami, FL 33126
(786) 524-2880
Digital Contact Information:
http://www.lifetimesolutionsagency.com
genesisconsultingservices39@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
12002 Southwest 128th Court
203
Miami, FL 33186
(786) 713-0851
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
8950 Southwest 152nd Street
110
Palmetto Bay, FL 33157
(786) 542-4690
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
9555 Southwest 175th Terrace
610
Palmetto Bay, FL 33157
(786) 859-0979
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Soto, Israel, BA, BCABA ■
2898 Northwest 79th Avenue
Doral, FL 33122
(305) 597-3861
Digital Contact Information:
cary@nwds-staff.com

Soto Mantilla, Tania, MC, BCBA ■
16650 North Kendall Drive
210
Miami, FL 33196
(305) 916-4870
Digital Contact Information:
luciano@mymbcinc.com

and
8950 Southwest 152nd Street
106a
Palmetto Bay, FL 33157
(786) 398-2965
Digital Contact Information:
luciano@mymbcinc.com

and
8950 Southwest 152nd Street
112
Palmetto Bay, FL 33157
(786) 432-0829
Digital Contact Information:
luciano@mymbcinc.com

and
8950 Southwest 152nd Street
116
Palmetto Bay, FL 33157
(786) 669-2619
Digital Contact Information:
luciano@mymbcinc.com

and
9555 Southwest 175th Terrace
Suite 209
Palmetto Bay, FL 33157
(786) 365-4001
Digital Contact Information:
luciano@mymbcinc.com

Soto, Maria P, MC, BCBA ■
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
info@appliedabc.com
Other Languages Spoken by Provider or Office Staff English

Sotomayor Perez, Xiomara, BS, BCABA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
Home Based Services Only
West Miami, FL 33144
(786) 404-1017
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Spencer, Lilliana, MS, BCBA ■
13300 Southwest 128th Street
Miami, FL 33186
(786) 250-3451
Digital Contact Information:
http://www.firststepsinterventions.com
lspencer@firststepsint.com
Other Languages Spoken by Provider or Office Staff
Spanish

St Louis, Adrienne, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(347) 893-1266
Digital Contact Information:
4rezilience@gmail.com

and
633 Northeast 167th Street
Suite 1125
North Miami Beach, FL 33162
(305) 749-5454
Digital Contact Information:
4rezilience@gmail.com

St Pierre, Breanna, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
holly.renshaw@yourmissingpiece.com

Stano, Jacki, MED, BCBA, LBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
credentialing@kyocare.com

Stavrinos, Nina, MS, BCBA ■
777 Brickell Ave
Ste 500
Miami, FL 33131
(305) 330-4660
Digital Contact Information:
http://www.lotusbehavior.com
lotusbehavior@gmail.com

Steelman, Erin, MS, BCBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
info@gatewaylg.com

Stephens, David M, MS, BCBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
info@happyheartsaba.com

Stubbs, Marcie D, MA, LMHC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@lifestance.com

Suarez, Lilianne, MA, BCBA ■
9600 Northwest 25th Street
STE 5E
Miami, FL 33172
(888) 527-8037
Digital Contact Information:
info@brightstartllc.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Suarez, Magdielis, MS, BCBA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
http://www.appliedbhs.com
dabs@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com

Suarez, Mercy, MA, LMHC ■
66 Valencia Avenue
402 402
Coral Gables, FL 33134
(305) 439-5939
Digital Contact Information:
mercysuarezeds@gmail.com

and
66 Valencia Avenue
903 903
Coral Gables, FL 33134
(305) 439-5939
Digital Contact Information:
mercysuarezeds@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Suarez, Michael, PHD, BCBA-D ■
3271 NW 7th St
Ste 203
Miami, FL 33125
(786) 220-6902
Digital Contact Information:
msuar022@fiu.edu

and
1000 Brickell Avenue
Miami, FL 33131
(786) 220-6902
Digital Contact Information:
msuar022@fiu.edu

and
9735 SW 138th Ave
Miami, FL 33186
(786) 543-5137
Digital Contact Information:
msuar022@fiu.edu

and
6538 Collins Ave
Miami Beach, FL 33141
(203) 529-5123
Digital Contact Information:
msuar022@fiu.edu
Other Languages Spoken by Provider or Office Staff
Spanish

Suarez Vistorte, Jose I, MS, BCBA ■
10200 Northwest 25th Street
211
Doral, FL 33172
(305) 381-0346
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

Suarez, Yania, MS, BCBA ■
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
credentialing@southbillcare.com

Suarez, Yenny, MBS, BCBA ■
99 Northwest 183rd Street
suite: 241E
Miami Gardens, FL 33169
(786) 899-3042
Digital Contact Information:
https://suarezbehavioral.wixsite.com/mysite
suarezbehavioral@gmail.com

Other Languages Spoken by Provider or Office Staff Spanish

Sueiro, Danaya, MS, BCBA ■
8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-2822
Digital Contact Information:
info@newlifeaba.com

and
10691 North Kendall Drive
207
Miami, FL 33176
(786) 401-6113
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff Spanish

Tabla, Yoel F, MPSY, BCBA ■
8335 Southwest 72nd Avenue
218d 218d
Miami, FL 33143
(786) 354-8613
Digital Contact Information:
yoeltabla@yahoo.com

and
10300 Southwest 72nd Street
300
Miami, FL 33173
(786) 418-9730
Digital Contact Information:
http://www.happydreamsofkids.com
yoeltabla@yahoo.com
Other Languages Spoken by Provider or Office Staff Spanish

Tamayo, Giselle, MA, BCBA ■
13195 Southwest 134th Street
Ste. 201
Miami, FL 33186
(786) 206-6500
Digital Contact Information:
giselle@behavioralfamilysolutions.com

and
8785 SW 165th Ave
Ste 103
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
giselle@behavioralfamilysolutions.com

Tamayo, Marcela, MA, BCBA ■
10482 Northwest 31st Terrace
STE 2A
Doral, FL 33172
(786) 765-7550
Digital Contact Information:
dleonintegritybehaviorservice@gmail.com

Tapanes Morejon, Elaine, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
abagrowthandconnection@gmail.com

and
9502 Southwest 166th Court
Miami, FL 33196
(754) 234-0643
Digital Contact Information:
abagrowthandconnection@gmail.com

Tapia, Daniel, MS, BCBA ■
2898 Northwest 79th Avenue
Doral, FL 33122
(786) 646-9250
Digital Contact Information:
tjou@koalaaba.com

and
Home Based Services Only
Hialeah, FL 33010
(305) 280-5730
Digital Contact Information:
tjou@koalaaba.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 280-5730
Digital Contact Information:
tjou@koalaaba.com

Tarrero, Addis, MPSY, BCBA ■
7344 Southwest 48th Street
103
Miami, FL 33155
(786) 210-2765
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
12150 Southwest 128th Court
#201
Miami, FL 33186
(786) 697-1966
Digital Contact Information:
genesisconsultingservices39@gmail.com

Tarver, Jillisa, MPSY, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
jillisa.tarver@jtbehavioral.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
jillisa.tarver@jtbehavioral.com

Tatum, Audrey, MS, BCBA ■
1201 Northeast 200th Street
Miami, FL 33179
(954) 599-2260
Digital Contact Information:
info@behavioralfamilysolutions.com

Tawfiq, Safia, MPSY, BCBA ■
2550 Northwest 72nd Avenue
115
Miami, FL 33122
(786) 536-2012
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 695-8672
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
Home Based Services Only
Miami, FL 33155
(786) 262-5559
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
4155 Southwest 130th Avenue
108
Miami, FL 33175
(786) 695-8672
Digital Contact Information:
genesisconsultingservices39@gmail.com

Taylor, Samantha D, MBS, BCBA ■
5801 Northwest 151st Street
STE 200B
Hialeah, FL 33014
(786) 376-2651
Digital Contact Information:
angelesesperan@gmail.com

and
20200 Southwest 320th Street
Homestead, FL 33030
(305) 450-4219
Digital Contact Information:
angelesesperan@gmail.com

and
12430 Southwest 188th Street
Miami, FL 33177
(305) 209-1095
Digital Contact Information:
http://angelesaba.com
angelesesperan@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Tenorio, Jose, BS, BCABA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
sseastcoast22@gmail.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
sseastcoast22@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Teran, Samantha, MA, BCBA ■
10300 Southwest 72nd Street
300
Miami, FL 33173
(786) 418-9730
Digital Contact Information:
http://www.happydreamsofkids.com
steran1230@gmail.com

and
14125 Northwest 80th Avenue
304
Miami Lakes, FL 33016
(786) 305-7222
Digital Contact Information:
steran1230@gmail.com

and
2100 Sans Souci Boulevard
1207 1207
North Miami, FL 33181
(786) 756-6063
Digital Contact Information:
steran1230@gmail.com

and
FL
(786) 756-6063
Digital Contact Information:
steran1230@gmail.com

Terra Pupo, Yurilis, MED, BCBA ■
3105 Northwest 107th Avenue
Ste 405
Doral, FL 33172
(786) 401-6113
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 299-7782
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
7235 Southwest 24th Street
204
Miami, FL 33155
(786) 452-0257
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
10689 N Kendall Dr
Ste 314
Miami, FL 33176
(786) 603-6567
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
10691 North Kendall Drive
207
Miami, FL 33176
(786) 401-6113
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
5881 Northwest 151st Street
Suite: 103
Miami Lakes, FL 33014
(786) 703-4154
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Thomas, Marie, MA, BCBA ■
657 South Drive
Miami Springs, FL 33166
(845) 458-8755
Digital Contact Information:
hello@the-behaviorists.com

Thompson, Elena, BA, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
jnickell@abahelps.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
jnickell@abahelps.com

and
1951 NW 7th Ave
Ste 600
Miami, FL 33136
(929) 384-7193
Digital Contact Information:
jnickell@abahelps.com

Thompson, Marsha M, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 991-3213
Digital Contact Information:
credentialing@flautism.com
Other Languages Spoken by Provider or Office Staff English

Toevs, Alexa, MED, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
providerenrollment@acornhealth.com

Tomic, Anita, BS, BCBA ■
1756 North Bayshore Drive
22c 22c
Miami, FL 33132
(786) 642-2149
Digital Contact Information:
anita@sparkabatherapy.com

Torna Perez, Keidy, ED, BCBA ■
110 West 17th Street
Hialeah, FL 33010
(786) 267-8467
Digital Contact Information:
info@newlifeaba.com

and
Home Based Services Only
Hialeah, FL 33010
(786) 267-8467
Digital Contact Information:
info@newlifeaba.com

and
2300 West 84th Street
404a
Hialeah, FL 33016
(786) 681-8494
Digital Contact Information:
info@newlifeaba.com

and
2459 West 70th Street
Hialeah, FL 33016
(786) 571-0939
Digital Contact Information:
info@newlifeaba.com

and
30392 Old Dixie Highway
Homestead, FL 33030
(786) 481-9833
Digital Contact Information:
info@newlifeaba.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
27132 South Dixie Highway
Naranja, FL 33032
(786) 481-9833
Digital Contact Information:
info@newlifeaba.com

Toro, Juan, MC, BCBA ■
7580 Northwest 186th Street
202 202
Hialeah, FL 33015
(786) 385-5347

Digital Contact Information:
Not Available

and
2901 Southwest 7th Street
a
Miami, FL 33125
(786) 202-1701
Digital Contact Information:
Not Available

and
6405 Northwest 36th Street
Virginia Gardens, FL 33166
(786) 238-2008
Digital Contact Information:
Not Available

Torres Guerra, Sandra M, MBS, BCBA ■
1665 West 68th Street
208
Hialeah, FL 33014
(305) 519-2546
Digital Contact Information:
childrensbehavioralint@gmail.com

and
2400 NW 54th St
Miami, FL 33142
(305) 213-0496
Digital Contact Information:
childrensbehavioralint@gmail.com

and
15715 South Dixie Highway
412
Miami, FL 33157
(786) 316-7186
Digital Contact Information:
childrensbehavioralint@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Torres, Irina C, MS, BCBA ■
175 Fontainebleau Boulevard
Miami, FL 33172
(305) 590-1085
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Torres, Lilibeth, MS, BCBA ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(954) 577-7790
Digital Contact Information:
http://www.behavior-analysis.org
baicredentialing@behavior-analysis.org
Other Languages Spoken by Provider or Office Staff
Spanish

Torres, Maritza, MS, BCBA ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
services@behavioralspark.com

and
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
services@behavioralspark.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 473-6153
Digital Contact Information:
services@behavioralspark.com

and
10373 Southwest 2nd Street
Miami, FL 33174
(305) 984-8908
Digital Contact Information:
services@behavioralspark.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, French, Italian, Spanish

Torres, Natalie, MA, BCBA ■
9300 Fontainebleau Boulevard
209 209
Miami, FL 33172
(786) 879-9331
Digital Contact Information:
ntorres@kindsidetherapy.com

Torres, Sergio, LMHC, MSCC ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
Not Available

Toth, Jennifer, MPSY, LBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
candace@tlccredandconsulting.com

Trabazo, Amelia E, MA, LBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(305) 846-9807
Digital Contact Information:
https://acornhealth.com
info@acornhealth.com

and
11601 Biscayne Boulevard
Miami, FL 33181
(786) 206-4151
Digital Contact Information:
info@acornhealth.com

Travieso, Dalgis, MS, BCBA ■
11251 SW 240th Ln
Homestead, FL 33032
(305) 912-8399
Digital Contact Information:
weareuniqueaba@gmail.com

and
11276 SW 232nd St
Miami, FL 33170
(305) 912-8399
Digital Contact Information:
weareuniqueaba@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Trujillo, Eimi, MS, BCBA ■
10200 Northwest 25th Street
211
Doral, FL 33172
(786) 269-3502
Digital Contact Information:
clinical.coordinator@cmnbtherapy.com

and
1535 N Goldeneye Ln
Homestead, FL 33035
(786) 212-5530
Digital Contact Information:
clinical.coordinator@cmnbtherapy.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 475-5732
Digital Contact Information:
clinical.coordinator@cmnbtherapy.com

and
12920 Southwest 133rd Court
Miami, FL 33186
(786) 475-5732
Digital Contact Information:
http://cornerstone-cba.com
clinical.coordinator@cmnbtherapy.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Haitian Creole, Japanese, Italian, Spanish

Urquiola, Dalaine, MED, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 817-2356
Digital Contact Information:
dalaine23@hotmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Urrutia, Anaisy, MS, BCBA ■
14471 S Dixie Hwy
Miami, FL 33176
(786) 803-8826
Digital Contact Information:
http://www.amorementalhealthcorp.com
tcmfl2018@gmail.com

and
9010 Southwest 137th Avenue
101
Miami, FL 33186
(786) 803-8826
Digital Contact Information:
http://amorementalhealthcorp.com
tcmfl2018@gmail.com

and
6001 Northwest 153rd Street
Suite 160
Miami Lakes, FL 33014
(786) 384-4990
Digital Contact Information:
tcmfl2018@gmail.com

and
5881 Northwest 151st Street
127
Miami Lakes, FL 330142450
(786) 219-8907
Digital Contact Information:
http://sweetchildbehavior.com
tcmfl2018@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valdes, Christina, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
info@acornhealth.com

Valdes Gonzalez, Diana, MS, BCBA ■
8200 Northwest 41st Street
269
Doral, FL 33166
(305) 763-4196
Digital Contact Information:
jcabrera@mymbcinc.com

Valdes, Hany, MS, BCBA ■
Home Based Services Only
Miami, FL 33155
(786) 262-5559
Digital Contact Information:
genesisconsultingservices39@gmail.com

Valdes Lopez, Yudith, MBS, BCBA ■
12150 Southwest 128th Court
Suite 226
Miami, FL 33186
(786) 429-1005
Digital Contact Information:
cloverbehaviorservices@gmail.com

Valdes, Massiel, BS, BCBA ■
FL
(786) 337-0585
Digital Contact Information:
massielvaldes@hotmail.com

and
9380 Sunset Drive
b165
Miami, FL 33173
(786) 337-0585
Digital Contact Information:
massielvaldes@hotmail.com

and
9380 Sunset Drive
suite b211
Miami, FL 33173
(786) 337-0585
Digital Contact Information:
massielvaldes@hotmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valdes, Ricardo, MS, BCBA ■
7875 Northwest 12th Street
118
Miami, FL 33126
(786) 505-4449
Digital Contact Information:
info@southfloridabehavior.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valdespino, Ruben, MS, BCBA ■
18901 Southwest 106th Avenue
229
Miami, FL 33157
(786) 808-6575
Digital Contact Information:
jcabrera@mymbcinc.com

and
8743 Southwest 9th Terrace
2
Miami, FL 33174
(786) 534-6915
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Valdez, Lu'Chang, MBS, BCBA ■
1180 North Krome Avenue
Homestead, FL 33030
(786) 349-4700
Digital Contact Information:
mykidtherapycenter@gmail.com

and
49 NW 17th St
Homestead, FL 33030
(786) 349-4700
Digital Contact Information:
http://mykidtherapycenter.com
mykidtherapycenter@gmail.com

and
14425 Country Walk Drive
Miami, FL 33186
(786) 349-4700
Digital Contact Information:
mykidtherapycenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valle Baez, Lianet, MA, BCBA ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
http://universalcommunityservices.com
admin@universalcommunityservices.com

and
20774 West Dixie Highway
b
Miami, FL 33180
(305) 549-8665
Digital Contact Information:
admin@universalcommunityservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valle, Yaditsa, MS, BCBA ■
1250 Southwest 27th Avenue
207
Miami, FL 33135
(786) 502-3137
Digital Contact Information:
mortega@tlhproject.com

and
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
mortega@tlhproject.com

and
306 Westward Dr
Miami Springs, FL 33166
(786) 588-7894
Digital Contact Information:
http://www.smartbatherapy.com
mortega@tlhproject.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valverde, Hany, MA, BCBA ■
10691 North Kendall Drive
207
Miami, FL 33176
(786) 401-6113
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vandy, Damaris, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@hupcfl.com
Other Languages Spoken by Provider or Office Staff

Spanish

Vargas Fernandez, Yuniert M, MPSY, BCBA, LMFT ■
2721 SW 137th Ave
Ste 113
Miami, FL 33175
(786) 558-7248
Digital Contact Information:
yuniertv@thinkingwithvargas.com

Vargas, Leonardo, MA, BCBA ■
15924 SW 92nd Ave
Miami, FL 33157
(786) 636-1303
Digital Contact Information:
loriwilliams57@hotmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vasquez, Clara S, MPSY, BCBA ■
2500 Northwest 79th Avenue
295
Doral, FL 33122
(786) 637-5168
Digital Contact Information:
apluschildbcorp@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vasquez, Janet, MS, BCBA, LBA ■
12985 Southwest 130th Court
204 204
Miami, FL 33186
(305) 735-3878
Digital Contact Information:
http://www.abasquad.com
info@abasquad.com

Vazquez, Lianis, MS, BCBA ■
3833 Southwest 8th Street
Coral Gables, FL 33134
(786) 254-5372
Digital Contact Information:
office@behaviorandwellnesscorp.com

Vazquez Valdes, Belkis, MBS, BCBA ■
2550 Northwest 72nd Avenue
#218
Miami, FL 33122
(786) 536-2009
Digital Contact Information:
porrerobcba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vega Cancio, Ayle, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
admissions@abaalliancecareservices.com

Vega Diaz, Maria T, EDM, BCBA ■
3300 West 84th Street
Hialeah, FL 33018
(305) 335-0407
Digital Contact Information:
childgardens.us@gmail.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Spanish

Vega Rodriguez, Yusleimy, MS, BCABA ■
8900 Southwest 117th Avenue
c101
Miami, FL 33186
(786) 568-1259
Digital Contact Information:
icrtherapy1@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vega Yanes, Yuliet, MBS, BCBA ■
10700 Caribbean Boulevard
UNIT 203
Cutler Bay, FL 33189
(305) 299-8005
Digital Contact Information:
infopositivemindful@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Veiga, Marnie, MBS, BCBA ■
1275 W 47th Pl
Ste 407
Hialeah, FL 33012
(786) 409-3231
Digital Contact Information:
luciano@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vejerano, Marilin, MA, BCBA ■
18901 Southwest 106th Avenue
229 230
Cutler Bay, FL 33157
(786) 808-6575
Digital Contact Information:
advancebehavior71@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Velazquez, Taimari, MS, BCBA ■
1900 N Bayshore Dr
1A-122
Miami, FL 33132
(954) 400-3251
Digital Contact Information:
http://www.abacustherapies.com
roberta@abacustherapies.com

and
6405 Northwest 36th Street
Virginia Gardens, FL 33166
(786) 238-2008
Digital Contact Information:
roberta@abacustherapies.com

Velez, Keysha, MA, BCBA ■
7925 Northwest 12th Street
130 130
Doral, FL 33126
(786) 870-5090
Digital Contact Information:
http://www.limitlesslearningaba.com
admin@limitlesslearningaba.com

and
7925 Northwest 12th Street
Unit 130
Doral, FL 33126
(786) 870-5090
Digital Contact Information:
http://www.limitlesslearningaba.com
admin@limitlesslearningaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ventura Combarro, Erlys, MBS, BCBA ■
1900 Southwest 22nd Street
#205
Miami, FL 33145
(305) 648-7212
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ventura, Yilena, MA, BCBA ■
1900 Southwest 22nd Street
#205
Miami, FL 33145
(786) 250-4423
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
genesisconsultingservices39@gmail.com

Vera, Emma, MS, BCBA ■
3625 Northwest 82nd Avenue
101
Doral, FL 33166
(786) 583-8663
Digital Contact Information:
sseastcoast22@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 263-0207
Digital Contact Information:
sseastcoast22@gmail.com

and
13424 Southwest 90th Terrace
Miami, FL 33186
(786) 308-6353
Digital Contact Information:
sseastcoast22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vicente Prado, Yamina, MA, BCBA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
http://www.appliedbhs.com
dabs@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Victori, Maritza O, DED, BCBA ■
7801 Northwest 37th Street
Lp-201
Doral, FL 33195
(305) 468-9899
Digital Contact Information:
rosa.kuchling@pbhd.health

and
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
rosa.kuchling@pbhd.health
Other Languages Spoken by Provider or Office Staff Haitian Creole, Spanish

Vidal-Zas, Alicia R, PSYD, LP ■
14225 SW 42nd St
Miami, FL 33175
(305) 221-8200
Digital Contact Information:
arvida712@aol.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Vila-Gonzalez, Yaquelin, BCBA, MS ■
9600 Northwest 25th Street
Doral, FL 33172
(305) 597-3861
Digital Contact Information:
cary@nwds-staff.com

and
9600 Northwest 25th Street
STE 5E
Miami, FL 33172
(888) 527-8037
Digital Contact Information:
cary@nwds-staff.com

Viltre Garcia, Yanelys, MS, BCBA ■
5201 Blue Lagoon Dr
Ste 800
Miami, FL 33126
(305) 632-8577
Digital Contact Information:
management@truecarehomeservicesinc.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
management@truecarehomeservicesinc.com

and
2500 SW 107TH AVE
42
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
management@truecarehomeservicesinc.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Vinas, Kristina, MA, BCBA ■
9425 Southwest 72nd Street
164
Miami, FL 33173
(305) 279-2286
Digital Contact Information:
taylor@freshstartsnow.com
Other Languages Spoken by Provider or Office Staff
Spanish

Visco, Lauren L, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
info@breakthroughbehavior.com

Vivas, Deidre, EDM, BCBA ■
HOME BASED SERVICES ONLY
Miami, FL 33178
(786) 942-4099
Digital Contact Information:
advancedmedicalh@bellsouth.net

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
advancedmedicalh@bellsouth.net
Other Languages Spoken by Provider or Office Staff
English, Spanish

Wack, Stephanie, MA, LBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
credentialing@autismlearningpartners.com

Walker, Lanesha, BA, BCABA ■
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
cristina@creativekidstherapyinc.com

Walsh, Maricel, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 707-7308
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

Warren, Ashley, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
providerenrollment@acornhealth.com

Wasserman, Yocheved, MS, BCBA ■
1688 Meridian Avenue
600 & 700
Miami Beach, FL 33139
(786) 655-8200
Digital Contact Information:
admin@inspireabagroup.com
Other Languages Spoken by Provider or Office Staff
Hebrew, Farsi, Arabic, Russian, Spanish

Wendling, Alina, MBS, BCBA ■
10045 Northwest 28th Terrace
Doral, FL 33172
(786) 447-2175
Digital Contact Information:
info@southfloridabehavior.com

Wesson, Amanda, MS, BCBA ■
1500 S Douglas Rd

230
Coral Gables, FL 33134
(786) 868-0931
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

West, Tenesha, MS, BCBA ■
FL
(561) 223-8076
(833) 458-0386
Digital Contact Information:
credentialing@modbehavioraba.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
credentialing@modbehavioraba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Wheeler, Kimberly, MS, APRN, NP ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
start@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Wicks, Betty, PSYD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
admin@twinkleautism.com
Other Languages Spoken by Provider or Office Staff
Spanish

Williams, Kabrena, MS, BCBA, LBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(410) 538-2574
Digital Contact Information:
info@appliedabc.com
Other Languages Spoken by Provider or Office Staff English

Wilson, Andrea, MS, BCBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
credentialing@kidsspotrehab.com

and
12456 Southwest 127th Avenue
Miami, FL 33186
(786) 953-8500
Digital Contact Information:
credentialing@kidsspotrehab.com

Wilson, Kisha, MED, BCBA, LBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
payors@zinniahealth.com

Wojcik, Maria, MSED, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 663-9051
Digital Contact Information:
jcabrera@mymbcinc.com

and
1840 Coral Way
215
Miami, FL 33145
(786) 663-9051
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Wolcott, Jennifer, MS, BCBA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
http://www.appliedbhs.com
dabs@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Wool, Sorcha, MSW, LCSW ■
1951 Northwest 7th Avenue
Miami, FL 33136
(571) 934-3936
Digital Contact Information:
admin@supportiveengagemet.com

and
FL
(305) 902-6347
Digital Contact Information:
admin@supportiveengagemet.com
Other Languages Spoken by Provider or Office Staff Sign Lang Amer

Woolery, Kimberly, MS, BCBA ■
777 Brickell Ave
Ste 500
Miami, FL 33131
(305) 330-4660
Digital Contact Information:
r.karpen@mbhpays.com

and
10250 SW 56th St
Ste D201
Miami, FL 33165
(888) 527-8037
Digital Contact Information:
r.karpen@mbhpays.com

and
10250 Southwest 56th Street
A202
Miami, FL 33165
(888) 527-8037
Digital Contact Information:
r.karpen@mbhpays.com

and
7905 SW 105th Ave
Miami, FL 33173
(786) 397-2761
Digital Contact Information:
r.karpen@mbhpays.com

and
12985 Southwest 130th Court
204 204
Miami, FL 33186
(305) 735-3878
Digital Contact Information:
r.karpen@mbhpays.com

and
FL
(305) 735-3878
Digital Contact Information:
r.karpen@mbhpays.com

Wray, Hayley, MED, LBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
contracting@bluesprigpediatrics.com

Yebra, Carmen, MS, BCBA ■
12800 SW 8th St
Miami, FL 33184
(786) 319-2980
Digital Contact Information:
http://aworld4kids.com
jhaigballard@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Yero, Emily, BA, BCABA ■
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
services@cmnbtherapy.com

Yglesias, Marianela, MPSY, BCBA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Yzquierdo, Roxana, BCBA, MS ■
8353 Southwest 124th Street
102
Miami, FL 33156
(305) 902-6435
Digital Contact Information:
Not Available

and
8603 South Dixie Highway
303
Pinecrest, FL 33156
(305) 902-6435
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Zak, Ashley, MS, BCBA, LBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
outreach@appliedabc.com

Zaldivar, Mirza, MS, BCBA ■
650 Northeast 22nd Terrace
202-9
Homestead, FL 33033
(786) 312-4478
Digital Contact Information:
http://opendoorbehavioralservices.com
embracinghopebes@gmail.com

and
650 Northeast 22nd Terrace
212 214
Homestead, FL 33033
(786) 312-4478
Digital Contact Information:
http://opendoorbehavioralservices.com
embracinghopebes@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Zambrano, Andrea Y, BS, BCBA ■
3508 Northwest 114th Avenue
ste 101
Doral, FL 33178
(954) 608-6767
Digital Contact Information:
floridaintegratedtherapy@gmail.com

Zamora, Caridad R, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
13813 Southwest 32nd Street
Miami, FL 33175
(786) 597-3813
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Zarza Molina, Maydel, MS, BCBA ■
70 NW 6th St
Homestead, FL 33030
(786) 410-8922
Digital Contact Information:
http://brighttherapy.com
maydelzarza71@gmail.com

and
14572 Southwest 155th Place
Miami, FL 33196
(786) 294-8270
Digital Contact Information:
maydelzarza71@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Zayas Fernandez, Blanca I, MSED, BCBA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Zeledon Aguilar, Yulinda, MA, BCBA ■
15260 SW 280th St
Ste 205
Homestead, FL 33032
(305) 707-7237
Digital Contact Information:
http://www.familybehaviorservices.org
genesisconsultingservices39@gmail.com

and
10300 Southwest 72nd Street
250b
Miami, FL 33173
(305) 939-6878
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Zelinger-Kaufman, Bascha, MED, BCBA ■
1380 Northeast Miami Gardens Drive
Suite 255
Miami, FL 33179
(954) 651-2969
Digital Contact Information:
info@appliedabc.com
Other Languages Spoken by Provider or Office Staff English

Zuccolotto Lombardi, Janeth K, BS, BCABA ■
18441 Northwest 2nd Avenue
Suite 100
Miami Gardens, FL 33169
(305) 400-1589
Digital Contact Information:
info@skorlando.net
Other Languages Spoken by Provider or Office Staff
Spanish

Zuluaga, Adriana D, MA, BCBA ■
21417 Southwest 109th Court
Cutler Bay, FL 33189
(305) 417-3577
Digital Contact Information:
http://www.bamboobehavior.com
info@bamboobehavior.com

and
8660 West Flagler Street
STE 121
Miami, FL 33144
(305) 600-4774
Digital Contact Information:
info@bamboobehavior.com
Other Languages Spoken by Provider or Office Staff
Spanish

AUTISM TESTING

Abreu, Helen, MS, BCBA ■
Home Based Services Only
Doral, FL 33126
(407) 800-6086
Digital Contact Information:
milestonesaba2023@gmail.com

and
2450 Southwest 137th Avenue
232
Miami, FL 33175
(786) 360-6496
Digital Contact Information:
milestonesaba2023@gmail.com

and
12900 Southwest 128th Street
Suite 107
Miami, FL 33186
(786) 312-2665
Digital Contact Information:
milestonesaba2023@gmail.com

and
13416 Southwest 128th Street
Miami, FL 33186
(786) 732-0247
Digital Contact Information:
http://milestones-aba.org
milestonesaba2023@gmail.com

Abreu, Yudeisy, MPSY, BCBA ■
3625 Northwest 82nd Avenue
101
Doral, FL 33166
(786) 583-8663
Digital Contact Information:
sseastcoast22@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
sseastcoast22@gmail.com

and
8300 West Flagler Street
170
Miami, FL 33144
(786) 633-5171
Digital Contact Information:
sseastcoast22@gmail.com

and
2450 Southwest 137th Avenue
232
Miami, FL 33175
(786) 360-6496
Digital Contact Information:
sseastcoast22@gmail.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
sseastcoast22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Acosta Pages, Dairy, MPSY, BCBA ■
Home Based Services Only
Doral, FL 33122
(561) 643-7643
Digital Contact Information:
brightstepsaba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Adams, Takeira, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Aguado, Natalie P, MA, BCBA, LBA ■
14645 Northwest 77th Avenue
Suite 105
Miami Lakes, FL 33014
(202) 420-8359
Digital Contact Information:
http://www.littleleaves.org
billing@littleleaves.org

Aguilera, Magalis, PSYD, CP, LP ■
9240 SW 72nd St
Ste 106
Miami, FL 33173
(305) 595-8787
Digital Contact Information:
drmagaliaguilera@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Aguilera, Maribel, MD ■
8049 NW 155th St
Miami Lakes, FL 33016
(305) 822-2330
Digital Contact Information:
maguileramd@aol.com
Other Languages Spoken by Provider or Office Staff English

Aguilera-Baez, Hiram, MPSY, BCBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
labresha.proctor@kidsspotrehab.com

and
8660 West Flagler Street
STE 121
Miami, FL 33144
(305) 600-4774
Digital Contact Information:
labresha.proctor@kidsspotrehab.com

and
12456 Southwest 127th Avenue
101
Miami, FL 33186
(786) 953-8500
Digital Contact Information:
http://kidsspotrehab.com
labresha.proctor@kidsspotrehab.com

Alanis, Karolina, MA, LBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
r.early@adaptforlifeaba.com
Other Languages Spoken by Provider or Office Staff English

Alba, Tatiana M, MED, BCBA ■
8266 Mills Drive
836012
Miami, FL 33283
(305) 521-9556
Digital Contact Information:
tatiana.m.alba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alduncin Lopez, Anabel, BS, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
intouchcommunityserv@gmail.com

Alegria, Mario R, PHD, LP ●
6360 SW 48th St
Miami, FL 33155
(321) 273-9407
Digital Contact Information:
ma47alegria@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alizo, Silvia, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
hr@thepiecefits.com

Allen-De Arce, Adriana, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com
Other Languages Spoken by Provider or Office Staff
Spanish

Almaguer, Marilyn, PSYD, BCBA ■
8300 Northwest 53rd Street
Suite 102
Doral, FL 33166
(786) 769-5222
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
100 Northeast 15th Street
203
Homestead, FL 33030
(786) 404-3075
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alonso, Ariane, MBS, BCBA ■
1490 West 49th Place
Suite 401
Hialeah, FL 33012
(786) 294-0255
Digital Contact Information:
info@bmmaba.com

and
10261 Southwest 72nd Street
Miami, FL 33173
(786) 773-3654
Digital Contact Information:
info@bmmaba.com

and
7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
info@bmmaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alsina Triay, Maria D, MS, BCBA ■
6175 Northwest 153rd Street
STE 215
Miami Lakes, FL 33014
(305) 200-3326
Digital Contact Information:
asmtherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Alvarado, August E, PHD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
contact@coloradocac.com

Alvarez, Catherine, MS, BCBA ■
2300 West 84th Street
Ste 601
Hialeah, FL 33016
(305) 363-4001
Digital Contact Information:
http://www.vytalyzeminds.net
info@vytalyzeminds.net
Other Languages Spoken by Provider or Office Staff
Spanish

Alvarez, Inna, MBS, BCBA ■
1150 Northwest 72nd Avenue
ph 2
Miami, FL 33126
(786) 542-5043
Digital Contact Information:
http://1stcarecms.com
office@bluehopetherapyservices.com

and
10700 Southwest 46th Street
Miami, FL 33165
(786) 907-4925
Digital Contact Information:
http://www.bluehopetherapyservices.com
office@bluehopetherapyservices.com

Alvarez Ospino, Elvin, MA, BCBA ■
2730 SW 3rd Ave
Ste 602
Miami, FL 33129
(786) 283-0175
Digital Contact Information:
http://alos.org
elvinalvarez@gmail.com

and
2730 Southwest 3rd Avenue
STE 800
Miami, FL 33129
(786) 641-5326
Digital Contact Information:
http://alos.org
elvinalvarez@gmail.com

Alvarez Ramirez, Magne C, MBS, BCABA ■
12855 Southwest 136th Avenue
221
Miami, FL 33186
(786) 319-2276
Digital Contact Information:
admin@bettercareforyou.com

Amador, David, MBS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 536-7470
Digital Contact Information:
dadebehavioralservices@gmail.com

and
12855 Southwest 136th Avenue
221
Miami, FL 33186
(786) 319-2276
Digital Contact Information:
dadebehavioralservices@gmail.com

Amat, Marina L, MS, BCBA ■
1570 West 38th Place
12 12
Hialeah, FL 33012
(786) 615-2514
Digital Contact Information:
behaviorplusservices@gmail.com

and
8300 NW 53rd St
Ste 350
Miami, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com

and
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
behaviorplusservices@gmail.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(786) 522-7203
Digital Contact Information:
behaviorplusservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Amestoy, Ana, MPSY, BCBA ■
13590 Southwest 134th Avenue
104
Miami, FL 33186
(305) 896-8161
Digital Contact Information:
apluschildbcorp@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Andres, Alice M, PSYD, CP, HSPP, LP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
rainbowlanternpsych@gmail.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
rainbowlanternpsych@gmail.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
rainbowlanternpsych@gmail.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
rainbowlanternpsych@gmail.com
Other Languages Spoken by Provider or Office Staff English

Anias, Carlos, MSN, APRN ■
2000 Northwest 87th Avenue
Suite 201
Doral, FL 33172
(954) 561-6222
Digital Contact Information:
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ansteatt, Kayleigh, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
haley.hounchell@yourmissingpiece.com

Arado, Liliet, BS, BCBA ■
9220 Sunset Dr
Ste 101
Miami, FL 33173

(305) 273-3773
Digital Contact Information:
http://www.behavior-analysis.org
tvargas@behavior-analysis.org

Arcia, Lizbeth, MA, BCBA, LBA ■
Home Based Services Only
Hialeah, FL 33010
(305) 280-5730
Digital Contact Information:
info@appliedabc.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 280-5730
Digital Contact Information:
info@appliedabc.com

Arencibia, Judith, EDS, BCBA ■
1840 West 49th Street
720
Hialeah, FL 33012
(786) 803-8593
Digital Contact Information:
amdja26@gmail.com
Other Languages Spoken by Provider or Office Staff
Russian, Italian, Spanish

Arencibia, Yoarys, MA, BCBA ■
Home Based Services Only
Aventura, FL 33180
(305) 283-0442
Digital Contact Information:
morningsideaba@gmail.com

and
6761 Southwest 6th Street
Miami, FL 33144
(305) 283-0442
Digital Contact Information:
morningsideaba@gmail.com

and
Home Based Services Only
Opa-locka, FL 33054
(305) 283-0442
Digital Contact Information:
morningsideaba@gmail.com

and
Home Based Services Only
West Miami, FL 33144
(305) 283-0442
Digital Contact Information:
morningsideaba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arguelles, Doris, BA, BCABA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 356-8754
Digital Contact Information:
cubanitadori@yahoo.com

and
14536 Southwest 170th Street
Miami, FL 33177
(786) 356-8754
Digital Contact Information:
cubanitadori@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arjones Betancourt, Sadielys, MS, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
genesisconsultingservices39@gmail.com

Arriera, Stefanie T, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
admissions@abaalliancecareservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Autie Castro, Yamila, MPSY, BCBA ■
8660 West Flagler Street
STE 121
Miami, FL 33144
(305) 600-4774
Digital Contact Information:
info@sunshinebehavioralhealthservices.com

Azaret, Janell M, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 853-8355
Digital Contact Information:
jmazaret@gmail.com

and
1512 Southwest 14th Terrace
Miami, FL 33145
(786) 853-8355
Digital Contact Information:
jmazaret@gmail.com

and
4525 Southwest 146th Court
Miami, FL 33175
(305) 807-1909
Digital Contact Information:
jmazaret@gmail.com

and
12985 Southwest 130th Court
204 204
Miami, FL 33186
(305) 735-3878
Digital Contact Information:
http://www.abasquad.com
jmazaret@gmail.com

Baez, Naeyjalite, MS, BCBA, LBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 218-6596
Digital Contact Information:
naeyjalite@stoneofhelpaba.com
Other Languages Spoken by Provider or Office Staff English

Baker, Melissa, EDS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Balart Cid, Lidice M, MBS, BCBA ■
8203 Southwest 124th Street
Pinecrest, FL 33156
(786) 533-3846
Digital Contact Information:
mbcbehavioranalysis@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barash, Brian D, MD ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.co

Barcena, Maylin D, MS, BCBA, LBA ■
2500 Northwest 79th Avenue
268
Doral, FL 33122
(786) 208-2907
Digital Contact Information:
info@wbehavioralservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barciela, Gilberto, MSN, APRNPMH ■
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
forwardwithfc@gmail.com

Barroso, Alina, MD, LMHC ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Bavaresco, Norma P, MS, BCBA ■
8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-2822
Digital Contact Information:
http://www.mgmbehavioral.com
info@newlifeaba.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
13055 Southwest 42nd Street
STE 104
Miami, FL 33175
(305) 480-7839
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bean, Anthony, PHD, LP ■
333 Southeast 2nd Avenue
Suite 2000
Miami, FL 33131
(833) 369-1144
Digital Contact Information:
credentialing@asprcmsolutions.com

Beaton Fernandez, Sheila, MBS, BCBA ■
8350 Northwest 52nd Terrace
Suite 301
Doral, FL 33166
(786) 992-1151
Digital Contact Information:
dleonintegritybehaviorservice@gmail.com

and
9555 Southwest 175th Terrace
555
Palmetto Bay, FL 33157
(305) 812-8048
Digital Contact Information:
dleonintegritybehaviorservice@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Bello, Jany L, EDM, BCBA ■
381 North Krome Avenue
Suite 105
Homestead, FL 33030
(305) 440-0048
Digital Contact Information:
http://nextsteptherapy.co
info@avilahealthgroup.com

and
FL
(305) 440-0048
Digital Contact Information:
http://nextsteptherapy.co
info@avilahealthgroup.com

and
3012 Southeast 3rd Drive
Homestead, FL 33033
(305) 407-7442
Digital Contact Information:
http://exceptionalmindsaba.com
info@avilahealthgroup.com

and
Home Based Services Only
Homestead, FL 33033
(305) 407-7442
Digital Contact Information:
info@avilahealthgroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Belot, Max A, MN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

Beltran, Chaveli, BA, BCABA ■
12855 Southwest 136th Avenue
221
Miami, FL 33186
(786) 319-2276
Digital Contact Information:
admin@bettercareforyou.com

Bencid Gonzalez, Diana, MMH, BCBA ■
Home Based Services Only
Miami Gardens, FL 33014
(305) 777-3883
Digital Contact Information:
acebehavioral2@gmail.com

Bencomo, Danay, MBS, BCBA ■
7779 Northwest 146th Street
Hialeah, FL 33016
(786) 702-6868
Digital Contact Information:
dayami@childrenbehavioraltherapy.com

Bennett, Nicholas, PSYD, LP ■
390 Northeast 191st Street
Miami, FL 33179
(805) 225-4446
Digital Contact Information:
doctor.bennett@outlook.com

Billings, Bettina R, MS, LBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(602) 560-2836
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Bingham, Lauren E, EDD, BCBA ■
8450 Northwest 102nd Avenue
225
Doral, FL 33178
(786) 749-8548
Digital Contact Information:
jcamarillo@dreamteambehavioralservices.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 749-8548
Digital Contact Information:
jcamarillo@dreamteambehavioralservices.com

Bloise, Gabriela, MS, LMHC ■
Home Based Services Only
Miami Gardens, FL 33014
(305) 777-3883
Digital Contact Information:
acebehavioral2@gmail.com

and
5881 Northwest 151st Street
Suite: 103
Miami Lakes, FL 33014
(786) 703-4154
Digital Contact Information:
acebehavioral2@gmail.com

Blumtritt, Cesar E, PHD, BCABA, LMHC ■
10200 Northwest 25th Street
201
Doral, FL 33172
(305) 406-3689
Digital Contact Information:
http://www.foundartacademy.org
denalicrt@aol.com

and
10200 Northwest 25th Street
STE 204
Doral, FL 33172
(305) 406-3689
Digital Contact Information:
http://www.foundartacademy.org
denalicrt@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bonet, Yanet, MS, BCBA ■
1900 Southwest 22nd Street
#205
Miami, FL 33145
(305) 648-7212
Digital Contact Information:
eberthsbehavioral@gmail.com

and
6780 Coral Way
Miami, FL 33155
(305) 549-8665
Digital Contact Information:
eberthsbehavioral@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Borek, Izayana, MS, LMFT ■
151 Northwest 11th Street
w201 w
Homestead, FL 33030

(786) 521-5925
Digital Contact Information:
http://monarchallhealth.com
monarchallhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bowland, Juliana, PSYD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
hello@emorahealth.com

Brazzini, Mijanou, MPSY, LMHC ■
13205 Southwest 137th Avenue
suite 126
Miami, FL 33186
(786) 713-0383
Digital Contact Information:
http://yjwcare.com
mbrazzini61@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Brito Barrios, Erick, MBS, BCBA ■
11890 Southwest 8th Street
405
Miami, FL 33184
(786) 439-7098
Digital Contact Information:
Not Available

Broche, Anibis, MMH, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 979-7309
Digital Contact Information:
anibisbroche@gmail.com

and
11401 SW 40th St
Ste 340
Miami, FL 33165
(786) 907-4925
Digital Contact Information:
anibisbroche@gmail.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
anibisbroche@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Brosco, Jeffrey P, MD ■
1150 NW 14th St
411
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
Not Available

and
1150 Northwest 14th Street
710
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
Not Available

and
1611 NW 12th Ave
Miami, FL 33136
(305) 585-7040
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Bryant, Keierica, MA, BCBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
info@actionbehavior.com

Cabranes, Gretchen, MA, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 275-8860
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cabrera, Belkis, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
14722 Southwest 56th Street
Miami, FL 33185
(305) 456-0572
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Camejo, Stephanie, PSYD, LP ■
8500 SW 92nd Street
206
Miami, FL 33156
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
sasha@livewelltherapygroup.com

Capote-Sanchez, Tracy, MED, BCBA-D ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(305) 273-3773
Digital Contact Information:
aillobre@behavior-analysis.org

and
13300 Southwest 128th Street
Miami, FL 33186
(786) 250-3451
Digital Contact Information:
aillobre@behavior-analysis.org

Carmona, Cristina, MA, BCBA, LBA ■
12730 Northwest 102nd Place
Hialeah Gardens, FL 33018
(305) 343-0783
Digital Contact Information:
http://www.daytodaybehavior.com
goldencarega@mbhpays.com

Carnet Beira, Garry, MS, BCBA ■
5901 Northwest 183rd Street
Suite 264
Hialeah, FL 33015
(786) 803-2664
Digital Contact Information:
https://oasismentalhealthcenter.com
nkitching@readysetconnect.org
Other Languages Spoken by Provider or Office Staff
Spanish

Castellon, Adela, MS, BCBA ■
10200 Northwest 25th Street
STE 204
Doral, FL 33172
(305) 406-3689
Digital Contact Information:
http://www.foundartacademy.org
castellonadela@yahoo.com

and
14125 Northwest 80th Avenue
304
Miami Lakes, FL 33016
(786) 305-7222
Digital Contact Information:
castellonadela@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Castellon, Nohelany, MA, BCBA ■
7990 Southwest 117th Avenue
Suite 134
Kendall, FL 33183
(305) 741-2218
Digital Contact Information:
info@buildablocktherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Castillero, Yalilis, BS, BCBA ■
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
credentialing@southbillcare.com
Other Languages Spoken by Provider or Office Staff
Latvian, Spanish

Castillo-Fundora, Evelyn T, EDS, LSP ■
10300 Southwest 72nd Street
#123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://myschoolpsychologistinc.com
info@myschoolpsychologistinc.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Cavassa, Adriana A, MA, BCBA ■
12750 Southwest 128th Street
Suite #201
Miami, FL 33186
(786) 592-2051
Digital Contact Information:
https://www.behavioraccservices.com
office@behavioraccservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cervera, Carol, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 853-8355
Digital Contact Information:
cristina@creativekidstherapyinc.com

and
1512 Southwest 14th Terrace
Miami, FL 33145
(786) 853-8355
Digital Contact Information:
cristina@creativekidstherapyinc.com

and
13195 Southwest 134th Street
Ste. 201
Miami, FL 33186
(786) 206-6500
Digital Contact Information:
cristina@creativekidstherapyinc.com

and
FL
(786) 206-6500
Digital Contact Information:
cristina@creativekidstherapyinc.com

and
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
cristina@creativekidstherapyinc.com

Cherician, Diana, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 306-5534
Digital Contact Information:
mpmcmhc@miamipersonalmanagement.com

and
Home Based Services Only
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
mpmcmhc@miamipersonalmanagement.com

and
1031 Ives Dairy Road
STE 240
Miami, FL 33179
(786) 306-5534
Digital Contact Information:
mpmcmhc@miamipersonalmanagement.com

and
945 Southwest 122nd Avenue
Miami, FL 33184
(786) 536-4807
Digital Contact Information:
mpmcmhc@miamipersonalmanagement.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Chiu, Chantel, PHD, LP ■
15325 Northwest 60th Avenue
#105
Miami Lakes, FL 33014
(305) 512-5388
Digital Contact Information:
docs@trinitycmhc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Chong, Roxana, MS, BCBA ■
8353 Southwest 124th Street
102
Miami, FL 33156
(305) 902-6435
Digital Contact Information:
http://www.abamiami.com
roxanac@abamiami.com

and
8603 South Dixie Highway
303
Pinecrest, FL 33156
(305) 902-6435
Digital Contact Information:
roxanac@abamiami.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cicetti, Lisa, PSYD, LMHC, LP ■
1100 Southwest 57th Avenue
Suite 100
Miami, FL 33144
(786) 556-7688
Digital Contact Information:
lisacicetti@yahoo.com

Ciraulo, Salvatore, MA, BCBA, LBA ■
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
aharrell@mercypluscare.com

Clavijo Hernandez, Ana, MBS, BCBA ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
sucel@practice-mgmt.com

and
Home Based Services Only
Hialeah, FL 33013
(786) 592-6680
Digital Contact Information:
sucel@practice-mgmt.com

and
2300 West 84th Street
404a
Hialeah, FL 33016
(786) 681-8494
Digital Contact Information:
sucel@practice-mgmt.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
sucel@practice-mgmt.com

and
18303 Southwest 153rd Place
Miami, FL 33187
(786) 343-9391
Digital Contact Information:
sucel@practice-mgmt.com

and
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
sucel@practice-mgmt.com

Colon Rodriguez, Lyllymar, PHD, LP ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 661-5511
Digital Contact Information:

dr.ingridroman1@gmail.com

and
100 NE 15th St
Ste 101D
Homestead, FL 33030
(833) 779-8646
Digital Contact Information:
dr.ingridroman1@gmail.com

and
7950 W Flagler St
Ste 105
Miami, FL 33144
(305) 661-5511
Digital Contact Information:
dr.ingridroman1@gmail.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 661-5511
Digital Contact Information:
dr.ingridroman1@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Colvin, Cindy, EDS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Comas-Perez, Gabriella M, MA, BCABA ■
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
gcomasperez@buildablocktherapy.com

Commella, Noreen, PSYD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@healthyyoungminds.com

Coppola, Amanda, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
providerenrollment@acornhealth.com

Cordova, Carlos A, MS, LMHC ■
2141 SW 1st St
Ste 103
Miami, FL 33135
(305) 644-6024
Digital Contact Information:
help@coralcmhc.net
Other Languages Spoken by Provider or Office Staff
Spanish

Corona Martinez, Delaney, MS, LCPC, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
home@christianpsychological.org

Corzo Hernandez, Magalys, BS, BCABA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 587-0424
Digital Contact Information:
magalis.corzo@yahoo.com

Cos Salmon, Hugo, MSN, APRN ■
1671 West 37th Street
Suite #3
Hialeah, FL 33012
(305) 728-4880
Digital Contact Information:
hcos@chwcm.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

Damus, Harry, PSYD, LP ■
8200 SW 117th Ave
Ste 306
Miami, FL 33183
(305) 274-0640
Digital Contact Information:
hdamus@therapeuticbehavioral.com
Other Languages Spoken by Provider or Office Staff Creole

De Armas, Dayanei, MMFT, BCBA, LMHC ■
30392 Old Dixie Highway
Homestead, FL 33030
(786) 283-0175
Digital Contact Information:
beyondpositivepsychology@yahoo.com

and
30350 SW 156th Ave
Homestead, FL 33033
(305) 975-3126
Digital Contact Information:
beyondpositivepsychology@yahoo.com

and
12039 Southwest 132nd Court
28 4
Miami, FL 33186
(786) 355-5654
Digital Contact Information:
beyondpositivepsychology@yahoo.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
beyondpositivepsychology@yahoo.com

and
27132 South Dixie Highway
Naranja, FL 33032
(786) 283-0175
Digital Contact Information:
beyondpositivepsychology@yahoo.com

De Tuya, Taylor, MA, BCBA ■
7705 North Kendall Drive
Kendall, FL 33156
(786) 801-9712
Digital Contact Information:
http://firmfoundationsaba.com
taylor@firmfoundationsaba.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 801-3134
Digital Contact Information:
taylor@firmfoundationsaba.com

and
9425 Southwest 72nd Street
164
Miami, FL 33173
(305) 279-2286
Digital Contact Information:
taylor@firmfoundationsaba.com

and
Home Based Services Only
South Miami, FL 33146
(786) 536-9714
Digital Contact Information:
taylor@firmfoundationsaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Delger, Delfina, MA, BCBA ■
1900 N Bayshore Dr
1A-122
Miami, FL 33132
(954) 400-3251
Digital Contact Information:
http://www.abacustherapies.com
haley.hounchell@yourmissingpiece.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(954) 400-3251
Digital Contact Information:
http://www.abacustherapies.com
haley.hounchell@yourmissingpiece.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(954) 400-3251
Digital Contact Information:
haley.hounchell@yourmissingpiece.com

Der Rohe-Borghese, Gema Y, MSW, BCBA, LBA, LCSW ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
orlando@pbhd.health

and
2525 Ponce de Leon Boulevard
370
Miami, FL 33134
(954) 408-1568
Digital Contact Information:
orlando@pbhd.health
Other Languages Spoken by Provider or Office Staff Haitian Creole

Deschamps, Sonia, MPSY, BCBA ■
1414 Northwest 107th Avenue
204
Doral, FL 33172
(305) 225-8711
Digital Contact Information:
info@sunshinebehavioralhealthservices.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
info@sunshinebehavioralhealthservices.com

and
18901 Southwest 106th Avenue
229
Miami, FL 33157
(786) 506-9008
Digital Contact Information:
info@sunshinebehavioralhealthservices.com

Diaz Cabrera, Yuleisvi, MS, BCBA ■
2210 Northwest 92nd Avenue
e1
Doral, FL 33172
(786) 208-7539
Digital Contact Information:
vivianaicare@gmail.com

and
7801 Northwest 37th Street
Lp-201
Doral, FL 33195
(305) 468-9899
Digital Contact Information:
vivianaicare@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 468-9899
Digital Contact Information:
vivianaicare@gmail.com

and
2500 SW 107TH AVE
42
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
vivianaicare@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz Encinosa, Barbara M, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
mamisol58@yahoo.es

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
mamisol58@yahoo.es

and
13301 Southwest 132nd Avenue
201 201
Miami, FL 33186
(305) 509-5537
Digital Contact Information:
mamisol58@yahoo.es

Diaz, Janly, MPSY, BCBA ■
7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
info@bmmaba.com

and
Home Based Services Only
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
info@bmmaba.com

Diaz, Lissainet, MA, BCBA ■
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
lissainet.diaz@cultivatebhe.com

Diaz Llanes, Barbara, MED, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 569-6783
Digital Contact Information:
team@achievebehaviorcenters.com

Diaz, Michelle, MS, LABA ■
HOME BASED SERVICES ONLY
Miami, FL 33178
(786) 660-1074
Digital Contact Information:
mdiaz@bostonblc.org
Other Languages Spoken by Provider or Office Staff English

Domingues, Yeidy, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
admissions@abaalliancecareservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Dominguez Alvarez, Dayami, MS, BCBA ■
7779 Northwest 146th Street
Hialeah, FL 33016
(786) 702-6868
Digital Contact Information:
dayami@childrenbehavioraltherapy.com

Dominguez Lopez, Greys, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 458-9535
Digital Contact Information:
bmbchildrentherapies@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Dominguez Viera, Chesy, BS, BCABA ■
1700 Southwest 57th Avenue
209
Miami, FL 33155
(786) 558-4981
Digital Contact Information:
lpcarecorp@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Don, Arturo, MC, LMHC ■
17670 Northwest 78th Avenue
STE 113
Hialeah, FL 33015
(716) 558-4565
Digital Contact Information:
sseastcoast22@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
sseastcoast22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Doyley-Green, Natalie S, MSN, APRN, NP ■
2820 Northeast 214th Street
Aventura, FL 33180
(256) 500-8688
Digital Contact Information:
hello@joinblossomhealth.com

and
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
http://happierliving.com
hello@joinblossomhealth.com

and
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com

and
255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com

and
370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://happierliving.com
hello@joinblossomhealth.com

and
333 Southeast 2nd Avenue
Suite #2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
hello@joinblossomhealth.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
hello@joinblossomhealth.com

and
3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
http://happierliving.com
hello@joinblossomhealth.com

and
350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com

and
429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com

and
323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com

Drumb, Lisa, MA, BCBA, LBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
info@appliedabc.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Drury, Pamela, PHD, LP ■
FL
(832) 301-9992
Digital Contact Information:
contracting@adgcares.com

Dubner, Rebecca, LP, PSYD ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(410) 538-2574
Digital Contact Information:
Not Available

Dumbar, Yadira, MS, BCBA ■
Home Based Services Only
Hialeah, FL 33012
(561) 460-0284
Digital Contact Information:
lifetimecareservices@gmail.com

and
8743 Southwest 9th Terrace
4
Miami, FL 33174
(786) 360-2869
Digital Contact Information:
lifetimecareservices@gmail.com

and
5801 Northwest 151st Street
206
Miami Lakes, FL 33014
(305) 504-1749
Digital Contact Information:
lifetimecareservices@gmail.com

and
FL
(305) 504-1749
Digital Contact Information:
lifetimecareservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Durgin, Cheryl, MED, LBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
cheryl@blessings-ranch.com

Enot Flores, Edna, MS, BCBA ■
3625 Northwest 82nd Avenue
101
Doral, FL 33166
(786) 583-8663
Digital Contact Information:
info@appliedabc.com

Enriquez Garcia, Leyanis, MS, BCBA ■
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
info@newlifeaba.com

and
945 Southwest 122nd Avenue
Miami, FL 33184
(786) 536-4807
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff English

Fay, Candace, BA, BCABA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(305) 846-9807
Digital Contact Information:
https://acornhealth.com
info@acornhealth.com
Other Languages Spoken by Provider or Office Staff English

Feldman, Hannah, BA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
ebony.taylor@hopebridge.com

Fernandez, Janeissy, MS, BCBA ■
10200 Northwest 25th Street
STE 204
Doral, FL 33172
(305) 406-3689
Digital Contact Information:
info@foundartacademy.org
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Jennifer, MS, BCBA, LBA ■
11601 Biscayne Boulevard
Miami, FL 33181
(786) 206-4151
Digital Contact Information:
info@appliedabc.com

and
909 North Miami Beach Boulevard
STE 301
North Miami Beach, FL 33162
(305) 822-7202
Digital Contact Information:
info@appliedabc.com

Fernandez Manso, Cinira, MPSY, BCBA ■
11890 Southwest 8th Street
405
Miami, FL 33184
(786) 439-7098
Digital Contact Information:
Not Available

Fernandez, Melanie A, MS, BCBA ■
585 East 49th Street
11
Hialeah, FL 33013
(305) 970-9165
Digital Contact Information:
billingadmin@optimalbeginning.com

and
16311 NW 87th Ct
Hialeah, FL 33018
(305) 586-8549
Digital Contact Information:
billingadmin@optimalbeginning.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Fernandez, Vanessa B, MSW, BCBA ■
8200 Northwest 41st Street
Suite 200
Miami, FL 33166
(305) 401-5259
Digital Contact Information:
vanessa.bcba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ferrer, Barbara, MS, BCBA, LMHC ■
FL
(786) 724-4224
Digital Contact Information:
https://www.vita-cog.com/
enrollpriv@bikhamhealthcare.com

and
9220 Sunset Drive
104
Miami, FL 33173
(786) 724-4224
Digital Contact Information:
enrollpriv@bikhamhealthcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Figueroa, Rachel, MS, BCBA, LBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Flores, Veronica, MS, BCBA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(305) 480-7839
Digital Contact Information:
info@newlifeaba.com

Fonseca, Odalys, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 715-8511
Digital Contact Information:
interbehavcorp@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Francois, Esther, MA, BCBA ■
14125 Northwest 80th Avenue
304
Miami Lakes, FL 33016
(786) 305-7222
Digital Contact Information:
christy@southfloridaaba.org

Fundora, Gladys, MMH, BCBA, LMHC ■
1000 Brickell Avenue
Miami, FL 33131
(786) 817-2356
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
http://kidsspotrehab.com
rossconsultingandcredentialing@gmail.com

and
19100 Southwest 106th Avenue
12 12
Miami, FL 33157
(786) 360-2852
Digital Contact Information:
rossconsultingandcredentialing@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Funes, Catherine F, PSYD, LP ■
1900 North Bayshore Drive
108
Miami, FL 33132
(954) 362-8677
Digital Contact Information:
bh@hgdoctors.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gainza Mayo, Mariela D, MSN, APRN ■
7971 Bird Road
15
Miami, FL 33155
(786) 504-5620
Digital Contact Information:
kenia.rodriguez@ffmhs.com

and
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Gertrudis, MMFT, LMFT ■
1414 Northwest 107th Avenue
204
Doral, FL 33172
(305) 225-8711
Digital Contact Information:
toplifecaresolutions@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 536-7470
Digital Contact Information:
toplifecaresolutions@gmail.com

and
175 Fontainebleau Boulevard
Miami, FL 33172
(305) 960-7124
Digital Contact Information:
toplifecaresolutions@gmail.com

and
10677 North Kendall Drive
ste 5-a
Miami, FL 33176
(305) 225-8711
Digital Contact Information:
http://toplifecaresolutions.com
toplifecaresolutions@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Garcia Hernandez, Adelfa, BA, BCBA ■
16657 Southwest 81st Terrace
Miami, FL 33193
(786) 426-1166
Digital Contact Information:
pathwaysaba@gmail.com

Garcia Marchante, Kamila, MS, BCBA, LBA ■
14645 Northwest 77th Avenue
Suite 105
Miami Lakes, FL 33014
(202) 420-8359
Digital Contact Information:
http://www.littleleaves.org
info@littleleaves.org

Garcia, Maria T, BA, LBA ■
3901 Northwest 79th Avenue
Suite 246
Doral, FL 33166
(786) 418-5400
Digital Contact Information:
http://www.stepsmiami.com
behaviorconsultantsfl@gmail.com

and
11980 Southwest 144th Court
Suite #210
Miami, FL 33186
(305) 640-8918
Digital Contact Information:
behaviorconsultantsfl@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia Mendiola, Niurka, MS, BCBA ■
Home Based Services Only
Hialeah, FL 33013
(786) 592-6680
Digital Contact Information:
mendiola6812@gmail.com

and
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
http://kidsspotrehab.com
mendiola6812@gmail.com

and
8475 Southwest 43rd Street
Miami, FL 33155
(786) 804-9405
Digital Contact Information:
mendiola6812@gmail.com

and
9415 Southwest 72nd Street
SUITE 175
Miami, FL 33173
(786) 406-4353
Digital Contact Information:
mendiola6812@gmail.com

and
13383 Southwest 42nd Street
Miami, FL 33175
(305) 305-7121
Digital Contact Information:
mendiola6812@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia Morejon, Ailyn, MS, BCABA ■
16657 Southwest 81st Terrace
Miami, FL 33193
(786) 426-1166
Digital Contact Information:
pathwaysaba@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Garcia Rodriguez, Mailyn, MBS, BCBA ■
8333 NW 53rd St
Ste 450
Miami, FL 33166
(786) 432-7113
Digital Contact Information:
yetiem.bello@professionalhbservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Rossely N, MA, BCBA ■
18451 Northeast 27th Place
Aventura, FL 33160
(786) 683-2398
Digital Contact Information:
info@appliedabc.com

Garcia, Solange C, MBS, BCBA ■
11980 Southwest 144th Court
Suite #210
Miami, FL 33186
(305) 640-8918
Digital Contact Information:
https://www.floridabehaviorhealthgroup.com/
behaviorconsultantfl@gmail.com

Garciga, Orlando, MSED, BCBA ■
7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
info@bmmaba.com

and
Home Based Services Only
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
info@bmmaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcon, Jose Nadine, PSYD, LP ■
419 W 49th St
Ste 219
Hialeah, FL 33012
(954) 404-7052
Digital Contact Information:
dr.garcon@comcast.net
Other Languages Spoken by Provider or Office Staff Creole

Gawriluk, Morgan, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Gil, Orianna A, MC, BCBA ■
8353 Southwest 124th Street
102
Miami, FL 33156
(305) 902-6435
Digital Contact Information:
http://abamiami.com
oriannagil0@gmail.com

and
8603 South Dixie Highway
303
Pinecrest, FL 33156
(305) 902-6435
Digital Contact Information:
http://abamiami.com
oriannagil0@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gilbert, Monica D, PSYD, LMHC, LP ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 317-4478
Digital Contact Information:
https://crystalabatherapy.com/
monicagilbert09@yahoo.com

and
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 317-4478
Digital Contact Information:
https://crystalabatherapy.com/
monicagilbert09@yahoo.com
Other Languages Spoken by Provider or Office Staff Sign Lang Amer

Gillespie, Marjorie, PHD, APRN ■
64 W 63rd St
B202
Hialeah, FL 33012
(954) 431-7676
Digital Contact Information:
dr.gillespie@hotmail.com

and
16400 NW 2nd Ave
Ste 100
Miami, FL 33169
(954) 431-7676
Digital Contact Information:
dr.gillespie@hotmail.com

Glover, Ashley R, MS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
lisette@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
German, Haitian Creole, Haitian, Spanish, Vietnamese

Godoy Duran, Karina, MS, LMFT ■
879 East 28th Street
Hialeah, FL 33013
(786) 326-2260
Digital Contact Information:
innerwellnessaba@gmail.com

and
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
innerwellnessaba@gmail.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(786) 580-2204
Digital Contact Information:
innerwellnessaba@gmail.com

and
13590 Southwest 134th Avenue
104
Miami, FL 33186
(305) 896-8161
Digital Contact Information:
innerwellnessaba@gmail.com

Gomez, Alexander, MS, BCBA ■
659 Northeast 125th Street
North Miami, FL 33161
(305) 454-9885
Digital Contact Information:
aylahmedicaid@northacademynmb.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gomez, Amelia, MBS, BCBA ■
2500 SW 107TH AVE
42
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
info@abcsfl.com

and
FL
(786) 615-3334
Digital Contact Information:
info@abcsfl.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gomez Machado, Olga S, MED, BCBA ■
18901 Southwest 106th Avenue
229
Miami, FL 33157
(786) 808-6575
Digital Contact Information:
advancecommservices@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gomez, Yilianna, BCBA, MS ■
7875 Northwest 12th Street
118
Miami, FL 33126
(786) 505-4449
Digital Contact Information:
info@southfloridabehavior.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez Diaz, Vivian D, PSYD, LP ■
3271 NW 7th St
Ste 203
Miami, FL 33125
(786) 220-6902
Digital Contact Information:
http://www.outpatientpsycare.com
viviangonzalezdiaz@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez Guevara, Magyulis, EDM, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 536-7470
Digital Contact Information:
enrollpriv@bikhamhealthcare.com

and
10689 N Kendall Dr
Ste 314
Miami, FL 33176
(786) 603-6567
Digital Contact Information:
enrollpriv@bikhamhealthcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Hector P, MBS, BCBA ■
12150 Southwest 128th Court
222
Miami, FL 33186
(786) 701-8164
Digital Contact Information:
http://www.kendallbehavior.com
office@kendallbehavior.com

Gonzalez, Jacqueline, MSSW, LCSW ■
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
sasha@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gonzalez, Julianne, MA, BCBA, LBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(888) 501-8540
Digital Contact Information:
https://acornhealth.com
lburns@cdaintensivelearning.com

and
11025 SW 84th St
Ste 8
Miami, FL 33173
(833) 971-1230
Digital Contact Information:
lburns@cdaintensivelearning.com

and
12985 Southwest 130th Court
204 204
Miami, FL 33186
(305) 735-3878
Digital Contact Information:
lburns@cdaintensivelearning.com

Gonzalez Llanes, Nancy, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 538-9758
Digital Contact Information:
silkglovestherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Yailen, MBS, BCBA ■
5901 Miami Gardens Drive
207
Hialeah, FL 33015
(786) 560-3178
Digital Contact Information:
childrendreamsaba@gmail.com

and
909 North Miami Beach Boulevard
STE 301
North Miami Beach, FL 33162
(305) 822-7202
Digital Contact Information:
childrendreamsaba@gmail.com

Grille, Nicole J, MA, BCBA ■
7925 Northwest 12th Street
130 130
Doral, FL 33126

(786) 870-5090
Digital Contact Information:
http://www.limitlesslearningaba.com
nicole@limitlesslearningaba.com

and
7925 Northwest 12th Street
Unit 130
Doral, FL 33126
(786) 870-5090
Digital Contact Information:
http://www.limitlesslearningaba.com
nicole@limitlesslearningaba.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Grunglasse, Maria E, MS, LCPC ■
FL
(207) 210-2672
Digital Contact Information:
esmeraldagrunglasse@yahoo.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Guerrero, Claudia P, MPSY, BCBA ■
13866 Southwest 56th Street
Miami, FL 33175
(786) 953-4446
Digital Contact Information:
btherapyconsultants@gmail.com

Guevara, Orlando, MS, BCBA ■
Home Based Services Only
Doral, FL 33122
(305) 603-8747
Digital Contact Information:
withoutlimitstherapy@gmail.com

and
7801 Northwest 37th Street
Lp-201
Doral, FL 33195
(305) 468-9899
Digital Contact Information:
withoutlimitstherapy@gmail.com

and
15884 Southwest 137th Avenue
Miami, FL 33177
(305) 456-6002
Digital Contact Information:
withoutlimitstherapy@gmail.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
withoutlimitstherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Creole, Spanish

Gutierrez, Marta, MS, BCBA ■
13055 Southwest 42nd Street
205
Miami, FL 33175
(305) 846-9079
Digital Contact Information:
eandgtherapycorp@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Guzman, Francisco J, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
providerenrollment@geodehealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hammerstrom, Ashlyn, MA, BCBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
therapy@kidsspotrehab.com

and
12456 Southwest 127th Avenue
101
Miami, FL 33186
(786) 953-8500
Digital Contact Information:
http://kidsspotrehab.com
therapy@kidsspotrehab.com

Hernandez, Ania, MS, BCBA ■
12060 Southwest 129th Court
Suite 205
Miami, FL 33186
(786) 864-9113
Digital Contact Information:
Not Available

Hernandez, Jesenia M, MS, LMHC ■
10700 Southwest 46th Street
Miami, FL 33165
(786) 907-4925
Digital Contact Information:
office@bluehopetherapyservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Juan D, MED, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
contracting@confidanthealth.com

Hernandez, Marian D, MPSY, BCBA ■
10200 Northwest 25th Street
STE 204
Doral, FL 33172
Digital Contact Information:
info@foundartacademy.org
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez Regalado, Marta I, MBS, BCBA ■
8001 West 26th Avenue
2 2
Hialeah, FL 33016
(786) 666-0475
Digital Contact Information:
safebehaviorcare@gmail.com

and
7392 Northwest 35th Terrace
301
Miami, FL 33122
(786) 666-0475
Digital Contact Information:
safebehaviorcare@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Herrera, Anouk, MSW, LCSW ■
380 Giralda Avenue
507w
Coral Gables, FL 33134
(786) 277-2938
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
10200 Northwest 25th Street
211
Doral, FL 33172
(305) 381-0346
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
900 West 49th Street
STE 400
Hialeah, FL 33012
(305) 587-2231
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
1150 Northwest 72nd Avenue
700
Miami, FL 33126
(305) 815-1277
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
7270 Northwest 12th Street
Suite 810
Miami, FL 33126
(786) 718-2390
Digital Contact Information:
http://www.globalrehab.com
rossconsultingandcredentialing@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 832-6630
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
11401 Southwest 40th Street
#345
Miami, FL 33165
(305) 603-7063
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
4995 Northwest 72nd Avenue
102
Miami, FL 33166
(786) 360-3584
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
12700 Southwest 128th Street
STE 108
Miami, FL 33186
(786) 732-0865
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
13205 Southwest 137th Avenue
224 225
Miami, FL 33186
(786) 290-9192
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
13335 Southwest 124th Street
STE 214
Miami, FL 33186
(786) 429-1495
Digital Contact Information:
rossconsultingandcredentialing@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Herrera, Sandra, MBS, BCBA ■
2500 Northwest 79th Avenue
Suite 211
Doral, FL 33122
(786) 675-8650
Digital Contact Information:
info@bmmaba.com

and
7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
info@bmmaba.com

Hirsch, Amanda, PSYD, LP ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
https://tillytherapy.com/
credentialing@elemy.com
Other Languages Spoken by Provider or Office Staff English

Hohnstock, Jason, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
providerenrollment@acornhealth.com

Inclan, Leonardo, MS, BCBA ■
FL
(305) 720-3464
Digital Contact Information:
cary@nwds-staff.com

and
13195 Southwest 134th Street
Ste. 201
Miami, FL 33186
(786) 206-6500
Digital Contact Information:
cary@nwds-staff.com

Inda, Janeel, PSYD, LP ■
2332 Galiano Street
Coral Gables, FL 33134
(305) 587-7737
Digital Contact Information:
http://www.drmeganlavado.com
dr.lavadopsyd@gmail.com

and
7700 N Kendall Dr
Miami, FL 33156
(305) 587-7737
Digital Contact Information:
dr.lavadopsyd@gmail.com

and
7700 North Kendall Drive
601
Miami, FL 33156
(305) 587-7737
Digital Contact Information:
dr.lavadopsyd@gmail.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(305) 587-7737
Digital Contact Information:
http://www.drmeganlavado.com
dr.lavadopsyd@gmail.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(305) 587-7737
Digital Contact Information:
dr.lavadopsyd@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ingraham, Megan, PHD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
hello@emorahealth.com

Insua, Marco, MS, BCABA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

Iriarte, Rebecca M, MS, BCBA ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(305) 273-3773
Digital Contact Information:
http://www.behavior-analysis.org
aillobre@behavior-analysis.org
Other Languages Spoken by Provider or Office Staff
Spanish

Izekor, Abiola O, MSN, APRNCNP, NP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:

aizekor@spchealth.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

Jackson, Clarissa, MA, BCBA ■
FL
(909) 255-0195
Digital Contact Information:
http://bxhub.org
admin@bxhub.org

Jeniffer, Escalona Cervantes, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
admissions@abaalliancecareservices.com

Jimenez Herrera, Alex, MPSY, BCBA ■
12985 Southwest 130th Court
209 209
Miami, FL 33186
(786) 363-0171
Digital Contact Information:
contact@bmbafl.com

and
16931 Southwest 152nd Avenue
Miami, FL 33187
(786) 262-9997
Digital Contact Information:
contact@bmbafl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Jimenez, Liana, MED, BCBA ■
9710 East Indigo Street
Suite 201
Palmetto Bay, FL 33157
(786) 277-6210
Digital Contact Information:
admin@twoheartsaba.com

Jimenez, Pablo A, MS, BCABA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
sseastcoast22@gmail.com

and
13055 Southwest 42nd Street
STE 104
Miami, FL 33175
(305) 480-7839
Digital Contact Information:
sseastcoast22@gmail.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
sseastcoast22@gmail.com

Johnson, Dione N, PHD, LP ■
FL
(800) 567-5433
Digital Contact Information:
https://totallife.com/
help@prosprhealth.io
Other Languages Spoken by Provider or Office Staff English

Jonas, Alfred, MD ■
8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-2822
Digital Contact Information:
http://www.mgmbehavioral.com
bhcofl@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ko, Soo, MS, BCBA ■
777 Brickell Ave
Ste 500
Miami, FL 33131
(305) 330-4660
Digital Contact Information:
ajlba@mbhpays.com

and
2520 Coral Way
2 19
Miami, FL 33145
(855) 832-6727
Digital Contact Information:
ajlba@mbhpays.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Kristelle Malval, Marie S, EDS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
lisette@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Kugel, Elina, PSYD, LP ■
11900 Biscayne Boulevard
Miami, FL 33181
(786) 949-0001
Digital Contact Information:
http://www.curectneurotx.com
credentialing@curectneuro.com

Lamour, Carolyn, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

Lavado, Megan, PSYD, LP ■
2332 Galiano Street
Coral Gables, FL 33134
(305) 587-7737
Digital Contact Information:
http://www.drmeganlavado.com
dr.lavadopsyd@gmail.com

and
730 Northwest 107th Avenue
Doral, FL 33172
(305) 587-7737
Digital Contact Information:
http://www.drmeganlavado.com
dr.lavadopsyd@gmail.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(305) 587-7737
Digital Contact Information:
http://www.drmeganlavado.com
dr.lavadopsyd@gmail.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(305) 587-7737
Digital Contact Information:
http://www.drmeganlavado.com
dr.lavadopsyd@gmail.com

and
3350 Virginia Street
Miami, FL 33133
(305) 587-7737
Digital Contact Information:
http://www.drmeganlavado.com
dr.lavadopsyd@gmail.com

and
7700 North Kendall Drive
601
Miami, FL 33156
(305) 587-7737
Digital Contact Information:
dr.lavadopsyd@gmail.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(305) 587-7737
Digital Contact Information:
dr.lavadopsyd@gmail.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(305) 587-7737
Digital Contact Information:
dr.lavadopsyd@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lavandera, Yadira, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
office@tlhproject.com

and
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
office@tlhproject.com
Other Languages Spoken by Provider or Office Staff
Spanish

Leal, Eduardo, MS, BCBA ■
1031 Ives Dairy Road
STE 240
Miami, FL 33179
(786) 306-5534
Digital Contact Information:
mortega@tlhproject.com
Other Languages Spoken by Provider or Office Staff
Spanish

Leyva, Renan, PHD, BCBA ■
7801 Northwest 37th Street
Lp-201
Doral, FL 33195
(305) 468-9899
Digital Contact Information:
vivianaicare@gmail.com

and
13301 Southwest 132nd Avenue
112 112
Miami, FL 33186
(305) 640-8342
Digital Contact Information:
https://yamtherapyservices.com
vivianaicare@gmail.com

and
6405 Northwest 36th Street
Virginia Gardens, FL 33166
(786) 238-2008
Digital Contact Information:
vivianaicare@gmail.com

and
6405 Northwest 36th Street
#123
Virginia Gardens, FL 33166
(786) 872-4325
Digital Contact Information:
vivianaicare@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Llama Figueredo, Leticia, MPSY, BCBA ■
Home Based Services Only
Miami Lakes, FL 33016
(561) 764-7093
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Llanes Torna, Ana Sarai, MS, BCBA ■
8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-2822
Digital Contact Information:
http://www.mgmbehavioral.com
accuratebehaviorsolutions@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 964-7695
Digital Contact Information:
accuratebehaviorsolutions@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Logan, Lesley, PSYD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
hello@emorahealth.com

Lopez, Diana, MA, BCBA ■
Home Based Services Only
Hialeah, FL 33012
(305) 570-0775
Digital Contact Information:
credentialing@creativekidstherapyinc.com

and
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
credentialing@creativekidstherapyinc.com

Lopez, Josue, MD ■
15260 Southwest 280th Street
203
Homestead, FL 33032
(786) 601-7491
Digital Contact Information:
lrodriguezllbs@gmail.com

and
7270 Northwest 12th Street
430
Miami, FL 33126
(786) 615-2843
Digital Contact Information:
https://www.lasagradafamiliacenter.com
lrodriguezllbs@gmail.com

and
2141 Southwest 1st Street
201
Miami, FL 33135
(786) 920-9137
Digital Contact Information:
lrodriguezllbs@gmail.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
lrodriguezllbs@gmail.com

and
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
lrodriguezllbs@gmail.com

and
7001 SW 97th Ave
Ste 206
Miami, FL 33173
(786) 294-0123
Digital Contact Information:
https://www.chgpsychiatry.com/
lrodriguezllbs@gmail.com

and
2424 Southwest 137th Avenue
Miami, FL 331756311
(786) 655-0831
Digital Contact Information:
http://www.miamihealthmedicalcenter.us
lrodriguezllbs@gmail.com

and
9125 SW 87th Ave
Miami, FL 33176
(305) 735-3919
Digital Contact Information:
lrodriguezllbs@gmail.com

and
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
lrodriguezllbs@gmail.com

and
13155 Southwest 134th Street
221
Miami, FL 33186
(786) 652-9880
Digital Contact Information:
lrodriguezllbs@gmail.com

and
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
lrodriguezllbs@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Oxanna, BS, BCABA ■
3750 Northeast 169th Street
Apartment 306
North Miami Beach, FL 33160
(786) 873-0298
Digital Contact Information:
jcabrera@mymbcinc.com

Loughrey, Tara O, PHD, BCBA-D ■
FL
(305) 546-7797
Digital Contact Information:
http://www.abaonlinesupport.com
drtara@abaonlinesupport.com

Luisa, Michelle, MA, BCBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
https://tillytherapy.com/
credentialing@csd.me

Lutzow, Bree, MS, BCBA, LBA ■
11276 SW 232nd St
Miami, FL 33170
(305) 912-8399
Digital Contact Information:
chris.johnson@actionbehavior.com

Machado, Yadira, MA, BCBA ■
Home Based Services Only
Hialeah, FL 33013
(786) 592-6680
Digital Contact Information:
info@kidsbehavioral.com

Machado-Gonzalez, Yanivis, PHD, BCBA, LMHC ■
11925 Southwest 72nd Street
Miami, FL 33183
(305) 562-4683
Digital Contact Information:
yanivisgonzalez@gmail.com

and
12240 Southwest 128th Court
110
Miami, FL 33186
(305) 562-4683
Digital Contact Information:
yanivisgonzalez@gmail.com

Majeski, Metal, MSED, BCBA ■
1380 Northeast Miami Gardens Drive
Suite 255
Miami, FL 33179
(954) 651-2969
Digital Contact Information:
info@appliedabc.com
Other Languages Spoken by Provider or Office Staff English

Maldonado, Alexandra, BA, BCABA ■
12240 Southwest 128th Court
110
Miami, FL 33186
(305) 562-4683
Digital Contact Information:
info@shapingacademy.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Haitian Creole, Japanese, Italian, Spanish

Manfredi, Andrea, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(954) 399-5700
Digital Contact Information:
tbraecklein@aitkids.com

and
995 Northwest 119th Street
681858
North Miami, FL 33168
(954) 399-5700
Digital Contact Information:
http://www.bmcmiami.com
tbraecklein@aitkids.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Manrique, Alisandra, MA, BCBA ■
8300 Northwest 53rd Street
Suite 102
Doral, FL 33166
(786) 769-5222
Digital Contact Information:
genesisconsultingservices39@gmail.com

Marmol Ocana, Leon, MD, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
tcmfl2018@gmail.com

and
5881 Northwest 151st Street
127
Miami Lakes, FL 330142450
(786) 321-1400
Digital Contact Information:
http://sweetchildbehavior.com
tcmfl2018@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martin, Noemi, MBS, BCBA ■
11980 Southwest 144th Court
Suite #210
Miami, FL 33186
(786) 429-3738
Digital Contact Information:
behaviorconsultantfl@gmail.com

and
12360 Southwest 132nd Court
STE 205
Miami, FL 33186
(786) 429-3738
Digital Contact Information:
behaviorconsultantfl@gmail.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
behaviorconsultantfl@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Martin, Yaisel, MA, BCBA ■
13301 Southwest 132nd Avenue
201 201
Miami, FL 33186
(305) 509-5537
Digital Contact Information:
canibehaviormanagement@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Danny, MS, BCBA ■
3625 Northwest 82nd Avenue
101
Doral, FL 33166
(786) 401-6113
Digital Contact Information:
http://www.neuralinkhealth.com
earlyinterventionclinic1@gmail.com

and
1414 Northwest 107th Avenue
204
Doral, FL 33172
(305) 225-8711
Digital Contact Information:
earlyinterventionclinic1@gmail.com

and
1275 West 47th Place
#449
Hialeah, FL 33012
(305) 425-1338
Digital Contact Information:
earlyinterventionclinic1@gmail.com

and
10691 North Kendall Drive
207
Miami, FL 33176
(786) 401-6113
Digital Contact Information:
earlyinterventionclinic1@gmail.com

and
Home Based Services Only
Miami Gardens, FL 33014
(305) 640-5739
Digital Contact Information:
earlyinterventionclinic1@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Elisa, MS, BCBA ■
633 North Krome Avenue
Suite 6
Homestead, FL 33030
(786) 525-9926
Digital Contact Information:
dabs.credentialing@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez Garcia, Barbara, MBS, BCBA ■
12150 Southwest 128th Court
118
Miami, FL 33186
(786) 319-8882
Digital Contact Information:
abaandbeyond20@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Grettel, PSYD, LP ■
7950 W Flagler St
Ste 106
Miami, FL 33144
(305) 269-3900
Digital Contact Information:
grettelmartinez@me.com

and
7950 West Flagler Street
Suite 101
Miami, FL 33144
(305) 239-7725
Digital Contact Information:
grettelmartinez@me.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Mayelin O, BS, BCABA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
dabs.credentialing@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
http://appliedbhs.com
dabs.credentialing@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Martinez, Milagros, BA, BCBA ■
3833 Southwest 8th Street
Coral Gables, FL 33134
(305) 393-7623
Digital Contact Information:
milagros.martinez@cultivatebhe.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 393-7623
Digital Contact Information:
milagros.martinez@cultivatebhe.com

and
Home Based Services Only
Miami, FL 33155
(305) 393-7623
Digital Contact Information:
milagros.martinez@cultivatebhe.com

and
13195 Southwest 134th Street
Ste. 201
Miami, FL 33186
(786) 206-6500
Digital Contact Information:
milagros.martinez@cultivatebhe.com

and
FL
(786) 206-6500
(305) 393-7623
Digital Contact Information:
milagros.martinez@cultivatebhe.com

and
Home Based Services Only
South Miami, FL 33143
(305) 393-7623
Digital Contact Information:
milagros.martinez@cultivatebhe.com

and
Home Based Services Only
West Miami, FL 33144
(305) 393-7623
Digital Contact Information:
milagros.martinez@cultivatebhe.com

Martinez Pedrera, Gisselle, MA, BCBA ■
8601 Southwest 199th Street
Cutler Bay, FL 33189
(305) 908-2999
Digital Contact Information:
freddie.maxwell@amromed.com

and
10200 Northwest 25th Street
STE 114
Doral, FL 33172
(305) 908-2999
Digital Contact Information:
freddie.maxwell@amromed.com

and
40 Northwest 8th Street
Homestead, FL 33030
(305) 908-2999
Digital Contact Information:
freddie.maxwell@amromed.com

and
30350 SW 156th Ave
Homestead, FL 33033
(786) 283-0175
Digital Contact Information:
freddie.maxwell@amromed.com

and
27132 South Dixie Highway
Naranja, FL 33032
(786) 481-9833
Digital Contact Information:
freddie.maxwell@amromed.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Mason, Kayla, MA, BCBA, LBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
info@appliedabc.com

Massop, Franklyn, MPSY, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 275-8860
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Mateo, Maykel, MS, LCSW ■
13301 Southwest 132nd Avenue
203 203
Miami, FL 33186
(786) 632-9993
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Matos Morales, Guillermo, MED, BCBA ■
730 Northwest 107th Avenue
104
Miami, FL 33172
(305) 504-1749
Digital Contact Information:
credentialing@southbillcare.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
credentialing@southbillcare.com

Matter, Ashley, PHD, BCBA-D ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
credentialing@kyotherapy.com

Mayo, Dania, MA, BCBA ■
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
http://appliedbhs.com
goldenkidscareinc@gmail.com

and
6625 Miami Lakes Drive
231
Miami Lakes, FL 33014
(786) 322-9323
Digital Contact Information:
goldenkidscareinc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mayoral, Odelys, MS, BCBA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
13200 Southwest 128th Street
Suite E2
Miami, FL 33186
(813) 252-0825
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

McGrady, Ursula, MS, BCBA ■
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
http://www.miamipersonalmanagement.com
mpmcmhc@miamipersonalmanagement.com

and
14707 South Dixie Highway
Suite 200
Miami, FL 33176
(305) 321-5177
Digital Contact Information:
mpmcmhc@miamipersonalmanagement.com
Other Languages Spoken by Provider or Office Staff
Spanish

McKee, Ronit, MS, BCBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(410) 538-2574
Digital Contact Information:
credentialing@tbh.com

McLean, Jodi-Ann, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 964-7927
Digital Contact Information:
maveninbehavior305@gmail.com

and
12150 Southwest 128th Court
Suite 224
Miami, FL 33186
(305) 964-7927
Digital Contact Information:
maveninbehavior305@gmail.com

and
7701 Southwest 62nd Avenue
STE 200
South Miami, FL 33143
(305) 586-2953
Digital Contact Information:
http://www.maveninbehavior.com
maveninbehavior305@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

McPhail, Cheryl L, MS, BCBA, LBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
info@appliedabc.com

and
12456 Southwest 127th Avenue
Miami, FL 33186
(786) 953-8500
Digital Contact Information:
info@appliedabc.com
Other Languages Spoken by Provider or Office Staff English

Medina, Maria E, MS, LMHC ■
5881 Northwest 151st Street
Suite: 103
Miami Lakes, FL 33014
(786) 703-4154
Digital Contact Information:
peaceofmindmhs@hotmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Melegi, Soraya F, MSW, LCSW ■
1550 Madruga Ave
Ste 509
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
sorayamelegi7@gmail.com

and
4649 Ponce de Leon
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
sorayamelegi7@gmail.com

and
8900 Southwest 192nd Drive
Cutler Bay, FL 33157
(786) 536-9714
Digital Contact Information:
sorayamelegi7@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mena, Yaima M, MMH, LMHC ■
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
sseacoast22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mendez Tamayo, Cynthia M, MS, LMFT ■
7100 SW 99th Ave
Ste 203
Miami, FL 33173
(305) 720-4774
Digital Contact Information:
cynmendez8@gmail.com

and
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
cynmendez8@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mengana, Lazaro W, MA, BCBA ■
8900 Southwest 107th Avenue
201
Miami, FL 33176
(786) 401-6152
Digital Contact Information:
admin@wmbehavior.com

Mikhaylova, Tatiana, MSED, BCBA ■
3530 Mystic Pointe Drive
608 608
Aventura, FL 33180
(786) 540-0458
Digital Contact Information:
tatiana@mistherapy.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(929) 617-6362
Digital Contact Information:
tatiana@mistherapy.com

Mill, Dayneris, MS, BCBA ■
1900 Southwest 22nd Street
#205
Miami, FL 33145
(305) 648-7212
Digital Contact Information:
eberthsbehavioral@gmail.com

and
6780 Coral Way
Miami, FL 33155
(305) 648-7212
Digital Contact Information:
eberthsbehavioral@gmail.com

and
20774 West Dixie Highway
b
Miami, FL 33180
(305) 549-8665
Digital Contact Information:
eberthsbehavioral@gmail.com

Mills, Krystel, MS, BCBA ■
14707 South Dixie Highway
Suite 200
Miami, FL 33176
(786) 592-1574
Digital Contact Information:
http://www.familybehaviortherapy.com
administration@familybehaviortherapy.com

and
12985 Southwest 130th Court
204 204
Miami, FL 33186
(305) 735-3878
Digital Contact Information:
administration@familybehaviortherapy.com

and
FL
(305) 735-3878
Digital Contact Information:
administration@familybehaviortherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Miranda Loyola, Patricia, MSED, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
insuranceoperations@360bhmail.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
insuranceoperations@360bhmail.com

and
1951 NW 7th Ave
Ste 600
Miami, FL 33136
(929) 384-7193
Digital Contact Information:
insuranceoperations@360bhmail.com

Moas, Ayellet, MSED, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(440) 320-6543
Digital Contact Information:
goldencarega@mbhpays.com

Molina Jimenez, Magalys, MBS, BCBA ■
1700 Southwest 57th Avenue
209
Miami, FL 33155
(786) 558-4981
Digital Contact Information:
jcabrera@mymbcinc.com

and
15160 Southwest 136th Street
15 15
Miami, FL 33196
(786) 558-4981
Digital Contact Information:
jcabrera@mymbcinc.com

Mompoint, Guy-Claude, MPS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 275-8860
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
English, Haitian

Monahan, Shannon, BA, BCBA, LBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
info@interventionsunlimited.com
Other Languages Spoken by Provider or Office Staff English

Mondragon, Michelle, MS, BCBA ■
1380 Northeast Miami Gardens Drive
Suite 255
Miami, FL 33179
(954) 651-2969
Digital Contact Information:
info@mysunshinetherapy.com

Monette Roulhac, Kareta, MS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 275-8860
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Montero, Ariadna, PSYD, LP ■
7950 W Flagler St
Ste 106
Miami, FL 33144
(305) 269-3900
Digital Contact Information:
http://www.healthymindspsy.com
drgmartinez.psychologist@gmail.com

and
7950 West Flagler Street
Suite 101
Miami, FL 33144
(305) 239-7725
Digital Contact Information:
http://www.healthymindspsy.com
drgmartinez.psychologist@gmail.com

and
FL
(305) 239-7725
Digital Contact Information:
http://www.healthymindspsy.com
drgmartinez.psychologist@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Montoya, Karla, MPSY, BCBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
info@irockbehavior.com

and
12456 Southwest 127th Avenue
Miami, FL 33186
(786) 953-8500
Digital Contact Information:
info@irockbehavior.com
Other Languages Spoken by Provider or Office Staff
Spanish

Monzon, Grethel C, MBS, BCABA ■
10482 Northwest 31st Terrace
STE 2A
Doral, FL 33172
(786) 765-7550
Digital Contact Information:
info@newlifeaba.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mora, Joseph J, PHD, LP ■
10621 North Kendall Drive
Suite #203
Miami, FL 33176
(305) 456-6976
Digital Contact Information:
davalos.credentialing@novitams.com

Morales, Marta D, MS, BCABA ■
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
mpmcmhc@miamipersonalmanagement.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
mpmcmhc@miamipersonalmanagement.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
mpmcmhc@miamipersonalmanagement.com

More, Rosemary, PSYD, LP ■
10691 N Kendall Dr
Ste 105
Miami, FL 33176
(305) 668-6018
Digital Contact Information:
rmorepsyd@cartayamedpsy.net

Moreda-Mendez, Yanet, MSN, APRN ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
http://www.dgphealthandwellness.com
info@kaaficounseling.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
info@kaaficounseling.com
Other Languages Spoken by Provider or Office Staff
Spanish

Morgan, Christina R, PSYD, LP ■
15715 S Dixie Hwy
Ste 222
Miami, FL 33157
(786) 469-8973
Digital Contact Information:
drcmorgan@instituteofwellnessandlearning.com

and
FL
(210) 617-3443
Digital Contact Information:
http://www.adgcares.com
drcmorgan@instituteofwellnessandlearning.com

Morina Garcia, Lilianne, MA, BCBA ■
11925 Southwest 72nd Street
Miami, FL 33183
(305) 562-4683
Digital Contact Information:
providerenrollment@acornhealth.com

Moure Rodriguez, Patricia, MPSY, BCBA ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
paul@ericasbillingservices.com

and
30350 SW 156th Ave
Homestead, FL 33033
(786) 283-0175
Digital Contact Information:
paul@ericasbillingservices.com

and
7392 Northwest 35th Terrace
301
Miami, FL 33122
(786) 666-0475
Digital Contact Information:
paul@ericasbillingservices.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
(305) 255-6203
Digital Contact Information:
paul@ericasbillingservices.com

and
13055 Southwest 42nd Street
STE 104
Miami, FL 33175
(305) 480-7839
Digital Contact Information:
paul@ericasbillingservices.com

and
4310 Southwest 164th Court
Miami, FL 33185
(305) 803-6663
Digital Contact Information:
paul@ericasbillingservices.com

and
27132 South Dixie Highway
Naranja, FL 33032
(786) 283-0175
(786) 481-9833
Digital Contact Information:
paul@ericasbillingservices.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
paul@ericasbillingservices.com

Mrabet, Sanaa, PSYD, LP ■
3081 Salzedo Street
Suite 202
Coral Gables, FL 33134
(786) 655-8231
Digital Contact Information:
drsanaamrabet@potentialitysolutions.com
Other Languages Spoken by Provider or Office Staff English

Mueller-Schrader, Karla A, PHD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
help@prosperhealth.io

Muniz Garcia, Gretta E, MS, BCBA ■
FL
(786) 257-8485
Digital Contact Information:
http://www.gabehaviortherapy.com
admissions@abaalliancecareservices.com

and
7500 Northwest 25th Street
Suite 254
Miami, FL 33122
(786) 391-8613
Digital Contact Information:
admissions@abaalliancecareservices.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 254-1033
Digital Contact Information:
admissions@abaalliancecareservices.com

and
14081 Southwest 168th Lane
Miami, FL 33177
(786) 254-1033
Digital Contact Information:
admissions@abaalliancecareservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Munroe, Marsha P, MS, BCBA ■
9485 Sunset Drive
A-258
Miami, FL 33173
(786) 812-0705
Digital Contact Information:
services@cmnbtherapy.co

and
18220 Southwest 97th Avenue
Palmetto Bay, FL 33157
(786) 592-1574
Digital Contact Information:
services@cmnbtherapy.co
Other Languages Spoken by Provider or Office Staff
Portuguese, Turkish, Haitian, Japanese, French, Russian, Italian, Egyptian, Vietnamese

Nash, Donald P, PSYD, LP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
credentialing@caravelautism.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@caravelautism.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@caravelautism.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
credentialing@caravelautism.com

Nevius, Lauren A, MS, BCBA, LBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
lauren.dempsey95@yahoo.com

Nitsch, Elizabeth, PSYD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Noel, Natacha, EDS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
lisette@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Novak, Oliver D, MS, BCBA ■
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
onovak@buildablocktherapy.com

Novales, Rosabel, MS, LMHC ■
2500 Northwest 79th Avenue
Suite 211
Doral, FL 33122
(786) 675-8650
Digital Contact Information:
ymbehavioralhealth@gmail.com

and
Home Based Services Only
Doral, FL 33122
(786) 675-8650
Digital Contact Information:
ymbehavioralhealth@gmail.com

and
782 Northwest 42nd Avenue
Suite 4
Miami, FL 33126
(786) 337-0885
Digital Contact Information:
ymbehavioralhealth@gmail.com

and
Home Based Services Only
Miami Lakes, FL 33016
(786) 622-5743
Digital Contact Information:
ymbehavioralhealth@gmail.com

Novoa, Dafne, EDM, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 536-7470
Digital Contact Information:
info@bmmaba.com

and
7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
info@bmmaba.com

O'Connor, Knequisha L, MSN, APRN ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
Not Available

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
Not Available

O'Neill, Gloria M, MSN, APRN ■
7855 Northwest 52nd Street
Doral, FL 33166
(305) 450-9651
Digital Contact Information:
info@rushcredentialing.com

Odio, Natalie, MA, BCBA, LABA ■
10200 Northwest 25th Street
211
Doral, FL 33172
(786) 269-3502
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Portuguese, Haitian Creole, Japanese, Spanish

Oliva Villar, Lizett, MS, BCBA ■
FL
(305) 437-8080
Digital Contact Information:
olivalizett@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Oliva-Garcia, Isbell, MS, ABA, LMHC ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
FL
(305) 303-6631
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Orellana, Katherine, MBS, BCBA ■
7779 Northwest 146th Street
Hialeah, FL 33016
(786) 702-6868
Digital Contact Information:
dayami@childrenbehavioraltherapy.com

Orozco, Daniella, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 955-6224
Digital Contact Information:
abcdevelopcenter@gmail.com

and
1900 Sans Souci Boulevard
330 330
North Miami, FL 33181
(786) 631-1370
Digital Contact Information:
abcdevelopcenter@gmail.com

and
16201 Northeast 13th Avenue
North Miami Beach, FL 33162
(786) 955-6224
Digital Contact Information:
abcdevelopcenter@gmail.com

and
17121 Northeast 6th Avenue
North Miami Beach, FL 33162
(305) 952-3161
Digital Contact Information:
abcdevelopcenter@gmail.com

and
FL
(786) 955-6224

Digital Contact Information:
abcdevelopcenter@gmail.com

Ortega, Laura R, MS, LMFT ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
contact@elevatepsychiatry.com

and
1711 W 38th Pl
Ste 1207
Hialeah, FL 33012
(786) 592-0940
Digital Contact Information:
contact@elevatepsychiatry.com

and
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
contact@elevatepsychiatry.com

and
16201 SW 95th Ave
Ste 101
Miami, FL 33157
(786) 592-0940
Digital Contact Information:
contact@elevatepsychiatry.com

Padron, Solangel, PSYD, BCBA ■
3025 Northwest 11th Street
Miami, FL 33125
(786) 715-3175
Digital Contact Information:
http://brightsidebehavioralcenter.com
padronsolangel@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 715-3175
Digital Contact Information:
padronsolangel@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Palanas, Stephanie, MA, LBA ■
1380 Northeast Miami Gardens Drive
Suite 255
Miami, FL 33179
(954) 651-2969
Digital Contact Information:
wvigo@aokservices.org
Other Languages Spoken by Provider or Office Staff
Cebuano, Tagalog, Russian, Spanish

Palermo, Brittany, MSN, APNP, APRN, APRNCNP, CRNP, NP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
brittany.palermo@chenaltherapy.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com
Other Languages Spoken by Provider or Office Staff English

Palma, Desiree P, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

and
13195 Southwest 134th Street
Suite 106
Miami, FL 33186
(786) 250-3220
Digital Contact Information:
http://behavioralfamilysolutions.com
credentialing@behavioralfamilysolutions.com

and
13501 Southwest 136th Street
STE 205
Miami, FL 33186
(305) 209-4321
Digital Contact Information:
http://sunshinespectrumaba.com
credentialing@behavioralfamilysolutions.com

Pamphile, Stacy, MS, BCBA ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(954) 577-7790
Digital Contact Information:
http://www.behavior-analysis.org
billing@thehelmaba.com

Paneca, Yordany, MS, BCBA ■
1916 Northwest 84th Avenue
Doral, FL 33126
(305) 433-5489
Digital Contact Information:
http://a1ahealth.com
team@a1ahealth.com

and
Home Based Services Only
Doral, FL 33126
(305) 433-5489
Digital Contact Information:
team@a1ahealth.com

and
15715 South Dixie Highway
330
Miami, FL 33157
(786) 732-0842
Digital Contact Information:
team@a1ahealth.com

Paz Quintero, Leslie, MS, BCBA, LMFT ■
Home Based Services Only
Hialeah, FL 33010
(305) 280-5730
Digital Contact Information:
sucel.tejeda@abaofswf.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 280-5730
Digital Contact Information:
sucel.tejeda@abaofswf.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pedraza Duran, Lismary, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
9502 Southwest 166th Court
Miami, FL 33196
(754) 234-0643
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pekier, Tehila, MA, BCBA, LBA ■
1000 Brickell Avenue
Miami, FL 33131
(347) 893-1266
Digital Contact Information:
info@appliedabc.com

Pena, Adara, MS, BCBA ■
30350 SW 156th Ave
Homestead, FL 33033
(786) 283-0175
Digital Contact Information:
jcabrera@mymbcinc.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
jcabrera@mymbcinc.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
jcabrera@mymbcinc.com

Penate Juviel, Melvys, MPSY, BCBA ■
2100 West 76th Street
407
Hialeah, FL 33016
(305) 804-3478
Digital Contact Information:
abacenter2022@gmail.com

Perdomo, Marlen, MS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Perdomo Morente, Liliana, MS, BCBA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(239) 431-2629
Digital Contact Information:
info@newlifeaba.com

and
8203 Southwest 124th Street
Pinecrest, FL 33156
(561) 564-1466
Digital Contact Information:
info@newlifeaba.com

and
Home Based Services Only
West Miami, FL 33144
(786) 404-1017
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Ayleme, MS, BCBA ■
27132 South Dixie Highway
Naranja, FL 33032
(786) 283-0175
Digital Contact Information:
mericakidshopeservices@gmail.com

Perez Cardenas, Laura, MS, BCBA ■
3220 Southwest 107th Court
Miami, FL 33165
(786) 246-5462
Digital Contact Information:
adrianbluetherapy@gmail.com

and
FL
(786) 246-5462
Digital Contact Information:
adrianbluetherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Perez, Claudia, MMH, BCBA ■
Home Based Services Only
Miami, FL 33155
(786) 262-5559
Digital Contact Information:
namastebehaviortherapy@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Perez Gonzalez, Madeleyvi F, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 224-1645
Digital Contact Information:
info@btserviceslittlegiants.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Marlene, MS, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Melanie, MS, BCBA ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
admin@universalcommunityservices.com

and
13195 Southwest 134th Street
101
Miami, FL 33186
(786) 227-6830
Digital Contact Information:
http://esperanzagroup.net
admin@universalcommunityservices.com

Perez, Rosmery, MS, BCBA ■
6625 Miami Lakes Drive
231
Miami Lakes, FL 33014
(786) 322-9323
Digital Contact Information:
goldenkidscareinc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez Verdecia, Frank, PSYD, LP ■
2020 Ponce de Leon
Suite 1201
Miami, FL 33134
(305) 917-5414
Digital Contact Information:
perezverdecia@psychologybeyond.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez-Delgado, Julio C, MBS, BCBA, LMHC ■
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(786) 592-2323
Digital Contact Information:
contact@emphourinc.com

Other Languages Spoken by Provider or Office Staff
Spanish

Peskin, Abigail, PHD, LP ■
1601 NW 12th Ave
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
admin@aliciasplace.org

Pino, Leydis, PSYD, BCBA, LCP ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 317-4478
Digital Contact Information:
https://crystalabatherapy.com/
services@cmnbtherapy.com

and
1000 Brickell Avenue
Miami, FL 33131
(754) 234-0643
Digital Contact Information:
services@cmnbtherapy.com

and
9502 Southwest 166th Court
Miami, FL 33196
(754) 234-0643
Digital Contact Information:
services@cmnbtherapy.com

Plasencia, Belkis, MSN, APRN ■
7921 Bird Rd
Ste 41
Miami, FL 33155
(305) 425-1393
Digital Contact Information:
ynhcsaba@gmail.com

and
7971 Bird Road
39
Miami, FL 33155
(786) 910-7179
Digital Contact Information:
ynhcsaba@gmail.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
ynhcsaba@gmail.com

and
7001 SW 97th Ave
Ste 206
Miami, FL 33173
(786) 294-0123
Digital Contact Information:
https://www.chgpsychiatry.com/
ynhcsaba@gmail.com

and
9425 Southwest 72nd Street
Suite 251
Miami, FL 33173
(305) 305-6573
Digital Contact Information:
ynhcsaba@gmail.com

and
13706 Southwest 56th Street
STE 105-106
Miami, FL 331756036
(786) 523-4289
Digital Contact Information:
ynhcsaba@gmail.com

and
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
ynhcsaba@gmail.com

and
13335 Southwest 124th Street
STE 101
Miami, FL 33186
(786) 842-3635
Digital Contact Information:
ynhcsaba@gmail.com

and
13501 Southwest 128th Street
STE 114
Miami, FL 33186
(786) 250-3440
Digital Contact Information:
ynhcsaba@gmail.com

and
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
ynhcsaba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pose, Ashley, MA, BCBA ■
6405 Northwest 36th Street
Virginia Gardens, FL 33166
(786) 953-8500
Digital Contact Information:
credentialing@kidsspotrehab.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Prado, Haydee, PSYD, LP ■
8550 W Flagler St
Ste 105
Miami, FL 33144
(305) 551-5787
Digital Contact Information:
haydeeprado@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Queija Leyva, Milma, MA, BCBA ■
Home Based Services Only
Miami Lakes, FL 33016
(561) 764-7093
Digital Contact Information:
robel@roarcbt.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(786) 416-3576
Digital Contact Information:
robel@roarcbt.com

Quevedo, Katia, PSYD, LP ■
6955 Northwest 77th Avenue
310
Miami, FL 33166
(786) 558-5637
Digital Contact Information:
recoverybehavioral@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Quinones, Gabriela, MPSY, BCBA ■
Home Based Services Only
Doral, FL 33122
(305) 394-8251
Digital Contact Information:
info@bmmaba.com

and
7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
info@bmmaba.com

Quinonez Meza, Javier, MSN, APRN ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Quintero, Yissel, MS, BCBA ■
Home Based Services Only
Hialeah, FL 33012
(561) 460-0284
Digital Contact Information:
info@brightfuturebehavioral.com
Other Languages Spoken by Provider or Office Staff
Spanish

Radulich, Mark, MSW, LCSW ■
FL
(305) 902-6347
(202) 410-5972
Digital Contact Information:
help@joinuplift.co

Ramirez Capestany, Yinet, MS, BCBA ■
30350 SW 156th Ave
Homestead, FL 33033
(561) 283-7181
Digital Contact Information:
freddie.maxwell@amromed.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
freddie.maxwell@amromed.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
freddie.maxwell@amromed.com

and
27132 South Dixie Highway
Naranja, FL 33032
(786) 481-9833
Digital Contact Information:
freddie.maxwell@amromed.com

Ramon Del Risco, Andres, MBS, BCBA ■
730 Northwest 107th Avenue
110
Miami, FL 33172
(305) 249-1183
Digital Contact Information:
palmbehavioral2@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ramon, Laura, MS, BCBA ■
Home Based Services Only
Doral, FL 33122
(305) 394-8251
Digital Contact Information:
lauralore1216@gmail.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(786) 622-5743
Digital Contact Information:
lauralore1216@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 204-8290
Digital Contact Information:
lauralore1216@gmail.com

and
5767 Northwest 151st Street
b
Miami Lakes, FL 33014
(786) 431-5801
Digital Contact Information:
lauralore1216@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ramos, Catherine, MS, BCBA ■
8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-2822
Digital Contact Information:
albaladejoabatherapy@gmail.com

and
13301 Southwest 132nd Avenue
209 209
Miami, FL 33186
(786) 713-5553
Digital Contact Information:
albaladejoabatherapy@gmail.com

Ramos, Iraisys, MS, BCBA ■
8300 Northwest 53rd Street
Suite 102
Doral, FL 33166
(786) 769-5222
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 558-8246
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
3750 Northwest 87th Avenue
744
Miami, FL 33178
(786) 689-6517
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ramos, Melanie, MS, BCBA ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
yavila@avilahealthgroup.com

and
64 Northwest 54th Street
103
Miami, FL 33127
(305) 767-1924
Digital Contact Information:
http://www.autismspecialtygroup.com
yavila@avilahealthgroup.com

Ramsey, Kathleen, PHD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
hello@emorahealth.com

Reynoso, Sharon R, MS, BCBA ■
9240 Southwest 158th Lane
18th
Palmetto Bay, FL 33157
(305) 788-2849
Digital Contact Information:
http://eibscorp.com
sharonreynoso22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rincon, Erika, MS, BCBA ■
8200 Northwest 41st Street
269
Doral, FL 33166
(305) 763-4196
Digital Contact Information:
jcabrera@mymbcinc.com

and
2450 Southwest 137th Avenue
232
Miami, FL 33175
(786) 360-6496
Digital Contact Information:
jcabrera@mymbcinc.com

Rivera, Henry R, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@adaugeohealthcare.com

Rivero, Saimary, MS, BCBA ■
8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-2822
Digital Contact Information:
http://www.mgmbehavioral.com
sairivero@mgmbehavioral.com
Other Languages Spoken by Provider or Office Staff
Spanish

Robinson, Ashley, MS, LCPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
hello@emorahealth.com

Rodriguez, Alecia, PHD, LMFT ■
9555 Southwest 175th Terrace

Suite 227
Miami, FL 33157
(888) 241-8802
Digital Contact Information:
contact@myuniquetherapy.com

and
FL
(888) 241-8802
Digital Contact Information:
https://myuniquetherapy.com
contact@myuniquetherapy.com

Rodriguez, Camila, MS, BCBA ■
7801 Northwest 37th Street
Lp-201
Doral, FL 33195
(305) 468-9899
Digital Contact Information:
vivianaicare@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Creole, Spanish

Rodriguez, Cheyla, MPSY, BCBA ■
9710 East Indigo Street
Suite 201
Palmetto Bay, FL 33157
(786) 277-6210
Digital Contact Information:
admin@twoheartsaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Danitza, MA, BCBA ■
10691 North Kendall Drive
207
Miami, FL 33176
(786) 401-6113
Digital Contact Information:
enrollpriv@bikhamhealthcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, David, MS, BCBA ■
Home Based Services Only
Miami, FL 33155
(786) 755-2615
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
5600 SW 135th Ave
Ste 112
Miami, FL 33183
(305) 746-4507
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Dayana, PSYD, LP ■
FL
(786) 684-7809
Digital Contact Information:
serenityneurocare@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Diaz, Gema, MED, BCBA ■
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
credentialing@southbillcare.com

Rodriguez Diaz, Geyma, MBS, BCBA ■
13301 Southwest 132nd Avenue
201 201
Miami, FL 33186
(305) 509-5537
Digital Contact Information:
info@newlifeaba.com

and
27132 South Dixie Highway
Naranja, FL 33032
(786) 283-0175
Digital Contact Information:
info@newlifeaba.com

Rodriguez, Gabriel L, MS, BCBA, LMHC ■
7875 Northwest 12th Street
120
Doral, FL 33126
(786) 505-4449
Digital Contact Information:
http://southfloridabehavior.com
info@southfloridabehavior.com

and
7875 Northwest 12th Street
118
Miami, FL 33126
(786) 505-4449
Digital Contact Information:
http://southfloridabehavior.com
info@southfloridabehavior.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
info@southfloridabehavior.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rodriguez Harrison, Yirina, MS, BCBA ■
9010 Southwest 137th Avenue
213
Miami, FL 33186
(305) 305-0279
Digital Contact Information:
jcabrera@mymbcinc.com

and
9344 Southwest 170th Lane
Palmetto Bay, FL 33157
(305) 710-0029
Digital Contact Information:
jcabrera@mymbcinc.com

Rodriguez, Karla, BA, BCBA ■
30392 Old Dixie Highway
Homestead, FL 33030
(786) 481-9833
Digital Contact Information:
freddie.maxwell@amromed.com

and
27132 South Dixie Highway
Naranja, FL 33032
(786) 481-9833
Digital Contact Information:
freddie.maxwell@amromed.com
Other Languages Spoken by Provider or Office Staff English

Rodriguez, Lesly, MMH, BCBA ■
1350 Southwest 57th Avenue
313
West Miami, FL 33144
(786) 404-1017
Digital Contact Information:
sseastcoast22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Lisset, MBS, BCBA ■
13424 Southwest 90th Terrace
Miami, FL 33186
(786) 308-6353
Digital Contact Information:
zairad29@yahoo.com

Rodriguez, Manuel, MS, BCBA ■
11960 Southwest 184th Street
Miami, FL 33177
(786) 765-8232
Digital Contact Information:
sunshineabaservices@gmail.com

and
6405 Northwest 36th Street
Virginia Gardens, FL 33166
(786) 238-2008
Digital Contact Information:
sunshineabaservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Mas, Julieta, BA, BCABA ■
600 Northeast 22nd Terrace
205
Homestead, FL 33033
(786) 332-1530
Digital Contact Information:
elasabaservicesinc@gmail.com

Rodriguez Ramos, Meilyn, PSYD, LP ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Royo, Yenia, MA, BCBA ■
8900 Southwest 107th Avenue
201
Miami, FL 33176
(786) 401-6152
Digital Contact Information:
admin@wmbehavior.com

Rodriguez, Sabrina A, MS, BCBA ■
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/services@cmnbtherapy.com

and
8660 West Flagler Street
STE 121
Miami, FL 33144
(305) 600-4774
Digital Contact Information:
services@cmnbtherapy.com

Rodriguez, Yusmary, MPSY, BCBA ■
1414 Northwest 107th Avenue
204
Doral, FL 33172
(305) 225-8711
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
1900 Southwest 22nd Street
#205
Miami, FL 33145
(305) 549-8665
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
20774 West Dixie Highway
b
Miami, FL 33180
(305) 549-8665
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Roman, Dhanarys, MBS, BCBA ■
9245 Southwest 158th Lane
FL 3
Miami, FL 33157
(786) 587-5599
Digital Contact Information:
https://brightsuntherapy.com
brightsuntherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Roque, Alicia, MS, LMHC ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
newbeginnignbehavior@yahoo.com

and
7580 Northwest 186th Street
202 202
Hialeah, FL 33015
(786) 385-5347
Digital Contact Information:
newbeginnignbehavior@yahoo.com

and
5455 Southwest 8th Street
230
Miami, FL 33134
(786) 629-8836
Digital Contact Information:
newbeginnignbehavior@yahoo.com

and
11890 Southwest 8th Street
403
Miami, FL 33184
(786) 362-5981
Digital Contact Information:
newbeginnignbehavior@yahoo.com

Rosario, Tamara, MS, LMHC ■
11077 Biscayne Boulevard
410
Miami, FL 33161
(888) 494-0808
Digital Contact Information:
https://tamara-rosario.clientsecure.me
office@sbhss.net
Other Languages Spoken by Provider or Office Staff
Spanish

Rosario-Rosa, Junisa, MA, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
lisette@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rose, Yakima, MS, BCBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
yrose@vivoaba.com

Rugama Leiva, Amanda, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 766-3097
Digital Contact Information:
thrivebehaviortherapy@gmail.com

and
1400 Northwest 107th Avenue
306
Miami, FL 33172
(786) 817-7444
Digital Contact Information:
thrivebehaviortherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ruhi, Sheila M, MS, BCBA ■
5915 Ponce de Leon
STE 64
Coral Gables, FL 33146
(305) 397-8679
Digital Contact Information:
http://www.blossombehaviortherapy.com
sheilamicheller@gmail.com

and
10200 Northwest 25th Street
211
Doral, FL 33172
(786) 269-3502
Digital Contact Information:
sheilamicheller@gmail.com

and
7241 Southwest 63rd Avenue
STE 101A
South Miami, FL 331434838
(305) 397-8679
Digital Contact Information:
sheilamicheller@gmail.com

Saez, Pedro, PSYD, LP ■
7700 North Kendall Drive
809
Miami, FL 33156
(888) 456-2545
Digital Contact Information:
https://neuropsychologymiami.com/
neuropsycho90@gmail.com

San Juan, Janella, MS, NP, PMHNP ■
FL
(305) 902-6347
Digital Contact Information:
sara.rydin@caduc.com
Other Languages Spoken by Provider or Office Staff English

San Juan, Yudelkys, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
office@smartbatherapy.com

and
5246 Southwest 8th Street
208d
Miami, FL 33134
(786) 366-1273
Digital Contact Information:
office@smartbatherapy.com

and
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
http://kidsspotrehab.com
office@smartbatherapy.com

and
175 Fontainebleau Boulevard
Miami, FL 33172
(786) 366-1273
Digital Contact Information:
office@smartbatherapy.com

and
Home Based Services Only
Miami Lakes, FL 33018
(786) 366-1273
Digital Contact Information:
office@smartbatherapy.com

and
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
office@smartbatherapy.com

and
306 Westward Dr
Miami Springs, FL 33166
(786) 588-7894
Digital Contact Information:
http://www.smartbatherapy.com
office@smartbatherapy.com
Other Languages Spoken by Provider or Office Staff Spanish

Santana Pedrero, Aleymi, MA, BCBA ■
2020 Ponce de Leon
Suite 1201
Miami, FL 33134
(305) 917-5414
Digital Contact Information:
http://healthofmind.net
mirta@psychologybeyond.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Santana, Zaira, EDM, BCBA ■
7875 Northwest 12th Street
120
Doral, FL 33126
(786) 505-4449
Digital Contact Information:
http://southfloridabehavior.com
mcastanos@southfloridabehavior.com

and
7875 Northwest 12th Street
118
Miami, FL 33126
(786) 505-4449
Digital Contact Information:
http://southfloridabehavior.com
mcastanos@southfloridabehavior.com

and
10855 Southwest 72nd Street
UNIT 1-5
Miami, FL 33173
(305) 720-2166
Digital Contact Information:
mcastanos@southfloridabehavior.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
mcastanos@southfloridabehavior.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Santiago Guia, Rina, PSYD, LP ■
151 NW 11th St
Ste W201
Homestead, FL 33030
(786) 521-5925
Digital Contact Information:
monarchallhealth@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Sarpoolaki, Yasamin I, MS, BCBA ■
20405 Southwest 326th Street
Homestead, FL 33030
(321) 413-3366
Digital Contact Information:
admin@positivestepsaba.com

Savino, Katerina, BCBA, MA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
info@actionbehavior.com

Sequeiros, Rosa, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Silva, Erik, MS, LMHC ■
8323 Northwest 12th Street
Ste 206
Doral, FL 33126
(305) 373-3424
Digital Contact Information:
info@themind-gym.com

and
FL
(754) 400-1539
Digital Contact Information:
info@themind-gym.com

and
15660 Southwest 72nd Street
Miami, FL 33193
(786) 697-1150
Digital Contact Information:
info@themind-gym.com

Silva, Paola, MA, BCBA ■
8200 Northwest 41st Street
Suite 200
Miami, FL 33166
(786) 774-7729
Digital Contact Information:
http://www.integrativemethods.com
info@integrativemethods.com
Other Languages Spoken by Provider or Office Staff Spanish

Sisti, Gina, MA, BCBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
providerenrollment@acornhealth.com

Smith-Young, Adia E, MA, LMHC ■
15715 S Dixie Hwy
Ste 406
Miami, FL 33157
(786) 269-3728
Digital Contact Information:
adia33@gmail.com
Other Languages Spoken by Provider or Office Staff English

Soto, Maria P, MC, BCBA ■
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
info@appliedabc.com
Other Languages Spoken by Provider or Office Staff English

Spencer, Lilliana, MS, BCBA ■
13300 Southwest 128th Street
Miami, FL 33186
(786) 250-3451
Digital Contact Information:
http://www.firststepsinterventions.com
lspencer@firststepsint.com
Other Languages Spoken by Provider or Office Staff Spanish

Stavrinos, Nina, MS, BCBA ■
777 Brickell Ave
Ste 500
Miami, FL 33131
(305) 330-4660
Digital Contact Information:
http://www.lotusbehavior.com
lotusbehavior@gmail.com

Stone, Jessica, PSYD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
janine@lbeehealth.com

Stubbs, Marcie D, MA, LMHC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@lifestance.com

Suarez Vistorte, Jose I, MS, BCBA ■
10200 Northwest 25th Street
211
Doral, FL 33172
(305) 381-0346
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

Suarez, Yania, MS, BCBA ■
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
credentialing@southbillcare.com

Tanona, Anthony W, PSYD, LP ■
19300 West Dixie Highway
2 2
Miami, FL 33180
(305) 933-5733
Digital Contact Information:
http://www.deltapsychgroup.com
drtanona@gmail.com
Other Languages Spoken by Provider or Office Staff English

Terra Pupo, Yurilis, MED, BCBA ■
3105 Northwest 107th Avenue
Ste 405
Doral, FL 33172
(786) 401-6113
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 299-7782
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
7235 Southwest 24th Street
204
Miami, FL 33155
(786) 452-0257
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
10689 N Kendall Dr
Ste 314
Miami, FL 33176
(786) 603-6567
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
10691 North Kendall Drive
207
Miami, FL 33176
(786) 401-6113
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
5881 Northwest 151st Street
Suite: 103
Miami Lakes, FL 33014
(786) 703-4154
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Thompson, Marsha M, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 991-3213
Digital Contact Information:
credentialing@flautism.com
Other Languages Spoken by Provider or Office Staff English

Torres, Sergio, LMHC, MSCC ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
Not Available

Vaccaro, Terrence, PHD, LP ■
7700 N Kendall Dr
Ste 415
Miami, FL 33156
(786) 359-4161
Digital Contact Information:
morecounseling@gmail.com

and
12368 SW 82nd Ave
Pinecrest, FL 33156
(786) 227-6570
Digital Contact Information:
morecounseling@gmail.com

Valdes, Hany, MS, BCBA ■
Home Based Services Only
Miami, FL 33155
(786) 262-5559
Digital Contact Information:
genesisconsultingservices39@gmail.com

Valdes Lopez, Yudith, MBS, BCBA ■
12150 Southwest 128th Court
Suite 226
Miami, FL 33186
(786) 429-1005
Digital Contact Information:
cloverbehaviorservices@gmail.com

Vargas, Leonardo, MA, BCBA ■
15924 SW 92nd Ave
Miami, FL 33157
(786) 636-1303
Digital Contact Information:
loriwilliams57@hotmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Vasquez, Clara S, MPSY, BCBA ■
2500 Northwest 79th Avenue
295
Doral, FL 33122
(786) 637-5168
Digital Contact Information:
apluschildbcorp@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Vega Cancio, Ayle, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
admissions@abaalliancecareservices.com

Vega, Herman, PHD, CAP, LMHC ■
14411 Commerce Way
315
Hialeah, FL 33016
(305) 644-7294
Digital Contact Information:
info@totalrehabservices.com

and
14505 Commerce Way
Ste 511
Miami Lakes, FL 33016
(305) 644-7294
Digital Contact Information:

info@totalrehabservices.com
Other Languages Spoken by Provider or Office Staff Spanish

Vera, Emma, MS, BCBA ■
3625 Northwest 82nd Avenue
101
Doral, FL 33166
(786) 583-8663
Digital Contact Information:
sseastcoast22@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 263-0207
Digital Contact Information:
sseastcoast22@gmail.com

and
13424 Southwest 90th Terrace
Miami, FL 33186
(786) 308-6353
Digital Contact Information:
sseastcoast22@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Vidal-Zas, Alicia R, PSYD, LP ■
14225 SW 42nd St
Miami, FL 33175
(305) 221-8200
Digital Contact Information:
arvida712@aol.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Vivas, Deidre, EDM, BCBA ■
HOME BASED SERVICES ONLY
Miami, FL 33178
(786) 942-4099
Digital Contact Information:
advancedmedicalh@bellsouth.net

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
advancedmedicalh@bellsouth.net
Other Languages Spoken by Provider or Office Staff English, Spanish

Vizcaino, Olga M, MSN, APRN ■
2100 West 76th Street
201 206
Hialeah, FL 33016
(786) 353-2324
Digital Contact Information:
olgamaria861@yahoo.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
olgamaria861@yahoo.com

and
8950 Southwest 74th Court
1911
Miami, FL 33156
(786) 637-7338
Digital Contact Information:
olgamaria861@yahoo.com

and
6001 Northwest 153rd Street
203
Miami Lakes, FL 33014
(786) 459-2466
Digital Contact Information:
olgamaria861@yahoo.com

and
FL
(602) 562-7383
(786) 459-2466
Digital Contact Information:
olgamaria861@yahoo.com

Wheeler, Kimberly, MS, APRN, NP ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
start@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Wicks, Betty, PSYD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
admin@twinkleautism.com
Other Languages Spoken by Provider or Office Staff Spanish

Williams, Kabrena, MS, BCBA, LBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(410) 538-2574
Digital Contact Information:
info@appliedabc.com
Other Languages Spoken by Provider or Office Staff English

Yebra, Carmen, MS, BCBA ■
12800 SW 8th St
Miami, FL 33184
(786) 319-2980
Digital Contact Information:
http://aworld4kids.com
jhaigballard@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Yglesias, Marianela, MPSY, BCBA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff Spanish

Yzquierdo, Roxana, BCBA, MS ■
8353 Southwest 124th Street
102
Miami, FL 33156
(305) 902-6435
Digital Contact Information:
Not Available

and
8603 South Dixie Highway
303
Pinecrest, FL 33156
(305) 902-6435
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff Spanish

Zaldivar, Mirza, MS, BCBA ■
650 Northeast 22nd Terrace
202-9
Homestead, FL 33033
(786) 312-4478
Digital Contact Information:
http://opendoorbehavioralservices.com
embracinghopebes@gmail.com

and
650 Northeast 22nd Terrace
212 214
Homestead, FL 33033
(786) 312-4478
Digital Contact Information:
http://opendoorbehavioralservices.com
embracinghopebes@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Zayas Fernandez, Blanca I, MSED, BCBA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff Spanish

Zelinger-Kaufman, Bascha, MED, BCBA ■
1380 Northeast Miami Gardens Drive
Suite 255
Miami, FL 33179
(954) 651-2969
Digital Contact Information:
info@appliedabc.com
Other Languages Spoken by Provider or Office Staff English

AUTISM TREATMENT

Abreu, Helen, MS, BCBA ■
Home Based Services Only
Doral, FL 33126
(407) 800-6086
Digital Contact Information:
milestonesaba2023@gmail.com

and
2450 Southwest 137th Avenue
232
Miami, FL 33175
(786) 360-6496
Digital Contact Information:
milestonesaba2023@gmail.com

and
12900 Southwest 128th Street
Suite 107
Miami, FL 33186
(786) 312-2665
Digital Contact Information:
milestonesaba2023@gmail.com

and
13416 Southwest 128th Street
Miami, FL 33186
(786) 732-0247
Digital Contact Information:
http://milestones-aba.org
milestonesaba2023@gmail.com

Abreu, Yudeisy, MPSY, BCBA ■
3625 Northwest 82nd Avenue
101
Doral, FL 33166
(786) 583-8663
Digital Contact Information:
sseastcoast22@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
sseastcoast22@gmail.com

and
8300 West Flagler Street
170
Miami, FL 33144
(786) 633-5171
Digital Contact Information:
sseastcoast22@gmail.com

and
2450 Southwest 137th Avenue
232
Miami, FL 33175
(786) 360-6496
Digital Contact Information:
sseastcoast22@gmail.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
sseastcoast22@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Adams, Takeira, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Aguado, Natalie P, MA, BCBA, LBA ■
14645 Northwest 77th Avenue
Suite 105
Miami Lakes, FL 33014
(202) 420-8359
Digital Contact Information:
http://www.littleleaves.org
billing@littleleaves.org

Aguilera-Baez, Hiram, MPSY, BCBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
labresha.proctor@kidsspotrehab.com

and
8660 West Flagler Street
STE 121
Miami, FL 33144
(305) 600-4774
Digital Contact Information:
labresha.proctor@kidsspotrehab.com

and
12456 Southwest 127th Avenue
101
Miami, FL 33186
(786) 953-8500
Digital Contact Information:
http://kidsspotrehab.com
labresha.proctor@kidsspotrehab.com

Alanis, Karolina, MA, LBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
r.early@adaptforlifeaba.com
Other Languages Spoken by Provider or Office Staff English

Alba, Tatiana M, MED, BCBA ■
8266 Mills Drive
836012
Miami, FL 33283
(305) 521-9556
Digital Contact Information:
tatiana.m.alba@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Alduncin Lopez, Anabel, BS, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
intouchcommunityserv@gmail.com

Alea Garcia, Alina, MSSW, BCBA ■
123 N Krome Ave
Ste 104
Homestead, FL 33030
(786) 349-4559
Digital Contact Information:
referrals@ffmhs.com

and
Home Based Services Only
Homestead, FL 33030
(786) 349-4559
Digital Contact Information:
referrals@ffmhs.com

Allen-De Arce, Adriana, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com
Other Languages Spoken by Provider or Office Staff Spanish

Almaguer, Marilyn, PSYD, BCBA ■
8300 Northwest 53rd Street
Suite 102
Doral, FL 33166
(786) 769-5222
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
100 Northeast 15th Street
203
Homestead, FL 33030
(786) 404-3075
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Alonso, Ariane, MBS, BCBA ■
1490 West 49th Place
Suite 401
Hialeah, FL 33012
(786) 294-0255
Digital Contact Information:
info@bmmaba.com

and
10261 Southwest 72nd Street
Miami, FL 33173
(786) 773-3654

Digital Contact Information:
info@bmmaba.com

and
7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
info@bmmaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alvarez, Catherine, MS, BCBA ■
2300 West 84th Street
Ste 601
Hialeah, FL 33016
(305) 363-4001
Digital Contact Information:
http://www.vytalyzeminds.net
info@vytalyzeminds.net
Other Languages Spoken by Provider or Office Staff
Spanish

Alvarez, Eduardo, MS, LMHC ■
1000 Brickell Avenue
Miami, FL 33131
(305) 803-6663
Digital Contact Information:
eddya123@gmail.com

Alvarez Gonzalez, Lissette M, MS, LMHC ■
2500 Northwest 79th Avenue
Suite 180
Doral, FL 33122
(786) 253-7868
Digital Contact Information:
faithandhope230@gmail.com

and
18522 Southwest 136th Court
Miami, FL 33177
(305) 416-8189
Digital Contact Information:
faithandhope230@gmail.com

and
5881 Northwest 151st Street
Suite: 103
Miami Lakes, FL 33014
(786) 703-4154
Digital Contact Information:
faithandhope230@gmail.com

and
230 Canal Street
APT 202
Miami Springs, FL 33166
(305) 416-8189
Digital Contact Information:
faithandhope230@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alvarez, Inna, MBS, BCBA ■
1150 Northwest 72nd Avenue
ph 2
Miami, FL 33126
(786) 542-5043
Digital Contact Information:
http://1stcarecms.com
office@bluehopetherapyservices.com

and
10700 Southwest 46th Street
Miami, FL 33165
(786) 907-4925
Digital Contact Information:
http://www.bluehopetherapyservices.com
office@bluehopetherapyservices.com

Amador, Georgina M, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 356-8161
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
English, Spanish

Amador Vale, Monica C, MBS, BCBA ■
717 Ponce de Leon Boulevard
Suite 209
Coral Gables, FL 33134
(305) 381-0839
Digital Contact Information:
https://www.winglessangelsbs.com/
behaviorconsultantfl@gmail.com

and
1900 Southwest 22nd Street
#205
Miami, FL 33145
(305) 648-7212
Digital Contact Information:
behaviorconsultantfl@gmail.com

and
10691 North Kendall Drive
#202
Miami, FL 33176
(786) 534-7172
Digital Contact Information:
behaviorconsultantfl@gmail.com

and
11980 Southwest 144th Court
Suite #210
Miami, FL 33186
(786) 246-4661
Digital Contact Information:
https://www.floridabehaviorhealthgroup.com/
behaviorconsultantfl@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Amat, Marina L, MS, BCBA ■
1570 West 38th Place
12 12
Hialeah, FL 33012
(786) 615-2514
Digital Contact Information:
behaviorplusservices@gmail.com

and
8300 NW 53rd St
Ste 350
Miami, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com

and
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
behaviorplusservices@gmail.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(786) 522-7203
Digital Contact Information:
behaviorplusservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Amestoy, Ana, MPSY, BCBA ■
13590 Southwest 134th Avenue
104
Miami, FL 33186
(305) 896-8161
Digital Contact Information:
apluschildbcorp@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arado, Liliet, BS, BCBA ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(305) 273-3773
Digital Contact Information:
http://www.behavior-analysis.org
tvargas@behavior-analysis.org

Arandia, Eloisa, MMFT, BCBA, LMHC ■
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arcia, Lizbeth, MA, BCBA, LBA ■
Home Based Services Only
Hialeah, FL 33010
(305) 280-5730
Digital Contact Information:
info@appliedabc.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 280-5730
Digital Contact Information:
info@appliedabc.com

Arguelles, Doris, BA, BCABA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 356-8754
Digital Contact Information:
cubanitadori@yahoo.com

and
14536 Southwest 170th Street
Miami, FL 33177
(786) 356-8754
Digital Contact Information:
cubanitadori@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arnaez, Elizabeth, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
jenny.silverio@lifechg.org
Other Languages Spoken by Provider or Office Staff
Spanish

Arocha, Dalkis, MPSY, BCBA ■
HOME BASED SERVICES ONLY
Miami, FL 33178
(305) 280-5732
Digital Contact Information:
developmentalimprovements@outlook.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Arriera, Stefanie T, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
admissions@abaalliancecareservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Autie Castro, Yamila, MPSY, BCBA ■
8660 West Flagler Street
STE 121
Miami, FL 33144
(305) 600-4774
Digital Contact Information:
info@sunshinebehavioralhealthservices.com

Azaret, Janell M, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 853-8355
Digital Contact Information:
jmazaret@gmail.com

and
1512 Southwest 14th Terrace
Miami, FL 33145
(786) 853-8355
Digital Contact Information:
jmazaret@gmail.com

and
4525 Southwest 146th Court
Miami, FL 33175
(305) 807-1909
Digital Contact Information:
jmazaret@gmail.com

and
12985 Southwest 130th Court
204 204
Miami, FL 33186
(305) 735-3878
Digital Contact Information:
http://www.abasquad.com
jmazaret@gmail.com

Baez, Naeyjalite, MS, BCBA, LBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 218-6596
Digital Contact Information:
naeyjalite@stoneofhelpaba.com
Other Languages Spoken by Provider or Office Staff English

Baker, Melissa, EDS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Barash, Brian D, MD ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.co

Barcena, Maylin D, MS, BCBA, LBA ■
2500 Northwest 79th Avenue
268
Doral, FL 33122
(786) 208-2907
Digital Contact Information:
info@wbehavioralservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barciela, Gilberto, MSN, APRNPMH ■
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
forwardwithfc@gmail.com

Barreto, Lourdes A, MSSW, LCSW ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
referrals@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barroso, Alina, MD, LMHC ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Bass, India, MMH, LMHC ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://myschoolpsychologistinc.com
india.lmhc@gmail.com

and
FL
(305) 520-9813
Digital Contact Information:
http://www.myschoolpsychologistinc.com
india.lmhc@gmail.com

Bauza Estrada, Mirtha E, MN, APRN ■
12448 Southwest 127th Avenue
Miami, FL 33186
(786) 864-1030
Digital Contact Information:
excellentmccontracting@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bean, Anthony, PHD, LP ■
333 Southeast 2nd Avenue
Suite 2000
Miami, FL 33131
(833) 369-1144
Digital Contact Information:
credentialing@asprcmsolutions.com

Bello, Jany L, EDM, BCBA ■
381 North Krome Avenue
Suite 105
Homestead, FL 33030
(305) 440-0048
Digital Contact Information:
http://nextsteptherapy.co
info@avilahealthgroup.com

and
FL
(305) 440-0048
Digital Contact Information:
http://nextsteptherapy.co

info@avilahealthgroup.com

and
3012 Southeast 3rd Drive
Homestead, FL 33033
(305) 407-7442
Digital Contact Information:
http://exceptionalmindsaba.com
info@avilahealthgroup.com

and
Home Based Services Only
Homestead, FL 33033
(305) 407-7442
Digital Contact Information:
info@avilahealthgroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Belot, Max A, MN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

Bencomo, Danay, MBS, BCBA ■
7779 Northwest 146th Street
Hialeah, FL 33016
(786) 702-6868
Digital Contact Information:
dayami@childrenbehavioraltherapy.com

Benitez, Candace, MA, BCBA ■
770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
card.credentialing@centerforautism.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
card.credentialing@centerforautism.com

and
5201 Blue Lagoon Dr
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
card.credentialing@centerforautism.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
card.credentialing@centerforautism.com

and
80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
card.credentialing@centerforautism.com

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
card.credentialing@centerforautism.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
card.credentialing@centerforautism.com

and
830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
card.credentialing@centerforautism.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(888) 684-2779
Digital Contact Information:
card.credentialing@centerforautism.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
card.credentialing@centerforautism.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bennett, Nicholas, PSYD, LP ■
390 Northeast 191st Street
Miami, FL 33179
(805) 225-4446
Digital Contact Information:
doctor.bennett@outlook.com

Biggs, Morgan, MD ■
18591 South Dixie Highway
1120
Cutler Bay, FL 33157
(727) 213-3416
Digital Contact Information:
morganbiggs2@gmail.com

and
20825 Southwest 85th Court
Cutler Bay, FL 33189
(727) 213-3416
Digital Contact Information:
morganbiggs2@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 551-8253
Digital Contact Information:
morganbiggs2@gmail.com

and
12955 Southwest 42nd Street
STE 2
Miami, FL 33175
(786) 491-4947
Digital Contact Information:
morganbiggs2@gmail.com

and
12001 SW 128th Ct
Ste 102
Miami, FL 33186
(786) 971-7920
Digital Contact Information:
morganbiggs2@gmail.com

and
13501 Southwest 128th Street
STE 114
Miami, FL 33186
(786) 250-3440
Digital Contact Information:
morganbiggs2@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Billings, Bettina R, MS, LBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(602) 560-2836
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Bingham, Lauren E, EDD, BCBA ■
8450 Northwest 102nd Avenue
225
Doral, FL 33178
(786) 749-8548
Digital Contact Information:
jcamarillo@dreamteambehavioralservices.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 749-8548
Digital Contact Information:
jcamarillo@dreamteambehavioralservices.com

Bloise, Gabriela, MS, LMHC ■
Home Based Services Only
Miami Gardens, FL 33014
(305) 777-3883
Digital Contact Information:
acebehavioral2@gmail.com

and
5881 Northwest 151st Street
Suite: 103
Miami Lakes, FL 33014
(786) 703-4154
Digital Contact Information:
acebehavioral2@gmail.com

Blumtritt, Cesar E, PHD, BCABA, LMHC ■
10200 Northwest 25th Street
201
Doral, FL 33172
(305) 406-3689
Digital Contact Information:
http://www.foundartacademy.org
denalicrt@aol.com

and
10200 Northwest 25th Street
STE 204
Doral, FL 33172
(305) 406-3689
Digital Contact Information:
http://www.foundartacademy.org
denalicrt@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Borek, Izayana, MS, LMFT ■
151 Northwest 11th Street
w201 w
Homestead, FL 33030
(786) 521-5925
Digital Contact Information:
http://monarchallhealth.com
monarchallhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bourzac, Camila, MA, BCBA ■
18443 Southwest 87th Place
201
Cutler Bay, FL 33157
(305) 699-3241
Digital Contact Information:
http://www.luxabatherapy.com
info@luxabatherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Brazzini, Mijanou, MPSY, LMHC ■
13205 Southwest 137th Avenue
suite 126
Miami, FL 33186
(786) 713-0383
Digital Contact Information:
http://yjwcare.com
mbrazzini61@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Brosco, Jeffrey P, MD ■
1150 NW 14th St
411
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
Not Available

and
1150 Northwest 14th Street
710
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
Not Available

and
1611 NW 12th Ave
Miami, FL 33136
(305) 585-7040
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Brunson, Donna F, PMHNP ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
info@mindstronghealth.com

and
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
info@mindstronghealth.com

and
255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
info@mindstronghealth.com

and
370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
info@mindstronghealth.com

and
333 Southeast 2nd Avenue
Suite #2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
info@mindstronghealth.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@mindstronghealth.com

and
3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
info@mindstronghealth.com

and
350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
info@mindstronghealth.com

and
429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
info@mindstronghealth.com

and
323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
info@mindstronghealth.com

Bryant, Keierica, MA, BCBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
info@actionbehavior.com

Bryant, Melissa, MA, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
info@hupcfl.com

Burnstein, Krystal M, MS, LMHC ■
1000 Brickell Avenue
Miami, FL 33131
(786) 832-6630
Digital Contact Information:
mohit@bikhamhealthcare.com

and
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
mohit@bikhamhealthcare.com

Cabranes, Gretchen, MA, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 275-8860
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cabrera, Belkis, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
14722 Southwest 56th Street
Miami, FL 33185
(305) 456-0572
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Camejo, Stephanie, PSYD, LP ■
8500 SW 92nd Street
206
Miami, FL 33156
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
sasha@livewelltherapygroup.com

Capote-Sanchez, Tracy, MED, BCBA-D ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(305) 273-3773
Digital Contact Information:
aillobre@behavior-analysis.org

and
13300 Southwest 128th Street
Miami, FL 33186
(786) 250-3451
Digital Contact Information:
aillobre@behavior-analysis.org

Capriata, Olga J, MSW, LCSW ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
http://lotuscounseling.com
admi@lotuscounseling.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
http://www.lotuscounseling.com
admi@lotuscounseling.com

and
7811 Coral Way
106
Miami, FL 33155
(305) 412-0138
Digital Contact Information:
admi@lotuscounseling.com

and
13930 SW 47th St
Ste 202
Miami, FL 33175
(305) 387-7850
Digital Contact Information:
admi@lotuscounseling.com

and
5600 SW 135th Ave
Ste 116
Miami, FL 33183
(305) 387-7850
Digital Contact Information:
admi@lotuscounseling.com
Other Languages Spoken by Provider or Office Staff
Spanish

Carne, Taylor, MA, LMFT ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Carnet Beira, Garry, MS, BCBA ■
5901 Northwest 183rd Street
Suite 264
Hialeah, FL 33015
(786) 803-2664
Digital Contact Information:
https://oasismentalhealthcenter.com
nkitching@readysetconnect.org
Other Languages Spoken by Provider or Office Staff
Spanish

Carrion, Bethania, PSYD, LP ■
175 Fontainebleau Boulevard
Miami, FL 33172
(786) 860-2468
Digital Contact Information:
http://www.guidedinsightpsychology.com
drcarrionb@guided-insight.com
Other Languages Spoken by Provider or Office Staff
Spanish

Castellon, Adela, MS, BCBA ■
10200 Northwest 25th Street
STE 204
Doral, FL 33172
(305) 406-3689
Digital Contact Information:
http://www.foundartacademy.org
castellonadela@yahoo.com

and
14125 Northwest 80th Avenue
304
Miami Lakes, FL 33016
(786) 305-7222
Digital Contact Information:
castellonadela@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Castellon, Nohelany, MA, BCBA ■
7990 Southwest 117th Avenue
Suite 134
Kendall, FL 33183
(305) 741-2218
Digital Contact Information:
info@buildablocktherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Castillero, Yalilis, BS, BCBA ■
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
credentialing@southbillcare.com
Other Languages Spoken by Provider or Office Staff
Latvian, Spanish

Castillo-Fundora, Evelyn T, EDS, LSP ■
10300 Southwest 72nd Street
#123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://myschoolpsychologistinc.com
info@myschoolpsychologistinc.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Castro Cordoba, Juan Luis B, MD ■
4960 SW 72nd Ave
Ste 303
Miami, FL 33155
(305) 554-1700
Digital Contact Information:
intake@compass.md

and
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
https://www.compasshealthsystems.com
intake@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
https://www.compasshealthsystems.com
intake@compass.md

Castro, Kenia, MD ■
4160 W 16th Ave
Ste 301
Hialeah, FL 33012
(305) 690-0332
Digital Contact Information:
keniacastromdpa@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cervera, Carol, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 853-8355
Digital Contact Information:
cristina@creativekidstherapyinc.com

and
1512 Southwest 14th Terrace
Miami, FL 33145
(786) 853-8355
Digital Contact Information:
cristina@creativekidstherapyinc.com

and
13195 Southwest 134th Street
Ste. 201
Miami, FL 33186
(786) 206-6500
Digital Contact Information:
cristina@creativekidstherapyinc.com

and
FL
(786) 206-6500
Digital Contact Information:
cristina@creativekidstherapyinc.com

and
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
cristina@creativekidstherapyinc.com

Chambre, Karen F, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
wardchambre@gmail.com
Other Languages Spoken by Provider or Office Staff Afar

Chinea, Marianela, MSN, APRN ■
3971 Southwest 8th Street
STE 206
Coral Gables, FL 33134
(786) 633-5960
Digital Contact Information:
agauna@bmsbill.com

and
FL
(786) 980-7496
Digital Contact Information:
http://www.vidahealthcarenetworks.com
agauna@bmsbill.com

and
13590 Southwest 134th Avenue
201
Miami, FL 33186
(786) 227-6258
Digital Contact Information:
agauna@bmsbill.com

Chong, Roxana, MS, BCBA ■
8353 Southwest 124th Street
102
Miami, FL 33156
(305) 902-6435
Digital Contact Information:
http://www.abamiami.com
roxanac@abamiami.com

and
8603 South Dixie Highway
303
Pinecrest, FL 33156
(305) 902-6435
Digital Contact Information:
roxanac@abamiami.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cicetti, Lisa, PSYD, LMHC, LP ■
1100 Southwest 57th Avenue
Suite 100
Miami, FL 33144
(786) 556-7688
Digital Contact Information:
lisacicetti@yahoo.com

Collazo, Amanda, MA, BCBA ■
Home Based Services Only
Hialeah, FL 33010
(305) 280-5730
Digital Contact Information:
clinicare23@outlook.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 534-7172
Digital Contact Information:
clinicare23@outlook.com

and
12750 Northwest 17th Street
216 216
Miami, FL 33182
(888) 527-8037
Digital Contact Information:
http://www.brightstartpossibility.com
clinicare23@outlook.com
Other Languages Spoken by Provider or Office Staff
Hebrew, English, Spanish

Collazo, Melanie, MC, LMHC ■
5040 Northwest 7th Street
Suite 660
Miami, FL 33126
(305) 900-2361
Digital Contact Information:
bridgeforlife4@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Colon Rodriguez, Lyllymar, PHD, LP ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 661-5511
Digital Contact Information:
dr.ingridroman1@gmail.com

and
100 NE 15th St
Ste 101D
Homestead, FL 33030
(833) 779-8646
Digital Contact Information:
dr.ingridroman1@gmail.com

and
7950 W Flagler St
Ste 105
Miami, FL 33144
(305) 661-5511
Digital Contact Information:
dr.ingridroman1@gmail.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 661-5511
Digital Contact Information:
dr.ingridroman1@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Colvin, Cindy, EDS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Commella, Noreen, PSYD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@healthyyoungminds.com

Coppola, Amanda, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
providerenrollment@acornhealth.com

Cordova, Carlos A, MS, LMHC ■
2141 SW 1st St
Ste 103
Miami, FL 33135
(305) 644-6024
Digital Contact Information:
help@coralcmhc.net
Other Languages Spoken by Provider or Office Staff
Spanish

Corzo, Samantha R, MS, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
credentialing@banyanhealth.org

Cuervo Betancourt, Natacha, BCBA, BS, MED ■
5407 Southwest 131st Court
Miami, FL 33175
(305) 209-1095
Digital Contact Information:
angelesesperan@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Da Silva, Leonardo, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff Portuguese, Spanish

Damus, Harry, PSYD, LP ■
8200 SW 117th Ave
Ste 306
Miami, FL 33183
(305) 274-0640
Digital Contact Information:
hdamus@therapeuticbehavioral.com
Other Languages Spoken by Provider or Office Staff Creole

De La Paz, Adriel, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com

De La Yncera Garcia, Aimee, MHS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 458-9535
Digital Contact Information:
bmbchildrentherapies@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

De Souza Morais, Michele, MD ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
https://www.compasshealthsystems.com/
credentialing@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(888) 852-6672
Digital Contact Information:
http://www.compasshealthsystems.com
credentialing@compass.md
Other Languages Spoken by Provider or Office Staff Portuguese, Spanish

De Souza, Vacir, MA, LMHC ■
7900 Oak Ln
400
Hialeah, FL 33016
(786) 622-5743
Digital Contact Information:
palmbehavioral2@gmail.com

De Tuya, Taylor, MA, BCBA ■
7705 North Kendall Drive
Kendall, FL 33156
(786) 801-9712
Digital Contact Information:
http://firmfoundationsaba.com
taylor@firmfoundationsaba.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 801-3134
Digital Contact Information:
taylor@firmfoundationsaba.com

and
9425 Southwest 72nd Street
164
Miami, FL 33173
(305) 279-2286
Digital Contact Information:
taylor@firmfoundationsaba.com

and
Home Based Services Only
South Miami, FL 33146
(786) 536-9714
Digital Contact Information:
taylor@firmfoundationsaba.com
Other Languages Spoken by Provider or Office Staff Spanish

Degraff, Stephane B, MD ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
victoria.l.oswald@powershealth.org
Other Languages Spoken by Provider or Office Staff Creole

Dejimenez, Emily, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/payors@emorahealth.com
Other Languages Spoken by Provider or Office Staff Spanish

Delger, Delfina, MA, BCBA ■
1900 N Bayshore Dr
1A-122
Miami, FL 33132
(954) 400-3251
Digital Contact Information:
http://www.abacustherapies.com
haley.hounchell@yourmissingpiece.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(954) 400-3251
Digital Contact Information:
http://www.abacustherapies.com
haley.hounchell@yourmissingpiece.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(954) 400-3251
Digital Contact Information:
haley.hounchell@yourmissingpiece.com

Der Rohe-Borghese, Gema Y, MSW, BCBA, LBA, LCSW ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
orlando@pbhd.health

and
2525 Ponce de Leon Boulevard
370
Miami, FL 33134
(954) 408-1568
Digital Contact Information:
orlando@pbhd.health
Other Languages Spoken by Provider or Office Staff Haitian Creole

Dias Galiano, Anna, MA, BCBA ■
Home Based Services Only
Aventura, FL 33180
(305) 283-0442
Digital Contact Information:
rhulsey@behavior-analysis.org

and
6761 Southwest 6th Street
Miami, FL 33144
(305) 283-0442
Digital Contact Information:
rhulsey@behavior-analysis.org

and
9220 Sunset Dr
Ste 101
Miami, FL 33173
(305) 273-3773
Digital Contact Information:
http://www.behavior-analysis.org
rhulsey@behavior-analysis.org

and
Home Based Services Only
Opa-locka, FL 33054
(305) 283-0442
Digital Contact Information:
rhulsey@behavior-analysis.org

and
Home Based Services Only
West Miami, FL 33144
(305) 283-0442
Digital Contact Information:
rhulsey@behavior-analysis.org

Diaz, Alexis, MS, LMHC ■
1550 Madruga Ave
Ste 509
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
http://www.abc4s.com
alex.diaz@abc4s.com
Other Languages Spoken by Provider or Office Staff Spanish

Diaz Cabrera, Yuleisvi, MS, BCBA ■
2210 Northwest 92nd Avenue
e1
Doral, FL 33172
(786) 208-7539
Digital Contact Information:
vivianaicare@gmail.com

and
7801 Northwest 37th Street
Lp-201
Doral, FL 33195
(305) 468-9899
Digital Contact Information:
vivianaicare@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 468-9899
Digital Contact Information:
vivianaicare@gmail.com

and
2500 SW 107TH AVE
42
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
vivianaicare@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Diaz Encinosa, Barbara M, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
mamisol58@yahoo.es

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
mamisol58@yahoo.es

and
13301 Southwest 132nd Avenue
201 201
Miami, FL 33186
(305) 509-5537
Digital Contact Information:
mamisol58@yahoo.es

Diaz, Janly, MPSY, BCBA ■
7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
info@bmmaba.com

and
Home Based Services Only
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
info@bmmaba.com

Diaz Llanes, Barbara, MED, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 569-6783
Digital Contact Information:
team@achievebehaviorcenters.com

Domingues, Yeidy, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
admissions@abaalliancecareservices.com
Other Languages Spoken by Provider or Office Staff Spanish

Dominguez Alvarez, Dayami, MS, BCBA ■
7779 Northwest 146th Street
Hialeah, FL 33016
(786) 702-6868
Digital Contact Information:
dayami@childrenbehavioraltherapy.com

Dominguez Lopez, Greys, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 458-9535
Digital Contact Information:
bmbchildrentherapies@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Dominguez Viera, Chesy, BS, BCABA ■
1700 Southwest 57th Avenue
209
Miami, FL 33155
(786) 558-4981
Digital Contact Information:
lpcarecorp@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Dowell, Lavern, MSN, APRN ■
848 Brickell Avenue
5
Miami, FL 33131
(904) 765-0665
Digital Contact Information:
egood@ahawc.org

Doyley-Green, Natalie S, MSN, APRN, NP ■
2820 Northeast 214th Street
Aventura, FL 33180
(256) 500-8688
Digital Contact Information:
hello@joinblossomhealth.com

and
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
http://happierliving.com
hello@joinblossomhealth.com

and
2332 Galiano Street
floor 2
Coral Gables, FL 33134

(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com

and
255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com

and
370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://happierliving.com
hello@joinblossomhealth.com

and
333 Southeast 2nd Avenue
Suite #2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
hello@joinblossomhealth.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
hello@joinblossomhealth.com

and
3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
http://happierliving.com
hello@joinblossomhealth.com

and
350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com

and
429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com

and
323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com

Drumb, Lisa, MA, BCBA, LBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
info@appliedabc.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Durgin, Cheryl, MED, LBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
cheryl@blessings-ranch.com

Enamorado, Yanko, MD ■
4302 Alton Rd
Ste 820
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com

and
4304 Alton Rd
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com

and
4304 Alton Rd
Fl 1
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com

Enot Flores, Edna, MS, BCBA ■
3625 Northwest 82nd Avenue
101
Doral, FL 33166
(786) 583-8663
Digital Contact Information:
info@appliedabc.com

Enriquez Garcia, Leyanis, MS, BCBA ■
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
info@newlifeaba.com

and
945 Southwest 122nd Avenue
Miami, FL 33184
(786) 536-4807
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff English

Escalona, Ana, MMH, LMHC ■
10700 Caribbean Boulevard
Suite 101
Cutler Bay, FL 33189
(305) 777-3883
Digital Contact Information:
escalonalmhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Espaillat, Ricardo K, MD ■
3219 W 4th Ave
Na
Hialeah, FL 33012
(305) 261-6633
Digital Contact Information:
rkespaillat@yahoo.com

and
1975 West 76th Street
Hialeah, FL 33014
(305) 479-3262
Digital Contact Information:
rkespaillat@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Espinoza Marin, Ennyluz, MMH, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fay, Candace, BA, BCABA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(305) 846-9807
Digital Contact Information:
https://acornhealth.com
info@acornhealth.com
Other Languages Spoken by Provider or Office Staff English

Fernandez, Janeissy, MS, BCBA ■
10200 Northwest 25th Street
STE 204
Doral, FL 33172
(305) 406-3689
Digital Contact Information:
info@foundartacademy.org
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Jennifer, MS, BCBA, LBA ■
11601 Biscayne Boulevard
Miami, FL 33181
(786) 206-4151
Digital Contact Information:
info@appliedabc.com

and
909 North Miami Beach Boulevard
STE 301
North Miami Beach, FL 33162
(305) 822-7202
Digital Contact Information:
info@appliedabc.com

Fernandez, Lianny, MPSY, LMHC ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
yavila@avilahealthgroup.com

and
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
yavila@avilahealthgroup.com

and
306 Westward Dr
Miami Springs, FL 33166
(786) 588-7894
Digital Contact Information:
yavila@avilahealthgroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Melanie A, MS, BCBA ■
585 East 49th Street
11
Hialeah, FL 33013
(305) 970-9165
Digital Contact Information:
billingadmin@optimalbeginning.com

and
16311 NW 87th Ct
Hialeah, FL 33018
(305) 586-8549
Digital Contact Information:
billingadmin@optimalbeginning.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ferrari, Taiane, MD ■
FL
(212) 498-8970
Digital Contact Information:
http://www.mybiopsych.com
eric.tate@medibillmd.com

Ferrer, Barbara, MS, BCBA, LMHC ■
FL
(786) 724-4224
Digital Contact Information:
https://www.vita-cog.com/
enrollpriv@bikhamhealthcare.com

and
9220 Sunset Drive
104
Miami, FL 33173
(786) 724-4224
Digital Contact Information:
enrollpriv@bikhamhealthcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Figueroa, Rachel, MS, BCBA, LBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Fleisher, Rebecca, MSN, APRN ■
5915 Ponce de Leon
23 26
Coral Gables, FL 33146
(786) 664-7810
Digital Contact Information:
https://southfloridaintegrativemed.com
vfalu@healthassets.com

Flores, Veronica, MS, BCBA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(305) 480-7839
Digital Contact Information:
info@newlifeaba.com

Fonseca, Odalys, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 715-8511
Digital Contact Information:
interbehavcorp@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Franco Paz, Jean, BS, BCBA ■
Home Based Services Only
Hialeah, FL 33010
(305) 280-5730
Digital Contact Information:
shakira@behaviorchangefl.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
shakira@behaviorchangefl.com

Francois, Esther, MA, BCBA ■
14125 Northwest 80th Avenue
304
Miami Lakes, FL 33016
(786) 305-7222
Digital Contact Information:
christy@southfloridaaba.org

Frasier, Hazel D, MSN, APRN, LNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
hazel.frasier@ncgcommunity.com

Fundora, Gladys, MMH, BCBA, LMHC ■
1000 Brickell Avenue
Miami, FL 33131
(786) 817-2356
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
http://kidsspotrehab.com
rossconsultingandcredentialing@gmail.com

and
19100 Southwest 106th Avenue
12 12
Miami, FL 33157
(786) 360-2852
Digital Contact Information:
rossconsultingandcredentialing@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gainza Mayo, Mariela D, MSN, APRN ■
7971 Bird Road
15
Miami, FL 33155
(786) 504-5620
Digital Contact Information:
kenia.rodriguez@ffmhs.com

and
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Arletis, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 534-7172
Digital Contact Information:
clinicare23@outlook.com

Garcia, Gertrudis, MMFT, LMFT ■
1414 Northwest 107th Avenue
204
Doral, FL 33172
(305) 225-8711
Digital Contact Information:
toplifecaresolutions@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 536-7470
Digital Contact Information:
toplifecaresolutions@gmail.com

and
175 Fontainebleau Boulevard
Miami, FL 33172
(305) 960-7124
Digital Contact Information:
toplifecaresolutions@gmail.com

and
10677 North Kendall Drive
ste 5-a
Miami, FL 33176
(305) 225-8711
Digital Contact Information:
http://toplifecaresolutions.com
toplifecaresolutions@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Garcia Hernandez, Adelfa, BA, BCBA ■
16657 Southwest 81st Terrace
Miami, FL 33193
(786) 426-1166
Digital Contact Information:
pathwaysaba@gmail.com

Garcia, Lauren, MED, LMHC ■
2212 Northwest 91st Street
4058
Miami, FL 33147
(341) 888-7637
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
lauren.garcia371@gmail.com

Garcia Marchante, Kamila, MS, BCBA, LBA ■
14645 Northwest 77th Avenue
Suite 105
Miami Lakes, FL 33014
(202) 420-8359
Digital Contact Information:
http://www.littleleaves.org
info@littleleaves.org

Garcia, Rossely N, MA, BCBA ■
18451 Northeast 27th Place
Aventura, FL 33160
(786) 683-2398
Digital Contact Information:
info@appliedabc.com

Garcia, Solange C, MBS, BCBA ■
11980 Southwest 144th Court
Suite #210
Miami, FL 33186
(305) 640-8918
Digital Contact Information:
https://www.floridabehaviorhealthgroup.com/
behaviorconsultantfl@gmail.com

Garciga, Orlando, MSED, BCBA ■
7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
info@bmmaba.com

and
Home Based Services Only
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
info@bmmaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcon, Jose Nadine, PSYD, LP ■
419 W 49th St
Ste 219
Hialeah, FL 33012
(954) 404-7052
Digital Contact Information:
dr.garcon@comcast.net
Other Languages Spoken by Provider or Office Staff Creole

Gawriluk, Morgan, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Georgescu, Luisa R, MPSY, BCBA ■
2500 Northwest 79th Avenue
295
Doral, FL 33122
(305) 896-8161
Digital Contact Information:
info@newlifeaba.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(786) 622-5743
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gil, Orianna A, MC, BCBA ■
8353 Southwest 124th Street
102
Miami, FL 33156
(305) 902-6435
Digital Contact Information:
http://abamiami.com
oriannagil0@gmail.com

and
8603 South Dixie Highway
303
Pinecrest, FL 33156
(305) 902-6435
Digital Contact Information:
http://abamiami.com
oriannagil0@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gillespie, Marjorie, PHD, APRN ■
64 W 63rd St
B202
Hialeah, FL 33012
(954) 431-7676
Digital Contact Information:
dr.gillespie@hotmail.com

and
16400 NW 2nd Ave
Ste 100
Miami, FL 33169
(954) 431-7676
Digital Contact Information:
dr.gillespie@hotmail.com

Godoy, Amneris, MSW, LCSW ■
9555 Southwest 175th Terrace
Suite 223
Palmetto Bay, FL 33157
(786) 370-4198
Digital Contact Information:
everlastingachievements@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Godoy Duran, Karina, MS, LMFT ■
879 East 28th Street
Hialeah, FL 33013
(786) 326-2260
Digital Contact Information:
innerwellnessaba@gmail.com

and
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
innerwellnessaba@gmail.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(786) 580-2204
Digital Contact Information:
innerwellnessaba@gmail.com

and
13590 Southwest 134th Avenue
104
Miami, FL 33186
(305) 896-8161
Digital Contact Information:
innerwellnessaba@gmail.com

Gomez, Alexander, MS, BCBA ■
659 Northeast 125th Street
North Miami, FL 33161
(305) 454-9885
Digital Contact Information:
aylahmedicaid@northacademynmb.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gomez, Amelia, MBS, BCBA ■
2500 SW 107TH AVE
42
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
info@abcsfl.com

and
FL
(786) 615-3334
Digital Contact Information:
info@abcsfl.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gonzalez, Alyssa, MS, BCBA ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(305) 273-3773
Digital Contact Information:
http://www.behavior-analysis.org
rhulsey@behavior-analysis.org

Gonzalez, Hector P, MBS, BCBA ■
12150 Southwest 128th Court
222
Miami, FL 33186
(786) 701-8164
Digital Contact Information:
http://www.kendallbehavior.com
office@kendallbehavior.com

Gonzalez, Julianne, MA, BCBA, LBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(888) 501-8540
Digital Contact Information:
https://acornhealth.com
lburns@cdaintensivelearning.com

and
11025 SW 84th St
Ste 8
Miami, FL 33173
(833) 971-1230
Digital Contact Information:
lburns@cdaintensivelearning.com

and
12985 Southwest 130th Court
204 204
Miami, FL 33186
(305) 735-3878
Digital Contact Information:
lburns@cdaintensivelearning.com

Gonzalez, Maria E, MBS, BCBA ■
10691 North Kendall Drive
#202
Miami, FL 33176
(754) 400-7702
Digital Contact Information:
clinicare23@outlook.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
clinicare23@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Misleydis, MC, LMHC ■
215 Westward Dr
Miami Springs, FL 33166
(305) 887-4494
Digital Contact Information:
genesisconsultingservices39@gmail.com

Gonzalez, Yailen, MBS, BCBA ■
5901 Miami Gardens Drive
207
Hialeah, FL 33015
(786) 560-3178
Digital Contact Information:
childrendreamsaba@gmail.com

and
909 North Miami Beach Boulevard
STE 301
North Miami Beach, FL 33162
(305) 822-7202
Digital Contact Information:
childrendreamsaba@gmail.com

Gosset, Stephanie M, MS, LMHC ■
2600 S Douglas Rd
Ste 1003
Coral Gables, FL 33134
(305) 445-0477
Digital Contact Information:
niegosset@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gould, Felicia, PHD, LP ■
1120 NW 14th St
1447
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
Not Available

and
1120 NW 14th St
1450
Miami, FL 33136
(305) 243-6400
Digital Contact Information:
Not Available

and
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-6400
Digital Contact Information:
Not Available

Grant, Sandra, MSN, APRN ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
info@hupcfl.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@hupcfl.com

Grunglasse, Maria E, MS, LCPC ■
FL
(207) 210-2672
Digital Contact Information:
esmeraldagrunglasse@yahoo.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Guerrero, Claudia P, MPSY, BCBA ■
13866 Southwest 56th Street
Miami, FL 33175
(786) 953-4446
Digital Contact Information:
btherapyconsultants@gmail.com

Gutierrez, Damian, MC, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
credentialing@banyanhealth.org

Guzman, Francisco J, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
providerenrollment@geodehealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hammerstrom, Ashlyn, MA, BCBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
therapy@kidsspotrehab.com

and
12456 Southwest 127th Avenue
101
Miami, FL 33186
(786) 953-8500
Digital Contact Information:
http://kidsspotrehab.com
therapy@kidsspotrehab.com

Hansen, Angela M, MSW, LCSW ■
395 Northwest 14th Avenue
2
Homestead, FL 33030
(786) 349-4350
Digital Contact Information:
supramedicalbilling@gmail.com

and
8300 West Flagler Street
124
Miami, FL 33144
(305) 877-6650
Digital Contact Information:
supramedicalbilling@gmail.com

and
4995 Southwest 72nd Avenue
401
Miami, FL 33155
(786) 558-5860
Digital Contact Information:
supramedicalbilling@gmail.com

and
10300 SW 72nd St
Ste 230
Miami, FL 33173
(786) 536-5710
Digital Contact Information:
supramedicalbilling@gmail.com

and
10300 Southwest 72nd Street
Suite 350
Miami, FL 33173
(305) 603-9204
Digital Contact Information:
supramedicalbilling@gmail.com

and
10677 North Kendall Drive
ste 5-a
Miami, FL 33176
(786) 296-2773
Digital Contact Information:
supramedicalbilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hardanian, Shahnawz, MS, BCBA ■
14645 Northwest 77th Avenue
Suite 105
Miami Lakes, FL 33014
(202) 420-8359
Digital Contact Information:
info@littleleaves.org

Helmi, Jehan F, MD ■
1501 Biscayne Boulevard
#501
Miami, FL 33132
(818) 600-2034
Digital Contact Information:
amanda.kudoba@uhsinc.com
Other Languages Spoken by Provider or Office Staff
English, Turkish, Arabic

Hernandez, Ania, MS, BCBA ■
12060 Southwest 129th Court
Suite 205
Miami, FL 33186
(786) 864-9113
Digital Contact Information:
Not Available

Hernandez, Jesenia M, MS, LMHC ■
10700 Southwest 46th Street
Miami, FL 33165
(786) 907-4925
Digital Contact Information:
office@bluehopetherapyservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Juan D, MED, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
contracting@confidanthealth.com

Hernandez, Leidy L, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 964-7927
Digital Contact Information:
credentialing@tillytherapy.com

and
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
credentialing@tillytherapy.com

and
12970 Southwest 133rd Court
a
Miami, FL 33186
(786) 445-5607
Digital Contact Information:
http://specialneedscareinc.com
credentialing@tillytherapy.com

and
FL
(786) 352-7621
(833) 458-0386
Digital Contact Information:
credentialing@tillytherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez Regalado, Marta I, MBS, BCBA ■
8001 West 26th Avenue
2 2
Hialeah, FL 33016
(786) 666-0475
Digital Contact Information:
safebehaviorcare@gmail.com

and
7392 Northwest 35th Terrace
301
Miami, FL 33122
(786) 666-0475
Digital Contact Information:
safebehaviorcare@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Yandy, MMH, LMHC ■
1250 Southwest 27th Avenue
207
Miami, FL 33135
(786) 522-7203
Digital Contact Information:
cabehavior@gmail.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(786) 522-7203
Digital Contact Information:
cabehavior@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez-Cuevas, Maria, MS, LMHC ■
10691 Southwest 88th Street
Suite 110
Miami, FL 33176
(305) 595-5485
Digital Contact Information:
mariahcuevas@gmail.com

Herrera, Anouk, MSW, LCSW ■
380 Giralda Avenue
507w
Coral Gables, FL 33134
(786) 277-2938
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
10200 Northwest 25th Street
211
Doral, FL 33172
(305) 381-0346
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
900 West 49th Street
STE 400
Hialeah, FL 33012
(305) 587-2231
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
1150 Northwest 72nd Avenue
700
Miami, FL 33126
(305) 815-1277
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
7270 Northwest 12th Street
Suite 810
Miami, FL 33126
(786) 718-2390
Digital Contact Information:
http://www.globalrehab.com
rossconsultingandcredentialing@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 832-6630
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
11401 Southwest 40th Street
#345
Miami, FL 33165
(305) 603-7063
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
4995 Northwest 72nd Avenue
102
Miami, FL 33166
(786) 360-3584
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
12700 Southwest 128th Street
STE 108
Miami, FL 33186
(786) 732-0865
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
13205 Southwest 137th Avenue
224 225
Miami, FL 33186
(786) 290-9192
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
13335 Southwest 124th Street
STE 214
Miami, FL 33186
(786) 429-1495
Digital Contact Information:
rossconsultingandcredentialing@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Herrera Martinez, Daysi, MSSW, LCSW ●
12540 Northeast 8th Avenue
North Miami, FL 33161
(786) 731-6492
Digital Contact Information:
dherrera@altamiracommunity.com
Other Languages Spoken by Provider or Office Staff
Spanish

Herrera, Sandra, MBS, BCBA ■
2500 Northwest 79th Avenue
Suite 211
Doral, FL 33122
(786) 675-8650
Digital Contact Information:
info@bmmaba.com

and
7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
info@bmmaba.com

Hirsch, Amanda, PSYD, LP ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
https://tillytherapy.com/
credentialing@elemy.com
Other Languages Spoken by Provider or Office Staff English

Hohnstock, Jason, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
providerenrollment@acornhealth.com

Horning, Lori A, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
credentialing@elemy.com

Humphery, Hugh, MD ●
5915 Ponce de Leon
23 26
Coral Gables, FL 33146
(786) 664-7810
Digital Contact Information:
vfalu@healthassets.com

Inguanzo, Yelena, MS, LMHC ■
7745 Northwest 146th Street
F1
Miami Lakes, FL 33016
(786) 633-5992
Digital Contact Information:
vidamentalhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Insua, Marco, MS, BCABA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

Iqbal, Sabih H, MD ■
2100 Coral Way
Coral Gables, FL 33145
(786) 320-1677
Digital Contact Information:
http://www.ydzm.org
hassan.nazir@trumediq.com

and

19001 Southwest 106th Avenue
Suite C-109
Cutler Bay, FL 33157
(305) 255-9806
Digital Contact Information:
http://miamihealthcenterss.com
hassan.nazir@trumediq.com

and
3750 West 16th Avenue
208 210
Hialeah, FL 33012
(305) 301-3283
Digital Contact Information:
https://www.serenitytms.com/
hassan.nazir@trumediq.com

and
600 Northwest 35th Avenue
202 203
Miami, FL 33125
(786) 907-4984
Digital Contact Information:
hassan.nazir@trumediq.com

and
1000 Brickell Avenue
Ste 715-1871
Miami, FL 33131
(800) 954-4558
Digital Contact Information:
hassan.nazir@trumediq.com

and
7481 Southwest 40th Street
Miami, FL 33155
(786) 536-9143
Digital Contact Information:
hassan.nazir@trumediq.com

and
12255 Southwest 132nd Court
Miami, FL 33186
(305) 964-5157
Digital Contact Information:
hassan.nazir@trumediq.com

and
12700 Southwest 128th Street
STE 108
Miami, FL 33186
(786) 830-0212
Digital Contact Information:
hassan.nazir@trumediq.com

and
13335 Southwest 124th Street
STE 211
Miami, FL 33186
(786) 551-8253
Digital Contact Information:
hassan.nazir@trumediq.com

Iriarte, Rebecca M, MS, BCBA ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(305) 273-3773
Digital Contact Information:
http://www.behavior-analysis.org
aillobre@behavior-analysis.org
Other Languages Spoken by Provider or Office Staff Spanish

Israel-Gaines, Lindsay A, MD ■
4601 Ponce De Leon Blvd
Ste 100
Coral Gables, FL 33146
(855) 940-4867
Digital Contact Information:
joppenheimer@successtms.com

and
240 Crandon Boulevard
#250
Key Biscayne, FL 33149
(844) 842-8449
Digital Contact Information:
joppenheimer@successtms.com

and
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
joppenheimer@successtms.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
joppenheimer@successtms.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
joppenheimer@successtms.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
joppenheimer@successtms.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
joppenheimer@successtms.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
joppenheimer@successtms.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(305) 395-5978
Digital Contact Information:
joppenheimer@successtms.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
joppenheimer@successtms.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
joppenheimer@successtms.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
joppenheimer@successtms.com
Other Languages Spoken by Provider or Office Staff English

Izekor, Abiola O, MSN, APRNCNP, NP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

Jackson, Clarissa, MA, BCBA ■
FL
(909) 255-0195
Digital Contact Information:
http://bxhub.org
admin@bxhub.org

Jean Mary, Jean Rony, MD ■
3500 NW 17th Ave
Miami, FL 33142
(305) 633-6777
Digital Contact Information:
jmrmedicalservicesinc@gmail.com
Other Languages Spoken by Provider or Office Staff Creole

Jeniffer, Escalona Cervantes, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
admissions@abaalliancecareservices.com

Jimenez Herrera, Alex, MPSY, BCBA ■
12985 Southwest 130th Court
209 209
Miami, FL 33186
(786) 363-0171
Digital Contact Information:
contact@bmbafl.com

and
16931 Southwest 152nd Avenue
Miami, FL 33187
(786) 262-9997
Digital Contact Information:
contact@bmbafl.com
Other Languages Spoken by Provider or Office Staff Spanish

Jimenez Jorge, Marisleydi, MA, BCBA ■
1022 East 8th Avenue
Hialeah, FL 33010
(786) 615-7829
Digital Contact Information:
ddrehabbeacon@gmail.com

and
3412 West 84th Street
e106
Hialeah, FL 33018
(305) 827-7344
Digital Contact Information:
ddrehabbeacon@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Jimenez, Liana, MED, BCBA ■
9710 East Indigo Street
Suite 201
Palmetto Bay, FL 33157
(786) 277-6210
Digital Contact Information:
admin@twoheartsaba.com

Johnson, Dione N, PHD, LP ■
FL
(800) 567-5433
Digital Contact Information:
https://totallife.com/
help@prosprhealth.io
Other Languages Spoken by Provider or Office Staff English

Jonas, Alfred, MD ■
8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-2822
Digital Contact Information:
http://www.mgmbehavioral.com
bhcofl@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Keltgen, Joan, MED, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Ko, Soo, MS, BCBA ■
777 Brickell Ave
Ste 500
Miami, FL 33131
(305) 330-4660
Digital Contact Information:
ajlba@mbhpays.com

and
2520 Coral Way
2 19
Miami, FL 33145
(855) 832-6727
Digital Contact Information:
ajlba@mbhpays.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Lago, Mercedes M, MMH, LMHC ■
4800 West Flagler Street
215
Coral Gables, FL 33134
(954) 368-4786
Digital Contact Information:
mercedeslago7@gmail.com

and
4689 Ponce de Leon Boulevard
Suite 200
Coral Gables, FL 33146
(786) 803-8025
Digital Contact Information:
mercedeslago7@gmail.com

and
1840 West 49th Street
606 606
Hialeah, FL 33012
(305) 846-9727
Digital Contact Information:
mercedeslago7@gmail.com

and
17670 Northwest 78th Avenue
STE 113
Hialeah, FL 33015
(716) 558-4565
Digital Contact Information:
mercedeslago7@gmail.com

and
9827 Southwest 40th Street
Miami, FL 33165
(786) 762-2922
Digital Contact Information:
mercedeslago7@gmail.com

and
6955 Northwest 77th Avenue
407
Miami, FL 33166
(786) 615-2306
Digital Contact Information:
mercedeslago7@gmail.com

and
14722 Southwest 56th Street
Miami, FL 33185
(305) 456-0572
Digital Contact Information:
mercedeslago7@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Lalinde, Kendra, MS, BCBA ■
8785 SW 165th Ave
Ste 103
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
info@behavioralfamilysolutions.com

Leal, Eduardo, MS, BCBA ■
1031 Ives Dairy Road
STE 240
Miami, FL 33179
(786) 306-5534
Digital Contact Information:
mortega@tlhproject.com
Other Languages Spoken by Provider or Office Staff Spanish

Lebron Ginorio, Michelle, MD ■
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
rehabcenterag@gmail.com

and
10300 Southwest 72nd Street
300
Miami, FL 33173
(786) 418-9730
Digital Contact Information:

http://www.happydreamsofkids.com
rehabcenterag@gmail.com

and
12150 Southwest 128th Court
Suite 233
Miami, FL 33186
(786) 238-7666
Digital Contact Information:
rehabcenterag@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Leon Infante, Yadely, PSYD, BCBA, LMHC, LP ■
12060 Southwest 129th Court
104
Miami, FL 33186
(786) 615-3349
Digital Contact Information:
yadelyleoninfante@gmail.com

and
12060 Southwest 129th Court
201
Miami, FL 33186
(786) 615-3349
Digital Contact Information:
yadelyleoninfante@gmail.com

Lewis, Tyrone, CAP, LMHC, MSW ■
10689 N Kendall Dr
Ste 306
Miami, FL 33176
(305) 558-7400
Digital Contact Information:
Not Available

and
10689 N Kendall Dr
Ste 314
Miami, FL 33176
(305) 558-7400
Digital Contact Information:
Not Available

Leyva, Renan, PHD, BCBA ■
7801 Northwest 37th Street
Lp-201
Doral, FL 33195
(305) 468-9899
Digital Contact Information:
vivianaicare@gmail.com

and
13301 Southwest 132nd Avenue
112 112
Miami, FL 33186
(305) 640-8342
Digital Contact Information:
https://yamtherapyservices.com
vivianaicare@gmail.com

and
6405 Northwest 36th Street
Virginia Gardens, FL 33166
(786) 238-2008
Digital Contact Information:
vivianaicare@gmail.com

and
6405 Northwest 36th Street
#123
Virginia Gardens, FL 33166
(786) 872-4325
Digital Contact Information:
vivianaicare@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Liu, Xing, LCSW, MSW ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
info@riviamind.com

Llama Figueredo, Leticia, MPSY, BCBA ■
Home Based Services Only
Miami Lakes, FL 33016
(561) 764-7093
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Llanes Torna, Ana Sarai, MS, BCBA ■
8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-2822
Digital Contact Information:
http://www.mgmbehavioral.com
accuratebehaviorsolutions@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 964-7695
Digital Contact Information:
accuratebehaviorsolutions@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Long, Thelma, MA, LMHC ■
909 North Miami Beach Boulevard
STE 301
North Miami Beach, FL 33162
(305) 822-7202
Digital Contact Information:
http://www.appliedbehavior.net
insurance@appliedbehavior.net

Lopez, Diana, MA, BCBA ■
Home Based Services Only
Hialeah, FL 33012
(305) 570-0775
Digital Contact Information:
credentialing@creativekidstherapyinc.com

and
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
credentialing@creativekidstherapyinc.com

Lopez, Elaine, MSW, LCSW ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
risingtidetherapyllc@gmail.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
risingtidetherapyllc@gmail.com

and
13195 Southwest 134th Street
101
Miami, FL 33186
(786) 227-6830
Digital Contact Information:
http://esperanzagroup.net
risingtidetherapyllc@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Lopez, Elda M, MD ■
10661 North Kendall Drive
227
Miami, FL 33176
(305) 598-8000
Digital Contact Information:
docemlopez@gmail.com

and
FL
(305) 598-8000
Digital Contact Information:
docemlopez@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Hilda M, PSYD, LP ■
15924 SW 92nd Ave
Miami, FL 33157
(786) 636-1303
(305) 964-5824
Digital Contact Information:
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Lopez Medrano, Ana M, MS, LMHC, LPC ■
3408 W 84th St
Ste 305
Hialeah, FL 33018
(786) 663-3983
Digital Contact Information:
https://mentalia.us
care@thepeacefulmindfactory.com

and
FL
(786) 663-3983
Digital Contact Information:
https://mentalia.us
care@thepeacefulmindfactory.com

and
13590 Southwest 134th Avenue
210
Miami, FL 33186
(786) 663-3983
Digital Contact Information:
care@thepeacefulmindfactory.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Oxanna, BS, BCABA ■
3750 Northeast 169th Street
Apartment 306
North Miami Beach, FL 33160
(786) 873-0298
Digital Contact Information:
jcabrera@mymbcinc.com

Lopez, Yaneris, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(305) 735-3555
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Luisa, Michelle, MA, BCBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
https://tillytherapy.com/credentialing@csd.me

Machado, Yadira, MA, BCBA ■
Home Based Services Only
Hialeah, FL 33013
(786) 592-6680
Digital Contact Information:
info@kidsbehavioral.com

Machado-Gonzalez, Yanivis, PHD, BCBA, LMHC ■
11925 Southwest 72nd Street
Miami, FL 33183
(305) 562-4683
Digital Contact Information:
yanivisgonzalez@gmail.com

and
12240 Southwest 128th Court
110
Miami, FL 33186
(305) 562-4683
Digital Contact Information:
yanivisgonzalez@gmail.com

Majeski, Metal, MSED, BCBA ■
1380 Northeast Miami Gardens Drive
Suite 255
Miami, FL 33179
(954) 651-2969
Digital Contact Information:
info@appliedabc.com
Other Languages Spoken by Provider or Office Staff English

Manfredi, Andrea, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(954) 399-5700
Digital Contact Information:
tbraecklein@aitkids.com

and
995 Northwest 119th Street
681858
North Miami, FL 33168
(954) 399-5700
Digital Contact Information:
http://www.bmcmiami.com
tbraecklein@aitkids.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Manrique, Alisandra, MA, BCBA ■
8300 Northwest 53rd Street
Suite 102
Doral, FL 33166
(786) 769-5222
Digital Contact Information:
genesisconsultingservices39@gmail.com

Marin, Cecilia M, PSYD, LP ■
340 Minorca Avenue
3
Coral Gables, FL 33134
(305) 764-2333
Digital Contact Information:
cmmarinpsyd@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Marmol Ocana, Leon, MD, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
tcmfl2018@gmail.com

and
5881 Northwest 151st Street
127
Miami Lakes, FL 330142450
(786) 321-1400
Digital Contact Information:
http://sweetchildbehavior.com
tcmfl2018@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martin, Noemi, MBS, BCBA ■
11980 Southwest 144th Court
Suite #210
Miami, FL 33186
(786) 429-3738
Digital Contact Information:
behaviorconsultantfl@gmail.com

and
12360 Southwest 132nd Court
STE 205
Miami, FL 33186
(786) 429-3738
Digital Contact Information:
behaviorconsultantfl@gmail.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
behaviorconsultantfl@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Martin, Yaisel, MA, BCBA ■
13301 Southwest 132nd Avenue
201 201
Miami, FL 33186
(305) 509-5537
Digital Contact Information:
canibehaviormanagement@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Danny, MS, BCBA ■
3625 Northwest 82nd Avenue
101
Doral, FL 33166
(786) 401-6113
Digital Contact Information:
http://www.neuralinkhealth.com
earlyinterventionclinic1@gmail.com

and
1414 Northwest 107th Avenue
204
Doral, FL 33172
(305) 225-8711
Digital Contact Information:
earlyinterventionclinic1@gmail.com

and
1275 West 47th Place
#449
Hialeah, FL 33012
(305) 425-1338
Digital Contact Information:
earlyinterventionclinic1@gmail.com

and
10691 North Kendall Drive
207
Miami, FL 33176
(786) 401-6113
Digital Contact Information:
earlyinterventionclinic1@gmail.com

and
Home Based Services Only
Miami Gardens, FL 33014
(305) 640-5739
Digital Contact Information:
earlyinterventionclinic1@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Dayris, MS, BCBA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
dabs.credentialing@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
http://appliedbhs.com
dabs.credentialing@appliedbhs.com

Martinez, Elisa, MS, BCBA ■
633 North Krome Avenue
Suite 6
Homestead, FL 33030
(786) 525-9926
Digital Contact Information:
dabs.credentialing@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez Garcia, Barbara, MBS, BCBA ■
12150 Southwest 128th Court
118
Miami, FL 33186
(786) 319-8882
Digital Contact Information:
abaandbeyond20@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez Soto, Yaneisy, APRN ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
info@ffmhs.com

Marvin, Jennifer, MA, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
akfilson@aol.com

Mason, Kayla, MA, BCBA, LBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
info@appliedabc.com

Massop, Franklyn, MPSY, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 275-8860
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Matter, Ashley, PHD, BCBA-D ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
credentialing@kyotherapy.com

Mayoral Machado, Oden, MPSY, BCBA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
13200 Southwest 128th Street
Suite E2
Miami, FL 33186
(813) 252-0825
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mayoral, Odelys, MS, BCBA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
13200 Southwest 128th Street
Suite E2
Miami, FL 33186
(813) 252-0825
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

McGrady, Ursula, MS, BCBA ■
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
http://www.miamipersonalmanagement.com
mpmcmhc@miamipersonalmanagement.com

and
14707 South Dixie Highway
Suite 200
Miami, FL 33176
(305) 321-5177
Digital Contact Information:
mpmcmhc@miamipersonalmanagement.com
Other Languages Spoken by Provider or Office Staff
Spanish

McLean, Jodi-Ann, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 964-7927
Digital Contact Information:
maveninbehavior305@gmail.com

and
12150 Southwest 128th Court
Suite 224
Miami, FL 33186
(305) 964-7927
Digital Contact Information:
maveninbehavior305@gmail.com

and
7701 Southwest 62nd Avenue
STE 200
South Miami, FL 33143
(305) 586-2953
Digital Contact Information:
http://www.maveninbehavior.com
maveninbehavior305@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

McPhail, Cheryl L, MS, BCBA, LBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
info@appliedabc.com

and
12456 Southwest 127th Avenue
Miami, FL 33186
(786) 953-8500
Digital Contact Information:
info@appliedabc.com
Other Languages Spoken by Provider or Office Staff English

Medici, April, MSED, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
aprilmedici@yahoo.com

Medina, Maria E, MS, LMHC ■
5881 Northwest 151st Street
Suite: 103
Miami Lakes, FL 33014
(786) 703-4154
Digital Contact Information:
peaceofmindmhs@hotmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Medina Ramirez, Yuritza, DNP, APRN ■
FL
(786) 398-1326
Digital Contact Information:
admin@onestoppsych.com

and
261 Westward Drive
suite 108-109
Miami, FL 33166
(305) 200-5176
Digital Contact Information:
admin@onestoppsych.com

and
13195 Southwest 134th Street
101
Miami, FL 33186
(786) 227-6830
Digital Contact Information:
http://esperanzagroup.net
admin@onestoppsych.com

and
15660 Southwest 72nd Street
Miami, FL 33193
(786) 697-1150
Digital Contact Information:
admin@onestoppsych.com
Other Languages Spoken by Provider or Office Staff
Spanish

Melegi, Soraya F, MSW, LCSW ■
1550 Madruga Ave
Ste 509
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
sorayamelegi7@gmail.com

and
4649 Ponce de Leon
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
sorayamelegi7@gmail.com

and
8900 Southwest 192nd Drive
Cutler Bay, FL 33157
(786) 536-9714
Digital Contact Information:
sorayamelegi7@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mendez Luaces, Luis E, DNP, APRN ■
330 Southwest 27th Avenue
#701
Miami, FL 33135
(305) 363-1880
Digital Contact Information:
http://empowerpsychiatry.net
info@empowerpsychiatry.med
Other Languages Spoken by Provider or Office Staff
Spanish

Mendez, Melonie, EDS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 275-8860
Digital Contact Information:
http://www.abctestingservices.com
frontdesk@abctestingservices.com

Mendez Tamayo, Cynthia M, MS, LMFT ■
7100 SW 99th Ave
Ste 203
Miami, FL 33173
(305) 720-4774
Digital Contact Information:
cynmendez8@gmail.com

and
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
cynmendez8@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mengana, Lazaro W, MA, BCBA ■
8900 Southwest 107th Avenue
201
Miami, FL 33176
(786) 401-6152
Digital Contact Information:
admin@wmbehavior.com

Mesa, Dayani, MN, APRN ■
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
https://www.chgpsychiatry.com/
chgpsychiatry@gmail.com

Mikhaylova, Tatiana, MSED, BCBA ■
3530 Mystic Pointe Drive
608 608
Aventura, FL 33180
(786) 540-0458
Digital Contact Information:
tatiana@mistherapy.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(929) 617-6362
Digital Contact Information:
tatiana@mistherapy.com

Mills, Krystel, MS, BCBA ■
14707 South Dixie Highway
Suite 200
Miami, FL 33176
(786) 592-1574
Digital Contact Information:
http://www.familybehaviortherapy.com
administration@familybehaviortherapy.com

and
12985 Southwest 130th Court
204 204
Miami, FL 33186
(305) 735-3878
Digital Contact Information:
administration@familybehaviortherapy.com

and
FL
(305) 735-3878
Digital Contact Information:
administration@familybehaviortherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Miranda Loyola, Patricia, MSED, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
insuranceoperations@360bhmail.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
insuranceoperations@360bhmail.com

and
1951 NW 7th Ave
Ste 600
Miami, FL 33136
(929) 384-7193
Digital Contact Information:
insuranceoperations@360bhmail.com

Moas, Ayellet, MSED, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(440) 320-6543
Digital Contact Information:
goldencarega@mbhpays.com

Molina, Marino, MD ■
625 E 49th St
Hialeah, FL 33013
(305) 681-7789
Digital Contact Information:
marinomolina1@gmail.com

and
625 E 49th St
Fl 2
Hialeah, FL 33013
(305) 681-7770
Digital Contact Information:
marinomolina1@gmail.com

and
160 Northwest 176th Street
344
Miami Gardens, FL 33169

(305) 816-6300
Digital Contact Information:
http://www.ibhflorida.com
marinomolina1@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Monahan, Shannon, BA, BCBA, LBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
info@interventionsunlimited.com
Other Languages Spoken by Provider or Office Staff English

Mondragon, Michelle, MS, BCBA ■
1380 Northeast Miami Gardens Drive
Suite 255
Miami, FL 33179
(954) 651-2969
Digital Contact Information:
info@mysunshinetherapy.com

Monette Roulhac, Kareta, MS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 275-8860
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Montanez, Ruben, MSN, NP ■
8846 Southwest 6th Street
Miami, FL 33144
(746) 486-8000
Digital Contact Information:
blueskymhaccess@gmail.com

Montoya, Karla, MPSY, BCBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
info@irockbehavior.com

and
12456 Southwest 127th Avenue
Miami, FL 33186
(786) 953-8500
Digital Contact Information:
info@irockbehavior.com
Other Languages Spoken by Provider or Office Staff
Spanish

Monzon, Grethel C, MBS, BCABA ■
10482 Northwest 31st Terrace
STE 2A
Doral, FL 33172
(786) 765-7550
Digital Contact Information:
info@newlifeaba.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mora, Joseph J, PHD, LP ■
10621 North Kendall Drive
Suite #203
Miami, FL 33176
(305) 456-6976
Digital Contact Information:
davalos.credentialing@novitams.com

Morales, Edelis, MSN, APRN ■
7951 Southwest 40th Street
suite 200-a
Miami, FL 33155
(786) 244-9911
Digital Contact Information:
lfortun@keraltybh.com

and
FL
(786) 244-9911
Digital Contact Information:
lfortun@keraltybh.com
Other Languages Spoken by Provider or Office Staff
German, Spanish

Morales, Marta D, MS, BCABA ■
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
mpmcmhc@miamipersonalmanagement.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
mpmcmhc@miamipersonalmanagement.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
mpmcmhc@miamipersonalmanagement.com

Moreda-Mendez, Yanet, MSN, APRN ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
http://www.dgphealthandwellness.com
info@kaaficounseling.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
info@kaaficounseling.com
Other Languages Spoken by Provider or Office Staff
Spanish

Morgan, Christina R, PSYD, LP ■
15715 S Dixie Hwy
Ste 222
Miami, FL 33157
(786) 469-8973
Digital Contact Information:
drcmorgan@instituteofwellnessandlearning.com

and
FL
(210) 617-3443
Digital Contact Information:
http://www.adgcares.com
drcmorgan@instituteofwellnessandlearning.com

Morina Garcia, Lilianne, MA, BCBA ■
11925 Southwest 72nd Street
Miami, FL 33183
(305) 562-4683
Digital Contact Information:
providerenrollment@acornhealth.com

Moriyon, Milko, MN, APRN ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
yavila@avilahealthgroup.com

and
664 East 25th Street
102
Hialeah, FL 33013
(786) 409-5361
Digital Contact Information:
yavila@avilahealthgroup.com

Mueller-Schrader, Karla A, PHD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
help@prosperhealth.io

Muggli, Tina M, MA, LMFT ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
arscredentialing@advancedrecoverysystems.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Muldrow, Edward J, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
emuldrow3@aol.com

Mundt, Eric T, MA, LMFT ■
1175 Northeast 125th Street
320
Miami, FL 33161
(954) 372-0423
Digital Contact Information:
http://www.marriagefamilyservices.com
fodiving@comcast.net

Muniz Garcia, Gretta E, MS, BCBA ■
FL
(786) 257-8485
Digital Contact Information:
http://www.gabehaviortherapy.com
admissions@abaalliancecareservices.com

and
7500 Northwest 25th Street
Suite 254
Miami, FL 33122
(786) 391-8613
Digital Contact Information:
admissions@abaalliancecareservices.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 254-1033
Digital Contact Information:
admissions@abaalliancecareservices.com

and
14081 Southwest 168th Lane
Miami, FL 33177
(786) 254-1033
Digital Contact Information:
admissions@abaalliancecareservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Nash, Donald P, PSYD, LP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
credentialing@caravelautism.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@caravelautism.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@caravelautism.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
credentialing@caravelautism.com

Nasserzare, Jahanbakhsh, MD ■
1380 Northeast Miami Gardens Drive
Suite 140
Miami, FL 33179
(305) 940-0064
Digital Contact Information:
jnasserzaremd@gmail.com
Other Languages Spoken by Provider or Office Staff
German, Farsi

Nevius, Lauren A, MS, BCBA, LBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
lauren.dempsey95@yahoo.com

Novak, Oliver D, MS, BCBA ■
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
onovak@buildablocktherapy.com

Novales, Rosabel, MS, LMHC ■
2500 Northwest 79th Avenue
Suite 211
Doral, FL 33122
(786) 675-8650
Digital Contact Information:
ymbehavioralhealth@gmail.com

and
Home Based Services Only
Doral, FL 33122
(786) 675-8650
Digital Contact Information:
ymbehavioralhealth@gmail.com

and
782 Northwest 42nd Avenue
Suite 4
Miami, FL 33126
(786) 337-0885
Digital Contact Information:
ymbehavioralhealth@gmail.com

and
Home Based Services Only
Miami Lakes, FL 33016
(786) 622-5743
Digital Contact Information:
ymbehavioralhealth@gmail.com

Novoa, Dafne, EDM, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 536-7470
Digital Contact Information:
info@bmmaba.com

and
7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
info@bmmaba.com

Odio, Natalie, MA, BCBA, LABA ■
10200 Northwest 25th Street
211
Doral, FL 33172
(786) 269-3502
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Portuguese, Haitian Creole, Japanese, Spanish

Odum, Lesli S, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
leslie.odum@gmail.com

Oliva-Garcia, Isbell, MS, ABA, LMHC ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
FL

(305) 303-6631
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Orellana, Katherine, MBS, BCBA ■
7779 Northwest 146th Street
Hialeah, FL 33016
(786) 702-6868
Digital Contact Information:
dayami@childrenbehavioraltherapy.com

Ortega, Laura R, MS, LMFT ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
contact@elevatepsychiatry.com

and
1711 W 38th Pl
Ste 1207
Hialeah, FL 33012
(786) 592-0940
Digital Contact Information:
contact@elevatepsychiatry.com

and
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
contact@elevatepsychiatry.com

and
16201 SW 95th Ave
Ste 101
Miami, FL 33157
(786) 592-0940
Digital Contact Information:
contact@elevatepsychiatry.com

Orue, Isis, CD, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Padilla, Americo F, MD ■
3100 SW 62nd Ave
Miami, FL 33155
(305) 666-6511
Digital Contact Information:
americo.padilla@nicklaushealth.org

and
3100 SW 62nd Ave
Fl 2
Miami, FL 33155
(786) 624-5747
Digital Contact Information:
americo.padilla@nicklaushealth.org

and
8955 SW 87th Ct
Ste 112
Miami, FL 33176
(305) 722-7210
Digital Contact Information:
americo.padilla@nicklaushealth.org
Other Languages Spoken by Provider or Office Staff
Spanish

Padron, Felix O, PSYD, LMHC ■
Catalonia Avenue
Coral Gables, FL 33134
(305) 448-6000
Digital Contact Information:
doctorpadron@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Padron, Solangel, PSYD, BCBA ■
3025 Northwest 11th Street
Miami, FL 33125
(786) 715-3175
Digital Contact Information:
http://brightsidebehavioralcenter.com
padronsolangel@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 715-3175
Digital Contact Information:
padronsolangel@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pakiela, Adam, MA, BCBA ■
9600 Northwest 25th Street
STE 5E
Miami, FL 33172
(888) 527-8037
Digital Contact Information:
outreach@appliedabc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Palanas, Stephanie, MA, LBA ■
1380 Northeast Miami Gardens Drive
Suite 255
Miami, FL 33179
(954) 651-2969
Digital Contact Information:
wvigo@aokservices.org
Other Languages Spoken by Provider or Office Staff
Cebuano, Tagalog, Russian, Spanish

Palenque, Yoni R, MSN, APRN ■
2000 Northwest 87th Avenue
Suite 201
Doral, FL 33172
(954) 561-6222
Digital Contact Information:
info@ventremedical.com

and
5901 Southwest 74th Street
408
Miami, FL 33143
(305) 735-3555
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Palermo, Brittany, MSN, APNP, APRN, APRNCNP, CRNP, NP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
brittany.palermo@chenaltherapy.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com
Other Languages Spoken by Provider or Office Staff English

Palma, Desiree P, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

and
13195 Southwest 134th Street
Suite 106
Miami, FL 33186
(786) 250-3220
Digital Contact Information:
http://behavioralfamilysolutions.com
credentialing@behavioralfamilysolutions.com

and
13501 Southwest 136th Street
STE 205
Miami, FL 33186
(305) 209-4321
Digital Contact Information:
http://sunshinespectrumaba.com
credentialing@behavioralfamilysolutions.com

Pamphile, Stacy, MS, BCBA ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(954) 577-7790
Digital Contact Information:
http://www.behavior-analysis.org
billing@thehelmaba.com

Paneca, Yordany, MS, BCBA ■
1916 Northwest 84th Avenue
Doral, FL 33126
(305) 433-5489
Digital Contact Information:
http://a1ahealth.com
team@a1ahealth.com

and
Home Based Services Only
Doral, FL 33126
(305) 433-5489
Digital Contact Information:
team@a1ahealth.com

and
15715 South Dixie Highway
330
Miami, FL 33157
(786) 732-0842
Digital Contact Information:
team@a1ahealth.com

Paris, Emilia, MC, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Payne, Kurt, CD, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Pekier, Tehila, MA, BCBA, LBA ■
1000 Brickell Avenue
Miami, FL 33131
(347) 893-1266
Digital Contact Information:
info@appliedabc.com

Pena, Adara, MS, BCBA ■
30350 SW 156th Ave
Homestead, FL 33033
(786) 283-0175
Digital Contact Information:
jcabrera@mymbcinc.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
jcabrera@mymbcinc.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
jcabrera@mymbcinc.com

Pena, Giliana G, MSSW, LCSW ■
8300 West Flagler Street
170
Miami, FL 33144
(786) 633-5171
Digital Contact Information:
olympushcs@gmail.com

and
14400 Northwest 77th Court
#100
Miami Lakes, FL 33016
(786) 916-6073
Digital Contact Information:
olympushcs@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Penate Juviel, Melvys, MPSY, BCBA ■
2100 West 76th Street
407
Hialeah, FL 33016
(305) 804-3478
Digital Contact Information:
abacenter2022@gmail.com

Perdomo, Marlen, MS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Perdomo Morente, Liliana, MS, BCBA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(239) 431-2629
Digital Contact Information:
info@newlifeaba.com

and
8203 Southwest 124th Street
Pinecrest, FL 33156
(561) 564-1466
Digital Contact Information:
info@newlifeaba.com

and
Home Based Services Only
West Miami, FL 33144
(786) 404-1017
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Claudia, MMH, BCBA ■
Home Based Services Only
Miami, FL 33155
(786) 262-5559
Digital Contact Information:
namastebehaviortherapy@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Perez Gonzalez, Madeleyvi F, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 224-1645
Digital Contact Information:

info@btserviceslittlegiants.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Lizbeth, MN, APRN ■
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
https://www.chgpsychiatry.com/
chgpsychiatry@gmail.com

Perez, Marlene, MS, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Melanie, MS, BCBA ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
admin@universalcommunityservices.com

and
13195 Southwest 134th Street
101
Miami, FL 33186
(786) 227-6830
Digital Contact Information:
http://esperanzagroup.net
admin@universalcommunityservices.com

Perez, Milena J, MBS, LMHC ■
782 Northwest 42nd Avenue
suite 329
Miami, FL 33126
(305) 766-3159
Digital Contact Information:
mjpatherapy@gmail.com

and
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
mjpatherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Perez Verdecia, Frank, PSYD, LP ■
2020 Ponce de Leon
Suite 1201
Miami, FL 33134
(305) 917-5414
Digital Contact Information:
perezverdecia@psychologybeyond.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Yanitza, MS, BCBA ■
1250 Southwest 27th Avenue
207
Miami, FL 33135
(305) 220-6060
Digital Contact Information:
cabehavior@gmail.com

and
11890 Southwest 8th Street
STE 309
Miami, FL 331841710
(305) 220-6060
Digital Contact Information:
http://www.blueangelcare.net
cabehavior@gmail.com

Perez-Delgado, Julio C, MBS, BCBA, LMHC ■
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(786) 592-2323
Digital Contact Information:
contact@emphourinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pinero, Heydi, MA, BCBA ■
10200 Northwest 25th Street
STE 204
Doral, FL 33172
(305) 406-3689
Digital Contact Information:
http://www.foundartacademy.org
nfo@foundartacademy.org

and
1022 East 8th Avenue
Hialeah, FL 33010
(786) 615-7829
Digital Contact Information:
nfo@foundartacademy.org

and
3412 West 84th Street
e106
Hialeah, FL 33018
(305) 827-7344
Digital Contact Information:
nfo@foundartacademy.org

and
8950 SW 74th Ct
Ste 2201
Miami, FL 33156
(800) 368-2143
Digital Contact Information:
nfo@foundartacademy.org
Other Languages Spoken by Provider or Office Staff
Spanish

Pino, Fernando, MD ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
fpinomd@gmail.com

and
7700 Southwest 88th Street
503
Miami, FL 33156
(305) 595-1949
Digital Contact Information:
fpinomd@gmail.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
fpinomd@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pino Paez, Marielys, MC, LMHC ■
1665 West 68th Street
208
Hialeah, FL 33014
(305) 519-2546
Digital Contact Information:
childrensbehavioralint@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pizarro Lopez, Amy, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 365-2155
Digital Contact Information:
info@miabehavior.com

and
12973 Southwest 112th Street
151
Miami, FL 33186
(305) 204-7037
Digital Contact Information:
info@miabehavior.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Plasencia, Belkis, MSN, APRN ■
7921 Bird Rd
Ste 41
Miami, FL 33155
(305) 425-1393
Digital Contact Information:
ynhcsaba@gmail.com

and
7971 Bird Road
39
Miami, FL 33155
(786) 910-7179
Digital Contact Information:
ynhcsaba@gmail.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
ynhcsaba@gmail.com

and
7001 SW 97th Ave
Ste 206
Miami, FL 33173
(786) 294-0123
Digital Contact Information:
https://www.chgpsychiatry.com/
ynhcsaba@gmail.com

and
9425 Southwest 72nd Street
Suite 251
Miami, FL 33173
(305) 305-6573
Digital Contact Information:
ynhcsaba@gmail.com

and
13706 Southwest 56th Street
STE 105-106
Miami, FL 331756036
(786) 523-4289
Digital Contact Information:
ynhcsaba@gmail.com

and
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
ynhcsaba@gmail.com

and
13335 Southwest 124th Street
STE 101
Miami, FL 33186
(786) 842-3635
Digital Contact Information:
ynhcsaba@gmail.com

and
13501 Southwest 128th Street
STE 114
Miami, FL 33186
(786) 250-3440
Digital Contact Information:
ynhcsaba@gmail.com

and
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
ynhcsaba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pokallus, Kristin, MS, BCBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
credentialing@songbirdcare.com

Ponce, Jessica M, MC, LMHC ■
2601 SW 37th Ave
Ste 904
Miami, FL 33133
(800) 457-4573
Digital Contact Information:
http://www.hupcfl.com
info@hupcfl.com

Portillo, Cimelitza, MMH, LMHC ■
9425 SW 72nd St
Ste 265
Miami, FL 33173
(305) 279-8400
Digital Contact Information:
safeharbormha@att.net

Pose, Ashley, MA, BCBA ■
6405 Northwest 36th Street
Virginia Gardens, FL 33166
(786) 953-8500
Digital Contact Information:
credentialing@kidsspotrehab.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Pou Lago, Maria C, LMHC ■
1840 West 49th Street
Suite 723
Hialeah, FL 33012
(786) 333-4275
Digital Contact Information:
http://helpinghandstc.com

and
2300 West 84th Street
STE 104
Hialeah, FL 33016
(305) 903-3168
Digital Contact Information:
Not Available

and
15600 Southwest 288th Street
Suite 407
Homestead, FL 33033
(786) 601-7682
Digital Contact Information:
Not Available

and
FL
(786) 601-7682
Digital Contact Information:
Not Available

and
789 Northwest 27th Avenue
Miami, FL 33125
(772) 241-9222
Digital Contact Information:
Not Available

and
1495 NW 54th St
Miami, FL 33142
(305) 205-4328
Digital Contact Information:
Not Available

Quinones, Gabriela, MPSY, BCBA ■
Home Based Services Only
Doral, FL 33122
(305) 394-8251
Digital Contact Information:
info@bmmaba.com

and
7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
info@bmmaba.com

Quinonez Meza, Javier, MSN, APRN ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Radulich, Mark, MSW, LCSW ■
FL
(305) 902-6347
(202) 410-5972
Digital Contact Information:
help@joinuplift.co

Ramirez Capestany, Yinet, MS, BCBA ■
30350 SW 156th Ave
Homestead, FL 33033
(561) 283-7181
Digital Contact Information:
freddie.maxwell@amromed.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
freddie.maxwell@amromed.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
freddie.maxwell@amromed.com

and

27132 South Dixie Highway
Naranja, FL 33032
(786) 481-9833
Digital Contact Information:
freddie.maxwell@amromed.com

Ramon Del Risco, Andres, MBS, BCBA ■
730 Northwest 107th Avenue
110
Miami, FL 33172
(305) 249-1183
Digital Contact Information:
palmbehavioral2@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ramos, Catherine, MS, BCBA ■
8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-2822
Digital Contact Information:
albaladejoabatherapy@gmail.com

and
13301 Southwest 132nd Avenue
209 209
Miami, FL 33186
(786) 713-5553
Digital Contact Information:
albaladejoabatherapy@gmail.com

Ramos, Melanie, MS, BCBA ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
yavila@avilahealthgroup.com

and
64 Northwest 54th Street
103
Miami, FL 33127
(305) 767-1924
Digital Contact Information:
http://www.autismspecialtygroup.com
yavila@avilahealthgroup.com

Ramsey, Kathleen, PHD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
hello@emorahealth.com

Reisdorf, Sonia, DNP, APN, ARNP ■
2820 Northeast 214th Street
Ste 801
Aventura, FL 33180
(256) 500-8688
Digital Contact Information:
sreisdorf1@gmail.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
sreisdorf1@gmail.com

Remedioz Gonzalez, Yuri, MSN, APRN ■
5040 Northwest 7th Street
610
Miami, FL 33126
(786) 505-9442
Digital Contact Information:
http://www.gpsycare.com
officeadmin@gpsycare.com

and
8700 West Flagler Street
150
Miami, FL 33174
(305) 479-2584
Digital Contact Information:
http://megamedicalcenter.com
officeadmin@gpsycare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Reynoso, Sharon R, MS, BCBA ■
9240 Southwest 158th Lane
18th
Palmetto Bay, FL 33157
(305) 788-2849
Digital Contact Information:
http://eibscorp.com
sharonreynoso22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ricketts, Charlene A, MSN, APRN ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
credentialing@compass.md

and
FL
(305) 279-5535
(954) 771-7743
(888) 852-6672
(561) 752-9490
Digital Contact Information:
http://www.compasshealthsystems.com
credentialing@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(888) 852-6672
Digital Contact Information:
http://www.compasshealthsystems.com
credentialing@compass.md

Rincon, Erika, MS, BCBA ■
8200 Northwest 41st Street
269
Doral, FL 33166
(305) 763-4196
Digital Contact Information:
jcabrera@mymbcinc.com

and
2450 Southwest 137th Avenue
232
Miami, FL 33175
(786) 360-6496
Digital Contact Information:
jcabrera@mymbcinc.com

Rios, Rosa, MSW, LCSW ■
FL
(305) 804-9121
Digital Contact Information:
http://www.sfacounseling.org
info@sfacounseling.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rivas, Daniel A, MA, BCBA ■
13810 Southwest 112th Street
103 103
Miami, FL 33186
(716) 969-3653
Digital Contact Information:
daniel@dartherapyaba.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rivero, Saimary, MS, BCBA ■
8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-2822
Digital Contact Information:
http://www.mgmbehavioral.com
sairivero@mgmbehavioral.com
Other Languages Spoken by Provider or Office Staff
Spanish

Robaina, Niubis, MPSY, LMHC ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
yavila@avilahealthgroup.com

Robinson, Ashley, MS, LCPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
hello@emorahealth.com

Rodriguez, Camila, MS, BCBA ■
7801 Northwest 37th Street
Lp-201
Doral, FL 33195
(305) 468-9899
Digital Contact Information:
vivianaicare@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Creole, Spanish

Rodriguez, Danitza, MA, BCBA ■
10691 North Kendall Drive
207
Miami, FL 33176
(786) 401-6113
Digital Contact Information:
enrollpriv@bikhamhealthcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, David, MS, BCBA ■
Home Based Services Only
Miami, FL 33155
(786) 755-2615
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
5600 SW 135th Ave
Ste 112
Miami, FL 33183
(305) 746-4507
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Diaz, Geyma, MBS, BCBA ■
13301 Southwest 132nd Avenue
201 201
Miami, FL 33186
(305) 509-5537
Digital Contact Information:
info@newlifeaba.com

and
27132 South Dixie Highway
Naranja, FL 33032
(786) 283-0175
Digital Contact Information:
info@newlifeaba.com

Rodriguez Domingo, Adlih, BA, BCABA ■
585 East 49th Street
11
Hialeah, FL 33013
(305) 970-9165
Digital Contact Information:
admin@mbinstitute.org
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Erika, MA, BCBA ■
12456 Southwest 127th Avenue
Miami, FL 33186
(786) 953-8500
Digital Contact Information:
http://kidsspotrehab.com
ajlba@mbhpays.com

Rodriguez, Gabriel L, MS, BCBA, LMHC ■
7875 Northwest 12th Street
120
Doral, FL 33126
(786) 505-4449
Digital Contact Information:
http://southfloridabehavior.com
info@southfloridabehavior.com

and
7875 Northwest 12th Street
118
Miami, FL 33126
(786) 505-4449
Digital Contact Information:
http://southfloridabehavior.com
info@southfloridabehavior.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
info@southfloridabehavior.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rodriguez Harrison, Yirina, MS, BCBA ■
9010 Southwest 137th Avenue
213
Miami, FL 33186
(305) 305-0279
Digital Contact Information:
jcabrera@mymbcinc.com

and
9344 Southwest 170th Lane
Palmetto Bay, FL 33157
(305) 710-0029
Digital Contact Information:
jcabrera@mymbcinc.com

Rodriguez, Jan, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
admin@lifehealthsystem.org
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Karla, BA, BCBA ■
30392 Old Dixie Highway
Homestead, FL 33030
(786) 481-9833
Digital Contact Information:
freddie.maxwell@amromed.com

and
27132 South Dixie Highway
Naranja, FL 33032
(786) 481-9833
Digital Contact Information:
freddie.maxwell@amromed.com
Other Languages Spoken by Provider or Office Staff English

Rodriguez, Luann, MS, LMFT ■
18901 Southwest 106th Avenue
Suite #108
Miami, FL 33157
(786) 231-0910
Digital Contact Information:
luann.rodriguezlmft@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Manuel, MS, BCBA ■
11960 Southwest 184th Street
Miami, FL 33177
(786) 765-8232
Digital Contact Information:
sunshineabaservices@gmail.com

and
6405 Northwest 36th Street
Virginia Gardens, FL 33166
(786) 238-2008
Digital Contact Information:
sunshineabaservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Pablo R, MPSY, LMHC ■
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
http://novacommunityservice.com
info@novacshealth.com
Other Languages Spoken by Provider or Office Staff
German, Spanish

Rodriguez Ramos, Meilyn, PSYD, LP ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Reggy, BA, BCABA ■
585 East 49th Street
11
Hialeah, FL 33013
(305) 970-9165
Digital Contact Information:
admin@mbinstitute.org
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Rojas, Lupe, MS, LMHC ■

12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Royo, Yenia, MA, BCBA ■
8900 Southwest 107th Avenue
201
Miami, FL 33176
(786) 401-6152
Digital Contact Information:
admin@wmbehavior.com

Rodriguez, Sabrina A, MS, BCBA ■
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
services@cmnbtherapy.com

and
8660 West Flagler Street
STE 121
Miami, FL 33144
(305) 600-4774
Digital Contact Information:
services@cmnbtherapy.com

Rodriguez, Yusmary, MPSY, BCBA ■
1414 Northwest 107th Avenue
204
Doral, FL 33172
(305) 225-8711
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
1900 Southwest 22nd Street
#205
Miami, FL 33145
(305) 549-8665
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
20774 West Dixie Highway
b
Miami, FL 33180
(305) 549-8665
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rollman, Kristen, MA, LBA ■
340 SE 3rd St
Apt 3109
Miami, FL 33131
(914) 500-5532
Digital Contact Information:
Not Available

Roman, Dhanarys, MBS, BCBA ■
9245 Southwest 158th Lane
FL 3
Miami, FL 33157
(786) 587-5599
Digital Contact Information:
https://brightsuntherapy.com
brightsuntherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Roque, Alicia, MS, LMHC ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
newbeginnignbehavior@yahoo.com

and
7580 Northwest 186th Street
202 202
Hialeah, FL 33015
(786) 385-5347
Digital Contact Information:
newbeginnignbehavior@yahoo.com

and
5455 Southwest 8th Street
230
Miami, FL 33134
(786) 629-8836
Digital Contact Information:
newbeginnignbehavior@yahoo.com

and
11890 Southwest 8th Street
403
Miami, FL 33184
(786) 362-5981
Digital Contact Information:
newbeginnignbehavior@yahoo.com

Rosario, Tamara, MS, LMHC ■
11077 Biscayne Boulevard
410
Miami, FL 33161
(888) 494-0808
Digital Contact Information:
https://tamara-rosario.clientsecure.me
office@sbhss.net
Other Languages Spoken by Provider or Office Staff
Spanish

Rose, Yakima, MS, BCBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
yrose@vivoaba.com

Rugama Leiva, Amanda, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 766-3097
Digital Contact Information:
thrivebehaviortherapy@gmail.com

and
1400 Northwest 107th Avenue
306
Miami, FL 33172
(786) 817-7444
Digital Contact Information:
thrivebehaviortherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ruiz, Tatiana, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
info@ffmhs.com

Salama, Sarine, MS, LMHC ■
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
sarine@serenitycounselingsolutions.org
Other Languages Spoken by Provider or Office Staff
Spanish

Salgado, Yaima, CD, BCBA ■
1900 Southwest 22nd Street
#205
Miami, FL 33145
(305) 648-7212
Digital Contact Information:
stepstherapycenter@gmail.com

and
20774 West Dixie Highway
b
Miami, FL 33180
(305) 549-8665
Digital Contact Information:
stepstherapycenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Salvador, Nicole, MC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
fivestarlearningc@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

San Juan, Janella, MS, NP, PMHNP ■
FL
(305) 902-6347
Digital Contact Information:
sara.rydin@caduc.com
Other Languages Spoken by Provider or Office Staff English

San Juan, Yudelkys, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
office@smartbatherapy.com

and
5246 Southwest 8th Street
208d
Miami, FL 33134
(786) 366-1273
Digital Contact Information:
office@smartbatherapy.com

and
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
http://kidsspotrehab.com
office@smartbatherapy.com

and
175 Fontainebleau Boulevard
Miami, FL 33172
(786) 366-1273
Digital Contact Information:
office@smartbatherapy.com

and
Home Based Services Only
Miami Lakes, FL 33018
(786) 366-1273
Digital Contact Information:
office@smartbatherapy.com

and
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
office@smartbatherapy.com

and
306 Westward Dr
Miami Springs, FL 33166
(786) 588-7894
Digital Contact Information:
http://www.smartbatherapy.com
office@smartbatherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Santana Pedrero, Aleymi, MA, BCBA ■
2020 Ponce de Leon
Suite 1201
Miami, FL 33134
(305) 917-5414
Digital Contact Information:
http://healthofmind.net
mirta@psychologybeyond.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Santana, Zaira, EDM, BCBA ■
7875 Northwest 12th Street
120
Doral, FL 33126
(786) 505-4449
Digital Contact Information:
http://southfloridabehavior.com
mcastanos@southfloridabehavior.com

and
7875 Northwest 12th Street
118
Miami, FL 33126
(786) 505-4449
Digital Contact Information:
http://southfloridabehavior.com
mcastanos@southfloridabehavior.com

and
10855 Southwest 72nd Street
UNIT 1-5
Miami, FL 33173
(305) 720-2166
Digital Contact Information:
mcastanos@southfloridabehavior.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
mcastanos@southfloridabehavior.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Santiago Fernandez, Flor De Liz, EDD, LCSW ■
10691 North Kendall Drive
304
Miami, FL 33176
(786) 771-3370
Digital Contact Information:
http://www.familybalancetherapy.com
familybalancetherapy@gmail.com

and
FL
(786) 771-3370
Digital Contact Information:
http://www.familybalancetherapy.com
familybalancetherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sarpoolaki, Yasamin I, MS, BCBA ■
20405 Southwest 326th Street
Homestead, FL 33030
(321) 413-3366
Digital Contact Information:
admin@positivestepsaba.com

Satorre, Mayuli C, MSN, APRN ■
3785 Northwest 82nd Avenue
307
Doral, FL 33166
(305) 898-5420
Digital Contact Information:
m.satorre@harmonyatthegables.com

and
33550 South Dixie Highway
106
Florida City, FL 33034
(786) 601-7712
Digital Contact Information:
m.satorre@harmonyatthegables.com

and
1150 Northwest 72nd Avenue
ph 2
Miami, FL 33126
(786) 542-5043
Digital Contact Information:
http://1stcarecms.com
m.satorre@harmonyatthegables.com

and
2650 Southwest 27th Avenue
Suite 305
Miami, FL 33133
(786) 353-9812
Digital Contact Information:
http://www.harmonyatthegablesclinic.com
m.satorre@harmonyatthegables.com
Other Languages Spoken by Provider or Office Staff
Spanish

Saturne, Casandra, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
thoughtsofhopellc@gmail.com
Other Languages Spoken by Provider or Office Staff Dutch, Spanish

Savino, Katerina, BCBA, MA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
info@actionbehavior.com

Scales, Ari'Ton, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993

Digital Contact Information:
https://www.emorahealth.com/payors@emorahealth.com

Scotto, Nicole M, MC, LMHC ■
2875 Northeast 191st Street
528
Aventura, FL 33180
(305) 396-9010
Digital Contact Information:
https://balancedlifetherapygroup.com/
help@joinuplift.co

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff English

Seay, Jennifer, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@hupcfl.com

Sequeiros, Rosa, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Silva, Erik, MS, LMHC ■
8323 Northwest 12th Street
Ste 206
Doral, FL 33126
(305) 373-3424
Digital Contact Information:
info@themind-gym.com

and
FL
(754) 400-1539
Digital Contact Information:
info@themind-gym.com

and
15660 Southwest 72nd Street
Miami, FL 33193
(786) 697-1150
Digital Contact Information:
info@themind-gym.com

Silva, Paola, MA, BCBA ■
8200 Northwest 41st Street
Suite 200
Miami, FL 33166
(786) 774-7729
Digital Contact Information:
http://www.integrativemethods.com
info@integrativemethods.com
Other Languages Spoken by Provider or Office Staff Spanish

Silva-Duluc, Silvia I, MD ■
5590 West 20th Avenue
200 201
Hialeah, FL 33016
(305) 557-1555
Digital Contact Information:
http://lifestarwellnesscenter.com
drsilva@bellsouth.net

and
3414 West 84th Street
Suite D110
Hialeah, FL 33018
(305) 825-4320
Digital Contact Information:
drsilva@bellsouth.net

and
3416 West 84th Street
C-108
Hialeah, FL 33018
(305) 557-1555
Digital Contact Information:
http://lifestarwellnesscenter.com
drsilva@bellsouth.net

and
7811 Coral Way
106
Miami, FL 33155
(305) 412-0138
Digital Contact Information:
drsilva@bellsouth.net

and
9995 SW 72nd St
Ste 208
Miami, FL 33173
(305) 412-6034
Digital Contact Information:
drsilva@bellsouth.net
Other Languages Spoken by Provider or Office Staff Spanish

Sisti, Gina, MA, BCBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
providerenrollment@acornhealth.com

Smith-Young, Adia E, MA, LMHC ■
15715 S Dixie Hwy
Ste 406
Miami, FL 33157
(786) 269-3728
Digital Contact Information:
adia33@gmail.com
Other Languages Spoken by Provider or Office Staff English

Soto, Maria P, MC, BCBA ■
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
info@appliedabc.com
Other Languages Spoken by Provider or Office Staff English

Stubbs, Marcie D, MA, LMHC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@lifestance.com

Suarez, Mercy, MA, LMHC ■
66 Valencia Avenue
402 402
Coral Gables, FL 33134
(305) 439-5939
Digital Contact Information:
mercysuarezeds@gmail.com

and
66 Valencia Avenue
903 903
Coral Gables, FL 33134
(305) 439-5939
Digital Contact Information:
mercysuarezeds@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Suarez Vistorte, Jose I, MS, BCBA ■
10200 Northwest 25th Street
211
Doral, FL 33172
(305) 381-0346
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

Suarez, Yania, MS, BCBA ■
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
credentialing@southbillcare.com

Thompson, Marsha M, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 991-3213
Digital Contact Information:
credentialing@flautism.com
Other Languages Spoken by Provider or Office Staff English

Torras Ceballos, Gabriela, MSCC, BCBA, LMHC ■
8300 West Flagler Street
STE 258C
Miami, FL 331446002
(786) 633-5171
Digital Contact Information:
counselingsocietymiami@gmail.com

and
2157 Southwest 13th Avenue
3
Miami, FL 33145
(786) 878-1331
Digital Contact Information:
http://www.counselingsociety.com
counselingsocietymiami@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Torres, Sergio, LMHC, MSCC ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
Not Available

Valdes, Hany, MS, BCBA ■
Home Based Services Only
Miami, FL 33155
(786) 262-5559
Digital Contact Information:
genesisconsultingservices39@gmail.com

Valdes Lopez, Yudith, MBS, BCBA ■
12150 Southwest 128th Court
Suite 226
Miami, FL 33186
(786) 429-1005
Digital Contact Information:
cloverbehaviorservices@gmail.com

Valdes, Luis, MS, BCBA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
http://appliedbhs.com
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff Spanish

Valdes, Yordanys, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
mendinghealthcare@outlook.com

Valle, Martha, MMH, LMHC ■
Home Based Services Only
Miami Gardens, FL 33014
(305) 777-3883
Digital Contact Information:
acebehavioral2@gmail.com

Vargas, Leonardo, MA, BCBA ■
15924 SW 92nd Ave
Miami, FL 33157
(786) 636-1303
Digital Contact Information:
loriwilliams57@hotmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Vasquez, Clara S, MPSY, BCBA ■
2500 Northwest 79th Avenue
295
Doral, FL 33122
(786) 637-5168
Digital Contact Information:
apluschildbcorp@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Vega Cancio, Ayle, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
admissions@abaalliancecareservices.com

Vega, Herman, PHD, CAP, LMHC ■
14411 Commerce Way
315
Hialeah, FL 33016
(305) 644-7294
Digital Contact Information:
info@totalrehabservices.com

and
14505 Commerce Way
Ste 511
Miami Lakes, FL 33016
(305) 644-7294
Digital Contact Information:
info@totalrehabservices.com
Other Languages Spoken by Provider or Office Staff Spanish

Vega, Monica, MA, LMHC ■
2500 Northwest 79th Avenue
233
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
angelcmhcorp@gmail.com

and
2500 Northwest 79th Avenue
Suite 189
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
angelcmhcorp@gmail.com

and
10300 Southwest 72nd Street
300
Miami, FL 33173
(786) 418-9730
Digital Contact Information:
http://www.happydreamsofkids.com
angelcmhcorp@gmail.com

and
17325 Northwest 27th Avenue
206 207
Miami Gardens, FL 33056
(786) 822-7270
Digital Contact Information:
angelcmhcorp@gmail.com

Velasco-Quintero, Dania, MA, LMHC ■
7590 Northwest 186th Street
109
Hialeah, FL 33015
(305) 688-1700
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
10651 North Kendall Drive
suite 120
Miami, FL 33176
(786) 963-9087
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Ventura, Rene E, MC, LMHC ■
16650 North Kendall Drive
Unit# 204
Miami, FL 33196
(786) 327-6209
Digital Contact Information:
https://www.nrhpg.com
info@nrhpg.com
Other Languages Spoken by Provider or Office Staff Spanish

Vidal-Zas, Alicia R, PSYD, LP ■
14225 SW 42nd St
Miami, FL 33175
(305) 221-8200
Digital Contact Information:
arvida712@aol.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Vieira, Caroline, MC, LMHC, PC ■
2212 Northwest 91st Street
Miami, FL 33147
(341) 888-7637
Digital Contact Information:
contact@quelinbilling.com
Other Languages Spoken by

Provider or Office Staff Portuguese

Vizcaino, Olga M, MSN, APRN ■
2100 West 76th Street
201 206
Hialeah, FL 33016
(786) 353-2324
Digital Contact Information:
olgamaria861@yahoo.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
olgamaria861@yahoo.com

and
8950 Southwest 74th Court
1911
Miami, FL 33156
(786) 637-7338
Digital Contact Information:
olgamaria861@yahoo.com

and
6001 Northwest 153rd Street
203
Miami Lakes, FL 33014
(786) 459-2466
Digital Contact Information:
olgamaria861@yahoo.com

and
FL
(602) 562-7383
(786) 459-2466
Digital Contact Information:
olgamaria861@yahoo.com

Waugh, Odalys J, PHD, LMHC ■
5201 Waterford District Drive
888
Miami, FL 33126
(305) 321-7226
Digital Contact Information:
morecounseling@gmail.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
morecounseling@gmail.com

and
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
morecounseling@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Weiss, Ziona, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
info@hupcfl.com

Wheeler, Kimberly, MS, APRN, NP ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
start@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Whittington, Brittany N, MS, LMHC ■
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
http://www.crystalabatherapy.com
info@cmpsclinical.com

Wicks, Betty, PSYD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
admin@twinkleautism.com
Other Languages Spoken by Provider or Office Staff Spanish

Williams, Kabrena, MS, BCBA, LBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(410) 538-2574
Digital Contact Information:
info@appliedabc.com
Other Languages Spoken by Provider or Office Staff English

Williams, Kinya N, MC, LMHC, LPC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@growtherapy.com

Wool, Sorcha, MSW, LCSW ■
1951 Northwest 7th Avenue
Miami, FL 33136
(571) 934-3936
Digital Contact Information:
admin@supportiveengagemet.com

and
FL
(305) 902-6347
Digital Contact Information:
admin@supportiveengagemet.com
Other Languages Spoken by Provider or Office Staff Sign Lang Amer

Woolery, Kimberly, MS, BCBA ■
777 Brickell Ave
Ste 500
Miami, FL 33131
(305) 330-4660
Digital Contact Information:
r.karpen@mbhpays.com

and
10250 SW 56th St
Ste D201
Miami, FL 33165
(888) 527-8037
Digital Contact Information:
r.karpen@mbhpays.com

and
10250 Southwest 56th Street
A202
Miami, FL 33165
(888) 527-8037
Digital Contact Information:
r.karpen@mbhpays.com

and
7905 SW 105th Ave
Miami, FL 33173
(786) 397-2761
Digital Contact Information:
r.karpen@mbhpays.com

and
12985 Southwest 130th Court
204 204
Miami, FL 33186
(305) 735-3878
Digital Contact Information:
r.karpen@mbhpays.com

and
FL
(305) 735-3878
Digital Contact Information:
r.karpen@mbhpays.com

Yebra, Carmen, MS, BCBA ■
12800 SW 8th St
Miami, FL 33184
(786) 319-2980
Digital Contact Information:
http://aworld4kids.com
jhaigballard@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Yglesias, Marianela, MPSY, BCBA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff Spanish

Zaldivar, Mirza, MS, BCBA ■
650 Northeast 22nd Terrace
202-9
Homestead, FL 33033
(786) 312-4478
Digital Contact Information:
http://opendoorbehavioralservices.com
embracinghopebes@gmail.com

and
650 Northeast 22nd Terrace
212 214
Homestead, FL 33033
(786) 312-4478
Digital Contact Information:
http://opendoorbehavioralservices.com
embracinghopebes@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Zayas Fernandez, Blanca I, MSED, BCBA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff Spanish

Zelinger-Kaufman, Bascha, MED, BCBA ■
1380 Northeast Miami Gardens Drive
Suite 255
Miami, FL 33179
(954) 651-2969
Digital Contact Information:
info@appliedabc.com
Other Languages Spoken by Provider or Office Staff English

BEHAVIORAL NURSE

Abraham, Desiree, MSN, APRN ■
11890 Southwest 8th Street
404
Miami, FL 33184
(305) 491-1213
Digital Contact Information:
http://healthylivingcaremh.com
desireeabraham@yahoo.com
Other Languages Spoken by Provider or Office Staff Spanish

Abram, Tanika N, MSN, APRN, APRNCNP, NP ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
amontgomery@emds.com

and
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
amontgomery@emds.com

and
255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
amontgomery@emds.com

and
370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
amontgomery@emds.com

and
333 Southeast 2nd Avenue
Suite #2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
amontgomery@emds.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
amontgomery@emds.com

and
3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
amontgomery@emds.com

and
350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
amontgomery@emds.com

and
429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
amontgomery@emds.com

and
323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
amontgomery@emds.com

Abrokwa, William A, MSN, APRN, APRNCNP, CRNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
papa_de_talla@yahoo.com

Acea, Yanisleidy, MSN, NP ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Acevedo, Ivan, MN, APRN ■
900 West 49th Street
STE 512
Hialeah, FL 33012
(786) 536-1701
Digital Contact Information:
psychiatry@intergratedhealthcare.group

and
351 NW 42nd Ave
Ste 406
Miami, FL 33126
(786) 536-1710
Digital Contact Information:
psychiatry@intergratedhealthcare.group

and
1890 Southwest 57th Avenue
SUITE 106
Miami, FL 33155
(786) 536-1701
Digital Contact Information:
http://www.integratedhealthcare.group
psychiatry@intergratedhealthcare.group

Acosta, Lilibette, MSN, APRN ■
22790 SW 112th Ave
Miami, FL 33170
(305) 235-2616
Digital Contact Information:
http://www.theagapenetwork.org
Other Languages Spoken by Provider or Office Staff Spanish

Acosta Romero, Diana, MSN, APRN ■
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
info@cbhwestcoast.com

and
8323 Northwest 12th Street
108
Doral, FL 33126
(305) 400-8511
Digital Contact Information:
http://www.cbhwestcoast.com
info@cbhwestcoast.com

and
FL

(305) 400-8511
Digital Contact Information:
info@cbhwestcoast.com
Other Languages Spoken by Provider or Office Staff
Spanish

Acosta Veliz, Lixsan, MN, ANP ■
2141 Southwest 1st Street
201
Miami, FL 33135
(786) 920-9137
Digital Contact Information:
nicanoragent83@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Acuna, Nancy M, MSN, APRN ■
10031 Southwest 40th Street
Miami, FL 33165
(786) 442-9628
Digital Contact Information:
encantohealthcommunityservices@gmail.com

and
9732 SW 24th St
Miami, FL 33165
(305) 221-0660
Digital Contact Information:
encantohealthcommunityservices@gmail.com

and
11430 North Kendall Drive
106
Miami, FL 33176
(786) 703-1605
Digital Contact Information:
encantohealthcommunityservices@gmail.com

Adams, Diana, MSN, APRN, CRNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Agresti, Louisa K, MSN, APRN, NP, PMHNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Agudah, Victoria, MSN, APRN, APRNCNP, NP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
help@joinuplift.co

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
help@joinuplift.co

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
help@joinuplift.co

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
help@joinuplift.co

Aguilar, Jose G, MSN, CNP, NP ■
8846 Southwest 6th Street
Miami, FL 33144
(746) 486-8000
Digital Contact Information:
patti@clearviewcounselinggroup.org
Other Languages Spoken by Provider or Office Staff
Spanish

Agyakwa, Afua D, MSN, APRN, CNP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
Not Available

Aileru, Tosin F, MSN, APRN ■
255 Giralda Avenue
Coral Gables, FL 33134
(470) 944-5699
Digital Contact Information:
cred04@zmedsolutions.net

Ajamu, Tonia, MSN, APRN, APRNCNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@breakthroughmh.com

Alas, Karina, MSN, APRN ■
8700 North Kendall Drive
201
Miami, FL 33176
(786) 464-5496
Digital Contact Information:
http://amcpsychiatricservices.com
info@amcpsychiatricservices.com

Alayon, Yanetsi, MSN, APRN ■
12060 Southwest 129th Court
201
Miami, FL 33186
(786) 615-3349
Digital Contact Information:
office@neurobehavioral.health

and
FL
(786) 615-3349
Digital Contact Information:
office@neurobehavioral.health

Albitar, Tarek, DNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

Alcy, Holrite, MSN, APRN, APRNCNP, ARNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
contact@bethpsychiatry.com
Other Languages Spoken by Provider or Office Staff English

Alexander, Rachene, MSN, APN, APRN, CRNP, PMHNP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://happierliving.com
provider.enrollment@meditelecare.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
provider.enrollment@meditelecare.com

Alexander-Delpech, Paula, MSN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Alexandre, Vanessa, MSN, APRN, NP, PMHNP ■
FL
(305) 902-6347
Digital Contact Information:
ifhpenrollment@institute.org

Alexandriny, Lisandra, MSN, APRN ■
7821 Coral Way
100
Miami, FL 33155
(786) 409-5690
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alexis, Acelise, MMH, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
admin@hellokamedpsych.org

Alfaro, Christina M, MSN, APRN ■
7374 Southwest 93rd Avenue
201
Miami, FL 33173
(786) 753-7467
Digital Contact Information:
veradigmcredentialing@carecloud.com

Alfaro, Marianne, MSN, APRN, NP ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
richard.benson@avernuscorp.com

and
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
richard.benson@avernuscorp.com

and
255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
richard.benson@avernuscorp.com

and
370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
richard.benson@avernuscorp.com

and
333 Southeast 2nd Avenue
Suite #2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
richard.benson@avernuscorp.com

and
3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
richard.benson@avernuscorp.com

and
350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
richard.benson@avernuscorp.com

and
429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
richard.benson@avernuscorp.com

and
323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
richard.benson@avernuscorp.com

Alfonso, Hiran, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Alfonso, Octavio M, MSN, APRN, PMHNP ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
start@bebravehealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alfonso, Tania P, MSN, APRN ■
12955 Southwest 42nd Street
STE 2
Miami, FL 33175
(305) 364-5711
Digital Contact Information:
goldenyears6423@yahoo.com

and
10689 N Kendall Dr
Ste 300
Miami, FL 33176
(305) 558-7400
Digital Contact Information:
goldenyears6423@yahoo.com

and
6175 NW 153rd St
Ste 404
Miami Lakes, FL 33014
(305) 558-7400
Digital Contact Information:
goldenyears6423@yahoo.com

and
8060 Northwest 155th Street
Suite 202
Miami Lakes, FL 33016
(305) 882-9144
Digital Contact Information:
http://www.flmentalhealthresources.com
goldenyears6423@yahoo.com

and
FL
(786) 267-4005
(305) 882-9144
Digital Contact Information:
http://www.flmentalhealthresources.com
goldenyears6423@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Algarroba, Paula, MSN, APRN, CNP ■
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
credentialing@health.saisostems.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
credentialing@health.saisostems.com

and
3000 Biscayne Boulevard
Suite 216
Miami, FL 33137
(786) 220-1969
Digital Contact Information:
http://www.envisionmcare.com
credentialing@health.saisostems.com

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
credentialing@health.saisostems.com

and
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
credentialing@health.saisostems.com
Other Languages Spoken by Provider or Office Staff English

Ali, Anna, MSN, APRN, ARNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Alonso Yanez, Liliana, MSN, APRN ■
22133 South Dixie Highway
Miami, FL 33170
(786) 504-3119
Digital Contact Information:
https://fpmflorida.org/
admin@fpmagency.com

and
13155 Southwest 134th Street
202
Miami, FL 33186
(786) 504-3119
Digital Contact Information:
admin@fpmagency.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alsafeer, Dominique, MSN, ARNP ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
http://www.compasshealthsystems.com
credentialing@compass.md

and
FL
(305) 891-0050
(305) 279-5535
(888) 852-6672
Digital Contact Information:
http://www.compasshealthsystems.com
credentialing@compass.md

Altare, Giuliana, MN, APRN, NP ■
5555 Ponce De Leon Blvd
Fl 4
Coral Gables, FL 33146
(305) 355-9028
Digital Contact Information:
credentialing@cerebral.com

and
1120 NW 14th St
1477
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
credentialing@cerebral.com

and
FL
(305) 243-2301
Digital Contact Information:
credentialing@cerebral.com

and
10689 North Kendall Drive
211
Miami, FL 33176
(305) 204-9499
Digital Contact Information:
credentialing@cerebral.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Alvarez, Gianinne M, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
info@livewelltherapygroup.com

and
7600 Southwest 57th Avenue
suite 334
South Miami, FL 33143
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
info@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alvarez Hernandez, Jorge A, MSN, APRN ■
12550 Biscayne Boulevard
STE 507
North Miami, FL 33181
(305) 204-1209
Digital Contact Information:
jac-pmhnp@assertivecare.net
Other Languages Spoken by Provider or Office Staff
English, Spanish

Alvarez, Mayelin, MSN, APRN ■
8300 West Flagler Street
STE 258C
Miami, FL 331446002
(786) 633-5171
Digital Contact Information:
olympushcs@gmail.com

Amador Jimenez, Damisela, MN, APRN ■
1840 West 49th Street
#404
Hialeah, FL 33012
(305) 828-9980
Digital Contact Information:
info@unitedwellcarecenter.com

and
4995 Northwest 72nd Avenue
209
Miami, FL 33166
(786) 651-4190
Digital Contact Information:
info@unitedwellcarecenter.com

and
7745 Northwest 146th Street
F1
Miami Lakes, FL 33016
(786) 633-5992
Digital Contact Information:
info@unitedwellcarecenter.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Anderson, Laura, MHS, APRN ■
4304 Alton Rd
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com

Andino, Nelson, MSN, APRN ■
4005 Northwest 114th Avenue
22 22
Doral, FL 33178
(305) 260-6913
Digital Contact Information:
ybhsbilling@gmail.com

and
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
ybhsbilling@gmail.com

Andrade, Althea, MSN, APN ■
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
agagandrade3@gmail.com

and
FL
(305) 637-6400
Digital Contact Information:
agagandrade3@gmail.com

Andreu Guerra, Sahily, MSN, APRN ■
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
9010 Southwest 137th Avenue
suite 116
Miami, FL 33186
(305) 639-8685
Digital Contact Information:
healingtouchinc@msn.com

and
14400 Northwest 77th Court
#100
Miami Lakes, FL 33016
(786) 916-6073
Digital Contact Information:
healingtouchinc@msn.com

and
7241 Southwest 63rd Avenue
STE 101A
South Miami, FL 331434838
(786) 916-6073
Digital Contact Information:
healingtouchinc@msn.com

Andulan, Biena, MSN, APRN, NP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
credentialing@psychplus.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@psychplus.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@psychplus.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
credentialing@psychplus.com

Angel, Laurie R, MSN, APRN ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
momofben@bellsouth.net

Anglade-Pascal, Fabiola, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
alvin.brooks@physiciancure.com

Angulo, Gabriella, MSN, APRN, CNS ■
150 Alhambra Circle
Floor 10
Coral Gables, FL 33134
(786) 800-3374
Digital Contact Information:
scheduling@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Anias, Carlos, MSN, APRN ■
2000 Northwest 87th Avenue
Suite 201
Doral, FL 33172
(954) 561-6222
Digital Contact Information:
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Anta Vergara, Zoila, MSN, APRN ■
3105 Northwest 107th Avenue
400 h11
Doral, FL 33172
(305) 514-9045
Digital Contact Information:
zelenapsych@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Antunez, Maria, MSN, APRN ■
2550 Douglas Road
Ste #301
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
ghines@hinesandassociates.net

and
22133 South Dixie Highway
Miami, FL 33170
(786) 504-3119
Digital Contact Information:
ghines@hinesandassociates.net

and
13155 Southwest 134th Street
202
Miami, FL 33186
(786) 504-3119
Digital Contact Information:
ghines@hinesandassociates.net
Other Languages Spoken by Provider or Office Staff
Spanish

Anyamele, Patricia, MSN, APRN, NP ■
770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
drtbehavioralservices@gmail.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
drtbehavioralservices@gmail.com

and
5201 Blue Lagoon Dr
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
drtbehavioralservices@gmail.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
drtbehavioralservices@gmail.com

and
80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
drtbehavioralservices@gmail.com

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
drtbehavioralservices@gmail.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
drtbehavioralservices@gmail.com

and
830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
drtbehavioralservices@gmail.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(888) 684-2779
Digital Contact Information:
drtbehavioralservices@gmail.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
drtbehavioralservices@gmail.com

Aristizabal, Adriana M, MSN, ARNP ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
ashley@ventremedical.com

and
9010 SW 137th Ave
Miami, FL 33186
(305) 671-3503
Digital Contact Information:
http://www.behavioralccs.com
ashley@ventremedical.com

and
9010 SW 137th Ave
Ste 111
Miami, FL 33186
(305) 671-3503
Digital Contact Information:
http://www.behavioralccs.com
ashley@ventremedical.com

Armand, Emmanuella, MSN, PMHNP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
pmhnpea@gmail.com

Arzate, Jennifer M, MSN, APRN, APRNCNS, ARNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Asgarali, Dariel, MSN, APRN ■
FL
(305) 903-2031
Digital Contact Information:
info@rushcredentialing.com

and
8950 Southwest 74th Court
1911
Miami, FL 33156
(786) 637-0907
Digital Contact Information:
info@rushcredentialing.com

Atabong, Leke, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Augustin, Jermilla, MSN, APRN, APRNCNP, CRNPPMH ■
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(954) 361-2669
Digital Contact Information:
jwilson@goldenvictorymedical.com

Autie, Carlos, MSN, APRN ■
5901 Northwest 183rd Street
Suite 128
Hialeah, FL 33015
(786) 409-4872
Digital Contact Information:
http://onesoulcmh.com
lrodriguezllbs@gmail.com

and
7959 NW 2nd St
Miami, FL 33126
(305) 267-6060
Digital Contact Information:
lrodriguezllbs@gmail.com

and
5803 Northwest 151st Street
301
Miami Lakes, FL 33014
(786) 422-7374
Digital Contact Information:
http://abuelitosmedicalcenter.com
lrodriguezllbs@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Avila, Dahimy, MSN, APRN ■
22133 South Dixie Highway
Miami, FL 33170
(786) 504-3119
Digital Contact Information:
https://fpmflorida.org/
admin@fpmagency.com

Avila, Yurinia, MSN, APRN ■
13195 Southwest 134th Street
101
Miami, FL 33186
(786) 227-6830
Digital Contact Information:
http://esperanzagroup.net
esperanzagroup@espgrp.net
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ayala, Patricia, MSN, NP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
credentialing@scribealign.com

Aziz, Abbiebatu, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@curabh.com

Bailey, Sara, MSN, CNP ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@harbor.org

Baldie, Toni-Saccian A, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ball, Olivia, DNP, APRN, CNP, CNS, NP, PMHCNS ■
770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
5201 Blue Lagoon Dr
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

and
830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

Ballard, Nerilene L, MSN, APRN ■
9247 Southwest 209th Terrace
Cutler Bay, FL 33189
(541) 406-0609
Digital Contact Information:
bsoul8366@gmail.com

Ballek, Kathy, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Bamisile, Love, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
admin@sparkwg.com

Barbosa, Adrian, MS, APRN ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
info@azzurrahcc.com

and
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
info@azzurrahcc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barcelo, Elena, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barciela, Gilberto, MSN, APRNPMH ■
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
forwardwithfc@gmail.com

Barrios, Angel, MSN, APRN ■
4300 Biscayne Boulevard
STE 203
Miami, FL 33137
(786) 402-1362
Digital Contact Information:
cgouthman@gmail.com

and
9299 SW 152nd St
Palmetto Bay, FL 33157
(305) 479-6538
Digital Contact Information:
cgouthman@gmail.com

Barzaga, Dayron, MSN, APRN ■
124 Southeast 1st Road
A
Homestead, FL 33030
(786) 255-7979
Digital Contact Information:
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Basanez, Maria, MN, APRN ■
4304 Alton Rd
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Basart, Natalie, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bauza Estrada, Mirtha E, MN, APRN ■
12448 Southwest 127th Avenue
Miami, FL 33186
(786) 864-1030
Digital Contact Information:
excellentmccontracting@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Baxter, Cynthia M, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
eva.hazel@medlifembs.com

Baylor, Elizabeth, MSN, APRN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Beams, Kristy L, MSN, APRN, APRNPMH ■
FL
(305) 902-6347
Digital Contact Information:
admin@delraycenter.com

Beck, Michelle, MSN, CNS-PMH ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(786) 780-1408
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Beebe, Alicia D, MSN, APRN, ARNP ■
FL
(305) 902-6347
Digital Contact Information:
hurdbw@aol.com

Belfort, Annissa I, MSN, APRN ■
14645 Northwest 77th Avenue
101
Miami Lakes, FL 33014
(833) 769-3524
Digital Contact Information:
http://lifestance.com
ga-credentialing@lifestance.com

Belfort, Elsie P, MSN, CNP, NP ■
2222 Ponce de Leon

Miami, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing@orendapsych.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, French

Belizaire, Myrline, MSN, APRN ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Bello Lemus, Maday, MSN, APRN ■
711 Northwest 23rd Avenue
Ste 301
Miami, FL 33125
(305) 643-4797
Digital Contact Information:
chmedicalbilling@gmail.com

and
8380 Southwest 40th Street
Miami, FL 33155
(306) 613-0492
Digital Contact Information:
chmedicalbilling@gmail.com

and
5673 Southwest 137th Avenue
Miami, FL 33183
(305) 385-3949
Digital Contact Information:
chmedicalbilling@gmail.com

and
9000 Southwest 137th Avenue
107
Miami, FL 33186
(305) 603-7824
Digital Contact Information:
chmedicalbilling@gmail.com

and
11285 Southwest 211 Street
305
Miami, FL 33189
(786) 980-7496
Digital Contact Information:
chmedicalbilling@gmail.com

and
5975 Southwest 8th Street
b
West Miami, FL 33144
(305) 269-1616
Digital Contact Information:
chmedicalbilling@gmail.com

Belot, Max A, MN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

Beltran Montalvo, Felipe, MSN, APRN ■
1165 West 49th Street
suite 207
Hialeah, FL 33012
(305) 703-3386
Digital Contact Information:
appointmens@compass.md

and
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
http://www.compasshealthsystems.com
appointmens@compass.md

and
FL
(305) 891-0050
(305) 279-5535
(954) 771-7743
(954) 447-0010
(888) 852-6672
Digital Contact Information:
http://www.compasshealthsystems.com
appointmens@compass.md

and
5245 Northwest 36th Street
Unit 209
Miami Springs, FL 33166
(786) 453-6812
Digital Contact Information:
appointmens@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
appointmens@compass.md

Bengali, Tanya, MSN, APRN, NP ■
1 Alhambra Plaza
1451
Miami, FL 33134
(888) 588-8995
Digital Contact Information:
ciga-office@foresightmentalhealth.com
Other Languages Spoken by Provider or Office Staff English

Benjamin, Andrene, MSN, PMHNP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
admin@transcendcf.com

Bennett, Lemoya, MSN, NP, PMHNP ■
3000 Biscayne Boulevard
Suite 216
Miami, FL 33137
(786) 220-1969
Digital Contact Information:
nikita@austinfamilymentalhealth.com

and
602 Northeast 36th Street
19
Miami, FL 33137
(786) 220-1969
Digital Contact Information:
nikita@austinfamilymentalhealth.com

Bergolla, Johannys, MSN, APRN ■
7950 Northwest 53rd Street
STE 237
Doral, FL 33166
(786) 536-4420
Digital Contact Information:
violethealthcorp@gmail.com

and
10520 Northwest 26th Street
STE C101
Doral, FL 33172
(786) 353-9308
Digital Contact Information:
violethealthcorp@gmail.com

and
5979 Northwest 151st Street
STE 120
Hialeah, FL 33014
(786) 536-4420
Digital Contact Information:
violethealthcorp@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Berju, Danielle, MSN, APN ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Bernal, Maria O, MN, APRN ■
FL
(786) 980-7496
Digital Contact Information:
gauna@bmsbill.com

and
11285 Southwest 211 Street
305
Miami, FL 33189
(305) 218-9996
Digital Contact Information:
gauna@bmsbill.com

Bernal Moro, Yenima, MS, APRN ■
4810 Southwest 8th Street
Suite 103/104
Coral Gables, FL 33134
(786) 803-8306
Digital Contact Information:
lifetimesolutionsagency@gmail.com

and
5757 Waterford District Drive
Unit 172
Miami, FL 33126
(786) 353-2616
Digital Contact Information:
http://www.lifetimesolutionsagency.com
lifetimesolutionsagency@gmail.com

and
FL
(786) 525-4138
Digital Contact Information:
lifetimesolutionsagency@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Bernard, Courtney, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
courtneyl@cwcrecovery.com

Berry, Erin, MSN, APN, APRNCNP, CRNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Besada, Laura A, MSN, APRN ■
299 Alhambra Circle
STE 210
Coral Gables, FL 33134
(786) 558-5729
Digital Contact Information:
polyclinichcbilling@gmail.com

and
7959 NW 2nd St
Miami, FL 33126
(305) 267-6060
Digital Contact Information:
polyclinichcbilling@gmail.com

and
15495 Eagle Nest Lane
STE 215
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
polyclinichcbilling@gmail.com

and
6600 Cow Pen Road
250
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
polyclinichcbilling@gmail.com

and
215 Westward Dr
Miami Springs, FL 33166
(305) 887-4494
Digital Contact Information:
polyclinichcbilling@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Biddulph, Dawn, MSN, APRNCNP ■
801 Brickell Avenue
8
Miami, FL 33131
(516) 505-7200
Digital Contact Information:
https://mindful.care/
vnedilia@mindful.care
Other Languages Spoken by Provider or Office Staff English

Bien-Aime, Dasha, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Binu, Joji, MSN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Blain-Maiza, Samantha, MSN, APRNPMH ■
1651 West 37th Street
Suite 308
Hialeah, FL 33012
(786) 383-2443
Digital Contact Information:
Not Available

Blair, Caryn, DNP, APRN ■
2999 NE 191st St
Ste 705
Miami, FL 33180
(305) 721-0748
Digital Contact Information:
mphealth4145@gmail.com

and
FL
(305) 721-0748
Digital Contact Information:
mphealth4145@gmail.com

Blanco Alonso, Maydibis, MN, APRN ■
5190 Northwest 167th Street
Suite 218
Hialeah, FL 33014
(786) 353-9410
Digital Contact Information:
admin@harmonycenter.us

and

17670 Northwest 78th Avenue
STE 113
Hialeah, FL 33015
(786) 715-3086
Digital Contact Information:
admin@harmonycenter.us

and
330 Southwest 27th Avenue
STE 609
Miami, FL 33135
(786) 743-0801
Digital Contact Information:
admin@harmonycenter.us

and
4905 Northwest 72nd Avenue
5
Miami, FL 33166
(786) 391-3816
Digital Contact Information:
http://paradisehealthgroup.com
admin@harmonycenter.us

and
13155 Southwest 134th Street
221
Miami, FL 33186
(786) 652-9880
Digital Contact Information:
admin@harmonycenter.us

and
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
admin@harmonycenter.us

and
14865 South Dixie Highway
Palmetto Bay, FL 33176
(786) 732-2176
Digital Contact Information:
admin@harmonycenter.us
Other Languages Spoken by Provider or Office Staff
Spanish

Blanco, Katherine, MSN, APRN ■
8950 Southwest 74th Court
1911
Miami, FL 33156
(786) 637-0907
Digital Contact Information:
http://southfloridapsychiatry.co
info@rushcredentialing.com

Blanco, Ocier, MSN, APRN ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

and
13195 Southwest 134th Street
206 206
Miami, FL 33186
(786) 608-3434
Digital Contact Information:
perla.delosrios@dadefamily.com

Blanco Sanchez, Lianne, MSN, APRN ■
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
lfortun@keraltybh.com

and
2100 West 76th Street
STE 408
Hialeah, FL 33016
(786) 542-5056
Digital Contact Information:
lfortun@keraltybh.com

and
15190 Southwest 136th Street
Suite 4
Miami, FL 33196
(786) 252-5223
Digital Contact Information:
lfortun@keraltybh.com

and
FL
(786) 252-5223
Digital Contact Information:
lfortun@keraltybh.com

Blystone, Annie, MSN, APRN, APRNCNP, ARNP, NP ■
830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

Boakye, Theresa, MSN, APN, APRN, CRNP, LNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@pgs-nhcare.com

Bode-Oloye, Anuoluwapo, MSN, APRN, PMHNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Boland, Teresa M, MS, ARNP, LMFT ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
totalhealthsolutions@protonmail.com

Bolt, Giselle M, MSN, APRN, APRNCNP ■
427 Washington Ave
Miami Beach, FL 33139
(305) 514-0813
Digital Contact Information:
credentialing@cancommunityhealth.org

and
18360 NW 47th Ave
Miami Gardens, FL 33055
(786) 800-5631
Digital Contact Information:
credentialing@cancommunityhealth.org
Other Languages Spoken by Provider or Office Staff English

Bonet Gongora, Yanet, MMH, APRN ■
3100 SW 62nd Ave
Fl 2
Miami, FL 33155
(305) 663-8439
Digital Contact Information:
equilibriumcommunitycare@gmail.com

Botero, Maria, MSN, PMHNP ■
12 Southeast 7th Street
705
Miami, FL 33130
(786) 220-1969
Digital Contact Information:
credentialing@practolytics.com

Boulay, Sherly, DNP, NP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
aantaya@ccaoh.org

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
aantaya@ccaoh.org

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
aantaya@ccaoh.org

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
aantaya@ccaoh.org
Other Languages Spoken by Provider or Office Staff
English, French

Bradley, Taylor, DNP, APN, APRN, CNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Braga, Timothy R, MSN, APRNCNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(305) 395-5978
Digital Contact Information:
scheduling@happierliving.com

and
FL
(305) 395-5978
Digital Contact Information:
scheduling@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Brimm, James, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
attaulllah.azz@gmail.com

Bringas, Charilyn, MSN, APRN, NP ■
770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
Not Available

and
7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
Not Available

and
5201 Blue Lagoon Dr
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
Not Available

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
Not Available

and
80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
Not Available

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
Not Available

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

and
830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
Not Available

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(888) 684-2779
Digital Contact Information:
Not Available

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Tagalog, English

Broadwater, India, MSN, APRN ■
2801 Northeast 213th Street
Suite 1215
Aventura, FL 33180
(833) 769-3524
Digital Contact Information:
http://lifestance.com
fl-credentialing@lifestance.com

Brooks, Lyssa, MSN, APRN, CNS ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
fl-patientaccess@harmonybaywellness.com

Broomer, Rachelle, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Brown, Georgiette, MSN, APRN ■
FL
(305) 771-1302
Digital Contact Information:
https://drghealthandwellness.com/
drghealthandwellness@gmail.com

Brown, Kameka L, PHD, APN, APRNCNP, ARNP ■
FL
(508) 202-1011
Digital Contact Information:
office@cartwheelcare.org

Brown, Thraese, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
hello@joinblossomhealth.com

Brunson, Donna F, PMHNP ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
info@mindstronghealth.com

and
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
info@mindstronghealth.com

and
255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
info@mindstronghealth.com

and
370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
info@mindstronghealth.com

and
333 Southeast 2nd Avenue

Suite #2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
info@mindstronghealth.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@mindstronghealth.com

and
3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
info@mindstronghealth.com

and
350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
info@mindstronghealth.com

and
429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
info@mindstronghealth.com

and
323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
info@mindstronghealth.com

Bucco, Breanna M, DNP, APRN, CNP ■
FL
(305) 902-6347
Digital Contact Information:
start@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Buchhalter, Maya I, MSN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Buckridge, Krystal, MSN, APN, APRN, NP ■
1504 Bay Road
2003 2003
Miami Beach, FL 33139
(646) 374-2827
Digital Contact Information:
credentialing.4@scribealign.com

Bueno, Abel, MN, PMHNP ■
FL
(786) 878-4962
Digital Contact Information:
abelbgz@hotmail.com
Other Languages Spoken by Provider or Office Staff French, Spanish

Bulin, Alicia, MSN, APRN, NP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(786) 422-1636
Digital Contact Information:
http://www.bonmente.com
contact@bonmente.com

Burns, Cheyanne K, MSN, APN, APRN, ARNP, CNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
enrollment@wellpsyche.com

Burrell, D'Arthana, MSN, APRN, ARNP, NP ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
credentialing.6@extendedhealthservices.us

and
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing.6@extendedhealthservices.us

and
255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing.6@extendedhealthservices.us

and
370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
credentialing.6@extendedhealthservices.us

and
333 Southeast 2nd Avenue
Suite #2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing.6@extendedhealthservices.us

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing.6@extendedhealthservices.us

and
3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
credentialing.6@extendedhealthservices.us

and
350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
credentialing.6@extendedhealthservices.us

and
429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
credentialing.6@extendedhealthservices.us

and
323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
credentialing.6@extendedhealthservices.us

Burrell, Lovell C, MSN, APRN, PMHNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Burton, Jessica, MSN, APRN ■
FL
(305) 902-6347
Digital Contact Information:
info@learningtoachievewellness.com

Bustillo, Eduardo, DNP, APRN ■
12060 Southwest 129th Court
201
Miami, FL 33186
(786) 615-3349
Digital Contact Information:
office@neurobehavioral.health

and
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
office@neurobehavioral.health

and
8900 Southwest 117th Avenue
Building C SUITE 205
Miami, FL 33186
(305) 640-8600
Digital Contact Information:
http://totustuushealth.com
office@neurobehavioral.health

and
FL
(305) 640-8600
Digital Contact Information:
http://totustuushealth.com
office@neurobehavioral.health
Other Languages Spoken by Provider or Office Staff Spanish

Bustillo, Linette, MSN, APRN ■
14221 SW 120th St
Ste 129
Miami, FL 33186
(786) 977-8817
Digital Contact Information:
urmentalwellnessplc@gmail.com

Butler, Shelley T, MSN, APRN ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
shelleybutleraprn@gmail.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
shelleybutleraprn@gmail.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
shelleybutleraprn@gmail.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
shelleybutleraprn@gmail.com

Byrd, Michele, MSN, APRN ■
FL
(786) 885-4885
Digital Contact Information:
mbyrd08@icloud.com

Caballero De Pina, Nallyvis, MSN, APRN ■
13170 Southwest 128th Street
200
Miami, FL 33186
(786) 852-5198
Digital Contact Information:
clarityhealth@approachteam.com

Caballero, Lourdes, MSN, PMHNP ■
14221 Southwest 120th Street
109
Miami, FL 33186
(786) 803-8826
Digital Contact Information:
aprashad@advantumhealth.com

Caballero, Oslaida, MSN, APRN ■
8370 W Flagler St
Ste 232
Miami, FL 33144
(786) 803-8517
Digital Contact Information:
oslaidacaballero@gmail.com

and
7700 North Kendall Drive
807 i
Miami, FL 33156
(305) 792-8552
Digital Contact Information:
oslaidacaballero@gmail.com

and
FL
(305) 792-8552
Digital Contact Information:
oslaidacaballero@gmail.com

and
7374 Southwest 93rd Avenue
201
Miami, FL 33173
(786) 753-7467
Digital Contact Information:
oslaidacaballero@gmail.com

and
9380 Sunset Drive
b240
Miami, FL 33173
(786) 534-4979
Digital Contact Information:
oslaidacaballero@gmail.com

Cabrera, Stephanie M, MSN, APRN ■
16969 Northwest 67th Avenue
Suite 205
Miami Gardens, FL 33015
(786) 860-8844
Digital Contact Information:
info@southfloridamedgroup.com

and
FL
(786) 860-8844
Digital Contact Information:
info@southfloridamedgroup.com
Other Languages Spoken by Provider or Office Staff Spanish

Cabrera, Yalile T, MSN, APRN ■
2450 Southwest 137th Avenue
Suite# 230
Miami, FL 33175
(305) 459-3207
Digital Contact Information:
http://www.hidalgopsychiatry.com
hidalgopsychiatry@gmail.com

and
2460 Southwest 137th Avenue
250
Miami, FL 33175
(786) 449-4707
Digital Contact Information:
http://www.hidalgopsychiatry.com
hidalgopsychiatry@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Cabrera-Lopez, Jennifer, MSN, APRN ■
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(954) 361-2669
Digital Contact Information:
mominshah@lanocepsychiatry.com

Cagigas, Ariel, MSN, APRN ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
http://banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
Other Languages Spoken by Provider or Office Staff Spanish

Cajuste, Kathia, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
Not Available

and
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
Not Available

and

1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com

Calderin, Claudia, MSN, APRN ■
12001 Southwest 128th Court
Suite Suite 104
Miami, FL 33186
(786) 868-0505
Digital Contact Information:
clarityhealth@approachteam.com

and
13170 Southwest 128th Street
200
Miami, FL 33186
(786) 852-5198
Digital Contact Information:
https://clarityapproach.com/
clarityhealth@approachteam.com

and
14201 Southwest 120th Street
suite 110
Miami, FL 33186
(786) 238-7492
Digital Contact Information:
clarityhealth@approachteam.com

and
14221 Southwest 120th Street
223
Miami, FL 33186
(786) 690-2296
Digital Contact Information:
clarityhealth@approachteam.com
Other Languages Spoken by Provider or Office Staff
Spanish

Calleja, Katia, MSN, APRN ■
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
solutiondrivenconsulting@gmail.com

and
8200 SW 117th Ave
Ste 301
Miami, FL 33183
(305) 279-1501
Digital Contact Information:
solutiondrivenconsulting@gmail.com

and
FL
(260) 202-4860
Digital Contact Information:
solutiondrivenconsulting@gmail.com

Calvo Estevez, Jennifer, MSN, APRN ■
8950 Southwest 74th Court
1911
Miami, FL 33156
(786) 637-0907
Digital Contact Information:
http://southfloridapsychiatry.co
info@rushcredentialing.com

Camperlengo, Anastasia, MSN, APRN, APRNCNP, NP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Campillo Juig, Eric R, MSN, APRN ■
3750 West 16th Avenue
232u
Hialeah, FL 33012
(786) 332-3396
Digital Contact Information:
campillomedical583@gmail.com

and
7821 Coral Way
100
Miami, FL 33155
(786) 409-5690
Digital Contact Information:
campillomedical583@gmail.com

and
Home Based Services Only
Miami, FL 33155
(786) 747-4949
Digital Contact Information:
campillomedical583@gmail.com

and
9380 Southwest 72nd Street
250
Miami, FL 33173
(305) 310-8747
Digital Contact Information:
campillomedical583@gmail.com

and
5600 Southwest 135th Avenue
STE 216
Miami, FL 33183
(786) 536-6196
Digital Contact Information:
campillomedical583@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Canavaciolo, Heidy, MSN, APRN ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
http://www.dgphealthandwellness.com
info@dgphealthandwellness.com

and
3621 SW 107th Ave
Miami, FL 33165
(786) 534-8366
Digital Contact Information:
http://serenitycommunitycenter.com
info@dgphealthandwellness.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Cancio, Jose A, MSN, APRN ■
12550 Biscayne Boulevard
STE 507
North Miami, FL 33181
(305) 204-1209
Digital Contact Information:
jac-pmhnp@assertivecare.net
Other Languages Spoken by Provider or Office Staff
English, Spanish

Carvajal Bermejo, Marcos, MSN, APRN ■
142 E 49th St
Hialeah, FL 33013
(305) 333-9166
Digital Contact Information:
carvajal.marcosj@bluediamondmc.com

and
1850 Southwest 8th Street
suite 209
Miami, FL 33135
(786) 953-7516
Digital Contact Information:
carvajal.marcosj@bluediamondmc.com

and
15305 Northwest 60th Avenue
Ste 100
Miami Lakes, FL 33014
(786) 536-7561
Digital Contact Information:
carvajal.marcosj@bluediamondmc.com

and
16430 Northwest 59th Avenue
suite 202
Miami Lakes, FL 33014
(305) 456-0148
Digital Contact Information:
carvajal.marcosj@bluediamondmc.com

Casanova Lopez, Gerardo, MSN, PMHNP ■
12001 Southwest 128th Court
101
Miami, FL 33186
(786) 200-6657
Digital Contact Information:
https://www.sunissup.com/home
g.casanovalopez15@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Cassamajor, Nathalie, DNP, APRN ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Cassidy, Toni, MSN, APNP, APRNCNP, CNP, CRNP, NP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(503) 427-8094
Digital Contact Information:
http://happierliving.com
providers@empathyhealthclinic.com
Other Languages Spoken by Provider or Office Staff English

Castaneira, Yamile, MSN, APRN ■
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
lgarcia@keraltybh.com
Other Languages Spoken by Provider or Office Staff
Spanish

Castellanos, Adiana, MSN, APRN ■
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
healingtouchinc@msn.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
healingtouchinc@msn.com

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
9020 Southwest 137th Avenue
STE 250
Miami, FL 33186
(786) 536-7588
Digital Contact Information:
healingtouchinc@msn.com
Other Languages Spoken by Provider or Office Staff
Spanish

Castillo Llanes, Lisandra, MSN, APRN ■
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
contact@balancedwellbeingllc.com

and
5607 NW 27th Ave
1
Miami, FL 33142
(239) 278-3660
Digital Contact Information:
contact@balancedwellbeingllc.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(786) 833-7633
Digital Contact Information:
contact@balancedwellbeingllc.com

and
20612 Northwest 27th Avenue
Miami Gardens, FL 33056
(305) 637-6400
Digital Contact Information:
contact@balancedwellbeingllc.com

Castillo, Oscar B, MSN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff
Spanish

Castillo-Benitez, Beatriz, MSN, APRN ■
FL
(305) 549-0094
Digital Contact Information:
beatrizcastillob2018@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Casto, Kristina D, MS, PMHNP ■
FL
(305) 902-6347
Digital Contact Information:
start@bebravehealth.com

Cata, Karina, MN, ARNP ■
4982 Palm Avenue
Hialeah, FL 33012
(305) 479-3262
Digital Contact Information:
kcata@kcm.health
Other Languages Spoken by

Provider or Office Staff Spanish

Cednan, Isis, MSN, APRN ●
12651 South Dixie Highway
Suite 320
Miami, FL 33156
(305) 300-3121
Digital Contact Information:
bhanks@mwhc.net

and
8950 Southwest 74th Court
Suite 1808
Miami, FL 33156
(305) 300-3121
Digital Contact Information:
bhanks@mwhc.net

and
FL
(305) 300-3121
Digital Contact Information:
bhanks@mwhc.net

Cepero, Ariel, MSN, NP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
william_dubose@futurepsychsolutions.com

Cereste, Lineda, MSN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@elitednatherapy.com

Ceus, Angelina, MSN, APRN ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
FL
(602) 562-7383
Digital Contact Information:
credentialing@happierliving.com

Chama, Humphrey, MSN, APRNCNP ■
FL
(305) 902-6347
Digital Contact Information:
handmhealthcareoftx@gmail.com

Chan, Wai Y, MSN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
info@riviamind.com

Chaparro, Gabriella, MSN, APRN ■
FL
(305) 903-2031
Digital Contact Information:
Not Available

Chappell, Theotis, MSN, APRN ■
2820 Northeast 214th Street
Ste 801
Aventura, FL 33180
(256) 500-8688
Digital Contact Information:
blossom@withassured.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
blossom@withassured.com

Charles, Abbdady, MSN, APRN ■
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
help@joinuplift.co

Charles, Patrick H, MSN, APRNCNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Chasteen, Heather, MN, APRN, APRNCNP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
credentialing@flatherapy.com
Other Languages Spoken by Provider or Office Staff English

Chen, Phillip A, MSN, APRN ■
1120 NW 14th St
1477
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
3308
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff English

Chinea, Marianela, MSN, APRN ■
3971 Southwest 8th Street
STE 206
Coral Gables, FL 33134
(786) 633-5960
Digital Contact Information:
agauna@bmsbill.com

and
FL
(786) 980-7496
Digital Contact Information:
http://www.vidahealthcarenetworks.com
agauna@bmsbill.com

and
13590 Southwest 134th Avenue
201
Miami, FL 33186
(786) 227-6258
Digital Contact Information:
agauna@bmsbill.com

Chipollini, Ana, MSN, APRN ■
5911 Northwest 173rd Drive
6
Hialeah, FL 33015
(786) 380-9229
Digital Contact Information:
admin@believeandtrustcm.com

and
12030 Southwest 129th Court
Suite 211
Miami, FL 33186
(786) 380-9229
Digital Contact Information:
http://www.believeandtrusttcm.com
admin@believeandtrustcm.com

Choute-Edouard, Sonia, APRN, MSN, NP ■
66 West Flagler Street
Miami, FL 33130
(347) 875-0473
Digital Contact Information:
admins@wholenesstradition.com

and
1031 Ives Dairy Rd
Ste 228
Miami, FL 33179
(786) 477-6179
Digital Contact Information:
admins@wholenesstradition.com

and
12550 Biscayne Boulevard
STE 800
North Miami, FL 33181
(788) 442-5021
Digital Contact Information:
admins@wholenesstradition.com

Christensen, Molly, MSN, APRN ■
801 Brickell Avenue
8
Miami, FL 33131
(516) 505-7200
Digital Contact Information:
https://mindful.care/
palopolianastasiya@yahoo.com
Other Languages Spoken by Provider or Office Staff English

Chung, See, MSN, APNP, APRN, CNS, CRNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Cid Medina, Lissette, MSN, APRN ■
14411 Commerce Way
330
Hialeah, FL 33016
(786) 701-8416
Digital Contact Information:
http://nossmedicalcorp.com/
genesisconsultingservices39@gmail.com

and
1150 Northwest 72nd Avenue
ph 2
Miami, FL 33126
(786) 542-5043
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
3898 West Flagler Street
Miami, FL 33134
(954) 280-2056
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
7821 Coral Way
100
Miami, FL 33155
(786) 409-5690
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
10511 Southwest 88th Street
c103
Miami, FL 33176
(786) 530-7427
Digital Contact Information:
genesisconsultingservices39@gmail.com

Cieply, Tanisha, MSN, APRN ■
FL
(407) 906-6116
Digital Contact Information:
cieplyt@gmail.com

Ciliezar, Alicia M, MSN, APRN ■
FL
(561) 270-5330
Digital Contact Information:
billingheritagewellness@gmail.com

Cintra Marin, Andres, MSN, APRN ■
4090 Northwest 97th Avenue
300
Doral, FL 33178
(786) 332-4705
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
395 Northwest 14th Avenue
2
Homestead, FL 33030
(786) 349-4350
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
1800 Southwest 27th Avenue
505
Miami, FL 33145
(786) 542-9914
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
7821 Coral Way
100
Miami, FL 33155
(786) 409-5690
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
15715 South Dixie Highway
332
Miami, FL 33157
(786) 323-7228
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Cioffi, George V, MSN, ARNP ■
1300 Coral Way
Ste 208
Miami, FL 33145
(305) 929-8542
Digital Contact Information:
klopez@miamipersonalmanagement.com

and
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
http://www.miamipersonalmanagement.com
klopez@miamipersonalmanagement.com
Other Languages Spoken by Provider or Office Staff Spanish

Clark, Daniel, MSN, APRN ■
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
info@opabh.com

Clarke, Jabbar, MSN, APRN ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Clarke, Rachel, MN, APRN ■
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(813) 467-6111
Digital Contact Information:
dawnbird@verizon.net

Codling, Marion, MS, APRN ■

6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(954) 369-4111
Digital Contact Information:
referrals@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff English, Haitian Creole, Spanish

Cofino Matos, Karol, MSN, APRN ■
9849 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 664-4540
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com
Other Languages Spoken by Provider or Office Staff Spanish

Cohen, Michelle, MSN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Collins, Danielle, MSN, APRN ●
FL
(954) 295-7333
Digital Contact Information:
bluebutterflypsychserv@gmail.com

Collins, Marjorie, MSN, APRN ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Collins-Fox, Lorraine, MSN, PMHNP ■
2801 Northeast 213th Street
Suite 1215
Aventura, FL 33180
(786) 648-6161
Digital Contact Information:
http://lifestance.com
fl-credentialing@lifestance.com

Colson, Carrie, MSN, APRNCNP, APRNPMH ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
ccolson@wbma.cc
Other Languages Spoken by Provider or Office Staff Spanish

Columbie, Liane, MSN, APRN, BCBA ■
1400 Northwest 107th Avenue
306
Miami, FL 33172
(786) 817-7444
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff Spanish

Colunga, Eduardo, MSN, APRN ■
900 East 9th Street
Hialeah, FL 33010
(305) 381-5294
Digital Contact Information:
info@cbhwestcoast.com
Other Languages Spoken by Provider or Office Staff Spanish

Comas, Alejandro, DNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Comesana Lopez, Marisleydis, MSN, APRN ■
14261 Southwest 120th Street
Suite #113
Miami, FL 33186
(786) 597-4696
Digital Contact Information:
emotionlifecarecenter@gmail.com

and
9010 Southwest 137th Avenue
101
Miami, FL 33186
(786) 803-8826
Digital Contact Information:
http://amorementalhealthcorp.com
emotionlifecarecenter@gmail.com

and
13205 Southwest 137th Avenue
STE 132
Miami, FL 331865334
(786) 478-6369
Digital Contact Information:
http://dominguezcommunitycenter.com
emotionlifecarecenter@gmail.com

Companioni, Maria, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
ashley@ventremedical.com
Other Languages Spoken by Provider or Office Staff Spanish

Constant, Marie L, MSN, APRN ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Coote, Marie, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@psychiatrist4u.com

Corbel, Herve P, MSN, APRN ■
901 E 10th Ave
Ste 39
Hialeah, FL 33010
(305) 637-6400
Digital Contact Information:
help@joinuplift.co

and
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
help@joinuplift.co

and
5607 NW 27th Ave
1
Miami, FL 33142
(970) 779-7050
Digital Contact Information:
help@joinuplift.co

and
1100 NW 71st St
Miami, FL 33150
(305) 637-6400
Digital Contact Information:
help@joinuplift.co

and
1190 NW 95th St
Ste 100
Miami, FL 33150
(305) 637-6400
Digital Contact Information:
help@joinuplift.co

and
20612 Northwest 27th Avenue
Miami Gardens, FL 33056
(305) 637-6400
Digital Contact Information:
help@joinuplift.co

and
490 Opa Locka Blvd
100
Opa Locka, FL 33054
(305) 637-6400
Digital Contact Information:
help@joinuplift.co

Cordero, David, MSN, APRN ■
8700 North Kendall Drive
201
Miami, FL 33176
(786) 464-5496
Digital Contact Information:
http://amcpsychiatricservices.com
info@amcpsychiatricservices.com

Corniffe, Khadine, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
pandatherapycircle@gmail.com

Corrigan, Alon, MSN, APRN, NP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
credentialing@psychplus.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@psychplus.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@psychplus.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
credentialing@psychplus.com

Corson, Dejuanna H, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
help@joinuplift.co

Cortes Vazquez, Glendys, MN, APRN ■
13205 Southwest 137th Avenue
224 224
Miami, FL 33186
(786) 290-9192
Digital Contact Information:
primarycareeducenter@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Cos Salmon, Hugo, MSN, APRN ■
1671 West 37th Street
Suite #3
Hialeah, FL 33012
(305) 728-4880
Digital Contact Information:
hcos@chwcm.org
Other Languages Spoken by Provider or Office Staff English, Spanish

Costa, Merly, MSN, APRN, NP ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
cacosta@telemed2u.com

and
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
cacosta@telemed2u.com

and
255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
cacosta@telemed2u.com

and
370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
cacosta@telemed2u.com

and
333 Southeast 2nd Avenue
Suite 2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
cacosta@telemed2u.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
cacosta@telemed2u.com

and
3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
cacosta@telemed2u.com

and
350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
cacosta@telemed2u.com

and
429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
cacosta@telemed2u.com

and
323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
cacosta@telemed2u.com

Couper, Sarah, MSN, APRN ■
4300 Biscayne Boulevard
STE 203
Miami, FL 33137
(877) 400-0540
Digital Contact Information:
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Crane, Katrina L, MSN, ARNP, PMHNP ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Crespo, Johanna, MSN, APRN ■
1221 Brickell Avenue
ste 900

Miami, FL 33131
(833) 377-2526
Digital Contact Information:
http://www.healthandpsychiatry.com
billing101@healthandpsychiatry.com

and
FL
(833) 377-2526
Digital Contact Information:
http://www.healthandpsychiatry.com
billing101@healthandpsychiatry.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(833) 377-2526
Digital Contact Information:
http://www.healthandpsychiatry.com
billing101@healthandpsychiatry.com

and
1688 Meridian Avenue
STE 600
Miami Beach, FL 33139
(833) 377-2526
Digital Contact Information:
http://www.healthandpsychiatry.com
billing101@healthandpsychiatry.com

Crespo Padron, Julio, MSN, APRN ■
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
lfortun@keraltybh.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cruz, Yaimara, MSN, APRN ■
FL
(305) 510-0111
Digital Contact Information:
Not Available

Cuevas Rojas, Maytee R, MSN, APRN ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
http://www.dgphealthandwellness.com
info@dgphealthandwellness.com

and
1469 NW 36th St
Miami, FL 33142
(305) 635-7444
Digital Contact Information:
info@dgphealthandwellness.com

and
17325 Northwest 27th Avenue
Suite 105
Miami Gardens, FL 33056
(786) 819-0209
Digital Contact Information:
info@dgphealthandwellness.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Curbelo, Luis, MSN, APRN ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
infinitywellnessgroup21@gmail.com

and
14471 S Dixie Hwy
Miami, FL 33176
(786) 803-8826
Digital Contact Information:
http://www.amorementalhealthcorp.com
infinitywellnessgroup21@gmail.com

and
13701 Southwest 88th Street
306
Miami, FL 33186
(786) 842-1489
Digital Contact Information:
infinitywellnessgroup21@gmail.com

and
9010 Southwest 137th Avenue
101
Miami, FL 33186
(786) 803-8826
Digital Contact Information:
http://amorementalhealthcorp.com
infinitywellnessgroup21@gmail.com

Curtis, Jasmine, MSN, APRN, NP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
cred@bayshoreintegratedhealth.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
cred@bayshoreintegratedhealth.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
cred@bayshoreintegratedhealth.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
cred@bayshoreintegratedhealth.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
cred@bayshoreintegratedhealth.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
cred@bayshoreintegratedhealth.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
cred@bayshoreintegratedhealth.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
cred@bayshoreintegratedhealth.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
cred@bayshoreintegratedhealth.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
cred@bayshoreintegratedhealth.com
Other Languages Spoken by Provider or Office Staff English

Cuxart Falcon, Lorna, MSN, APRN ■
8370 West Flagler Street
STE 242
Miami, FL 33144
(786) 321-1600
Digital Contact Information:
http://www.crystalmindsmh.com
s.sardinas@crystalmindsmh.com

Cyronak, Ashley R, MSN, PMHNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
coastalpsych@gmail.com

Da Silva, Leonardo, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Dagobert, Nathalie, MSN, APRN, APRNPMH, CNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
caqh@dogwoodmedgroup.com

Daley, Rosalind, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
john@cecomputech.com

Danauy Del Toro, Yesmin, MN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
office@myrtleridge.us
Other Languages Spoken by Provider or Office Staff
Spanish

Dao, Quynh, MSN, APRN, APRNCNP, ARNP, CNS, CRNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@elitedna.com

Darby, Icolin, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
melissa@blueumbrellapsychiatry.com

Davis, Adrienne, MSN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@crossfunctionalcare.com

Davis, Christina, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
billing@regionalpsychiatry.com

Davis, Dario D, MSN, APRN ■
1120 NW 14th St
1477
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
Not Available

Davis, Leilani, MSN, APRN ■
790 Northwest 107th Avenue
Suite 107
Miami, FL 33172
(770) 492-2960
Digital Contact Information:
cheryl@qualitycredentialinginc.com

Davis, Shareefah M, DNP, NP ■
66 W Flagler St
900
Miami, FL 33130
(754) 223-9062
Digital Contact Information:
http://www.woosahwellness.org/
shareefahmarie@gmail.com

Davis-Young, Sandra K, MSN, APN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
ecochran@panolamed.com

De Carvalho, Marcello, MSN, APRN ■
3081 Salzedo Street
202 e3
Coral Gables, FL 33134
(786) 755-4801
Digital Contact Information:
hailey.welsh@credentialing.com

and
13540 SW 135th Ave
Miami, FL 33186
(786) 231-0800
Digital Contact Information:
hailey.welsh@credentialing.com
Other Languages Spoken by Provider or Office Staff
Spanish

De La Paz, Adriel, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com

De Leon, Carlos, MSN, APRN ■
901 E 10th Ave
Ste 39
Hialeah, FL 33010
(305) 637-6400
Digital Contact Information:
contact@balancedwellbeingllc.com

and
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
contact@balancedwellbeingllc.com

and
5607 NW 27th Ave
1
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
contact@balancedwellbeingllc.com

and
20612 Northwest 27th Avenue
Miami Gardens, FL 33056
(305) 637-6400
Digital Contact Information:
contact@balancedwellbeingllc.com

Dedge, Jessica K, MSN, APRN ■
255 Giralda Avenue
Coral Gables, FL 33134
(470) 944-5699
Digital Contact Information:
cred04@zmedsolutions.net

Dehaut, Yves, MN, APRN ●
20760 Northeast 4th Court
APT 106
Miami, FL 33179
(305) 331-8695
Digital Contact Information:
chanmedicalbilling@gmail.com
Other Languages Spoken by Provider or Office Staff Creole

Dejesus, Gisella, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

credentialing@happierliving.com

Del Cid, Maryann, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

Del Llano Lemus, Laura, MSN, APRN ■
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(954) 361-2669
Digital Contact Information:
laura051289@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Del Risco, Sahily, MSN, APRN ■
7950 Northwest 53rd Street
STE 237
Doral, FL 33166
(786) 464-0063
Digital Contact Information:
ducongemd@betterminds.care

and
5979 Northwest 151st Street
STE 120
Hialeah, FL 33014
(786) 536-4420
Digital Contact Information:
ducongemd@betterminds.care

and
8300 Southwest 40th Street
Miami, FL 33155
(305) 537-9635
Digital Contact Information:
ducongemd@betterminds.care

and
2450 Southwest 137th Avenue
206
Miami, FL 33175
(305) 381-5420
Digital Contact Information:
ducongemd@betterminds.care

and
2450 Southwest 137th Avenue
Suite 233
Miami, FL 33175
(305) 537-9635
Digital Contact Information:
ducongemd@betterminds.care

Del Valle, Ariel, DNP, APRN ■
790 Northwest 107th Avenue
Suite 107
Miami, FL 33172
(770) 492-2960
Digital Contact Information:
credentialing@ormbs.com

Delgado Alvarez, Guadalupe, MS, APRN ■
4300 Biscayne Boulevard
STE 203
Miami, FL 33137
(877) 400-0540
Digital Contact Information:
globalbehavioralhealthgroup@gmail.com

and
7951 Southwest 40th Street
suite 200-a
Miami, FL 33155
(305) 876-6960
Digital Contact Information:
globalbehavioralhealthgroup@gmail.com

Delgado, Sandra M, MSN, APRN ■
1550 Madruga Avenue
Suite 406
Coral Gables, FL 33146
(210) 864-2466
Digital Contact Information:
infodesk@bregmanmedicalgroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Denis, Carl Ivan, MSN, APRN ■
1150 Northeast 125th Street
North Miami, FL 33161
(305) 403-0654
Digital Contact Information:
llong@dgcmhc.org

Denson-Strong, Nikki, MSN, APRN ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
carolynm@embracingbehavioralhealth.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
carolynm@embracingbehavioralhealth.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
carolynm@embracingbehavioralhealth.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
carolynm@embracingbehavioralhealth.com

Derinor, Mara-Joanne S, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@mindfulhc.com

Derius, Francesca, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
hello@joinblossomhealth.com

Desarmes, Michelle, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
finn.garrison@bellmedex.com

Desire, Junie, MSN, APRN ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Spanish

Desousces, Sergelyne, MSN, APRN ■
2820 Northeast 214th Street
Ste 801
Aventura, FL 33180
(256) 500-8688
Digital Contact Information:
blossom@withassured.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(503) 427-8094
Digital Contact Information:
blossom@withassured.com

Desroches, Moramed, MSN, APRN, CRNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole, French, Spanish

Dewashrayee, Krishna M, MSN, PMHCNS ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
info@riviamind.com

Deyoe, Jenifer, MSN, APRN ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole, Haitian, Spanish

Diaz, Ibrahim, MSN, APRN ■
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
kenia.rodriguez@ffmhs.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com

Diaz, Laura, MN, APRN ■
14722 Southwest 56th Street
Miami, FL 33185
(305) 456-0572
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
13190 Southwest 134th Street
106
Miami, FL 33186
(786) 209-0023
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
17325 Northwest 27th Avenue
Suite 105
Miami Gardens, FL 33056
(786) 819-0209
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz, Michael, MSN, NP ■
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
credentialing@essenmed.com

Diaz, Miguel, MSN, ARNP ■
8323 Northwest 12th Street
108
Doral, FL 33126
(305) 400-8511
Digital Contact Information:
http://www.cbhwestcoast.com
communitybehavioralh@gmail.com

Diaz Olivera, Dayana, MN, APRN ■
2000 Northwest 87th Avenue
Suite 201
Doral, FL 33172
(954) 561-6222
Digital Contact Information:
credentialer@gmail.com

and
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
credentialer@gmail.com

Diaz Rodriguez, Tahnee, MSN, APRN ■
13055 Southwest 42nd Street
205
Miami, FL 33175
(786) 417-9395
Digital Contact Information:
https://onemorelight.org/
omlhspsychiatry@gmail.com

and
FL
(786) 417-9395
Digital Contact Information:
https://onemorelight.org/
omlhspsychiatry@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Diaz, Rosmery, MSN, APRN ■
8950 Southwest 74th Court
1911
Miami, FL 33156
(786) 637-0907
Digital Contact Information:
http://southfloridapsychiatry.co
info@rushcredentialing.com

Diaz Vivo, Yandi, MSN, APRN ■
8332 Southwest 8th Street
Miami, FL 33144
(305) 262-8282
Digital Contact Information:
garciahealthbilling@gmail.com

and
261 Westward Drive
suite 108-109
Miami, FL 33166
(305) 200-5176
Digital Contact Information:
garciahealthbilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz, Yiranda, MN, APRN ■
4601 Ponce De Leon Blvd
Ste 100
Coral Gables, FL 33146
(786) 758-3875
Digital Contact Information:
http://www.greenbrooktms.com
greenbrook@sutherlandglobal.com

Diaz-Llorens, Rigoberto B, MSN, APRNPMH ■
2828 Coral Way
Ste 460
Coral Gables, FL 33145
(305) 642-5255
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net

and
8765 Northwest 110th Street
Hialeah Gardens, FL 33018
(786) 389-2691
Digital Contact Information:
ghines@hinesandassociates.net

and
12550 Biscayne Boulevard
STE 306
North Miami, FL 33181
(305) 642-5255
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net

Dieguez, Ivette, MSN, APRN ■
3901 Northwest 79th Avenue
250
Doral, FL 33166
(239) 342-6516
Digital Contact Information:
info@laluzmentalhealth.com

and
12700 Southwest 128th Street
STE 108
Miami, FL 33186
(786) 732-0865
Digital Contact Information:
info@laluzmentalhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Dobano Amador, Oscar A, MSN, APRN ■
10031 Southwest 40th Street
Miami, FL 33165
(786) 442-9628

Digital Contact Information:
admin@medicalwellnesscent.com

and
3621 SW 107th Ave
Miami, FL 33165
(786) 534-8366
Digital Contact Information:
http://serenitycommunitycenter.com
admin@medicalwellnesscent.com

Docteur, Judeline, MSN, APRN ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
start@bebravehealth.com

Dominguez-Baute, Ileana D, MSN, PMHNP ■
14707 South Dixie Highway
Ste 201
Miami, FL 33176
(786) 250-3475
Digital Contact Information:
http://www.psychiatryandbeyond.com
psychiatry.beyond@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Donin, Evan, MSN, APRN, APRNCNP, NP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
blossom@withassured.com

Dorfman, Urszula, MSN, APRN ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole, Spanish

Dowell, Lavern, MSN, APRN ■
848 Brickell Avenue
5
Miami, FL 33131
(904) 765-0665
Digital Contact Information:
egood@ahawc.org

Doyley-Green, Natalie S, MSN, APRN, NP ■
2820 Northeast 214th Street
Aventura, FL 33180
(256) 500-8688
Digital Contact Information:
hello@joinblossomhealth.com

and
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
http://happierliving.com
hello@joinblossomhealth.com

and
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com

and
255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com

and
370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://happierliving.com
hello@joinblossomhealth.com

and
333 Southeast 2nd Avenue
Suite #2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
hello@joinblossomhealth.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
hello@joinblossomhealth.com

and
3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
http://happierliving.com
hello@joinblossomhealth.com

and
350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com

and
429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com

and
323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com

Drouet-Tutiven, Karin, MSN, APRN ■
11440 N Kendall Dr
Ste 208
Miami, FL 33176
(305) 898-0849
Digital Contact Information:
callisiabilling@gmail.com

and
FL
(305) 898-0849
Digital Contact Information:
callisiabilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Duan Low, Yi, MSN, NP, PMHNP ■
FL
(305) 902-6347
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Chinese, English

Duarte, Lisette, MSN, APRN ■
22133 South Dixie Highway
Miami, FL 33170
(786) 504-3119
Digital Contact Information:
https://fpmflorida.org/
admin@fpmagency.com

Dubose, Joseph W, MSN, APRN ■
1951 NW 7th Ave
Fl 3
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
joerocks70@gmail.com

and
1951 Northwest 7th Avenue
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
joerocks70@gmail.com

and
FL
(305) 902-6347
Digital Contact Information:
joerocks70@gmail.com

Dumenigo, Bianca, MSN, APRN ■
7951 Southwest 40th Street
suite 200-a
Miami, FL 33155
(786) 244-9911
Digital Contact Information:
global@medviz.ai

Dumond, Ena, MSN, APRN ■
901 E 10th Ave
Ste 39
Hialeah, FL 33010
(305) 637-6400
Digital Contact Information:
help@joinuplift.co

and
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
help@joinuplift.co

and
20612 Northwest 27th Avenue
Miami Gardens, FL 33056
(305) 637-6400
Digital Contact Information:
help@joinuplift.co

Dupera, Kelvin, MSN, APRN, CRNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
billing@healthhavenllc.org

Dysert, Morgan A, MSN, APRN ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
info@riviamind.com

Eagle, Kandace A, MSN, ARNP ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
http://www.compasshealthsystem.com
credentialing@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystem.com
credentialing@compass.md

Echemendia Lozano, Nasihely, MSN, APRNPMH ■
5881 Northwest 151st Street
Suite: 103
Miami Lakes, FL 33014
(786) 703-4154
Digital Contact Information:
lozanopsychnp@sanchez-md.com

and
9725 South Dixie Highway
Pinecrest, FL 33156
(305) 209-0144
Digital Contact Information:
lozanopsychnp@sanchez-md.com

Echemendia, Maikel, MSN, APRN ■
1111 Northwest 22nd Avenue
Miami, FL 33125
(305) 530-8164
Digital Contact Information:
jgonzalez@fdgmso.com

and
10371 Southwest 60th Street
Miami, FL 33173
(305) 799-7676
Digital Contact Information:
jgonzalez@fdgmso.com
Other Languages Spoken by Provider or Office Staff
Spanish

Echizarraga, Carmen J, MSN, APRN ■
2424 Southwest 137th Avenue
Miami, FL 331756311
(786) 655-0831
Digital Contact Information:
http://www.miamihealthmedicalcenter.us
miamihealthmental@gmail.com

Edmonson, Diana, DNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Edouard, Christopher, MSN, APRN ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
admin@vita-cog.com

and
9220 Sunset Drive
104
Miami, FL 33173
(786) 724-4224
Digital Contact Information:
admin@vita-cog.com

and
FL
(786) 724-4224
Digital Contact Information:
admin@vita-cog.com

Egan, Arlana, MSN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
credentialing@riviamind.com

El Kholy, Amira, MSN, APRN ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
https://www.compasshealthsystems.com/
credentialing@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
credentialing@compass.md
Other Languages Spoken by Provider or Office Staff
Spanish

Ellis, Andrea, MSN, APN, CNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@cerebral.com

Enamorado, Lizaida, MSN, APNP, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
info@kaiwellhealth.com

and
111 Northeast 1st Street
FL 8
Miami, FL 33132
(602) 562-7383
Digital Contact Information:
info@kaiwellhealth.com

and
15321 South Dixie Highway
Suite 203
Miami, FL 33157
(786) 707-4934
Digital Contact Information:
info@kaiwellhealth.com

and
12985 Southwest 130th Court
102-2
Miami, FL 33186
(786) 707-4934
Digital Contact Information:

http://www.kaiwellhealth.com
info@kaiwellhealth.com

and
FL
(602) 562-7383
(305) 707-4394
(786) 707-4934
Digital Contact Information:
http://www.kaiwellhealth.com
info@kaiwellhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

England, Kelly L, DNP, APN, APRN, APRNCNP, CNP, NP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Eppes, Alexis J, MSN, ARNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
apc123@bellsouth.net

Ergin, Bahattin, MSN, APRN ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.co

and
203 Poinciana Island Drive
Sunny Isles Beach, FL 33160
(410) 236-0305
Digital Contact Information:
credentialing@wellnite.co

Ervin, Tracy, MSN, APRN ■
4300 Biscayne Boulevard
STE 203
Miami, FL 33137
(877) 400-0540
Digital Contact Information:
https://forallmentalhealth.com
aubrey@drcred.com

Espinal, Quisqueya, MSN, APRN ■
12060 Southwest 129th Court
104
Miami, FL 33186
(786) 615-3349
Digital Contact Information:
office@neurobehavioral.health

and
12060 Southwest 129th Court
201
Miami, FL 33186
(786) 615-3349
Digital Contact Information:
office@neurobehavioral.health
Other Languages Spoken by Provider or Office Staff
Spanish

Espinosa Caceres, Ivana, MSN, APRN ■
1121 NW 14th St
Fl 1
Miami, FL 33136
(305) 243-4129
Digital Contact Information:
Not Available

and
1400 NW 12th Ave
2005
Miami, FL 33136
(305) 689-1352
Digital Contact Information:
Not Available

and
1475 NW 12th Ave
C021
Miami, FL 33136
(305) 243-4129
Digital Contact Information:
Not Available

and
8932 SW 97th Ave
E
Miami, FL 33176
(305) 243-5302
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Estevez Monteagudo, Yanisleidy, MSN, APRN ■
2100 Coral Way
Coral Gables, FL 33145
(786) 320-1677
Digital Contact Information:
hilda@universalcommunityservices.com

and
3750 West 16th Avenue
208 210
Hialeah, FL 33012
(305) 301-3283
Digital Contact Information:
hilda@universalcommunityservices.com

and
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
http://universalcommunityservices.com
hilda@universalcommunityservices.com

and
7392 Northwest 35th Terrace
301
Miami, FL 33122
(786) 353-2329
Digital Contact Information:
hilda@universalcommunityservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Estinvil, Rosemery, MSN, APRN ■
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
lgarcia@keraltybh.com

Estrada, Carlos, MD, APRN ■
13590 Southwest 134th Avenue
201
Miami, FL 33186
(786) 227-6258
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Estrada Molina, Evelio, MSN, APN ■
15260 SW 280th St
Ste 205
Homestead, FL 33032
(305) 707-7237
Digital Contact Information:
http://www.familybehaviorservices.org
yny.behavioralservices@gmail.com

and
790 Northwest 107th Avenue
Suite 110
Miami, FL 33172
(305) 964-5426
Digital Contact Information:
yny.behavioralservices@gmail.com

and
13590 Southwest 134th Avenue
201
Miami, FL 33186
(786) 227-6258
Digital Contact Information:
yny.behavioralservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Estupinan, Monica V, MSN, APRN ■
9220 Sunset Drive
104
Miami, FL 33173
(786) 724-4224
Digital Contact Information:
admin@vita-cog.com

and
12595 Southwest 137th Avenue
STE 110
Miami, FL 33186
(305) 465-9379
Digital Contact Information:
admin@vita-cog.com

Etheridge, Schonna, MSN, NP ■
FL
(508) 202-1011
Digital Contact Information:
https://www.sevenstarling.com
support@sevenstarling.com

Exume-Noel, Estherline, DNP, APRN, PMHNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@crossfunctionalcare.com

Eze, Perpetua, MSN, PMHNP ■
FL
(305) 902-6347
(855) 446-8628
Digital Contact Information:
http://telemed2u.com
ksullivan@spchealth.com

Eziagwu, Blessing, MSN, APRNCNP ■
FL
(305) 902-6347
Digital Contact Information:
eziagwub@yahoo.com

Farinas, Hosanna, MSN, APRN ■
4445 West 16th Avenue
STE 405
Hialeah, FL 33012
(786) 233-6721
Digital Contact Information:
admin@ampmentalhealth.com

and
5901 Southwest 74th Street
208
Miami, FL 33143
(954) 884-5626
Digital Contact Information:
http://www.santanamhs.com
admin@ampmentalhealth.com

and
5901 Southwest 74th Street
211
Miami, FL 33143
(786) 228-6892
Digital Contact Information:
http://www.santanamhs.com
admin@ampmentalhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Farrelly, Janet, MSN, NP ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Feliciano, Emily N, MSN, APRN ■
8950 North Kendall Drive
Suite 403W
Miami, FL 33176
(786) 596-3876
Digital Contact Information:
managedcarecredentialing@baptisthealth.net

Felix, Emilienne, MSN, APRN ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Fernandez, Isabel, MSN, APRN ■
15450 New Barn Road
200
Miami Lakes, FL 33014
(305) 900-3970
Digital Contact Information:
http://www.neurozenpsychiatry.com
isabelfernandezrn@gmail.com

and
FL
(305) 900-3970
Digital Contact Information:
http://www.neurozenpsychiatry.com
isabelfernandezrn@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez Jimenez, Barbara E, MSN, APRN ■
9000 Southwest 137th Avenue
Suite 103
Miami, FL 33186
(305) 671-3503
Digital Contact Information:
bccsoperations@doctorsccs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Juan, MSN, APRN ■
901 E 10th Ave
Ste 39
Hialeah, FL 33010
(305) 637-6400
Digital Contact Information:
contact@balancedwellbeingllc.com

and
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
contact@balancedwellbeingllc.com

and
5607 NW 27th Ave
1
Miami, FL 33142
(305) 805-1700
Digital Contact Information:

contact@balancedwellbeingllc.com

and
20612 Northwest 27th Avenue
Miami Gardens, FL 33056
(305) 637-6400
Digital Contact Information:
contact@balancedwellbeingllc.com

Fernandez Paul, Katheryn, MSN, APRN ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
tnovoa@believetherapycenter.com

and
7765 SW 87th Ave
Ste 105
Miami, FL 33173
(786) 550-7176
Digital Contact Information:
tnovoa@believetherapycenter.com

and
15413 Southwest 137th Avenue
Miami, FL 33177
(305) 964-5594
Digital Contact Information:
tnovoa@believetherapycenter.com

Fernandez, Rafael R, MSN, APRN ■
633 N Krome Ave
1
Homestead, FL 33030
(305) 763-4007
Digital Contact Information:
relatedmedicalgibilling@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Fernandez, Shujen T, MSN, APRN ■
FL
(347) 875-0473
Digital Contact Information:
credentialing@mindfulhc.com
Other Languages Spoken by Provider or Office Staff English

Fernandez-Calienes, Ismel F, MSN, APRN ■
4810 Southwest 8th Street
Suite 103/104
Coral Gables, FL 33134
(786) 803-8306
Digital Contact Information:
https://vdzleading.com/
ksmedicalbilling1@gmail.com

and
801 Monterey Street
202
Coral Gables, FL 33134
(786) 927-8048
Digital Contact Information:
ksmedicalbilling1@gmail.com

and
5757 Waterford District Drive
Unit 172
Miami, FL 33126
(786) 524-2880
Digital Contact Information:
http://www.lifetimesolutionsagency.com
ksmedicalbilling1@gmail.com

and
8532 Southwest 8th Street
STE 290
Miami, FL 33144
(786) 927-8048
Digital Contact Information:
ksmedicalbilling1@gmail.com

Fernandez-Gregson, Beatriz, MSN, APRN ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
info@elevatepsychiatry.com

and
363 S Homestead Blvd
Homestead, FL 33030
(305) 908-1115
Digital Contact Information:
info@elevatepsychiatry.com

and
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
info@elevatepsychiatry.com

Ferreiro, Daymi, MSN, APRNPMH ■
8950 Southwest 74th Court
1911
Miami, FL 33156
(786) 637-0907
Digital Contact Information:
info@rushcredentialing.com
Other Languages Spoken by Provider or Office Staff English

Ferrer, Lariza, MSN, APRN ■
8955 SW 87th Ct
Ste 112
Miami, FL 33176
(305) 722-7210
Digital Contact Information:
ofajardo@miamimedresearch.com

and
13500 SW 88th St
Ste 195
Miami, FL 33186
(786) 602-7838
Digital Contact Information:
ofajardo@miamimedresearch.com

and
FL
(786) 602-7838
Digital Contact Information:
ofajardo@miamimedresearch.com
Other Languages Spoken by Provider or Office Staff Spanish

Fiel, Esmilce, MSN, APRN ■
2141 Southwest 1st Street
204
Miami, FL 33135
(786) 515-4935
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Fiessinger, Amy, MN, APRN ■
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(813) 467-6111
Digital Contact Information:
dawnbird@verizon.net

Fischer, Tara M, MSN, APRN ■
FL
(305) 984-8209
Digital Contact Information:
tara.fisch326@gmail.com

Flanagan, Katrina, MSN, APRN ■
770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
5201 Blue Lagoon Dr
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Fleisher, Rebecca, MSN, APRN ■
5915 Ponce de Leon
23 26
Coral Gables, FL 33146
(786) 664-7810
Digital Contact Information:
https://southfloridaintegrativemed.com
vfalu@healthassets.com

Fleurme, Giorvanie, MSN, APRN ■
FL
(305) 902-6347
(305) 200-6090
Digital Contact Information:
giorvanie@gmail.com
Other Languages Spoken by Provider or Office Staff Hebrew, German, Haitian Creole, Creole, French, Spanish

Floriano, Beatriz, MSN, NP, PMHNP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com
Other Languages Spoken by Provider or Office Staff Portuguese, Spanish

Font Garcia, Luis E, MN, APRN ■
15536 Northwest 77th Court
Hialeah, FL 33016
(305) 621-8051
Digital Contact Information:
dreduardo305@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Foster, James J, MSN, ARNP ■
3661 South Miami Avenue
Suite 806
Miami, FL 33133
(786) 497-4000
Digital Contact Information:
ahfcredentialing@practiceworkz.com

Fox, James, MSN, APN, APRN, APRNCNP, CNS, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Fox, Starr, MSN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
hello@joinlavender.com

Francisco, Leonor, MMH, APN, APRN ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@therapies4kids.com

Francois, Natacha, MSN, APRN ■
12955 Biscayne Blvd
Ste 320
North Miami, FL 33181
(305) 895-3231
Digital Contact Information:
credentialing@madrelle.com

Frazer, Kadian, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Friedlander, Christopher, MSN, APRN ■
4601 Ponce De Leon Blvd
Ste 100
Coral Gables, FL 33146
(786) 758-3875
Digital Contact Information:
http://www.greenbrooktms.com
greenbrook@sutherlandglobal.com

Fujita, Sandra J, MSN, APRN ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
mstoker@nhcmhc.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
mstoker@nhcmhc.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
mstoker@nhcmhc.org

and
1469 NW 36th St
Miami, FL 33142
(305) 635-7444
Digital Contact Information:
mstoker@nhcmhc.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
mstoker@nhcmhc.org
Other Languages Spoken by Provider or Office Staff Spanish

Fuller, Omar, MSN, NP ■
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(770) 810-5836
Digital Contact Information:
robinlwhitlow@highlandrivers.org

Gabot, Sandrine, MSN, APRN ■
770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and

5201 Blue Lagoon Dr
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

and
830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
scheduling@happierliving.com

Gabriel, Geraldine, MSN, APN ■
13727 Southwest 152nd Street
161
Miami, FL 33177
(973) 283-5985
Digital Contact Information:
info@embracepwc.com

Gainza Mayo, Mariela D, MSN, APRN ■
7971 Bird Road
15
Miami, FL 33155
(786) 504-5620
Digital Contact Information:
kenia.rodriguez@ffmhs.com

and
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gallimore, Lloyd, MSN, APN, APRN, CNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff
English

Galvez Piedra, Reinier, MSN, APRN ■
901 E 10th Ave
Ste 39
Hialeah, FL 33010
(305) 637-6400
Digital Contact Information:
contact@balancedwellbeingllc.com

and
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
contact@balancedwellbeingllc.com

and
20612 Northwest 27th Avenue
Miami Gardens, FL 33056
(305) 637-6400
Digital Contact Information:
contact@balancedwellbeingllc.com

Gambino, Kimberly R, DNSC, APRN ■
FL
(305) 902-6347
Digital Contact Information:
sybecrdrequest@sybe.com

Garces Rodriguez, Oneida, MSN, APRN ■
22133 South Dixie Highway
Miami, FL 33170
(786) 504-3119
Digital Contact Information:
https://fpmflorida.org/
admin@fpmagency.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Albert L, MSN, APRN ■
2700 Southwest 27th Avenue
Miami, FL 33133
(305) 942-5246
Digital Contact Information:
info@doctorsccs.com

and
10661 North Kendall Drive
216
Miami, FL 33176
(786) 631-4158
Digital Contact Information:
info@doctorsccs.com

and
9000 Southwest 137th Avenue
Suite 103
Miami, FL 33186
(305) 671-3503
Digital Contact Information:
info@doctorsccs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Carla, MSN, APRN ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
info@elevatepsychiatry.com

and
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
info@elevatepsychiatry.com

and
12550 Biscayne Boulevard
STE 800
North Miami, FL 33181
(788) 442-5021
Digital Contact Information:
info@elevatepsychiatry.com

Garcia, Christabel, MSN, APRN ■
8950 Southwest 74th Court
1911
Miami, FL 33156
(786) 637-0907
Digital Contact Information:
info@rushcredentialing.com

Garcia Diaz, Marta, MSN, APRN ■
7490 Southwest 23rd Street
201
Miami, FL 33155
(786) 953-8221
Digital Contact Information:
medilineinc@yahoo.com

and
7315 Northwest 36th Street
Miami, FL 33166
(786) 345-7734
Digital Contact Information:
medilineinc@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Glenda, MSN, APRN ■
15260 Southwest 280th Street
113 114
Homestead, FL 33032
(305) 998-7885
Digital Contact Information:
infogarciahs@gmail.com

and
13370 Southwest 131st Street
Suite 110
Miami, FL 33186
(786) 250-4571
Digital Contact Information:
infogarciahs@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Karina, MSN, APRN ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
yvette@stellarhealthfl.com

and
8001 West 26th Avenue
2 2
Hialeah, FL 33016
(786) 360-2630
Digital Contact Information:
yvette@stellarhealthfl.com

and
8001 West 26th Avenue
6 6
Hialeah, FL 33016
(786) 372-3262
Digital Contact Information:
yvette@stellarhealthfl.com

and
8591 Northwest South River Drive
Medley, FL 33166
(305) 456-3000
Digital Contact Information:
yvette@stellarhealthfl.com

and
5080 Northwest 74th Avenue
Miami, FL 33166
(786) 372-3262
Digital Contact Information:
yvette@stellarhealthfl.com

and
13701 Southwest 88th Street
306
Miami, FL 33186
(786) 842-1489
Digital Contact Information:
yvette@stellarhealthfl.com

and
6141 Sunset Drive
402
South Miami, FL 33143
(786) 507-8300
Digital Contact Information:
yvette@stellarhealthfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Mercedes, MSN, APRN ■
FL
(786) 370-1740
Digital Contact Information:
mercedesgarcia2007@yahoo.com

and
664 East 25th Street
102
Hialeah, FL 33013
(786) 409-5361
Digital Contact Information:
mercedesgarcia2007@yahoo.com

and
7815 Coral Way
Ste 108
Miami, FL 33155
(305) 264-1344
Digital Contact Information:
mercedesgarcia2007@yahoo.com

and
10677 North Kendall Drive
ste 5-a
Miami, FL 33176
(786) 296-2773
Digital Contact Information:
http://toplifecaresolutions.com
mercedesgarcia2007@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Garcia Sanchez, Felipe I, MSN, APRN ■
13155 Southwest 134th Street
221
Miami, FL 33186
(786) 652-9880
Digital Contact Information:
info@communityconnectionflorida.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia Serrano, Lisandra, MSN, APRN ■
2720 Southwest 97th Avenue
C-105
Miami, FL 33165
(786) 332-4330
Digital Contact Information:
lisandragarcia1985@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Sonia, MSN, APRN ■
7301 Northwest 36th Street
Miami, FL 33166
(239) 220-5039
Digital Contact Information:
empathybhsbilling@gmail.com

and
7315 Northwest 36th Street
Miami, FL 33166
(786) 345-7734
Digital Contact Information:
empathybhsbilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Sonia, DNP, APRN ■
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
https://www.chgpsychiatry.com/
coastalhcbilling@gmail.com

Garcia, Tiffany, MN, PMHNP ■
2650 Southwest 27th Avenue
Suite 305
Miami, FL 33133
(786) 353-9812
Digital Contact Information:
billingheritagewellness@gmail.com

and
20824 W Dixie Hwy
Miami, FL 33180
(407) 851-5121
Digital Contact Information:
billingheritagewellness@gmail.com

Garcia, Yadisnay, MSN, APRN ■
770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
5201 Blue Lagoon Dr
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
80 Southwest 8th Street
100
Miami, FL 33130

(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

and
830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

Garcia, Yailyn, MS, NP ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
laurap@azzurrahcc.com

and
17325 Northwest 27th Avenue
Suite 105
Miami Gardens, FL 33056
(786) 819-0209
Digital Contact Information:
laurap@azzurrahcc.com

Geier, Nicole, APRN, DNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Gelin, Vanessa, MSN, APRN ■
FL
(305) 902-6347
(510) 201-0190
Digital Contact Information:
http://forefronttelecare.com
support@thriveworks.com

Gentil Gomez, Mayte, MSN, APRN ■
7811 Coral Way
106
Miami, FL 33155
(305) 412-0138
Digital Contact Information:
maytegentil@gmail.com

and
9995 SW 72nd St
Ste 208
Miami, FL 33173
(305) 412-6034
Digital Contact Information:
maytegentil@gmail.com

Gevorkyan, Mishela I, MSN, APN, APRN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
info@diana.health
Other Languages Spoken by Provider or Office Staff
Russian, Spanish

Gibbons, Mercedes J, MSN, APRN, PMHNP ■
1951 NW 7th Ave
Fl 3
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
fl-credentialing@lifestance.com

Gibson, Tamiko M, DNP, APRN ■
1550 Madruga Avenue
STE 201
Coral Gables, FL 33146
(305) 740-8103
Digital Contact Information:
infodesk@bregmanmedicalgroup.com

Gil, Yanelis, MSN, APRN ■
13195 Southwest 134th Street
102
Miami, FL 33186
(305) 964-5236
Digital Contact Information:
advancedcaresfl@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gillespie, Marjorie, PHD, APRN ■
64 W 63rd St
B202
Hialeah, FL 33012
(954) 431-7676
Digital Contact Information:
dr.gillespie@hotmail.com

and
16400 NW 2nd Ave
Ste 100
Miami, FL 33169
(954) 431-7676
Digital Contact Information:
dr.gillespie@hotmail.com

Gillon, Canisha, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
appts@aimergency.org
Other Languages Spoken by Provider or Office Staff
English, Creole, French

Gillyard, Brittney L, MSN, APRNCNP, NP ■
FL
(305) 902-6347
Digital Contact Information:
brittney318@outlook.com
Other Languages Spoken by Provider or Office Staff English

Gimenez, Roberto, DNP, PMHNP ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
fiucred@fiu.edu

and
3383 Northwest 7th Street
FL 2
Miami, FL 33125
(305) 643-4797
Digital Contact Information:
fiucred@fiu.edu

and
711 Northwest 23rd Avenue
Ste 301
Miami, FL 33125
(305) 643-4797
Digital Contact Information:
fiucred@fiu.edu

and
330 Southwest 27th Avenue
STE 609
Miami, FL 33135
(786) 743-0801
Digital Contact Information:
fiucred@fiu.edu

and
8348 Southwest 40th Street
Miami, FL 33155
(786) 528-6770
Digital Contact Information:
fiucred@fiu.edu

and
800 SW 108th Ave
100
Miami, FL 33174
(786) 595-8040
Digital Contact Information:
fiucred@fiu.edu
Other Languages Spoken by Provider or Office Staff
Spanish

Girlie, Marcelline, MSN, APRN, APRNCNP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
help@joinuplift.co

and
FL
(602) 562-7383
(202) 410-5972
Digital Contact Information:
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff Creole, Spanish

Gitlin, Karina, MSN, APRN ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(954) 369-4111
Digital Contact Information:
credentialer@gmail.com
Other Languages Spoken by Provider or Office Staff
Hebrew, Russian

Gladney, Lidia V, DNP, NP ■
218 Northwest 24th Street
FL 2-3
Miami, FL 33127
(305) 433-7147
Digital Contact Information:
http://www.sharlynncares.com
sharlynncares@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gomez, Hany, MSN, APRN ■
17900 Southwest 143rd Court
Miami, FL 33177
(305) 979-1395
Digital Contact Information:
hanygomezaprn@gmail.com

Gomez, Luis M, MSN, APRN ■
14400 Northwest 77th Court
#100
Miami Lakes, FL 33016
(786) 916-6073
Digital Contact Information:
soflabillers@gmail.com

Gonzalez, Adriana, MSN, APRN ■
11440 N Kendall Dr
Ste 208
Miami, FL 33176
(305) 898-0849
Digital Contact Information:
callisiabilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez Buigas, Nubia, DNP, APRN ■
1454 Southwest 1st Street
Suite #130
Miami, FL 33135
(786) 353-2872
Digital Contact Information:
nubiagonzalez2002@yahoo.com

and
6724 West Flagler Street
Suite B
Miami, FL 33144
(786) 353-2872
Digital Contact Information:
https://psiquiatriajungiana.com
nubiagonzalez2002@yahoo.com

and
FL
(786) 353-2872
Digital Contact Information:
https://psiquiatriajungiana.com
nubiagonzalez2002@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Daniel, MSN, APRN ■
1120 NW 14th St
1447
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
Not Available

and
FL
(305) 243-0214
Digital Contact Information:
Not Available

Gonzalez, Danyer, MSN, APRN ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
tmedina@hbccmhc.com

and
11440 North Kendall Drive
e208
Miami, FL 33176
(786) 889-0467
Digital Contact Information:
tmedina@hbccmhc.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gonzalez Diaz, Tania, MSN, APRN ■
2100 Coral Way
Coral Gables, FL 33145
(786) 320-1677
Digital Contact Information:
diana.vega@serenitympb.com

and
3901 Northwest 79th Avenue
STE 120
Doral, FL 33166
(786) 310-4480
Digital Contact Information:
diana.vega@serenitympb.com

and
3621 SW 107th Ave
Miami, FL 33165
(786) 534-8366
Digital Contact Information:
http://serenitycommunitycenter.com
diana.vega@serenitympb.com

and
4155 Southwest 130th Avenue
114
Miami, FL 33175
(956) 293-5008
Digital Contact Information:
diana.vega@serenitympb.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Luis, DNP, APRN ■
8725 Northwest 18th Terrace
Suite 202
Doral, FL 33172
(305) 487-2532
Digital Contact Information:
eternitylives24@gmail.com

and
7270 Northwest 12th Street
430
Miami, FL 33126
(786) 615-2843
Digital Contact Information:
eternitylives24@gmail.com

and
12001 Southwest 128th Court
Suite Suite 104
Miami, FL 33186
(786) 868-0505
Digital Contact Information:
eternitylives24@gmail.com

and
13170 Southwest 128th Street
200
Miami, FL 33186
(786) 852-5198
Digital Contact Information:
eternitylives24@gmail.com

and
9010 Southwest 137th Avenue
101
Miami, FL 33186
(786) 803-8826
Digital Contact Information:
http://amorementalhealthcorp.com
eternitylives24@gmail.com

Gonzalez, Victor, MSN, APRN ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115

Digital Contact Information:
info@opabh.com

and
3661 S Miami Ave
Ste 503
Miami, FL 33133
(305) 546-4578
Digital Contact Information:
info@opabh.com

and
1901 West Flagler Street
7
Miami, FL 33135
(786) 612-5973
Digital Contact Information:
info@opabh.com
Other Languages Spoken by Provider or Office Staff Spanish

Grana, Antonella, MSN, APRN ■
5915 Ponce de Leon
26
Coral Gables, FL 33146
(786) 664-7810
Digital Contact Information:
jtayntor@healthassets.com
Other Languages Spoken by Provider or Office Staff Spanish

Grant, Carla, MSN, APRN ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
http://www.compasshealthsystems.com
none@gmail.com

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
none@gmail.com

Grant, Sandra, MSN, APRN ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
info@hupcfl.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@hupcfl.com

Gratia, Vladymir, MSN, APRN ■
11440 N Kendall Dr
Ste 208
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
gratiaadvancedhealth@gmail.com

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
gratiaadvancedhealth@gmail.com
Other Languages Spoken by Provider or Office Staff Haitian Creole

Green, Shawn, MSN, PMHNP ■
FL
(305) 902-6347
Digital Contact Information:
shawnkgreen1@gmail.com
Other Languages Spoken by Provider or Office Staff English

Grenier, Ivan, MSN, APRN ■
2001 Northwest 107th Avenue
412
Doral, FL 33172
(786) 548-8322
Digital Contact Information:
xavier@southhealthmed.com

and
7959 NW 2nd St
Miami, FL 33126
(305) 267-6060
Digital Contact Information:
xavier@southhealthmed.com

and
3080 W Flagler St
Miami, FL 33135
(305) 456-1600
Digital Contact Information:
xavier@southhealthmed.com

and
5673 Southwest 137th Avenue
Miami, FL 33183
(305) 385-3949
Digital Contact Information:
xavier@southhealthmed.com
Other Languages Spoken by Provider or Office Staff Spanish

Grodie, Alexandria, DNP, APRN ■
FL
(305) 902-6347
Digital Contact Information:
http://www.blueskypsychiatrists.com
mercypho@mercy.net

Groobman, Yanelis, MSN, APRN ■
13195 Southwest 134th Street
102
Miami, FL 33186
(305) 964-5236
Digital Contact Information:
advancedcaresfl@outlook.com
Other Languages Spoken by Provider or Office Staff Spanish

Guerra, Roberto, MBS, APRN ■
4302 Alton Rd
Ste 820
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com

and
4304 Alton Rd
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com

Guerrero, Andre, MSN, APRN ■
8950 Southwest 74th Court
1911
Miami, FL 33156
(786) 637-0907
Digital Contact Information:
http://southfloridapsychiatry.co
info@rushcredentialing.com
Other Languages Spoken by Provider or Office Staff Spanish

Guevara, Ernesto, MSN, APRN ■
4005 Northwest 114th Avenue
22 22
Doral, FL 33178
(305) 260-6913
Digital Contact Information:
info@improvinglivesnow.com

and
2645 SW 37th Ave
Ste 101
Miami, FL 33133
(786) 530-4080
Digital Contact Information:
info@improvinglivesnow.com
Other Languages Spoken by Provider or Office Staff Spanish

Guthrie, Allison P, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Gutierrez, Beatriz, MSN, APRN ■
FL
(954) 765-6505
Digital Contact Information:
https://optimalmindandwellness.com/our-focus
beatriz@optimalmindandwellness.com

Gutierrez, Ricardo, MSN, APRN ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
contact@elevatepsychiatry.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
contact@elevatepsychiatry.com

and
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
contact@elevatepsychiatry.com

Gwaro, Agnes, MSN, APRNCNS ■
FL
(305) 902-6347
Digital Contact Information:
http://www.bebravehealth.com
start@bebravehealth.com

Haldeman, Melissa, DNP, APRN, NP, PMHNP ■
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

Hall, Karla, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
hello@joinblossomhealth.com

Hall, Magenta V, MSN, APRN ■
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
providercredentialing@aimmccs.com
Other Languages Spoken by Provider or Office Staff English

Hamilton, Losarnia S, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff Spanish

Hamner, Becky, MSN, NP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
veda.joshi@televerohealth.com
Other Languages Spoken by Provider or Office Staff English

Hampton, Valerie, MSN, APN, APRN, APRNCNP, CNS, NP ■
770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
5201 Blue Lagoon Dr
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Harambourе, Yuliet, MSN, APRN ■
12030 Southwest 129th Court
Suite 211
Miami, FL 33186
(305) 639-8760
Digital Contact Information:
http://www.believeandtrusttcm.com
admin@believeandtrusttcm.com

Hargrove, Chelsea N, MSN, APRN ■
770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
vijay@cardiacsi.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
vijay@cardiacsi.com

and
5201 Blue Lagoon Dr
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
vijay@cardiacsi.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
vijay@cardiacsi.com

and
80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
vijay@cardiacsi.com

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
vijay@cardiacsi.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
vijay@cardiacsi.com

and
830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
vijay@cardiacsi.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(888) 684-2779
Digital Contact Information:
vijay@cardiacsi.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
vijay@cardiacsi.com

Harper, Tina, DNP, APRN, NP ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
credentialing@talbertsmedical.com

and
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing@talbertsmedical.com

and
255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing@talbertsmedical.com

and
370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
credentialing@talbertsmedical.com

and
333 Southeast 2nd Avenue
Suite #2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@talbertsmedical.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@talbertsmedical.com

and
3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
credentialing@talbertsmedical.com

and
350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
credentialing@talbertsmedical.com

and
429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
credentialing@talbertsmedical.com

and
323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
credentialing@talbertsmedical.com

Harrington, Christine, MSN, APRN, NP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
blossom@withassured.com

Haughton, Verona, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
hello@joinblossomhealth.com

Hecht, Kaleigh, DNP, APN, APRN, CNP, NP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
credentialing@eastwardmedical.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@eastwardmedical.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@eastwardmedical.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@eastwardmedical.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@eastwardmedical.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing@eastwardmedical.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
credentialing@eastwardmedical.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
credentialing@eastwardmedical.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
credentialing@eastwardmedical.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
credentialing@eastwardmedical.com

Henderson, Tasia, DNP, NP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
credentialing@my-altmed.com

Henning, Rebecca, MSN, APRN, NP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Hernandez Alvarez, Nylen, MSN, APRN ■
5901 Southwest 74th Street
211
Miami, FL 33143
(786) 228-6892
Digital Contact Information:
http://www.santanamhs.com
admin@santanamhs.com
Other Languages Spoken by Provider or Office Staff Spanish

Hernandez Cruz, Lisandra, MSN, APRN ■
770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
mentalwellnessflorida@gmail.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
mentalwellnessflorida@gmail.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
mentalwellnessflorida@gmail.com

and
80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
mentalwellnessflorida@gmail.com

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
mentalwellnessflorida@gmail.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
mentalwellnessflorida@gmail.com

and
830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
mentalwellnessflorida@gmail.com

and
3661 S Miami Ave
Ste 503
Miami, FL 33133
(305) 546-4578
Digital Contact Information:
mentalwellnessflorida@gmail.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(888) 684-2779
Digital Contact Information:
mentalwellnessflorida@gmail.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
mentalwellnessflorida@gmail.com
Other Languages Spoken by Provider or Office Staff English

Hernandez, Neylen, MSN, APRN ■
14649 Southwest 42nd Street
Miami, FL 33175
(305) 332-3608
Digital Contact Information:
https://www.onementalhealth.us/
onementalhealthllc@gmail.com

Hernandez, Yanet, MSN, APRN ■
FL
(239) 244-2022
(786) 440-0904
Digital Contact Information:
http://www.mdpsclinic.com
consulting@fdgmso.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Hernandez, Yanio, MSN, APRN ■
FL
(786) 409-5503
Digital Contact Information:
yhernandez@miami-ps.com

and
12260 SW 8th St
Ste 154
Miami, FL 33184
(786) 409-5503
Digital Contact Information:
yhernandez@miami-ps.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez-Diaz, Victoria, MSN, APRN ■
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
healingtouchinc@msn.com

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

Herrera, Ludim E, MSN, APRN ■
1710 Northwest 7th Street
STE 5-6-7
Miami, FL 331253500
(786) 409-2568
Digital Contact Information:
novosbhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hidalgo, Rebecca M, MSN, APRN ■
1840 West 49th Street
Ste 408
Hialeah, FL 33012
(305) 964-5013
Digital Contact Information:
bmwellnesscenter24@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Hidalgo, Sused, MSN, APRN ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
cmontedeoca@myadvixor.com

and
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
cmontedeoca@myadvixor.com

and
5245 Northwest 36th Street
Unit 209
Miami Springs, FL 33166
(786) 453-6812
Digital Contact Information:
cmontedeoca@myadvixor.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hinderscheid, Alex, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
hello@joinblossomhealth.com

Holloway, Marcia, MSN, APN, APRN, NP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Hopps, Allison M, MSN, APRN ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Howard, Beverley, MSN, PMHNP ■
FL
(347) 875-0473
Digital Contact Information:
carlag@ppbh.org

Howard, Lynn A, MSN, APRN, PMHNP ■
770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
delegation@psychplus.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
delegation@psychplus.com

and
5201 Blue Lagoon Dr
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
delegation@psychplus.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
delegation@psychplus.com

and
80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
delegation@psychplus.com

and
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
http://happierliving.com
delegation@psychplus.com

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
delegation@psychplus.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
delegation@psychplus.com

and
830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
delegation@psychplus.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(888) 684-2779
Digital Contact Information:
delegation@psychplus.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
delegation@psychplus.com

Huff-Johnson, Laura, MSN, APRN, NP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
bhenrollment@accesstelecare.com

Hughes, Nicole, MSN, ARNP ■
1150 NW 14th St
Ste 609
Miami, FL 33136
(305) 243-6732
Digital Contact Information:
Not Available

and
1150 Northwest 14th Street
FL 7
Miami, FL 33136
(305) 355-7077
Digital Contact Information:
Not Available

Hughes, Shelby, DNP, APRN ■
FL
(508) 202-1011
Digital Contact Information:
https://www.sevenstarling.com
support@sevenstarling.com

Hunnicutt, Jessica, MSN, APRN, CNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Ibarra, Deborah V, MSN, APRN ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
contact@elevatepsychiatry.com

and
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
contact@elevatepsychiatry.com

and
10300 SW 72nd St
Ste 230
Miami, FL 33173
(786) 536-5710
Digital Contact Information:
contact@elevatepsychiatry.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ibe, Daluchukwu, MSN, APN, APRN ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
http://happierliving.com
admissions@traversetherapyservices.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
admissions@traversetherapyservices.com

Igbonegun, Ericka R, MSN, APRN, CNP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
start@bebravehealth.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
start@bebravehealth.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
start@bebravehealth.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
start@bebravehealth.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
start@bebravehealth.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
start@bebravehealth.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
start@bebravehealth.com

and
FL
(305) 902-6347
Digital Contact Information:
start@bebravehealth.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
start@bebravehealth.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
start@bebravehealth.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
start@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Irvin, Shicara, MSN, APRN, ARNP, CNS, NP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
kiara@thechcalliance.com
Other Languages Spoken by Provider or Office Staff Sign Lang Amer

Isacksen, Tristan, MSN, APRN, PMHCNS ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Isla Sanchez, Andres, MSN, APRN ■
5801 Northwest 151st Street
Suite 207
Miami Lakes, FL 33014
(786) 558-5748
Digital Contact Information:
ymartin@fc-ms.com
Other Languages Spoken by Provider or Office Staff
Spanish

Islam, Saiful, MSN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Izekor, Abiola O, MSN, APRNCNP, NP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
1688 Meridian Avenue

STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

Jackson, Clantrelle, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Jackson, Jessica L, MSN, APRN ■
2801 Northeast 213th Street
Suite 1215
Aventura, FL 33180
(833) 769-3524
Digital Contact Information:
fl-credentialing@lifestance.com

Jackson, Teresa A, MSN, APRN ■
901 East 10th Avenue
39
Hialeah, FL 33010
(305) 637-2400
Digital Contact Information:
jtchc@hcnetwork.org

and
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
jtchc@hcnetwork.org

and
1100 NW 71st St
Miami, FL 33150
(305) 637-6400
Digital Contact Information:
jtchc@hcnetwork.org

and
1190 NW 95th St
Ste 100
Miami, FL 33150
(305) 637-6400
Digital Contact Information:
jtchc@hcnetwork.org

and
20612 Northwest 27th Avenue
Miami Gardens, FL 33056
(305) 637-6400
Digital Contact Information:
https://www.jtchs.org/
jtchc@hcnetwork.org

and
490 Opa Locka Blvd
100
Opa Locka, FL 33054
(305) 637-6400
Digital Contact Information:
jtchc@hcnetwork.org

Jackson, Yinka S, MSN, APRN ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(954) 369-4111
Digital Contact Information:
hollywoodpractice@hotmail.com

and
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
hollywoodpractice@hotmail.com

Jacoby, Victoria L, DNP, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
arscredentialing@advancedrecoverysystems.com

Jacques, Gardine, MSN, APN, APRN, APRNCNS, ARNP, CNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
eden.health11@gmail.com
Other Languages Spoken by Provider or Office Staff English

Jaisingh, Nathan, MSN, APN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
info@benchmarkpsychservices.com

Jakini, William, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

James, Amanda K, MSN, APRN, NP ●
3100 SW 62nd Ave
Miami, FL 33155
(305) 663-8439
Digital Contact Information:
payer.credentialing@nicklaushealth.org
Other Languages Spoken by Provider or Office Staff English, Spanish

Jattan, Dorothea, MSN, APRN, NP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://happierliving.com
help@joinuplift.co

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
help@joinuplift.co

Jean Baptiste, Natalie, MSN, NP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
sosccgllc@gmail.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
sosccgllc@gmail.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
sosccgllc@gmail.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
sosccgllc@gmail.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
sosccgllc@gmail.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
sosccgllc@gmail.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
sosccgllc@gmail.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
sosccgllc@gmail.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
sosccgllc@gmail.com
Other Languages Spoken by Provider or Office Staff Creole, French

Jean-Francois, Herold, MSN, APRN ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Jeantinor, Anne, MSN, APN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Jeanty, Hugues, MSN, APRN ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Jerome, Martine, MSN, APRN ■
FL
(888) 947-3888
Digital Contact Information:
https://www.virtualpsychiatriccare.com/
support@virtualpsychiatriccare.com

Jimenez, Mirelys, MSN, APRNPMH ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
info@elevatepsychiatry.com

and
363 S Homestead Blvd
Homestead, FL 33030
(305) 908-1115
Digital Contact Information:
info@elevatepsychiatry.com

and
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
info@elevatepsychiatry.com

and
13926 SW 47th St
Miami, FL 33175
(305) 908-1115
Digital Contact Information:
info@elevatepsychiatry.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Jimenez Serrano, Lesly, MSN, APRN ■
7950 Northwest 53rd Street
Suit 337
Miami, FL 33166
(786) 475-8119
Digital Contact Information:
cred03@zmedsolutions.net

John-Idiagbonya, Tenni, DNP, APN, APRNCNS, CRNP, CRNPPMH, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Johnson, Monica M, DNP, NP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
info@aimergency.org

and
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
info@aimergency.org

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
info@aimergency.org

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
info@aimergency.org

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
info@aimergency.org

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@aimergency.org

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
info@aimergency.org

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
info@aimergency.org

and

20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
info@aimergency.org

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
info@aimergency.org

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
info@aimergency.org

Jones, Darneisha M, DNP, APRN ■
848 Brickell Avenue
5
Miami, FL 33131
(904) 765-0665
Digital Contact Information:
contact@balancedwellbeingllc.com
Other Languages Spoken by Provider or Office Staff English

Jones, Katie, MSN, APRN ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
osama.anwar@rcmmatter.com

Jones, Leonard, DNP, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
credentialing@gbmr.us

Jones, Rashan, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
admin@completedimensons.org

Jones, Shaquitia, MN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
cred04@zmedsolutions.net

Jonusas, Katerina, MSN, APRN ■
8950 Southwest 74th Court
1911
Miami, FL 33156
(786) 637-0907
Digital Contact Information:
http://southfloridapsychiatry.co
info@rushcredentialing.com

Joseph, Kevin K, DNP, APRN ■
1175 Northeast 125th Street
320
Miami, FL 33161
(786) 842-0444
Digital Contact Information:
http://www.marriagefamilyservices.com
maryann@sunrisepsychiatric.com

Joseph, Marie I, MSN, APRN ■
111 Northwest 183rd Street
Suite 203
Miami, FL 33169
(786) 809-4101
Digital Contact Information:
heavenlysoulscare@gmail.com
Other Languages Spoken by Provider or Office Staff Creole

Joubert, Alain, MSN, APRN ■
600 Northwest 183rd Street
103
Miami, FL 33169
(954) 256-9294
Digital Contact Information:
ssmbehavioralhealth@gmail.com
Other Languages Spoken by Provider or Office Staff Creole, French, Spanish

Juncadella, Priscilla M, MSN, APRN ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
Not Available

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
Not Available

Justi, Idalmys, MSN, APRN ■
19100 Southwest 106th Avenue
12 12
Miami, FL 33157
(786) 360-2852
Digital Contact Information:
idalmys.ghs@gmail.com

and
1460 Northwest 107th Avenue
41n
Miami, FL 33172
(754) 263-2050
Digital Contact Information:
idalmys.ghs@gmail.com

and
13370 Southwest 131st Street
Suite 110
Miami, FL 33186
(786) 250-4571
Digital Contact Information:
http://garciahealthservices.com
idalmys.ghs@gmail.com

and
15305 Northwest 60th Avenue
Ste 100
Miami Lakes, FL 33014
(786) 536-7561
Digital Contact Information:
idalmys.ghs@gmail.com

and
9299 SW 152nd St
Palmetto Bay, FL 33157
(305) 479-6538
Digital Contact Information:
idalmys.ghs@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Kelley, Kathryn R, MSN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Kelly, Cameila, MSN, APRN ■
66 West Flagler Street
Miami, FL 33130
(347) 875-0473
Digital Contact Information:
kaecyn.behavioral@gmail.com

and
FL
(347) 875-0473
Digital Contact Information:
kaecyn.behavioral@gmail.com

Kerge, Marol, MS, APRNCNP, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
csosa@provctr.org

Kerrick, Kevin C, MSN, ARNP, PMHNP ■
8785 Southwest 165th Avenue
Ste: 200-2010
Miami, FL 33193
(305) 709-1950
Digital Contact Information:
kevinkerrick@hotmail.com

Khabazghazvini, Baharak, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
maxbaharak53@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Farsi, Arabic

Khalif, Salaha N, MSN, APRN, ARNP, CNP, CRNP, NP ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
oh-credentialing@lifestance.com

and
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
oh-credentialing@lifestance.com

and
255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
oh-credentialing@lifestance.com

and
370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
oh-credentialing@lifestance.com

and
333 Southeast 2nd Avenue
Suite #2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
oh-credentialing@lifestance.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
oh-credentialing@lifestance.com

and
3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
oh-credentialing@lifestance.com

and
350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
oh-credentialing@lifestance.com

and
429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
oh-credentialing@lifestance.com

and
323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
oh-credentialing@lifestance.com
Other Languages Spoken by Provider or Office Staff English

Kharin, Leonid, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Kidane Davis, Pascale, MSN, APRN ■
FL
(786) 761-1155
(888) 947-3888
Digital Contact Information:
https://www.virtualpsychiatriccare.com/
pascalenp11@gmail.com

Kim Pak, Jeong M, MSN, APRN, NP ■
FL
(866) 333-9758
Digital Contact Information:
https://www.inspiration.clinic/
rick@healthquist.com
Other Languages Spoken by Provider or Office Staff Korean

King, Shavanna N, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
drperrier@livalityhealth.com

Klawuhn, Heather, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Koch, Dana M, MSN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Kofchock, Nita, MSN, APRN, CRNP, NP, PMHNP ■
FL
(508) 202-1011
Digital Contact Information:
Not Available

Kolodziejczak, Kara, MSN, APRN ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Korol, Vadim, MSN, NP ■
3580 Mystic Pointe Drive
Aventura, FL 33180
(954) 647-5298
Digital Contact Information:
info@platinumhlth.com

and
FL
(954) 647-5298
Digital Contact Information:
info@platinumhlth.com

Kumbhamuelil John, Sadeep K, MSN, APRN ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
fl-credentialing@lifestance.com

Lacina Garcia, Esdena, MSN, APRN ■
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net

healingtouchinc@msn.com

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com
Other Languages Spoken by Provider or Office Staff Spanish

Lafleur, Riviane, MSN, APRN, APRNCNP ■
FL
(508) 202-1011
Digital Contact Information:
office@mepsychotherapy.com

Lambert, Laurie, MSN, APRN, APRNCNS ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

Lamothe, Mirline, MSN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Lamur, Hercule, MSN, APRN ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
http://banyanhealth.org
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
credentialing@banyanhealth.org

Lamur, Nadia, MSN, APRN ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
credentialing@banyanhealth.org
Other Languages Spoken by Provider or Office Staff Spanish

Lankenau, Diana J, MN, APRN, PMHNP ■
South Red Road
Miami, FL 33155
(305) 297-7014
Digital Contact Information:
credentialing@orendapsych.com

and
FL
(305) 297-7014
Digital Contact Information:
credentialing@orendapsych.com

Lara, Cristian, MSN, APRN ■
14221 Southwest 120th Street
suite 207
Miami, FL 33186
(786) 247-1308
Digital Contact Information:
Not Available

Larrauri, Carlos A, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
bmmedicalllc@gmail.com

and
7921 Bird Rd
Ste 41
Miami, FL 33155
(305) 425-1393
Digital Contact Information:
http://oceanhealthsystem.com
bmmedicalllc@gmail.com

and
7921 Bird Road
39
Miami, FL 33155
(786) 310-1570
Digital Contact Information:
http://oceanhealthsystem.com
bmmedicalllc@gmail.com

and
7971 Bird Road
39
Miami, FL 33155
(786) 910-7179
Digital Contact Information:
http://oceanhealthsystem.com
bmmedicalllc@gmail.com

and
10682 Fontainebleau Boulevard
Miami, FL 33172
(786) 910-7179
Digital Contact Information:
bmmedicalllc@gmail.com

Leal Diaz, Carmen C, MSN, APRN ■
5911 Northwest 173rd Drive
6 6
Hialeah, FL 33015
(786) 380-9229
Digital Contact Information:
office@sweetstartcwc.com

and
2100 West 76th Street
STE 408
Hialeah, FL 33016
(786) 542-5056
Digital Contact Information:
office@sweetstartcwc.com

Ledesma, Luz, MSN, APRN ■
5201 Waterford District Drive
Floor 8
Miami, FL 33126
(786) 707-7135
Digital Contact Information:
luz@mindfulnessandpsychiatry.org

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(813) 467-6111
Digital Contact Information:
luz@mindfulnessandpsychiatry.org

and
20824 W Dixie Hwy
Miami, FL 33180
(407) 851-5121
Digital Contact Information:
luz@mindfulnessandpsychiatry.org
Other Languages Spoken by Provider or Office Staff Spanish

Lee, Edmond, MSN, APRN ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Lee, IN Jin, MSN, APN, APRN, CNP, NP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
credentialing@thriveworks.com
Other Languages Spoken by Provider or Office Staff Korean

Lee, Ivy, MSN, APRN ■
12550 Biscayne Boulevard
STE 800
North Miami, FL 33181
(788) 442-5021
Digital Contact Information:
omernawaz00@aol.com
Other Languages Spoken by Provider or Office Staff English

Lee, Jessie, MSN, APRN, NP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
contact@balancedwellbeingllc.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
contact@balancedwellbeingllc.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
contact@balancedwellbeingllc.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
contact@balancedwellbeingllc.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
contact@balancedwellbeingllc.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
contact@balancedwellbeingllc.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
contact@balancedwellbeingllc.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
contact@balancedwellbeingllc.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
contact@balancedwellbeingllc.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
contact@balancedwellbeingllc.com
Other Languages Spoken by Provider or Office Staff Creole, French

Leiva, Lucia, MSN, APRN ■
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
https://www.chgpsychiatry.com/
chgpsychiatry@gmail.com

Leverette, Yulonda D, MSN, APRN, PMHNP ■
14645 Northwest 77th Avenue
101
Miami Lakes, FL 33014
(833) 769-3524
Digital Contact Information:
http://lifestance.com
telehealthsupport@cheservices.com

Leydig, Tammie, MSN, APRN, CNP ■
FL
(305) 902-6347
Digital Contact Information:
sid@instic.health

Lister Perez, Annet T, MN, APRN ■
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
lgarcia@keraltybh.com
Other Languages Spoken by Provider or Office Staff Spanish

Livermore, Alexis N, MSN, APRN ■
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
swashburn@compass.md

Llamas, Angelica, MSN, APRN ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
laurap@azzurrahcc.com

and
215 Westward Dr
Miami Springs, FL 33166
(305) 887-4494
Digital Contact Information:
laurap@azzurrahcc.com
Other Languages Spoken by Provider or Office Staff Spanish

Llanes Perez, Yanel, MSN, APRN ■
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
http://novacommunityservice.com
administration@novacommunityservice.com
Other Languages Spoken by Provider or Office Staff Spanish

Lo, Lorinda, MSN, APRN ■
2464 Southwest 22nd Street
Miami, FL 33145
(305) 204-9355
Digital Contact Information:
http://www.ampmentalhealth.com
admin@ampmentalhealth.com
Other Languages Spoken by Provider or Office Staff Cantonese, Spanish

Lopez Hernandez, Blanca M, MSN, APRN ■
8950 Southwest 74th Court
1911
Miami, FL 33156
(786) 637-0907
Digital Contact Information:
http://www.southfloridapsychiatry.co
surooj@onestoppsych.com

Lopez, Idalmis, MSN, APRN ■
13170 Southwest 128th Street
200
Miami, FL 33186
(786) 852-5198
Digital Contact Information:
https://clarityapproach.com/
clarityhealth@approachteam.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez Sierra, Jacqueline V, MSN, APRN ■
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
ranjeet.thakre@mdrev.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
ranjeet.thakre@mdrev.com

and
5911 Northwest 173rd Drive
6 6
Hialeah, FL 33015
(786) 380-9229
Digital Contact Information:
ranjeet.thakre@mdrev.com

and
2650 Southwest 27th Avenue
Suite 305
Miami, FL 33133
(786) 353-9812
Digital Contact Information:
ranjeet.thakre@mdrev.com

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
ranjeet.thakre@mdrev.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Yaneris, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(305) 735-3555
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lorenzo Garcia, Yarenys, MSN, APRN ■
8500 West Flagler Street
Office 107A
Miami, FL 33144
(786) 614-5085
(786) 907-5141
Digital Contact Information:
lizalexandra09@gmail.com

and
FL
(786) 614-5085
(786) 907-5141
Digital Contact Information:
lizalexandra09@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lorenzo, Janet, MSN, APRN ■
12963 West Okeechobee Road
1a
Hialeah Gardens, FL 33018
(786) 450-9918
Digital Contact Information:
gardensmedicalcenters@gmail.com

and
12963 West Okeechobee Road
Unit 1
Hialeah Gardens, FL 33018
(786) 536-9329
Digital Contact Information:
gardensmedicalcenters@gmail.com

and
1150 Northwest 72nd Avenue
ph 2
Miami, FL 33126
(786) 542-5043
Digital Contact Information:
gardensmedicalcenters@gmail.com

and
13701 SW 88th St
Ste 305
Miami, FL 33186
(786) 471-6268
Digital Contact Information:
gardensmedicalcenters@gmail.com

and
16464 Southwest 99th Lane
Miami, FL 33196
(786) 471-6268
Digital Contact Information:
gardensmedicalcenters@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Losas, Denise, MSN, APRN ■
5901 Southwest 74th Street
208
Miami, FL 33143
(954) 884-5626
Digital Contact Information:
http://www.santanamhs.com
dlosas@santanamhs.com

and
5901 Southwest 74th Street
211
Miami, FL 33143
(786) 228-6892
Digital Contact Information:
http://www.santanamhs.com
dlosas@santanamhs.com

Louisius, Berlyne, MSN, APN, APNP, APRN, ARNP, CNS, NP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Lowe, Julia, MSN, APRN, APRNCNP, ARNP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
support@cerebral.com

Lowe, Lisa, MSN, APRN, CRNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
irishnurse78@gmail.com

and
FL
(305) 902-6347
(727) 626-2067
Digital Contact Information:
irishnurse78@gmail.com

Lucaciu, Aurica, MSN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

Luces, Rafael, MN, APRN ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Luongo, Joanna, MSN, APN, APRN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
imartin@mcbcollects.com

Lyallpuri, Romi, DNP, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
credentialing@riviamind.com

Lynch, Kortnie L, MSN, APRN ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Machado Toledo, Liliam, MSN, APRN ■
7500 Sw A St # 203
West Miami, FL 33144
(786) 542-5244
Digital Contact Information:
researchofmiami2023@gmail.com

Madruga Pau, Rogelio D, MMH, APRN ■
3901 Northwest 79th Avenue
STE 120
Doral, FL 33166
(786) 310-4480
Digital Contact Information:
hccms.corp@gmail.com

and
4155 Southwest 130th Avenue
114
Miami, FL 33175
(956) 293-5008
Digital Contact Information:
hccms.corp@gmail.com

and
9963 Southwest 142nd Avenue
Miami, FL 33186
(956) 253-5008
Digital Contact Information:
hccms.corp@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Magarino, Sheyla, MSN, APRN ■
12595 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 701-9992
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Mahbob, Samira, MSN, APRN, APRNCNS, ARNP, CNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@psychplus.com
Other Languages Spoken by Provider or Office Staff English

Mais, Tatiana M, MSN, APRN ■
8200 Northwest 41st Street
Suite 200
Miami, FL 33166
(754) 202-2565
Digital Contact Information:
info@savinglivescounselingcenter.com
Other Languages Spoken by Provider or Office Staff
Spanish

Majeed, Zishan, MSN, APRN, APRNPMH, NP, PMHNP ■
9247 Southwest 209th Terrace
Cutler Bay, FL 33189
(305) 300-3125
Digital Contact Information:
help@joinuplift.co

and
12651 South Dixie Highway
Suite 320
Miami, FL 33156
(305) 300-3121
Digital Contact Information:
http://www.happymindswellness.com
help@joinuplift.co

and
8950 Southwest 74th Court
Suite 1808
Miami, FL 33156
(305) 300-3121
Digital Contact Information:
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
English, Urdu, Hindi

Maldonado, Ana, MSN, APN, APRN, NP ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
333 Southeast 2nd Avenue
Suite 2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

Manresa, Viviana, MSN, APRN ■
261 Westward Drive
suite 108-109
Miami, FL 33166
(305) 200-5176
Digital Contact Information:
vmanresapmhnp@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Marchand, Jean, MSN, PMHNP ■
151 NW 11th St
Ste W201
Homestead, FL 33030
(786) 521-5925
Digital Contact Information:
fl-credentialing@lifestance.com

and
14645 Northwest 77th Avenue
101
Miami Lakes, FL 33014
(833) 769-3524
Digital Contact Information:
http://lifestance.com
fl-credentialing@lifestance.com
Other Languages Spoken by Provider or Office Staff French

Marcial, Eddy, MSN, APRN ■
13205 Southwest 137th Avenue
224 224
Miami, FL 33186
(786) 290-9192
Digital Contact Information:
eddymarcial@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Maria Corria Vendrell, Monica, MSN, APRNPMH ■
3580 Mystic Pointe Drive
Aventura, FL 33180
(954) 647-5298
Digital Contact Information:
admin@bellamentalhealth.com

and
8532 Southwest 8th Street
STE 290
Miami, FL 33144
(786) 927-8048
Digital Contact Information:
http://www.icaremh.com
admin@bellamentalhealth.com

and
FL
(954) 647-5298
(786) 927-8048
Digital Contact Information:
http://www.icaremh.com
admin@bellamentalhealth.com

Marrero, Arletty, MSN, APRN ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
psychiatry@intergratedhealthcare.group

and
900 West 49th Street
STE 512
Hialeah, FL 33012
(786) 536-1701
Digital Contact Information:
psychiatry@intergratedhealthcare.group

and
777 E 25th St
Ste 306
Hialeah, FL 33013
(786) 838-6092
Digital Contact Information:
psychiatry@intergratedhealthcare.group

and
351 NW 42nd Ave
Ste 406
Miami, FL 33126
(786) 536-1710
Digital Contact Information:
http://www.integratedhealthcare.group
psychiatry@intergratedhealthcare.group

and
1890 Southwest 57th Avenue
SUITE 106
Miami, FL 33155
(786) 536-1701
Digital Contact Information:
psychiatry@intergratedhealthcare.group

and
13370 Southwest 131st Street
Suite 110
Miami, FL 33186
(786) 250-4571
Digital Contact Information:
psychiatry@intergratedhealthcare.group
Other Languages Spoken by Provider or Office Staff
Spanish

Marrero, Jahaziel, MN, APRN ■
3625 Northwest 82nd Avenue
400 3
Doral, FL 33166
(305) 209-6399
Digital Contact Information:
j.marrero@animahealthcom.net

and
3625 Northwest 82nd Avenue
400 fl 4
Doral, FL 33166
(954) 852-0551
Digital Contact Information:
j.marrero@animahealthcom.net

Marriott, Ivonne, MSN, APRN ■
4601 Ponce De Leon Blvd
Ste 100
Coral Gables, FL 33146
(786) 758-3875
Digital Contact Information:
info@greenbrooktms.com

Marti, Carmen D, MS, APRN ■
12803 Southwest 280th Street
Homestead, FL 33032
(786) 409-5503
Digital Contact Information:
agauna@bmsbill.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martin, Alisha D, MSN, APRN ■
801 Brickell Avenue
8
Miami, FL 33131
(516) 505-7200
Digital Contact Information:
https://mindful.care/
credentialing@mindful.care

Martin Torres, Danka, MSN, APRN ■
900 West 49th Street
STE 400
Hialeah, FL 33012
(305) 587-2231
Digital Contact Information:
hcos@chwcm.org

and
1150 Northwest 72nd Avenue
350
Miami, FL 33126
(786) 228-7801
Digital Contact Information:
hcos@chwcm.org

and
1150 Northwest 72nd Avenue
540
Miami, FL 33126
(786) 228-7801
Digital Contact Information:
hcos@chwcm.org

and
1150 Northwest 72nd Avenue
ph 2
Miami, FL 33126
(786) 542-5043
Digital Contact Information:
http://1stcarecms.com
hcos@chwcm.org

and
3446 Southwest 8th Street
217
Miami, FL 33135
(786) 769-5046
Digital Contact Information:
hcos@chwcm.org

and
5600 Southwest 135th Avenue
STE 216
Miami, FL 33183
(786) 536-6196
Digital Contact Information:
hcos@chwcm.org

and
4471 Northwest 36th Street
SUITE #230
Miami Springs, FL 33166
(786) 238-7335
Digital Contact Information:
hcos@chwcm.org
Other Languages Spoken by Provider or Office Staff
Portuguese, English, Creole, Spanish

Martinez, Ashley S, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez Fernandez, Rosy, MSN, APRN ■
2200 Southwest 16th Street
Miami, FL 33145
(305) 456-2502
Digital Contact Information:
admin@fpmagency.com

and
22133 South Dixie Highway
Miami, FL 33170
(786) 504-3119
Digital Contact Information:
https://fpmflorida.org/
admin@fpmagency.com

and
730 Northwest 107th Avenue
104
Miami, FL 33172
(305) 307-1911
Digital Contact Information:
admin@fpmagency.com

and
15305 Northwest 60th Avenue
Ste 100
Miami Lakes, FL 33014
(786) 536-7561
Digital Contact Information:
admin@fpmagency.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Kirenia, MSN, APRN ■
790 Northwest 107th Avenue
suite 301
Miami, FL 33172
(305) 392-0968
Digital Contact Information:
bspecialistmg@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Mabel, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com

Martinez Rodriguez, Yessenia, MSN, APRN ■
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
credentialing@hcsflorida.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez Salazar, Lisandra, MSN, APRN ■
9849 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 644-5400
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com

Martinez Soto, Yaneisy, APRN ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
info@ffmhs.com

Martinez, Susel B, MSN, APRN ■
8950 Southwest 74th Court
1911
Miami, FL 33156
(786) 637-0907
Digital Contact Information:
info@rushcredentialing.com
Other Languages Spoken by Provider or Office Staff English

Mathew, Allin E, MSN, APRN, APRNCNP, CRNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
ipcpeadmin-west@teamhealth.com

Matos, Angela, MSN, APRN ■
5803 Northwest 151st Street
STE 206
Miami Lakes, FL 33014
(786) 442-1869
Digital Contact Information:
bravowellcarenetworkllc@gmail.com

Maurice, Thamar, MSN, APRN ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Mays, Linda, DNSC, ARNP ■
633 Northeast 167th Street
824
Miami, FL 33162
(305) 530-8262
Digital Contact Information:
http://www.lmaysarnp.com
drtbehavioralservices@gmail.com

and
FL
(305) 530-8262
Digital Contact Information:
http://www.lmaysarnp.com
drtbehavioralservices@gmail.com

Mazzella, Kathryn L, MSN, APN, APNP, APRN, APRNPMH, NP ■
150 Alhambra Circle
Floor 10
Coral Gables, FL 33134
(786) 800-3374
Digital Contact Information:
billing101@healthandpsychiatry.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
billing101@healthandpsychiatry.com

McClellan, Denise, MSN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

McCray, Yolande, MSN, APRN ■
FL
(305) 906-9995
Digital Contact Information:
thehealingplacellc1@gmail.com

McDonald, Cheryl L, MSN, APRN, APRNCNP, NP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
frontdesk@buildingnewhorizons.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
frontdesk@buildingnewhorizons.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:

http://happierliving.com
frontdesk@buildingnewhorizons.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
frontdesk@buildingnewhorizons.com

McKee, Sandra Darby D, MSN, APRN, APRNCNP, CRNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Mcghinty, Meghan R, DNP, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Mckail, Candilla, MSN, APRN, APRNCNP, CRNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Medard, Guirlene, MSN, APRN ■
125 Northwest 206th Terrace
Miami, FL 33169
(305) 744-2154
Digital Contact Information:
vantagepsychiatry@gmail.com

Mederos, Dargel R, MSN, APRN ■
13207 Southwest 44th Lane
Miami, FL 33175
(786) 245-1687
Digital Contact Information:
Not Available

Medina, Leah, MSN, APRN ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Medina Ramirez, Yuritza, DNP, APRN ■
FL
(786) 398-1326
Digital Contact Information:
admin@onestoppsych.com

and
261 Westward Drive
suite 108-109
Miami, FL 33166
(305) 200-5176
Digital Contact Information:
admin@onestoppsych.com

and
13195 Southwest 134th Street
101
Miami, FL 33186
(786) 227-6830
Digital Contact Information:
http://esperanzagroup.net
admin@onestoppsych.com

and
15660 Southwest 72nd Street
Miami, FL 33193
(786) 697-1150
Digital Contact Information:
admin@onestoppsych.com
Other Languages Spoken by Provider or Office Staff
Spanish

Medina Rojo, Raul, MSN, APRN ■
4445 West 16th Avenue
STE 405
Hialeah, FL 33012
(786) 233-6721
Digital Contact Information:
office@myrtleridge.us

and
1000 Brickell Avenue
Miami, FL 33131
(786) 701-9211
Digital Contact Information:
office@myrtleridge.us

and
9299 SW 152nd St
Ste 206
Palmetto Bay, FL 33157
(786) 883-0339
Digital Contact Information:
office@myrtleridge.us
Other Languages Spoken by Provider or Office Staff
English, Spanish

Medinilla, Jenrry, MSN, APRN ■
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
contact@balancedwellbeingllc.com

Mejia Jimenez, Ana, MSN, APRN ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
info@elevatepsychiatry.com

and
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
info@elevatepsychiatry.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mendez, Iraisy, MSN, APRN ■
3971 Southwest 8th Street
STE 206
Coral Gables, FL 33134
(786) 633-5960
Digital Contact Information:
iraisymendez@gmail.com

and
4896 Northwest 7th Street
Unit S
Miami, FL 33126
(786) 534-2023
Digital Contact Information:
iraisymendez@gmail.com

and
5950 Southwest 40th Street
Miami, FL 33155
(786) 633-5960
Digital Contact Information:
iraisymendez@gmail.com

and
7700 North Kendall Drive
807
Miami, FL 33156
(786) 332-9540
Digital Contact Information:
iraisymendez@gmail.com

and
22339 Southwest 112th Avenue
Miami, FL 33170
(786) 332-9540
Digital Contact Information:
iraisymendez@gmail.com

and
7600 Southwest 57th Avenue
102
South Miami, FL 33143
(305) 275-8573
Digital Contact Information:
https://mindandsoultherapy.org/
iraisymendez@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mendez Luaces, Luis E, DNP, APRN ■
330 Southwest 27th Avenue
#701
Miami, FL 33135
(305) 363-1880
Digital Contact Information:
http://empowerpsychiatry.net
info@empowerpsychiatry.med
Other Languages Spoken by Provider or Office Staff
Spanish

Mendez, Maria Y, MSN, APRN ■
2650 Southwest 27th Avenue
Suite 305
Miami, FL 33133
(786) 353-9812
Digital Contact Information:
http://www.harmonyatthegablesclinic.com
info@harmonyatthegables.com
Other Languages Spoken by Provider or Office Staff
Spanish

Menendez, Ibis M, MSN, APRN ■
1840 West 49th Street
#404
Hialeah, FL 33012
(305) 828-9980
Digital Contact Information:
empathybhsbilling@gmail.com

and
900 West 49th Street
STE 400
Hialeah, FL 33012
(305) 587-2231
Digital Contact Information:
empathybhsbilling@gmail.com

and
5911 Northwest 173rd Drive
6 6
Hialeah, FL 33015
(786) 380-9229
Digital Contact Information:
empathybhsbilling@gmail.com

and
7590 Northwest 186th Street
109
Hialeah, FL 33015
(305) 688-1700
Digital Contact Information:
empathybhsbilling@gmail.com

and
5590 W 20th Ave
Ste 404
Hialeah, FL 33016
(305) 826-9330
Digital Contact Information:
empathybhsbilling@gmail.com

and
7315 Northwest 36th Street
Miami, FL 33166
(786) 345-7734
Digital Contact Information:
empathybhsbilling@gmail.com

and
12030 Southwest 129th Court
107a
Miami, FL 33186
(305) 432-4032
Digital Contact Information:
empathybhsbilling@gmail.com

and
17325 Northwest 27th Avenue
206 207
Miami Gardens, FL 33056
(786) 822-7270
Digital Contact Information:
empathybhsbilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mesa, Adrian L, DNP, APRN ■
FL
(305) 783-3677
(305) 204-9355
Digital Contact Information:
http://keybridgetreatment.com
maryann@sunrisepsychiatric.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mesa, Dayani, MN, APRN ■
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
https://www.chgpsychiatry.com/
chgpsychiatry@gmail.com

Mesa Villalonga, Mireisy, MS, APRN ■
FL
(786) 409-5503
Digital Contact Information:
agauna@bmsbill.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Metellus, Phara C, MSN, NP ■
66 W Flagler St
900
Miami, FL 33130
(786) 244-7711
Digital Contact Information:
credentialing@growtherapy.com

Michel, Rosie, MSN, APRN ■
111 Northwest 183rd Street
Suite 203
Miami, FL 33169
(786) 809-4101
Digital Contact Information:
http://heavenlysoulscare.com
heavenlysoulscare@gmail.com

and
12955 Biscayne Blvd
Ste 320
North Miami, FL 33181
(305) 895-3231
Digital Contact Information:
heavenlysoulscare@gmail.com
Other Languages Spoken by Provider or Office Staff Creole, French, Spanish

Mildor, Manouchka, MSN, APRN ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(773) 985-3539
Digital Contact Information:
https://bethpsychiatry.com
credentialing.5@scribealign.com

Milhet, Nelson, MSN, ARNP ■
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 355-7000
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Millares, Sylma M, MSN, APRN ■
2001 Northwest 107th Avenue
412
Doral, FL 33172
(786) 548-8322
Digital Contact Information:
milarefbilling@gmail.com

and
14740 Southwest 26th Street
Miami, FL 33185
(305) 388-1118
Digital Contact Information:
milarefbilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ming, Naila, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
patients_accounts@aspirehp.org

Miranda, Carolina, MSN, APRN ■
8950 Southwest 74th Court
1911
Miami, FL 33156
(786) 637-0907
Digital Contact Information:
http://southfloridapsychiatry.co
info@rushcredentialing.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Miranda, Mairelys, MSN, APRN ■
9350 SW 72nd St
Ste 116
Miami, FL 33173
(954) 589-1971
Digital Contact Information:
ajndcorp@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mitchell, Oluwakemi, DNP, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
insurance@wellnite.com

and
FL
(602) 562-7383
Digital Contact Information:
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Mitchell, Stacey L, MSN, APRN, ARNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
beautifulmindsfayetteville@gmail.com

Mitchell, Tachianna, MSN, APRN ■
FL
(305) 902-6347
Digital Contact Information:
admin@sparkwg.com

Mizgala, Jonathan, DNP, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Mohsini, Nina, MSN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
credentialing@riviamind.com

Moise, Monique, MSN, APRN ■
FL
(754) 364-6154
Digital Contact Information:
cred03@zmedsolutions.net

Molina Paz, Ania K, MSN, APRN ■
FL
(561) 707-7607
Digital Contact Information:
ania_98@yahoo.es
Other Languages Spoken by Provider or Office Staff
Spanish

Molinar, Tatiana, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com
Other Languages Spoken by Provider or Office Staff
Spanish

Moline, Fred, MSN, APRN ■
975 Arthur Godfrey Road
305
Miami Beach, FL 33140
(305) 490-1989
Digital Contact Information:
jennifer@acehcs.com

Mondeja, Yanisleidy, DNP, APRN ■
9000 Southwest 137th Avenue
107
Miami, FL 33186
(305) 603-7824
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Mondoa, Rose, DNP, APRN, APRNPMH, CNP ■
FL
(508) 202-1011
Digital Contact Information:
scheduling@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Montanez, Ruben, MSN, NP ■
8846 Southwest 6th Street
Miami, FL 33144
(746) 486-8000
Digital Contact Information:
blueskymhaccess@gmail.com

Montero, Arasay, MSN, APRN ■
640 W Palm Dr
Ste D
Homestead, FL 33034
(786) 601-7757
Digital Contact Information:
solutiodrivenconsulting@gmail.com

and
640 West Palm Drive
c
Homestead, FL 33034
(305) 793-4701
Digital Contact Information:
solutiodrivenconsulting@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Montero, Kenia, MN, APRN ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
http://www.dgphealthandwellness.com
info@healthandwellness.com

and
12964 Southwest 133rd Court
33
Miami, FL 33186
(786) 943-4340
Digital Contact Information:
info@healthandwellness.com

and
FL
(786) 943-4340
Digital Contact Information:
info@healthandwellness.com

and
6750 Southwest 155th Avenue
Miami, FL 33193
(786) 943-4340
Digital Contact Information:
info@healthandwellness.com
Other Languages Spoken by Provider or Office Staff
Spanish

Moore, Angela L, MSW, PMHNP ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/credentialing@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Moore, Nyiesha S, MSN, APNP, NP ■
FL
(508) 202-1011
Digital Contact Information:
Not Available

Moore, Siobhan T, MS, APRN ■
2464 Southwest 22nd Street
Miami, FL 33145
(305) 204-9355
Digital Contact Information:
http://www.ampmentalhealth.com
admin@ampmentalhealth.com

Morales, Arianne, MSN, APRN ■
9010 Southwest 137th Avenue
suite 116
Miami, FL 33186
(305) 639-8685
Digital Contact Information:
universalclinicalcenter@gmail.com

Morales, Edelis, MSN, APRN ■
7951 Southwest 40th Street
suite 200-a
Miami, FL 33155
(786) 244-9911
Digital Contact Information:
lfortun@keraltybh.com

and
FL
(786) 244-9911
Digital Contact Information:
lfortun@keraltybh.com
Other Languages Spoken by Provider or Office Staff
German, Spanish

Morales Gainza, Robert, MSN, APRN ■
7811 Coral Way
106
Miami, FL 33155
(305) 412-0138
Digital Contact Information:
equilibriummhs@gmail.com

and
14221 Southwest 120th Street
Suite 221
Miami, FL 33186
(786) 247-1308
Digital Contact Information:
equilibriummhs@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Moreda-Mendez, Yanet, MSN, APRN ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
http://www.dgphealthandwellness.com
info@kaaficounseling.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
info@kaaficounseling.com
Other Languages Spoken by Provider or Office Staff
Spanish

Moriyon, Milko, MN, APRN ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
yavila@avilahealthgroup.com

and
664 East 25th Street
102
Hialeah, FL 33013
(786) 409-5361
Digital Contact Information:
yavila@avilahealthgroup.com

Moroz, Ilona, MSN, APRN ■
FL
(305) 396-8228
Digital Contact Information:
ivmpsychiatry@gmail.com
Other Languages Spoken by Provider or Office Staff
Ukrainian, Russian, Spanish

Morris, Marsha, MSN, APRN, ARNP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://happierliving.com
hamza@wisemedsolutions.com
Other Languages Spoken by Provider or Office Staff English

Moss, Roston, DNP, APRN ■
3105 Northwest 107th Avenue
Suite: 400
Doral, FL 33172
(954) 324-7650
Digital Contact Information:
sarduy@live.com

and
9220 Sunset Drive
104
Miami, FL 33173
(786) 724-4224
Digital Contact Information:
sarduy@live.com

Mueller, Denayer, MSN, APRN ■
1900 North Bayshore Drive
1a
Miami, FL 33132
(786) 761-1155
Digital Contact Information:
bluelily@nightingalebiling.com

Mueser, James A, MS, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
medicalbilling@nyfoundling.org

Mullings, Natalee S, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@caringtherapistsofbroward.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
info@caringtherapistsofbroward.com

and
1504 Bay Road
2003 2003
Miami Beach, FL 33139
(646) 374-2827
Digital Contact Information:
info@caringtherapistsofbroward.com

and
FL
(646) 374-2827
Digital Contact Information:
info@caringtherapistsofbroward.com

Muniz, Jose, MSN, APRN ■
6141 Sunset Drive
402
South Miami, FL 33143
(786) 507-8300
Digital Contact Information:
lauraine@linofernandezmd.com
Other Languages Spoken by Provider or Office Staff
Spanish

Munoz Vignau, Asuncion M, MSN, APRN ■
3414 West 84th Street
Suite D110
Hialeah, FL 33018
(305) 825-4320
Digital Contact Information:
marinavignau@comcast.net

and
3416 West 84th Street
C-108
Hialeah, FL 33018
(305) 557-1555
Digital Contact Information:
marinavignau@comcast.net
Other Languages Spoken by Provider or Office Staff
Spanish

Murray, Tyisaia, MSN, APN, APRN, APRNCNP, NP ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
klarienmentalwellness@yahoo.com

and
2332 Galiano Street
floor 2

Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
klarienmentalwellness@yahoo.com

and
255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
klarienmentalwellness@yahoo.com

and
370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
klarienmentalwellness@yahoo.com

and
333 Southeast 2nd Avenue
Suite #2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
klarienmentalwellness@yahoo.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
klarienmentalwellness@yahoo.com

and
3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
klarienmentalwellness@yahoo.com

and
350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
klarienmentalwellness@yahoo.com

and
323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
klarienmentalwellness@yahoo.com

Mustacchio, Ryan P, MSN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Mwangi, Carolyn, MS, NP ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
arscredentialing@advancedrecoverysystems.com

Napoles Garcia, Amed, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff Spanish

Narikkattu, Agnes, MSN, APRN ■
2828 Coral Way
Ste 460
Coral Gables, FL 33145
(954) 406-5220
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net

and
12550 Biscayne Boulevard
STE 306
North Miami, FL 33181
(305) 642-5255
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net

Ngandjo Yepndjouo, Sariette, MSN, APN, APRN, NP ■
FL
(305) 902-6347
Digital Contact Information:
brandy.marriner@geodehealth.com
Other Languages Spoken by Provider or Office Staff French

Nguyen, Phuc Duyen, MSN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Nicholas, Melissa, MSN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Nicklaus, Neesha, MSN, APRN ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
sunshinepsychiatry33913@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Njagi, Catherine, MSN, APRN ■
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Nkwanyuo, Esther, MSN, APRNCNP ■
4300 Biscayne Boulevard
STE 203
Miami, FL 33137
(817) 412-3067
Digital Contact Information:
enkwanyuo@gmail.com

Norton, Jeanne, MSN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

Nunez, Yanet, MSN, APRN ■
14221 Southwest 120th Street
208
Miami, FL 33186
(786) 302-5850
Digital Contact Information:
ynunez208@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Nwakudu, Chiedza, DNP, APN ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@natobehealthcare.com

Nyabiosi, Dorothy, MSN, APRN ■
FL
(508) 202-1011
Digital Contact Information:
support@sevenstarling.com

O'Connor, Knequisha L, MSN, APRN ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
Not Available

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
Not Available

O'Neill, Gloria M, MSN, APRN ■
7855 Northwest 52nd Street
Doral, FL 33166
(305) 450-9651
Digital Contact Information:
info@rushcredentialing.com

Occelus, Ranovy, MSN, APRN, APRNCNP, NP ■
FL
(508) 202-1011
Digital Contact Information:
credentialing@sevenstarling.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@sevenstarling.com
Other Languages Spoken by Provider or Office Staff English

Odera, Lynda, MSN, APRN ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
credentialing@banyanhealth.org

Ogugua, Adeola A, MSN, APRN, NP ■
FL
(305) 902-6347
Digital Contact Information:
hr.credentialing@sohomd.com
Other Languages Spoken by Provider or Office Staff English

Ojeda, Guillermo, MSN, APRN ■
1550 Madruga Avenue
Suite 406
Coral Gables, FL 33146
(210) 864-2466
Digital Contact Information:
infodesk@bregmanmedicalgroup.com

Okoloedo, Christian, MSN, APRNCNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
mia.schmidt@televerohealth.com
Other Languages Spoken by Provider or Office Staff English

Okonkwo, Chinyere O, MSN, NP, PMHNP ■
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
info@aimergency.org

Okoye, Nkechinyere, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Okpaleke, Ifeoma B, MSN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
registration@happierliving.com

Oladunni, Olasumbo, MSN, APRN, APRNCNP, CNS, CRNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Olisaeke, Emelda, MSN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Oliva, Ivan, MSN, APRN ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
olivaob91@gmail.com

Oliva, Michael, MSN, APRN ■
FL
(786) 564-0426
(321) 399-2899
Digital Contact Information:
info@mavaorg.com

Oliver Guerra, Yamilet, MSN, APRN ■
2650 Southwest 27th Avenue
Suite 305
Miami, FL 33133
(786) 353-9812
Digital Contact Information:
regionspraxiscare@gmail.com

and
22133 South Dixie Highway
Miami, FL 33170
(786) 504-3119
Digital Contact Information:
regionspraxiscare@gmail.com

and
13205 Southwest 137th Avenue
STE 132
Miami, FL 331865334
(786) 475-4279
Digital Contact Information:
http://dominguezcommunitycenter.com
regionspraxiscare@gmail.com

and
9299 SW 152nd St
Palmetto Bay, FL 33157
(305) 479-6538
Digital Contact Information:
regionspraxiscare@gmail.com
Other Languages Spoken by Provider or Office Staff English

Olivera Cuevas, Gladys Mariam, MSN, APRN ■
1490 West 49th Place
suite 309
Hialeah, FL 33012
(305) 846-9333
Digital Contact Information:
credentialing@edgemdsolution.com

Omega, Reynald, MSN, APRN, CNP ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
intake@compass.md

and

1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
intake@compass.md
Other Languages Spoken by Provider or Office Staff Creole, French, Spanish

Omo Olaoye, Funmilola R, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
hello@joinblossomhealth.com

Omokpo, Ololade, MSN, APN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
help@joinuplift.co

Onifade, Beatrice, MN, APRN ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

and
17940 Northwest 27th Avenue
Miami Gardens, FL 33056
(954) 478-6577
Digital Contact Information:
insurance@wellnite.com

Onodu, Racheal O, MSN, APRNCNP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
amasherhealth@gmail.com

Osinowo, Joy, MSN, APN, APNP, APRN, APRNCNS, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
help@joinuplift.co

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(305) 395-5978
Digital Contact Information:
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff English

Oyaga, Alberto, MSN, APRN ■
2001 Northwest 107th Avenue
412
Doral, FL 33172
(786) 548-8322
Digital Contact Information:
retreatmedicalcenter@gmail.com

and
777 E 25th St
Ste 212
Hialeah, FL 33013
(786) 409-7329
Digital Contact Information:
retreatmedicalcenter@gmail.com

and
244 Biscayne Boulevard
2007 2007
Miami, FL 33132
(786) 968-4172
Digital Contact Information:
retreatmedicalcenter@gmail.com

and
1818 West Flagler Street
Miami, FL 33135
(786) 755-2892
Digital Contact Information:
http://www.goldengatemedicalgroup.com
retreatmedicalcenter@gmail.com

and
1818 West Flagler Street
Ste 2
Miami, FL 33135
(786) 755-2892
Digital Contact Information:
http://www.goldengatemedicalgroup.com
retreatmedicalcenter@gmail.com

and
7116 Southwest 47th Street
Miami, FL 33155
(786) 794-2655
Digital Contact Information:
retreatmedicalcenter@gmail.com

and
5673 Southwest 137th Avenue
Miami, FL 33183
(305) 385-3949
Digital Contact Information:
retreatmedicalcenter@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Oyerinde, Anthonia O, MSN, APRNCNP, PMHNP ■
FL
(305) 902-6347
Digital Contact Information:
http://www.bebravehealth.com
Other Languages Spoken by Provider or Office Staff Igbo, English, Yoruba

Oyerinde, Mercy O, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
woodstock.support@thriveworks.com
Other Languages Spoken by Provider or Office Staff English

Pacios, Greter, MSN, APRN ■
13370 Southwest 131st Street
Suite 110
Miami, FL 33186
(786) 250-4571
Digital Contact Information:
infogarciahs@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Padilla, Eduardo, MSN, APRN ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
credentialing@banyanhealth.org

Padron, Yudit, MSN, APRN ■
5190 Northwest 167th Street
201
Hialeah, FL 33014
(305) 705-4289
Digital Contact Information:
information@dadefamilly.com

and
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
information@dadefamilly.com

and
7821 Coral Way
100
Miami, FL 33155
(786) 409-5690
Digital Contact Information:
information@dadefamilly.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
information@dadefamilly.com

and
13226 SW 8th St
Miami, FL 33184
(786) 518-3353
Digital Contact Information:
information@dadefamilly.com

Paez, Ronaldys, MSN, APRN ■
FL
(305) 615-5145
Digital Contact Information:
http://www.araratpsychiatry.com
info@araratpsychiatry.com

Palancar Gainza, Eleanis, MSN, APRN ■
7000 West 12th Avenue
15
Hialeah, FL 33014
(305) 395-4919
Digital Contact Information:
xantoswellness25@gmail.com

and
12550 Biscayne Boulevard
STE 507
North Miami, FL 33181
(305) 204-1209
Digital Contact Information:
xantoswellness25@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Palenque, Yoni R, MSN, APRN ■
2000 Northwest 87th Avenue
Suite 201
Doral, FL 33172
(954) 561-6222
Digital Contact Information:
info@ventremedical.com

and
5901 Southwest 74th Street
408
Miami, FL 33143
(305) 735-3555
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff Spanish

Palermo, Brittany, MSN, APNP, APRN, APRNCNP, CRNP, NP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
brittany.palermo@chenaltherapy.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com
Other Languages Spoken by Provider or Office Staff English

Palle, Hysintine, DNP, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
administration@empowermenthealthllc.com

Parra, Belarmino, MSN, APRN ■
FL
(305) 321-7718
Digital Contact Information:
Not Available

Paster, Karen, MSN, APN, APRN, CRNP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
courtney@conscientiamd.com
Other Languages Spoken by Provider or Office Staff English

Pastori, Farah G, MSN, APRN, NP ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Patel, Leila M, MSN, APRN ■
FL
(786) 250-6240
Digital Contact Information:
info@thepractice.co

Patino, Melissa, MN, APRN ■
12651 South Dixie Highway
Suite 320
Miami, FL 33156
(305) 300-3121
Digital Contact Information:
http://www.happymindswellness.com
mpatino_aprn@outlook.com

and
8950 Southwest 74th Court
Suite 1808
Miami, FL 33156
(305) 300-3121
Digital Contact Information:
mpatino_aprn@outlook.com

and
FL
(305) 300-3121
Digital Contact Information:
http://www.happymindswellness.com
mpatino_aprn@outlook.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(305) 300-3121
Digital Contact Information:
mpatino_aprn@outlook.com

Paul, Michelle J, MN, APRN ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Paula Jorge, Lynette D, MSN, APRN ■
8323 Northwest 12th Street
108
Doral, FL 33126
(305) 400-8511
Digital Contact Information:
http://www.cbhwestcoast.com
info@cbhwestcoast.com

Peacock Smith, Leandra, MSN, APN, NP ■
FL
(305) 902-6347
Digital Contact Information:
start@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Pedroso, Denia, MN, APRN ■
FL
(786) 361-9564
Digital Contact Information:
ecjmedservicescorp@gmail.com

Peguero, Dianelys, MSN, APRN ■
4910 East 2nd Avenue
Hialeah, FL 33013
(954) 239-8860
Digital Contact Information:
adminsomosvida@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pelaez, Janys, MSN, APRN ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
http://banyanhealth.org
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
credentialing@banyanhealth.org

Pelaez Munsey, Sandra R, MSN, APRN ■
8323 Northwest 12th Street
Ste 206
Doral, FL 33126
(305) 373-3424
Digital Contact Information:
drasimnisar@gmail.com

and
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
drasimnisar@gmail.com

and
2300 West 84th Street
Ste 601
Hialeah, FL 33016
(305) 363-4001
Digital Contact Information:
drasimnisar@gmail.com

and
2311 Northwest 7th Street
Miami, FL 33125
(786) 789-6021
Digital Contact Information:
drasimnisar@gmail.com

and
7921 Bird Rd
Ste 41
Miami, FL 33155
(305) 425-1393
Digital Contact Information:
drasimnisar@gmail.com

and
7971 Bird Road
15
Miami, FL 33155
(786) 504-5620
Digital Contact Information:
drasimnisar@gmail.com

and
7001 SW 97th Ave
Ste 206
Miami, FL 33173
(786) 294-0123
Digital Contact Information:
https://www.chgpsychiatry.com/
drasimnisar@gmail.com

and
7001 Southwest 97th Avenue
206a
Miami, FL 33173
(305) 373-3424
Digital Contact Information:
https://www.chgpsychiatry.com/
drasimnisar@gmail.com

and
13706 Southwest 56th Street
STE 105-106
Miami, FL 331756036
(786) 523-4289
Digital Contact Information:
drasimnisar@gmail.com

and
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
drasimnisar@gmail.com

and
5391 Northwest 36th Street
Miami Springs, FL 33166
(305) 418-0580
Digital Contact Information:
drasimnisar@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pena Pacheco, Nariel, MSN, APRN ■
18901 Southwest 106th Avenue
229
Miami, FL 33157
(786) 506-9008
Digital Contact Information:
advancecommunity71@gmail.com

and
10031 Southwest 40th Street
Miami, FL 33165
(786) 442-9628
Digital Contact Information:
advancecommunity71@gmail.com

Penichet, Abigail, MSN, APRN ■
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(954) 361-2669
Digital Contact Information:
admin@everyrosellc.com

Peralbo Perez, Juan V, MSN, APRNPMH ■
15935 Northwest 57th Avenue
Hialeah, FL 33014
(786) 953-5506
Digital Contact Information:
jessica@sanmiguelwellnesscenter.com

and
12030 Southwest 129th Court
107a
Miami, FL 33186
(305) 432-4032
Digital Contact Information:
jessica@sanmiguelwellnesscenter.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Peraza, Dania, MSN, APRN ■
FL
(305) 824-0637
Digital Contact Information:
bccsoperations@doctorsccs.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
bccsoperations@doctorsccs.com

Peraza Llanes, Alexander, MSN, APRN ■
2000 Northwest 87th Avenue
Suite 201
Doral, FL 33172
(954) 561-6222
Digital Contact Information:
info@ventremedical.com

and
5901 Southwest 74th Street
408
Miami, FL 33143
(305) 735-3555
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perea Perez, Yaisel, MSN, APRN ■
900 West 49th Street
STE 512
Hialeah, FL 33012
(786) 536-1701
Digital Contact Information:
http://www.integratedhealthcare.group
psychiatry@intergratedhealthcare.group

and
351 NW 42nd Ave
Ste 406
Miami, FL 33126
(786) 536-1701
Digital Contact Information:
psychiatry@intergratedhealthcare.group

and
1890 Southwest 57th Avenue
SUITE 106
Miami, FL 33155
(786) 536-1701
Digital Contact Information:
psychiatry@intergratedhealthcare.group

Perez Arias, Yanet, MSN, APRN ■
14201 Southwest 120th Street
suite 110
Miami, FL 33186
(786) 238-7492
Digital Contact Information:
https://mitierramedicalgroup.com
office@mitierramedicalgroup.com

Perez, Belkis B, MSN, NP ■
FL
(305) 579-2885
Digital Contact Information:
http://www.lumimindpsychiatrywellness.com
lumimindpsychwell@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Perez Cabrera, Enia, MSN, APRN ■
3785 Northwest 82nd Avenue
307
Doral, FL 33166
(305) 898-5420
Digital Contact Information:
credentialing@premedsys.com

and
3621 SW 107th Ave
Miami, FL 33165
(786) 534-8366
Digital Contact Information:
http://serenitycommunitycenter.com
credentialing@premedsys.com

and
8111 Southwest 157th Place
Miami, FL 33193
(786) 496-2221
Digital Contact Information:
credentialing@premedsys.com

Perez, Dania, MSN, APRN ■
4155 Southwest 130th Avenue
Suite 114B
Miami, FL 33175
(305) 546-9013
Digital Contact Information:
nicanoragent83@gmail.com

and
FL
(305) 546-9013
Digital Contact Information:
nicanoragent83@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Lizbeth, MN, APRN ■
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
https://www.chgpsychiatry.com/
chgpsychiatry@gmail.com

Perez Llanes, Michel, MSN, NP, PMHNP ■
FL
(305) 902-6347
Digital Contact Information:
start@bebravehealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez Machin, Lisyen, MSN, APRN ■
900 West 49th Street
STE 512
Hialeah, FL 33012
(786) 536-1701
Digital Contact Information:
credentialing@premedsys.com

and
351 NW 42nd Ave
Ste 406
Miami, FL 33126
(786) 536-1710
Digital Contact Information:
credentialing@premedsys.com

and
1890 Southwest 57th Avenue
SUITE 106
Miami, FL 33155
(786) 536-1701
Digital Contact Information:
http://www.integratedhealthcare.group
credentialing@premedsys.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Rosa A, MSN, APRN ■
6262 Bird Road
Ste 2K
Miami, FL 33155
(305) 692-0421
Digital Contact Information:
Not Available

Perez, Rosbel, MSN, APRN ■
8532 Southwest 8th Street
STE 290
Miami, FL 33144
(786) 927-8048
Digital Contact Information:
http://www.icaremh.com
dovebehavioralhealth@gmail.com

Perez-Suarez, Neyma, MN, APRN ■
2500 Northwest 79th Avenue
Suite 227
Doral, FL 33122
(305) 456-9396
Digital Contact Information:
admin@pirismedicalcenter.com

and
7483 Southwest 24th Street
201b

Miami, FL 33165
(786) 479-5058
Digital Contact Information:
admin@pirismedicalcenter.com

and
13335 Southwest 124th Street
STE 204
Miami, FL 33186
(786) 732-6192
Digital Contact Information:
admin@pirismedicalcenter.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pericles, Jessica, MS, APRN ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(773) 782-7609
Digital Contact Information:
https://bethpsychiatry.com
credentialing.5@scribealign.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
https://bethpsychiatry.com
credentialing.5@scribealign.com

Perlata Pena, Junior, MSN, APRN ■
5705 West 12th Lane
Hialeah, FL 33012
(786) 682-6393
Digital Contact Information:
rcarmona@rcpsychiatryim.net
Other Languages Spoken by Provider or Office Staff English

Perlowin, Paulette G, MSN, ARNP ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com

Perreira, Dyan, MSN, APRN ●
12651 South Dixie Highway
Suite 320
Miami, FL 33156
(305) 300-3121
Digital Contact Information:
bhanks@mwhc.net

Petras, Amber, MSN, APRN, CNP ■
5915 Ponce de Leon
23 26
Coral Gables, FL 33146
(786) 664-7810
Digital Contact Information:
https://southfloridaintegrativemed.com
sm@southfloridaintegrativemed.com

Petty, Regina, MSN, APN, APRN, APRNCNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@tb3llc.com

Philogene, Ronald D, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
rdphilogene@gmail.com
Other Languages Spoken by Provider or Office Staff Creole

Philogene, Sherline, MSN, APRN ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
credentialing@pscpalmbeach.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
credentialing@pscpalmbeach.com

Pierre, Jason, MSN, APN, PMHNP ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Pierre Jean, Felicie, MSN, NP ■
18117 Biscayne Boulevard
1554
Miami, FL 33160
(786) 652-1444
Digital Contact Information:
felserghealth@accesscarefl.com
Other Languages Spoken by Provider or Office Staff English

Pierre, Nikelson, MSN, APRN ■
22790 SW 112th Ave
Miami, FL 33170
(305) 235-2616
Digital Contact Information:
http://www.theagapenetwork.org
hcncredentialingcoordinators@hcnetwork.org
Other Languages Spoken by Provider or Office Staff
Spanish

Pierre, Urmene, DNP, APRN ■
510 Northwest 98th Street
Miami, FL 33150
(754) 266-5509
Digital Contact Information:
info.goodshepherd20@gmail.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, French

Pimentel, Monica, MSN, APRN, PMHNP ■
FL
(305) 509-8686
(407) 462-1254
Digital Contact Information:
http://www.brighter-you.com
info@brighter-you.com

Pineda, Cinia M, MSN, APRN ■
8950 Southwest 74th Court
1911
Miami, FL 33156
(786) 637-0907
Digital Contact Information:
info@rushcredentialing.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pinero, Laura, MSN, APRN ■
3000 Biscayne Boulevard
Suite 216
Miami, FL 33137
(786) 220-1969
Digital Contact Information:
credentialing@practolytics.com

and
602 Northeast 36th Street
19
Miami, FL 33137
(786) 220-1969
Digital Contact Information:
credentialing@practolytics.com

and
5901 Southwest 74th Street
408
Miami, FL 33143
(305) 735-3555
Digital Contact Information:
credentialing@practolytics.com

and
10511 Southwest 88th Street
c103
Miami, FL 33176
(786) 530-7427
Digital Contact Information:
credentialing@practolytics.com

Pitt, Samantha, MSN, APRN ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Plasencia, Belkis, MSN, APRN ■
7921 Bird Rd
Ste 41
Miami, FL 33155
(305) 425-1393
Digital Contact Information:
ynhcsaba@gmail.com

and
7971 Bird Road
39
Miami, FL 33155
(786) 910-7179
Digital Contact Information:
ynhcsaba@gmail.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
ynhcsaba@gmail.com

and
7001 SW 97th Ave
Ste 206
Miami, FL 33173
(786) 294-0123
Digital Contact Information:
https://www.chgpsychiatry.com/
ynhcsaba@gmail.com

and
9425 Southwest 72nd Street
Suite 251
Miami, FL 33173
(305) 305-6573
Digital Contact Information:
ynhcsaba@gmail.com

and
13706 Southwest 56th Street
STE 105-106
Miami, FL 331756036
(786) 523-4289
Digital Contact Information:
ynhcsaba@gmail.com

and
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
ynhcsaba@gmail.com

and
13335 Southwest 124th Street
STE 101
Miami, FL 33186
(786) 842-3635
Digital Contact Information:
ynhcsaba@gmail.com

and
13501 Southwest 128th Street
STE 114
Miami, FL 33186
(786) 250-3440
Digital Contact Information:
ynhcsaba@gmail.com

and
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
ynhcsaba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pollas, Landy F, MSN, APRN, NP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
lgoswami@essenmed.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
lgoswami@essenmed.com

Ponce, Juan, MSN, APRN ■
8323 Northwest 12th Street
108
Doral, FL 33126
(305) 400-8511
Digital Contact Information:
http://www.cbhwestcoast.com
info@cbhwestcoast.com

and
180 Northwest 62nd Street
Miami, FL 33150
(786) 360-5625
Digital Contact Information:
info@cbhwestcoast.com

and
13501 Southwest 128th Street
Suite 112
Miami, FL 33186
(786) 732-2383
Digital Contact Information:
info@cbhwestcoast.com

and
FL
(786) 803-8826
Digital Contact Information:
https://amorementalhealthcorp.com
info@cbhwestcoast.com

and
15305 Northwest 60th Avenue
Ste 100
Miami Lakes, FL 33014
(786) 536-7561
Digital Contact Information:
info@cbhwestcoast.com

and
13886 West Dixie Highway
North Miami, FL 33161
(786) 360-5625
Digital Contact Information:
info@cbhwestcoast.com

Porrata, Yenny, MN, APRN ■
1840 West 49th Street
suite 717
Hialeah, FL 33012
(308) 854-7952
Digital Contact Information:
yennypo62@gmail.com

and
FL
(308) 854-7952
Digital Contact Information:
yennypo62@gmail.com

and
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
http://www.miamipersonalmanagement.com
yennypo62@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Porres Milian, Aleksander, MSN, APRN ■
4726 West Flagler Street
Miami, FL 33134
(305) 446-9155
Digital Contact Information:
aporresfamilymedicine@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Poviones Garbalosa, Rosa M, MSN, ARNP ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
jfmhpartners@gmail.com

and
8200 SW 117th Ave
Ste 202
Miami, FL 33183
(305) 274-9206
Digital Contact Information:
jfmhpartners@gmail.com

and
14400 Northwest 77th Court
#100
Miami Lakes, FL 33016
(786) 916-6073
Digital Contact Information:
jfmhpartners@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Powe, Ruth, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

Other Languages Spoken by Provider or Office Staff English

Powell, Mary, MSN, ARNP ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
mpowell@nextgenerationvillage.com

Pozo, Darinka, MSN, APRN ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff Spanish

Prakash, Sanil, MSN, APRN, NP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
credentialing@psychplus.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@psychplus.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@psychplus.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
credentialing@psychplus.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@psychplus.com
Other Languages Spoken by Provider or Office Staff English

Premice, Claudette, MSN, APRN ■
111 Northwest 183rd Street
Suite 203
Miami, FL 33169
(786) 809-4101
Digital Contact Information:
info@providerscarebilling.com
Other Languages Spoken by Provider or Office Staff Creole, French

Press, Meredith A, MSN, APRN, NP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
fl-credentialing@lifestance.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
fl-credentialing@lifestance.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
fl-credentialing@lifestance.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
fl-credentialing@lifestance.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
fl-credentialing@lifestance.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
fl-credentialing@lifestance.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
fl-credentialing@lifestance.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
fl-credentialing@lifestance.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
fl-credentialing@lifestance.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
fl-credentialing@lifestance.com

Prieto, Hugo S, MSN, APRN ■
5190 Northwest 167th Street
201
Hialeah, FL 33014
(305) 640-8342
Digital Contact Information:
universalclinical@gmail.com

and
730 Northwest 107th Avenue
104
Miami, FL 33172
(305) 307-1911
Digital Contact Information:
universalclinical@gmail.com

and
8700 West Flagler Street
406
Miami, FL 33174
(786) 558-5549
Digital Contact Information:
universalclinical@gmail.com

and
9010 Southwest 137th Avenue
suite 116
Miami, FL 33186
(305) 639-8685
Digital Contact Information:
universalclinical@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Prime, Sabella, MSN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Puente Cardelle, Bertha, MSN, APRN ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
arscredentialing@advancedrecoverysystems.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Pupo Salva, Sandra, MSN, APRN ■
3750 West 16th Avenue
208 210
Hialeah, FL 33012
(305) 301-3283
Digital Contact Information:
https://www.serenitytms.com/
serenitytmscorp@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Querette, Magdalie, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
blossom@withassured.com

Quesada Carvajal, Luannys, MS, APRN ■
14400 Northwest 77th Court
#100
Miami Lakes, FL 33016
(786) 916-6073
Digital Contact Information:
contact@arcmentalhealth.com
Other Languages Spoken by Provider or Office Staff Spanish

Quinonez Meza, Javier, MSN, APRN ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Quintana, Amauri A, DNP, APRN ■
1000 Brickell Avenue
Miami, FL 33131
(786) 238-7364
Digital Contact Information:
abdullah@sixequation.com

and
1 NE 167th St
Miami, FL 33162
(305) 947-7133
Digital Contact Information:
abdullah@sixequation.com

and
2646 Southwest 87th Avenue
Miami, FL 33165
(305) 947-7133
Digital Contact Information:
abdullah@sixequation.com

Quintero, Lari J, MSN, APRN, PMHNP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
info@bloommhw.com

Quintin, Brianne, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Rabinovich, Melana, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
contact@gmindpsy.com
Other Languages Spoken by Provider or Office Staff Russian

Raez, Maria L, MSN, APRN ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
http://www.dgphealthandwellness.com
info@dgphealthandwellness.com

Raffaele, Jacqueline L, DNP, APRN, NP, PMHNP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
credentialing@thriveworks.com

Ramirez, Lisandra, MSN, NP ■
770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
asalivio@joinlavender.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
asalivio@joinlavender.com

and
5201 Blue Lagoon Dr
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
asalivio@joinlavender.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
asalivio@joinlavender.com

and
80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
asalivio@joinlavender.com

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
asalivio@joinlavender.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
asalivio@joinlavender.com

and
830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
asalivio@joinlavender.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(888) 684-2779
Digital Contact Information:
asalivio@joinlavender.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
asalivio@joinlavender.com

Rankin, Lidice, MSN, APRN ■
2691 Northeast 2nd Avenue
Miami, FL 33137

(305) 576-6611
Digital Contact Information:
Not Available

and
3000 Biscayne Blvd
Fl 5
Miami, FL 33137
(305) 576-6611
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Rankovic, Alecia, DNP, APRN, APRNCNP ■
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(239) 380-8220
Digital Contact Information:
infodesk@bregmanmedicalgroup.com

Reisdorf, Sonia, DNP, APN, ARNP ■
2820 Northeast 214th Street
Ste 801
Aventura, FL 33180
(256) 500-8688
Digital Contact Information:
sreisdorf1@gmail.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
sreisdorf1@gmail.com

Reiter, Anu, MSN, CNP, NP, PMHNP ■
FL
(508) 202-1011
Digital Contact Information:
https://www.sevenstarling.com
credentialing.1@scribelign.com

Rejas Cabrera, Dennis, DNP, APRN ■
2740 Southwest 19th Terrace
Miami, FL 33145
(786) 318-1778
Digital Contact Information:
http://www.vitalmindpsychiatrycare.com
dennisr92@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Remedioz Gonzalez, Yuri, MSN, APRN ■
5040 Northwest 7th Street
610
Miami, FL 33126
(786) 505-9442
Digital Contact Information:
http://www.gpsycare.com
officeadmin@gpsycare.com

and
8700 West Flagler Street
150
Miami, FL 33174
(305) 479-2584
Digital Contact Information:
http://megamedicalcenter.com
officeadmin@gpsycare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Revilla, Bernardo, MSN, APRN ■
5190 Northwest 167th Street
201
Hialeah, FL 33014
(305) 705-4289
Digital Contact Information:
http://livelinessinc.com
genesisconsultingservices39@gmail.com

Rexach, Dolores, MSN, APRN ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
contact@elevatepsychiatry.com

and
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
contact@elevatepsychiatry.com
Other Languages Spoken by Provider or Office Staff
Spanish

Reyes Echemendia, Rocio, MSN, APRN ■
770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
5201 Blue Lagoon Dr
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Reyes, Jorge, MSN, APRN ■
15495 Eagle Nest Lane
STE 215
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
info@valcourtbehavioral.com

and
6600 Cow Pen Road
250
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
info@valcourtbehavioral.com

and
215 Westward Dr
Miami Springs, FL 33166
(305) 887-4494
Digital Contact Information:
info@valcourtbehavioral.com

Reyes Miranda, Enio, MSN, APRN ■
600 Northwest 35th Avenue
202 203
Miami, FL 33125
(786) 907-4984
Digital Contact Information:
yny.behavioralservices@gmail.com

and
8370 West Flagler Street
STE 242
Miami, FL 33144
(786) 321-1600
Digital Contact Information:
yny.behavioralservices@gmail.com

and
790 Northwest 107th Avenue
Suite 110
Miami, FL 33172
(305) 964-5426
Digital Contact Information:
yny.behavioralservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Reyes Soto, Ibis, MSN, APRN ■
14221 Southwest 120th Street
Suite 125
Miami, FL 33186
(305) 482-1452
Digital Contact Information:
yisabel@arcmentalhealth.com

and
FL
(305) 482-1452
Digital Contact Information:
yisabel@arcmentalhealth.com

and
14400 Northwest 77th Court
#100
Miami Lakes, FL 33016
(786) 916-6073
Digital Contact Information:
http://www.arcmentalhealth.com
yisabel@arcmentalhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Richard-Pean, Midlaine, MSN, APRN ■
FL
(305) 902-6347
Digital Contact Information:
credentialing.4@scribealign.com

Riche, Amy, MSN, APRN ■
602 Northeast 36th Street
19
Miami, FL 33137
(786) 220-1969
Digital Contact Information:
credentialing@practolytics.com

Ricketts, Charlene A, MSN, APRN ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
credentialing@compass.md

and
FL
(305) 279-5535
(954) 771-7743
(888) 852-6672
(561) 752-9490
Digital Contact Information:
http://www.compasshealthsystems.com
credentialing@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(888) 852-6672
Digital Contact Information:
http://www.compasshealthsystems.com
credentialing@compass.md

Rieumont, Miriela, MSN, APRN ■
15190 Southwest 136th Street
11
Miami, FL 33196
(786) 701-8416
Digital Contact Information:
masvidamedicalcenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rio, Azkena, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
blossom@withassured.com

and
1818 West Flagler Street
300
Miami, FL 33135
(786) 755-2891
Digital Contact Information:
http://www.retreatmedical.us
blossom@withassured.com

and
7116 Southwest 47th Street
Miami, FL 33155
(786) 794-2655
Digital Contact Information:
blossom@withassured.com

Ripoll, Carlos, MN, APRN ■
1450 Madruga Avenue
405
Coral Gables, FL 33146
(786) 356-3715
Digital Contact Information:
supervisor@newsinrisecm.com

and
1840 West 49th Street
Suite 727
Hialeah, FL 33012
(786) 715-3086
Digital Contact Information:
supervisor@newsinrisecm.com

and
17670 Northwest 78th Avenue
STE 113
Hialeah, FL 33015
(716) 558-4565
Digital Contact Information:
supervisor@newsinrisecm.com

and
7392 Northwest 35th Terrace
207
Miami, FL 33122
(786) 353-2329
Digital Contact Information:
supervisor@newsinrisecm.com

and
2311 Northwest 7th Street
Miami, FL 33125
(786) 706-2246
Digital Contact Information:
supervisor@newsinrisecm.com

and
7950 West Flagler Street
Suite 101
Miami, FL 33144
(305) 239-7725
Digital Contact Information:
supervisor@newsinrisecm.com

and
4180 Southwest 74th Court
204
Miami, FL 33155
(786) 432-0107
Digital Contact Information:
supervisor@newsinrisecm.com

and
19001 Southwest 106th Avenue
c103
Miami, FL 33157
(786) 523-2352
Digital Contact Information:
supervisor@newsinrisecm.com

and
22133 South Dixie Highway
Miami, FL 33170
(786) 504-3119
Digital Contact Information:
supervisor@newsinrisecm.com

and
790 Northwest 107th Avenue
Suite 303
Miami, FL 33172
(786) 605-1660
Digital Contact Information:
supervisor@newsinrisecm.com

and
FL
(305) 239-7725
(786) 605-1660
Digital Contact Information:
supervisor@newsinrisecm.com

and
9900 Southwest 107th Avenue

STE 101
Miami, FL 33176
(305) 964-5381
Digital Contact Information:
supervisor@newsinrisecm.com

and
13155 Southwest 134th Street
202
Miami, FL 33186
(786) 504-3119
Digital Contact Information:
http://esperanzagroup.net
supervisor@newsinrisecm.com

and
13195 Southwest 134th Street
101
Miami, FL 33186
(786) 227-6830
Digital Contact Information:
http://esperanzagroup.net
supervisor@newsinrisecm.com

and
9745 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 701-2401
Digital Contact Information:
supervisor@newsinrisecm.com

Rivas, Brenda, MSN, APRN ■
14221 Southwest 120th Street
Suite 211
Miami, FL 33186
(786) 247-1308
Digital Contact Information:
Not Available

Rivera, Henry R, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@adaugeohealthcare.com

Rivera Torres, Gabriel, MSN, APRN ■
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
lgarcia@keraltybh.com

and
2450 Southwest 137th Avenue
Suite# 230
Miami, FL 33175
(305) 459-3207
Digital Contact Information:
http://www.hidalgopsychiatry.com
lgarcia@keraltybh.com

and
FL
(305) 459-3207
Digital Contact Information:
http://www.hidalgopsychiatry.com
lgarcia@keraltybh.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rivero, Claudia, MSN, APRN ■
7221 SW 24th St
Ste 206
Miami, FL 33155
(786) 648-4447
Digital Contact Information:
help@joinuplift.co

and
12030 Southwest 129th Court
Suite 211
Miami, FL 33186
(305) 639-8760
Digital Contact Information:
help@joinuplift.co

and
12700 Southwest 128th Street
STE 108
Miami, FL 33186
(786) 732-0865
Digital Contact Information:
help@joinuplift.co

and
9020 Southwest 137th Avenue
210
Miami, FL 33186
(786) 558-5042
Digital Contact Information:
help@joinuplift.co

Rivero Fundora, Liliam, MN, APRN ■
640 W Palm Dr
Ste D
Homestead, FL 33034
(786) 601-7757
Digital Contact Information:
socialadv18@gmail.com

Rivero, Manuel, MSN, APRN ■
8765 Northwest 110th Street
Hialeah Gardens, FL 33018
(786) 389-2691
Digital Contact Information:
muhammad@rxcredentialing.com

and
8955 SW 87th Ct
Ste 112
Miami, FL 33176
(305) 722-7210
Digital Contact Information:
muhammad@rxcredentialing.com

and
11890 Southwest 8th Street
403
Miami, FL 33184
(786) 362-5981
Digital Contact Information:
muhammad@rxcredentialing.com

Rizo, Yanisett, MSN, APRN ■
5901 Southwest 74th Street
208
Miami, FL 33143
(954) 884-5626
Digital Contact Information:
http://www.santanamhs.com
admin@santanamhs.com

and
5901 Southwest 74th Street
211
Miami, FL 33143
(786) 228-6892
Digital Contact Information:
http://www.santanamhs.com
admin@santanamhs.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Roberts, Kayla E, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
credentialing@flatherapy.com

Roberts, Nicole, MSN, APN, APRN, CNP, CNS, NP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
billing101@healthandpsychiatry.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
billing101@healthandpsychiatry.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
billing101@healthandpsychiatry.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
billing101@healthandpsychiatry.com

Robinson, Adrieene, MSN, APRN, APRNPMH ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Robinson, Janette, MSN, APRNCNP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
colleenirwin23@gmail.com

Rochford Buckley, Rebecca M, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com

Rodgers, Kathleen, MSN, APN ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Rodriguez, Arianna, MSN, APRN ■
142 E 49th St
Hialeah, FL 33013
(305) 333-9166
Digital Contact Information:
http://www.lennoxhealth.org
mcarvajal@lennoxhealth.org
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Ayme, MSN, APRN ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
contact@elevatepsychiatry.com

and
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
contact@elevatepsychiatry.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Barbara, MN, APRN ■
8785 SW 165th Ave
Miami, FL 33193
(786) 921-5451
Digital Contact Information:
peacefulminds1206@gmail.com

Rodriguez, Dianelys, MN, APRN ■
3000 Biscayne Boulevard
Suite 216
Miami, FL 33137
(786) 220-1969
Digital Contact Information:
credentialing@practolytics.com

and
602 Northeast 36th Street
19
Miami, FL 33137
(786) 220-1969
Digital Contact Information:
credentialing@practolytics.com

and
1411 Coral Way
Miami, FL 33145
(305) 204-9355
Digital Contact Information:
credentialing@practolytics.com

and
12595 Southwest 137th Avenue
STE 110
Miami, FL 33186
(305) 465-9379
Digital Contact Information:
http://www.pmcen.com
credentialing@practolytics.com

Rodriguez Ezcurdia, Rudy, MSN, APRN ■
330 Southwest 27th Avenue
307 309
Miami, FL 33135
(786) 762-2644
Digital Contact Information:
largavidafd@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Fernandez, Maylin, MSN, APRN ■
3901 Northwest 79th Avenue
250
Doral, FL 33166
(239) 342-6516
Digital Contact Information:
midynamicmedicalgroup@gmail.com

and
FL
(239) 342-6516
Digital Contact Information:
midynamicmedicalgroup@gmail.com

Rodriguez Garlobo, Maelia, MSN, APRN ■
12595 Southwest 137th Avenue
STE 110
Miami, FL 33186
(305) 465-9379
Digital Contact Information:
pmcibilling228@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Gutierrez, Lisney, MSN, APRN ■
5901 Southwest 74th Street
211
Miami, FL 33143
(786) 228-6892
Digital Contact Information:
http://www.santanamhs.com
lisney_lia@hotmail.com

and
9425 SW 72nd St
Miami, FL 33173
(786) 200-1071
Digital Contact Information:
lisney_lia@hotmail.com

and
9425 Sunset Drive

Suite 251
Miami, FL 33173
(786) 310-6004
Digital Contact Information:
lisney_lia@hotmail.com

Rodriguez, Jorge G, MN, PMHNP ■
11850 Southwest 175th Terrace
Miami, FL 33177
(305) 399-6370
Digital Contact Information:
jorgegainza92@gmail.com

Rodriguez, Mabel, MSN, APRN, ARNP, CNS, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@a3medicalbilling.com

Rodriguez, Monica C, MSN, APRN ■
12651 South Dixie Highway
Suite 320
Miami, FL 33156
(305) 300-3121
Digital Contact Information:
info@icarepsychiatry.org

and
8950 Southwest 74th Court
Suite 1808
Miami, FL 33156
(305) 300-3121
Digital Contact Information:
info@icarepsychiatry.org

and
FL
(786) 325-7643
(305) 209-4966
Digital Contact Information:
http://icarepsychiatry.com
info@icarepsychiatry.org

Rodriguez Regalado, Dinorah, MSN, APRN ■
3901 Northwest 79th Avenue
256
Doral, FL 33166
(305) 992-2421
Digital Contact Information:
alvarezmedicalsolutions@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Rodriguez, Renzo, MSN, APRN ■
2820 Northeast 214th Street
Ste 801
Aventura, FL 33180
(256) 500-8688
Digital Contact Information:
https://www.joinblossomhealth.com
blossom@withassured.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
blossom@withassured.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
blossom@withassured.com

Rodriguez, Taymi, MS, APRN ■
FL
(786) 860-5104
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com

and
15260 Southwest 280th Street
203
Homestead, FL 33032
(786) 601-7491
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com

and
2121 Southwest 3rd Avenue
205
Miami, FL 33129
(786) 660-1301
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com

and
3191 Southwest 22nd Street
406
Miami, FL 33145
(786) 660-1301
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com

and
7921 Bird Road
39
Miami, FL 33155
(786) 310-1570
Digital Contact Information:
http://oceanhealthsystem.com
lisbetrodriguez@llbillingoffice.com

and
7971 Bird Road
39
Miami, FL 33155
(786) 910-7179
Digital Contact Information:
http://oceanhealthsystem.com
lisbetrodriguez@llbillingoffice.com

and
4905 Northwest 72nd Avenue
5
Miami, FL 33166
(786) 391-3816
Digital Contact Information:
http://paradisehealthgroup.com
lisbetrodriguez@llbillingoffice.com

and
10680 Fontainebleau Boulevard
Miami, FL 33172
(305) 794-6845
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com

and
9350 SW 72nd St
Ste 116
Miami, FL 33173
(305) 992-9768
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com

and
12781 SW 42nd St
Ste G
Miami, FL 33175
(786) 227-3661
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com

and
13155 Southwest 134th Street
221
Miami, FL 33186
(786) 652-9880
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com

and
18142 Southwest 97th Avenue
Palmetto Bay, FL 33157
(786) 701-9179
Digital Contact Information:
http://www.guevaramedicalservices.com
lisbetrodriguez@llbillingoffice.com

and
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com
Other Languages Spoken by Provider or Office Staff Spanish

Rodriguez, Zunilda, MSN, APRN ■
8756 Southwest 8th Street
Miami, FL 33174
(786) 223-9751
Digital Contact Information:
jyjpsychservices@gmail.com

Rojas, Rafael, MSN, APRN ■
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
yny.behavioralservices@gmail.com

and
1400 Northwest 12th Avenue
Miami, FL 33136
(305) 243-5302
Digital Contact Information:
yny.behavioralservices@gmail.com

and
1475 NW 12th Ave
Fl 3
Miami, FL 33136
(305) 243-5302
Digital Contact Information:
yny.behavioralservices@gmail.com

and
1611 NW 12th Ave
Miami, FL 33136
(305) 243-5302
Digital Contact Information:
yny.behavioralservices@gmail.com

and
790 Northwest 107th Avenue
Suite 110
Miami, FL 33172
(305) 385-9919
Digital Contact Information:
yny.behavioralservices@gmail.com

and
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
yny.behavioralservices@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Rojas, Sheila, MSN, APRN ■
2423 Southwest 147th Avenue
682
Miami, FL 33175
(305) 317-2426
Digital Contact Information:
tcmsolutioncenters@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Rollinson, Poon L, DNP, APRN ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
providerenrollment@mcr.health

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
providerenrollment@mcr.health

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
providerenrollment@mcr.health

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
providerenrollment@mcr.health

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
providerenrollment@mcr.health

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
providerenrollment@mcr.health

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
providerenrollment@mcr.health

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
providerenrollment@mcr.health

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
providerenrollment@mcr.health

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
providerenrollment@mcr.health
Other Languages Spoken by Provider or Office Staff English

Romeo, Leticia C, MSN, APRN ■
7971 Bird Road
39
Miami, FL 33155
(786) 910-7179
Digital Contact Information:
ajndcorp@gmail.com

and
9350 SW 72nd St
Ste 116
Miami, FL 33173
(786) 504-5620
Digital Contact Information:
ajndcorp@gmail.com

Romero Fernandez, Nancy, MN, APRN ■
14411 Commerce Way
fl # 330
Hialeah, FL 33016
(305) 450-9301
Digital Contact Information:
http://nossmedicalcorp.com
masvidamedicalcenter@gmail.com

and
801 Northwest 37th Avenue
212
Miami, FL 33125
(305) 504-6131
Digital Contact Information:
masvidamedicalcenter@gmail.com

Rondina, Katherine M, MSN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
hr.credentialing@sohomd.com
Other Languages Spoken by Provider or Office Staff English

Rose, Jennifer, MSN, APRN ■
1031 Ives Dairy Rd
Ste 228
Miami, FL 33179
(786) 320-5559
Digital Contact Information:
growthllc@growthcounselingandtherapy.com

and
1001 North Miami Beach Boulevard
North Miami Beach, FL 33162
(786) 320-5559
Digital Contact Information:
growthllc@growthcounselingandtherapy.com

Rosellon, Naybi, DNP, APRN ■
5901 Southwest 74th Street
211
Miami, FL 33143
(786) 228-6892
Digital Contact Information:
http://www.santanamhs.com
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Roussin, Lisa, MSN, APRN ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
255 Giralda Avenue
Coral Gables, FL 33134

(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
333 Southeast 2nd Avenue
Suite #2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Rowney, Joseph, MS, APRN, NP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
hello@joinblossomhealth.com

Rubiano, Melania, MSN, APRN ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
help@joinuplift.co

Rueda Acosta, Reynaldo, MSN, PMHNP ■
9350 Southwest 72nd Street
112
Miami, FL 33173
(786) 665-6567
Digital Contact Information:
info@gleeclinic.com

and
8748 Southwest 8th Street
Miami, FL 33174
(786) 665-6567
Digital Contact Information:
http://gleeclinic.com
info@gleeclinic.com

Ruiz, Anabel, MSN, APRN, APRNPMH, NP ■
25327 Southwest 121st Avenue
Homestead, FL 33032
(786) 252-4586
Digital Contact Information:
aopsychiatricmentalhealthservi@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ruiz, Nataly, MSN, ARNP ■
13195 Southwest 134th Street
102
Miami, FL 33186
(305) 964-5236
Digital Contact Information:
advancedcaresfl@outlook.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Russ, Cindy, MSN, APRN, ARNP, NP ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
info@mindfulhorizonspsychiatry.com

and
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
info@mindfulhorizonspsychiatry.com

and
255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
info@mindfulhorizonspsychiatry.com

and
370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
info@mindfulhorizonspsychiatry.com

and
333 Southeast 2nd Avenue
Suite #2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
info@mindfulhorizonspsychiatry.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@mindfulhorizonspsychiatry.com

and
14 Northeast 1st Avenue
1403
Miami, FL 33132
(305) 813-4433
Digital Contact Information:
info@mindfulhorizonspsychiatry.com

and
3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
info@mindfulhorizonspsychiatry.com

and
350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
info@mindfulhorizonspsychiatry.com

and
429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
info@mindfulhorizonspsychiatry.com

and
323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
info@mindfulhorizonspsychiatry.com

Russ, Olivia, MN, PMHNP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(773) 782-7609
Digital Contact Information:
https://bethpsychiatry.com
credentialing.5@scribealign.com

Russell, Tamala, MSN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Russell-Smith, Ashleigh, MN, APRN ■
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
http://brightsyhealthfl.com
brightsyhealth@gmail.com

Ryland, Monica, APRN, ARNP, CFNP, MSN, PMHNP ■
2500 Northwest 107th Avenue
Suite 102
Doral, FL 33172
(786) 605-9400
Digital Contact Information:
Not Available

Saavedra, Diana, MSN, APRN ■
7100 W 20th Ave
Ste 201
Hialeah, FL 33016
(786) 899-0444
Digital Contact Information:
info@elitepsychiatricassociates.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sadang, Aurelio E, MSN, PMHNP ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
npsadang@gmail.com
Other Languages Spoken by Provider or Office Staff
Tagalog

Saintable, Troy, MSN, APN, ARNP, CRNP, NP, PMHNP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
credentialing@joinuplift.co

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@joinuplift.co

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@joinuplift.co

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@joinuplift.co

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@joinuplift.co

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing@joinuplift.co

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
credentialing@joinuplift.co

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
credentialing@joinuplift.co

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
credentialing@joinuplift.co

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
credentialing@joinuplift.co
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole

Salah, Manar, MSN, APRN, APRNCNP, CNP, CRNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
msalahnp@gmail.com
Other Languages Spoken by Provider or Office Staff English

Salani, Deborah, DNP, APRN ●
5915 Ponce de Leon
26
Coral Gables, FL 33146
(786) 664-7810
Digital Contact Information:
dsalani@miami.edu

Salgado, Dalia, MSN, APRN ■
13170 Southwest 128th Street
200
Miami, FL 33186
(786) 852-5198
Digital Contact Information:
renacer@wellnesscmh.com

and
FL
(786) 852-5198
Digital Contact Information:
renacer@wellnesscmh.com
Other Languages Spoken by Provider or Office Staff
Spanish

Salgado, Dalida, MSN, PMHNP ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
healingtouchinc@msn.com

and
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com
Other Languages Spoken by Provider or Office Staff
Spanish

Salley, Amy, MSN, APRN, APRNCNP, CRNP, NP, PMHNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
hello@psychplus.com

Sama, Sharon, MSN, APN, APRN, CRNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
jackrsamuel@gmail.com
Other Languages Spoken by Provider or Office Staff English

Samedi, Urseldra, MSN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Sams, Tabatha N, MSN, APRN ■
2820 Northeast 214th Street
Ste 801
Aventura, FL 33180
(256) 500-8688
Digital Contact Information:
counselingthesoul@yahoo.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
counselingthesoul@yahoo.com

Samuels-Laurent, Renee G, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
bhenrollment@accesstelecare.com

San Juan, Janella, MS, NP, PMHNP ■
FL
(305) 902-6347
Digital Contact Information:
sara.rydin@caduc.com
Other Languages Spoken by Provider or Office Staff English

Sanchez, Alberto, MSN, PMHNP ■
12651 South Dixie Highway
Suite 320
Miami, FL 33156
(305) 300-3121
Digital Contact Information:
http://www.happymindswellness.com
pmhc_llc@outlook.com

and
FL
(305) 300-3121
Digital Contact Information:
http://www.happymindswellness.com
pmhc_llc@outlook.com

Sanchez, Azucena, MSN, APRN ■
17395 Northwest 59th Avenue
Hialeah, FL 33015
(305) 662-2185
Digital Contact Information:
excellencemed126@gmail.com

and
27 Northwest 13th Street
Homestead, FL 33030
(786) 339-8824
Digital Contact Information:
http://www.sfmhr.com
excellencemed126@gmail.com

and
7959 NW 2nd St
Miami, FL 33126
(305) 267-6060
Digital Contact Information:
excellencemed126@gmail.com

and
3146 Southwest 22nd Street
Miami, FL 33145
(786) 227-6177
Digital Contact Information:
excellencemed126@gmail.com

and
12750 Southwest 128th Street
Suite 108
Miami, FL 33186
(786) 713-0970
Digital Contact Information:
excellencemed126@gmail.com

and
11285 Southwest 211 Street
305
Miami, FL 33189
(786) 980-7496
Digital Contact Information:
excellencemed126@gmail.com

and
9847 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 227-6177
Digital Contact Information:
excellencemed126@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Sanchez, Rebeca, MSN, APRN ●
8950 SW 74th Ct
Ste 2201
Miami, FL 33156
(786) 637-7338
Digital Contact Information:
http://southfloridapsychiatry.co
southfloridapsychiatry@outlook.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Sanchez, Roberto W, MN, APRN ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
healingtouchinc@msn.com

and
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

Sanchez, Toni, MN, APRN ■
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(813) 467-6111
Digital Contact Information:
jennifer@acehcs.com

Sandino, Camilo, MSN, APRN ■
3785 Northwest 82nd Avenue
307
Doral, FL 33166
(305) 898-5420
Digital Contact Information:
ahnllc43@gmail.com

and
3901 Northwest 79th Avenue
STE 120
Doral, FL 33166
(786) 310-4480
Digital Contact Information:
ahnllc43@gmail.com

and
900 West 49th Street
STE 400
Hialeah, FL 33012
(305) 713-1866
Digital Contact Information:
ahnllc43@gmail.com

and
3498 Northwest 7th Street
Miami, FL 33125
(786) 653-3719
Digital Contact Information:
ahnllc43@gmail.com

and
7805 Coral Way
Ste 131
Miami, FL 33155
(786) 307-2066
Digital Contact Information:
ahnllc43@gmail.com

and
10300 Southwest 72nd Street
101
Miami, FL 33173
(305) 200-5210
Digital Contact Information:
ahnllc43@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Santos, Danae, MN, APRN ■
2199 West Flagler Street
Miami, FL 33135
(305) 643-0550
Digital Contact Information:
lfmcbilling@gmail.com

Sarduy, Ernesto L, DNP, APRN ■
8950 SW 74th Ct
Ste 2201
Miami, FL 33156
(786) 637-0907
Digital Contact Information:
http://southfloridapsychiatry.com
southfloridapsychiatry@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sasidharan Nair, Sreejithkumar, MSN, APRN ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com

Sathyapalan, Manju, DNP, APRN, APRNCNP, ARNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
Other Languages Spoken by Provider or Office Staff English

Satorre, Mayuli C, MSN, APRN ■
3785 Northwest 82nd Avenue
307
Doral, FL 33166
(305) 898-5420
Digital Contact Information:
m.satorre@harmonyatthegables.com

and
33550 South Dixie Highway
106
Florida City, FL 33034
(786) 601-7712
Digital Contact Information:
m.satorre@harmonyatthegables.com

and
1150 Northwest 72nd Avenue
ph 2
Miami, FL 33126
(786) 542-5043
Digital Contact Information:
http://1stcarecms.com
m.satorre@harmonyatthegables.com

and
2650 Southwest 27th Avenue
Suite 305
Miami, FL 33133
(786) 353-9812
Digital Contact Information:
http://www.harmonyatthegablesclinic.com
m.satorre@harmonyatthegables.com
Other Languages Spoken by Provider or Office Staff
Spanish

Saturne, Casandra, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
thoughtsofhopellc@gmail.com
Other Languages Spoken by Provider or Office Staff Dutch, Spanish

Sawyer, Rachelle, MS, APRN ■
1504 Bay Road
2003 2003
Miami Beach, FL 33139
(646) 374-2827
Digital Contact Information:
https://moderntherapygroup.com/
angela@moderntherapygroup.com

Scarlatella, Lisa, MSN, APN ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Schiff, Janice, MSN, APRN ■
2601 SW 37th Ave
Ste 904
Miami, FL 33133
(800) 457-4573
Digital Contact Information:
jschiff1@hotmail.com

Schneider, Nathan T, MSN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Schuerman, Lori, MSN, APRN ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Scott, Alicia N, MSN, APRN ■
3000 Biscayne Boulevard
Suite 216
Miami, FL 33137
(786) 220-1969
Digital Contact Information:
http://www.envisionmcare.com
credentialing@practolytics.com

Scott, Kelly T, MSN, APN ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
john.sladewski@rwjbh.org

Seay, Jennifer, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@hupcfl.com

Seely, Jensyn, MSN, NP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
117 Northeast 1st Avenue
Miami, FL 33132

(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Seigel, Robert K, MSN, APRN, NP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Serna, Christian A, MSN, APRN ■
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com
Other Languages Spoken by Provider or Office Staff
Spanish

Seymour, Margo S, MN, APN, APRN ■
600 Northwest 183rd Street
103
Miami, FL 33169
(954) 256-9294
Digital Contact Information:
mseymour@ssmbehavioralhealthinc.com
Other Languages Spoken by Provider or Office Staff
Ukrainian, Russian, Hindi

Shadare, Abimbola, MSN, APN, APRN, APRNPMH, NP, PMHNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@sypore.com

Shah, Ruiy, DNP, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
credentialing@riviamind.com

Shahwar, Durre, MSN, APN, APRN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
durre.shahwar@solmentalhealth.com
Other Languages Spoken by Provider or Office Staff
Punjabi, Urdu, Hindi

Shelby, Latronda, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

Sherrouse, Kayla, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
kiara@thechcalliance.com

Sherwood, Brittany, MSN, APRN, ARNP ■
FL
(305) 902-6347
Digital Contact Information:
info@personalprivatepsychiatry.com
Other Languages Spoken by Provider or Office Staff
Spanish

Shonk, Heather E, MSN, APRN, PMHNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
fl-credentialing@lifestance.com

Sigdel, Anisha, MSN, APRNCNP, CRNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
glopez@cbmmedicalmanagement.com
Other Languages Spoken by Provider or Office Staff English

Silva Hector, Roberto J, MSN, APRN ■
22790 SW 112th Ave
Miami, FL 33170
(305) 235-2616
Digital Contact Information:
http://www.theagapenetwork.org
hcncredentialingcoordinators@hcnetwork.org

and
10691 North Kendall Drive
312
Miami, FL 33176
(786) 592-8470
Digital Contact Information:
hcncredentialingcoordinators@hcnetwork.org

and
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
hcncredentialingcoordinators@hcnetwork.org

Silva, Reymundo, MSN, APRN ■
1840 West 49th Street
606 606
Hialeah, FL 33012
(305) 846-9727
Digital Contact Information:
hccms.corp@gmail.com

and
3750 West 16th Avenue
226u
Hialeah, FL 33012
(786) 360-3750
Digital Contact Information:
hccms.corp@gmail.com

and
FL
(786) 360-3750
Digital Contact Information:
hccms.corp@gmail.com

and
13226 SW 8th St
Miami, FL 33184
(786) 518-3353
Digital Contact Information:
hccms.corp@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Silvera, Joain S, MSN, APRN ■
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
Not Available

and
1190 NW 95th St
Ste 100
Miami, FL 33150
(305) 637-6400
Digital Contact Information:
Not Available

and
FL
(305) 637-6400
Digital Contact Information:
Not Available

Simmons-Gilreath, Kimberly R, MSN, APRN ■
1951 NW 7th Ave
Fl 3
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com

and
1951 Northwest 7th Avenue
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com

and
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com

Singleton, Leigh E, MSN, PMHNP ■
FL
(305) 902-6347
Digital Contact Information:
http://www.bebravehealth.com
credentialing@bebravehealth.com

Sinuhe Cabrera, Luis, MSN, APRN ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
laurap@azzurrahcc.com

Sio, Jessica S, MSN, APRN, NP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
credentialing@mindpath.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@mindpath.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@mindpath.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@mindpath.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@mindpath.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing@mindpath.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
credentialing@mindpath.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
credentialing@mindpath.com

and
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
credentialing@mindpath.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
credentialing@mindpath.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
credentialing@mindpath.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sitek, Agata, MSN, APRN, NP ■
7900 Oak Lane
Hialeah, FL 33016
(877) 515-8113
Digital Contact Information:
fax@brainhealthusa.com

Smith, Andrew C, MSN, APRN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
info@riviamind.com

Smith, Ryanna, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@happierliving.com

Snipes, Angel, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
team@medicalrcm.net

and
17560 Northwest 27th Avenue
Suite 105
Miami Gardens, FL 33056
(786) 705-6672
Digital Contact Information:
team@medicalrcm.net

Spanos, Melina, MSN, APRN ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Spence, Tracy A, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@theracounsel.com

Spencer, Jessica, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:

hello@joinblossomhealth.com

Spencer, Precious M, MSN, APRN, PMHNP ■
FL
(305) 902-6347
Digital Contact Information:
info@centerforsexualhealthandwellness.com

and
20535 Northwest 2nd Avenue
Suite 204
Miami, FL 33169
(772) 208-7834
Digital Contact Information:
info@centerforsexualhealthandwellness.com

Spracklin, Meagan, MSN, APN, APRN, APRNCNS, CRNP, NP ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
Not Available

and
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
Not Available

and
255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
Not Available

and
370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
Not Available

and
333 Southeast 2nd Avenue
Suite 2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
Not Available

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

and
3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
Not Available

and
350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
Not Available

and
429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
Not Available

and
323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff English

St-Fleur, Stephanie, MSN, APRN, NP, PMHNP ■
770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing@cerebral.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
credentialing@cerebral.com

and
5201 Blue Lagoon Dr
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
credentialing@cerebral.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
credentialing@cerebral.com

and
80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
credentialing@cerebral.com

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@cerebral.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@cerebral.com

and
830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@cerebral.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(888) 684-2779
Digital Contact Information:
credentialing@cerebral.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
credentialing@cerebral.com
Other Languages Spoken by Provider or Office Staff English

Stcyr, Kettlyne, MSN, APRN, PMHNP ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
bhenrollment@accesstelecare.com

and
1031 Ives Dairy Road
228
Miami, FL 33179
(786) 262-7450
Digital Contact Information:
http://www.jerryhealinghands.org
bhenrollment@accesstelecare.com

Stephenson, Evonne B, MSN, APRN ■
FL
(508) 202-1011
Digital Contact Information:
enrollment@pursuecare.com

Stewart, Janique P, MSN, PMHNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
providerenrollment@mcrhs.org

Stoetzel, Amy J, MSN, APN, APRN, APRNCNP, NP ■
770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing@svasthealthtech.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
credentialing@svasthealthtech.com

and
5201 Blue Lagoon Dr
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
credentialing@svasthealthtech.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
credentialing@svasthealthtech.com

and
80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
credentialing@svasthealthtech.com

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@svasthealthtech.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@svasthealthtech.com

and
830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@svasthealthtech.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(888) 684-2779
Digital Contact Information:
credentialing@svasthealthtech.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
credentialing@svasthealthtech.com

Suarez, Laura, MSN, APRN ■
10520 Northwest 26th Street
STE C101
Doral, FL 33172
(786) 353-9308
Digital Contact Information:
violethealthcorp@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Suarez Martinez, Alejandro F, MSN, APRN ■
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
healingtouchinc@msn.com

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com
Other Languages Spoken by Provider or Office Staff
Spanish

Suazo, Ingrid M, MS, APN, APRN, CRNP, NP, RNP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://happierliving.com
info@sublimitycare.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@sublimitycare.com

Suplick, Andrea, MSN, ARNP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
credentialing@mcrhs.org

Supplice, Ludgy R, MS, APRN ■
FL
(305) 454-2759
Digital Contact Information:
suppliceludgy@hotmail.com

Sweeney, Margaret C, MSN, NP ■
2801 Northeast 213th Street
Suite 1215
Aventura, FL 33180
(786) 648-6161
Digital Contact Information:
http://lifestance.com
fl-credentialing@lifestance.com
Other Languages Spoken by Provider or Office Staff English

Tamayo Flores, Liena, MN, APRN ■
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
healingtouchinc@msn.com

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com
Other Languages Spoken by Provider or Office Staff
Spanish

Tang Bau, Robert, MSN, APRN ■
8950 SW 74th Ct
Ste 2201
Miami, FL 33156
(786) 637-7338
Digital Contact Information:
info@icarepsychiatry.org

Tanner, Susan, APRN, MSN, NP, PMHNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Tano, David R, MN, APRN ■
5590 W 20th Ave
Ste 404
Hialeah, FL 33016
(305) 826-9330

Digital Contact Information:
taimtano@gmail.com

and
17325 Northwest 27th Avenue
206 207
Miami Gardens, FL 33056
(786) 822-7270
Digital Contact Information:
taimtano@gmail.com

and
FL
(786) 718-7073
Digital Contact Information:
taimtano@gmail.com

and
7000 SW 62nd Ave
Ste 600
South Miami, FL 33143
(786) 718-7073
Digital Contact Information:
taimtano@gmail.com

Tapia, Jonathan D, MSN, APRN ■
22133 South Dixie Highway
Miami, FL 33170
(786) 504-3119
Digital Contact Information:
https://fpmflorida.org/
credentialing@edgemdsolution.com

and
9299 SW 152nd St
Palmetto Bay, FL 33157
(305) 479-6538
Digital Contact Information:
credentialing@edgemdsolution.com
Other Languages Spoken by Provider or Office Staff
Spanish

Tase, Jorge, MN, APRN ■
3625 Northwest 82nd Avenue
Suite 408
Doral, FL 33166
(305) 939-6877
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Telfort, Whitney, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
hello@joinblossomhealth.com

Thadal, Stephanie, MSN, NP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
hello@joinblossomhealth.com

Thomas, Medjinn, MSN, APN, APRN, CNP, NP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

Thomas, Mehdi, DNP, PMHNP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(310) 360-7200
Digital Contact Information:
http://www.bonmente.com
contact@bonmente.com

Thurman, Kali A, MSN, NP, PMHNP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
pbullock@revitalistclinic.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
pbullock@revitalistclinic.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
pbullock@revitalistclinic.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
pbullock@revitalistclinic.com

Tiongco, Rosalinda, MS, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Tome Izquierdo, Richard, MSN, APRN ■
900 West 49th Street
STE 512
Hialeah, FL 33012
(786) 536-1701
Digital Contact Information:
psychiatry@intergratedhealthcare.group

and
351 NW 42nd Ave
Ste 406
Miami, FL 33126
(786) 536-1710
Digital Contact Information:
psychiatry@intergratedhealthcare.group

and
1890 Southwest 57th Avenue
SUITE 106
Miami, FL 33155
(786) 536-1701
Digital Contact Information:
http://www.integratedhealthcare.group
psychiatry@intergratedhealthcare.group

Tomlinson, Caroline M, MSN, APRNCNP, PMHNP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
credentialing.caroline@gmail.com
Other Languages Spoken by Provider or Office Staff English

Torres Carbonell, William, MSN, APRN ■
10024 Southwest 222nd Street
Cutler Bay, FL 33190
(239) 692-2776
Digital Contact Information:
info@rushcredentialing.com

Torres, Yumays, MN, APRN ■
3785 Northwest 82nd Avenue
307
Doral, FL 33166
(305) 266-2949
Digital Contact Information:
yfundora@managedmentalhealth.com

and
4445 West 16th Avenue
STE 405
Hialeah, FL 33012
(786) 233-6721
Digital Contact Information:
yfundora@managedmentalhealth.com

and
2650 Southwest 27th Avenue
Suite 305
Miami, FL 33133
(786) 353-9812
Digital Contact Information:
http://www.harmonyatthegablesclinic.com
yfundora@managedmentalhealth.com

and
8080 West Flagler Street
2a
Miami, FL 33144
(786) 615-2640
Digital Contact Information:
yfundora@managedmentalhealth.com

and
7700 North Kendall Drive
807
Miami, FL 33156
(786) 450-4284
Digital Contact Information:
yfundora@managedmentalhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Toussaint, Nimrode, MSN, APRN ■
1000 Brickell Avenue
Miami, FL 33131
(305) 725-3379
Digital Contact Information:
credentialing@resilientmbs.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@resilientmbs.com

Treto, David, MN, APRN ■
13145 Southwest 134th Street
102
Miami, FL 33186
(305) 964-5236
Digital Contact Information:
olympushcs@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Tsyrulnykov, Eduard, MSN, APNP, NP, PMHNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
rtmssupport@truercm.com

and
1951 Northwest 7th Avenue
Miami, FL 33136
(407) 462-1254
Digital Contact Information:
rtmssupport@truercm.com
Other Languages Spoken by Provider or Office Staff
English, Ukrainian, Russian

Tulloch, Jamilah M, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
provider-support@joinblossomhealth.com

Turenne, Perette, MSN, PMHNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

and
1951 Northwest 7th Avenue
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
scheduling@happierliving.com

Ukken, Boby, MSN, APRN ■
2828 Coral Way
Ste 460
Coral Gables, FL 33145
(305) 895-0504
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net

and
12550 Biscayne Boulevard
STE 306
North Miami, FL 33181
(305) 642-5255
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net
Other Languages Spoken by Provider or Office Staff
Russian

Valdes, Debora, MSN, APRN ■
7315 Northwest 36th Street
Miami, FL 33166
(786) 345-7734
Digital Contact Information:
Not Available

Valdes Gonzalez, Yerma, MN, APRN ■
33497 South Dixie Highway
103b
Florida City, FL 33034
(786) 444-6003
Digital Contact Information:
ceroestrescerodepresion@gmail.com

Valdes Hernandez, Mayuly, MSN, APRN ■
255 University Dr
Fl 2
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
administration@mindandsoultherapy.com

and
2550 Douglas Road
Ste #301
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
administration@mindandsoultherapy.com

and
1905 Northwest 82nd Avenue

Doral, FL 33126
(786) 420-5924
Digital Contact Information:
administration@mindandsoultherapy.com

Valdes, Jose G, DNP, APRN ■
FL
(305) 204-9455
Digital Contact Information:
josegvn@gmail.com

and
10689 North Kendall Drive
211
Miami, FL 33176
(305) 204-9499
Digital Contact Information:
josegvn@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valdes, Julie M, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
billing@sbhsva.com

and
111 Northeast 1st Street
FL 8
Miami, FL 33132
(602) 562-7383
Digital Contact Information:
billing@sbhsva.com

Valdes, Yordanys, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
mendinghealthcare@outlook.com

Valle, Adiaris, MSN, APRN ■
10540 Northwest 26th Street
STE G201
Doral, FL 33172
(786) 879-8040
Digital Contact Information:
office@maximamedicalcenter.com

and
777 E 25th St
Ste 306
Hialeah, FL 33013
(786) 838-6092
Digital Contact Information:
office@maximamedicalcenter.com

Valle, Amanda H, MSN, ARNP ■
22133 South Dixie Highway
Miami, FL 33170
(786) 504-3119
Digital Contact Information:
info@zodugroup.com

and
13155 Southwest 134th Street
202
Miami, FL 33186
(786) 504-3119
Digital Contact Information:
info@zodugroup.com

Vargas, Paola, MSN, APRN ■
7315 Northwest 36th Street
Miami, FL 33166
(786) 345-7734
Digital Contact Information:
empathybehavioral@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Varkey, Sheela, MN, NP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
elitecredentialingllc@gmail.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
elitecredentialingllc@gmail.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
elitecredentialingllc@gmail.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
elitecredentialingllc@gmail.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
elitecredentialingllc@gmail.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
elitecredentialingllc@gmail.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
elitecredentialingllc@gmail.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
elitecredentialingllc@gmail.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
elitecredentialingllc@gmail.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
elitecredentialingllc@gmail.com

Vazquez Bueno, Osvaldo, MSN, APRN ■
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

and
13170 Southwest 128th Street
200
Miami, FL 33186
(786) 852-5198
Digital Contact Information:
insurance@wellnite.com

Velasquez, Vanessa, MN, APRN ■
2925 Northeast 199th Street
Suite 302
Aventura, FL 33180
(786) 991-2600
Digital Contact Information:
http://synergytms.com
credentialing@psychiatrist4u.com

Velazquez, Julie E, MSN, ARNP ■
13335 Southwest 124th Street
STE 211
Miami, FL 33186
(786) 551-8253
Digital Contact Information:
julievema.17@hotmail.com

and
14221 Southwest 120th Street
suite 207
Miami, FL 33186
(786) 247-1308
Digital Contact Information:
julievema.17@hotmail.com

Velazquez Perez, Lourdes, MSN, APRN ●
2550 Douglas Road
Ste #301
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
http://www.mindandsoultherapy.org
lourdes@mindandsoultherapy.com

and
3000 Biscayne Boulevard
Suite 216
Miami, FL 33137
(786) 220-1969
Digital Contact Information:
lourdes@mindandsoultherapy.com

and
602 Northeast 36th Street
19
Miami, FL 33137
(786) 220-1969
Digital Contact Information:
lourdes@mindandsoultherapy.com

and
9010 Southwest 137th Avenue
101
Miami, FL 33186
(786) 803-8826
Digital Contact Information:
http://amorementalhealthcorp.com
lourdes@mindandsoultherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vergara, Jose, MSN, APRN ■
1200 Northwest 78th Avenue
210
Doral, FL 33126
(786) 285-3438
Digital Contact Information:
requests@dbncred.com

Viera, Oelsner, MSN, APRN ■
7925 Northwest 12th Street
405
Miami, FL 33126
(786) 401-7278
Digital Contact Information:
drviera@att.net
Other Languages Spoken by Provider or Office Staff
Spanish

Vila, Dayana, MSN, APRN ■
4005 Northwest 114th Avenue
22 22
Doral, FL 33178
(305) 260-6913
Digital Contact Information:
billingheritagewellness@gmail.com

and
2645 SW 37th Ave
Ste 101
Miami, FL 33133
(786) 530-4080
Digital Contact Information:
billingheritagewellness@gmail.com

and
14221 Southwest 120th Street
126
Miami, FL 33186
(786) 577-3427
Digital Contact Information:
billingheritagewellness@gmail.com

and
13100 West Dixie Highway
North Miami, FL 33161
(786) 442-5021
Digital Contact Information:
billingheritagewellness@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Villalonga, Gladyslene, MSN, APRN ■
27502 Southwest 134th Court
Homestead, FL 33032
(786) 499-2154
Digital Contact Information:
gladyslene@comcast.net
Other Languages Spoken by Provider or Office Staff
Spanish

Villar, Geidi, MS, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
blossom@withassured.com

Villavicencio, Silvia, MSN, APRN ■
8725 Northwest 18th Terrace
Suite 202
Doral, FL 33172
(305) 487-2532
Digital Contact Information:
svillavicencio717@gmail.com

and
15600 Southwest 288th Street
100a
Homestead, FL 33033
(786) 339-9867
Digital Contact Information:
svillavicencio717@gmail.com

and
2311 Northwest 7th Street
Miami, FL 33125
(786) 706-2246
Digital Contact Information:
svillavicencio717@gmail.com

and
4636 Southwest 129th Avenue
Miami, FL 33175
(786) 852-5198
Digital Contact Information:
svillavicencio717@gmail.com

and
13170 Southwest 128th Street
200
Miami, FL 33186
(786) 852-5198
Digital Contact Information:
svillavicencio717@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vinas, Amaya M, MSN, APRN ■
1695 NW 9th Ave
3308
Miami, FL 33136
(305) 355-7000
Digital Contact Information:
credentialing@mindfulhc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Violette, Lauren M, DNP, APRN ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
info@riviamind.com

Vivatson, Kelsey, MSN, APRN ■
2820 Northeast 214th Street
Aventura, FL 33180
(305) 397-9623
Digital Contact Information:
http://rewiredketamine.com
kelseypmhnp@gmail.com

Vizcaino, Olga M, MSN, APRN ■
2100 West 76th Street
201 206
Hialeah, FL 33016
(786) 353-2324
Digital Contact Information:
olgamaria861@yahoo.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
olgamaria861@yahoo.com

and
8950 Southwest 74th Court
1911
Miami, FL 33156
(786) 637-7338
Digital Contact Information:
olgamaria861@yahoo.com

and
6001 Northwest 153rd Street
203
Miami Lakes, FL 33014
(786) 459-2466
Digital Contact Information:
olgamaria861@yahoo.com

and
FL
(602) 562-7383
(786) 459-2466
Digital Contact Information:
olgamaria861@yahoo.com

Volcy, Valery, MSN, APRN, CNP, CNS, NP, PMHNP ■
360 Northwest 27th Street

Miami, FL 33127
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Von Der Heyde, Michelle, MSN, APRN ■
3191 Coral Way
607
Miami, FL 33145
(305) 290-2175
Digital Contact Information:
mindrefinedenroll@gmail.com

and
FL
(305) 290-2175
Digital Contact Information:
mindrefinedenroll@gmail.com

Vossos, Helene B, DNP, APRN ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
jay@healthgroupz.com

Wacker, Brooke L, MSN, APRN, APRNCNS, NP, PMHNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
providerenrollment@mcr.health
Other Languages Spoken by Provider or Office Staff English

Waldo, Izabella K, DNP, APRN, PMHNP ■
382 Northeast 191st Street
Miami, FL 33179
(305) 609-8634
Digital Contact Information:
scheduling@regionalpsychiatry.com
Other Languages Spoken by Provider or Office Staff
German, Russian, Polish

Walen, Monique, DNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
support@azovahealth.com

Walker, Alexes, MSN, APRN ■
FL
(305) 902-6347
Digital Contact Information:
Not Available

Walker, Calvin S, MSN, APN, APRN, NP, PMHNP ■
770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
jerry.e@zas-services.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
jerry.e@zas-services.com

and
5201 Blue Lagoon Dr
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
jerry.e@zas-services.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
jerry.e@zas-services.com

and
80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
jerry.e@zas-services.com

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
jerry.e@zas-services.com

and
830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
jerry.e@zas-services.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(888) 684-2779
Digital Contact Information:
jerry.e@zas-services.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
jerry.e@zas-services.com

Walker, Natasha, DNP, APRN ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
arscredentialing@advancedrecoverysystems.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Walker-Lee, Sandra, DNP, APRN, APRNCNP, NP, PMHNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@pobpsychiatry.com

Walsh, Annette C, MSN, APRN ■
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
credentialing@compass.md

Walsh, Elizabeth, APN, MSN, NP, PMHNP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
Not Available

Walterhoefer, Jessica, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
hello@psychplus.com
Other Languages Spoken by Provider or Office Staff
Chinese, English, Spanish, Hindi

Wamahiu, Joan W, MSN, APN ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
credentialing@riviamind.com

Watkins, Raquel, MSN, NP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
Not Available

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
Not Available

Waweru, Jane W, DNP, APRN, APRNCNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Weathersby, Dawn M, MSN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Weiss, Robert, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
credentialer@gmail.com

Welter, Katherine, MSN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Westbrook, Megan, MSN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Wheeler, Kimberly, MS, APRN, NP ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
start@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Wideman, Stacy, MSN, APRN, ARNP, NP ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
invigorationhealth@gmail.com

Wiggins, Anzola R, MSN, APN ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
info@rrrinc.org

and
1801 Northeast 123rd Street
334
North Miami, FL 33181
(888) 718-4915
Digital Contact Information:
http://www.rrrinc.org
info@rrrinc.org

Wilbur, Heather N, MSN, APRN ■
901 E 10th Ave
Ste 39
Hialeah, FL 33010
(305) 637-6400
Digital Contact Information:
fl-credentialing@lifestance.com

and
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
fl-credentialing@lifestance.com

and
5607 NW 27th Ave
1
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
fl-credentialing@lifestance.com

and
FL
(305) 637-6400
Digital Contact Information:
fl-credentialing@lifestance.com

and
20612 Northwest 27th Avenue
Miami Gardens, FL 33056
(305) 637-6400
Digital Contact Information:
fl-credentialing@lifestance.com

Wilkerson-Holton, Ramona, PHD, APRN, NP ■
FL
(201) 706-1511
Digital Contact Information:
scheduling@happierliving.com

Wilkins, Anita, MSN, APRNCNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
billing@insynchhealth.com

Wilks, Shevan, MSN, APRN ■
66 West Flagler Street
Miami, FL 33130
(347) 875-0473
Digital Contact Information:
help@joinuplift.co

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
help@joinuplift.co

Williams, Jonteria, DNP, APRN ■
777 Brickell Ave
Ste 500
Miami, FL 33131
(786) 490-2181
Digital Contact Information:
http://happierliving.com
credentialing_team7@medtrainer.

com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing_team7@medtrainer.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
credentialing_team7@medtrainer.com

Williams, Pamela, MSN, CNS, PMHCNS ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
Not Available

Williams, Wendy H, MSN, APRNCNP, CRNP, NP ■
770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
5201 Blue Lagoon Dr
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Wilson, Melissa, MSN, APRN ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
info@trrn.org

Wint, Marsha, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Wintroub, Daniel J, MSN, APN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Wise, Quilon, MSN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com
Other Languages Spoken by Provider or Office Staff English

Wisniewski, Tricia, MSN, APRN ■
770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
5201 Blue Lagoon Dr
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Wong, Carmen, MSN, APRN, CNP, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
hr.credentialing@sohomd.com

Woody, Angel, MSN, APNP, APRN, APRNCNP, CNP, DO, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Woolery, Nickesha, MSN, APRN ■
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
info@aimergency.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
info@aimergency.com
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole, Filipino, French, Spanish

Yanez, Devon, MSN, APRN ■
1380 Northeast Miami Gardens Drive
Suite 215
North Miami Beach, FL 33179
(305) 981-6362
Digital Contact Information:
npyanez@browardpalmhc.com

Ybarra, Glenda, MSN, APRN ■
8950 Southwest 74th Court
1911
Miami, FL 33156
(786) 637-7338
Digital Contact Information:
info@rushcredentialing.com

Yin, Emily G, MN, APRN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamed.com

Young, Harold W, MSN, APRN, ARNP, CNP, CNS, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Youngblood, Darrell, MSN, CRNP, LNP, NP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
credentialing@happierliving.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Yousef, Rhonda, DNP, APRN ●
FL
(786) 839-3773
Digital Contact Information:
http://www.blysspsychiatry.com
rhonda.yousef@gmail.com
Other Languages Spoken by Provider or Office Staff Arabic

Yun, Fabiola Joowon, DNP, APRN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com
Other Languages Spoken by Provider or Office Staff
Korean, Japanese

Yuvienco, Christopher, MSN, APN, APRN, APRNCNP, CRNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Zackery, Melissa, MSN, APN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by

Provider or Office Staff English

Zaragoza Sosa, Jaime, MN, APRN ■
10024 Southwest 222nd Street
Cutler Bay, FL 33190
(786) 770-9527
Digital Contact Information:
info@providerassist.net

Zitnick, Michelle S, MSN, APRN ■
975 West 41st Street
308
Miami Beach, FL 33140
(305) 905-2349
Digital Contact Information:
Not Available

Zoque, Dasniellis, MSN, APRN ■
351 NW 42nd Ave
Ste 406
Miami, FL 33126
(786) 536-1710
Digital Contact Information:
credentialing@premedsys.com

and
1890 Southwest 57th Avenue
SUITE 106
Miami, FL 33155
(786) 536-1701
Digital Contact Information:
http://www.integratedhealthcare.group
credentialing@premedsys.com

BEHAVIORAL PEDIATRICS (MD)

Capriata, Olga J, MSW, LCSW ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
http://lotuscounseling.com
admi@lotuscounseling.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
http://www.lotuscounseling.com
admi@lotuscounseling.com

and
7811 Coral Way
106
Miami, FL 33155
(305) 412-0138
Digital Contact Information:
admi@lotuscounseling.com

and
13930 SW 47th St
Ste 202
Miami, FL 33175
(305) 387-7850
Digital Contact Information:
admi@lotuscounseling.com

and
5600 SW 135th Ave
Ste 116
Miami, FL 33183
(305) 387-7850
Digital Contact Information:
admi@lotuscounseling.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cruz Delgado, Eliayne, PHD, CP ■
1120 Northwest 14th Street
RM 1213
Miami, FL 331362107
(305) 243-6660
Digital Contact Information:
Not Available

Der Rohe-Borghese, Gema Y, MSW, BCBA, LBA, LCSW ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
orlando@pbhd.health

and
2525 Ponce de Leon Boulevard
370
Miami, FL 33134
(954) 408-1568
Digital Contact Information:
orlando@pbhd.health
Other Languages Spoken by Provider or Office Staff
Haitian Creole

Fellas, Cheryl D, MA, LMHC ■
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
tranquillivingcounseling@outlook.com
Other Languages Spoken by Provider or Office Staff
English

Ruano, Edgar O, MC, LMHC, LPCC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com
Other Languages Spoken by Provider or Office Staff
English

Walton, Jennifer, MD ■
1601 NW 12th Ave
Miami, FL 33136
(305) 243-9225
Digital Contact Information:
Not Available

and
1611 NW 12th Ave
Fl 5
Miami, FL 33136
(305) 585-7456
Digital Contact Information:
Not Available

BIOFEEDBACK COUNSELING

Coe, David A, PHD, LP ■
6262 Sunset Drive
Suite 500
Miami, FL 33143
(305) 669-6503
Digital Contact Information:
david.coe@mch.com

and
3100 SW 62nd Ave
Miami, FL 33155
(305) 666-6511
Digital Contact Information:
david.coe@mch.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fort Martinez, Gilza M, MS, LMFT ■
7765 SW 87th Ave
Ste 104
Miami, FL 33173
(305) 412-8440
Digital Contact Information:
gmfort1@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez Diaz, Vivian D, PSYD, LP ■
3271 NW 7th St
Ste 203
Miami, FL 33125
(786) 220-6902
Digital Contact Information:
http://www.outpatientpsycare.com
viviangonzalezdiaz@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hill, Felicia M, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@lifestance.com

Johnson, Kamla D, MSW, LCSW ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
http://www.dgphealthandwellness.com
adams@pcmgfl.com
Other Languages Spoken by Provider or Office Staff
English

McDevitt, Omayra, MA, LPC ■
FL
(305) 902-6347
Digital Contact Information:
start@bebravehealth.com

Nesic, Natasha, MC, LMHC ■
951 Northeast 167th Street
102c
North Miami Beach, FL 33162
(786) 333-9097
Digital Contact Information:
info@mentalhealthandarttherapy.com
Other Languages Spoken by Provider or Office Staff
English, Croatian, Bosnian, Serbian

Pulgaron, Elizabeth, PHD, LP ■
1601 NW 12th Ave
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Sommers, Silvia, PSYD, LP ■
3100 SW 62nd Ave
Miami, FL 33155
(305) 663-8439
Digital Contact Information:
shana.johnson@mch.com

and
8525 SW 92nd St
A1
Miami, FL 33156
(305) 439-9957
Digital Contact Information:
shana.johnson@mch.com
Other Languages Spoken by Provider or Office Staff
Spanish

BIPOLAR DISORDER

Abbuhl, Melissa, MD ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
info@riviamind.com

Abraham, Desiree, MSN, APRN ■
11890 Southwest 8th Street
404
Miami, FL 33184
(305) 491-1213
Digital Contact Information:
http://healthylivingcaremh.com
desireeabraham@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Abram, Tanika N, MSN, APRN, APRNCNP, NP ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
amontgomery@emds.com

and
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
amontgomery@emds.com

and
255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
amontgomery@emds.com

and
370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
amontgomery@emds.com

and
333 Southeast 2nd Avenue
Suite #2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
amontgomery@emds.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
amontgomery@emds.com

and
3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
amontgomery@emds.com

and
350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
amontgomery@emds.com

and
429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
amontgomery@emds.com

and
323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
amontgomery@emds.com

Abrokwa, William A, MSN, APRN, APRNCNP, CRNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
papa_de_talla@yahoo.com

Acevedo, Glory A, MMH, LMHC ■
800 Crandon Blvd
Ste 201
Key Biscayne, FL 33149
(786) 239-3055
Digital Contact Information:
keybiscaynecounseling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Acosta Heredia, Erick, MD ■
11272 Southwest 137th Avenue
Miami, FL 33186
(786) 792-4928
Digital Contact Information:
http://www.generalmhs.com
erickacostah79@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Acosta, Ingrid E, MC, LCMHC ■
8370 West Flagler Street
STE 242
Miami, FL 33144
(786) 321-1600
Digital Contact Information:
http://www.crystalmindsmh.com
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(239) 431-2629
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Acosta, Liza M, MMFT, LMFT ■
3970 West Flagler Street
203 204
Miami, FL 33134
(786) 953-5978
Digital Contact Information:
healchoicecorp2019@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Acosta Romero, Diana, MSN, APRN ■
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
info@cbhwestcoast.com

and
8323 Northwest 12th Street
108
Doral, FL 33126
(305) 400-8511
Digital Contact Information:
http://www.cbhwestcoast.com
info@cbhwestcoast.com

and
FL
(305) 400-8511
Digital Contact Information:
info@cbhwestcoast.com
Other Languages Spoken by Provider or Office Staff
Spanish

Acuna, Nancy M, MSN, APRN ■
10031 Southwest 40th Street
Miami, FL 33165
(786) 442-9628
Digital Contact Information:
encantohealthcommunityservices@gmail.com

and
9732 SW 24th St
Miami, FL 33165
(305) 221-0660
Digital Contact Information:
encantohealthcommunityservices@gmail.com

and
11430 North Kendall Drive
106
Miami, FL 33176
(786) 703-1605
Digital Contact Information:
encantohealthcommunityservices@gmail.com

Aday, Reyna, PHD, LMHC ■
7990 Southwest 117th Avenue
Ste 215
Kendall, FL 33183
(786) 963-9770
Digital Contact Information:
http://www.wholeisticcg.com
wholeisticpsychiatry@gmail.com

and
FL
(786) 583-4725
(786) 963-9770
Digital Contact Information:
http://www.reynaaday.com
wholeisticpsychiatry@gmail.com

and
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
http://www.wholeisticcg.com
wholeisticpsychiatry@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Agic, Christine, MSW, LCSW ■
2500 SW 107TH AVE
42
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
inbox.mhcares@gmail.com

Agostinelli, Giovanna, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Agresti, Louisa K, MSN, APRN, NP, PMHNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Aguiar, Heloisa G, MA, LMHC ■
8547 Southwest 214th Lane
Cutler Bay, FL 33189
(305) 775-3105
Digital Contact Information:
lola0211@email.com

and
2000 S Dixie Hwy
Ste 104
Miami, FL 33133
(305) 775-3105
Digital Contact Information:
lola0211@email.com

and
13499 Biscayne Blvd
Ste 208
North Miami, FL 33181
(305) 775-3105
Digital Contact Information:
lola0211@email.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Aguilar, Jose G, MSN, CNP, NP ■
8846 Southwest 6th Street
Miami, FL 33144
(746) 486-8000
Digital Contact Information:
patti@clearviewcounselinggroup.org
Other Languages Spoken by Provider or Office Staff
Spanish

Aguilar, Rosalva, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
lisa.kane@gulfshorescounselingcenter.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Aguilera, Maribel, MD ■
8049 NW 155th St
Miami Lakes, FL 33016
(305) 822-2330
Digital Contact Information:
maguileramd@aol.com
Other Languages Spoken by Provider or Office Staff English

Aguilera, Michelle, MSW, LCSW ■
1603 Northeast 7th Avenue
Miami, FL 33137
(305) 374-1065
Digital Contact Information:
alexo@camillus.org
Other Languages Spoken by Provider or Office Staff
Spanish

Aileru, Tosin F, MSN, APRN ■
255 Giralda Avenue
Coral Gables, FL 33134
(470) 944-5699
Digital Contact Information:
cred04@zmedsolutions.net

Alas, Karina, MSN, APRN ■
8700 North Kendall Drive
201
Miami, FL 33176
(786) 464-5496
Digital Contact Information:
http://amcpsychiatricservices.com
info@amcpsychiatricservices.com

Alayon, Carlos, MS, LMHC ■
10500 Northwest 26th Street
Doral, FL 33172
(305) 646-1799
Digital Contact Information:
calayon@hotmail.com

and
1710 Northwest 7th Street
5
Miami, FL 33125
(239) 250-9411
Digital Contact Information:
calayon@hotmail.com

and
2311 Northwest 7th Street
Miami, FL 33125
(786) 706-2246
Digital Contact Information:
calayon@hotmail.com

and
790 Northwest 107th Avenue
Suite 303
Miami, FL 33172
(786) 603-9858
Digital Contact Information:
calayon@hotmail.com

and
11960 SW 39th Ter
Miami, FL 33175
(786) 514-6406
Digital Contact Information:
calayon@hotmail.com

and
13170 Southwest 128th Street
200
Miami, FL 33186
(786) 852-5198
Digital Contact Information:
calayon@hotmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Albitar, Tarek, DNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

Albury, Opal, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
chandlercounseling@gmail.com

Alcala, Xiomara, MD ■
1840 W 49th St
Ste 607
Hialeah, FL 33012
(305) 828-9980
Digital Contact Information:
info@unitedwellcarecenter.com

and
1840 West 49th Street
#404
Hialeah, FL 33012
(305) 828-9980
Digital Contact Information:
info@unitedwellcarecenter.com

Aldad, Tamir, MD ■
801 Brickell Avenue
8
Miami, FL 33131
(516) 505-7200
Digital Contact Information:
https://mindful.care/
draldad@mindfulurgentcare.com

Alea Garcia, Alina, MSSW, BCBA ■
123 N Krome Ave
Ste 104
Homestead, FL 33030
(786) 349-4559
Digital Contact Information:
referrals@ffmhs.com

and
Home Based Services Only
Homestead, FL 33030
(786) 349-4559
Digital Contact Information:
referrals@ffmhs.com

Alegria, Mario R, PHD, LP ●
6360 SW 48th St
Miami, FL 33155
(321) 273-9407
Digital Contact Information:
ma47alegria@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Aleman, Jessica M, PSYD, LP ■
3735 Southwest 8th Street
201
Coral Gables, FL 33134
(305) 200-3921
Digital Contact Information:
http://www.oceanpsychologygroup.com
alemanpsychology@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alexandre, Vanessa, MSN, APRN, NP, PMHNP ■
FL
(305) 902-6347
Digital Contact Information:
ifhpenrollment@institute.org

Alexandriny, Lisandra, MSN, APRN ■
7821 Coral Way
100
Miami, FL 33155
(786) 409-5690
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alexis, Acelise, MMH, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
admin@hellokamedpsych.org

Alfonso, Carolina I, MSW, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
lisette@abctestingservices.com

Alfonso, Hiran, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Alfonso, Tania P, MSN, APRN ■
12955 Southwest 42nd Street
STE 2
Miami, FL 33175
(305) 364-5711
Digital Contact Information:
goldenyears6423@yahoo.com

and
10689 N Kendall Dr
Ste 300
Miami, FL 33176
(305) 558-7400
Digital Contact Information:
goldenyears6423@yahoo.com

and
6175 NW 153rd St
Ste 404
Miami Lakes, FL 33014
(305) 558-7400
Digital Contact Information:
goldenyears6423@yahoo.com

and
8060 Northwest 155th Street
Suite 202
Miami Lakes, FL 33016
(305) 882-9144
Digital Contact Information:
http://www.flmentalhealthresources.com
goldenyears6423@yahoo.com

and
FL
(786) 267-4005
(305) 882-9144
Digital Contact Information:
http://www.flmentalhealthresources.com
goldenyears6423@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Alford-Sunday, Nakia C, MED, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
tx-credentialing@lifestance.com

Algarroba, Paula, MSN, APRN, CNP ■
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
credentialing@health.saisostems.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
credentialing@health.saisostems.com

and
3000 Biscayne Boulevard
Suite 216
Miami, FL 33137
(786) 220-1969
Digital Contact Information:
http://www.envisionmcare.com
credentialing@health.saisostems.com

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
credentialing@health.saisostems.com

and
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
credentialing@health.saisostems.com
Other Languages Spoken by Provider or Office Staff English

Ali, Nashat S, MC, LCPC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
scheduling@happierliving.com

Alison, Rachel H, MD ■
3081 Salzedo Street
Suite 202
Coral Gables, FL 33134
(786) 250-6240
Digital Contact Information:
http://sunflowerpsychiatry.com
info@sunflowerpsychiatry.com

Alleyne, Amanda, MSSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Almeida Wallace, Diana, MC, LMHC ■
5915 Ponce de Leon
48
Coral Gables, FL 33146
(305) 934-6453
Digital Contact Information:
dalmeida87@hotmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, English, French, Spanish

Almonte, Aldriana A, MSW, LCSW ■
31 N Krome Ave
Homestead, FL 33030
(786) 481-5909
Digital Contact Information:
aalmonte@infinitecc.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

Alonso, Maria D, PSYD, LCSW ■
3191 Coral Way
Ste 402
Miami, FL 33145
(786) 709-8556
Digital Contact Information:
dr.malonso@yahoo.com

and
3191 Coral Way
Ste 604
Miami, FL 33145
(786) 709-8556
Digital Contact Information:
dr.malonso@yahoo.com
Other Languages Spoken by Provider or Office Staff English

Alonso Yanez, Liliana, MSN, APRN ■
22133 South Dixie Highway
Miami, FL 33170
(786) 504-3119
Digital Contact Information:
https://fpmflorida.org/
admin@fpmagency.com

and
13155 Southwest 134th Street
202
Miami, FL 33186
(786) 504-3119
Digital Contact Information:
admin@fpmagency.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alsakloull, Majd, MS, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff Arabic

Alton, Melissa, MC, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@lionrockrecovery.com

Altu, Amanda, MC, LMHC ■
5805 Blue Lagoon Dr
Ste 440
Miami, FL 33126
(800) 767-4411
Digital Contact Information:
Not Available

Alvarado, Gizelle, MED, LPC ■
1951 Northwest 7th Avenue
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
pinnacleeptx@aol.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Alvarenga, Alicia, MSSW, LCSW ■
2100 Coral Way
#310
Miami, FL 33145
(786) 320-1677
Digital Contact Information:
ydzmgroup@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Alvarez, Arlinnes, MMH, LMHC ■
FL
(305) 804-9121
Digital Contact Information:
http://www.sfacounseling.org
arlinnes@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Creole, Spanish

Alvarez, Gianinne M, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
info@livewelltherapygroup.com

and
7600 Southwest 57th Avenue
suite 334
South Miami, FL 33143
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
info@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alvarez Gonzalez, Lissette M, MS, LMHC ■
2500 Northwest 79th Avenue
Suite 180
Doral, FL 33122
(786) 253-7868
Digital Contact Information:
faithandhope230@gmail.com

and
18522 Southwest 136th Court
Miami, FL 33177
(305) 416-8189
Digital Contact Information:
faithandhope230@gmail.com

and
5881 Northwest 151st Street
Suite: 103
Miami Lakes, FL 33014
(786) 703-4154
Digital Contact Information:
faithandhope230@gmail.com

and
230 Canal Street
APT 202
Miami Springs, FL 33166
(305) 416-8189
Digital Contact Information:
faithandhope230@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alvarez Hernandez, Jorge A, MSN, APRN ■
12550 Biscayne Boulevard
STE 507
North Miami, FL 33181
(305) 204-1209
Digital Contact Information:
jac-pmhnp@assertivecare.net
Other Languages Spoken by Provider or Office Staff
English, Spanish

Alvarez, Jose, MD ■
8000 W Flagler St
Ste 201
Miami, FL 33144
(786) 805-3021
Digital Contact Information:
stephanie.arce-rivera@osceolahealthcare.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

Alvarez, Marie, MSCC, LMHC ■
7700 North Kendall Drive
707
Miami, FL 33156
(305) 298-8649
Digital Contact Information:
rosorio@miamicounseling.com

Alvarez, Mayelin, MSN, APRN ■
8300 West Flagler Street
STE 258C
Miami, FL 331446002
(786) 633-5171
Digital Contact Information:
olympushcs@gmail.com

Alvarez, Stephanie, MS, LMHC ●
FL
(561) 590-7063
Digital Contact Information:
http://innerworkcounseling.com
contact@innerworkcounseling.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alvarez-Salvat, Rose M, PHD, LP ■
6262 Sunset Drive
Suite 500
Miami, FL 33143
(305) 669-6503
Digital Contact Information:
shana.johnson@mch.com

and
3100 SW 62nd Ave
Fl 2
Miami, FL 33155
(305) 663-8439
Digital Contact Information:
shana.johnson@mch.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Alvino, Evelyn C, MHS, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
fl-credentialing@lifestance.com

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
fl-credentialing@lifestance.com

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
fl-credentialing@lifestance.com

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
fl-credentialing@lifestance.com

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
fl-credentialing@lifestance.com

and
14645 Northwest 77th Avenue
101
Miami Lakes, FL 33014
(833) 769-3524
Digital Contact Information:
fl-credentialing@lifestance.com

Amado, Sandra J, MC, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@usmso.com

Amza, Torie, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Anaya, Alissa, MS, LMHC ●
FL
(561) 590-7063
Digital Contact Information:
http://innerworkcounseling.com
contact@innerworkcounseling.com

Anderson, Aimee E, MSW, LCSW ■
9260 Sunset Dr
Ste 203
Miami, FL 33173
(305) 279-3640
Digital Contact Information:
Not Available

Anderson, Rosemarie A, MD ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
rosemarieaneita.anderson@swedish.org
Other Languages Spoken by

Provider or Office Staff English

Andino, Nelson, MSN, APRN ■
4005 Northwest 114th Avenue
22 22
Doral, FL 33178
(305) 260-6913
Digital Contact Information:
ybhsbilling@gmail.com

and
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
ybhsbilling@gmail.com

Andres, Alice M, PSYD, CP, HSPP, LP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
rainbowlanternpsych@gmail.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
rainbowlanternpsych@gmail.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
rainbowlanternpsych@gmail.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
rainbowlanternpsych@gmail.com
Other Languages Spoken by Provider or Office Staff English

Andreu Guerra, Sahily, MSN, APRN ■
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
9010 Southwest 137th Avenue
suite 116
Miami, FL 33186
(305) 639-8685
Digital Contact Information:
healingtouchinc@msn.com

and
14400 Northwest 77th Court
#100
Miami Lakes, FL 33016
(786) 916-6073
Digital Contact Information:
healingtouchinc@msn.com

and
7241 Southwest 63rd Avenue
STE 101A
South Miami, FL 331434838
(786) 916-6073
Digital Contact Information:
healingtouchinc@msn.com

Angel, Laurie R, MSN, APRN ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
momofben@bellsouth.net

Angel, Nicole, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Anglade-Pascal, Fabiola, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
alvin.brooks@physiciancure.com

Anias, Carlos, MSN, APRN ■
2000 Northwest 87th Avenue
Suite 201
Doral, FL 33172
(954) 561-6222
Digital Contact Information:
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Anta Vergara, Zoila, MSN, APRN ■
3105 Northwest 107th Avenue
400 h11
Doral, FL 33172
(305) 514-9045
Digital Contact Information:
zelenapsych@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Antoine, Nisha, MPSY, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Antunez, Maria, MSN, APRN ■
2550 Douglas Road
Ste #301
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
ghines@hinesandassociates.net

and
22133 South Dixie Highway
Miami, FL 33170
(786) 504-3119
Digital Contact Information:
ghines@hinesandassociates.net

and
13155 Southwest 134th Street
202
Miami, FL 33186
(786) 504-3119
Digital Contact Information:
ghines@hinesandassociates.net
Other Languages Spoken by Provider or Office Staff
Spanish

Arana, Ashley, MS, LMHC ■
250 Catalonia Avenue
suite 403
Coral Gables, FL 33134
(321) 405-2805
Digital Contact Information:
https://harvestingjoypsychologicalservices.com
asharanma.harvestingjoy@gmail.com

Arandia, Eloisa, MMFT, BCBA, LMHC ■
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arango, Alejandra J, MS, LMHC ■
FL
(786) 556-4040
Digital Contact Information:
aarango505@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arango, Yezid, MSW, LCSW ■
1671 West 37th Street
Suite #3
Hialeah, FL 33012
(305) 995-0152
Digital Contact Information:
vanessa@livingcaretherapy.com

and
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
vanessa@livingcaretherapy.com

and
15600 Northwest 67th Avenue
204 208
Hialeah, FL 33014
(786) 542-6127
Digital Contact Information:
vanessa@livingcaretherapy.com

and
2100 West 76th Street
STE 408
Hialeah, FL 33016
(786) 542-5056
Digital Contact Information:
vanessa@livingcaretherapy.com

and
5890 West 20th Avenue
Hialeah, FL 33016
(239) 202-8998
Digital Contact Information:
vanessa@livingcaretherapy.com

and
124 Southeast 1st Road
A
Homestead, FL 33030
(786) 255-7979
Digital Contact Information:
vanessa@livingcaretherapy.com

and
640 West Palm Drive
b
Homestead, FL 33034
(786) 601-7757
Digital Contact Information:
vanessa@livingcaretherapy.com

and
7392 Northwest 35th Terrace
203 206
Miami, FL 33122
(305) 530-8177
Digital Contact Information:
vanessa@livingcaretherapy.com

and
7570 Northwest 14th Street
Ste 101
Miami, FL 33126
(786) 590-1711
Digital Contact Information:
vanessa@livingcaretherapy.com

and
7480 Southwest 40th Street
430
Miami, FL 33155
(786) 536-4266
Digital Contact Information:
vanessa@livingcaretherapy.com

and
3850 SW 87th Ave
Ste 102
Miami, FL 33165
(786) 615-4443
Digital Contact Information:
vanessa@livingcaretherapy.com

and
9766 Coral Way
17
Miami, FL 33165
(785) 706-1281
Digital Contact Information:
vanessa@livingcaretherapy.com

and
4995 Northwest 72nd Avenue
102
Miami, FL 33166
(786) 360-3584
Digital Contact Information:
vanessa@livingcaretherapy.com

and
1460 Northwest 107th Avenue
41n
Miami, FL 33172
(754) 263-2050
Digital Contact Information:
vanessa@livingcaretherapy.com

and
1470 Northwest 107th Avenue
M
Miami, FL 33172
(786) 238-7282
Digital Contact Information:
vanessa@livingcaretherapy.com

and
18140 Southwest 97th Avenue
Miami, FL 33176
(786) 701-9174
Digital Contact Information:
vanessa@livingcaretherapy.com

and
12595 Southwest 137th Avenue
#203
Miami, FL 33186
(786) 470-9105
Digital Contact Information:
vanessa@livingcaretherapy.com

and
12595 Southwest 137th Avenue
STE 110
Miami, FL 33186
(305) 465-9379
Digital Contact Information:
vanessa@livingcaretherapy.com

and
17325 Northwest 27th Avenue
206 207
Miami Gardens, FL 33056
(786) 822-7270
Digital Contact Information:
vanessa@livingcaretherapy.com

and
18142 Southwest 97th Avenue
Palmetto Bay, FL 33157
(786) 701-9179
Digital Contact Information:
http://www.guevaramedicalservices.com
vanessa@livingcaretherapy.com

and
6101 Southwest 76th Street
South Miami, FL 33143
(786) 640-0602
Digital Contact Information:
http://www.martmedicalgroup.com
vanessa@livingcaretherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Araujo Talledo, Andrea, PSYD, LP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Arias, Alina, MS, LMHC ■
18505 Northwest 75th Place
104 104
Hialeah, FL 33015
(305) 746-5628
Digital Contact Information:
rossconsultingandcredentialing@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Aristizabal, Adriana M, MSN, ARNP ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
ashley@ventremedical.com

and
9010 SW 137th Ave
Miami, FL 33186
(305) 671-3503
Digital Contact Information:
http://www.behavioralccs.com
ashley@ventremedical.com

and
9010 SW 137th Ave
Ste 111
Miami, FL 33186
(305) 671-3503
Digital Contact Information:
http://www.behavioralccs.com
ashley@ventremedical.com

Ariza, Julian, MD ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
info@elevatepsychiatry.com

and
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
info@elevatepsychiatry.com
Other Languages Spoken by Provider or Office Staff

Spanish

Armstrong, Sharifa, MSW, LCSW ■
1825 Northwest 167th Street
SUITE 102
Opa-locka, FL 330564838
(305) 624-7450
Digital Contact Information:
http://www.cfcecares.org
wbrown@cfceinc.org
Other Languages Spoken by Provider or Office Staff Haitian Creole, Creole, Spanish

Arnaez, Elizabeth, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
jenny.silverio@lifechg.org
Other Languages Spoken by Provider or Office Staff Spanish

Arocha, Emelina A, MD ■
2000 Southwest 27th Avenue
SUITE 101
Miami, FL 331452546
(305) 445-5994
Digital Contact Information:
emelinaarochamd@gmail.com

and
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
emelinaarochamd@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Aroche, Gladys, MPSY, LMHC ■
5881 Northwest 151st Street
111
Miami Lakes, FL 33014
(305) 440-8920
Digital Contact Information:
gac25@ymail.com
Other Languages Spoken by Provider or Office Staff Spanish

Arroyo-Carrion, Katia, PHD, LP ■
215 Westward Dr
Miami Springs, FL 33166
(305) 887-4494
Digital Contact Information:
drcarswell@wellnesspsychservices.com
Other Languages Spoken by Provider or Office Staff Spanish

Arthur, Felecia M, MSW, LISW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@homefrontha.com

Asgarali, Dariel, MSN, APRN ■
FL
(305) 903-2031
Digital Contact Information:
info@rushcredentialing.com

and
8950 Southwest 74th Court
1911
Miami, FL 33156
(786) 637-0907
Digital Contact Information:
info@rushcredentialing.com

Assinthe, Jeanne, MSW, LCSW ■
FL
(786) 779-8898
Digital Contact Information:
http://www.amitiewellness.com
jeanne@amitiewellness.com
Other Languages Spoken by Provider or Office Staff English, Haitian Creole, French, Spanish

Astacio, Victor, PSYD, LP ■
3990 West Flagler Street
102
Coral Gables, FL 33134
(786) 332-2602
Digital Contact Information:
blueskymentalhealthcorp@gmail.com

and
Eagle Nest Lane
Hialeah, FL 33014
(786) 534-3457
Digital Contact Information:
blueskymentalhealthcorp@gmail.com

and
Home Based Services Only
Miami Gardens, FL 33014
(305) 640-5739
Digital Contact Information:
blueskymentalhealthcorp@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Astolfo, Therese, MS, LMHC ■
1680 Meridian Ave
Ste 501
Miami Beach, FL 33139
(305) 531-5341
Digital Contact Information:
llong@dgcmhc.org

Atabong, Leke, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Augius, Lina, MD ■
800 SW 108th Ave
100
Miami, FL 33174
(786) 595-8040
(305) 348-3627
Digital Contact Information:
fiucred@fiu.edu

and
FL
(786) 595-8040
(305) 348-3627
Digital Contact Information:
fiucred@fiu.edu
Other Languages Spoken by Provider or Office Staff Spanish

Augustin, Sabine, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com
Other Languages Spoken by Provider or Office Staff Haitian Creole

Austin, Alexis, MSW, LCSW ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
info@riviamind.com

Autie, Carlos, MSN, APRN ■
5901 Northwest 183rd Street
Suite 128
Hialeah, FL 33015
(786) 409-4872
Digital Contact Information:
http://onesoulcmh.com
lrodriguezllbs@gmail.com

and
7959 NW 2nd St
Miami, FL 33126
(305) 267-6060
Digital Contact Information:
lrodriguezllbs@gmail.com

and
5803 Northwest 151st Street
301
Miami Lakes, FL 33014
(786) 422-7374
Digital Contact Information:
http://abuelitosmedicalcenter.com
lrodriguezllbs@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Avila, Corrieann M, MSW, LCSW ■
5335 Northwest 87th Avenue
c109
Doral, FL 33178
(786) 551-9550
Digital Contact Information:
corrie@monarchcounselinggroup.com

Avila, Dahimy, MSN, APRN ■
22133 South Dixie Highway
Miami, FL 33170
(786) 504-3119
Digital Contact Information:
https://fpmflorida.org/
admin@fpmagency.com

Avila, Yurinia, MSN, APRN ■
13195 Southwest 134th Street
101
Miami, FL 33186
(786) 227-6830
Digital Contact Information:
http://esperanzagroup.net
esperanzagroup@espgrp.net
Other Languages Spoken by Provider or Office Staff English, Spanish

Avilus, Kristel, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Ayala, Patricia, MSN, NP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
credentialing@scribealign.com

Ayer, Brian, MA, LPCC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
registration@ravenwoodhealth.org
Other Languages Spoken by Provider or Office Staff Sign Lang Amer

Azam, Safir, MD ■
960 W 41st St
Ste 106
Miami Beach, FL 33140
(305) 434-2148
Digital Contact Information:
patientcare887@gmail.cm
Other Languages Spoken by Provider or Office Staff Arabic

Azarian, Eliana, MC, LMHC ■
FL
(561) 590-7063
Digital Contact Information:
http://innerworkscounseling.com
contact@innerworkcounseling.com

Azucena, Natalia, MSW, LCSW ■
18710 Southwest 107th Avenue
UNIT 15
Cutler Bay, FL 33157
(786) 459-9945
Digital Contact Information:
callisiabilling@gmail.com

and
7392 Northwest 35th Terrace
Suite 302
Miami, FL 33122
(786) 353-2792
Digital Contact Information:
callisiabilling@gmail.com

and
2141 Southwest 1st Street
201
Miami, FL 33135
(786) 920-9137
Digital Contact Information:
callisiabilling@gmail.com

and
8390 West Flagler Street
220
Miami, FL 33144
(305) 402-4835
Digital Contact Information:
http://newmooncmhc.com
callisiabilling@gmail.com

and
9425 Southwest 72nd Street
225
Miami, FL 33173
(780) 353-2369
Digital Contact Information:
callisiabilling@gmail.com

and
5209 Northwest 36th Street
Miami Springs, FL 33166
(786) 712-7752
Digital Contact Information:
callisiabilling@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Babanin, Ellen P, MMFT, LMFT ■
FL
(786) 488-8103
Digital Contact Information:
http://www.sfacounseling.org
info@monarcabehavioralhealth.com

Badhwar, Priyanka, DO ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

Badia, Lourdes, MA, LMHC ■
2550 Douglas Road
Ste #301
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
lbadia@aol.com

and
1338 SW 8th St
Miami, FL 33135
(786) 953-8874
Digital Contact Information:
lbadia@aol.com

and
8080 West Flagler Street
2a
Miami, FL 33144
(786) 615-2640
Digital Contact Information:
lbadia@aol.com

and
13270 Southwest 8th Street
Miami, FL 33184
(786) 631-4972
Digital Contact Information:
lbadia@aol.com
Other Languages Spoken by Provider or Office Staff Spanish

Baez, Frank A, MD ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
solututiondrivenconsulting@gmail.com

and
26023 South Dixie Highway
Homestead, FL 33032
(786) 504-3365
Digital Contact Information:
solututiondrivenconsulting@gmail.com

and
26027 South Dixie Highway
Homestead, FL 33032
(786) 601-7344
Digital Contact Information:
solututiondrivenconsulting@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Bailey, Paul, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.

app
bailey.pauliii@gmail.com
Other Languages Spoken by Provider or Office Staff English

Bailey, Zafria, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Baird, Christopher, MA, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
cardiganincorporated@gmail.com

Baker, Brandon K, DO ■
1550 Madruga Avenue
STE 201
Coral Gables, FL 33146
(305) 740-8103
Digital Contact Information:
infodesk@bregmanmedicalgroup.com
and
15600 Southwest 288th Street
UNIT 202
Homestead, FL 33033
(786) 601-7682
Digital Contact Information:
infodesk@bregmanmedicalgroup.com
and
7959 NW 2nd St
Miami, FL 33126
(305) 267-6060
Digital Contact Information:
infodesk@bregmanmedicalgroup.com
and
7805 Coral Way
Ste 131
Miami, FL 33155
(786) 307-2066
Digital Contact Information:
infodesk@bregmanmedicalgroup.com
and
8700 West Flagler Street
406
Miami, FL 33174
(786) 558-5549
Digital Contact Information:
infodesk@bregmanmedicalgroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Baker, Shukairo M, MSN, APRNCNP, LCSW, PMHNP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
sbaker@affinityhealthcenter.org

Baker, Traci, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff
Spanish

Balan, Maria, MS, LMHC ■
15715 S Dixie Hwy
Ste 403
Miami, FL 33157
(305) 707-5966
Digital Contact Information:
movingtowardagape@gmail.com

Baldie, Toni-Saccian A, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ball, Kayleen, PSYD, LP ■
6262 Sunset Drive
Suite 500
Miami, FL 33143
(305) 669-6503
Digital Contact Information:
payer.credentialing@nicklaushealth.org
and
3100 SW 62nd Ave
Miami, FL 33155
(305) 663-8413
Digital Contact Information:
http://www.nicklaushealth.org
payer.credentialing@nicklaushealth.org
and
3100 SW 62nd Ave
Fl 2
Miami, FL 33155
(305) 663-8439
Digital Contact Information:
http://www.nicklaushealth.org
payer.credentialing@nicklaushealth.org
Other Languages Spoken by Provider or Office Staff
Spanish

Ballayan, Romeo, MSW, LCSW, LISW-CP ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Bamisile, Love, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
admin@sparkwg.com

Banegas, Kelvin, MSW, LCSW ■
FL
(516) 469-2135
Digital Contact Information:
kelvinbanegaslcsw@gmail.com

Barash, Brian D, MD ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.co

Barbosa, Adrian, MS, APRN ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
info@azzurrahcc.com
and
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
info@azzurrahcc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barcelo, Elena, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barciela, Gilberto, MSN, APRNPMH ■
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
forwardwithfc@gmail.com

Barkey, Adam D, PSYD, LP ■
11900 Biscayne Boulevard
Miami, FL 33181
(786) 949-0001
Digital Contact Information:
http://www.curectneuro.com
credentialing@curectneuro.com

Barnes, Cassandra D, MC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@thriveworks.com
Other Languages Spoken by Provider or Office Staff English

Barnes, Yvette, MSW, LCSW ■
1150 Northwest 72nd Avenue
640
Miami, FL 33126
(786) 497-3444
Digital Contact Information:
yvette@stellarhealthfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barnett, Capus, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Baron, Darlise, MSW, LCSW ■
18441 NW 2nd Ave
Ste 116
Miami, FL 33169
(786) 320-8722
Digital Contact Information:
http://www.baroncounseling.com
info@baroncounseling.com
and
18441 NW 2nd Ave
Ste 216
Miami, FL 33169
(786) 320-8722
Digital Contact Information:
http://www.baroncounseling.com
info@baroncounseling.com
Other Languages Spoken by Provider or Office Staff Creole, Haitian

Barosela, Melissa, MC, LMHC ■
3625 Northwest 82nd Avenue
400 3
Doral, FL 33166
(305) 209-6399
Digital Contact Information:
julie.berger@drcred.com
and
1125 Northeast 125th Street
112
North Miami, FL 33161
(305) 209-6399
Digital Contact Information:
julie.berger@drcred.com

Barrague, Maria, MPSY, LCMHC ■
1000 Brickell Avenue
Miami, FL 33131
(305) 467-8879
Digital Contact Information:
namastebehaviortherapy@yahoo.com
and
5600 SW 135th Ave
Ste 112
Miami, FL 33183
(305) 746-4507
Digital Contact Information:
namastebehaviortherapy@yahoo.com
and
12855 Southwest 136th Avenue
104
Miami, FL 33186
(305) 467-8879
Digital Contact Information:
namastebehaviortherapy@yahoo.com

Barreira, Edith M, MMFT, LMFT ■
11098 Biscayne Blvd
401-27
Miami, FL 33161
(305) 972-4865
Digital Contact Information:
https://edithmariabarreiralmft.com
privatepracticeeb@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barrera, Lourdes, MPSY, LMHC ■
19001 Southwest 106th Avenue
c103
Miami, FL 33157
(786) 523-2352
Digital Contact Information:
hopeandserenity4you@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barreto, Lourdes A, MSSW, LCSW ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
referrals@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barroso, Alina, MD, LMHC ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Barzaga, Dayron, MSN, APRN ■
124 Southeast 1st Road
A
Homestead, FL 33030
(786) 255-7979
Digital Contact Information:
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Basanez, Maria, MN, APRN ■
4304 Alton Rd
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Basart, Natalie, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bates, Colana, MA, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Batista, Maylin, PHD, LMHC ■
6001 Northwest 153rd Street
157
Miami Lakes, FL 33014
(415) 941-4109
Digital Contact Information:
http://www.intent-therapy.com
intenttherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Baumann, Cindy, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Bauza Estrada, Mirtha E, MN, APRN ■
12448 Southwest 127th Avenue
Miami, FL 33186
(786) 864-1030
Digital Contact Information:
excellentmccontracting@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Baylor, Elizabeth, MSN, APRN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Beams, Kristy L, MSN, APRN, APRNPMH ■
FL
(305) 902-6347
Digital Contact Information:
admin@delraycenter.com

Bean, Anthony, PHD, LP ■
333 Southeast 2nd Avenue
Suite 2000
Miami, FL 33131
(833) 369-1144
Digital Contact Information:
credentialing@asprcmsolutions.com

Beard, Hope, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Beaubrun, Lucika, MA, LMHC ■
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(561) 289-7995
Digital Contact Information:
pandatherapycircle@gmail.com

Becker, Susan, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
monarchbillingandbeyond@gmail.com

Beebe, Alicia D, MSN, APRN, ARNP ■
FL
(305) 902-6347
Digital Contact Information:
hurdbw@aol.com

Begley, Doreen, LMHC, MA ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
Not Available

Belcher, Briana, MS, LMHC ■
3625 Northwest 82nd Avenue
400 3
Doral, FL 33166
(305) 209-6399
Digital Contact Information:
briana@mindfuldirectionscc.com

and
9822 Northeast 2nd Avenue
2
Miami Shores, FL 33138
(786) 350-1567
Digital Contact Information:
http://www.mindfuldirectionscc.com
briana@mindfuldirectionscc.com

and
1125 Northeast 125th Street
112
North Miami, FL 33161
(305) 209-6399
Digital Contact Information:
http://mindsetsolutionsctc.com/
briana@mindfuldirectionscc.com

Belfort, Annissa I, MSN, APRN ■
14645 Northwest 77th Avenue
101
Miami Lakes, FL 33014
(833) 769-3524
Digital Contact Information:
http://lifestance.com
ga-credentialing@lifestance.com

Belfort, Elsie P, MSN, CNP, NP ■
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing@orendapsych.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, French

Bell, Rebekah, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Bello, Michelle, MS, LMHC ■
17670 Northwest 78th Avenue
STE 113
Hialeah, FL 33015
(716) 558-4565
Digital Contact Information:
milarehabprof@gmail.com

and
5600 Southwest 135th Avenue
STE 203
Miami, FL 33183
(786) 953-4962
Digital Contact Information:
milarehabprof@gmail.com

Bellon, Alfredo, MD ■
1695 NW 9th Ave
Miami, FL 33136
(305) 355-7777
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
1404A
Miami, FL 33136
(305) 355-9155
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
French, Spanish

Belmonte, Silvina, MC, LMHC ■
7171 Southwest 24th Street
316
Miami, FL 33155
(786) 762-2415
Digital Contact Information:
http://www.orthoandrehabilitation.org
silvinabelmnte@hotmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Belot, Max A, MN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

Benayoun, Micaela S, MC, LMFT ■
2500 Northwest 79th Avenue
233
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
credentialing@pmcen.com

and
7855 Northwest 12th Street
221
Doral, FL 33126
(305) 648-7174
Digital Contact Information:
credentialing@pmcen.com

and
1414 Northwest 107th Avenue
410
Doral, FL 33172
(305) 560-5742
Digital Contact Information:
credentialing@pmcen.com

and
1490 West 49th Place
suite 309
Hialeah, FL 33012
(305) 846-9333
Digital Contact Information:
credentialing@pmcen.com

and
1840 W 49th St
Ste 515
Hialeah, FL 33012
(305) 603-9202
Digital Contact Information:
credentialing@pmcen.com

and
1840 West 49th Street
304
Hialeah, FL 33012
(786) 803-8596
Digital Contact Information:
credentialing@pmcen.com

and
7614 Northwest 186th Street
Hialeah, FL 33015
(786) 534-3457
Digital Contact Information:
credentialing@pmcen.com

and
14411 Commerce Way
330
Hialeah, FL 33016
(786) 701-8416
Digital Contact Information:
http://nossmedicalcorp.com/
credentialing@pmcen.com

and
15600 Southwest 288th Street
Suite 405
Homestead, FL 33033
(786) 334-3515
Digital Contact Information:
credentialing@pmcen.com

and
10379 Southwest 186th Street
Miami, FL 33157
(720) 314-4727
Digital Contact Information:
credentialing@pmcen.com

and
11055 Southwest 186th Street
#101
Miami, FL 33157
(305) 342-4893
Digital Contact Information:
credentialing@pmcen.com

and
9380 Southwest 72nd Street
245
Miami, FL 33173
(305) 381-5434
Digital Contact Information:
credentialing@pmcen.com

and
931 Southwest 122nd Avenue
Miami, FL 33184
(305) 603-9235
Digital Contact Information:
credentialing@pmcen.com

and
12001 SW 128th Ct
Ste 102
Miami, FL 33186
(786) 971-7920
Digital Contact Information:
credentialing@pmcen.com

and
12255 Southwest 132nd Court
Miami, FL 33186
(305) 964-5157
Digital Contact Information:
credentialing@pmcen.com

and
12595 Southwest 137th Avenue
STE 110
Miami, FL 33186
(305) 648-7174
Digital Contact Information:
credentialing@pmcen.com

and
12595 Southwest 137th Avenue
STE 201
Miami, FL 33186
(786) 770-4832
Digital Contact Information:
credentialing@pmcen.com

and
13335 SW 124th St
Ste 106
Miami, FL 33186
(786) 842-3964
Digital Contact Information:
credentialing@pmcen.com

and
13590 Southwest 134th Avenue
205c
Miami, FL 33186
(786) 754-6474
Digital Contact Information:
credentialing@pmcen.com

Benito, Jorge, MD ■
5590 W 20th Ave
Ste 404
Hialeah, FL 33016
(305) 826-9330
Digital Contact Information:
taimtano@gmail.com

and
13240 SW 82nd Ave
Miami, FL 33156
(786) 718-7073
Digital Contact Information:
taimtano@gmail.com

and
17325 Northwest 27th Avenue
206 207
Miami Gardens, FL 33056
(786) 822-7270
Digital Contact Information:
taimtano@gmail.com

and
7000 SW 62nd Ave
Ste 600
South Miami, FL 33143
(786) 718-7073
Digital Contact Information:
taimtano@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Benjamin, Andrew P, MSW, LCSW ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com

Bennett, Nicholas, PSYD, LP ■
390 Northeast 191st Street
Miami, FL 33179
(805) 225-4446
Digital Contact Information:
doctor.bennett@outlook.com

Bentel, Eliana S, MMFT, LMFT ■
FL
(786) 286-5779
Digital Contact Information:
medicalocean205@gmail.com

and
2500 Northwest 79th Avenue
Suite 189
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
medicalocean205@gmail.com

and
7855 Northwest 12th Street
221
Doral, FL 33126
(305) 648-7174
Digital Contact Information:
medicalocean205@gmail.com

and
1414 Northwest 107th Avenue
410
Doral, FL 33172
(305) 560-5742
Digital Contact Information:
medicalocean205@gmail.com

and
7614 Northwest 186th Street
Hialeah, FL 33015
(786) 534-3457
Digital Contact Information:
medicalocean205@gmail.com

and
14411 Commerce Way
330
Hialeah, FL 33016
(786) 701-8416
Digital Contact Information:
http://nossmedicalcorp.com/
medicalocean205@gmail.com

and
15600 Southwest 288th Street
Suite 405
Homestead, FL 33033
(786) 334-3515
Digital Contact Information:
medicalocean205@gmail.com

and
10379 Southwest 186th Street
Miami, FL 33157
(720) 314-4727
Digital Contact Information:
medicalocean205@gmail.com

and
11055 Southwest 186th Street
#101
Miami, FL 33157
(305) 342-4893
Digital Contact Information:
medicalocean205@gmail.com

and
9350 Sunset Drive
suit 150
Miami, FL 33173
(786) 356-3613
Digital Contact Information:
medicalocean205@gmail.com

and
9380 Southwest 72nd Street
245
Miami, FL 33173
(305) 381-5434
Digital Contact Information:
medicalocean205@gmail.com

and
931 Southwest 122nd Avenue
Miami, FL 33184
(305) 603-9235
Digital Contact Information:
medicalocean205@gmail.com

and
12001 SW 128th Ct
Ste 102
Miami, FL 33186
(786) 971-7920
Digital Contact Information:
medicalocean205@gmail.com

and
12255 Southwest 132nd Court
Miami, FL 33186
(305) 964-5157
Digital Contact Information:
medicalocean205@gmail.com

and
12595 Southwest 137th Avenue
STE 201
Miami, FL 33186
(786) 770-4832
Digital Contact Information:
medicalocean205@gmail.com

and
13335 SW 124th St
Ste 106
Miami, FL 33186
(786) 842-3964
Digital Contact Information:
medicalocean205@gmail.com

and
13335 Southwest 124th Street
Suite 205
Miami, FL 33186
(305) 964-5082
Digital Contact Information:
medicalocean205@gmail.com

and
13590 Southwest 134th Avenue
205c
Miami, FL 33186
(786) 754-6474
Digital Contact Information:
medicalocean205@gmail.com

and
14750 Northwest 77th Court
SUITE 206
Miami Lakes, FL 33016
(796) 238-7959
Digital Contact Information:
medicalocean205@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Benzaquen, Melissa, MSED, LMHC ■
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
http://www.ibhflorida.com
osaker@ibhflorida.com

Berg, Joseph L, PSYD, LCSW ■
909 North Miami Beach Boulevard
STE 301
North Miami Beach, FL 33162
(305) 822-7202
Digital Contact Information:
billing@appliedbehavior.net
Other Languages Spoken by Provider or Office Staff Spanish

Bergolla, Johannys, MSN, APRN ■
7950 Northwest 53rd Street
STE 237
Doral, FL 33166
(786) 536-4420
Digital Contact Information:
violethealthcorp@gmail.com

and
10520 Northwest 26th Street
STE C101
Doral, FL 33172
(786) 353-9308
Digital Contact Information:
violethealthcorp@gmail.com

and
5979 Northwest 151st Street
STE 120
Hialeah, FL 33014
(786) 536-4420
Digital Contact Information:
violethealthcorp@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Berju, Danielle, MSN, APN ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Bermudez, Jose, PSYD, LP ■
9425 SW 72nd St
Ste 267
Miami, FL 33173
(305) 981-6806
Digital Contact Information:
jbpsyd@gmail.com

Bermudez Toth, Silvia P, PHD, LP ■
10691 N Kendall Dr
Ste 105
Miami, FL 33176
(305) 668-6018
Digital Contact Information:
cartayagroup@gmail.com

Bernal, Jenny A, MSCC, LCSW ■
3414 West 84th Street
Suite D110
Hialeah, FL 33018
(305) 825-4320
Digital Contact Information:
lifestarcmhc@gmail.com

and
3416 West 84th Street
C-108
Hialeah, FL 33018
(305) 557-1555
Digital Contact Information:
http://lifestarwellnesscenter.com
lifestarcmhc@gmail.com

Bernal, Liliam, MSW, LCSW ■
FL
(954) 716-1718
Digital Contact Information:
https://www.mswservices.org
sw@yaconsulting.org
Other Languages Spoken by Provider or Office Staff English, Spanish

Bernal, Maria O, MN, APRN ■
FL
(786) 980-7496
Digital Contact Information:
gauna@bmsbill.com

and
11285 Southwest 211 Street
305
Miami, FL 33189
(305) 218-9996
Digital Contact Information:
gauna@bmsbill.com

Bernal Moro, Yenima, MS, APRN ■
4810 Southwest 8th Street
Suite 103/104
Coral Gables, FL 33134
(786) 803-8306
Digital Contact Information:
lifetimesolutionsagency@gmail.com

and
5757 Waterford District Drive
Unit 172
Miami, FL 33126
(786) 353-2616
Digital Contact Information:
http://www.lifetimesolutionsagency.com
lifetimesolutionsagency@gmail.com

and
FL
(786) 525-4138
Digital Contact Information:
lifetimesolutionsagency@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Bernard, Courtney, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
courtneyl@cwcrecovery.com

Besada, Laura A, MSN, APRN ■
299 Alhambra Circle
STE 210
Coral Gables, FL 33134
(786) 558-5729
Digital Contact Information:
polyclinichcbilling@gmail.com

and
7959 NW 2nd St
Miami, FL 33126
(305) 267-6060
Digital Contact Information:
polyclinichcbilling@gmail.com

and
15495 Eagle Nest Lane
STE 215
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
polyclinichcbilling@gmail.com

and
6600 Cow Pen Road
250
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
polyclinichcbilling@gmail.com

and
215 Westward Dr
Miami Springs, FL 33166
(305) 887-4494
Digital Contact Information:
polyclinichcbilling@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Bess, Leslie, MA, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Betancourt, Alicia, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Betancourt, Jenny V, MS, LCMHC, LMHC, LPC ■
FL
(305) 330-8114
Digital Contact Information:
https://jenny-betancourt.clientsecure.me/
jmoran@docurapid.com
Other Languages Spoken by Provider or Office Staff Spanish

Bey-Moon, Chelsea, MS, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
hello@talkiatry.com

Bez, Yasin, MD ■
1695 NW 9th Ave
3308
Miami, FL 33136
(305) 355-7148
Digital Contact Information:
yasinbez.us@gmail.com

and
1695 NW 9th Ave
Fl 14
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
yasinbez.us@gmail.com

and
1695 NW 9th Ave
Fl 3
Miami, FL 33136
(305) 243-2301
Digital Contact Information:
yasinbez.us@gmail.com
Other Languages Spoken by Provider or Office Staff Turkish

Bhatia, Padam, MD ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
credentialing@elevatepsychiatry.com

and
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
credentialing@elevatepsychiatry.com

Biaggini, Daniela, MMFT, LMHC ●
2124 Northeast 123rd Street
STE 220
North Miami, FL 33181
(786) 828-0947
Digital Contact Information:
https://blossomfl.com
info@blossomfl.com
Other Languages Spoken by Provider or Office Staff Spanish

Bianchi, Fiorella, MSW, LCSW ■
2555 Northwest 102nd Avenue
STE 205
Doral, FL 33172
(786) 372-6788
Digital Contact Information:
http://www.holisticmindscollective.org
bianchisw@gmail.com

and
7000 West 12th Avenue
15
Hialeah, FL 33014
(305) 395-4919
Digital Contact Information:
bianchisw@gmail.com

and
FL
(305) 395-4919
Digital Contact Information:
bianchisw@gmail.com

Other Languages Spoken by Provider or Office Staff
Spanish

Bibas, Silvia M, MACP, LMHC ■
5590 West 20th Avenue
200 201
Hialeah, FL 33016
(305) 557-1555
Digital Contact Information:
http://lifestarwellnesscenter.com
sbibas999@gmail.com

and
3416 West 84th Street
C-108
Hialeah, FL 33018
(305) 557-1555
Digital Contact Information:
http://lifestarwellnesscenter.com
sbibas999@gmail.com

Bieniek, Sherrie, MD ■
9995 SW 72nd St
Ste 208
Miami, FL 33173
(305) 412-6034
Digital Contact Information:
drbieniek@bellsouth.net

Billings, Denise D, MA, LCMHC, LMHC ●
9350 Sunset Drive
151
Miami, FL 33173
(202) 410-5972
Digital Contact Information:
help@joinuplift.co

Binder, A, LMHP ■
1490 West 49th Place
suite 309
Hialeah, FL 33012
(305) 846-9333
Digital Contact Information:
southcoastpsychotherapy@gmail.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
southcoastpsychotherapy@gmail.com

and
12060 Southwest 129th Court
201
Miami, FL 33186
(786) 615-3349
Digital Contact Information:
southcoastpsychotherapy@gmail.com

Binu, Joji, MSN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Birdsong, Marianna, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app

Bishop, Amie, MS, LCMHC, LCPC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Blain, Jahmeal, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Blain-Maiza, Samantha, MSN, APRNPMH ■
1651 West 37th Street
Suite 308
Hialeah, FL 33012
(786) 383-2443
Digital Contact Information:
Not Available

Blair, Caryn, DNP, APRN ■
2999 NE 191st St
Ste 705
Miami, FL 33180
(305) 721-0748
Digital Contact Information:
mphealth4145@gmail.com

and
FL
(305) 721-0748
Digital Contact Information:
mphealth4145@gmail.com

Blanco Alonso, Maydibis, MN, APRN ■
5190 Northwest 167th Street
Suite 218
Hialeah, FL 33014
(786) 353-9410
Digital Contact Information:
admin@harmonycenter.us

and
17670 Northwest 78th Avenue
STE 113
Hialeah, FL 33015
(786) 715-3086
Digital Contact Information:
admin@harmonycenter.us

and
330 Southwest 27th Avenue
STE 609
Miami, FL 33135
(786) 743-0801
Digital Contact Information:
admin@harmonycenter.us

and
4905 Northwest 72nd Avenue
5
Miami, FL 33166
(786) 391-3816
Digital Contact Information:
http://paradisehealthgroup.com
admin@harmonycenter.us

and
13155 Southwest 134th Street
221
Miami, FL 33186
(786) 652-9880
Digital Contact Information:
admin@harmonycenter.us

and
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
admin@harmonycenter.us

and
14865 South Dixie Highway
Palmetto Bay, FL 33176
(786) 732-2176
Digital Contact Information:
admin@harmonycenter.us
Other Languages Spoken by Provider or Office Staff
Spanish

Blanco, Katherine, MSN, APRN ■
8950 Southwest 74th Court
1911
Miami, FL 33156
(786) 637-0907
Digital Contact Information:
http://southfloridapsychiatry.co
info@rushcredentialing.com

Blanco Lezcano, Vivian, MS, LMHC ■
1150 Northwest 72nd Avenue
ph 2
Miami, FL 33126
(786) 542-5043
Digital Contact Information:
http://1stcarecms.com
1stcarecasemngmt@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Blanco, Mercy, MD ■
4175 W 20th Ave
Hialeah, FL 33012
(786) 631-4158
Digital Contact Information:
info@blancomedicalcenter.com

and
1645 Southwest 107th Avenue
Ste 114A
Miami, FL 33165
(786) 631-4158
Digital Contact Information:
info@blancomedicalcenter.com

and
10661 North Kendall Drive
216
Miami, FL 33176
(786) 631-4158
Digital Contact Information:
info@blancomedicalcenter.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Blanco, Ocier, MSN, APRN ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

and
13195 Southwest 134th Street
206 206
Miami, FL 33186
(786) 608-3434
Digital Contact Information:
perla.delosrios@dadefamily.com

Blitzer, Paola, MS, LMHC ■
1045 Kane Concourse
207-208
Bay Harbor Islands, FL 33154
(305) 866-3866
Digital Contact Information:
paolabmhc@gmail.com

and
1045 Kane Concourse
207
Bay Harbor Islands, FL 33154
(561) 901-8846
Digital Contact Information:
paolabmhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bloise, Gabriela, MS, LMHC ■
Home Based Services Only
Miami Gardens, FL 33014
(305) 777-3883
Digital Contact Information:
acebehavioral2@gmail.com

and
5881 Northwest 151st Street
Suite: 103
Miami Lakes, FL 33014
(786) 703-4154
Digital Contact Information:
acebehavioral2@gmail.com

Bloom, Audrey, PHD, LP ■
14707 South Dixie Highway
107
Miami, FL 33176
(305) 301-8251
Digital Contact Information:
audreybloom@bellsouth.net

Bloom, Jennifer, MSW, LCSW, LISW, LMSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Boakye, Theresa, MSN, APN, APRN, CRNP, LNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@pgs-nhcare.com

Bodan, Dayra L, PSYD, LP ■
6405 Northwest 36th Street
112
Virginia Gardens, FL 33166
(305) 871-3131
Digital Contact Information:
therapeuticalli@bellsouth.net
Other Languages Spoken by Provider or Office Staff
English, Spanish

Bofill, Martha, PSYD, LP ■
351 NW 42nd Ave
Ste 401
Miami, FL 33126
(786) 704-5546
Digital Contact Information:
mbofill@aol.com

Bogan, James M, MSW, LCSW ■
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
fl-credentialing@lifestance.com
Other Languages Spoken by Provider or Office Staff
English

Boland, Teresa M, MS, ARNP, LMFT ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
totalhealthsolutions@protonmail.com

Boldin, Alyssia N, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
rachaibar@emds.com

Bolt, Giselle M, MSN, APRN, APRNCNP ■
427 Washington Ave
Miami Beach, FL 33139
(305) 514-0813
Digital Contact Information:
credentialing@cancommunityhealth.org

and
18360 NW 47th Ave
Miami Gardens, FL 33055
(786) 800-5631
Digital Contact Information:
credentialing@cancommunityhealth.org
Other Languages Spoken by Provider or Office Staff
English

Bonet Gongora, Yanet, MMH, APRN ■
3100 SW 62nd Ave
Fl 2
Miami, FL 33155
(305) 663-8439
Digital Contact Information:
equilibriumcommunitycare@gmail.com

Bonilla, Alicia, MSW, LCSW ●
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Bonnemort, Laura K, PSYD, CP ■
7600 Southwest 57th Avenue
307
South Miami, FL 33143
(305) 262-0806
Digital Contact Information:
drlaura@reginamendoza.com

Booker, Ebony C, MSS, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ebonyb135@gmail.com

Borda, Margarita, MA, LMHC ■

123 Madeira Avenue
204
Coral Gables, FL 33134
(305) 898-6607
Digital Contact Information:
margaritaborda123@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bortnik, Debora, MA, LMHC ■
9240 SW 72nd St
Ste 202
Miami, FL 33173
(305) 815-2787
Digital Contact Information:
dbortnik@bellsouth.net

Botero, Sara M, MS, LMFT ■
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
morecounseling@gmail.com

and
9745 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 701-2401
Digital Contact Information:
morecounseling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Botta, Rafael J, PSYD, LP ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
info@dadefamily.com

Boulay, Sherly, DNP, NP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
aantaya@ccaoh.org

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
aantaya@ccaoh.org

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
aantaya@ccaoh.org

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
aantaya@ccaoh.org
Other Languages Spoken by Provider or Office Staff
English, French

Boyer, Franchezka, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com
Other Languages Spoken by Provider or Office Staff
Spanish

Boyle, Kelly A, MA, LMFT ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
starfamilytherapy@gmail.com

Bradley, Kacynthia, MSW, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Braga, Timothy R, MSN, APRNCNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(305) 395-5978
Digital Contact Information:
scheduling@happierliving.com

and
FL
(305) 395-5978
Digital Contact Information:
scheduling@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Brandt, Robert S, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@medpsych.net
Other Languages Spoken by Provider or Office Staff English

Braunstein, Mark, DO ■
2999 NE 191st St
Ste 200
Miami, FL 33180
(646) 394-9666
Digital Contact Information:
reanna@pcpms.net

Brazzini, Mijanou, MPSY, LMHC ■
13205 Southwest 137th Avenue
suite 126
Miami, FL 33186
(786) 713-0383
Digital Contact Information:
http://yjwcare.com
mbrazzini61@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Brignoni, Candace I, MS, LMHC ■
10689 N Kendall Dr
Ste 314
Miami, FL 33176
(305) 558-7400
Digital Contact Information:
tifftflo@aol.com

Brito, Ana, MMH, LMHC ■
3661 S Miami Ave
Ste 503
Miami, FL 33133
(305) 856-1082
Digital Contact Information:
smontano@jcsfl.org

and
7875 SW 104th St
Ste 101
Miami, FL 33156
(305) 899-1587
Digital Contact Information:
http://www.jcsfl.org
smontano@jcsfl.org
Other Languages Spoken by Provider or Office Staff
Hebrew, Spanish

Broadwater, India, MSN, APRN ■
2801 Northeast 213th Street
Suite 1215
Aventura, FL 33180
(833) 769-3524
Digital Contact Information:
http://lifestance.com
fl-credentialing@lifestance.com

Brookes, Ingrid, MS, LMHC ■
10300 Southwest 72nd Street
275d
Miami, FL 33173
(888) 853-7908
Digital Contact Information:
http://www.bettermindtherapycorp.com
vasallojane@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Brooks, Maria, PSYD, LP ■
3625 Northwest 82nd Avenue
400 3
Doral, FL 33166
(305) 209-6399
Digital Contact Information:
luke@revive-rcm.com

and
1125 Northeast 125th Street
112
North Miami, FL 33161
(305) 209-6399
Digital Contact Information:
http://mindsetsolutionsctc/
luke@revive-rcm.com

Brown, Dustin Q, MC, LMHC ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
myschoolpsychologist@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Brown, Gillian R, MSW, LCSW ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Brown, Kameka L, PHD, APN, APRNCNP, ARNP ■
FL
(508) 202-1011
Digital Contact Information:
office@cartwheelcare.org

Brown, Sophia A, MSW, LCSW ■
295 Biscayne Boulevard
300
Miami, FL 33131
(561) 289-7995
Digital Contact Information:
sophia.brown@soebrownclinicalservices.org

Browning, Jennifer, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
members@wellnite.com

Bruno, Julie D, PSYD, LP ■
1550 Madruga Avenue
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
http://www.abc4s.com
support@abc4s.com

Brunson, Donna F, PMHNP ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
info@mindstronghealth.com

and
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
info@mindstronghealth.com

and
255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
info@mindstronghealth.com

and
370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
info@mindstronghealth.com

and
333 Southeast 2nd Avenue
Suite #2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
info@mindstronghealth.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@mindstronghealth.com

and
3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
info@mindstronghealth.com

and
350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
info@mindstronghealth.com

and
429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
info@mindstronghealth.com

and
323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
info@mindstronghealth.com

Bryant, Melissa, MA, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
info@hupcfl.com

Buchhalter, Maya I, MSN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Buckridge, Krystal, MSN, APN, APRN, NP ■
1504 Bay Road
2003 2003
Miami Beach, FL 33139
(646) 374-2827
Digital Contact Information:
credentialing.4@scribealign.com

Bugaj, Erika L, MSW, LICSW ■
FL
(202) 531-5385
Digital Contact Information:
hello@dandelioncounselingcare.com

Buigas, Kristen, PSYD, LP ■
11645 Biscayne Boulevard
STE 408
Miami, FL 33181
(305) 538-8835
Digital Contact Information:
https://mbchc.org/
lvgonzalez@hcnetwork.org

and
710 Alton Rd
Miami Beach, FL 33139
(305) 538-8835
Digital Contact Information:
lvgonzalez@hcnetwork.org

and
1221 71st St
Miami Beach, FL 33141
(305) 538-8835
Digital Contact Information:
https://mbchc.org/
lvgonzalez@hcnetwork.org
Other Languages Spoken by

Provider or Office Staff
Spanish

Bulin, Alicia, MSN, APRN, NP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(786) 422-1636
Digital Contact Information:
http://www.bonmente.com
contact@bonmente.com

Bulla, Maria I, MC, LMHC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
mabu820@hotmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Burchett, Kiana, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Burghardt, Elizabeth M, MS, LMHC ■
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
morecounseling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Burguera, Mayra, PSYD, LP ■
1110 Brickell Ave
Ste 407
Miami, FL 33131
(786) 558-4526
Digital Contact Information:
http://www.lucidminds.com
dr.burguera@gmail.com

Burns, Cheyanne K, MSN, APN, APRN, ARNP, CNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
enrollment@wellpsyche.com

Burns, Lonnie, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Burr, Tamara, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Burrell, Allison, PHD, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Burrell, D'Arthana, MSN, APRN, ARNP, NP ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
credentialing.6@extendedhealthservices.us

and
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing.6@extendedhealthservices.us

and
255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing.6@extendedhealthservices.us

and
370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
credentialing.6@extendedhealthservices.us

and
333 Southeast 2nd Avenue
Suite #2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing.6@extendedhealthservices.us

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing.6@extendedhealthservices.us

and
3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
credentialing.6@extendedhealthservices.us

and
350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
credentialing.6@extendedhealthservices.us

and
429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
credentialing.6@extendedhealthservices.us

and
323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
credentialing.6@extendedhealthservices.us

Bush, Jeffrey H, MC, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Bush, Megan V, MSW, LCSW ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Bush, Rebeca, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
jenny.silverio@lifechg.org

Bussey-Martin, Shantara L, MSW, LCSW ■
FL
(786) 751-1565
Digital Contact Information:
https://www.teatimets.com/
sbusseymartin@teatimets.com

Bustillo, Eduardo, DNP, APRN ■
12060 Southwest 129th Court
201
Miami, FL 33186
(786) 615-3349
Digital Contact Information:
office@neurobehavioral.health

and
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
office@neurobehavioral.health

and
8900 Southwest 117th Avenue
Building C SUITE 205
Miami, FL 33186
(305) 640-8600
Digital Contact Information:
http://totustuushealth.com
office@neurobehavioral.health

and
FL
(305) 640-8600
Digital Contact Information:
http://totustuushealth.com
office@neurobehavioral.health
Other Languages Spoken by Provider or Office Staff
Spanish

Bustillo, Linette, MSN, APRN ■
14221 SW 120th St
Ste 129
Miami, FL 33186
(786) 977-8817
Digital Contact Information:
urmentalwellnesspllc@gmail.com

Bustos, Josue C, MSW, LCSW ■
FL
(800) 567-5433
Digital Contact Information:
hello@emorahealth.com

Butcher, Stefanie, MSW, LISW-CP ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
provider.enroll@curnahelth.com

Butler, Shelley T, MSN, APRN ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
shelleybutleraprn@gmail.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
shelleybutleraprn@gmail.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
shelleybutleraprn@gmail.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
shelleybutleraprn@gmail.com

Cabal, Dayanis, PSYD, LP ■
11645 Biscayne Boulevard
STE 408
Miami, FL 33181
(305) 538-8835
Digital Contact Information:
https://mbchc.org/
lvgonzalez@hcnetwork.org

and
710 Alton Rd
Miami Beach, FL 33139
(305) 538-8835
Digital Contact Information:
lvgonzalez@hcnetwork.org

and
1221 71st St
Miami Beach, FL 33141
(305) 538-8835
Digital Contact Information:
https://mbchc.org/
lvgonzalez@hcnetwork.org
Other Languages Spoken by Provider or Office Staff English

Caballero, Lourdes, MSN, PMHNP ■
14221 Southwest 120th Street
109
Miami, FL 33186
(786) 803-8826
Digital Contact Information:
aprashad@advantumhealth.com

Cabrera, Erik A, MD ■
8500 SW 92nd Street
202
Miami, FL 33156
(305) 697-7924
Digital Contact Information:
ecabreramd5@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Cabrera, Gabriela M, MMH, LMHC ■
10691 Southwest 88th Street
Suite 110
Miami, FL 33176
(305) 595-5485
Digital Contact Information:
compuexbilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cabrera, Wendy, MMH, LMHC ●
2828 Coral Way
Ste 460
Coral Gables, FL 33145
(877) 897-6987
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net

and
12550 Biscayne Boulevard
308
North Miami, FL 33181
(305) 895-0504
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net
Other Languages Spoken by Provider or Office Staff
Spanish

Cabrera, Yalile T, MSN, APRN ■
2450 Southwest 137th Avenue
Suite# 230
Miami, FL 33175
(305) 459-3207
Digital Contact Information:
http://www.hidalgopsychiatry.com
hidalgopsychiatry@gmail.com

and
2460 Southwest 137th Avenue
250
Miami, FL 33175
(786) 449-4707
Digital Contact Information:
http://www.hidalgopsychiatry.com
hidalgopsychiatry@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cabrera-Lopez, Jennifer, MSN, APRN ■
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(954) 361-2669
Digital Contact Information:
mominshah@lanocepsychiatry.com

Caceres, Daniris, MMH, LMHC ■
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
morecounseling@gmail.com

Cagigas, Ariel, MSN, APRN ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400

Digital Contact Information:
Not Available

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
http://banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
Other Languages Spoken by Provider or Office Staff
Spanish

Cajuste, Kathia, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
Not Available

and
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
Not Available

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com

Calderin, Claudia, MSN, APRN ■
12001 Southwest 128th Court
Suite Suite 104
Miami, FL 33186
(786) 868-0505
Digital Contact Information:
clarityhealth@approachteam.com

and
13170 Southwest 128th Street
200
Miami, FL 33186
(786) 852-5198
Digital Contact Information:
https://clarityapproach.com/
clarityhealth@approachteam.com

and
14201 Southwest 120th Street
suite 110
Miami, FL 33186
(786) 238-7492
Digital Contact Information:
clarityhealth@approachteam.com

and
14221 Southwest 120th Street
223
Miami, FL 33186
(786) 690-2296
Digital Contact Information:
clarityhealth@approachteam.com
Other Languages Spoken by Provider or Office Staff
Spanish

Calderon, Eileen C, PSYD, LP ●
100 Miracle Mile
330
Coral Gables, FL 33134
(305) 445-9554
Digital Contact Information:
wellpathbehavior@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Calleja, Katia, MSN, APRN ■
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
solutiondrivenconsulting@gmail.com

and
8200 SW 117th Ave
Ste 301
Miami, FL 33183
(305) 279-1501
Digital Contact Information:
solutiondrivenconsulting@gmail.com

and
FL
(260) 202-4860
Digital Contact Information:
solutiondrivenconsulting@gmail.com

Calloway, Crystal, MSW, LCSW ■
FL
(704) 298-9914
Digital Contact Information:
http://www.asehealingcenter06.org
setzertherapist22@gmail.com

Calvo Estevez, Jennifer, MSN, APRN ■
8950 Southwest 74th Court
1911
Miami, FL 33156
(786) 637-0907
Digital Contact Information:
http://southfloridapsychiatry.co
info@rushcredentialing.com

Campagna Bonomo, Samantha E, MS, LMHC ■
1550 Madruga Ave
Ste 509
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
campagnatherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Campbell, Valencia L, MSW, LCSW, LICSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Campillo Juig, Eric R, MSN, APRN ■
3750 West 16th Avenue
232u
Hialeah, FL 33012
(786) 332-3396
Digital Contact Information:
campillomedical583@gmail.com

and
7821 Coral Way
100
Miami, FL 33155
(786) 409-5690
Digital Contact Information:
campillomedical583@gmail.com

and
Home Based Services Only
Miami, FL 33155
(786) 747-4949
Digital Contact Information:
campillomedical583@gmail.com

and
9380 Southwest 72nd Street
250
Miami, FL 33173
(305) 310-8747
Digital Contact Information:
campillomedical583@gmail.com

and
5600 Southwest 135th Avenue
STE 216
Miami, FL 33183
(786) 536-6196
Digital Contact Information:
campillomedical583@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Campos, Ivy, MS, LMHC ■
2103 Coral Way
Ste 405
Miami, FL 33145
(305) 445-9554
Digital Contact Information:
herrerasoffice@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Canavaciolo, Heidy, MSN, APRN ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
http://www.dgphealthandwellness.com
info@dgphealthandwellness.com

and
3621 SW 107th Ave
Miami, FL 33165
(786) 534-8366
Digital Contact Information:
http://serenitycommunitycenter.com
info@dgphealthandwellness.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Cancio, Jose A, MSN, APRN ■
12550 Biscayne Boulevard
STE 507
North Miami, FL 33181
(305) 204-1209
Digital Contact Information:
jac-pmhnp@assertivecare.net
Other Languages Spoken by Provider or Office Staff
English, Spanish

Canetti, Lisandra A, MSW, LCSW ■
8955 SW 87th Ct
Ste 112
Miami, FL 33176
(305) 722-7210
Digital Contact Information:
ofajardo@miamimedresearch.com
Other Languages Spoken by Provider or Office Staff
Spanish

Capote, Anna M, MSW, LCSW ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
perla@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla@dadefamily.com

Capote, Lindsey, MC, LMHC ■
14401 Old Cutler Road
Miami, FL 33158
(305) 722-5380
Digital Contact Information:
http://www.wellspringmiami.org
insurance@wellspringmiami.org

Capriata, Olga J, MSW, LCSW ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
http://lotuscounseling.com
admi@lotuscounseling.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
http://www.lotuscounseling.com
admi@lotuscounseling.com

and
7811 Coral Way
106
Miami, FL 33155
(305) 412-0138
Digital Contact Information:
admi@lotuscounseling.com

and
13930 SW 47th St
Ste 202
Miami, FL 33175
(305) 387-7850
Digital Contact Information:
admi@lotuscounseling.com

and
5600 SW 135th Ave
Ste 116
Miami, FL 33183
(305) 387-7850
Digital Contact Information:
admi@lotuscounseling.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cardenas, Carlos, MSED, LMFT ■
10689 SW 88th St
Ste 305
Miami, FL 33176
(305) 975-9449
Digital Contact Information:
mgme.cc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cardona, Diana C, MS, LMHC ■
5201 Blue Lagoon Dr
Ste 848
Miami, FL 33126
(855) 634-0984
Digital Contact Information:
contact@influentialtherapy.com

Cardona, Maria E, MBS, LPC ■
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
osaker@ibhflorida.com

Cardosa, Navila, MS, LMHC ■
FL
(786) 519-1419
Digital Contact Information:
navilacredentialing27@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Cardoso, Ericka, MS, LMHC ■
12595 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 701-9992
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
17340 Northwest 27th Avenue
Miami Gardens, FL 33056
(786) 255-0613
Digital Contact Information:
http://synergywellnessc.com
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Careaga, Dioskora, MS, BCBA, LMHC ■
2828 Coral Way
Ste 460
Coral Gables, FL 33145
(732) 523-2327
Digital Contact Information:
http://www.hinesandassociates.net
dioskorac@msn.com

and
12550 Biscayne Boulevard
STE 306
North Miami, FL 33181
(305) 642-5255
Digital Contact Information:
http://www.hinesandassociates.net
dioskorac@msn.com
Other Languages Spoken by Provider or Office Staff
Spanish

Carey, Gabrielle, MHS, LMHC ■
12000 Biscayne Boulevard
Miami, FL 33181
(786) 490-5988
Digital Contact Information:
gabbycaresofsouthfl@gmail.com

and
FL
(786) 490-5988
Digital Contact Information:
http://www.gabbycares.com
gabbycaresofsouthfl@gmail.com

Carey, Robert, PSYD, LP ■
360 Northwest 27th Street
Miami, FL 33127

(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

Carhuayo, Sheyla, MSCC, LMHC ■
3100 SW 62nd Ave
Fl 2
Miami, FL 33155
(305) 663-8439
Digital Contact Information:
payer.credentialing@nicklaushealth.org

Carmona, Marta, PSYD, LP ■
7600 South Red Road
200
South Miami, FL 33143
(786) 508-2207
Digital Contact Information:
nicole.squire@leehealth.org

Carney-Paine, Victoria, MSW, LCSW ■
255 University Drive
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
info@coralgablescounseling.com

and
2550 Douglas Road
Ste #301
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
info@coralgablescounseling.com

and
2600 S Douglas Rd
Ste 1003
Coral Gables, FL 33134
(305) 445-0477
Digital Contact Information:
http://www.coralgablescounseling.com
info@coralgablescounseling.com

and
FL
(561) 567-8795
Digital Contact Information:
info@coralgablescounseling.com

Caro, Marjorie, MD ■
5860 W Flagler St
Miami, FL 33144
(305) 264-7808
Digital Contact Information:
drcaro@hotmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Carrascal, Jonh, MS, LMHC ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Carrion, Bethania, PSYD, LP ■
175 Fontainebleau Boulevard
Miami, FL 33172
(786) 860-2468
Digital Contact Information:
http://www.guidedinsightpsychology.com
drcarrionb@guided-insight.com
Other Languages Spoken by Provider or Office Staff
Spanish

Carrita, Nicole, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
carritacounseling@gmail.com
Other Languages Spoken by Provider or Office Staff Italian

Carroll, Christian, MS, LMFT, LMHC, LPC, LPCMH ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Carroza, Mirna H, MPSY, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff Italian, Spanish

Cartaya, Andres, PSYD, LP ■
10691 N Kendall Dr
Ste 105
Miami, FL 33176
(305) 668-6018
Digital Contact Information:
cartayagroup@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Carter, Carol, MSW, LCSW ■
FL
(305) 400-8511
Digital Contact Information:
http://www.cbhwestcoast.com
credentialing@hcsflorida.com
Other Languages Spoken by Provider or Office Staff English

Casanova Lopez, Gerardo, MSN, PMHNP ■
12001 Southwest 128th Court
101
Miami, FL 33186
(786) 200-6657
Digital Contact Information:
https://www.sunissup.com/home
g.casanovalopez15@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Casas-Justice, Libia T, MSW, LCSW ■
10631 North Kendall Drive
Suite 1201
Miami, FL 33176
(305) 270-6100
Digital Contact Information:
libiacasas@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Casiano, Ada L, MS, LMFT ■
7765 SW 87th Ave
Ste 104
Miami, FL 33173
(305) 494-0956
Digital Contact Information:
acasiano@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Cassidy, Toni, MSN, APNP, APRNCNP, CNP, CRNP, NP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(503) 427-8094
Digital Contact Information:
http://happierliving.com
providers@empathyhealthclinic.com
Other Languages Spoken by Provider or Office Staff English

Castaneda Ramirez, Santiago, MD ■
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
https://www.compasshealthsystems.com/
credentialing@compass.md

and
FL
(305) 891-0050
Digital Contact Information:
https://www.compasshealthsystems.com/
credentialing@compass.md

Castaneira, Yamile, MSN, APRN ■
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
lgarcia@keraltybh.com
Other Languages Spoken by Provider or Office Staff
Spanish

Casteleiro, Vickie, PHD, LP ■
7950 W Flagler St
Ste 106
Miami, FL 33144
(305) 269-3900
Digital Contact Information:
http://www.healthymindspsy.com
drgmartinez.psychologist@gmail.com

and
7950 West Flagler Street
Suite 101
Miami, FL 33144
(305) 239-7725
Digital Contact Information:
http://www.healthymindspsy.com
drgmartinez.psychologist@gmail.com

and
FL
(305) 239-7725
Digital Contact Information:
http://www.healthymindspsy.com
drgmartinez.psychologist@gmail.com

Castellanos, Adiana, MSN, APRN ■
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
healingtouchinc@msn.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
healingtouchinc@msn.com

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
9020 Southwest 137th Avenue
STE 250
Miami, FL 33186
(786) 536-7588
Digital Contact Information:
healingtouchinc@msn.com
Other Languages Spoken by Provider or Office Staff
Spanish

Castellanos, Ivette, MS, LMHC ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
laurap@azzurrahcc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Castillo, Edmundo, MSW, LCSW ■
4445 West 16th Avenue
STE 100
Hialeah, FL 33012
(786) 876-5087
Digital Contact Information:
kmauricio@regahealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Castillo, Fiorella Paola, MC, LMHC ●
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
info@elevatepsychiatry.com

and
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
info@elevatepsychiatry.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Castillo Llanes, Lisandra, MSN, APRN ■
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
contact@balancedwellbeingllc.com

and
5607 NW 27th Ave
1
Miami, FL 33142
(239) 278-3660
Digital Contact Information:
contact@balancedwellbeingllc.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(786) 833-7633
Digital Contact Information:
contact@balancedwellbeingllc.com

and
20612 Northwest 27th Avenue
Miami Gardens, FL 33056
(305) 637-6400
Digital Contact Information:
contact@balancedwellbeingllc.com

Castillo, Sandra, PSYD, LP ■
3081 Salzedo Street
Suite 202
Coral Gables, FL 33134
(786) 567-8160
Digital Contact Information:
castillo043@gmail.com

and
11385 Southwest 32nd Street
Miami, FL 33165
(786) 567-8160
Digital Contact Information:
castillo043@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Castillo-Benitez, Beatriz, MSN, APRN ■
FL
(305) 549-0094
Digital Contact Information:
beatrizcastillob2018@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Castro, Anthony M, PHD, LP ■
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
1404A
Miami, FL 33136
(305) 243-4782
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
Fl 14
Miami, FL 33136
(305) 243-4782
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
Fl 3
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Castro Cordoba, Juan Luis B, MD ■
4960 SW 72nd Ave
Ste 303
Miami, FL 33155
(305) 554-1700
Digital Contact Information:
intake@compass.md

and
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
https://www.compasshealthsystems.com
intake@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
https://www.compasshealthsystems.com
intake@compass.md

Castro, Georgia K, MS, LMHC ■
111 NW 183rd St
Ste 404
Miami, FL 33169
(786) 524-4001
Digital Contact Information:
fl-credentialing@lifestance.com

and
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
fl-credentialing@lifestance.com

Castro, Kenia, MD ■
4160 W 16th Ave
Ste 301
Hialeah, FL 33012
(305) 690-0332
Digital Contact Information:
keniacastromdpa@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Castro, Mairelis, MS, LMHC ■
2450 Southwest 137th Avenue
Suite# 230
Miami, FL 33175
(305) 459-3207
Digital Contact Information:
http://www.hidalgopsychiatry.com
calvarez@blueangelcare.net

and
2460 Southwest 137th Avenue
250
Miami, FL 33175
(305) 459-3207
Digital Contact Information:
http://www.hidalgopsychiatry.com
calvarez@blueangelcare.net

and
11890 Southwest 8th Street
STE 309
Miami, FL 331841710
(305) 220-6060
Digital Contact Information:
http://www.blueangelcare.net
calvarez@blueangelcare.net

Castro, Olga M, MS, LMHC ■
11890 Southwest 8th Street
STE 309
Miami, FL 331841710
(305) 220-6060
Digital Contact Information:
http://www.blueangelcare.net
calvarez@blueangelcare.net
Other Languages Spoken by Provider or Office Staff
Spanish

Castro, Quisha, MC, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Cata, Karina, MN, ARNP ■
4982 Palm Avenue
Hialeah, FL 33012
(305) 479-3262
Digital Contact Information:
kcata@kcm.health
Other Languages Spoken by Provider or Office Staff
Spanish

Catoe, Whitney, MA, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Cazeau, B Winnifred, MSW, LCSW-C ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Ceballo, Mayelin, MPSY, LMHC ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
office@neurobehavioral.health

and
12060 Southwest 129th Court
201
Miami, FL 33186
(786) 615-3349
Digital Contact Information:
office@neurobehavioral.health
Other Languages Spoken by Provider or Office Staff
Spanish

Ceballos Marin, Veronica I, MMH, LMHC ■
14221 Southwest 120th Street
225
Miami, FL 33186
(786) 373-7359
Digital Contact Information:
inspirationaljourneymhc@gmail.com
Other Languages Spoken by Provider or Office Staff English

Cendejas, Marisol, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
members@wellnite.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cepero, Ariel, MSN, NP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
william_dubose@futurepsychsolutions.com

Cerne Constantin, Kery, MMH, LMHC ■
16800 Northeast 15th Avenue
304 304
North Miami Beach, FL 33162
(305) 419-6446
Digital Contact Information:
http://www.plscaw.com
ddunn@unifiedcm.com

Chama, Humphrey, MSN, APRNCNP ■
FL
(305) 902-6347
Digital Contact Information:
handmhealthcareoftx@gmail.com

Chambre, Karen F, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
wardchambre@gmail.com
Other Languages Spoken by Provider or Office Staff Afar

Chan, Wai Y, MSN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
info@riviamind.com

Chang, Joshua, MD ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
intake@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
intake@compass.md

and
FL
(305) 891-0050
(305) 279-5535
(954) 771-7743
(954) 447-0010
(561) 752-9490
Digital Contact Information:
intake@compass.md

Chaparro, Gabriella, MSN, APRN ■
FL
(305) 903-2031
Digital Contact Information:
Not Available

Chappell, Theotis, MSN, APRN ■
2820 Northeast 214th Street
Ste 801
Aventura, FL 33180
(256) 500-8688
Digital Contact Information:
blossom@withassured.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
blossom@withassured.com

Chaquinga, John, MS, LMHC ■
5881 Northwest 151st Street
Suite: 103
Miami Lakes, FL 33014
(786) 703-4154
Digital Contact Information:
peaceofmindmhs@hotmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Charles, Abbdady, MSN, APRN ■
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
help@joinuplift.co

Charles, Patrick H, MSN, APRNCNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Chasteen, Heather, MN, APRN, APRNCNP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
credentialing@flatherapy.com
Other Languages Spoken by Provider or Office Staff English

Chatelain, Mitsouko, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/referrals@ffmhs.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
referrals@ffmhs.com

Chelak, Elizabeth, MSW, LCSW ■
1110 Brickell Ave
Ste 407
Miami, FL 33131
(561) 501-3092
Digital Contact Information:
info@traumatherapywpb.com
Other Languages Spoken by Provider or Office Staff
Russian

Chemerinsky, Graciela, MPSY, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com

and
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Chernov, Valeriy M, MD ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
svetcher@optonline.net

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
svetcher@optonline.net

and
1065 Northeast 125th Street
300
North Miami, FL 33161
(888) 852-6672
Digital Contact Information:
http://www.compasshealthsystems.com
svetcher@optonline.net
Other Languages Spoken by Provider or Office Staff
Russian

Cherry, Patricia, MED, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
steven.smith@mangalaminfotech.com

Chevalier, Naomi, MD ■
2 South Biscayne Boulevard
103 32
Miami, FL 33131
(786) 556-7688
Digital Contact Information:
smithvl6@upmc.edu
Other Languages Spoken by Provider or Office Staff
Hebrew, English

Chiarenza, Daniella, MSW, LCSW ■

2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Chiarini, Stephan G, MSED, LMFT ■
10241 SW 103rd Ct
Miami, FL 33176
(305) 790-2899
Digital Contact Information:
ovichsan@yahoo.com

and
9010 SW 137th Ave
Ste 212
Miami, FL 33186
(305) 790-2899
Digital Contact Information:
ovichsan@yahoo.com

Childers, Janice L, MA, LMHC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff English

Chinea, Marianela, MSN, APRN ■
3971 Southwest 8th Street
STE 206
Coral Gables, FL 33134
(786) 633-5960
Digital Contact Information:
agauna@bmsbill.com

and
FL
(786) 980-7496
Digital Contact Information:
http://www.vidahealthcarenetworks.com
agauna@bmsbill.com

and
13590 Southwest 134th Avenue
201
Miami, FL 33186
(786) 227-6258
Digital Contact Information:
agauna@bmsbill.com

Chipollini, Ana, MSN, APRN ■
5911 Northwest 173rd Drive
6
Hialeah, FL 33015
(786) 380-9229
Digital Contact Information:
admin@believeandtrustcm.com

and
12030 Southwest 129th Court
Suite 211
Miami, FL 33186
(786) 380-9229
Digital Contact Information:
http://www.believeandtrusttcm.com
admin@believeandtrustcm.com

Chiu, Chantel, PHD, LP ■
15325 Northwest 60th Avenue
#105
Miami Lakes, FL 33014
(305) 512-5388
Digital Contact Information:
docs@trinitycmhc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Chiuchiolo, Marisa, MS, LMHC ■
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 317-4478
Digital Contact Information:
https://crystalabatherapy.com/

Chocron, Eva, MS, LMFT ■
2627 NE 203rd St
Ste 214
Miami, FL 33180
(415) 941-4109
Digital Contact Information:
ebcg-support@findoctave.com

Choute-Edouard, Sonia, APRN, MSN, NP ■
66 West Flagler Street
Miami, FL 33130
(347) 875-0473
Digital Contact Information:
admins@wholenesstradition.com

and
1031 Ives Dairy Rd
Ste 228
Miami, FL 33179
(786) 477-6179
Digital Contact Information:
admins@wholenesstradition.com

and
12550 Biscayne Boulevard
STE 800
North Miami, FL 33181
(788) 442-5021
Digital Contact Information:
admins@wholenesstradition.com

Chung, See, MSN, APNP, APRN, CNS, CRNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Cicetti, Lisa, PSYD, LMHC, LP ■
1100 Southwest 57th Avenue
Suite 100
Miami, FL 33144
(786) 556-7688
Digital Contact Information:
lisacicetti@yahoo.com

Cid, Arturo A, MSW, LCSW ■
11900 Biscayne Blvd
Ste 504
Miami, FL 33181
(305) 804-7843
Digital Contact Information:
cidcounseling@gmail.com

and
17071 West Dixie Highway
103 103
North Miami Beach, FL 33160
(305) 804-7843
Digital Contact Information:
cidcounseling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cid Medina, Lissette, MSN, APRN ■
14411 Commerce Way
330
Hialeah, FL 33016
(786) 701-8416
Digital Contact Information:
http://nossmedicalcorp.com/
genesisconsultingservices39@gmail.com

and
1150 Northwest 72nd Avenue
ph 2
Miami, FL 33126
(786) 542-5043
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
3898 West Flagler Street
Miami, FL 33134
(954) 280-2056
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
7821 Coral Way
100
Miami, FL 33155
(786) 409-5690
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
10511 Southwest 88th Street
c103
Miami, FL 33176
(786) 530-7427
Digital Contact Information:
genesisconsultingservices39@gmail.com

Cieply, Tanisha, MSN, APRN ■
FL
(407) 906-6116
Digital Contact Information:
cieplyt@gmail.com

Ciliezar, Alicia M, MSN, APRN ■
FL
(561) 270-5330
Digital Contact Information:
billingheritagewellness@gmail.com

Cioffi, George V, MSN, ARNP ■
1300 Coral Way
Ste 208
Miami, FL 33145
(305) 929-8542
Digital Contact Information:
klopez@miamipersonalmanagement.com

and
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
http://www.miamipersonalmanagement.com
klopez@miamipersonalmanagement.com
Other Languages Spoken by Provider or Office Staff
Spanish

Clark, Altheresa, MSW, LCSW ■
111 NW 183rd St
Ste 404
Miami, FL 33169
(786) 524-4001
Digital Contact Information:
altheresa.clark@yahoo.com

Clark, Daniel, MSN, APRN ■
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
info@opabh.com

Clayton, Lakeytha, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
lakeytha@lgmrestorationwellness.org

Clerkin, Amanda, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Clicque, Chelsea A, PSYD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
support@dallastherapeutic.com

Closner, Jonathan, MC, LCPC, LMHC, LPC ■
1000 5th St
Ste 200
Miami Beach, FL 33139
(786) 389-0094
Digital Contact Information:
jonathan@turningpointsandbeyond.com

Cloud, Kayla, MC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Cnobel Massion, Monica, MC, LCPC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Codling, Marion, MS, APRN ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(954) 369-4111
Digital Contact Information:
referrals@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole, Spanish

Cofino Matos, Karol, MSN, APRN ■
9849 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 664-4540
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cohen, Hershenta, MD ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
hello@talkiatry.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
hello@talkiatry.com

Cohen, Michelle, MSN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Coizeau, Henri, PSYD, CP ■
1360 South Dixie Highway
355
Coral Gables, FL 33146
(305) 648-9344
Digital Contact Information:
southcoastpsychotherapy@gmail.com

and
FL
(800) 567-5433
Digital Contact Information:
https://totallife.com/
southcoastpsychotherapy@gmail.com

Cole, Tila, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Collazo, Melanie, MC, LMHC ■
5040 Northwest 7th Street
Suite 660
Miami, FL 33126
(305) 900-2361
Digital Contact Information:
bridgeforlife4@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Collazo-Amador, Aylem, MS, LMHC ■
306 Alcazar Avenue
200
Coral Gables, FL 33134
(305) 967-8725
Digital Contact Information:
http://www.ajmmedicalcenter.com
sunshine-advantage@mbhpays.com

and
8500 West Flagler Street
Office 107A
Miami, FL 33144

(786) 907-5141
Digital Contact Information:
sunshine-advantage@mbhpays.com

and
13301 Southwest 132nd Avenue
209 209
Miami, FL 33186
(786) 713-5553
Digital Contact Information:
sunshine-advantage@mbhpays.com

and
FL
(305) 632-3892
Digital Contact Information:
sunshine-advantage@mbhpays.com
Other Languages Spoken by Provider or Office Staff
Spanish

Collins, Danielle, MSN, APRN ●
FL
(954) 295-7333
Digital Contact Information:
bluebutterflypsychserv@gmail.com

Coloccia, Elinor G, PSYD, CP, LP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
admin@psychologyaz.com

Colon Del Toro, Cristina, MD ■
8001 West 26th Avenue
2 2
Hialeah, FL 33016
(786) 360-2630
Digital Contact Information:
vanessa@livingcaretherapy.com

and
8001 West 26th Avenue
6 6
Hialeah, FL 33016
(786) 372-3262
Digital Contact Information:
vanessa@livingcaretherapy.com

and
5080 Northwest 74th Avenue
Miami, FL 33166
(786) 372-3262
Digital Contact Information:
vanessa@livingcaretherapy.com

and
10511 Southwest 88th Street
c103
Miami, FL 33176
(786) 530-7427
Digital Contact Information:
vanessa@livingcaretherapy.com

and
5600 Southwest 135th Avenue
STE 216
Miami, FL 33183
(786) 536-6196
Digital Contact Information:
vanessa@livingcaretherapy.com

and
14221 Southwest 120th Street
223
Miami, FL 33186
(786) 690-2296
Digital Contact Information:
vanessa@livingcaretherapy.com

Colunga, Eduardo, MSN, APRN ■
900 East 9th Street
Hialeah, FL 33010
(305) 381-5294
Digital Contact Information:
info@cbhwestcoast.com
Other Languages Spoken by Provider or Office Staff
Spanish

Comesana Lopez, Marisleydis, MSN, APRN ■
14261 Southwest 120th Street
Suite #113
Miami, FL 33186
(786) 597-4696
Digital Contact Information:
emotionlifecarecenter@gmail.com

and
9010 Southwest 137th Avenue
101
Miami, FL 33186
(786) 803-8826
Digital Contact Information:
http://amorementalhealthcorp.com
emotionlifecarecenter@gmail.com

and
13205 Southwest 137th Avenue
STE 132
Miami, FL 331865334
(786) 478-6369
Digital Contact Information:
http://dominguezcommunitycenter.com
emotionlifecarecenter@gmail.com

Commella, Noreen, PSYD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@healthyyoungminds.com

Companioni, Maria, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
ashley@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Contreras, Alejandra, LMHC, MMH ■
5901 Northwest 183rd Street
310
Hialeah, FL 33015
(786) 418-9790
Digital Contact Information:
info@oasismentalhealthcenter.com
Other Languages Spoken by Provider or Office Staff
Spanish

Contreras, Joseph L, MS, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentailing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentailing@banyanhealth.org

and
18901 Southwest 106th Avenue
229
Miami, FL 33157
(786) 506-9008
Digital Contact Information:
credentailing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
credentailing@banyanhealth.org

and
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
credentailing@banyanhealth.org
Other Languages Spoken by Provider or Office Staff
Spanish

Contreras-Schwartz, Joanna, PHD, LCSW, LCSW-R, LISW-CP, LMSW ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
ajcheney@sosapartners.com

Cook, Chaz, MS, LMHC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
http://sunbeamfamilyservices.org
drandall@teampathways.com

Cook, Shawndrika, MS, LMHC, PC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Cooper, Catherine, MC, LPC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Cooper, Courtney, MS, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
acc@advancedclientcare.org

Cordero-Torres, Nelson E, MD ■
2000 Northwest 87th Avenue
Suite 201
Doral, FL 33172
(954) 561-6222
Digital Contact Information:
ventemedical@gmail.com

and
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
ventemedical@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cordiano, Kiera, MS, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Cordova, Carlos A, MS, LMHC ■
2141 SW 1st St
Ste 103
Miami, FL 33135
(305) 644-6024
Digital Contact Information:
help@coralcmhc.net
Other Languages Spoken by Provider or Office Staff
Spanish

Corniffe, Khadine, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
pandatherapycircle@gmail.com

Corona, Kathleen, MPSY, LCSW ■
11890 Southwest 8th Street
403
Miami, FL 33184
(305) 433-1396
Digital Contact Information:
brightsyhealth@gmail.com

and
11890 Southwest 8th Street
Suite 207
Miami, FL 33184
(786) 362-5981
Digital Contact Information:
brightsyhealth@gmail.com

and
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
brightsyhealth@gmail.com

Corona Martinez, Delaney, MS, LCPC, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
home@christianpsychological.org

Correa, Larisa A, MSW, CSW, LCSW, LICSW, LISW-CP ■
FL
(561) 567-8795
(347) 738-1199
(315) 873-2936
Digital Contact Information:
http://www.joinuplift.co
mpowercounselingpllc@gmail.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
mpowercounselingpllc@gmail.com

and
FL
(561) 567-8795
(347) 738-1199
(315) 873-2936
Digital Contact Information:
http://www.joinuplift.co
mpowercounselingpllc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Correa, Richard, MSW, LCSW, LMFT ■
15792 Southwest 145th Terrace
Miami, FL 33196
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
richardcorrea2@aol.com

Corredor, Raul G, MD ■
3661 S Miami Ave
Ste 504
Miami, FL 33133
(305) 988-0687
Digital Contact Information:
brainsintegrative@outlook.com

and
3785 Northwest 82nd Avenue
STE 312
Miami, FL 33166
(305) 988-0687
Digital Contact Information:
http://www.brainsintegrativehealth.com
brainsintegrative@outlook.com

Corson, Dejuanna H, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
help@joinuplift.co

Cortazar, Lissette D, MD ■
3659 South Miami Avenue
Suite 5002
Miami, FL 33133
(305) 815-0055
Digital Contact Information:
lissettecortazar@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cortes, Edmi Y, MD ■
1295 NW 14th St
Ste E
Miami, FL 33125
(305) 689-1352
Digital Contact Information:
Not Available

and
1120 NW 14th St
1477
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
Not Available

and
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-6400

Digital Contact Information:
Not Available

and
1695 NW 9th Ave
1404A
Miami, FL 33136
(305) 355-9155
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
3308
Miami, FL 33136
(305) 355-7148
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
Fl 3
Miami, FL 33136
(305) 355-9006
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff Spanish

Corthell, Kimere, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(877) 644-6008
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Corzo, Samantha R, MS, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
credentialing@banyanhealth.org

Cos Salmon, Hugo, MSN, APRN ■
1671 West 37th Street
Suite #3
Hialeah, FL 33012
(305) 728-4880
Digital Contact Information:
hcos@chwcm.org
Other Languages Spoken by Provider or Office Staff English, Spanish

Couper, Sarah, MSN, APRN ■
4300 Biscayne Boulevard
STE 203
Miami, FL 33137
(877) 400-0540
Digital Contact Information:
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Crabtree, Amanda, MC, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Crane, Damarys, MS, LMHC ■
3750 West 16th Avenue
140u
Hialeah, FL 33012
(786) 609-1765
Digital Contact Information:
vdacommunitycenter@gmail.com

and
5941 Northwest 173rd Drive
2 2
Hialeah, FL 33015
(754) 701-0221
Digital Contact Information:
vdacommunitycenter@gmail.com

and
15325 Northwest 60th Avenue
101
Miami Lakes, FL 33014
(786) 703-8085
Digital Contact Information:
vdacommunitycenter@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Crane, Katrina L, MSN, ARNP, PMHNP ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Crespo, Johanna, MSN, APRN ■
1221 Brickell Avenue
ste 900
Miami, FL 33131
(833) 377-2526
Digital Contact Information:
http://www.healthandpsychiatry.com
billing101@healthandpsychiatry.com

and
FL
(833) 377-2526
Digital Contact Information:
http://www.healthandpsychiatry.com
billing101@healthandpsychiatry.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(833) 377-2526
Digital Contact Information:
http://www.healthandpsychiatry.com
billing101@healthandpsychiatry.com

and
1688 Meridian Avenue
STE 600
Miami Beach, FL 33139
(833) 377-2526
Digital Contact Information:
http://www.healthandpsychiatry.com
billing101@healthandpsychiatry.com

Crespo, Maria R, MMFT, LMFT ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
laurap@azzurrahcc.com
Other Languages Spoken by Provider or Office Staff Spanish

Crider, Tiffany, MS, LMHC ■
FL
(305) 812-6018
Digital Contact Information:
http://www.prevailandprogress.com
tiffanysimone@prevailandprogress.com

Crisp, Nicholas S, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
info@improvinglivescounseling.com

Cronin, Kathleen, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
scheduling@happierliving.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
scheduling@happierliving.com

Croskey, Luvernice, PHD, LCSW, LMFT ■
12955 Biscayne Boulevard
STE 204
Miami, FL 33181
(305) 895-3307
Digital Contact Information:
luvernicecroskey@gmail.com
Other Languages Spoken by Provider or Office Staff English

Cross, Kamilah, MSW, LCSW ■
1425 Northwest 193rd Terrace
Miami Gardens, FL 33169
(954) 825-8500
Digital Contact Information:
yourworthllc@gmail.com

Crowdis, Marissa A, DO ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
ehoyos@lotuscounseling.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
ehoyos@lotuscounseling.com

Cruz, Grace Marlyn, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Cruz, Jose, MD ■
4302 Alton Rd
Ste 820
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com

and
4304 Alton Rd
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com

and
4304 Alton Rd
Fl 1
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com

Cruz, Rosalie, MSW, LCSW ■
100 NE 38th St
Ste 5
Miami, FL 33137
(305) 576-1599
Digital Contact Information:
Not Available

and
3000 Biscayne Blvd
Fl 5
Miami, FL 33137
(305) 576-6611
Digital Contact Information:
Not Available

Cruz, Yaimara, MSN, APRN ■
FL
(305) 510-0111
Digital Contact Information:
Not Available

Cruz-Torres, Nichole, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
nichole@therapywithnichole.com

Cue, Liz, MSW, LCSW ■
5901 Southwest 74th Street
408
Miami, FL 33143
(305) 735-3555
Digital Contact Information:
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff Spanish

Cueto, Christina, MA, LMFT ■
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
info@btpmentalhealth.com

Cuevas Rojas, Maytee R, MSN, APRN ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
http://www.dgphealthandwellness.com
info@dgphealthandwellness.com

and
1469 NW 36th St
Miami, FL 33142
(305) 635-7444
Digital Contact Information:
info@dgphealthandwellness.com

and
17325 Northwest 27th Avenue
Suite 105
Miami Gardens, FL 33056
(786) 819-0209
Digital Contact Information:
info@dgphealthandwellness.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Curbelo, Luis, MSN, APRN ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
infinitywellnessgroup21@gmail.com

and
14471 S Dixie Hwy
Miami, FL 33176
(786) 803-8826
Digital Contact Information:
http://www.amorementalhealthcorp.com
infinitywellnessgroup21@gmail.com

and
13701 Southwest 88th Street
306
Miami, FL 33186
(786) 842-1489
Digital Contact Information:
infinitywellnessgroup21@gmail.com

and
9010 Southwest 137th Avenue
101
Miami, FL 33186
(786) 803-8826
Digital Contact Information:
http://amorementalhealthcorp.com
infinitywellnessgroup21@gmail.com

Curiel, Rosie E, PSYD, LP ■
1120 NW 14th St
1477
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
rwinokur@med.miami.edu

and
1695 NW 9th Ave
1404A
Miami, FL 33136
(305) 355-9155
Digital Contact Information:
rwinokur@med.miami.edu
Other Languages Spoken by Provider or Office Staff
Spanish

Curras, Glender, MPSY, LMHC ■
1125 Northeast 125th Street
300 7n
North Miami, FL 33161
(786) 487-3948
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
English, Spanish

Curras, Michelle M, MSSW, LCSW ■
1000 Brickell Avenue
Miami, FL 33131
(786) 536-5702
Digital Contact Information:
laibehavior@gmail.com

and
981 NW 132nd Ave W
Miami, FL 33182
(786) 536-5702
Digital Contact Information:
laibehavior@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Currier, Maria B, MD ■
8900 N Kendall Dr
Miami, FL 33176
(786) 596-2000
Digital Contact Information:
beatrizcur@baptisthealth.net

Curtis, Kormasah K, MMFT, LMFT ■
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
contactus@embracecounselingusa.com

Cuxart Falcon, Lorna, MSN, APRN ■
8370 West Flagler Street
STE 242
Miami, FL 33144
(786) 321-1600
Digital Contact Information:
http://www.crystalmindsmh.com
s.sardinas@crystalmindsmh.com

Cyronak, Ashley R, MSN, PMHNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
coastalpsych@gmail.com

DO Valle, Monika, DO ■
1065 Southwest 8th Street
570
Miami, FL 33130
(888) 903-5505
Digital Contact Information:
pioneering100@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese

Da Silva, Leonardo, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Daaga, Isis, EDS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@elemy.com

Dagher, Ibrahim, DO ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Dahab, Faten, MPSY, LMHC ■
9822 Northeast 2nd Avenue
2
Miami Shores, FL 33138
(786) 505-7502
Digital Contact Information:
fatima@mindfuldirectionscc.com

and
FL
(786) 505-1145
Digital Contact Information:
fatima@mindfuldirectionscc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Dahan, Shoshana, MSW, LCSW ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
http://banyanhealth.org
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
credentialing@banyanhealth.org

Daino, Giamarie, PSYD, LP ■
12700 Biscayne Boulevard
301
North Miami, FL 33181
(305) 467-4597
Digital Contact Information:
https://www.drdainotherapy.com/
drdaino@protonmail.com

Damayo, Mizyl, MD ■
8323 Northwest 12th Street
108
Doral, FL 33126
(305) 400-8511
Digital Contact Information:
http://www.cbhwestcoast.com
support@paradisebehavioral.com

Damus, Harry, PSYD, LP ■
8200 SW 117th Ave
Ste 306
Miami, FL 33183
(305) 274-0640
Digital Contact Information:
hdamus@therapeuticbehavioral.com
Other Languages Spoken by Provider or Office Staff Creole

Danauy Del Toro, Yesmin, MN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
office@myrtleridge.us
Other Languages Spoken by Provider or Office Staff
Spanish

Dangla, Marjorie, MSW, LCSW ■
Doral
Doral, FL 33178
(305) 926-6106
Digital Contact Information:
blissfulsoultherapy01@gmail.com

Danois, Miguel, MSW, LCSW ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
admin@lotuscounseling.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
admin@lotuscounseling.com

Darcy-Dowler, Jaimie, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Dashevsky, Jessica, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff
Russian

Davis, Asha, MD ■
1065 NE 125th St
Ste 206
Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
davisasha1@gmail.com

and
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
davisasha1@gmail.com

Davis, Christina, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
billing@regionalpsychiatry.com

Davis, Joy J, MSW, LCSW ●
150 NW 79th St
342
Miami, FL 33150
(305) 230-4598
Digital Contact Information:
http://www.affirmingyouth.org
joy@affirmingyouth.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

Davis, Leilani, MSN, APRN ■
790 Northwest 107th Avenue
Suite 107
Miami, FL 33172
(770) 492-2960
Digital Contact Information:
cheryl@qualitycredentialinginc.com

Davis, Shareefah M, DNP, NP ■
66 W Flagler St
900
Miami, FL 33130
(754) 223-9062
Digital Contact Information:
http://www.woosahwellness.org/
shareefahmarie@gmail.com

Davis-Pope, Jordyn, MSW, LCSW ■
5335 Northwest 87th Avenue
Doral, FL 33178
(786) 551-9550
Digital Contact Information:
info@monarchcounselinggroup.com
Other Languages Spoken by Provider or Office Staff English

Davis-Rosario, Safiyah R, MSW, LCSW ■
FL
(786) 318-1591
Digital Contact Information:
http://www.sanctuarytcs.com
safiyahdv@hotmail.com

Davis-Young, Sandra K, MSN, APN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
ecochran@panolamed.com

De Aguayo, Andrea, PSYD, LP ■
3625 Northwest 82nd Avenue
400o
Doral, FL 33166
(786) 407-3375
Digital Contact Information:
drandrea@srfhealinghelp.com

De Carvalho, Marcello, MSN, APRN ■
3081 Salzedo Street
202 e3
Coral Gables, FL 33134
(786) 755-4801
Digital Contact Information:
hailey.welsh@credentialing.com

and
13540 SW 135th Ave
Miami, FL 33186
(786) 231-0800
Digital Contact Information:
hailey.welsh@credentialing.com
Other Languages Spoken by Provider or Office Staff
Spanish

De Castro-Quiros, Adrian, MD ■
11760 Bird Rd
Ste 539
Miami, FL 33175
(305) 228-6200
Digital Contact Information:
drdcqoffice@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

De La Portilla, Manuel, MC, LMHC ■
2650 Southwest 27th Avenue
Suite 305
Miami, FL 33133
(786) 353-9812
Digital Contact Information:
http://www.harmonyatthegablesclinic.com
mdlport@yahoo.com

and
FL
(305) 389-2374
Digital Contact Information:
mdlport@yahoo.com

and
15660 Southwest 72nd Street
Miami, FL 33193
(786) 697-1150
Digital Contact Information:
http://www.miraclecbc.com
mdlport@yahoo.com

and
15668 Southwest 72nd Street
Miami, FL 33193
(786) 697-1150
Digital Contact Information:
http://www.miraclecbc.com
mdlport@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

De Leon, Karel M, MD ■
2100 Ponce de Leon
#1240
Coral Gables, FL 33134
(786) 471-3535
Digital Contact Information:
consulting@fdgmso.com
Other Languages Spoken by Provider or Office Staff
Spanish

De Sautu-Dominguez, Erika, MS, LMHC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
credentialing@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com
Other Languages Spoken by Provider or Office Staff Spanish

De Souza Morais, Michele, MD ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
https://www.compasshealthsystems.com/
credentialing@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(888) 852-6672
Digital Contact Information:
http://www.compasshealthsystems.com
credentialing@compass.md
Other Languages Spoken by Provider or Office Staff Portuguese, Spanish

DeFilippo, Antonio F, MD ■
9350 Sunset Drive
118
Miami, FL 33173
(786) 713-2440
Digital Contact Information:
dianna@infinitebehavioral.com
Other Languages Spoken by Provider or Office Staff Italian

Dearmas, Vanessa M, MMH, LMHC ■
FL
(305) 505-7558
Digital Contact Information:
empoweringmindsetllc@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Deblasio, Kristie, PHD, LCP ■
FL
(800) 567-5433
Digital Contact Information:
southcoastpsychotherapy@gmail.com
Other Languages Spoken by Provider or Office Staff English

Debrady, Denise, MSSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ddebrady@yahoo.com

Decastelli, Florencia, MS, LMHC ■
Home Based Services Only
Miami Gardens, FL 33014
(305) 417-1535
Digital Contact Information:
newhopecasemanagementservices@gmail.com
Other Languages Spoken by Provider or Office Staff English

Decker, Sallee, MSW, LCSW, LICSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
noah@medsolercm.com

Dedge, Jessica K, MSN, APRN ■
255 Giralda Avenue
Coral Gables, FL 33134
(470) 944-5699
Digital Contact Information:
cred04@zmedsolutions.net

Degraff, Stephane B, MD ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
victoria.l.oswald@powershealth.org
Other Languages Spoken by Provider or Office Staff Creole

Dehaut, Yves, MN, APRN ●
20760 Northeast 4th Court
APT 106
Miami, FL 33179
(305) 331-8695
Digital Contact Information:
chanmedicalbilling@gmail.com
Other Languages Spoken by Provider or Office Staff Creole

Del Cueto, Flora M, MED, LMHC ■
6401 SW 87th Ave
Ste 207
Miami, FL 33173
(305) 279-8400
Digital Contact Information:
floradelcuetolmhc@earthlink.net

and
9425 SW 72nd St
Ste 265
Miami, FL 33173
(305) 279-8400
Digital Contact Information:
floradelcuetolmhc@earthlink.net

and
11755 SW 90th St
Ste 201
Miami, FL 33186
(305) 279-8400
Digital Contact Information:
floradelcuetolmhc@earthlink.net
Other Languages Spoken by Provider or Office Staff Spanish

Del Llano Lemus, Laura, MSN, APRN ■
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(954) 361-2669
Digital Contact Information:
laura051289@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Del Valle, Ariel, DNP, APRN ■
790 Northwest 107th Avenue
Suite 107
Miami, FL 33172
(770) 492-2960
Digital Contact Information:
credentialing@ormbs.com

Deleon, Orlando, MSSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
providerenrollment5@deeroaks.com
Other Languages Spoken by Provider or Office Staff Spanish

Delgado, Beatriz, MSSW, LCSW ■
1550 Madruga Ave
Ste 509
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
http://www.abc4s.com
admin@abc4s.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Delgado, Elizabeth, MSW, LCSW ■
Home Based Services Only
Doral, FL 33122
(305) 591-7898
Digital Contact Information:
newhopecasemanagementservices@gmail.com

and
8180 Northwest 36th Street
Suite #307
Doral, FL 33166
(305) 591-7898
Digital Contact Information:
newhopecasemanagementservices@gmail.com

and
12150 Southwest 128th Court
222
Miami, FL 33186
(786) 701-8164
Digital Contact Information:
newhopecasemanagementservices@gmail.com

Delgado, Sandra M, MSN, APRN ■
1550 Madruga Avenue
Suite 406
Coral Gables, FL 33146
(210) 864-2466
Digital Contact Information:
infodesk@bregmanmedicalgroup.com
Other Languages Spoken by Provider or Office Staff Spanish

Delgado-Abraham, Saily, LMHC, MS ■
1250 SW 27th Ave
Miami, FL 33135
(786) 536-9278
Digital Contact Information:
rehabcenterag@gmail.com

and
5950 Southwest 40th Street
Miami, FL 33155
(786) 633-5960
Digital Contact Information:
rehabcenterag@gmail.com

and
7001 SW 97th Ave
Ste 208
Miami, FL 33173
(786) 380-7171
Digital Contact Information:
rehabcenterag@gmail.com

and
14201 Southwest 120th Street
suite 110
Miami, FL 33186
(786) 803-8826
Digital Contact Information:
rehabcenterag@gmail.com

and
975 Arthur Godfrey Rd
Ste 308
Miami Beach, FL 33140
(305) 456-1014
Digital Contact Information:
https://mindandsoultherapy.org/
rehabcenterag@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Delicio, Elizabeth, MMH, LMHC ■
7789 Northwest 48th Street
375
Doral, FL 33166
(786) 409-3800
Digital Contact Information:
zulma.alvarado@dynastymentalhealth.com

and
1840 W 49th St
Ste 517
Hialeah, FL 33012
(786) 558-8465
Digital Contact Information:
zulma.alvarado@dynastymentalhealth.com

and
1840 W 49th St
Ste 605
Hialeah, FL 33012
(305) 456-7785
Digital Contact Information:
zulma.alvarado@dynastymentalhealth.com

and
3701 Southwest 107th Avenue
Miami, FL 33165
(305) 553-8343
Digital Contact Information:
zulma.alvarado@dynastymentalhealth.com

and
8200 Northwest 41st Street
Suite 200
Miami, FL 33166
(786) 587-9432
Digital Contact Information:
zulma.alvarado@dynastymentalhealth.com

and
760 Northwest 107th Avenue
110
Miami, FL 33172
(786) 409-3800
Digital Contact Information:
zulma.alvarado@dynastymentalhealth.com
Other Languages Spoken by Provider or Office Staff Spanish

Deller, Cletus, MS, LMHC, LPCC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Delva, Shirley, PHD, LP ■
2020 Northeast 163rd Street
300f
North Miami Beach, FL 33162
(305) 209-1014
Digital Contact Information:
http://behavioralsolutionsmiami.com
sdelva92@gmail.com
Other Languages Spoken by Provider or Office Staff English, Creole, Haitian

Denis, Carl Ivan, MSN, APRN ■
1150 Northeast 125th Street
North Miami, FL 33161
(305) 403-0654
Digital Contact Information:
llong@dgcmhc.org

Denis, Denisleydis, MSW, LCSW ■
7925 Northwest 12th Street
118
Doral, FL 33126
(786) 536-2143
Digital Contact Information:
http://psrmindandbodyrehab.com
genesisconsultingservices39@gmail.com

and
4090 Northwest 97th Avenue
300
Doral, FL 33178
(786) 332-4705
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
705 East 8th Avenue
201
Hialeah, FL 33010
(786) 655-0774
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
15600 Northwest 67th Avenue
204 208
Hialeah, FL 33014
(786) 542-6127
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
5911 Northwest 173rd Drive
6 6
Hialeah, FL 33015
(786) 380-9229
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
1800 Southwest 27th Avenue
505
Miami, FL 33145
(786) 542-9914
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
1460 Northwest 107th Avenue
41n
Miami, FL 33172
(305) 640-8342
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
13255 Southwest 137th Avenue
ste 217
Miami, FL 33186
(305) 502-3760
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
13701 Southwest 88th Street
306
Miami, FL 33186
(786) 842-1489
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
11285 Southwest 211 Street
207
Miami, FL 33189
(786) 217-8510
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
9999 Northeast 2nd Avenue
203
Miami Shores, FL 33138
(786) 580-5131
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Dergan, Jose J, PSYD, LP ■
8249 Northwest 36th Street
100
Doral, FL 33166
(305) 599-1970
Digital Contact Information:
derganj@aol.com

Derinor, Mara-Joanne S, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@mindfulhc.com

Derius, Francesca, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
hello@joinblossomhealth.com

Desantis, Danielle L, PSYD, LMFT, LP ■
FL
(401) 371-0223
Digital Contact Information:
http://www.drdanielledesantis.com
drdanielledesantis@gmail.com

Desarmes, Michelle, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
finn.garrison@bellmedex.com

Deshmukh, Parikshit, MD ■
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
Not Available

Desousces, Sergelyne, MSN, APRN ■
2820 Northeast 214th Street
Ste 801
Aventura, FL 33180
(256) 500-8688
Digital Contact Information:
blossom@withassured.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(503) 427-8094
Digital Contact Information:
blossom@withassured.com

Devale, Jeri, PSYD, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
fbmadmin@fbm-fl.com

Dewashrayee, Krishna M, MSN, PMHCNS ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
info@riviamind.com

Dey, Joel P, MD ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
credentialing@yacoubmd.com

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
credentialing@yacoubmd.com

Diarra, Sory I, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/in-credentialing@lifestance.com

Diaz, Ibrahim, MSN, APRN ■
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
kenia.rodriguez@ffmhs.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com

Diaz, Laura, MN, APRN ■
14722 Southwest 56th Street
Miami, FL 33185
(305) 456-0572
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
13190 Southwest 134th Street
106
Miami, FL 33186
(786) 209-0023
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
17325 Northwest 27th Avenue
Suite 105
Miami Gardens, FL 33056
(786) 819-0209
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz, Michael, MSN, NP ■
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
credentialing@essenmed.com

Diaz Palmero, Yuranis, MPSY, LMHC ■
3785 Northwest 82nd Avenue
307
Doral, FL 33166
(305) 266-2949
Digital Contact Information:
info@oasismentalhealthcenter.com

and
Northwest 92nd Avenue
Doral, FL 33172
(305) 266-2949
Digital Contact Information:
info@oasismentalhealthcenter.com

and
5901 Northwest 183rd Street
310
Hialeah, FL 33015
(786) 418-9790
Digital Contact Information:
https://oasismentalhealthcenter.com
info@oasismentalhealthcenter.com

and
1250 Southwest 27th Avenue
Suite 506
Miami, FL 33135
(786) 536-9278
Digital Contact Information:
info@oasismentalhealthcenter.com

and
330 Southwest 27th Avenue
STE 609
Miami, FL 33135
(786) 743-0801
Digital Contact Information:
info@oasismentalhealthcenter.com

and
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
info@oasismentalhealthcenter.com

and
9125 SW 87th Ave
Miami, FL 33176
(305) 735-3919
Digital Contact Information:
info@oasismentalhealthcenter.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz Rodriguez, Tahnee, MSN, APRN ■
13055 Southwest 42nd Street
205
Miami, FL 33175
(786) 417-9395
Digital Contact Information:
https://onemorelight.org/
omlhspsychiatry@gmail.com

and
FL
(786) 417-9395
Digital Contact Information:
https://onemorelight.org/
omlhspsychiatry@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Diaz, Rosmery, MSN, APRN ■
8950 Southwest 74th Court
1911
Miami, FL 33156
(786) 637-0907
Digital Contact Information:
http://southfloridapsychiatry.co
info@rushcredentialing.com

Diaz-Amaran, Yosvel, MSW, LCSW ■
3901 Northwest 79th Avenue
STE 120
Doral, FL 33166
(786) 310-4480
Digital Contact Information:
yosveld@yahoo.es

and
640 W Palm Dr
Ste D
Homestead, FL 33034
(786) 601-7757
Digital Contact Information:
yosveld@yahoo.es

and
640 West Palm Drive
c
Homestead, FL 33034
(305) 793-4701
Digital Contact Information:
yosveld@yahoo.es

and
1150 Northwest 72nd Avenue
220
Miami, FL 33126
(786) 558-4899
Digital Contact Information:
yosveld@yahoo.es

and
1150 Northwest 72nd Avenue
350
Miami, FL 33126
(786) 228-7801
Digital Contact Information:
yosveld@yahoo.es

and
1150 Northwest 72nd Avenue
540
Miami, FL 33126
(786) 228-7801
Digital Contact Information:
yosveld@yahoo.es

and
7805 Coral Way
Ste 131
Miami, FL 33155
(786) 307-2066
Digital Contact Information:
yosveld@yahoo.es

and
7811 Coral Way
Ste 130
Miami, FL 33155
(786) 307-2066
Digital Contact Information:
yosveld@yahoo.es

and
280 Westward Drive
Miami Springs, FL 33166
(786) 391-0744
Digital Contact Information:
http://www.rosswellnesscenters.com
yosveld@yahoo.es

and
Home Based Services Only
Naranja, FL 33032
(786) 953-3599
Digital Contact Information:
yosveld@yahoo.es
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz-Diaz, Veronica M, PHD, CP ■
2500 Northwest 107th Avenue
Suite 102
Doral, FL 33172
(786) 605-9400
Digital Contact Information:
fl-credentialing@lifestance.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz-Llorens, Rigoberto B, MSN, APRNPMH ■
2828 Coral Way
Ste 460
Coral Gables, FL 33145
(305) 642-5255
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net

and
8765 Northwest 110th Street
Hialeah Gardens, FL 33018
(786) 389-2691
Digital Contact Information:
ghines@hinesandassociates.net

and
12550 Biscayne Boulevard
STE 306
North Miami, FL 33181
(305) 642-5255
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net

Diaz-Paniagua, Panny, MED, LMHC ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
credentialing@compass.md

and
9900 Southwest 107th Avenue
STE 101
Miami, FL 33176
(305) 964-5381
Digital Contact Information:
credentialing@compass.md

and
Home Based Services Only
Miami Lakes, FL 33016

(561) 764-7093
Digital Contact Information:
credentialing@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
credentialing@compass.md
Other Languages Spoken by Provider or Office Staff
Spanish

Dieguez, Ivette, MSN, APRN ■
3901 Northwest 79th Avenue
250
Doral, FL 33166
(239) 342-6516
Digital Contact Information:
info@laluzmentalhealth.com

and
12700 Southwest 128th Street
STE 108
Miami, FL 33186
(786) 732-0865
Digital Contact Information:
info@laluzmentalhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Dieppa, Jessica B, MS, LMHC ●
10815 Southwest 145th Place
Miami, FL 33186
(305) 989-0493
Digital Contact Information:
http://www.guidedpathstherapy.com
jessica.dieppa22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Dieppa, Renan, MS, LMHC ■
8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-2822
Digital Contact Information:
http://www.mgmbehavioral.com
mgmbehavioral@gmail.com

and
13301 Southwest 132nd Avenue
209 209
Miami, FL 33186
(786) 713-5553
Digital Contact Information:
mgmbehavioral@gmail.com

Dietsch, Taimara, MS, LMHC ■
7745 Northwest 146th Street
F1
Miami Lakes, FL 33016
(786) 633-5992
Digital Contact Information:
vidamentalhealth@gmail.com

Diez De Sollano, Carina, MSW, LCSW ■
2100 Coral Way
Coral Gables, FL 33145
(786) 320-1677
Digital Contact Information:
http://www.ydzm.org
rossconsultingandcredentialing@gmail.com

and
7925 Northwest 12th Street
225
Doral, FL 33126
(305) 456-4378
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
3750 West 16th Avenue
208 210
Hialeah, FL 33012
(305) 301-3283
Digital Contact Information:
https://www.serenitytms.com/
rossconsultingandcredentialing@gmail.com

and
2100 West 76th Street
201 206
Hialeah, FL 33016
(786) 353-2324
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
5590 W 20th Ave
Ste 404
Hialeah, FL 33016
(305) 826-9330
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
FL
(305) 338-6219
Digital Contact Information:
rossconsultingandcredentialing@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Dixon, Passion, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
ortiz4professionalservicesllc@gmail.com

Dobano Amador, Oscar A, MSN, APRN ■
10031 Southwest 40th Street
Miami, FL 33165
(786) 442-9628
Digital Contact Information:
admin@medicalwellnesscent.com

and
3621 SW 107th Ave
Miami, FL 33165
(786) 534-8366
Digital Contact Information:
http://serenitycommunitycenter.com
admin@medicalwellnesscent.com

Dole, Kathryn, PSYD, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Dominguez, Arturo, MMH, LMHC ■
FL
(305) 967-9201
(786) 233-6127
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
8551 Northwest South River Drive
Medley, FL 33166
(305) 603-9344
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
8660 West Flagler Street
209
Miami, FL 33144
(305) 603-9985
Digital Contact Information:
http://www.newhealthrehab.com
rossconsultingandcredentialing@gmail.com

and
15715 South Dixie Highway
226
Miami, FL 33157
(305) 849-4186
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
10300 Sunset Drive
Suite 310
Miami, FL 33173
(786) 238-7063
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
5600 Southwest 135th Avenue
STE 216
Miami, FL 33183
(786) 536-6196
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

Dominguez, Ashley, MS, LMHC ■
FL
(305) 497-4998
Digital Contact Information:
https://thecounselorcare.com
ashley@thecounselorcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Dominguez, Doris M, MSW, LCSW ■
9010 SW 137th Ave
Ste 236
Miami, FL 33186
(305) 772-9681
Digital Contact Information:
doris@dmdtherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Don, Arturo, MC, LMHC ■
17670 Northwest 78th Avenue
STE 113
Hialeah, FL 33015
(716) 558-4565
Digital Contact Information:
sseastcoast22@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
sseastcoast22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Donaldson, Kaeron, MSW, LCSW ■
2124 Northeast 123rd Street
STE 220
North Miami, FL 33181
(786) 828-0947
Digital Contact Information:
https://blossomfl.com
info@blossomfl.com
Other Languages Spoken by Provider or Office Staff
Hebrew, Spanish

Donghia Coutinho, Beatriz H, MD ■
800 SW 108th Ave
100
Miami, FL 33174
(786) 595-8040
Digital Contact Information:
managedcarecredentialing@baptisthealth.netth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Doran, Brianna, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
help@joinuplift.co

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Dorr, Angela M, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff English

Dorrough-Ewing, Elisa W, MSW, LCSW, LICSW ■
FL
(305) 902-6347
(239) 652-0260
Digital Contact Information:
https://bebravehealth.com/
roxanne.jubithana@aspirehp.org
Other Languages Spoken by Provider or Office Staff English

Dowell, Lavern, MSN, APRN ■
848 Brickell Avenue
5
Miami, FL 33131
(904) 765-0665
Digital Contact Information:
egood@ahawc.org

Downes, Eric C, MD ■
2801 Northeast 213th Street
Suite 1215
Aventura, FL 33180
(833) 769-3524
Digital Contact Information:
deubanks@myflbh.com

Doyley-Green, Natalie S, MSN, APRN, NP ■
2820 Northeast 214th Street
Aventura, FL 33180
(256) 500-8688
Digital Contact Information:
hello@joinblossomhealth.com

and
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
http://happierliving.com
hello@joinblossomhealth.com

and
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com

and
255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com

and
370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://happierliving.com
hello@joinblossomhealth.com

and
333 Southeast 2nd Avenue
Suite #2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
hello@joinblossomhealth.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
hello@joinblossomhealth.com

and
3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
http://happierliving.com
hello@joinblossomhealth.com

and
350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com

and
429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com

and
323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com

Drouet-Tutiven, Karin, MSN, APRN ■
11440 N Kendall Dr
Ste 208
Miami, FL 33176
(305) 898-0849
Digital Contact Information:

callisiabilling@gmail.com

and

FL
(305) 898-0849
Digital Contact Information:
callisiabilling@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Duarte, Lisette, MSN, APRN ■
22133 South Dixie Highway
Miami, FL 33170
(786) 504-3119
Digital Contact Information:
https://fpmflorida.org/
admin@fpmagency.com

Duba, William J, MS, LMHC ■
1666 79th Street Causeway
211
North Bay Village, FL 33141
(305) 244-0090
Digital Contact Information:
billduba@gmail.com

and

7525 East Treasure Drive
1016 1016
North Bay Village, FL 33141
(305) 244-0090
Digital Contact Information:
billduba@gmail.com
Other Languages Spoken by Provider or Office Staff Portuguese, Spanish

Dube, Alok, MD ■
1710 Northwest 7th Street
5
Miami, FL 33125
(239) 250-9411
Digital Contact Information:
infinitywellnessgroup21@gmail.com

and

1495 NW 54th St
Miami, FL 33142
(305) 205-4328
Digital Contact Information:
infinitywellnessgroup21@gmail.com

and

760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
infinitywellnessgroup21@gmail.com

and

9350 SW 72nd St
Ste 116
Miami, FL 33173
(305) 992-9768
Digital Contact Information:
infinitywellnessgroup21@gmail.com

and

9125 SW 87th Ave
Miami, FL 33176
(305) 735-3919
Digital Contact Information:
infinitywellnessgroup21@gmail.com

and

13701 Southwest 88th Street
306
Miami, FL 33186
(954) 217-2444
Digital Contact Information:
infinitywellnessgroup21@gmail.com

Dubose, Joseph W, MSN, APRN ■
1951 NW 7th Ave
Fl 3
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
joerocks70@gmail.com

and

1951 Northwest 7th Avenue
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
joerocks70@gmail.com

and

FL
(305) 902-6347
Digital Contact Information:
joerocks70@gmail.com

Ducca, Emma, LP, PHD, PSYD ■
8950 N Kendall Dr
Ste 405W
Miami, FL 33176
(786) 596-3876
Digital Contact Information:
Not Available

Duconge Munarriz, Yeisell, MD ■
8300 Southwest 40th Street
Miami, FL 33155
(305) 537-9635
Digital Contact Information:
ducongemd@betterminds.care
Other Languages Spoken by Provider or Office Staff Spanish

Duenas, Barbara, MS, LMFT ■
FL
(786) 671-4939
Digital Contact Information:
http://www.duenasmentalhealth.com
barbara@duenasmentalhealth.com

Dumenigo, Rhaisa A, MD ■
78 SW 13th Ave
Ste 201
Miami, FL 33135
(305) 644-5600
Digital Contact Information:
radumenigomd@aol.com
Other Languages Spoken by Provider or Office Staff Spanish

Duran, Gladys A, MSW, LCSW ●
FL
(305) 321-9998
Digital Contact Information:
http://pivotalbeginnings.com
gduran@pivotalbeginnings.com
Other Languages Spoken by Provider or Office Staff Spanish

Durand Marticorena, Dante M, MD ■
1295 NW 14th St
Ste E
Miami, FL 33125
(305) 689-1352
Digital Contact Information:
rwinokur@med.miami.edu

and

1120 NW 14th St
1477
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
rwinokur@med.miami.edu

and

1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-6400
Digital Contact Information:
rwinokur@med.miami.edu

and

1611 NW 12th Ave
Miami, FL 33136
(305) 585-1111
Digital Contact Information:
rwinokur@med.miami.edu

and

1695 NW 9th Ave
1404A
Miami, FL 33136
(305) 355-7147
Digital Contact Information:
rwinokur@med.miami.edu

and

1695 NW 9th Ave
3308
Miami, FL 33136
(305) 355-7000
Digital Contact Information:
rwinokur@med.miami.edu

and

1695 NW 9th Ave
Fl 3
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
rwinokur@med.miami.edu
Other Languages Spoken by Provider or Office Staff Spanish

Durand, Tekisha, MSW, LCSW ■
FL
(305) 833-3203
Digital Contact Information:
https://headway.co/providers/tekisha-durand
yourswagteam@gmail.com
Other Languages Spoken by Provider or Office Staff Creole

Duvalier, Leanne J, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ljdtherapy@ljdtherapy.onmicrosoft.com

Dysert, Morgan A, MSN, APRN ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
info@riviamind.com

Ebert, Linda C, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
referrals@chrysalishealth.com

Echanove, Ainara, PSYD, LP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
bill@lalunacenter.com

and

FL
(800) 567-5433
Digital Contact Information:
https://totallife.com/
bill@lalunacenter.com
Other Languages Spoken by Provider or Office Staff English

Echemendia Lozano, Nasihely, MSN, APRNPMH ■
5881 Northwest 151st Street
Suite: 103
Miami Lakes, FL 33014
(786) 703-4154
Digital Contact Information:
lozanopsychnp@sanchez-md.com

and

9725 South Dixie Highway
Pinecrest, FL 33156
(305) 209-0144
Digital Contact Information:
lozanopsychnp@sanchez-md.com

Echemendia, Maikel, MSN, APRN ■
1111 Northwest 22nd Avenue
Miami, FL 33125
(305) 530-8164
Digital Contact Information:
jgonzalez@fdgmso.com

and

10371 Southwest 60th Street
Miami, FL 33173
(305) 799-7676
Digital Contact Information:
jgonzalez@fdgmso.com
Other Languages Spoken by Provider or Office Staff Spanish

Echenique, Maria I, PSYD, LP ■
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-2301
Digital Contact Information:
Not Available

and

1695 NW 9th Ave
2423
Miami, FL 33136
(305) 355-8255
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff Spanish

Echizarraga, Carmen J, MSN, APRN ■
2424 Southwest 137th Avenue
Miami, FL 331756311
(786) 655-0831
Digital Contact Information:
http://www.miamihealthmedicalcenter.us
miamihealthmental@gmail.com

Edmonson, Diana, DNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Edwards, Chavekka, MC, LMHC ■
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
http://www.btpmentalhealth.com
info@btpmentalhealth.com

Edwards, Rebecca, MSW, LCSW, LICSW ■
FL
(508) 202-1011
Digital Contact Information:
http://www.rebeccasolomonlcsw.com
mcables@chcrr.org

Edwards, Shanica, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
comptherapeutic@gmail.com

Egan, Arlana, MSN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
credentialing@riviamind.com

Ehrentreu, Dana, MSW, LCSW ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
nj-patientaccess@harmonybaywellness.com

Eisenstein, Irene M, MPSY, LMHC ■
3850 Mystic Pointe Dr
Miami, FL 33180
(305) 525-6306
Digital Contact Information:
http://psicoterapiaespanol.com
ireneeisenstein@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Eklund, Melissa, MMH, LMHC ■
8200 Northwest 41st Street
Suite 200
Miami, FL 33166
(754) 202-2565
Digital Contact Information:
https://savinglives.clientsecure.me/
melissa@savinglivescounselingcenter.com

El Kholy, Amira, MSN, APRN ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
https://www.compasshealthsystems.com/
credentialing@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
credentialing@compass.md
Other Languages Spoken by Provider or Office Staff
Spanish

Elder, Carol, MS, LMFT ■
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(561) 609-2996
Digital Contact Information:
http://www.pandatherapycircle.com/
pandatherapycircle@gmail.com

Elder, Michelle D, MSW, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Elias, Rachela, MD ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
nwittenborn@riviamind.com

Elma, Linda S, MSW, LCSW ■
11601 Biscayne Boulevard
303
Miami, FL 33181
(954) 278-0487
Digital Contact Information:
http://lsmsmentalhealth.com
info@lindaelmalcsw.com
Other Languages Spoken by Provider or Office Staff Creole

Elowe, Rebecca, MA, LMHC ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
info@riviamind.com

Emerson, Amanda S, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
amanda@alignhw.net

Enamorado, Lizaida, MSN, APNP, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
info@kaiwellhealth.com

and
111 Northeast 1st Street
FL 8
Miami, FL 33132
(602) 562-7383
Digital Contact Information:
info@kaiwellhealth.com

and
15321 South Dixie Highway
Suite 203
Miami, FL 33157
(786) 707-4934
Digital Contact Information:
info@kaiwellhealth.com

and
12985 Southwest 130th Court
102-2
Miami, FL 33186
(786) 707-4934
Digital Contact Information:
http://www.kaiwellhealth.com
info@kaiwellhealth.com

and
FL
(602) 562-7383
(305) 707-4394
(786) 707-4934
Digital Contact Information:
http://www.kaiwellhealth.com
info@kaiwellhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Enamorado, Yanko, MD ■
4302 Alton Rd
Ste 820
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com

and
4304 Alton Rd
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com

and
4304 Alton Rd
Fl 1
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com

Encio, Reina, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
jenny.silverio@lifehealthsystem.org
Other Languages Spoken by Provider or Office Staff
Spanish

Enea, Cassie, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

England, Kelly L, DNP, APN, APRN, APRNCNP, CNP, NP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Eppes, Alexis J, MSN, ARNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
apc123@bellsouth.net

Ernst, Nicole, MA, LMHC ■
9010 SW 137th Ave
Miami, FL 33186
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
ebcg-support@findoctave.com

Ervin, Tracy, MSN, APRN ■
4300 Biscayne Boulevard
STE 203
Miami, FL 33137
(877) 400-0540
Digital Contact Information:
https://forallmentalhealth.com
aubrey@drcred.com

Eshgh, Cameron, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Eslait, Maria M, MPSY, LMHC ■
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
info@acaciahealthgrp.com

and
8950 SW 74th Ct
Ste 2201
Miami, FL 33156
(786) 577-3427
Digital Contact Information:
info@acaciahealthgrp.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
info@acaciahealthgrp.com

and
14221 Southwest 120th Street
126
Miami, FL 33186
(786) 577-3427
Digital Contact Information:
info@acaciahealthgrp.com

and
10201 Hammocks Boulevard
Suite 122
Miami, FL 33196
(786) 557-3427
Digital Contact Information:
info@acaciahealthgrp.com

Espaillat, Ricardo K, MD ■
3219 W 4th Ave
Na
Hialeah, FL 33012
(305) 261-6633
Digital Contact Information:
rkespaillat@yahoo.com

and
1975 West 76th Street
Hialeah, FL 33014
(305) 479-3262
Digital Contact Information:
rkespaillat@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Espinosa, Carmen, MD ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
gmcscorp@bellsouth.net

and
13500 SW 88th St
Ste 195
Miami, FL 33186
(305) 753-7350
Digital Contact Information:
gmcscorp@bellsouth.net

and
4471 Northwest 36th Street
SUITE #230
Miami Springs, FL 33166
(786) 238-7335
Digital Contact Information:
gmcscorp@bellsouth.net
Other Languages Spoken by Provider or Office Staff
English, Spanish

Espinosa, Hugo, MD ■
4982 Palm Avenue
Hialeah, FL 33012
(305) 479-3262
Digital Contact Information:
madyryanllc@gmail.com

and
1975 West 76th Street
Hialeah, FL 33014
(305) 479-3262
Digital Contact Information:
http://www.kcmhealthcare.com
madyryanllc@gmail.com

and
5965 Southwest 8th Street
Miami, FL 33144
(305) 479-3262
Digital Contact Information:
http://www.kcm.healthcare.com
madyryanllc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Espinosa, Maura P, MS, LMHC ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
maurapatricia2001@gmail.com

and
10540 Northwest 26th Street
STE G201
Doral, FL 33172
(786) 879-8040
Digital Contact Information:
maurapatricia2001@gmail.com

and
3750 West 16th Avenue
218
Hialeah, FL 33012
(786) 409-3231
Digital Contact Information:
maurapatricia2001@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 537-7016
Digital Contact Information:
maurapatricia2001@gmail.com

and
7950 W Flagler St
Ste 105
Miami, FL 33144
(305) 661-5511
Digital Contact Information:
http://appliedbhs.com
maurapatricia2001@gmail.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
http://appliedbhs.com
maurapatricia2001@gmail.com

and
13301 Southwest 132nd Avenue
209 209
Miami, FL 33186
(786) 713-5553

Digital Contact Information:
maurapatricia2001@gmail.com

and
14221 Southwest 120th Street
223
Miami, FL 33186
(786) 690-2296
Digital Contact Information:
maurapatricia2001@gmail.com

Espinosa-Paccini, Juan, MD ■
17501 Biscayne Boulevard
340
Aventura, FL 33160
(305) 935-3344
Digital Contact Information:
yinet@espinosamd.com
Other Languages Spoken by Provider or Office Staff
Spanish

Espinoza Marin, Ennyluz, MMH, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Esquenazi, Moises, MD ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
credentialer@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Estevez Monteagudo, Yanisleidy, MSN, APRN ■
2100 Coral Way
Coral Gables, FL 33145
(786) 320-1677
Digital Contact Information:
hilda@universalcommunityservices.com

and
3750 West 16th Avenue
208 210
Hialeah, FL 33012
(305) 301-3283
Digital Contact Information:
hilda@universalcommunityservices.com

and
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
http://universalcommunityservices.com
hilda@universalcommunityservices.com

and
7392 Northwest 35th Terrace
301
Miami, FL 33122
(786) 353-2329
Digital Contact Information:
hilda@universalcommunityservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Estrada Molina, Evelio, MSN, APN ■
15260 SW 280th St
Ste 205
Homestead, FL 33032
(305) 707-7237
Digital Contact Information:
http://www.familybehaviorservices.org
yny.behavioralservices@gmail.com

and
790 Northwest 107th Avenue
Suite 110
Miami, FL 33172
(305) 964-5426
Digital Contact Information:
yny.behavioralservices@gmail.com

and
13590 Southwest 134th Avenue
201
Miami, FL 33186
(786) 227-6258
Digital Contact Information:
yny.behavioralservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Estrada, Paola, MSW, LCSW ■
6175 NW 153rd St
Ste 404
Miami Lakes, FL 33014
(305) 558-7400
Digital Contact Information:
kim@appliedbehavior.net

Estupinan, Monica V, MSN, APRN ■
9220 Sunset Drive
104
Miami, FL 33173
(786) 724-4224
Digital Contact Information:
admin@vita-cog.com

and
12595 Southwest 137th Avenue
STE 110
Miami, FL 33186
(305) 465-9379
Digital Contact Information:
admin@vita-cog.com

Ettienne, Genesis D, MSCC, LMHC ■
7925 Northwest 12th Street
405
Miami, FL 33126
(786) 401-7278
Digital Contact Information:
fenixmentalhealthgroup@gmail.com

and
129 Southwest 42nd Avenue
9
Miami, FL 33134
(786) 542-9914
Digital Contact Information:
fenixmentalhealthgroup@gmail.com

and
1800 Southwest 27th Avenue
505
Miami, FL 33145
(786) 542-9914
Digital Contact Information:
fenixmentalhealthgroup@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Eusebio, Julia, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Ewald, Claudia, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

and
585 Northwest 116th Street
Miami, FL 33168
(305) 244-0971
Digital Contact Information:
https://www.evernorth.com/behavioral-care
insurance@wellnite.com

and
1400 Northeast Miami Gardens Drive
103
Miami, FL 33179
(305) 244-0971
Digital Contact Information:
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Exume-Noel, Estherline, DNP, APRN, PMHNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@crossfunctionalcare.com

Eziagwu, Blessing, MSN, APRNCNP ■
FL
(305) 902-6347
Digital Contact Information:
eziagwub@yahoo.com

Fajardo, Marianela, MSW, LCSW ■
9245 Southwest 157th Street
Suite 203
Miami, FL 33157
(305) 642-7600
Digital Contact Information:
http://www.regishouse.org
credentialing@regishouse.org
Other Languages Spoken by Provider or Office Staff
Spanish

Farinas, Hosanna, MSN, APRN ■
4445 West 16th Avenue
STE 405
Hialeah, FL 33012
(786) 233-6721
Digital Contact Information:
admin@ampmentalhealth.com

and
5901 Southwest 74th Street
208
Miami, FL 33143
(954) 884-5626
Digital Contact Information:
http://www.santanamhs.com
admin@ampmentalhealth.com

and
5901 Southwest 74th Street
211
Miami, FL 33143
(786) 228-6892
Digital Contact Information:
http://www.santanamhs.com
admin@ampmentalhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fattori, Joseph D, MMH, LMHC, LPC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
ebcg-support@findoctave.com

Fay, Robert A, MS, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

Fedd, Roslyn, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Feldman, Marina P, MC, LMHC ■
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
info@talcmhc.org

Feliciano, Emily N, MSN, APRN ■
8950 North Kendall Drive
Suite 403W
Miami, FL 33176
(786) 596-3876
Digital Contact Information:
managedcarecredentialing@baptisthealth.net

Felix, Emilienne, MSN, APRN ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Fellas, Cheryl D, MA, LMHC ■
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
tranquillivingcounseling@outlook.com
Other Languages Spoken by Provider or Office Staff English

Ferguson, Camira, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Fernandes, Florinda, PA, PA_C ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
intake@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://:www.compasshealthsystems.com
intake@compass.md
Other Languages Spoken by Provider or Office Staff
Cantonese, Spanish

Fernandez, Carla A, MS, LMHC ■
999 Ponce de Leon
102
Coral Gables, FL 33134
(844) 309-6676
Digital Contact Information:
http://www.yourwholehealth.net
info@yourwholehealth.net

and
FL
(844) 309-6676
Digital Contact Information:
http://www.yourwholehealth.net
info@yourwholehealth.net

Fernandez De Castro, Erika, MSW, LCSW ■
1450 Madruga Avenue
407
Coral Gables, FL 33146
(786) 395-9162
Digital Contact Information:
morecounseling@gmail.com

and
FL
(786) 395-9162
Digital Contact Information:
morecounseling@gmail.com

and
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
morecounseling@gmail.com

Fernandez, Isabel, MSN, APRN ■
15450 New Barn Road
200
Miami Lakes, FL 33014
(305) 900-3970
Digital Contact Information:
http://www.neurozenpsychiatry.com
isabelfernandezrn@gmail.com

and
FL
(305) 900-3970
Digital Contact Information:
http://www.neurozenpsychiatry.com
isabelfernandezrn@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez Jimenez, Barbara E, MSN, APRN ■
9000 Southwest 137th Avenue
Suite 103

Miami, FL 33186
(305) 671-3503
Digital Contact Information:
bccsoperations@doctorsccs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Juan, MSN, APRN ■
901 E 10th Ave
Ste 39
Hialeah, FL 33010
(305) 637-6400
Digital Contact Information:
contact@balancedwellbeingllc.com

and
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
contact@balancedwellbeingllc.com

and
5607 NW 27th Ave
1
Miami, FL 33142
(305) 805-1700
Digital Contact Information:
contact@balancedwellbeingllc.com

and
20612 Northwest 27th Avenue
Miami Gardens, FL 33056
(305) 637-6400
Digital Contact Information:
contact@balancedwellbeingllc.com

Fernandez, Lianny, MPSY, LMHC ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
yavila@avilahealthgroup.com

and
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
yavila@avilahealthgroup.com

and
306 Westward Dr
Miami Springs, FL 33166
(786) 588-7894
Digital Contact Information:
yavila@avilahealthgroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Nacin, MSW, LCSW ■
12030 Southwest 129th Court
206
Miami, FL 33186
(786) 334-8099
Digital Contact Information:
reception@sanmiguelwellnesscenter.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Norys T, MSW, LCSW ■
9055 Southwest 73rd Court
1003 1003
Miami, FL 33156
(786) 473-9252
Digital Contact Information:
norysfernandez@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez Paul, Katheryn, MSN, APRN ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
tnovoa@believetherapycenter.com

and
7765 SW 87th Ave
Ste 105
Miami, FL 33173
(786) 550-7176
Digital Contact Information:
tnovoa@believetherapycenter.com

and
15413 Southwest 137th Avenue
Miami, FL 33177
(305) 964-5594
Digital Contact Information:
tnovoa@believetherapycenter.com

Fernandez, Rafael R, MSN, APRN ■
633 N Krome Ave
1
Homestead, FL 33030
(305) 763-4007
Digital Contact Information:
relatedmedicalgibilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Soraya, MMH, LMHC ■
2300 West 84th Street
STE 104
Hialeah, FL 33016
(305) 903-3168
Digital Contact Information:
cgomezbmcmhc@gmail.com

and
13416 Southwest 128th Street
Miami, FL 33186
(786) 732-0247
Digital Contact Information:
cgomezbmcmhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Yaimara, PSYD, LMHC ■
10700 Caribbean Boulevard
UNIT 402
Cutler Bay, FL 33189
(786) 250-3040
Digital Contact Information:
newlifemhccc@gmail.com

and
5455 Southwest 8th Street
230
Miami, FL 33134
(786) 629-8836
Digital Contact Information:
newlifemhccc@gmail.com

and
760 Northwest 107th Avenue
110
Miami, FL 33172
(786) 409-3800
Digital Contact Information:
newlifemhccc@gmail.com

and
18522 Southwest 136th Court
Miami, FL 33177
(305) 416-8189
Digital Contact Information:
newlifemhccc@gmail.com

and
11780 Southwest 89th Street
Suite 201
Miami, FL 33186
(786) 536-5765
Digital Contact Information:
newlifemhccc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez-Calienes, Ismel F, MSN, APRN ■
4810 Southwest 8th Street
Suite 103/104
Coral Gables, FL 33134
(786) 803-8306
Digital Contact Information:
https://vdzleading.com/
ksmedicalbilling1@gmail.com

and
801 Monterey Street
202
Coral Gables, FL 33134
(786) 927-8048
Digital Contact Information:
ksmedicalbilling1@gmail.com

and
5757 Waterford District Drive
Unit 172
Miami, FL 33126
(786) 524-2880
Digital Contact Information:
http://www.lifetimesolutionsagency.com
ksmedicalbilling1@gmail.com

and
8532 Southwest 8th Street
STE 290
Miami, FL 33144
(786) 927-8048
Digital Contact Information:
ksmedicalbilling1@gmail.com

Fernandez-Guzman, Natasha V, MMH, LMHC ■
15715 South Dixie Highway
Suite 320
Miami, FL 33157
(786) 475-2309
Digital Contact Information:
natashafdez@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez-Ledon, Enedyes, MS, LMHC ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
kwhite@healthhavenllc.org

Ferran, Ana M, MS, LMHC ■
10631 N Kendall Dr
Ste 110
Miami, FL 33176
(305) 774-9570
Digital Contact Information:
jitmedical@bellsouth.net

and
10631 North Kendall Drive
Ste 1210
Miami, FL 33176
(305) 774-9570
Digital Contact Information:
jitmedical@bellsouth.net

Ferrandiz, George, MSW, LCSW ■
101 Majorca Avenue
Coral Gables, FL 33134
(305) 448-6988
Digital Contact Information:
fer101@msn.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ferrari, Taiane, MD ■
FL
(212) 498-8970
Digital Contact Information:
http://www.mybiopsych.com
eric.tate@medibillmd.com

Ferreiro, Daymi, MSN, APRNPMH ■
8950 Southwest 74th Court
1911
Miami, FL 33156
(786) 637-0907
Digital Contact Information:
info@rushcredentialing.com
Other Languages Spoken by Provider or Office Staff English

Ferrer, Lariza, MSN, APRN ■
8955 SW 87th Ct
Ste 112
Miami, FL 33176
(305) 722-7210
Digital Contact Information:
ofajardo@miamimedresearch.com

and
13500 SW 88th St
Ste 195
Miami, FL 33186
(786) 602-7838
Digital Contact Information:
ofajardo@miamimedresearch.com

and
FL
(786) 602-7838
Digital Contact Information:
ofajardo@miamimedresearch.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ferrer Martinez, Yannier, MD ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
yny.behavioralservices@gmail.com

and
731 East 9th Street
Hialeah, FL 33010
(305) 863-2067
Digital Contact Information:
yny.behavioralservices@gmail.com

and
600 Northwest 35th Avenue
202 203
Miami, FL 33125
(786) 907-4984
Digital Contact Information:
yny.behavioralservices@gmail.com

and
1150 Northwest 72nd Avenue
350
Miami, FL 33126
(786) 228-7801
Digital Contact Information:
yny.behavioralservices@gmail.com

and
1150 Northwest 72nd Avenue
540
Miami, FL 33126
(786) 228-7801
Digital Contact Information:
yny.behavioralservices@gmail.com

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
yny.behavioralservices@gmail.com

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
yny.behavioralservices@gmail.com

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
yny.behavioralservices@gmail.com

and
1850 Southwest 8th Street
suite 209
Miami, FL 33135
(786) 953-7516
Digital Contact Information:
yny.behavioralservices@gmail.com

and
790 Northwest 107th Avenue
Suite 110
Miami, FL 33172
(305) 964-5426
Digital Contact Information:
yny.behavioralservices@gmail.com

and
9020 Southwest 137th Avenue
210
Miami, FL 33186
(786) 558-5042
Digital Contact Information:
yny.behavioralservices@gmail.com

and
9020 Southwest 137th Avenue
STE 250
Miami, FL 33186
(786) 536-7588
Digital Contact Information:
yny.behavioralservices@gmail.com

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
yny.behavioralservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fiallo, Irma R, MSW, LCSW ■
FL
(909) 442-0618
(202) 410-5972
(786) 471-7485
Digital Contact Information:
http://orendapsych.com
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
Spanish

Fiallo, Liset, MSW, LCSW ■
401 Coral Way
Ste # 105
Coral Gables, FL 33134
(786) 534-4979
Digital Contact Information:
autonomyoffice@gmail.com

and
401 Miracle Mile
#105
Coral Gables, FL 33134
(786) 534-4979
Digital Contact Information:

autonomyoffice@gmail.com

and
7855 Northwest 12th Street
221
Doral, FL 33126
(305) 648-7174
Digital Contact Information:
autonomyoffice@gmail.com

and
8500 SW 92nd Street
106b
Kendall, FL 33156
(305) 720-6118
Digital Contact Information:
autonomyoffice@gmail.com

and
330 Southwest 27th Avenue
307 309
Miami, FL 33135
(786) 762-2644
Digital Contact Information:
autonomyoffice@gmail.com

and
8260 West Flagler Street
2E
Miami, FL 33144
(305) 427-7906
Digital Contact Information:
autonomyoffice@gmail.com

and
1797 Coral Way
Miami, FL 33145
(786) 464-0673
Digital Contact Information:
autonomyoffice@gmail.com

and
1800 Southwest 27th Avenue
505
Miami, FL 33145
(786) 542-9914
Digital Contact Information:
autonomyoffice@gmail.com

and
10300 Southwest 72nd Street
250b
Miami, FL 33173
(787) 433-7751
Digital Contact Information:
autonomyoffice@gmail.com

and
12595 Southwest 137th Avenue
176
Miami, FL 33186
(786) 701-9992
Digital Contact Information:
autonomyoffice@gmail.com

and
12595 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 701-9992
Digital Contact Information:
autonomyoffice@gmail.com

and
13195 Southwest 134th Street
102
Miami, FL 33186
(305) 964-5236
Digital Contact Information:
autonomyoffice@gmail.com

and
9000 Southwest 137th Avenue
STE 211
Miami, FL 33186
(786) 515-7106
Digital Contact Information:
autonomyoffice@gmail.com

and
14865 South Dixie Highway
Palmetto Bay, FL 33176
(786) 732-2176
Digital Contact Information:
autonomyoffice@gmail.com

and
7500 Sw A St # 203
West Miami, FL 33144
(786) 542-5244
Digital Contact Information:
autonomyoffice@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fickey, Melissa Dawn, MD ■
2600 Douglas Road
Suite 711
Coral Gables, FL 33134
(813) 662-5919
Digital Contact Information:
https://embracinglifetoday.com
mfvilardebo@gmail.com

and
FL
(813) 662-5919
Digital Contact Information:
https://embracinglifetoday.com
mfvilardebo@gmail.com

Fiel, Esmilce, MSN, APRN ■
2141 Southwest 1st Street
204
Miami, FL 33135
(786) 515-4935
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Fields, Maria, MA, LCSW, LICSW ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
mariafields@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
mariafields@dadefamily.com

and
10691 N Candle Dr # 110
Miami, FL 33176
(305) 774-9570
Digital Contact Information:
mariafields@dadefamily.com

and
10691 N Kendall Dr
Ste 110
Miami, FL 33176
(305) 774-9570
Digital Contact Information:
mariafields@dadefamily.com
Other Languages Spoken by Provider or Office Staff
Spanish, Greek

Figuereo Sabeta, Solange, MC, LMHC ■
10300 Florida 986
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Figueroa, Bianca, MC, LMHC ■
7875 SW 104th St
Ste 101
Miami, FL 33156
(305) 899-1587
Digital Contact Information:
Not Available

and
12000 Biscayne Boulevard
303
Miami, FL 33181
(305) 899-1587
Digital Contact Information:
http://www.jcsfl.org
Other Languages Spoken by Provider or Office Staff
Hebrew, English, Russian, Spanish

Filkins, Kaitlin, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Fischer, Tara M, MSN, APRN ■
FL
(305) 984-8209
Digital Contact Information:
tara.fisch326@gmail.com

Fitzgerald, Caitlyn, MD ■
10540 Northwest 26th Street
STE G201
Doral, FL 33172
(786) 879-8040
Digital Contact Information:
advancedcaresfl@outlook.com

and
33497 South Dixie Highway
103b
Florida City, FL 33034
(786) 444-6003
Digital Contact Information:
advancedcaresfl@outlook.com

and
FL
(786) 444-6003
Digital Contact Information:
advancedcaresfl@outlook.com

and
777 E 25th St
Ste 306
Hialeah, FL 33013
(786) 838-6092
Digital Contact Information:
advancedcaresfl@outlook.com

and
1401 Northwest 17th Avenue
Miami, FL 33125
(813) 816-8075
Digital Contact Information:
advancedcaresfl@outlook.com

and
2100 Southwest 22nd Street
502
Miami, FL 33145
(786) 963-0128
Digital Contact Information:
advancedcaresfl@outlook.com

and
13195 Southwest 134th Street
102
Miami, FL 33186
(305) 964-5236
Digital Contact Information:
advancedcaresfl@outlook.com

and
8785 SW 165th Ave
Ste 104
Miami, FL 33193
(786) 703-1538
Digital Contact Information:
advancedcaresfl@outlook.com

Fitzpatrick, Panayiota, MED, LMHC ■
360 Northwest 27th Street
Miami, FL 33127
(929) 209-6109
Digital Contact Information:
fl-patientaccess@harmonybaywellness.com

Fleurme, Giorvanie, MSN, APRN ■
FL
(305) 902-6347
(305) 200-6090
Digital Contact Information:
giorvanie@gmail.com
Other Languages Spoken by Provider or Office Staff
Hebrew, German, Haitian Creole, Creole, French, Spanish

Flores, Aida A, MS, LMHC ■
FL
(305) 494-9791
Digital Contact Information:
aflores@kaaficounseling.com
Other Languages Spoken by Provider or Office Staff
Spanish

Flores, Alexis, MPSY, LMHC ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Flores, Christian, MSW, LCSW ■
2915 Biscayne Boulevard
Suite 300-4
Miami, FL 33137
(786) 398-4747
Digital Contact Information:
contactus@miamivibescounselingcenter.com
Other Languages Spoken by Provider or Office Staff
Spanish

Flores, Miguel A, MD ■
8200 SW 117th Ave
Ste 301
Miami, FL 33183
(305) 279-1501
Digital Contact Information:
mfmd75@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Floriano, Beatriz, MSN, NP, PMHNP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Foley, Diane, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
newhope32937@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fonseca, Joanna, MS, LMHC ■
8600 Northwest South River Drive
222
Medley, FL 33166
(415) 941-4109
Digital Contact Information:
info@dadefamily.com

and
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

Fonseca, Martha L, MSW, LCSW ■
FL
(833) 233-7773
Digital Contact Information:
http://www.heal-psychotherapyservices.com
mfonseca@healpsychotherapyservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Font Garcia, Luis E, MN, APRN ■
15536 Northwest 77th Court
Hialeah, FL 33016
(305) 621-8051
Digital Contact Information:
dreduardo305@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fontanes, Paula, MS, LMFT ■
FL
(786) 378-4565
Digital Contact Information:
paulafontanes10@gmail.com

and
9745 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 378-4565
Digital Contact Information:
paulafontanes10@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Force, Ali-Reza, MD ■
5911 Northwest 173rd Drive
6 6
Hialeah, FL 33015

(786) 380-9229
Digital Contact Information:
extwebsupport@hcdpbc.org
Other Languages Spoken by Provider or Office Staff Haitian Creole, Spanish

Forman, Katrina, MSW, LCSW ■
7270 Northwest 12th Street
430
Miami, FL 33126
(786) 615-2843
Digital Contact Information:
info@universalcwfl.com

and

FL
(800) 567-5433
Digital Contact Information:
info@universalcwfl.com

Fort Martinez, Gilza M, MS, LMFT ■
7765 SW 87th Ave
Ste 104
Miami, FL 33173
(305) 412-8440
Digital Contact Information:
gmfort1@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Foster, James J, MSN, ARNP ■
3661 South Miami Avenue
Suite 806
Miami, FL 33133
(786) 497-4000
Digital Contact Information:
ahfcredentialing@practiceworkz.com

Fox, Iris T, MSW, LCSW ■
3580 Mystic Pointe Drive
Aventura, FL 33180
(786) 414-1574
Digital Contact Information:
iris@ifoxtherapy.com

Fraguela, Eduardo R, MHS, LMHC ■
8300 West Flagler Street
STE 258C
Miami, FL 331446002
(786) 592-8470
Digital Contact Information:
olympushcs@gmail.com

and

10691 North Kendall Drive
312
Miami, FL 33176
(786) 592-8470
Digital Contact Information:
olympushcs@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Francois, Natacha, MSN, APRN ■
12955 Biscayne Blvd
Ste 320
North Miami, FL 33181
(305) 895-3231
Digital Contact Information:
credentialing@madrelle.com

Frank, Hedrick E, MC, LMHC ■
8323 Northwest 12th Street
108
Doral, FL 33126
(305) 400-8511
Digital Contact Information:
http://www.cbhwestcoast.com
rick.frank53@gmail.com

Frank, Randi, MC, LMHC ■
9822 Northeast 2nd Avenue
2
Miami Shores, FL 33138
(786) 505-7502
Digital Contact Information:
http://www.mindfuldirectionscc.com
randi@mindfuldirectionscc.com

Frasier, Hazel D, MSN, APRN, LNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
hazel.frasier@ncgcommunity.com

Frazier, Susan, MSW, LCSW ■
1825 Northwest 167th Street
SUITE 102
Opa-locka, FL 330564838
(305) 624-7450
Digital Contact Information:
susanyfrazier@gmail.com

Friedman, Rachel, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Frigerio, Ailema, PSYD, LP ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
info@myschoolpsychologistinc.com

Froehler, Luisa V, MMH, LMHC ■
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
http://www.miamipersonalmanagement.com
klopez@miamipersonalmanagement.com

Fuentes, Gretzky K, MC, LMHC ■
2500 Northwest 79th Avenue
233
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
pmcibilling228@gmail.com

and

2500 Northwest 79th Avenue
Suite 189
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
pmcibilling228@gmail.com

and

1414 Northwest 107th Avenue
410
Doral, FL 33172
(305) 560-5742
Digital Contact Information:
pmcibilling228@gmail.com

and

10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
pmcibilling228@gmail.com

and

15600 Southwest 288th Street
Suite 405
Homestead, FL 33033
(786) 334-3515
Digital Contact Information:
pmcibilling228@gmail.com

and

261 Westward Drive
suite 108-109
Miami, FL 33166
(305) 200-5176
Digital Contact Information:
pmcibilling228@gmail.com

and

931 Southwest 122nd Avenue
Miami, FL 33184
(305) 603-9235
Digital Contact Information:
pmcibilling228@gmail.com

and

12001 SW 128th Ct
Ste 102
Miami, FL 33186
(786) 971-7920
Digital Contact Information:
pmcibilling228@gmail.com

and

12255 Southwest 132nd Court
Miami, FL 33186
(305) 964-5157
Digital Contact Information:
pmcibilling228@gmail.com

and

12595 Southwest 137th Avenue
STE 110
Miami, FL 33186
(305) 465-9379
Digital Contact Information:
pmcibilling228@gmail.com

and

13335 Southwest 124th Street
106 106
Miami, FL 33186
(877) 811-0553
Digital Contact Information:
pmcibilling228@gmail.com

and

13335 Southwest 124th Street
Suite 107
Miami, FL 33186
(305) 964-5013
Digital Contact Information:
pmcibilling228@gmail.com

and

5209 Northwest 36th Street
Miami Springs, FL 33166
(786) 712-7752
Digital Contact Information:
pmcibilling228@gmail.com

and

18142 Southwest 97th Avenue
Palmetto Bay, FL 33157
(786) 701-9179
Digital Contact Information:
http://www.guevaramedicalservices.com
pmcibilling228@gmail.com

and

14865 South Dixie Highway
Palmetto Bay, FL 33176
(786) 732-2176
Digital Contact Information:
pmcibilling228@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fuentes, Monica M, MMH, LMHC ■
18901 Southwest 106th Avenue
#224
Miami, FL 33157
(786) 732-0071
Digital Contact Information:
http://www.peaceofmindmh.com
monicafuentes@peaceofmindmh.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fuentes, Yasmani, MSW, LCSW ■
14400 Northwest 77th Court
#100
Miami Lakes, FL 33016
(786) 916-6073
Digital Contact Information:
http://www.arcmentalhealth.com
yisabel@arcmentalhealth.com

Fujita, Sandra J, MSN, APRN ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
mstoker@nhcmhc.org

and

3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
mstoker@nhcmhc.org

and

3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
mstoker@nhcmhc.org

and

1469 NW 36th St
Miami, FL 33142
(305) 635-7444
Digital Contact Information:
mstoker@nhcmhc.org

and

10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
mstoker@nhcmhc.org
Other Languages Spoken by Provider or Office Staff
Spanish

Fuller, Omar, MSN, NP ■
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(770) 810-5836
Digital Contact Information:
robinlwhitlow@highlandrivers.org

Fundora, Gladys, MMH, BCBA, LMHC ■
1000 Brickell Avenue
Miami, FL 33131
(786) 817-2356
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and

5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
http://kidsspotrehab.com
rossconsultingandcredentialing@gmail.com

and

19100 Southwest 106th Avenue
12 12
Miami, FL 33157
(786) 360-2852
Digital Contact Information:
rossconsultingandcredentialing@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Funes, Catherine F, PSYD, LP ■
1900 North Bayshore Drive
108
Miami, FL 33132
(954) 362-8677
Digital Contact Information:
bh@hgdoctors.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gabriel, Geraldine, MSN, APN ■
13727 Southwest 152nd Street
161
Miami, FL 33177
(973) 283-5985
Digital Contact Information:
info@embracepwc.com

Gaddis, Virginia B, MA, LMHC, LPC ■
299 Alhambra Circle
STE 210
Coral Gables, FL 33134
(786) 558-5729
Digital Contact Information:
credentialing@growtherapy.com

and

FL
(786) 244-7690
(786) 558-5729
Digital Contact Information:
credentialing@growtherapy.com

and

26023 South Dixie Highway
Homestead, FL 33032
(786) 504-3365
Digital Contact Information:
credentialing@growtherapy.com

and

801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@growtherapy.com

and

3898 West Flagler Street
Miami, FL 33134
(954) 280-2056
Digital Contact Information:
credentialing@growtherapy.com

Gainza Mayo, Mariela D, MSN, APRN ■
7971 Bird Road
15
Miami, FL 33155
(786) 504-5620
Digital Contact Information:
kenia.rodriguez@ffmhs.com

and

9408 Southwest 87th Avenue
Suite 102

Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Galiboglu, Samet, MD ■
1110 Brickell Avenue
STE 400
Miami, FL 33131
(201) 389-2729
Digital Contact Information:
sametgaliboglumd@gmail.com

and
999 Brickell Avenue
410
Miami, FL 33131
(201) 389-2729
Digital Contact Information:
sametgaliboglumd@gmail.com
Other Languages Spoken by Provider or Office Staff Turkish

Gallimore, Ingrid, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Galvez, Gema, MS, LPC ■
10300 Southwest 72nd Street
275d
Miami, FL 33173
(888) 853-7908
Digital Contact Information:
http://www.bettermindtherapycorp.com
gemagalvez@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Galvez Piedra, Reinier, MSN, APRN ■
901 E 10th Ave
Ste 39
Hialeah, FL 33010
(305) 637-6400
Digital Contact Information:
contact@balancedwellbeingllc.com

and
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
contact@balancedwellbeingllc.com

and
20612 Northwest 27th Avenue
Miami Gardens, FL 33056
(305) 637-6400
Digital Contact Information:
contact@balancedwellbeingllc.com

Gao, Yanjuan, MSED, LMHC ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
info@riviamind.com
Other Languages Spoken by Provider or Office Staff
Mandarin

Garces Rodriguez, Oneida, MSN, APRN ■
22133 South Dixie Highway
Miami, FL 33170
(786) 504-3119
Digital Contact Information:
https://fpmflorida.org/
admin@fpmagency.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Albert L, MSN, APRN ■
2700 Southwest 27th Avenue
Miami, FL 33133
(305) 942-5246
Digital Contact Information:
info@doctorsccs.com

and
10661 North Kendall Drive
216
Miami, FL 33176
(786) 631-4158
Digital Contact Information:
info@doctorsccs.com

and
9000 Southwest 137th Avenue
Suite 103
Miami, FL 33186
(305) 671-3503
Digital Contact Information:
info@doctorsccs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Anthony N, MC, LMHC ■
1951 Northwest 7th Avenue
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
Not Available

Garcia, Armando, MSSW, LCSW ■
8200 Northwest 41st Street
Suite 200
Miami, FL 33166
(305) 613-2842
Digital Contact Information:
https://savinglives.clientsecure.me/melissa@savinglivescounselingcenter.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Garcia Bonhomme, Carla, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Garcia, Calixto, PHD, LP ■
2001 Northwest 107th Avenue
412
Doral, FL 33172
(786) 548-8322
Digital Contact Information:
drcgarciaphd@gmail.com

and
8390 West Flagler Street
107
Miami, FL 33144
(305) 856-9090
Digital Contact Information:
drcgarciaphd@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Carla, MSN, APRN ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
info@elevatepsychiatry.com

and
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
info@elevatepsychiatry.com

and
12550 Biscayne Boulevard
STE 800
North Miami, FL 33181
(788) 442-5021
Digital Contact Information:
info@elevatepsychiatry.com

Garcia De Porto, Marieta, MMH, LMHC ■
7925 Northwest 12th Street
118
Doral, FL 33126
(786) 536-2143
Digital Contact Information:
http://psrmindandbodyrehab.com
correamentalhealth@gmail.com

and
650 Northeast 22nd Terrace
212 214
Homestead, FL 33033
(786) 312-4478
Digital Contact Information:
correamentalhealth@gmail.com

and
13205 Southwest 137th Avenue
#212
Miami, FL 33186
(786) 732-6298
Digital Contact Information:
correamentalhealth@gmail.com

and
13205 Southwest 137th Avenue
206 208
Miami, FL 33186
(786) 592-2063
Digital Contact Information:
correamentalhealth@gmail.com

and
FL
(786) 385-9838
Digital Contact Information:
correamentalhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Dennise, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Garcia Diaz, Marta, MSN, APRN ■
7490 Southwest 23rd Street
201
Miami, FL 33155
(786) 953-8221
Digital Contact Information:
medilineinc@yahoo.com

and
7315 Northwest 36th Street
Miami, FL 33166
(786) 345-7734
Digital Contact Information:
medilineinc@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Glenda, MSN, APRN ■
15260 Southwest 280th Street
113 114
Homestead, FL 33032
(305) 998-7885
Digital Contact Information:
infogarciahs@gmail.com

and
13370 Southwest 131st Street
Suite 110
Miami, FL 33186
(786) 250-4571
Digital Contact Information:
infogarciahs@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, James, MSW, LCSW ■
4689 Ponce de Leon Boulevard
Suite 200
Coral Gables, FL 33146
(786) 803-8025
Digital Contact Information:
jamesgarcia2013@fau.edu

and
10700 Caribbean Boulevard
Suite 214
Cutler Bay, FL 33189
(786) 740-0516
Digital Contact Information:
http://www.genesiswellnesscorp.com
jamesgarcia2013@fau.edu

and
5901 Northwest 183rd Street
310
Hialeah, FL 33015
(786) 803-2664
Digital Contact Information:
jamesgarcia2013@fau.edu

and
1480 Northwest North River Drive
2010
Miami, FL 33125
(786) 375-7882
Digital Contact Information:
jamesgarcia2013@fau.edu

and
2311 Northwest 7th Street
Miami, FL 33125
(786) 706-2246
Digital Contact Information:
jamesgarcia2013@fau.edu

and
8390 West Flagler Street
220
Miami, FL 33144
(305) 402-4835
Digital Contact Information:
http://newmooncmhc.com
jamesgarcia2013@fau.edu

and
10379 Southwest 186th Street
Miami, FL 33157
(720) 314-4727
Digital Contact Information:
jamesgarcia2013@fau.edu

and
790 Northwest 107th Avenue
Suite 303
Miami, FL 33172
(786) 605-1660
Digital Contact Information:
jamesgarcia2013@fau.edu

and
FL
(786) 605-1660
Digital Contact Information:
jamesgarcia2013@fau.edu

and
9600 SW 8th St
Ste 16
Miami, FL 33174
(786) 803-8827
Digital Contact Information:
jamesgarcia2013@fau.edu

and
12150 Southwest 128th Court
Suite 233
Miami, FL 33186
(786) 238-7666
Digital Contact Information:
jamesgarcia2013@fau.edu
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Jose A, MS, LCSW ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
esrehabpc@gmail.com

and
5600 Southwest 135th Avenue
STE 203
Miami, FL 33183
(786) 953-4962
Digital Contact Information:
esrehabpc@gmail.com

and
5600 Southwest 135th Avenue
STE 216
Miami, FL 33183
(786) 536-6196
Digital Contact Information:
esrehabpc@gmail.com

and
11981 Southwest 144th Court
202
Miami, FL 33186
(786) 640-0613
Digital Contact Information:
esrehabpc@gmail.com

Garcia, Lauren, MED, LMHC ■
2212 Northwest 91st Street
4058
Miami, FL 33147
(341) 888-7637
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
lauren.garcia371@gmail.com

Garcia, Lisette, MC, LMHC ■
12030 Southwest 129th Court
Suite 211
Miami, FL 33186
(305) 639-8760
Digital Contact Information:
http://www.believeandtrusttcm.com
info@believeandtrusttcm.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Manuel Antonio, MD ■
1695 Northwest 110th Avenue
309
Miami, FL 33172
(305) 551-2828
Digital Contact Information:
magmdoffice@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia Ruiz, Anabel, MSSW, LCSW ■
10200 Northwest 25th Street
211
Doral, FL 33172
(305) 381-0346
Digital Contact Information:
management@jagcommunityhealth.com

Garcia Sanchez, Felipe I, MSN, APRN ■
13155 Southwest 134th Street
221
Miami, FL 33186
(786) 652-9880
Digital Contact Information:
info@communityconnectionflorida.com
Other Languages Spoken by Provider or Office Staff Spanish

Garcia Serrano, Lisandra, MSN, APRN ■
2720 Southwest 97th Avenue
C-105
Miami, FL 33165
(786) 332-4330
Digital Contact Information:
lisandragarcia1985@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Garcia, Sonia, MSN, APRN ■
7301 Northwest 36th Street
Miami, FL 33166
(239) 220-5039
Digital Contact Information:
empathybhsbilling@gmail.com

and
7315 Northwest 36th Street
Miami, FL 33166
(786) 345-7734
Digital Contact Information:
empathybhsbilling@gmail.com

and
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
empathybhsbilling@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Garcia, Tiffany, MN, PMHNP ■
2650 Southwest 27th Avenue
Suite 305
Miami, FL 33133
(786) 353-9812
Digital Contact Information:
billingheritagewellness@gmail.com

and
20824 W Dixie Hwy
Miami, FL 33180
(407) 851-5121
Digital Contact Information:
billingheritagewellness@gmail.com

Garcia, Veronica, MSSW, LCSW ■
8340 Southwest 30th Street
Miami, FL 33155
(305) 710-3088
Digital Contact Information:
vgarciaele@gmail.com

and
7520 Southwest 57th Avenue
d
South Miami, FL 33143
(786) 244-5040
Digital Contact Information:
vgarciaele@gmail.com

Garcia, Yailyn, MS, NP ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
laurap@azzurrahcc.com

and
17325 Northwest 27th Avenue
Suite 105
Miami Gardens, FL 33056
(786) 819-0209
Digital Contact Information:
laurap@azzurrahcc.com

Garcia, Yunaysis E, MPSY, LMHC ■
15413 Southwest 137th Avenue
Miami, FL 33177
(305) 964-5594
Digital Contact Information:
solutiondrivenconsulting@gmail.com

Garkavchenko, Oxana, MED, LMHC ■
8550 West Flagler Street
Suite 113
Miami, FL 33144
(786) 486-6766
Digital Contact Information:
xtherapyart@gmail.com

and
FL
(786) 486-6766
Digital Contact Information:
xtherapyart@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Garrett, Khalilah, MSW, LCSW ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
support@thriveworks.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
support@thriveworks.com
Other Languages Spoken by Provider or Office Staff English

Garriott, Jennifer, MSW, CSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
contractsma@elliementalhealth.com

Gatliff, Benjamin, MS, BCBA, LMHC, LPC ■
66 W Flagler St
900
Miami, FL 33130
(610) 306-2618
Digital Contact Information:
delegation@psychplus.com

and
777 Brickell Ave
Ste 500
Miami, FL 33131
(786) 490-2181
Digital Contact Information:
http://rockerhealth.org
delegation@psychplus.com

and
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(561) 289-7995
Digital Contact Information:
http://pandatherapycircle.com
delegation@psychplus.com

Gautam, Ashwin, PHD, LP ■
FL
(800) 567-5433
Digital Contact Information:
https://totallife.com/
inquiries@insighttherapy.us
Other Languages Spoken by Provider or Office Staff Hindi

Gazabon, Shirley A, PHD, LP ■
3650 NW 82nd Ave
Ste 302
Doral, FL 33166
(305) 689-1910
Digital Contact Information:
Not Available

and
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-2301
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
Miami, FL 33136
(305) 355-7777
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
1404A
Miami, FL 33136
(305) 355-7777
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
Fl 3
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
Not Available

and
1695 Northwest 9th Avenue
FL 2
Miami, FL 33136
(305) 355-7077
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff Spanish

Geier, Nicole, APRN, DNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Genen, Lawrence R, MD ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
provider@3peaksmedical.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com
Other Languages Spoken by Provider or Office Staff English

Gentil Gomez, Mayte, MSN, APRN ■
7811 Coral Way
106
Miami, FL 33155
(305) 412-0138
Digital Contact Information:
maytegentil@gmail.com

and
9995 SW 72nd St
Ste 208
Miami, FL 33173
(305) 412-6034
Digital Contact Information:
maytegentil@gmail.com

Georgescu, Manuela, MD ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
Not Available

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
http://banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
Other Languages Spoken by Provider or Office Staff Spanish

Gerber, Melanie A, MC, LCMHC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Gerstein, Myriam, MSW, LCSW ■
901 E 10th Ave
Ste 39
Hialeah, FL 33010
(305) 637-6400
Digital Contact Information:
http://www.jtchs.org
mgerstein@jtchs.org

and
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
http://jtchs.org
mgerstein@jtchs.org

and
5607 NW 27th Ave
1
Miami, FL 33142
(305) 805-1700
Digital Contact Information:
mgerstein@jtchs.org

and
1100 NW 71st St
Miami, FL 33150
(305) 637-6400
Digital Contact Information:
mgerstein@jtchs.org

and
1190 NW 95th St
Ste 100
Miami, FL 33150
(305) 637-6400
Digital Contact Information:
mgerstein@jtchs.org

and
FL
(305) 637-6400
Digital Contact Information:
mgerstein@jtchs.org

and
20612 Northwest 27th Avenue
Miami Gardens, FL 33056
(305) 637-6400
Digital Contact Information:
http://jtchs.org
mgerstein@jtchs.org

and
490 Opa Locka Blvd
Opa Locka, FL 33054
(305) 637-6400
Digital Contact Information:
http://www.jtchs.org
mgerstein@jtchs.org
Other Languages Spoken by Provider or Office Staff
Spanish

Gevorkyan, Mishela I, MSN, APN, APRN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
info@diana.health
Other Languages Spoken by Provider or Office Staff
Russian, Spanish

Gibbons, Denise, MC, LMHC ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
info@hupcfl.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
info@hupcfl.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
info@hupcfl.com

Gibbons, Mercedes J, MSN, APRN, PMHNP ■
1951 NW 7th Ave
Fl 3
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
fl-credentialing@lifestance.com

Gibbs, Charles C, PHD, LP ■
7590 NW 186th St
Ste 208
Hialeah, FL 33015
(305) 362-8326
Digital Contact Information:
gola1863@gmail.com

Gillespie, Marjorie, PHD, APRN ■
64 W 63rd St
B202
Hialeah, FL 33012
(954) 431-7676
Digital Contact Information:
dr.gillespie@hotmail.com

and
16400 NW 2nd Ave
Ste 100
Miami, FL 33169
(954) 431-7676
Digital Contact Information:
dr.gillespie@hotmail.com

Gillyard, Brittney L, MSN, APRNCNP, NP ■
FL
(305) 902-6347
Digital Contact Information:
brittney318@outlook.com
Other Languages Spoken by Provider or Office Staff English

Gimenez, Roberto, DNP, PMHNP ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
fiucred@fiu.edu

and
3383 Northwest 7th Street
FL 2
Miami, FL 33125
(305) 643-4797
Digital Contact Information:
fiucred@fiu.edu

and
711 Northwest 23rd Avenue
Ste 301
Miami, FL 33125
(305) 643-4797
Digital Contact Information:
fiucred@fiu.edu

and
330 Southwest 27th Avenue
STE 609
Miami, FL 33135
(786) 743-0801
Digital Contact Information:
fiucred@fiu.edu

and
8348 Southwest 40th Street
Miami, FL 33155
(786) 528-6770
Digital Contact Information:
fiucred@fiu.edu

and
800 SW 108th Ave
100
Miami, FL 33174
(786) 595-8040
Digital Contact Information:
fiucred@fiu.edu
Other Languages Spoken by Provider or Office Staff
Spanish

Girlie, Marcelline, MSN, APRN, APRNCNP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
help@joinuplift.co

and
FL
(602) 562-7383
(202) 410-5972
Digital Contact Information:
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff Creole, Spanish

Gitlin, Karina, MSN, APRN ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(954) 369-4111
Digital Contact Information:
credentialer@gmail.com
Other Languages Spoken by Provider or Office Staff
Hebrew, Russian

Glazer, Caleigh M, MA, LMHC ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
info@riviamind.com

Godoy, Amneris, MSW, LCSW ■
9555 Southwest 175th Terrace
Suite 223
Palmetto Bay, FL 33157
(786) 370-4198
Digital Contact Information:
everlastingachievements@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Godoy Duran, Karina, MS, LMFT ■
879 East 28th Street
Hialeah, FL 33013
(786) 326-2260
Digital Contact Information:
innerwellnessaba@gmail.com

and
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
innerwellnessaba@gmail.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(786) 580-2204
Digital Contact Information:
innerwellnessaba@gmail.com

and
13590 Southwest 134th Avenue
104
Miami, FL 33186
(305) 896-8161
Digital Contact Information:
innerwellnessaba@gmail.com

Goicoechea, Alejandro, MPSY, LMHC ■
15190 SW 136th St
Ste 25
Miami, FL 33196
(786) 626-3970
Digital Contact Information:
alegoicoe@yahoo.com

Goitia, Ariel J, MD ■
4475 Southwest 8th Street
Coral Gables, FL 33134
(786) 536-2872
Digital Contact Information:
general@floridashs.com

and
4810 Southwest 8th Street
Suite 103/104
Coral Gables, FL 33134
(786) 803-8306
Digital Contact Information:
general@floridashs.com

and
3625 Northwest 82nd Avenue
Suite 408
Doral, FL 33166
(786) 217-8510
Digital Contact Information:
general@floridashs.com

and
705 East 8th Avenue
201
Hialeah, FL 33010
(786) 655-0774
Digital Contact Information:
general@floridashs.com

and
15600 Northwest 67th Avenue
204 208
Hialeah, FL 33014
(786) 542-6127
Digital Contact Information:
general@floridashs.com

and
5911 Northwest 173rd Drive
6 6
Hialeah, FL 33015
(786) 380-9229
Digital Contact Information:
general@floridashs.com

and
395 Northwest 14th Avenue
2
Homestead, FL 33030
(786) 349-4350
Digital Contact Information:
general@floridashs.com

and
15260 Southwest 280th Street
113 114
Homestead, FL 33032
(305) 998-7885
Digital Contact Information:
general@floridashs.com

and
5757 Waterford District Drive
Unit 172
Miami, FL 33126
(786) 353-2616
Digital Contact Information:
general@floridashs.com

and
13012 Southwest 85th Avenue Road
Miami, FL 33156
(305) 456-1549
Digital Contact Information:
general@floridashs.com

and
15715 South Dixie Highway
226
Miami, FL 33157
(305) 849-4186
Digital Contact Information:
general@floridashs.com

and
790 Northwest 107th Avenue
Suite 110
Miami, FL 33172
(305) 964-5426
Digital Contact Information:
general@floridashs.com

and
790 Northwest 107th Avenue
Suite 303
Miami, FL 33172
(786) 605-1660
Digital Contact Information:
general@floridashs.com

and
FL
(786) 980-7496
(786) 605-1660
Digital Contact Information:
general@floridashs.com

and
10300 Southwest 72nd Street
250b
Miami, FL 33173
(787) 433-7751
Digital Contact Information:
general@floridashs.com

and
10511 Southwest 88th Street
c103
Miami, FL 33176
(786) 530-7427
Digital Contact Information:
general@floridashs.com

and
14740 Southwest 26th Street
STE 107
Miami, FL 33185
(305) 388-1118
Digital Contact Information:
general@floridashs.com

and
12448 Southwest 127th Avenue
Miami, FL 33186
(786) 864-1030
Digital Contact Information:
general@floridashs.com

and
11285 Southwest 211 Street
207
Miami, FL 33189
(786) 217-8510
Digital Contact Information:
general@floridashs.com

and
11285 Southwest 211 Street
305
Miami, FL 33189
(786) 980-7496
Digital Contact Information:
general@floridashs.com

Gomez Garcia, Victor E, MS, LMHC ■
12030 Southwest 129th Court
Suite 211
Miami, FL 33186
(305) 639-8760
Digital Contact Information:
http://www.believeandtrusttcm.com
admin@believeandtrusttcm.com

Gomez, Hany, MSN, APRN ■
17900 Southwest 143rd Court
Miami, FL 33177
(305) 979-1395
Digital Contact Information:
hanygomezaprn@gmail.com

Gomez, Leidy, MSW, LCSW ■
7480 Fairway Drive
209
Hialeah, FL 33014
(786) 543-0564
Digital Contact Information:
billing@healthhavenllc.org

Gomez, Lissette, MA, LMFT ■
2500 SW 107TH AVE
42
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
info@abcsfl.com

and
FL
(786) 615-3334
Digital Contact Information:
info@abcsfl.com
Other Languages Spoken by Provider or Office Staff
English, Creole, Spanish

Gomez, Luis M, MSN, APRN ■
14400 Northwest 77th Court
#100
Miami Lakes, FL 33016
(786) 916-6073
Digital Contact Information:
soflabillers@gmail.com

Gomez-Abrue, Carmen B, MSW, LCSW ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and
7400 Southwest 88th Street
Miami, FL 33156
(786) 414-6666
Digital Contact Information:
http://www.memorytrainingflorida.com
info@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and
14505 Commerce Way
Ste 750
Miami Lakes, FL 33016
(305) 362-9989
Digital Contact Information:
info@dadefamily.com
Other Languages Spoken by Provider or Office Staff
Spanish

Goncalves, Emily, MD ■
8333 Northwest 53rd Street
Doral, FL 33166
(305) 243-4129
Digital Contact Information:
hello@talkiatry.com

and
1321 Northwest 14th Street
206
Miami, FL 33125
(305) 355-7000
Digital Contact Information:
hello@talkiatry.com

and
1121 NW 14th St
Fl 1
Miami, FL 33136
(305) 243-4129
Digital Contact Information:
hello@talkiatry.com

and
1400 NW 12th Ave
2005
Miami, FL 33136
(305) 689-1352
Digital Contact Information:
hello@talkiatry.com

and
1475 Northwest 12th Avenue
c021
Miami, FL 33136
(305) 243-4129
Digital Contact Information:
hello@talkiatry.com

and
1695 NW 9th Ave
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
hello@talkiatry.com

and
2111 Sole Mia Way
North Miami, FL 33181
(305) 243-0214
Digital Contact Information:
hello@talkiatry.com
Other Languages Spoken by Provider or Office Staff English

Gonzalez, Adriana, MSN, APRN ■
11440 N Kendall Dr
Ste 208
Miami, FL 33176
(305) 898-0849
Digital Contact Information:
callisiabilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez Buigas, Nubia, DNP, APRN ■
1454 Southwest 1st Street
Suite #130
Miami, FL 33135
(786) 353-2872
Digital Contact Information:
nubiagonzalez2002@yahoo.com

and
6724 West Flagler Street
Suite B
Miami, FL 33144
(786) 353-2872
Digital Contact Information:
https://psiquiatriajungiana.com
nubiagonzalez2002@yahoo.com

and
FL
(786) 353-2872
Digital Contact Information:
https://psiquiatriajungiana.com
nubiagonzalez2002@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez Diaz, Tania, MSN, APRN ■
2100 Coral Way
Coral Gables, FL 33145
(786) 320-1677
Digital Contact Information:
diana.vega@serenitympb.com

and
3901 Northwest 79th Avenue
STE 120
Doral, FL 33166
(786) 310-4480
Digital Contact Information:
diana.vega@serenitympb.com

and
3621 SW 107th Ave
Miami, FL 33165
(786) 534-8366
Digital Contact Information:
http://serenitycommunitycenter.com
diana.vega@serenitympb.com

and
4155 Southwest 130th Avenue
114
Miami, FL 33175
(956) 293-5008
Digital Contact Information:
diana.vega@serenitympb.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez Diaz, Vivian D, PSYD, LP ■
3271 NW 7th St
Ste 203
Miami, FL 33125
(786) 220-6902
Digital Contact Information:
http://www.outpatientpsycare.com
viviangonzalezdiaz@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Elizabeth, MPSY, LMHC ●
FL
(727) 712-7014
Digital Contact Information:
elizabethahcf@gmail.com

Gonzalez, Francisca, MS, LMHC ■
777 E 25th St
Ste 212
Hialeah, FL 33013
(786) 409-7329
Digital Contact Information:
laluzmentalhealthservices@gmail.com

and
5911 Northwest 173rd Drive
6 6
Hialeah, FL 33015
(786) 380-9229
Digital Contact Information:
laluzmentalhealthservices@gmail.com

and
6187 Northwest 167th Street
STE H26
Hialeah, FL 33015
(305) 705-5666
Digital Contact Information:
laluzmentalhealthservices@gmail.com

and
11401 Southwest 40th Street
#345
Miami, FL 33165
(305) 603-7063
Digital Contact Information:
http://bridgeofcaregroup.com
laluzmentalhealthservices@gmail.com

and
5600 Southwest 135th Avenue
100
Miami, FL 33183
(305) 603-9104
Digital Contact Information:
laluzmentalhealthservices@gmail.com

and
12311 Southwest 133rd Court
23
Miami, FL 33186
(786) 257-7423
Digital Contact Information:
laluzmentalhealthservices@gmail.com

and
12700 Southwest 128th Street
STE 108
Miami, FL 33186
(786) 732-0865
Digital Contact Information:
laluzmentalhealthservices@gmail.com

and
13416 Southwest 128th Street
Miami, FL 33186
(786) 732-0247
Digital Contact Information:
laluzmentalhealthservices@gmail.com

and
5391 Northwest 36th Street
Miami Springs, FL 33166
(305) 418-0580
Digital Contact Information:
laluzmentalhealthservices@gmail.com

and
7500 Sw A St # 203
West Miami, FL 33144
(786) 542-5244
Digital Contact Information:
laluzmentalhealthservices@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gonzalez Garcia, Freysdman, MSW, LCSW ■
900 West 49th Street
B001
Hialeah, FL 33012
(305) 850-3316
Digital Contact Information:
credentialing@billimd.com

and
900 West 49th Street
b505
Hialeah, FL 33012
(786) 663-2822
Digital Contact Information:
credentialing@billimd.com

and
10300 Southwest 72nd Street
261d
Miami, FL 33173
(786) 327-3694
Digital Contact Information:
credentialing@billimd.com

and
12595 Southwest 137th Avenue
STE 110
Miami, FL 33186
(305) 465-9379
Digital Contact Information:
credentialing@billimd.com

Gonzalez Gil, Manuel, MSCC, LMHC ■
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Gloria, PHD, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
professional_counseling@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Jacqueline, MSSW, LCSW ■
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
sasha@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gonzalez, Karina, MSW, LCSW ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

Gonzalez, Luis, DNP, APRN ■
8725 Northwest 18th Terrace
Suite 202
Doral, FL 33172
(305) 487-2532
Digital Contact Information:
eternitylives24@gmail.com

and
7270 Northwest 12th Street
430
Miami, FL 33126
(786) 615-2843
Digital Contact Information:
eternitylives24@gmail.com

and
12001 Southwest 128th Court
Suite Suite 104
Miami, FL 33186
(786) 868-0505
Digital Contact Information:
eternitylives24@gmail.com

and
13170 Southwest 128th Street
200
Miami, FL 33186
(786) 852-5198
Digital Contact Information:
eternitylives24@gmail.com

and
9010 Southwest 137th Avenue
101
Miami, FL 33186
(786) 803-8826
Digital Contact Information:
http://amorementalhealthcorp.com
eternitylives24@gmail.com

Gonzalez, Maria C, DMFT, LMFT ■
306 Alcazar Avenue
200
Coral Gables, FL 33134
(305) 967-8725
Digital Contact Information:
cristalchcl1@gmail.com

and
8175 Northwest 12th Street

Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
cristalchcl1@gmail.com

and
8245 Northwest 36th Street
#3
Doral, FL 33166
(786) 326-6308
Digital Contact Information:
cristalchcl1@gmail.com

and
1840 W 49th St
Ste 607
Hialeah, FL 33012
(305) 828-9980
Digital Contact Information:
cristalchcl1@gmail.com

and
2100 West 76th Street
#209
Hialeah, FL 33016
(786) 201-1088
Digital Contact Information:
cristalchcl1@gmail.com

and
5353 Southwest 8th Street
Miami, FL 33134
(786) 452-0149
Digital Contact Information:
cristalchcl1@gmail.com

and
8080 West Flagler Street
1a
Miami, FL 33144
(786) 615-2640
Digital Contact Information:
cristalchcl1@gmail.com

and
8500 West Flagler Street
Office 107A
Miami, FL 33144
(786) 907-5141
Digital Contact Information:
cristalchcl1@gmail.com

and
7420 Southwest 48th Street
a
Miami, FL 33155
(786) 362-5981
Digital Contact Information:
cristalchcl1@gmail.com

and
10300 Southwest 72nd Street
414
Miami, FL 33173
(813) 468-7905
Digital Contact Information:
cristalchcl1@gmail.com

and
11890 Southwest 8th Street
Suite 207
Miami, FL 33184
(786) 362-5981
Digital Contact Information:
cristalchcl1@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Marinel, MPSY, LMFT ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
http://www.dgphealthandwellness.com
info@dgphealthandwellness.com

and
7900 Oak Lane
464
Hialeah, FL 33016
(786) 542-9915
Digital Contact Information:
info@dgphealthandwellness.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Maylin, MS, LMHC, LPC ■
1550 Madruga Ave
Ste 509
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
kenia.romero@abc4s.com

and
4649 Ponce de Leon
STE 404
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
kenia.romero@abc4s.com

and
1150 Northwest 72nd Avenue
640
Miami, FL 33126
(786) 497-3444
Digital Contact Information:
kenia.romero@abc4s.com

and
15715 South Dixie Highway
Suite 320
Miami, FL 33157
(786) 761-1709
Digital Contact Information:
http://www.strongmindmh.com
kenia.romero@abc4s.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez Rodriguez, Mileisy, MSCC, LMHC ■
26027 South Dixie Highway
Homestead, FL 33032
(786) 601-7344
Digital Contact Information:
vitaly.credentialing@gmail.com

and
7805 Coral Way
Ste 131
Miami, FL 33155
(786) 307-2066
Digital Contact Information:
vitaly.credentialing@gmail.com

and
7811 SW 24th St
Ste 120
Miami, FL 33155
(305) 916-4310
Digital Contact Information:
vitaly.credentialing@gmail.com

and
FL
(786) 970-6385
Digital Contact Information:
vitaly.credentialing@gmail.com

and
10300 Southwest 72nd Street
414
Miami, FL 33173
(786) 483-7535
Digital Contact Information:
http://www.happydreamsofkids.com
vitaly.credentialing@gmail.com

and
10300 Southwest 72nd Street
300
Miami, FL 33173
(786) 418-9730
Digital Contact Information:
http://www.happydreamsofkids.com
vitaly.credentialing@gmail.com

and
14471 S Dixie Hwy
Miami, FL 33176
(786) 803-8826
Digital Contact Information:
http://www.amorementalhealthcorp.com
vitaly.credentialing@gmail.com

and
9010 Southwest 137th Avenue
101
Miami, FL 33186
(786) 803-8826
Digital Contact Information:
http://amorementalhealthcorp.com
vitaly.credentialing@gmail.com

and
11285 Southwest 211 Street
207
Miami, FL 33189
(786) 217-8510
Digital Contact Information:
vitaly.credentialing@gmail.com

Gonzalez Santana, Gleidys, MS, LMHC ■
142 E 49th St
Hialeah, FL 33013
(305) 333-9166
Digital Contact Information:
gleidysgs80@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0429
Digital Contact Information:
gleidysgs80@gmail.com

and
10691 North Kendall Drive
312
Miami, FL 33176
(786) 592-8470
Digital Contact Information:
gleidysgs80@gmail.com

and
11272 Southwest 137th Avenue
Miami, FL 33186
(786) 600-4809
Digital Contact Information:
http://www.generalmhs.com
gleidysgs80@gmail.com

and
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
gleidysgs80@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gonzalez, Victor, MSN, APRN ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
info@opabh.com

and
3661 S Miami Ave
Ste 503
Miami, FL 33133
(305) 546-4578
Digital Contact Information:
info@opabh.com

and
1901 West Flagler Street
7
Miami, FL 33135
(786) 612-5973
Digital Contact Information:
info@opabh.com
Other Languages Spoken by Provider or Office Staff
Spanish

Goodrich, Kenny, MC, LMHC ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
perla.delosrios@dadefamily.com

Goolkasian, Alexis, MC, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Gordon, Natalie, MSW, LCSW, LMFT ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
melissa1amaya@yahoo.com

Gorham, Tania, MMFT, LMFT ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
gorhamtania@gmail.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
gorhamtania@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gorman, Douglas P, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@thriveworks.com

Goss, Jerron, MSCC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
http://www.wellnite.com
admin@blkhaven.com

Gosset, Stephanie M, MS, LMHC ■
2600 S Douglas Rd
Ste 1003
Coral Gables, FL 33134
(305) 445-0477
Digital Contact Information:
niegosset@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gotthold, Bessie, MS, LMHC ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
westmiamicmhc@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Grabowitz, Ellen, MD ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Grant, Amanda, MSW, LCSW ■
14247 Southwest 42nd Street
Miami, FL 33175
(786) 238-6031
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Grant, Carla, MSN, APRN ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
http://www.compasshealthsystems.com
none@gmail.com

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
none@gmail.com

Gratia, Vladymir, MSN, APRN ■
11440 N Kendall Dr
Ste 208
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
gratiaadvancedhealth@gmail.com

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
gratiaadvancedhealth@gmail.com
Other Languages Spoken by Provider or Office Staff Haitian Creole

Graypel, Ernest A, MD ■
1395 Brickell Avenue
Suite #800
Miami, FL 33131
(954) 247-8790
Digital Contact Information:
office@emergeandsee.com
Other Languages Spoken by Provider or Office Staff
English, Russian

Green, Gwendolyn P, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(877) 644-6008
Digital Contact Information:

https://appointment.wellnite.com
insurance@wellnite.com

Green, Lindolyn, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Green-Scott, Alicia, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
allygreen66@aol.com

Greenblatt, Jodi, MS, LMFT ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
acc@advancedclientcare.org
Other Languages Spoken by Provider or Office Staff
Afrikaans

Greene, Danielle N, MSW, LCSW ■
1531 Northwest 173rd Terrace
Miami, FL 33169
(415) 941-4109
(786) 487-8331
Digital Contact Information:
evolvetherapeuticsolutionsllc@gmail.com

and
14645 Northwest 77th Avenue
101
Miami Lakes, FL 33014
(833) 769-3524
Digital Contact Information:
http://lifestance.com
evolvetherapeuticsolutionsllc@gmail.com

Greenstein, Yakov, MD ■
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
credentialing@retreatmail.com
Other Languages Spoken by Provider or Office Staff
Hebrew, Yiddish

Gregory, Alysa M, MSSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Grenier, Ivan, MSN, APRN ■
2001 Northwest 107th Avenue
412
Doral, FL 33172
(786) 548-8322
Digital Contact Information:
xavier@southhealthmed.com

and
7959 NW 2nd St
Miami, FL 33126
(305) 267-6060
Digital Contact Information:
xavier@southhealthmed.com

and
3080 W Flagler St
Miami, FL 33135
(305) 456-1600
Digital Contact Information:
xavier@southhealthmed.com

and
5673 Southwest 137th Avenue
Miami, FL 33183
(305) 385-3949
Digital Contact Information:
xavier@southhealthmed.com
Other Languages Spoken by Provider or Office Staff
Spanish

Griff, Richard, PSYD, LP ■
3081 Salzedo Street
Suite 202
Coral Gables, FL 33134
(305) 330-0588
Digital Contact Information:
griff_pysch@yahoo.com

and
3625 Northwest 82nd Avenue
400
Doral, FL 33166
(305) 330-0588
Digital Contact Information:
griff_pysch@yahoo.com

and
19300 West Dixie Highway
2 2
Miami, FL 33180
(305) 330-0588
Digital Contact Information:
griff_pysch@yahoo.com

Grigorova, Marina, MS, LMHC ■
FL
(646) 453-6777
Digital Contact Information:
marinag2804@gmail.com
Other Languages Spoken by Provider or Office Staff
Bulgarian

Guardo, Estela, MSCC, LMHC ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
perla.delosrios@dadefamily.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Guas, Valeria, MS, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
11890 Southwest 8th Street
STE 309
Miami, FL 331841710
(305) 220-6060
Digital Contact Information:
http://www.blueangelcare.net
credentialing@happierliving.com

Guemez, Maidember, MMH, LMHC ■
13335 Southwest 124th Street
Suite 212
Miami, FL 33186
(786) 515-4569
Digital Contact Information:
mguemez@sfcounselinggroup.org

and
13590 Southwest 134th Avenue
STE 202
Miami, FL 33186
(786) 515-4569
Digital Contact Information:
mguemez@sfcounselinggroup.org
Other Languages Spoken by Provider or Office Staff
Spanish

Guerra Alfonso, Tamara, MD ■
15935 Northwest 57th Avenue
Hialeah, FL 33014
(786) 953-5506
Digital Contact Information:
tamaraguerramd@gmail.com

and
1900 Sw 106th St Unit 12b
Miami, FL 33157
(786) 760-9173
Digital Contact Information:
tamaraguerramd@gmail.com

and
19100 Southwest 106th Avenue
12 12
Miami, FL 33157
(786) 360-2852
Digital Contact Information:
tamaraguerramd@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Guerra, Roberto, MBS, APRN ■
4302 Alton Rd
Ste 820
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com

and
4304 Alton Rd
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com

Guerra-Valencia, Jose A, MD ■
11009 Southwest 186th Street
Cutler Bay, FL 33157
(786) 732-7979
Digital Contact Information:
garzola@larkinhospital.com

and
900 East 9th Street
Hialeah, FL 33010
(786) 409-4428
Digital Contact Information:
garzola@larkinhospital.com

and
789 Northwest 27th Avenue
Miami, FL 33125
(772) 241-9222
Digital Contact Information:
garzola@larkinhospital.com

and
8300 West Flagler Street
124
Miami, FL 33144
(305) 877-6650
Digital Contact Information:
garzola@larkinhospital.com

and
8370 W Flagler St
Ste 232
Miami, FL 33144
(786) 663-2822
Digital Contact Information:
garzola@larkinhospital.com

and
10031 Southwest 40th Street
Miami, FL 33165
(786) 442-9628
Digital Contact Information:
garzola@larkinhospital.com

and
10250 SW 56th St
Ste D201
Miami, FL 33165
(786) 362-5707
Digital Contact Information:
garzola@larkinhospital.com

and
6801 Northwest 77th Avenue
107
Miami, FL 33166
(786) 536-2364
Digital Contact Information:
garzola@larkinhospital.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
garzola@larkinhospital.com

and
8100 Northwest 155th Street
100
Miami Lakes, FL 33016
(786) 615-2531
Digital Contact Information:
garzola@larkinhospital.com

and
6140 SW 70th St
Fl 2
South Miami, FL 33143
(305) 284-7577
Digital Contact Information:
garzola@larkinhospital.com

Guerrelus, Elange, MC, LMHC ■
2801 Northeast 213th Street
Suite 1215
Aventura, FL 33180
(833) 769-3524
Digital Contact Information:
fl-credentialing@lifestance.com
Other Languages Spoken by Provider or Office Staff
English, French

Guevara Vazquez, Vladimir A, MD ■
7855 Northwest 12th Street
217
Doral, FL 33126
(786) 473-0632
Digital Contact Information:
imhotepcxinc@gmail.com

and
6187 Northwest 167th Street
STE H26
Hialeah, FL 33015
(305) 705-5666
Digital Contact Information:
imhotepcxinc@gmail.com

and
3408 West 84th Street
STE 301
Hialeah, FL 33018
(786) 661-2971
Digital Contact Information:
imhotepcxinc@gmail.com

and
1150 Northwest 72nd Avenue
220
Miami, FL 33126
(786) 558-4899
Digital Contact Information:
imhotepcxinc@gmail.com

and
1495 NW 54th St
Miami, FL 33142
(305) 205-4328
Digital Contact Information:
imhotepcxinc@gmail.com

and
8550 West Flagler Street
Suite 113
Miami, FL 33144
(305) 755-2200
Digital Contact Information:
imhotepcxinc@gmail.com

and
14261 Southwest 120th Street
Suite #113
Miami, FL 33186
(786) 558-4169
Digital Contact Information:
imhotepcxinc@gmail.com

and
5391 Northwest 36th Street
Miami Springs, FL 33166
(786) 636-1310
Digital Contact Information:
imhotepcxinc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Guilbe, Angelika, MSCC, LMHC ■
FL
(754) 307-6860
Digital Contact Information:
http://www.solrivercounseling.com
angie_guilbe@yahoo.com

Guiribitey-Rodriguez, Patricia, MD ■
2601 SW 37th Ave
Ste 903
Miami, FL 33133
(305) 204-9799
Digital Contact Information:
trudy@medvaultconsultants.com

Guntin, Yamile, MSW, LCSW ■
3191 Coral Way
607
Miami, FL 33145
(786) 397-7926
Digital Contact Information:
https://headfulloffoliage.com
guntinaleman@gmail.com

and
FL
(786) 397-7926
Digital Contact Information:
https://headfulloffoliage.com
guntinaleman@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gutierrez, Azucena R, MC, LMHC ■
12039 Southwest 132nd Court
4 4
Miami, FL 33186
(754) 281-3662
Digital Contact Information:
nicanoragent83@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gutierrez, Beatriz, MSN, APRN ■
FL

(954) 765-6505
Digital Contact Information:
https://optimalmindandwellness.com/our-focus
beatriz@optimalmindandwellness.com

Gutierrez, Damian, MC, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
credentialing@banyanhealth.org

Gutierrez, Giselle E, PSYD, LP ■
10691 N Kendall Dr
Ste 105
Miami, FL 33176
(305) 668-6018
Digital Contact Information:
cartayagroup@gmail.com

Hagstrom, Morgan, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Haider, Shamshad, MED, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff Farsi, Urdu, Arabic, Hindi

Hakiel-Calcaterra, Judy, MA, LMHC ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
jhctherapy@gmail.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
jhctherapy@gmail.com

Hale, Mecia, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
rcm_enrollment@eastersealsmorc.org

Hall, Magenta V, MSN, APRN ■
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
providercredentialing@aimmccs.com
Other Languages Spoken by Provider or Office Staff English

Hall, Stephanie, MSW, LCSW, LICSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
info@kbtcounseling.com

Hamid, Ahsan, PA, PA_C ■
66 West Flagler Street
Miami, FL 33130
(347) 875-0473
Digital Contact Information:
ldiaz@mindfulhc.com

Hamilton, Andrea, MC, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
help@joinuplift.co

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Hamilton, Losarnia S, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff Spanish

Hamner, Becky, MSN, NP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
veda.joshi@televerohealth.com
Other Languages Spoken by Provider or Office Staff English

Hampton, Megan, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Hansen, Angela M, MSW, LCSW ■
395 Northwest 14th Avenue
2
Homestead, FL 33030
(786) 349-4350
Digital Contact Information:
supramedicalbilling@gmail.com

and
8300 West Flagler Street
124
Miami, FL 33144
(305) 877-6650
Digital Contact Information:
supramedicalbilling@gmail.com

and
4995 Southwest 72nd Avenue
401
Miami, FL 33155
(786) 558-5860
Digital Contact Information:
supramedicalbilling@gmail.com

and
10300 SW 72nd St
Ste 230
Miami, FL 33173
(786) 536-5710
Digital Contact Information:
supramedicalbilling@gmail.com

and
10300 Southwest 72nd Street
Suite 350
Miami, FL 33173
(305) 603-9204
Digital Contact Information:
supramedicalbilling@gmail.com

and
10677 North Kendall Drive
ste 5-a
Miami, FL 33176
(786) 296-2773
Digital Contact Information:
supramedicalbilling@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Haramboure, Yuliet, MSN, APRN ■
12030 Southwest 129th Court
Suite 211
Miami, FL 33186
(305) 639-8760
Digital Contact Information:
http://www.believeandtrusttcm.com
admin@believeandtrusttcm.com

Harmon, Aprill, MSSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Harmon, Portia, MC, LMHC, LPCC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Harper, Jannet, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Harris, Brian, MA, LMHC ■
FL
(786) 733-6422
Digital Contact Information:
http://www.elliementalhealth.com
fl-credentialing@lifestance.com

Harris, Keith, MSW, LMSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Harris, Teresa Q, MA, LPC ■
FL
(650) 761-9770
Digital Contact Information:
psychoanalyst42@protonmail.com

Harris, Thais T, MSW, LCSW, LISW-CP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
sc-credentialing@lifestance.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
sc-credentialing@lifestance.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
sc-credentialing@lifestance.com

Harrison, Doris, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Hart, Monique, MSW, LCSW, LICSW ■
FL
(508) 202-1011
Digital Contact Information:
http://orendapsych.com
mohart@3qhartcounseling.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
mohart@3qhartcounseling.com

Hart, Phyllis, EDD, LMHC, MA ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Harvey, Philip D, PHD, LP ■
1120 NW 14th St
1450
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
Not Available

and
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-6400
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
3308
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
Fl 3
Miami, FL 33136
(305) 355-9006
Digital Contact Information:
Not Available

Hasboun, Alexandra, MSED, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
hello@talkiatry.com
Other Languages Spoken by Provider or Office Staff Haitian Creole

Hasbun, Rene, MSED, LMHC ■
7000 Southwest 70th Avenue
600
Miami, FL 33143
(305) 284-7577
Digital Contact Information:
rhasbun@larkinhospital.com

Hassan, Hamlet R, MD ■
4475 Southwest 8th Street
Coral Gables, FL 33134
(786) 536-2872
Digital Contact Information:
bcd.ahcs@outlook.com

and
3146 Coral Way
FL 2
Coral Gables, FL 33145
(786) 953-8874
Digital Contact Information:
bcd.ahcs@outlook.com

and
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
bcd.ahcs@outlook.com

and
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
bcd.ahcs@outlook.com

and
664 E 25th St
Hialeah, FL 33013
(786) 409-2651
Digital Contact Information:
bcd.ahcs@outlook.com

and
664 East 25th Street
102
Hialeah, FL 33013
(786) 409-5361
Digital Contact Information:
bcd.ahcs@outlook.com

and
7490 Southwest 23rd Street
201
Miami, FL 33155
(786) 953-8221
Digital Contact Information:
bcd.ahcs@outlook.com

and
760 Northwest 107th Avenue
110
Miami, FL 33172
(786) 409-3800
Digital Contact Information:
bcd.ahcs@outlook.com

and
10511 North Kendall Drive
c201
Miami, FL 33176
(305) 274-5319
Digital Contact Information:
bcd.ahcs@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hatcher, Laurie A, MSW, LCSW ■
770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
Not Available

and
7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
Not Available

and
5201 Blue Lagoon Dr
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
Not Available

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
Not Available

and
80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
Not Available

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
Not Available

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

and
830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
Not Available

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(888) 684-2779
Digital Contact Information:
Not Available

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff English

Haughton, Verona, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
hello@joinblossomhealth.com

Hawkins, Erin, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
sanderson@medicalbillingwholesaler.com

Hayes, Karen O, MSW, LCSW ■
FL
(352) 530-3344
Digital Contact Information:
kpomiami@gmail.com

Heard, Chelsea, MSSW, LCSW ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
chelseaheardcounseling@gmail.com

Hecker, Jillanne K, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
arscredentialing@advancedrecoverysystems.com

Heit, Stacey, MD ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Helmi, Jehan F, MD ■
1501 Biscayne Boulevard
#501
Miami, FL 33132
(818) 600-2034
Digital Contact Information:
amanda.kudoba@uhsinc.com
Other Languages Spoken by Provider or Office Staff
English, Turkish, Arabic

Henderson, Davetta A, EDD, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
insurance@wellnite.com

Henderson, Kimberly, MSW, LCSW ■
FL
(305) 804-9121
Digital Contact Information:
http://www.sfacounseling.org
info@sfacounseling.org

Henderson, Tasia, DNP, NP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
credentialing@my-altmed.com

Henriquez, Maribi, MSW, LCSW ■
14261 Southwest 120th Street
108 628
Miami, FL 33186
(786) 372-0096
Digital Contact Information:
contact@projectchula.com

and
FL
(786) 372-0096
Digital Contact Information:
contact@projectchula.com

Henry, Joseph H, MD ■
1120 NW 14th St
1477
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
Not Available

and
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-6400
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
3308
Miami, FL 33136
(305) 243-6400
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
Fl 14
Miami, FL 33136
(305) 243-4782
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
Fl 3
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
Not Available

and
FL
(305) 243-6400
(305) 243-0214
Digital Contact Information:
Not Available

Henry, Reed F, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Heretoiu, Luminita D, MC, LMHC ■
2650 Biscayne Blvd
Miami, FL 33137
(954) 639-9873
Digital Contact Information:
http://www.artoftalktherapy.com
lthouriee@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Hernandez, Alfredo, MS, LMHC ■
7700 North Kendall Drive
807
Miami, FL 33156
(415) 941-4109
Digital Contact Information:
nicholas@md-access.net

Hernandez Alvarez, Nylen, MSN, APRN ■
5901 Southwest 74th Street
211
Miami, FL 33143
(786) 228-6892
Digital Contact Information:
http://www.santanamhs.com
admin@santanamhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Amy M, MD ■
3750 West 16th Avenue
126u
Hialeah, FL 33012
(786) 609-1765
Digital Contact Information:
lfmcbilling@gmail.com

and
3750 West 16th Avenue
140u
Hialeah, FL 33012
(786) 609-1765
Digital Contact Information:
lfmcbilling@gmail.com

and
640 W Palm Dr
Ste D
Homestead, FL 33034
(786) 601-7757
Digital Contact Information:
lfmcbilling@gmail.com

and
640 West Palm Drive
c
Homestead, FL 33034
(305) 793-4701
Digital Contact Information:
lfmcbilling@gmail.com

and
2199 West Flagler Street
Miami, FL 33135
(305) 643-0550
Digital Contact Information:
http://www.lafamiliamiami.com
lfmcbilling@gmail.com

and
1797 Coral Way
Miami, FL 33145
(786) 464-0673
Digital Contact Information:
lfmcbilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Anabelle, MMFT, LMFT ■
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
annabellehernandez@brightsyhealthfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Ania, MS, BCBA ■
12060 Southwest 129th Court
Suite 205
Miami, FL 33186
(786) 864-9113
Digital Contact Information:
Not Available

Hernandez, Arlenys, MD ■
801 Monterey Street
202
Coral Gables, FL 33134
(786) 803-8306
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
900 West 49th Street
STE 400
Hialeah, FL 33012
(305) 587-2231
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
5911 Northwest 173rd Drive
6 6
Hialeah, FL 33015
(786) 380-9229
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
5455 Southwest 8th Street
235
Miami, FL 33134
(305) 794-8218
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
4995 Southwest 72nd Avenue
401
Miami, FL 33155

(786) 558-5860
Digital Contact Information:
rossconsultingandcredentialing@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Hernandez, Belkis, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
office@cartwheelcare.org

Hernandez Cruz, Lisandra, MSN, APRN ■
770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
mentalwellnessflorida@gmail.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
mentalwellnessflorida@gmail.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
mentalwellnessflorida@gmail.com

and
80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
mentalwellnessflorida@gmail.com

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
mentalwellnessflorida@gmail.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
mentalwellnessflorida@gmail.com

and
830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
mentalwellnessflorida@gmail.com

and
3661 S Miami Ave
Ste 503
Miami, FL 33133
(305) 546-4578
Digital Contact Information:
mentalwellnessflorida@gmail.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(888) 684-2779
Digital Contact Information:
mentalwellnessflorida@gmail.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
mentalwellnessflorida@gmail.com
Other Languages Spoken by Provider or Office Staff English

Hernandez, Diana, MC, LMHC ■
2500 Southwest 107th Avenue
41
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
info@abcsfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez Escajadillo, Gloria, MS, LMHC ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(415) 941-4109
Digital Contact Information:
http://www.azzurrahcc.com
hdezescajadillo@yahoo.com

Hernandez, Greter, MSCC, LMHC ■
361 West Park Drive
2 2
Miami, FL 33172
(786) 543-0406
Digital Contact Information:
greaterh305@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Hernandez, Janet, MA, LPC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
birches@withassured.com

Hernandez, Juan D, MED, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
contracting@confidanthealth.com

Hernandez, Maria, MMH, LMHC ■
3901 Northwest 79th Avenue
STE 120
Doral, FL 33166
(786) 310-4480
Digital Contact Information:
truelifebehavioral@gmail.com

and
13500 North Kendall Drive
STE 129
Miami, FL 33186
(786) 628-2530
Digital Contact Information:
truelifebehavioral@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Natalie, PSYD, LP ■
7600 South Red Road
200
South Miami, FL 33143
(786) 508-2207
Digital Contact Information:
http://www.lunapsychology.com
angelo@lunapsychology.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Nelson A, MD ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
http://www.compasshealthsystem.com
intake@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystem.com
intake@compass.md

Hernandez, Nelson D, MD ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
klopez@miamipersonalmanagement.com

and
7990 Southwest 117th Avenue
Ste 215
Kendall, FL 33183
(786) 963-9770
Digital Contact Information:
klopez@miamipersonalmanagement.com

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
klopez@miamipersonalmanagement.com

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
klopez@miamipersonalmanagement.com

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
klopez@miamipersonalmanagement.com

and
1300 Coral Way
Ste 208
Miami, FL 33145
(305) 854-7952
Digital Contact Information:
klopez@miamipersonalmanagement.com

and
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
http://www.miamipersonalmanagement.com
klopez@miamipersonalmanagement.com

and
4225 Southwest 72nd Avenue
Miami, FL 33155
(305) 854-7952
Digital Contact Information:
http://www.miamipersonalmanagement.com
klopez@miamipersonalmanagement.com

and
22133 South Dixie Highway
Miami, FL 33170
(786) 504-3119
Digital Contact Information:
klopez@miamipersonalmanagement.com

and
14271 Southwest 42nd Street
Miami, FL 33175
(786) 431-1180
Digital Contact Information:
klopez@miamipersonalmanagement.com

and
13155 Southwest 134th Street
202
Miami, FL 33186
(786) 504-3119
Digital Contact Information:
klopez@miamipersonalmanagement.com

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
klopez@miamipersonalmanagement.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez Ruiz, Katiana E, MS, LMHC ■
5901 Southwest 74th Street
Suite 201
South Miami, FL 33143
(786) 638-9074
Digital Contact Information:
hummingmindsmia@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Tomas H, MS, LMHC ■
1840 W 49th St
Ste 607
Hialeah, FL 33012
(305) 828-9980
Digital Contact Information:
thhemail@yahoo.com

and
15260 SW 280th St
Ste 205
Homestead, FL 33032
(305) 707-7237
Digital Contact Information:
http://www.familybehaviorservices.org
thhemail@yahoo.com

and
7225 Northwest 25th Street
311
Miami, FL 33122
(786) 709-5683
Digital Contact Information:
thhemail@yahoo.com

Hernandez, Yandy, MMH, LMHC ■
1250 Southwest 27th Avenue
207
Miami, FL 33135
(786) 522-7203
Digital Contact Information:
cabehavior@gmail.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(786) 522-7203
Digital Contact Information:
cabehavior@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Yanet, MSN, APRN ■
FL
(239) 244-2022
(786) 440-0904
Digital Contact Information:
http://www.mdpsclinic.com
consulting@fdgmso.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Hernandez, Yanio, MSN, APRN ■
FL
(786) 409-5503
Digital Contact Information:
yhernandez@miami-ps.com

and
12260 SW 8th St
Ste 154
Miami, FL 33184
(786) 409-5503
Digital Contact Information:
yhernandez@miami-ps.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez-Cuevas, Maria, MS, LMHC ■
10691 Southwest 88th Street
Suite 110
Miami, FL 33176
(305) 595-5485
Digital Contact Information:
mariahcuevas@gmail.com

Hernandez-Diaz, Victoria, MSN, APRN ■
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
healingtouchinc@msn.com

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

Hernando, Roberto A, MD ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
martinez.mhpartners@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Herran, Onilda, MD ■
2001 Northwest 107th Avenue
412
Doral, FL 33172
(786) 548-8322
Digital Contact Information:
Not Available

and
551 East 49th Street
Hialeah, FL 33013
(305) 534-0076
Digital Contact Information:
Not Available

and
151 NW 11th St
Ste E102
Homestead, FL 33030
(305) 534-0076
Digital Contact Information:
Not Available

and
3080 W Flagler St
Miami, FL 33135
(305) 456-1600
Digital Contact Information:
Not Available

and
7500 SW 8th St
Miami, FL 33144
(305) 534-0076
Digital Contact Information:
Not Available

and
9611 SW 40th St
Miami, FL 33165
(305) 534-0076
Digital Contact Information:
Not Available

and
8756 Southwest 8th Street
Miami, FL 33174
(786) 223-9751
Digital Contact Information:
Not Available

and
1200 Alton Rd
Miami Beach, FL 33139
(305) 534-0076
Digital Contact Information:
Not Available

and
12625 West Dixie Highway
North Miami, FL 33161
(305) 777-2554
Digital Contact Information:
Not Available

and
12550 Biscayne Blvd
Ste 100
North Miami, FL 33181
(305) 534-0076
Digital Contact Information:
Not Available

Herrera, Anouk, MSW, LCSW ■
380 Giralda Avenue
507w
Coral Gables, FL 33134
(786) 277-2938
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
10200 Northwest 25th Street
211
Doral, FL 33172
(305) 381-0346
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
900 West 49th Street
STE 400
Hialeah, FL 33012
(305) 587-2231
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
1150 Northwest 72nd Avenue
700
Miami, FL 33126
(305) 815-1277
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
7270 Northwest 12th Street
Suite 810
Miami, FL 33126
(786) 718-2390
Digital Contact Information:
http://www.globalrehab.com
rossconsultingandcredentialing@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 832-6630
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
11401 Southwest 40th Street
#345
Miami, FL 33165
(305) 603-7063
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
4995 Northwest 72nd Avenue
102
Miami, FL 33166
(786) 360-3584
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
12700 Southwest 128th Street
STE 108
Miami, FL 33186
(786) 732-0865
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
13205 Southwest 137th Avenue
224 225
Miami, FL 33186
(786) 290-9192
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
13335 Southwest 124th Street
STE 214
Miami, FL 33186
(786) 429-1495
Digital Contact Information:
rossconsultingandcredentialing@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Herrera, Isabella M, MA, LMHC ■
3625 Northwest 82nd Avenue
400
Doral, FL 33166
(954) 372-7584
Digital Contact Information:
http://isabellaherrera.com
isabellaherreramg@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Herrera, Korina, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Herrera, Ludim E, MSN, APRN ■
1710 Northwest 7th Street
STE 5-6-7
Miami, FL 331253500
(786) 409-2568
Digital Contact Information:
novosbhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Herrera Martinez, Daysi, MSSW, LCSW ●
12540 Northeast 8th Avenue
North Miami, FL 33161
(786) 731-6492
Digital Contact Information:
dherrera@altamiracommunity.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hershman, Kelley P, MA, LMHC ■
14211 Southwest 120th Street
107
Miami, FL 33186
(917) 592-2345
Digital Contact Information:
khershman@thesohocenter.com
Other Languages Spoken by Provider or Office Staff
Spanish

Heseltine, Jenifer L, MSW, LCSW ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
info@riviamind.com

Hester, Karina, MS, LMFT ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Hicks, Beth, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
http://happierliving.com
hello@emorahealth.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
hello@emorahealth.com

Hidalgo, Alen, MD ■
1150 Northwest 72nd Avenue
350
Miami, FL 33126
(786) 228-7801
Digital Contact Information:
hidalgopsychiatry@gmail.com

and
1150 Northwest 72nd Avenue
540
Miami, FL 33126
(786) 228-7801
Digital Contact Information:
hidalgopsychiatry@gmail.com

and
2450 Southwest 137th Avenue
Suite# 230
Miami, FL 33175
(786) 228-7801
Digital Contact Information:
http://www.hidalgopsychiatry.com
hidalgopsychiatry@gmail.com

and
2460 Southwest 137th Avenue
250
Miami, FL 33175
(305) 459-3207
Digital Contact Information:
http://www.hidalgopsychiatry.com
hidalgopsychiatry@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Hidalgo, Rebecca M, MSN, APRN ■
1840 West 49th Street
Ste 408
Hialeah, FL 33012
(305) 964-5013
Digital Contact Information:
bmwellnesscenter24@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Hidalgo, Sused, MSN, APRN ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
cmontedeoca@myadvixor.com

and
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
cmontedeoca@myadvixor.com

and
5245 Northwest 36th Street
Unit 209
Miami Springs, FL 33166
(786) 453-6812
Digital Contact Information:
cmontedeoca@myadvixor.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hierholzer, Autumn, MSW, LCSW ■
2999 Northeast 191st Street
600
Miami, FL 33180
(786) 981-0640
Digital Contact Information:
ga1@turnwell.com

Hill, Marchita, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@happierliving.com

Hinderscheid, Alex, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
hello@joinblossomhealth.com

Hodgson, Sidney, MS, LMHC ■
10300 Southwest 72nd Street
#123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
myschoolpsychologist@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hoffmann, Adriana, MC, LMHC ■
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
http://www.miamipersonalmanagement.com
klopez@miamipersonalmanagement.com
Other Languages Spoken by Provider or Office Staff
Spanish

Honore, Lucenda L, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:

https://www.emorahealth.com/
info@heightsadc.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(503) 427-8094
Digital Contact Information:
https://www.emorahealth.com/
info@heightsadc.com
Other Languages Spoken by Provider or Office Staff Haitian

Hope, Maria M, MS, LMHC ■
13054 Southwest 133rd Court
FL 2
Miami, FL 33186
(305) 407-8165
Digital Contact Information:
mercyb.familytherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hopkins, Sharon B, PHD, LP ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
cpadilla@deeroaks.com
Other Languages Spoken by Provider or Office Staff French

Hopps, Allison M, MSN, APRN ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Horning, Lori A, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
credentialing@elemy.com

Horwitz, Andrea, MSW, LCSW ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
contact@daopl.rog

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
contact@daopl.rog

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
contact@daopl.rog

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
contact@daopl.rog

Howard, Beverley, MSN, PMHNP ■
FL
(347) 875-0473
Digital Contact Information:
carlag@ppbh.org

Hubbard, Katheryn G, MSW, LCSW ■
FL
(508) 202-1011
Digital Contact Information:
support@sevenstarling.com

Huberman, Milagros, MS, LMHC ■
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(305) 562-9585
Digital Contact Information:
lmhcnccpa@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Huff, John M, MD ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Hunt, Jennifer L, MS, LMHC ■
1 Alhambra Plaza
Miami, FL 33134
(888) 588-8995
Digital Contact Information:
billing@regionalpsychiatry.com

Hunt, Megan, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Huss, Margaret R, MC, LCMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
credentialing@thriveworks.com

Hussain, Jasmine, MA, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Ibarra, Melissa J, MS, LMHC ■
9220 Sunset Drive
104
Miami, FL 33173
(786) 724-4224
Digital Contact Information:
admin@vita-cog.com

and
FL
(786) 497-3375
Digital Contact Information:
https://www.srfhealinghelp.net/
admin@vita-cog.com
Other Languages Spoken by Provider or Office Staff English

Ibe, Daluchukwu, MSN, APN, APRN ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
http://happierliving.com
admissions@traversetherapyservices.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
admissions@traversetherapyservices.com

Igbonegun, Ericka R, MSN, APRN, CNP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
start@bebravehealth.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
start@bebravehealth.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
start@bebravehealth.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
start@bebravehealth.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
start@bebravehealth.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
start@bebravehealth.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
start@bebravehealth.com

and
FL
(305) 902-6347
Digital Contact Information:
start@bebravehealth.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
start@bebravehealth.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
start@bebravehealth.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
start@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Iglesias, Marta, MS, LMHC ■
3081 Salzedo Street
Suite 202
Coral Gables, FL 33134
(786) 294-5624
Digital Contact Information:
http://www.mi-counselor.com
lyam@credentialingconsultants.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Iqbal, Sabih H, MD ■
2100 Coral Way
Coral Gables, FL 33145
(786) 320-1677
Digital Contact Information:
http://www.ydzm.org
hassan.nazir@trumediq.com

and
19001 Southwest 106th Avenue
Suite C-109
Cutler Bay, FL 33157
(305) 255-9806
Digital Contact Information:
http://miamihealthcenterss.com
hassan.nazir@trumediq.com

and
3750 West 16th Avenue
208 210
Hialeah, FL 33012
(305) 301-3283
Digital Contact Information:
https://www.serenitytms.com/
hassan.nazir@trumediq.com

and
600 Northwest 35th Avenue
202 203
Miami, FL 33125
(786) 907-4984
Digital Contact Information:
hassan.nazir@trumediq.com

and
1000 Brickell Avenue
Ste 715-1871
Miami, FL 33131
(800) 954-4558
Digital Contact Information:
hassan.nazir@trumediq.com

and
7481 Southwest 40th Street
Miami, FL 33155
(786) 536-9143
Digital Contact Information:
hassan.nazir@trumediq.com

and
12255 Southwest 132nd Court
Miami, FL 33186
(305) 964-5157
Digital Contact Information:
hassan.nazir@trumediq.com

and
12700 Southwest 128th Street
STE 108
Miami, FL 33186
(786) 830-0212
Digital Contact Information:
hassan.nazir@trumediq.com

and
13335 Southwest 124th Street
STE 211
Miami, FL 33186
(786) 551-8253
Digital Contact Information:
hassan.nazir@trumediq.com

Ireton, Vivian L, MSW, LCSW ■
66 W Flagler St
900
Miami, FL 33130
(786) 244-7690
Digital Contact Information:
rgunton@lumenhealthservices.com

and
1221 Brickell Avenue
ste 900
Miami, FL 33131
(786) 244-7690
Digital Contact Information:
rgunton@lumenhealthservices.com

and
2212 Northwest 91st Street
Miami, FL 33147
(341) 888-7637
Digital Contact Information:
rgunton@lumenhealthservices.com

Isacksen, Tristan, MSN, APRN, PMHCNS ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Isla Sanchez, Andres, MSN, APRN ■
5801 Northwest 151st Street
Suite 207
Miami Lakes, FL 33014
(786) 558-5748
Digital Contact Information:
ymartin@fc-ms.com
Other Languages Spoken by Provider or Office Staff
Spanish

Isma, Laguerda, MS, LMHC ●
1001 North Miami Beach Boulevard
North Miami Beach, FL 33162
(786) 320-5559
Digital Contact Information:
kimberly@growthcounselingandtherapy.com

Israel-Gaines, Lindsay A, MD ■
4601 Ponce De Leon Blvd
Ste 100
Coral Gables, FL 33146
(855) 940-4867
Digital Contact Information:
joppenheimer@successtms.com

and
240 Crandon Boulevard
#250
Key Biscayne, FL 33149
(844) 842-8449
Digital Contact Information:
joppenheimer@successtms.com

and
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:

joppenheimer@successtms.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
joppenheimer@successtms.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
joppenheimer@successtms.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
joppenheimer@successtms.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
joppenheimer@successtms.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
joppenheimer@successtms.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(305) 395-5978
Digital Contact Information:
joppenheimer@successtms.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
joppenheimer@successtms.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
joppenheimer@successtms.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
joppenheimer@successtms.com
Other Languages Spoken by Provider or Office Staff English

Izekor, Abiola O, MSN, APRNCNP, NP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

Jackson, Candice, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Jackson Dorman, Lynn, MS, LCSW, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
resolutionlynn@gmail.com

Jackson, Jessica L, MSN, APRN ■
2801 Northeast 213th Street
Suite 1215
Aventura, FL 33180
(833) 769-3524
Digital Contact Information:
fl-credentialing@lifestance.com

Jackson, Yinka S, MSN, APRN ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(954) 369-4111
Digital Contact Information:
hollywoodpractice@hotmail.com

and
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
hollywoodpractice@hotmail.com

Jacobs, Jessica, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Jacobstein, Amy J, PSYD, LP ■
10305 NW 41st St
Ste 205
Doral, FL 33178
(305) 718-9800
Digital Contact Information:
amyjacobstein@gmail.com

and
8200 SW 117th Ave
Ste 202
Miami, FL 33183
(305) 274-9206
Digital Contact Information:
amyjacobstein@gmail.com

Jaisingh, Nathan, MSN, APN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
info@benchmarkpsychservices.com

Jangira, Henry, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Jaramillo, Kate M, MMFT, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@joinuplift.co

Jaramillo Mangia, Mary, MMH, LMHC ■
4302 Alton Rd
Ste 500
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com
Other Languages Spoken by Provider or Office Staff Spanish

Jean Baptiste, Natalie, MSN, NP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
sosccgllc@gmail.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
sosccgllc@gmail.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
sosccgllc@gmail.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
sosccgllc@gmail.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
sosccgllc@gmail.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
sosccgllc@gmail.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
sosccgllc@gmail.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
sosccgllc@gmail.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
sosccgllc@gmail.com
Other Languages Spoken by Provider or Office Staff Creole, French

Jean Mary, Jean Rony, MD ■
3500 NW 17th Ave
Miami, FL 33142
(305) 633-6777
Digital Contact Information:
jmrmedicalservicesinc@gmail.com
Other Languages Spoken by Provider or Office Staff Creole

Jean-Baptiste, Odeline, MSW, LCSW ■
12000 Biscayne Boulevard
Ste 211
North Miami, FL 33181
(305) 705-5611
Digital Contact Information:
http://therapywalkinnovativecounseling.com
odeline@therapywalkinnovativecounseling.com

and
FL
(305) 705-5611
Digital Contact Information:
http://therapywalkinnovativecounseling.com
odeline@therapywalkinnovativecounseling.com

Jeanty-Higgins, Naomi, MD ■
15935 Northwest 57th Avenue
Hialeah, FL 33014
(786) 953-5506
Digital Contact Information:
blueparadisemedicalcenter@gmail.com

and
5941 Northwest 173rd Drive
6
Hialeah, FL 33015
(786) 360-4328
Digital Contact Information:
blueparadisemedicalcenter@gmail.com

and
5941 Northwest 173rd Drive
6 6
Hialeah, FL 33015
(786) 360-4328
Digital Contact Information:
blueparadisemedicalcenter@gmail.com

and
10300 Sunset Drive
Suite 310
Miami, FL 33173
(786) 238-7063
Digital Contact Information:
blueparadisemedicalcenter@gmail.com

and
9380 Southwest 72nd Street
245
Miami, FL 33173
(305) 381-5434
Digital Contact Information:
blueparadisemedicalcenter@gmail.com

Jenssen, Mary, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Jent, Jason F, PHD, LP ■
1150 NW 14th St
411
Miami, FL 33136
(305) 243-7550
Digital Contact Information:
jjent@med.miami.edu

and
1601 NW 12th Ave
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
jjent@med.miami.edu

and
1601 NW 12th Ave
4046
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
jjent@med.miami.edu

Jerome, Martine, MSN, APRN ■
FL
(888) 947-3888
Digital Contact Information:
https://www.virtualpsychiatriccare.com/
support@virtualpsychiatriccare.com

Jerry, Trondi, MC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.

app
anewyou86@gmail.com

Jimenez, Andres L, MD ■
1695 NW 9th Ave
1404A
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
Fl 3
Miami, FL 33136
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff Spanish

Jimenez, Giselle L, MS, LMFT ■
11890 Southwest 8th Street
STE 309
Miami, FL 331841710
(305) 220-6060
Digital Contact Information:
http://www.blueangelcare.net
info@blueangelcare.net

John, Sheena, MD ■
FL
(786) 250-6240
Digital Contact Information:
https://www.sunflowerpsychiatry.com/about-us
info@sunflowerpsychiatry.com

John-Idiagbonya, Tenni, DNP, APN, APRNCNS, CRNP, CRNPPMH, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Johnson, Ashley, MPSY, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
steven.smith@mangalaminfotech.com

Johnson, Chermora, MS, LCPC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff English

Johnson, Kamla D, MSW, LCSW ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
http://www.dgphealthandwellness.com
adams@pcmgfl.com
Other Languages Spoken by Provider or Office Staff English

Johnson, Keisha H, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
gaelbyron@gmail.com

Johnson, Lisa A, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Johnson, Monica M, DNP, NP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
info@aimergency.org

and
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
info@aimergency.org

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
info@aimergency.org

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
info@aimergency.org

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
info@aimergency.org

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@aimergency.org

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
info@aimergency.org

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
info@aimergency.org

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
info@aimergency.org

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
info@aimergency.org

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
info@aimergency.org

Johnson, Rhonda, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
contact@secounselingservices.com

Johnson, Sherika, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Johnson-Greene, Douglas E, PHD, LP ■
1120 NW 14th St
Miami, FL 33136
(305) 243-8472
Digital Contact Information:
Not Available

and
1475 NW 12th Ave
Miami, FL 33136
(305) 243-3356
Digital Contact Information:
Not Available

Johnston, Meshalle, MED, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
oh-credentialing@lifestance.com
Other Languages Spoken by Provider or Office Staff English

Jonas, Alfred, MD ■
8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-2822
Digital Contact Information:
http://www.mgmbehavioral.com
bhcofl@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Jones, Alicia, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Jones, Amy, MSW, LCSW ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Jones, Rashan, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
admin@completedimensons.org

Jones, Savannah L, PA, PA_C ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
https://www.compasshealthsystems.com
intake@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compassshealthsystems.com
intake@compass.md

Jones, Shaquitia, MN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
cred04@zmedsolutions.net

Jones, Toni-Anne, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Jonusas, Katerina, MSN, APRN ■
8950 Southwest 74th Court
1911
Miami, FL 33156
(786) 637-0907
Digital Contact Information:
http://southfloridapsychiatry.co
info@rushcredentialing.com

Jorge, Cecilia M, MD ■
31 N Krome Ave
Homestead, FL 33030
(786) 481-5909
Digital Contact Information:
https://www.infinitecc.org/
info@infinitecc.org
Other Languages Spoken by Provider or Office Staff Spanish

Jorge, Karen, PA, PA_C ■
8400 Northwest 33rd Street
Ste 201
Miami, FL 33122
(844) 655-4827
Digital Contact Information:
karenj0204@gmail.com

Joseph, Kevin K, DNP, APRN ■
1175 Northeast 125th Street
320
Miami, FL 33161
(786) 842-0444
Digital Contact Information:
http://www.marriagefamilyservices.com
maryann@sunrisepsychiatric.com

Joseph, Marie I, MSN, APRN ■
111 Northwest 183rd Street
Suite 203
Miami, FL 33169
(786) 809-4101
Digital Contact Information:
heavenlysoulscare@gmail.com
Other Languages Spoken by Provider or Office Staff Creole

Josey, Denise, MD ■
15271 Northwest 60th Avenue
201
Hialeah, FL 33014
(305) 992-4008
Digital Contact Information:
vanessa@livingcaretherapy.com

and
789 Northwest 27th Avenue
Miami, FL 33125
(772) 241-9222
Digital Contact Information:
vanessa@livingcaretherapy.com

and
799 Southwest 73rd Court
Miami, FL 33144
(305) 992-4008
Digital Contact Information:
vanessa@livingcaretherapy.com
Other Languages Spoken by Provider or Office Staff Spanish

Joubert, Alain, MSN, APRN ■
600 Northwest 183rd Street
103
Miami, FL 33169
(954) 256-9294
Digital Contact Information:
ssmbehavioralhealth@gmail.com
Other Languages Spoken by Provider or Office Staff Creole, French, Spanish

Juan, Lenon, MBS, LMHC ■
901 E 10th Ave
Ste 39
Hialeah, FL 33010
(305) 637-6400
Digital Contact Information:
https://www.jtchs.org/
algarcia@jtchs.org

and
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
https://www.jtchs.org/
algarcia@jtchs.org

and
5607 NW 27th Ave
1
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
algarcia@jtchs.org

and
1100 NW 71st St
Miami, FL 33150
(305) 637-6400
Digital Contact Information:
https://www.jtchs.org/
algarcia@jtchs.org

and
1190 NW 95th St

Ste 100
Miami, FL 33150
(305) 637-6400
Digital Contact Information:
https://www.jtchs.org/
algarcia@jtchs.org

and
20612 Northwest 27th Avenue
Miami Gardens, FL 33056
(305) 637-6400
Digital Contact Information:
https://www.jtchs.org/
algarcia@jtchs.org

Junquera, Patricia, MD ■
800 SW 108th Ave
100
Miami, FL 33174
(786) 595-8040
Digital Contact Information:
fiucred@fiu.edu
Other Languages Spoken by Provider or Office Staff
Spanish

Justi, Idalmys, MSN, APRN ■
19100 Southwest 106th Avenue
12 12
Miami, FL 33157
(786) 360-2852
Digital Contact Information:
idalmys.ghs@gmail.com

and
1460 Northwest 107th Avenue
41n
Miami, FL 33172
(754) 263-2050
Digital Contact Information:
idalmys.ghs@gmail.com

and
13370 Southwest 131st Street
Suite 110
Miami, FL 33186
(786) 250-4571
Digital Contact Information:
http://garciahealthservices.com
idalmys.ghs@gmail.com

and
15305 Northwest 60th Avenue
Ste 100
Miami Lakes, FL 33014
(786) 536-7561
Digital Contact Information:
idalmys.ghs@gmail.com

and
9299 SW 152nd St
Palmetto Bay, FL 33157
(305) 479-6538
Digital Contact Information:
idalmys.ghs@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Kanenbley, Melissa, MSW, LCSW ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
acc@advancedclientcare.org

Kaplan, Alexander, MS, LCSW ■
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
btaalex11@yahoo.com

Kaplan, Milana M, MD ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(954) 369-4111
Digital Contact Information:
kleymany@hotmail.com
Other Languages Spoken by Provider or Office Staff
Russian

Kapoor, Kalvin, DO ■
66 W Flagler St
900
Miami, FL 33130
(305) 204-5372
Digital Contact Information:
http://www.vitalpsych.com
vitalpsychmd@gmail.com

Karoub, Arielle E, MS, LCMHC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Katz, Zachary R, MS, LMHC ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com

Kay, Alexander, MSW, LCSW ■
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(561) 289-7995
Digital Contact Information:
pandatherapycircle@gmail.com

Kburg, Regina I, PSYD, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
office@pasadenaclinicalgroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Keane, Edward M, MC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
edwardmkeane@gmail.com

Keaton, Latanya B, MED, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Kelley, Kathryn R, MSN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Kelly, Cameila, MSN, APRN ■
66 West Flagler Street
Miami, FL 33130
(347) 875-0473
Digital Contact Information:
kaecyn.behavioral@gmail.com

and
FL
(347) 875-0473
Digital Contact Information:
kaecyn.behavioral@gmail.com

Kelso, Tracy, MA, CAP, LMHC ■
1951 NW 7th Ave
Fl 3
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
kelsot@bebravehealth.com

Kember, Santiago, MMH, LMHC ■
9245 Southwest 157th Street
Suite 203
Miami, FL 33157
(305) 642-7600
Digital Contact Information:
http://www.regishouse.org
credentialing@regishouse.org

Kepley, Gabriela, MSSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
colgate5326@gmail.com

Kerge, Marol, MS, APRNCNP, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
csosa@provctr.org

Kerrick, Kevin C, MSN, ARNP, PMHNP ■
8785 Southwest 165th Avenue
Ste: 200-2010
Miami, FL 33193
(305) 709-1950
Digital Contact Information:
kevinkerrick@hotmail.com

Kerwin, Mary L, DO ■
7270 Northwest 12th Street
430
Miami, FL 33126
(786) 615-2843
Digital Contact Information:
garciarehab5600@gmail.com

and
5600 Southwest 135th Avenue
100
Miami, FL 33183
(305) 603-9104
Digital Contact Information:
garciarehab5600@gmail.com

Khabazghazvini, Baharak, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
maxbaharak53@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Farsi, Arabic

Khachatryan, Sunny, PHD, LMHC, LPCC ■
1001 Brickell Bay Dr
2701
Miami, FL 33131
(305) 742-5429
Digital Contact Information:
appointments@meetmarvin.com

Khalif, Salaha N, MSN, APRN, ARNP, CNP, CRNP, NP ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
oh-credentialing@lifestance.com

and
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
oh-credentialing@lifestance.com

and
255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
oh-credentialing@lifestance.com

and
370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
oh-credentialing@lifestance.com

and
333 Southeast 2nd Avenue
Suite #2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
oh-credentialing@lifestance.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
oh-credentialing@lifestance.com

and
3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
oh-credentialing@lifestance.com

and
350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
oh-credentialing@lifestance.com

and
429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
oh-credentialing@lifestance.com

and
323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
oh-credentialing@lifestance.com
Other Languages Spoken by Provider or Office Staff English

Kidane Davis, Pascale, MSN, APRN ■
FL
(786) 761-1155
(888) 947-3888
Digital Contact Information:
https://www.virtualpsychiatriccare.com/
pascalenp11@gmail.com

Kifer, Koyt B, MC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff Sign Lang Amer

Killackey, Debra, MMH, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
professional_counseling@yahoo.com

and
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
professional_counseling@yahoo.com

Kimball, Alison R, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@directionsforliving.org

King, Roderick, MD ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
extwebsupport@hcdpbc.org

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
extwebsupport@hcdpbc.org

King, Shavanna N, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
drperrier@livalityhealth.com

Kinney, Shane, MA, LMHC ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(305) 587-7737
Digital Contact Information:
fl-credentialing@lifestance.com

and
2332 Galiano Street
Coral Gables, FL 33134
(305) 587-7737
Digital Contact Information:
fl-credentialing@lifestance.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(305) 587-7737
Digital Contact Information:
fl-credentialing@lifestance.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(305) 587-7737
Digital Contact Information:
fl-credentialing@lifestance.com

and
3350 Virginia Street
Miami, FL 33133
(305) 587-7737
Digital Contact Information:
fl-credentialing@lifestance.com

and
7700 North Kendall Drive
601
Miami, FL 33156
(305) 587-7737
Digital Contact Information:
fl-credentialing@lifestance.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(305) 587-7737
Digital Contact Information:
fl-credentialing@lifestance.com

and
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
fl-credentialing@lifestance.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(305) 587-7737
Digital Contact Information:
fl-credentialing@lifestance.com

Kline, Christopher, PHD, LP ■
770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
aswood71@gmail.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
aswood71@gmail.com

and
5201 Blue Lagoon Dr
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
aswood71@gmail.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
aswood71@gmail.com

and
80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
aswood71@gmail.com

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
aswood71@gmail.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
aswood71@gmail.com

and
830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
aswood71@gmail.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(888) 684-2779
Digital Contact Information:
aswood71@gmail.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
aswood71@gmail.com

Knight, Jade, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
shanell.adams@cultivatebhe.com
Other Languages Spoken by Provider or Office Staff English

Knight, Myah, MED, LCPC, LMHC, LPC, LPCC ■
FL
(561) 730-2398
(508) 202-1011
Digital Contact Information:
hello@lbeehealth.com

Knowles, Madison, MS, LCMHC, LCPC, LMHC, LPC, LPCC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
mbknowles772@aim.com

Koch, Dana M, MSN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Kockler, Lucas, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Kolodziejczak, Kara, MSN, APRN ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Konovalova, Allison, MMFT, LMFT ■
1125 Northeast 125th Street
501
North Miami, FL 33161
(305) 900-7146
Digital Contact Information:
blumcounselinggroup@gmail.com

Kremin, Daniel P, PHD, LP ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
doctorkrem@aol.com

and
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
doctorkrem@aol.com

and
255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
doctorkrem@aol.com

and
370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
doctorkrem@aol.com

and
333 Southeast 2nd Avenue
Suite #2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
doctorkrem@aol.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
doctorkrem@aol.com

and
3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
doctorkrem@aol.com

and
350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
doctorkrem@aol.com

and
429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
doctorkrem@aol.com

and
323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
doctorkrem@aol.com

Krupp, Robin E, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@happierliving.com

Krywinski, Steven E, MA, LMHC ■
1550 Madruga Avenue
STE 410
Coral Gables, FL 33146
(786) 355-4051
Digital Contact Information:
https://besttherapy4me.clientsecure.me/
drstevenkrywinski@gmail.com

and
1550 Madruga Avenue
Suite 406
Coral Gables, FL 33146
(786) 355-4051
Digital Contact Information:
https://besttherapy4me.clientsecure.me/
drstevenkrywinski@gmail.com

and
9010 SW 137th Ave
Miami, FL 33186
(786) 355-4051
Digital Contact Information:
https://besttherapy4me.clientsecure.me/
drstevenkrywinski@gmail.com

and
9020 SW 137th Ave
Ste 200
Miami, FL 33186
(786) 355-4051
Digital Contact Information:
drstevenkrywinski@gmail.com

Kudolo, Diane, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
dmk.lpc2011@gmail.com

Kuilan, Jessica, MSW, LCSW ■
FL
(904) 274-0611
Digital Contact Information:
http://www.magnashaven.com
jessica@magnashaven.com
Other Languages Spoken by Provider or Office Staff
Spanish

Kumbhamuelil John, Sadeep K, MSN, APRN ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
fl-credentialing@lifestance.com

Kunisch, Christina, MSW, LCSW ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
help@joinuplift.co

Kunkel, Tracii, LP, PHD ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Kuppers, Alan, MS, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
Not Available

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
3850 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
http://banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

Kushner, David, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Kushnir, Sharone, LMHC, PSYD ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Kyger-Skidgel, Brenda, MED, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
members@wellnite.com

La Noce, Audrey, DO ■
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(954) 361-2669
Digital Contact Information:
audreylanoce@lanocepsychiatry.com

Lacayo, Irma A, MS, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
perla.delosrios@dadefamily.com

and
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
perla.delosrios@dadefamily.com

Lafata, Maygen L, DO ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
http://compasshealthsystems.com
credentialing@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://compasshealthsystems.com
credentialing@compass.md

Lafleur, Riviane, MSN, APRN, APRNCNP ■
FL
(508) 202-1011
Digital Contact Information:
office@mepsychotherapy.com

Lago, Mercedes M, MMH, LMHC ■
4800 West Flagler Street
215
Coral Gables, FL 33134
(954) 368-4786
Digital Contact Information:
mercedeslago7@gmail.com

and
4689 Ponce de Leon Boulevard
Suite 200
Coral Gables, FL 33146
(786) 803-8025
Digital Contact Information:
mercedeslago7@gmail.com

and
1840 West 49th Street
606 606
Hialeah, FL 33012
(305) 846-9727
Digital Contact Information:
mercedeslago7@gmail.com

and
17670 Northwest 78th Avenue
STE 113
Hialeah, FL 33015
(716) 558-4565
Digital Contact Information:
mercedeslago7@gmail.com

and
9827 Southwest 40th Street
Miami, FL 33165
(786) 762-2922
Digital Contact Information:
mercedeslago7@gmail.com

and
6955 Northwest 77th Avenue
407
Miami, FL 33166
(786) 615-2306
Digital Contact Information:
mercedeslago7@gmail.com

and
14722 Southwest 56th Street
Miami, FL 33185
(305) 456-0572
Digital Contact Information:
mercedeslago7@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lake, Michelle, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
frontdesk@insighttherapy.us

Lam, Maria, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Lamons, Jackie D, DSW, LCSW ■
FL
(954) 348-5230
Digital Contact Information:
https://www.blueoasis.online/
jackielamonsdsw@gmail.com

Lampkin, Craig, MS, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Lamur, Hercule, MSN, APRN ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
http://banyanhealth.org
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
credentialing@banyanhealth.org

Lamur, Nadia, MSN, APRN ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
credentialing@banyanhealth.org
Other Languages Spoken by Provider or Office Staff
Spanish

Landes, Debra M, MED, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
landeslmhc@gmail.com

Lane, Tisha J, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
soundmindstherapy@gmail.com

Lange, Stephen M, PHD, LP ■
FL
(800) 567-5433
Digital Contact Information:
https://totallife.com/
help@prosperhealth.io

Lankenau, Diana J, MN, APRN, PMHNP ■
South Red Road
Miami, FL 33155
(305) 297-7014
Digital Contact Information:
credentialing@orendapsych.com

and
FL
(305) 297-7014
Digital Contact Information:
credentialing@orendapsych.com

Lann, Brian F, MA, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Lara, Cristian, MSN, APRN ■
14221 Southwest 120th Street
suite 207
Miami, FL 33186
(786) 247-1308
Digital Contact Information:
Not Available

Lara, Xiomara, MMH, LMHC ■
FL
(305) 303-0581
Digital Contact Information:
conflict62@hotmail.com

and
11055 Southwest 186th Street
#101
Miami, FL 33157
(305) 342-4893
Digital Contact Information:
conflict62@hotmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Larrauri, Carlos A, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
bmmedicalllc@gmail.com

and
7921 Bird Rd
Ste 41
Miami, FL 33155
(305) 425-1393
Digital Contact Information:
http://oceanhealthsystem.com
bmmedicalllc@gmail.com

and
7921 Bird Road
39
Miami, FL 33155
(786) 310-1570
Digital Contact Information:
http://oceanhealthsystem.com
bmmedicalllc@gmail.com

and
7971 Bird Road
39
Miami, FL 33155
(786) 910-7179
Digital Contact Information:
http://oceanhealthsystem.com
bmmedicalllc@gmail.com

and
10682 Fontainebleau Boulevard
Miami, FL 33172
(786) 910-7179
Digital Contact Information:
bmmedicalllc@gmail.com

Lathan, Lennard D, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(800) 647-2905
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ldlathan@tcmcgpllc.com

Lau, Scheree, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Layden, Paul G, PHD, LP ■
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
pglayden3@bellsouth.net
Other Languages Spoken by Provider or Office Staff English

Lazaro, Paulo G, MSW, LCSW ■
13499 Biscayne Blvd
Ste 208
North Miami, FL 33181
(305) 206-2899
Digital Contact Information:
paulolazarolcsw@gmail.com

and
13499 Biscayne Boulevard
218
North Miami, FL 33181
(305) 206-2899
Digital Contact Information:
paulolazarolcsw@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Lazenberry, Nokomis, MBS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
nlazenberry@arcsj.org

Leal Diaz, Carmen C, MSN, APRN ■
5911 Northwest 173rd Drive
6 6
Hialeah, FL 33015
(786) 380-9229
Digital Contact Information:
office@sweetstartcwc.com

and
2100 West 76th Street
STE 408
Hialeah, FL 33016
(786) 542-5056
Digital Contact Information:
office@sweetstartcwc.com

Leal, Julio O, MS, LMHC ■
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176

(833) 769-3524
Digital Contact Information:
http://lifestance.com
la.herrera@lifestance.com

Lebron Ginorio, Michelle, MD ■
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
rehabcenterag@gmail.com

and
10300 Southwest 72nd Street
300
Miami, FL 33173
(786) 418-9730
Digital Contact Information:
http://www.happydreamsofkids.com
rehabcenterag@gmail.com

and
12150 Southwest 128th Court
Suite 233
Miami, FL 33186
(786) 238-7666
Digital Contact Information:
rehabcenterag@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Ledesma, Luz, MSN, APRN ■
5201 Waterford District Drive
Floor 8
Miami, FL 33126
(786) 707-7135
Digital Contact Information:
luz@mindfulnessandpsychiatry.org

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(813) 467-6111
Digital Contact Information:
luz@mindfulnessandpsychiatry.org

and
20824 W Dixie Hwy
Miami, FL 33180
(407) 851-5121
Digital Contact Information:
luz@mindfulnessandpsychiatry.org
Other Languages Spoken by Provider or Office Staff Spanish

Ledon, Nicolas I, MS, LMHC ■
4300 Biscayne Boulevard
STE 203
Miami, FL 33137
(786) 514-6362
Digital Contact Information:
http://www.baypoint-therapy.com
nledon@baypoint-therapy.com
Other Languages Spoken by Provider or Office Staff Spanish

Lee, Edmond, MSN, APRN ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Lee, Jessie, MSN, APRN, NP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
contact@balancedwellbeingllc.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
contact@balancedwellbeingllc.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
contact@balancedwellbeingllc.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
contact@balancedwellbeingllc.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
contact@balancedwellbeingllc.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
contact@balancedwellbeingllc.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
contact@balancedwellbeingllc.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
contact@balancedwellbeingllc.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
contact@balancedwellbeingllc.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
contact@balancedwellbeingllc.com
Other Languages Spoken by Provider or Office Staff Creole, French

Lee-Ferreira, Stephanie, LCSW, MSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

Lefler, Linda, MD ■
777 E 25th St
Ste 306
Hialeah, FL 33013
(786) 838-6092
Digital Contact Information:
dustinsode@suncoastcenter.org

Legerme, Georgio P, MD ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
ny-credentialing@lifestance.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
ny-credentialing@lifestance.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
ny-credentialing@lifestance.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
ny-credentialing@lifestance.com

Legra, Bertha V, MS, LMHC ■
419 W 49th St
Ste 210
Hialeah, FL 33012
(954) 404-7052
Digital Contact Information:
credentialing@psychiatrist4u.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Leiva, Lucia, MSN, APRN ■
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
https://www.chgpsychiatry.com/
chgpsychiatry@gmail.com

Lemon, Tinsley, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Lemus, Taylor, MS, LMHC ■
1000 Brickell Avenue
Miami, FL 33131
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com

Len, Mary E, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Lenel, Ciana, MSW, LCSW ■
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
fl-credentialing@lifestance.com

Leon, Carlina D, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ksanders@statmedcaresolutions.com

Leon Vega, Diego M, MPSY, LMHC ■
13590 Southwest 134th Avenue
STE 202
Miami, FL 33186
(786) 515-4569
Digital Contact Information:
luther.blisset123@gmail.com

and
FL
(305) 588-4988
(786) 515-4569
Digital Contact Information:
luther.blisset123@gmail.com

Leonce-James, Hyacynthia M, PSYD, LMHC ■
FL
(305) 219-9861
Digital Contact Information:
hleonce@yahoo.com

Lequerica Ziemba, Adriana, PSYD, LP ●
6175 NW 153rd St
Ste 205
Miami Lakes, FL 33014
(305) 502-9589
Digital Contact Information:
http://thrivepsychological.com
admin@thrivepsychological.com
Other Languages Spoken by Provider or Office Staff Spanish

Lester, Charles W, MD ■
2828 Coral Way
Ste 460
Coral Gables, FL 33145
(305) 642-5255
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net

and
12550 Biscayne Boulevard
STE 306
North Miami, FL 33181
(305) 642-5255
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net
Other Languages Spoken by Provider or Office Staff Spanish

Leverette, Yulonda D, MSN, APRN, PMHNP ■
14645 Northwest 77th Avenue
101
Miami Lakes, FL 33014
(833) 769-3524
Digital Contact Information:
http://lifestance.com
telehealthsupport@cheservices.com

Lewis, Crystal, MC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Lewis, Mariah, MSW, LCSW ■
FL
(850) 305-1894
Digital Contact Information:
http://www.tpttherapy.org
mariahlewis@tpttherapy.org

Lewis, Sharon, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Lewis-Payton, Tomecia, MS, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Leydig, Tammie, MSN, APRN, CNP ■
FL
(305) 902-6347
Digital Contact Information:
sid@instic.health

Leyva Rosales, Idalmis, MPSY, LMHC ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
idalmis@neurobehavioral.health

and
12060 SW 129th Ct
Miami, FL 33186
(786) 615-3349
Digital Contact Information:
idalmis@neurobehavioral.health
Other Languages Spoken by Provider or Office Staff Spanish

Libby, Melody, MED, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
providerrelations@williscc.com
Other Languages Spoken by Provider or Office Staff English

Lichtshein, Gil, MD ■
1175 Northeast 125th Street
320
Miami, FL 33161
(786) 842-0444
Digital Contact Information:
http://www.marriagefamilyservices.com
mfsfrontdesk1@gmail.com

and
17325 Northwest 27th Avenue
Suite 105
Miami Gardens, FL 33056
(786) 819-0209
Digital Contact Information:
mfsfrontdesk1@gmail.com

Lister Perez, Annet T, MN, APRN ■
1905 Northwest 82nd Avenue

Doral, FL 33126
(786) 420-5924
Digital Contact Information:
lgarcia@keraltybh.com
Other Languages Spoken by Provider or Office Staff
Spanish

Little, Jacinta L, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Little, Jennifer, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
members@wellnite.com

Livermore, Alexis N, MSN, APRN ■
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
swashburn@compass.md

Llamas, Angelica, MSN, APRN ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
laurap@azzurrahcc.com

and
215 Westward Dr
Miami Springs, FL 33166
(305) 887-4494
Digital Contact Information:
laurap@azzurrahcc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Llenin, Mercedes, PHD, LMHC, LP ■
7791 Northwest 46th Street
Suite 221
Doral, FL 33166
(786) 910-9670
Digital Contact Information:
Not Available

and
6262 Bird Rd
Ste 2F
Miami, FL 33155
(305) 387-7850
Digital Contact Information:
Not Available

and
13930 SW 47th St
Ste 202
Miami, FL 33175
(305) 387-7850
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Lo, Lorinda, MSN, APRN ■
2464 Southwest 22nd Street
Miami, FL 33145
(305) 204-9355
Digital Contact Information:
http://www.ampmentalhealth.com
admin@ampmentalhealth.com
Other Languages Spoken by Provider or Office Staff
Cantonese, Spanish

Logan, Jalinia, MSW, LCSW ■
6303 Waterford District Drive
400
Miami, FL 33126
(312) 678-1822
Digital Contact Information:
support@growthguidancecounseling.com

Long, Brian L, MA, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
ebcg-support@findoctave.com

Longman, Melissa, MSW, LCSW ■
7600 Southwest 57th Avenue
suite 334
South Miami, FL 33143
(786) 332-4478
Digital Contact Information:
info@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Angel, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Elda M, MD ■
10661 North Kendall Drive
227
Miami, FL 33176
(305) 598-8000
Digital Contact Information:
docemlopez@gmail.com

and
FL
(305) 598-8000
Digital Contact Information:
docemlopez@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez Hernandez, Blanca M, MSN, APRN ■
8950 Southwest 74th Court
1911
Miami, FL 33156
(786) 637-0907
Digital Contact Information:
http://www.southfloridapsychiatry.co
surooj@onestoppsych.com

Lopez, Idalmis, MSN, APRN ■
13170 Southwest 128th Street
200
Miami, FL 33186
(786) 852-5198
Digital Contact Information:
https://clarityapproach.com/
clarityhealth@approachteam.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Jason, MD ■
18305 Biscayne Boulevard
205
Aventura, FL 33160
(786) 991-2602
Digital Contact Information:
youworth24@gmail.com

and
2925 Northeast 199th Street
Suite 302
Aventura, FL 33180
(786) 991-2600
Digital Contact Information:
youworth24@gmail.com

and
3625 Northwest 82nd Avenue
Doral, FL 33166
(786) 991-2600
Digital Contact Information:
youworth24@gmail.com

and
5190 Northwest 167th Street
201
Hialeah, FL 33014
(305) 705-4289
Digital Contact Information:
http://livelinessinc.com
youworth24@gmail.com

and
27 Northwest 13th Street
Homestead, FL 33030
(786) 339-8824
Digital Contact Information:
http://sfmhr.com
youworth24@gmail.com

and
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
youworth24@gmail.com

and
3446 Southwest 8th Street
217
Miami, FL 33135
(786) 769-5046
Digital Contact Information:
youworth24@gmail.com

and
1800 Southwest 27th Avenue
505
Miami, FL 33145
(786) 542-9914
Digital Contact Information:
youworth24@gmail.com

and
10250 Southwest 56th Street
C202
Miami, FL 33165
(754) 816-5001
Digital Contact Information:
youworth24@gmail.com

and
11401 Southwest 40th Street
#345
Miami, FL 33165
(305) 603-7063
Digital Contact Information:
http://bridgeofcaregroup.com
youworth24@gmail.com

and
2720 Southwest 97th Avenue
c 104
Miami, FL 33165
(305) 705-4289
Digital Contact Information:
youworth24@gmail.com

and
1460 Northwest 107th Avenue
41n
Miami, FL 33172
(754) 263-2050
Digital Contact Information:
youworth24@gmail.com

and
1470 Northwest 107th Avenue
M
Miami, FL 33172
(786) 238-7282
Digital Contact Information:
youworth24@gmail.com

and
13168 SW 188th St
Miami, FL 33177
(303) 812-8815
Digital Contact Information:
youworth24@gmail.com

and
20774 West Dixie Highway
b
Miami, FL 33180
(305) 549-8665
Digital Contact Information:
youworth24@gmail.com

and
12540 Southwest 8th Street
Miami, FL 33184
(305) 705-6840
Digital Contact Information:
youworth24@gmail.com

and
13195 Southwest 134th Street
101
Miami, FL 33186
(786) 227-6830
Digital Contact Information:
http://esperanzagroup.net
youworth24@gmail.com

and
9020 Southwest 137th Avenue
210
Miami, FL 33186
(786) 558-5042
Digital Contact Information:
youworth24@gmail.com

and
9020 Southwest 137th Avenue
STE 250
Miami, FL 33186
(786) 536-7588
Digital Contact Information:
youworth24@gmail.com

and
14400 Northwest 77th Court
#100
Miami Lakes, FL 33016
(786) 916-6073
Digital Contact Information:
http://www.arcmentalhealth.com
youworth24@gmail.com

and
9999 Northeast 2nd Avenue
203
Miami Shores, FL 33138
(786) 580-5131
Digital Contact Information:
youworth24@gmail.com

Lopez, Jennifer, MA, LMFT ■
3750 West 16th Avenue
232u
Hialeah, FL 33012
(786) 332-3396
Digital Contact Information:
jennylmft@gmail.com

and
10671 North Kendall Drive
5d
Miami, FL 33176
(786) 474-6469
Digital Contact Information:
jennylmft@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Jose C, MD ■
1200 Northwest 78th Avenue
210
Doral, FL 33126
(786) 285-3438
Digital Contact Information:
jorge@valcourtbehavioral.com

and
633 N Krome Ave
1
Homestead, FL 33030
(305) 763-4007
Digital Contact Information:
jorge@valcourtbehavioral.com

and
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
jorge@valcourtbehavioral.com

and
3525 NW 7th St
Miami, FL 33125
(786) 801-0218
Digital Contact Information:
jorge@valcourtbehavioral.com

and
1710 Northwest 7th Street
STE 5-6-7
Miami, FL 331253500
(786) 409-2568
Digital Contact Information:
jorge@valcourtbehavioral.com

and
3446 Southwest 8th Street
217
Miami, FL 33135
(786) 769-5046
Digital Contact Information:
jorge@valcourtbehavioral.com

and
7821 Coral Way
100
Miami, FL 33155
(786) 409-5690
Digital Contact Information:
jorge@valcourtbehavioral.com

and
7921 Bird Rd
Ste 41
Miami, FL 33155
(305) 425-1393
Digital Contact Information:
http://oceanhealthsystem.com
jorge@valcourtbehavioral.com

and

7921 Bird Road
39
Miami, FL 33155
(786) 310-1570
Digital Contact Information:
http://oceanhealthsystem.com
jorge@valcourtbehavioral.com

and
7971 Bird Road
15
Miami, FL 33155
(786) 504-5620
Digital Contact Information:
http://oceanhealthsystem.com
jorge@valcourtbehavioral.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
jorge@valcourtbehavioral.com

and
19001 Southwest 106th Avenue
c103
Miami, FL 33157
(786) 523-2352
Digital Contact Information:
jorge@valcourtbehavioral.com

and
10680 Fontainebleau Boulevard
Miami, FL 33172
(305) 794-6845
Digital Contact Information:
jorge@valcourtbehavioral.com

and
13706 Southwest 56th Street
STE 105-106
Miami, FL 331756036
(786) 523-4289
Digital Contact Information:
jorge@valcourtbehavioral.com

and
9900 Southwest 107th Avenue
STE 101
Miami, FL 33176
(305) 248-3488
Digital Contact Information:
jorge@valcourtbehavioral.com

and
12540 Southwest 8th Street
Miami, FL 33184
(305) 705-6840
Digital Contact Information:
jorge@valcourtbehavioral.com

and
6600 Cow Pen Road
250
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
jorge@valcourtbehavioral.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Josue, MD ■
15260 Southwest 280th Street
203
Homestead, FL 33032
(786) 601-7491
Digital Contact Information:
lrodriguezllbs@gmail.com

and
7270 Northwest 12th Street
430
Miami, FL 33126
(786) 615-2843
Digital Contact Information:
https://www.lasagradafamiliacenter.com
lrodriguezllbs@gmail.com

and
2141 Southwest 1st Street
201
Miami, FL 33135
(786) 920-9137
Digital Contact Information:
lrodriguezllbs@gmail.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
lrodriguezllbs@gmail.com

and
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
lrodriguezllbs@gmail.com

and
7001 SW 97th Ave
Ste 206
Miami, FL 33173
(786) 294-0123
Digital Contact Information:
https://www.chgpsychiatry.com/
lrodriguezllbs@gmail.com

and
2424 Southwest 137th Avenue
Miami, FL 331756311
(786) 655-0831
Digital Contact Information:
http://www.miamihealthmedicalcenter.us
lrodriguezllbs@gmail.com

and
9125 SW 87th Ave
Miami, FL 33176
(305) 735-3919
Digital Contact Information:
lrodriguezllbs@gmail.com

and
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
lrodriguezllbs@gmail.com

and
13155 Southwest 134th Street
221
Miami, FL 33186
(786) 652-9880
Digital Contact Information:
lrodriguezllbs@gmail.com

and
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
lrodriguezllbs@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Mariafernanda, MS, LMHC ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
mlopezlmhc@gmail.com

and
175 SW 7th St
Ste 1100
Miami, FL 33130
(305) 908-1115
Digital Contact Information:
http://www.elevatepsychiatry.com
mlopezlmhc@gmail.com

and
175 SW 7th St
Ste 2108
Miami, FL 33130
(305) 908-1115
Digital Contact Information:
http://www.elevatepsychiatry.com
mlopezlmhc@gmail.com

and
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
http://www.elevatepsychiatry.com
mlopezlmhc@gmail.com

Lopez, Yaneris, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(305) 735-3555
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez-Brignoni, Evelyn, MD ■
475 Biltmore Way
Ste 204
Coral Gables, FL 33134
(305) 670-1411
Digital Contact Information:
evelynlopezbrignonimd@gmail.com

and
FL
(305) 670-1411
Digital Contact Information:
evelynlopezbrignonimd@gmail.com

and
124 Southeast 1st Road
A
Homestead, FL 33030
(786) 255-7979
Digital Contact Information:
evelynlopezbrignonimd@gmail.com

and
31 N Krome Ave
Homestead, FL 33030
(786) 481-5909
Digital Contact Information:
http://www.infinitecc.org
evelynlopezbrignonimd@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Creole, Spanish

Loredo, Janeris, MD ■
3100 SW 62nd Ave
Miami, FL 33155
(305) 663-8439
Digital Contact Information:
ids@getixhealth.com

Lorenzen, Erin, MS, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
payors@emorahealth.com

Lorenzo Garcia, Yarenys, MSN, APRN ■
8500 West Flagler Street
Office 107A
Miami, FL 33144
(786) 614-5085
(786) 907-5141
Digital Contact Information:
lizalexandra09@gmail.com

and
FL
(786) 614-5085
(786) 907-5141
Digital Contact Information:
lizalexandra09@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lorenzo, Janet, MSN, APRN ■
12963 West Okeechobee Road
1a
Hialeah Gardens, FL 33018
(786) 450-9918
Digital Contact Information:
gardensmedicalcenters@gmail.com

and
12963 West Okeechobee Road
Unit 1
Hialeah Gardens, FL 33018
(786) 536-9329
Digital Contact Information:
gardensmedicalcenters@gmail.com

and
1150 Northwest 72nd Avenue
ph 2
Miami, FL 33126
(786) 542-5043
Digital Contact Information:
gardensmedicalcenters@gmail.com

and
13701 SW 88th St
Ste 305
Miami, FL 33186
(786) 471-6268
Digital Contact Information:
gardensmedicalcenters@gmail.com

and
16464 Southwest 99th Lane
Miami, FL 33196
(786) 471-6268
Digital Contact Information:
gardensmedicalcenters@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lorenzo, Pablo, MSW, LCSW ■
17395 Northwest 59th Avenue
Hialeah, FL 33015
(305) 662-2185
Digital Contact Information:
joeyp@sfmhr.com

and
27 Northwest 13th Street
Homestead, FL 33030
(786) 339-8824
Digital Contact Information:
joeyp@sfmhr.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Losas, Denise, MSN, APRN ■
5901 Southwest 74th Street
208
Miami, FL 33143
(954) 884-5626
Digital Contact Information:
http://www.santanamhs.com
dlosas@santanamhs.com

and
5901 Southwest 74th Street
211
Miami, FL 33143
(786) 228-6892
Digital Contact Information:
http://www.santanamhs.com
dlosas@santanamhs.com

Louwagie Gordon, Alissa M, MS, LMHC ■
FL
(786) 615-3334
Digital Contact Information:
info@abcsfl.com

Lowe, Lisa, MSN, APRN, CRNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
irishnurse78@gmail.com

and
FL
(305) 902-6347
(727) 626-2067
Digital Contact Information:
irishnurse78@gmail.com

Lozada, Jeremy A, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
admin@lifehealthsystem.org
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Lozada, Wimar, MMH, LMHC ■
175 Fontainebleau Boulevard
Miami, FL 33172
(407) 749-3580
Digital Contact Information:
http://www.elitemindsfl.com
eliteminds.services@gmail.com

Lucci, Alex, MD ■
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
fl-credentialing@lifestance.com

Lucena, Williams, MS, LMHC ■
3446 Southwest 8th Street
217
Miami, FL 33135
(786) 769-5046
Digital Contact Information:
wjlusa11@gmail.com

and
1801 Coral Way
Ste 327
Miami, FL 33145
(786) 227-6020
Digital Contact Information:
http://www.bbisf.com
wjlusa11@gmail.com

and
1801 Coral Way
Ste 405
Miami, FL 33145
(786) 866-5914
Digital Contact Information:
http://www.bbisf.com
wjlusa11@gmail.com

and
12900 Southwest 128th Street
204b
Miami, FL 33186

(786) 227-6020
Digital Contact Information:
wjlusa11@gmail.com

and
13335 Southwest 124th Street
STE 103
Miami, FL 33186
(786) 831-1348
Digital Contact Information:
wjlusa11@gmail.com

and
14100 Palmetto Frontage Road
Ste 112
Miami Lakes, FL 33016
(786) 837-3540
Digital Contact Information:
wjlusa11@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Luces, Rafael, MN, APRN ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Lugaro Vidal, Jacquenine M, MSW, LCSW ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
perla.delosrios@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Luker, Carey, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
evelazquez@tchsonline.org

Luongo, Joanna, MSN, APN, APRN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
imartin@mcbcollects.com

Luther, Jasmine M, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
fl-credentialing@lifestance.com
Other Languages Spoken by Provider or Office Staff English

Luttrell, Stefanie, MA, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
infosa@stmha.com

Lyallpuri, Romi, DNP, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
credentialing@riviamind.com

Machuca, Jose R, PHD, LMHC ■
11300 Northeast 2nd Avenue
Miami Shores, FL 33168
(504) 388-5981
Digital Contact Information:
rmachuca@barry.edu
Other Languages Spoken by Provider or Office Staff
Portuguese, English, Spanish

Madden, Eileen, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
maddenei@bc.edu

Madruga Pau, Rogelio D, MMH, APRN ■
3901 Northwest 79th Avenue
STE 120
Doral, FL 33166
(786) 310-4480
Digital Contact Information:
hccms.corp@gmail.com

and
4155 Southwest 130th Avenue
114
Miami, FL 33175
(956) 293-5008
Digital Contact Information:
hccms.corp@gmail.com

and
9963 Southwest 142nd Avenue
Miami, FL 33186
(956) 253-5008
Digital Contact Information:
hccms.corp@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Magarino, Sheyla, MSN, APRN ■
12595 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 701-9992
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Mahany-Schunk, Carolyn, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Mais, Tatiana M, MSN, APRN ■
8200 Northwest 41st Street
Suite 200
Miami, FL 33166
(754) 202-2565
Digital Contact Information:
info@savinglivescounselingcenter.com
Other Languages Spoken by Provider or Office Staff
Spanish

Majid, Shehram M, MD ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
director@cipclinic.com

Major, Marlea, MS, CAC, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
contact@majormhm.com

Maldonado, Liliana, MS, LCSW ■
9010 Southwest 137th Avenue
218
Miami, FL 33186
(415) 941-4109
Digital Contact Information:
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff English

Maldonado, Milagros R, MS, LMHC ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
info@avilahealthgroup.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Mallo, Lisaimy, MSW, LCSW ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
alexandra.galvis@mypsychiatrist.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mandel, Seth, MD ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
hello@talkiatry.com

Mandri, Daniel F, MD ■
8785 SW 165th Ave
Ste 200
Miami, FL 33193
(786) 554-0008
Digital Contact Information:
drmandri@fba100.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mann, Melech D, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
melechdm@gmail.com

Manresa, Viviana, MSN, APRN ■
261 Westward Drive
suite 108-109
Miami, FL 33166
(305) 200-5176
Digital Contact Information:
vmanresapmhnp@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Manrique-Reichard, Marta E, PHD, LP ■
5940 SW 73rd St
Ste 203
South Miami, FL 33143
(305) 669-0019
Digital Contact Information:
drmmrsec@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Manso, Krystyna I, MPS, LMHC ■
5040 NW 7th St
Ste 100
Miami, FL 33126
(305) 438-2348
Digital Contact Information:
Not Available

and
100 NE 38th St
Ste 5
Miami, FL 33137
(305) 576-1599
Digital Contact Information:
Not Available

and
3000 Biscayne Blvd
Fl 5
Miami, FL 33137
(305) 576-6611
Digital Contact Information:
Not Available

Mantero-Atienza, Emilio, MD ■
9611 SW 40th St
Miami, FL 33165
(305) 532-3923
Digital Contact Information:
emanterolv@bellsouth.net

Maqueira, Elvira, MSW, LCSW ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
tmedina@hbccmhc.com

Marcellus, Chizoba L, MS, LMHC ■
536 Northeast 206th Lane
Miami, FL 33179
(305) 761-9584
Digital Contact Information:
http://www.therapyislove.com
info@therapyislove.com

Marcial, Eddy, MSN, APRN ■
13205 Southwest 137th Avenue
224 224
Miami, FL 33186
(786) 290-9192
Digital Contact Information:
eddymarcial@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Marcus, Phyllis C, MC, LMFT ■
540 Northwest 165th Street
114
Miami, FL 33169
(786) 648-6550
Digital Contact Information:
horebhealthclinic@gmail.com

and
540 Northwest 165th Street
STE 110
Miami, FL 33169
(786) 648-6550
Digital Contact Information:
horebhealthclinic@gmail.com

Mare, Nicole, MSW, LCSW ■
FL
(786) 309-5635
Digital Contact Information:
innerbloom_psychotherapy@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Maria Corria Vendrell, Monica, MSN, APRNPMH ■
3580 Mystic Pointe Drive
Aventura, FL 33180
(954) 647-5298
Digital Contact Information:
admin@bellamentalhealth.com

and
8532 Southwest 8th Street
STE 290
Miami, FL 33144
(786) 927-8048
Digital Contact Information:
http://www.icaremh.com
admin@bellamentalhealth.com

and
FL
(954) 647-5298
(786) 927-8048
Digital Contact Information:
http://www.icaremh.com
admin@bellamentalhealth.com

Marin, Adrian, MMH, LMHC ■
7875 SW 104th St
Ste 101
Miami, FL 33156
(305) 899-1587
Digital Contact Information:
http://www.jcsfl.org

and
12000 Biscayne Boulevard
609
Miami, FL 33181
(305) 899-1587
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff Creole, Spanish

Marin, Leonardo, MSCC, LMHC ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com

mariafields@dadefamily.com

and

9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
mariafields@dadefamily.com

Marquez, Martha, MS, CAP, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff
Spanish

Marr, Janice, MSW, LCSW, LISW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Marrero, Arletty, MSN, APRN ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
psychiatry@intergratedhealthcare.group

and

900 West 49th Street
STE 512
Hialeah, FL 33012
(786) 536-1701
Digital Contact Information:
psychiatry@intergratedhealthcare.group

and

777 E 25th St
Ste 306
Hialeah, FL 33013
(786) 838-6092
Digital Contact Information:
psychiatry@intergratedhealthcare.group

and

351 NW 42nd Ave
Ste 406
Miami, FL 33126
(786) 536-1710
Digital Contact Information:
http://www.integratedhealthcare.group
psychiatry@intergratedhealthcare.group

and

1890 Southwest 57th Avenue
SUITE 106
Miami, FL 33155
(786) 536-1701
Digital Contact Information:
psychiatry@intergratedhealthcare.group

and

13370 Southwest 131st Street
Suite 110
Miami, FL 33186
(786) 250-4571
Digital Contact Information:
psychiatry@intergratedhealthcare.group
Other Languages Spoken by Provider or Office Staff
Spanish

Marsella, Gregory Q, MD ■
1951 NW 7th Ave
Miami, FL 33136
(561) 394-2532
Digital Contact Information:
drmarsella@icloud.com

Martin, Lawanda, MPSY, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
engeditherapy@gmail.com

Martin, Precious, MSW, LCSW ■
1801 Northeast 123rd Street
334
North Miami, FL 33181
(888) 718-4915
Digital Contact Information:
http://www.rrrinc.org
info@rrrinc.org

Martinez, Ashley S, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Daniel, PSYD, CP ■
1900 North Bayshore Drive
108
Miami, FL 33132
(954) 362-8677
Digital Contact Information:
info@hgdoctors.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Martinez Fernandez, Rosy, MSN, APRN ■
2200 Southwest 16th Street
Miami, FL 33145
(305) 456-2502
Digital Contact Information:
admin@fpmagency.com

and

22133 South Dixie Highway
Miami, FL 33170
(786) 504-3119
Digital Contact Information:
https://fpmflorida.org/
admin@fpmagency.com

and

730 Northwest 107th Avenue
104
Miami, FL 33172
(305) 307-1911
Digital Contact Information:
admin@fpmagency.com

and

15305 Northwest 60th Avenue
Ste 100
Miami Lakes, FL 33014
(786) 536-7561
Digital Contact Information:
admin@fpmagency.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Glenda, PHD, LP ■
3408 West 84th Street
Suite 302
Hialeah, FL 33018
(305) 826-6969
Digital Contact Information:
glendam18@gmail.com

and

FL
(305) 826-6969
Digital Contact Information:
glendam18@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Kirenia, MSN, APRN ■
790 Northwest 107th Avenue
suite 301
Miami, FL 33172
(305) 392-0968
Digital Contact Information:
bspecialistmg@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Lidia A, DMFT, LMHC ■
FL
(786) 565-6916
Digital Contact Information:
http://www.drlidiamartinez.com
info@drlidiamartinez.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Mabel, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com

Martinez, Mitzi, MA, LMHC ■
2020 Ponce de Leon
Suite 1201
Miami, FL 33134
(305) 917-5414
Digital Contact Information:
http://www.psychologybeyond.com
mitzim.therapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez Salazar, Lisandra, MSN, APRN ■
9849 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 644-5400
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com

Martinez Soto, Yaneisy, APRN ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
info@ffmhs.com

Martinez, Susel B, MSN, APRN ■
8950 Southwest 74th Court
1911
Miami, FL 33156
(786) 637-0907
Digital Contact Information:
info@rushcredentialing.com
Other Languages Spoken by Provider or Office Staff English

Marwaha, Soniya T, MD ■
1501 Biscayne Boulevard
#501
Miami, FL 33132
(818) 600-2034
Digital Contact Information:
fccintake@fccsprings.com

Mas, Alexandra, MS, LMFT ■
3970 West Flagler Street
204
Coral Gables, FL 33134
(786) 953-5978
Digital Contact Information:
lasagradafamiliacenter@gmail.com

and

9600 Northwest 25th Street
3C
Doral, FL 33172
(786) 615-2843
Digital Contact Information:
http://lasagradafamiliacenter.com
lasagradafamiliacenter@gmail.com

and

4896 Northwest 7th Street
Unit S
Miami, FL 33126
(786) 534-2023
Digital Contact Information:
lasagradafamiliacenter@gmail.com

and

5950 Southwest 40th Street
Miami, FL 33155
(786) 633-5960
Digital Contact Information:
lasagradafamiliacenter@gmail.com

and

7340 Southwest 48th Street
107
Miami, FL 33155
(305) 846-9775
Digital Contact Information:
lasagradafamiliacenter@gmail.com

and

13055 Southwest 42nd Street
STE 104
Miami, FL 33175
(305) 480-7839
Digital Contact Information:
lasagradafamiliacenter@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Mason, Shatema, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Mateo, Ana, MS, LMHC ■
10700 Caribbean Boulevard
UNIT 203
Cutler Bay, FL 33189
(305) 299-8005
Digital Contact Information:
hr.saludablemente@gmail.com

and

8180 Northwest 36th Street
Suite 100J
Doral, FL 33166
(305) 985-6488
Digital Contact Information:
hr.saludablemente@gmail.com

and

FL
(786) 267-2798
Digital Contact Information:
hr.saludablemente@gmail.com
Other Languages Spoken by Provider or Office Staff English

Mateo, Martha, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
ksmedicalbilling1@gmail.com

Mathai, David, MD ■
4601 Ponce De Leon Blvd
Ste 100
Coral Gables, FL 33146
(786) 758-3875
Digital Contact Information:
admin@tristarwell.com

and

FL
(305) 604-9595
Digital Contact Information:
http://www.tristarwell.com
admin@tristarwell.com

Mathew, Charly, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

Matos, Angela, MSN, APRN ■
5803 Northwest 151st Street
STE 206
Miami Lakes, FL 33014
(786) 442-1869
Digital Contact Information:
bravowellcarenetworkllc@gmail.com

Maurice, Thamar, MSN, APRN ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Mayabb, Laura, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Mayans, Judith, MD ■
7500 SW 8th St
Ste 301
Miami, FL 33144
(786) 928-0174
Digital Contact Information:
jmayansmd@yahoo.com

and

7315 Northwest 36th Street
Miami, FL 33166
(786) 345-7734
Digital Contact Information:

jmayansmd@yahoo.com
Other Languages Spoken by Provider or Office Staff Spanish

Mazzella, Kathryn L, MSN, APN, APNP, APRN, APRNPMH, NP ■
150 Alhambra Circle
Floor 10
Coral Gables, FL 33134
(786) 800-3374
Digital Contact Information:
billing101@healthandpsychiatry.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
billing101@healthandpsychiatry.com

McBay, Emily, MS, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

McCoy, Brittney, MMH, LMHC ■
8971 Southwest 142nd Avenue
11 37
Miami, FL 33186
(786) 244-7690
Digital Contact Information:
worcounselingservices@gmail.com

McCray, Valerie, PHD, HSPP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
drvaleriemccray@gmail.com

McDevitt, Omayra, MA, LPC ■
FL
(305) 902-6347
Digital Contact Information:
start@bebravehealth.com

McDonald, Cheryl L, MSN, APRN, APRNCNP, NP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
frontdesk@buildingnewhorizons.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
frontdesk@buildingnewhorizons.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
frontdesk@buildingnewhorizons.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
frontdesk@buildingnewhorizons.com

McDonald, Margaret S, EDS, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
marscounselingservices@gmail.com

McIntyre, Taisha L, PA, PA_C ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
https://www.compasshealthsystems.com/
credentialing@compass.md

and
FL
(305) 891-0050
(305) 279-5535
(888) 852-6672
Digital Contact Information:
http://compasshealthsystems.com
credentialing@compass.md

McKee, Sandra Darby D, MSN, APRN, APRNCNP, CRNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

McKiernan, Kathleen, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

McLean, Herman, MS, LMHC ■
760 Northwest 53rd Street
Miami, FL 33127
(786) 277-2552
Digital Contact Information:
mcleanherman@gmail.com

and
17121 Northwest 9th Place
Miami, FL 33169
(786) 277-2552
Digital Contact Information:
mcleanherman@gmail.com

McLeod, Devin, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@thriveworks.com
Other Languages Spoken by Provider or Office Staff English, Spanish

McMakin, Dana L, PHD, LP ■
6262 Sunset Drive
Suite 500
Miami, FL 33143
(305) 669-6503
Digital Contact Information:
payer.credentialing@nicklaushealth.org

and
3100 SW 62nd Ave
Miami, FL 33155
(305) 669-6503
Digital Contact Information:
payer.credentialing@nicklaushealth.org

McMillon, Karlysse, MA, LMHC ■
1 Alhambra Plaza
Miami, FL 33134
(888) 588-8995
Digital Contact Information:
creds@foresightmentalhealth.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
creds@foresightmentalhealth.com
Other Languages Spoken by Provider or Office Staff English

McVan, Melissa, MS, LMHC ■
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(561) 289-7995
Digital Contact Information:
http://pandatherapycircle.com
pandatherapycircle@gmail.com

and
FL
(561) 289-7995
Digital Contact Information:
http://pandatherapycircle.com
pandatherapycircle@gmail.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
pandatherapycircle@gmail.com

Mcghinty, Meghan R, DNP, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Meadowlark, Cheri A, MA, LMFT ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
credentialing@joinuplift.co
Other Languages Spoken by Provider or Office Staff English

Medard, Guirlene, MSN, APRN ■
125 Northwest 206th Terrace
Miami, FL 33169
(305) 744-2154
Digital Contact Information:
vantagepsychiatry@gmail.com

Mederos, Dargel R, MSN, APRN ■
13207 Southwest 44th Lane
Miami, FL 33175
(786) 245-1687
Digital Contact Information:
Not Available

Medici, April, MSED, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
aprilmedici@yahoo.com

Medina, Maria E, MS, LMHC ■
5881 Northwest 151st Street
Suite: 103
Miami Lakes, FL 33014
(786) 703-4154
Digital Contact Information:
peaceofmindmhs@hotmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Medina, Muriel, MSW, LCSW ■
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
info@aimergency.org

Medina Ramirez, Yuritza, DNP, APRN ■
FL
(786) 398-1326
Digital Contact Information:
admin@onestoppsych.com

and
261 Westward Drive
suite 108-109
Miami, FL 33166
(305) 200-5176
Digital Contact Information:
admin@onestoppsych.com

and
13195 Southwest 134th Street
101
Miami, FL 33186
(786) 227-6830
Digital Contact Information:
http://esperanzagroup.net
admin@onestoppsych.com

and
15660 Southwest 72nd Street
Miami, FL 33193
(786) 697-1150
Digital Contact Information:
admin@onestoppsych.com
Other Languages Spoken by Provider or Office Staff Spanish

Medina Rojo, Raul, MSN, APRN ■
4445 West 16th Avenue
STE 405
Hialeah, FL 33012
(786) 233-6721
Digital Contact Information:
office@myrtleridge.us

and
1000 Brickell Avenue
Miami, FL 33131
(786) 701-9211
Digital Contact Information:
office@myrtleridge.us

and
9299 SW 152nd St
Ste 206
Palmetto Bay, FL 33157
(786) 883-0339
Digital Contact Information:
office@myrtleridge.us
Other Languages Spoken by Provider or Office Staff English, Spanish

Mejia, Alejandra, MSW, LCSW ■
14645 Northwest 77th Avenue
101
Miami Lakes, FL 33014
(833) 769-3524
Digital Contact Information:
http://lifestance.com
dougblessington@gmail.com

Mejia, Fernando, MD ■
18901 Southwest 106th Avenue
229 230
Cutler Bay, FL 33157
(786) 506-9008
Digital Contact Information:
ybhsbilling@gmail.com

and
7925 Northwest 12th Street
SUITE 401
Doral, FL 33126
(786) 640-0613
Digital Contact Information:
ybhsbilling@gmail.com

and
705 East 8th Avenue
201
Hialeah, FL 33010
(786) 655-0774
Digital Contact Information:
ybhsbilling@gmail.com

and
2100 West 76th Street
STE 408
Hialeah, FL 33016
(786) 542-5056
Digital Contact Information:
ybhsbilling@gmail.com

and
207 North Krome Avenue
Homestead, FL 33030
(305) 257-8065
Digital Contact Information:
ybhsbilling@gmail.com

and
4896 Northwest 7th Street
Unit S
Miami, FL 33126
(786) 534-2023
Digital Contact Information:
ybhsbilling@gmail.com

and
5950 Southwest 40th Street
Miami, FL 33155
(786) 633-5960
Digital Contact Information:
ybhsbilling@gmail.com

and
7804 Coral Way
Miami, FL 33155
(305) 965-8714
Digital Contact Information:
ybhsbilling@gmail.com

and
280 Westward Dr
Miami, FL 33166
(305) 922-3410
Digital Contact Information:
ybhsbilling@gmail.com

and
2450 Southwest 137th Avenue

206
Miami, FL 33175
(305) 381-5420
Digital Contact Information:
ybhsbilling@gmail.com

and
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
ybhsbilling@gmail.com

and
14471 S Dixie Hwy
Miami, FL 33176
(786) 803-8826
Digital Contact Information:
http://www.amorementalhealthcorp.com
ybhsbilling@gmail.com

and
11981 Southwest 144th Court
202
Miami, FL 33186
(305) 418-0580
Digital Contact Information:
ybhsbilling@gmail.com

and
13205 Southwest 137th Avenue
206 208
Miami, FL 33186
(786) 592-2063
Digital Contact Information:
http://dominguezcommunitycenter.com
ybhsbilling@gmail.com

and
9010 Southwest 137th Avenue
101
Miami, FL 33186
(786) 803-8826
Digital Contact Information:
http://amorementalhealthcorp.com
ybhsbilling@gmail.com

and
13205 Southwest 137th Avenue
STE 132
Miami, FL 331865334
(786) 478-6369
Digital Contact Information:
http://dominguezcommunitycenter.com
ybhsbilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mejia Jimenez, Ana, MSN, APRN ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
info@elevatepsychiatry.com

and
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
info@elevatepsychiatry.com
Other Languages Spoken by Provider or Office Staff
Spanish

Melchor Beaupre, Regina, PSYD, LP ■
4302 Alton Rd
Ste 820
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com

and
4304 Alton Rd
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com

and
4306 Alton Rd
Fl 2
Miami Beach, FL 33140
(305) 535-3300
Digital Contact Information:
kowens@msmc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Melegi, Soraya F, MSW, LCSW ■
1550 Madruga Ave
Ste 509
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
sorayamelegi7@gmail.com

and
4649 Ponce de Leon
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
sorayamelegi7@gmail.com

and
8900 Southwest 192nd Drive
Cutler Bay, FL 33157
(786) 536-9714
Digital Contact Information:
sorayamelegi7@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Melendez, Manuel A, MD ■
705 Le Jeune Rd
Hialeah, FL 33010
(786) 477-4431
Digital Contact Information:
mamc0708@yahoo.com

and
705 South Le Jeune Road
Hialeah, FL 33010
(305) 264-7808
Digital Contact Information:
mamc0708@yahoo.com

and
5860 W Flagler St
Miami, FL 33144
(786) 477-4431
Digital Contact Information:
mamc0708@yahoo.com

and
10250 SW 56th St
Ste A102
Miami, FL 33165
(786) 477-4431
Digital Contact Information:
mamc0708@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Melman, Angela J, MMH, LMHC ■
FL
(786) 805-7098
Digital Contact Information:
angelamelman1@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Melo, Evelyn, MA, LMHC ■
8785 SW 165th Ave
Ste 200
Miami, FL 33193
(786) 587-9656
Digital Contact Information:
melopsych@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mena, Rebekah, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
admin@lifehealthsystem.org
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Menachem, Kari, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Menard Clinton, Cynthia, MS, LMHC ■
FL
(484) 808-5908
Digital Contact Information:
cynthiamenardclinton@hotmail.com

Mendez, Dayana, MC, LMHC ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
iqmedicalcenter@gmail.com

and
7811 Coral Way
103
Miami, FL 33155
(305) 484-8371
Digital Contact Information:
https://www.iq-medical-center.com/
iqmedicalcenter@gmail.com

and
13416 Southwest 128th Street
Miami, FL 33186
(786) 732-0247
Digital Contact Information:
iqmedicalcenter@gmail.com

and
FL
(786) 359-4027
Digital Contact Information:
iqmedicalcenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mendez, Iraisy, MSN, APRN ■
3971 Southwest 8th Street
STE 206
Coral Gables, FL 33134
(786) 633-5960
Digital Contact Information:
iraisymendez@gmail.com

and
4896 Northwest 7th Street
Unit S
Miami, FL 33126
(786) 534-2023
Digital Contact Information:
iraisymendez@gmail.com

and
5950 Southwest 40th Street
Miami, FL 33155
(786) 633-5960
Digital Contact Information:
iraisymendez@gmail.com

and
7700 North Kendall Drive
807
Miami, FL 33156
(786) 332-9540
Digital Contact Information:
iraisymendez@gmail.com

and
22339 Southwest 112th Avenue
Miami, FL 33170
(786) 332-9540
Digital Contact Information:
iraisymendez@gmail.com

and
7600 Southwest 57th Avenue
102
South Miami, FL 33143
(305) 275-8573
Digital Contact Information:
https://mindandsoultherapy.org/
iraisymendez@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mendez, Janette, MS, LMHC ■
2307 Douglas Road
400
Miami, FL 33145
(305) 699-0688
Digital Contact Information:
help@joinuplift.co

Mendez Luaces, Luis E, DNP, APRN ■
330 Southwest 27th Avenue
#701
Miami, FL 33135
(305) 363-1880
Digital Contact Information:
http://empowerpsychiatry.net
info@empowerpsychiatry.med
Other Languages Spoken by Provider or Office Staff
Spanish

Mendez, Manuel, MC, LMHC ■
705 East 8th Avenue
201
Hialeah, FL 33010
(786) 655-0774
Digital Contact Information:
healingtouchinc@msn.com

and
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
2387 West 68th Street
301
Hialeah, FL 33016
(786) 655-0774
Digital Contact Information:
healingtouchinc@msn.com

and
3383 Northwest 7th Street
312
Miami, FL 33125
(786) 703-8965
Digital Contact Information:
healingtouchinc@msn.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 695-8672
Digital Contact Information:
healingtouchinc@msn.com

and
3817 West Flagler Street
Miami, FL 33134
(305) 456-2776
Digital Contact Information:
healingtouchinc@msn.com

and
7299 West Flagler Street
Miami, FL 33144
(786) 953-4698
Digital Contact Information:
healingtouchinc@msn.com

and
7360 Southwest 24th Street
17a
Miami, FL 33155
(786) 570-3130
Digital Contact Information:
healingtouchinc@msn.com

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
4155 Southwest 130th Avenue
108
Miami, FL 33175
(786) 695-8672
Digital Contact Information:
healingtouchinc@msn.com

and
14875 Northwest 77th Avenue
Suite 204
Miami Lakes, FL 33014
(786) 321-1400
Digital Contact Information:
healingtouchinc@msn.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mendez, Rossana, MSW, LCSW ■
11367 Southwest 248th Terrace
Princeton, FL 33032
(786) 879-5355
Digital Contact Information:
http://themind-gym.com
rossanamendezcole@themissingkeyllc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mendez Tamayo, Cynthia M, MS, LMFT ■
7100 SW 99th Ave
Ste 203
Miami, FL 33173
(305) 720-4774
Digital Contact Information:
cynmendez8@gmail.com

and
11050 N Kendall Dr
Ste 102

Miami, FL 33176
(786) 332-4478
Digital Contact Information:
cynmendez8@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mendoza, Liana M, MD ■
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
info@infinitecc.org

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
info@infinitecc.org

and
31 N Krome Ave
Homestead, FL 33030
(786) 481-5909
Digital Contact Information:
http://infinitecompletecare.com
info@infinitecc.org

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
info@infinitecc.org

and
3926 Northwest 167th Street
Miami Gardens, FL 33054
(305) 827-3252
Digital Contact Information:
info@infinitecc.org
Other Languages Spoken by Provider or Office Staff
Spanish

Menendez, Ibis M, MSN, APRN ■
1840 West 49th Street
#404
Hialeah, FL 33012
(305) 828-9980
Digital Contact Information:
empathybhsbilling@gmail.com

and
900 West 49th Street
STE 400
Hialeah, FL 33012
(305) 587-2231
Digital Contact Information:
empathybhsbilling@gmail.com

and
5911 Northwest 173rd Drive
6 6
Hialeah, FL 33015
(786) 380-9229
Digital Contact Information:
empathybhsbilling@gmail.com

and
7590 Northwest 186th Street
109
Hialeah, FL 33015
(305) 688-1700
Digital Contact Information:
empathybhsbilling@gmail.com

and
5590 W 20th Ave
Ste 404
Hialeah, FL 33016
(305) 826-9330
Digital Contact Information:
empathybhsbilling@gmail.com

and
7315 Northwest 36th Street
Miami, FL 33166
(786) 345-7734
Digital Contact Information:
empathybhsbilling@gmail.com

and
12030 Southwest 129th Court
107a
Miami, FL 33186
(305) 432-4032
Digital Contact Information:
empathybhsbilling@gmail.com

and
17325 Northwest 27th Avenue
206 207
Miami Gardens, FL 33056
(786) 822-7270
Digital Contact Information:
empathybhsbilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mercado, Michelle, MSW, LCSW ■
1951 NW 17th Ave
Miami, FL 33125
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla@dadefaily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla@dadefaily.com

Merenfeld, Ronit, MPSY, LMHC ■
2801 Northeast 213th Street
Suite 1215
Aventura, FL 33180
(833) 769-3524
Digital Contact Information:
fl-credentialing@lifestance.com
Other Languages Spoken by Provider or Office Staff
Spanish

Merritt, Christopher, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Mesa, Adrian L, DNP, APRN ■
FL
(305) 783-3677
(305) 204-9355
Digital Contact Information:
http://keybridgetreatment.com
maryann@sunrisepsychiatric.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mesa, Leonel E, PSYD, LMHC ■
FL
(786) 208-4831
Digital Contact Information:
drmesa@neurofeedbackofml.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Metellus, Phara C, MSN, NP ■
66 W Flagler St
900
Miami, FL 33130
(786) 244-7711
Digital Contact Information:
credentialing@growtherapy.com

Meyer, Sean P, PHD, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
information@flces.com
Other Languages Spoken by Provider or Office Staff
German

Middlebrooks, Quilette, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Mieses, Yuberilys, MSCC, LMHC ■
9010 Southwest 137th Avenue
232
Miami, FL 33186
(305) 482-3516
Digital Contact Information:
yuberilys.mieses@yahoo.com

and
9010 Southwest 137th Avenue
Suite 241
Miami, FL 33186
(305) 482-3516
Digital Contact Information:
yuberilys.mieses@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Migoyo, Zulaymis, MS, LMHC ■
19001 Southwest 106th Avenue
c103
Miami, FL 33157
(786) 523-2352
Digital Contact Information:
jpabehavior@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Milano, Elizabeth, MSW, LCSW ■
FL
(904) 345-0548
Digital Contact Information:
http://www.emilanocounseling.com
elizabeth.milano.lcsw@gmail.com

Mildor, Manouchka, MSN, APRN ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(773) 985-3539
Digital Contact Information:
https://bethpsychiatry.com
credentialing.5@scribealign.com

Milian, Monica, MS, LMHC ■
5901 SW 74th St
Ste 412
Miami, FL 33143
(786) 717-5028
Digital Contact Information:
http://www.gablespsychology.com
monica.milian@comcast.net

and
15715 S Dixie Hwy
Ste 303
Miami, FL 33157
(786) 380-5084
Digital Contact Information:
monica.milian@comcast.net

and
9260 Sunset Dr
Ste 201
Miami, FL 33173
(786) 380-5084
Digital Contact Information:
monica.milian@comcast.net

and
9380 Sunset Dr
Ste B238
Miami, FL 33173
(786) 380-5084
Digital Contact Information:
monica.milian@comcast.net

and
10691 Southwest 88th Street
Suite 110
Miami, FL 33176
(786) 380-5084
Digital Contact Information:
monica.milian@comcast.net
Other Languages Spoken by Provider or Office Staff
Spanish

Millar, Jennifer, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
hello@talkiatry.com

Millares, Giselle, MPSY, LMHC ■
9010 SW 137th Ave
Ste 233
Miami, FL 33186
(786) 236-1323
Digital Contact Information:
gmillares@hcnetwork.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

Millares, Sylma M, MSN, APRN ■
2001 Northwest 107th Avenue
412
Doral, FL 33172
(786) 548-8322
Digital Contact Information:
milarefbilling@gmail.com

and
14740 Southwest 26th Street
Miami, FL 33185
(305) 388-1118
Digital Contact Information:
milarefbilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Miller, John W, MD ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
http://www.compasshealthsystem.com
credentialing@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
https://www.compasshealthsystems.com/
credentialing@compass.md

and
FL
(305) 891-0050
(305) 279-5535
Digital Contact Information:
https://www.compasshealthsystems.com/
credentialing@compass.md

Miller, Mark M, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
aycmarc@mail.com

Miller, Sharon, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Milton, Dorothy, MS, LCSW ■
10810 Northwest 22nd Court
Miami, FL 33167
(786) 879-1162
Digital Contact Information:
aristokatzpsychotherapy@gmail.com

Mineo, Alyssa, PSYD, LP ■
FL
(800) 567-5433
(909) 679-3482
Digital Contact Information:
http://helloinnerwell.com
admin@atabariatrics.com

Miranda, Mairelys, MSN, APRN ■
9350 SW 72nd St
Ste 116
Miami, FL 33173
(954) 589-1971
Digital Contact Information:
ajndcorp@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Miranda-Tourino, Mary, MSW, LCSW ■
12595 Southwest 137th Avenue
STE 110
Miami, FL 33186
(305) 465-9379
Digital Contact Information:
mary.miranda@mymail.barry.edu
Other Languages Spoken by Provider or Office Staff
English, Spanish

Mirtenbaum, Daniel S, PSYD, LP ■
6175 NW 153rd St
Ste 404
Miami Lakes, FL 33014
(305) 558-7400

Digital Contact Information:
credentialing.tifft@gmail.com

Mitchell, Cheryl L, MC, LPCC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@lionrockrecovery.com

and
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
https://www.emorahealth.com/
info@lionrockrecovery.com
Other Languages Spoken by Provider or Office Staff English

Mitchell, Kendall, MS, LMHC ■
4300 Biscayne Boulevard
STE 203
Miami, FL 33137
(727) 732-4305
Digital Contact Information:
billing@tbacgroup.com

Mitchell, Oluwakemi, DNP, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
insurance@wellnite.com

and
FL
(602) 562-7383
Digital Contact Information:
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Mitchell, Stacey L, MSN, APRN, ARNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
beautifulmindsfayetteville@gmail.com

Mitchell, Tachianna, MSN, APRN ■
FL
(305) 902-6347
Digital Contact Information:
admin@sparkwg.com

Mizrahi, David, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Mizray, Militza I, MD ■
4475 Southwest 8th Street
Coral Gables, FL 33134
(786) 536-2872
Digital Contact Information:
jxross12@gmail.com

and
2500 Northwest 79th Avenue
Suite 191
Doral, FL 33122
(786) 401-7579
Digital Contact Information:
jxross12@gmail.com

and
1840 West 49th Street
304
Hialeah, FL 33012
(786) 803-8596
Digital Contact Information:
jxross12@gmail.com

and
12963 West Okeechobee Road
Unit 1
Hialeah Gardens, FL 33018
(786) 536-9329
Digital Contact Information:
jxross12@gmail.com

and
2311 Northwest 7th Street
Miami, FL 33125
(786) 706-2246
Digital Contact Information:
jxross12@gmail.com

and
8370 W Flagler St
Ste 232
Miami, FL 33144
(786) 803-8517
Digital Contact Information:
jxross12@gmail.com

and
4180 Southwest 74th Court
204
Miami, FL 33155
(786) 401-7327
Digital Contact Information:
jxross12@gmail.com

and
7420 Southwest 48th Street
a
Miami, FL 33155
(786) 755-2615
Digital Contact Information:
jxross12@gmail.com

and
12001 Southwest 128th Court
Suite Suite 104
Miami, FL 33186
(786) 868-0505
Digital Contact Information:
jxross12@gmail.com

and
12485 Southwest 137th Avenue
STE 109
Miami, FL 33186
(786) 592-2748
Digital Contact Information:
jxross12@gmail.com

and
13590 Southwest 134th Avenue
201
Miami, FL 33186
(786) 227-6258
Digital Contact Information:
jxross12@gmail.com

and
5779 Northwest 151st Street
Miami Lakes, FL 33014
(786) 353-2058
Digital Contact Information:
http://miamilakesdoctors.com
jxross12@gmail.com

Moise, Monique, MSN, APRN ■
FL
(754) 364-6154
Digital Contact Information:
cred03@zmedsolutions.net

Molina, Margie, PSYD, LP ■
FL
(305) 669-2549
Digital Contact Information:
drmargiemolina@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Molina Paz, Ania K, MSN, APRN ■
FL
(561) 707-7607
Digital Contact Information:
ania_98@yahoo.es
Other Languages Spoken by Provider or Office Staff
Spanish

Mondeja, Yanisleidy, DNP, APRN ■
9000 Southwest 137th Avenue
107
Miami, FL 33186
(305) 603-7824
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Monestine, Janice B, MSW, LCSW ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

Montanez, Ruben, MSN, NP ■
8846 Southwest 6th Street
Miami, FL 33144
(746) 486-8000
Digital Contact Information:
blueskymhaccess@gmail.com

Montero, Arasay, MSN, APRN ■
640 W Palm Dr
Ste D
Homestead, FL 33034
(786) 601-7757
Digital Contact Information:
solutiodrivenconsulting@gmail.com

and
640 West Palm Drive
c
Homestead, FL 33034
(305) 793-4701
Digital Contact Information:
solutiodrivenconsulting@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Montero, Ariadna, PSYD, LP ■
7950 W Flagler St
Ste 106
Miami, FL 33144
(305) 269-3900
Digital Contact Information:
http://www.healthymindspsy.com
drgmartinez.psychologist@gmail.com

and
7950 West Flagler Street
Suite 101
Miami, FL 33144
(305) 239-7725
Digital Contact Information:
http://www.healthymindspsy.com
drgmartinez.psychologist@gmail.com

and
FL
(305) 239-7725
Digital Contact Information:
http://www.healthymindspsy.com
drgmartinez.psychologist@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Montero, Kenia, MN, APRN ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
http://www.dgphealthandwellness.com
info@healthandwellness.com

and
12964 Southwest 133rd Court
33
Miami, FL 33186
(786) 943-4340
Digital Contact Information:
info@healthandwellness.com

and
FL
(786) 943-4340
Digital Contact Information:
info@healthandwellness.com

and
6750 Southwest 155th Avenue
Miami, FL 33193
(786) 943-4340
Digital Contact Information:
info@healthandwellness.com
Other Languages Spoken by Provider or Office Staff
Spanish

Montes De Oca, Yilian, MS, LCMHC, LCPC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ymontesy@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Montgomery, Millie, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Montgomery, Mimose, MSW, LCSW ■
FL
(305) 713-3261
Digital Contact Information:
therapeuticresilience@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole

Montilla, Claudia A, MS, LMHC ■
8450 Northwest 102nd Avenue
210
Doral, FL 33178
(305) 495-4075
Digital Contact Information:
info@paradisehealthgroup.com

and
5901 Northwest 183rd Street
Suite 264
Hialeah, FL 33015
(786) 418-9790
Digital Contact Information:
https://oasismentalhealthcenter.com
info@paradisehealthgroup.com

and
8591 Northwest South River Drive
Medley, FL 33166
(305) 456-3000
Digital Contact Information:
info@paradisehealthgroup.com

and
4905 Northwest 72nd Avenue
5
Miami, FL 33166
(786) 391-3816
Digital Contact Information:
http://paradisehealthgroup.com
info@paradisehealthgroup.com

and
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
info@paradisehealthgroup.com

and
9125 SW 87th Ave
Miami, FL 33176
(305) 735-3919
Digital Contact Information:
info@paradisehealthgroup.com

and
13335 Southwest 124th Street
STE 101
Miami, FL 33186
(786) 842-3635
Digital Contact Information:
info@paradisehealthgroup.com

and
8100 Northwest 155th Street
100
Miami Lakes, FL 33016
(786) 615-2531
Digital Contact Information:
info@paradisehealthgroup.com

Montoya, Veronica, MS, LMHC ■
3150 Southwest 38th Avenue
Suite: 1309
Coral Gables, FL 33133
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
vmontoya@insideouttherapycenter.com

and
3150 Southwest 38th Avenue
Suite 1307
Miami, FL 33146
(786) 768-8014
Digital Contact Information:
http://insideouttherapycenter.com

vmontoya@insideouttherapycenter.com
Other Languages Spoken by Provider or Office Staff English

Montpellier, Olga, MMH, LMHC ■
306 Alcazar Avenue
200
Coral Gables, FL 33134
(305) 967-8725
Digital Contact Information:
http://www.ajmmedicalcenter.com
eternitylives24@gmail.com

and
2100 West 76th Street
STE 201
Hialeah, FL 33016
(786) 353-2324
Digital Contact Information:
eternitylives24@gmail.com

and
FL
(786) 353-2324
Digital Contact Information:
eternitylives24@gmail.com

and
7811 Coral Way
103
Miami, FL 33155
(305) 484-8371
Digital Contact Information:
http://www.iq-medical-center.com
eternitylives24@gmail.com

and
3421 SW 107th Ave
Miami, FL 33165
(305) 392-1774
Digital Contact Information:
eternitylives24@gmail.com

and
12955 Southwest 42nd Street
STE 2
Miami, FL 33175
(305) 364-5711
Digital Contact Information:
eternitylives24@gmail.com

and
9010 Southwest 137th Avenue
suite 116
Miami, FL 33186
(305) 639-8685
Digital Contact Information:
eternitylives24@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Moore, Aareon C, MA, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
hello@emorahealth.com

Moore, Audrea, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
3amcounselingservices@gmail.com

Moore, Constance, LCSW, MSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
insurance@wellnite.com

Moore, Monique, MC, LMHC ■
1951 Northwest 7th Avenue
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
moniquem.lmhc@gmail.com

and
FL
(305) 902-6347
(904) 960-3119
Digital Contact Information:
moniquem.lmhc@gmail.com

Moore, Siobhan T, MS, APRN ■
2464 Southwest 22nd Street
Miami, FL 33145
(305) 204-9355
Digital Contact Information:
http://www.ampmentalhealth.com
admin@ampmentalhealth.com

Mora, Brenda, MS, LMHC ■
FL
(786) 488-8103
Digital Contact Information:
http://www.sfacounseling.org
info@sfacounseling.org
Other Languages Spoken by Provider or Office Staff
Spanish

Mora, Joseph J, PHD, LP ■
10621 North Kendall Drive
Suite #203
Miami, FL 33176
(305) 456-6976
Digital Contact Information:
davalos.credentialing@novitams.com

Mora-Hammer, Junior, MSW, LCSW ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
http://banyanhealth.org
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
credentialing@banyanhealth.org

Morales, Alfonso, MSSW, LCSW ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Morales, Arianne, MSN, APRN ■
9010 Southwest 137th Avenue
suite 116
Miami, FL 33186
(305) 639-8685
Digital Contact Information:
universalclinicalcenter@gmail.com

Morales, Beatriz, MS, LMHC, LPC ■
975 Arthur Godfrey Rd
Ste 301
Miami Beach, FL 33140
(786) 315-0387
Digital Contact Information:
bmorales@ibhflorida.com

and
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
http://www.ibhflorida.com
bmorales@ibhflorida.com

and
FL
(305) 816-6300
Digital Contact Information:
http://www.ibhflorida.com
bmorales@ibhflorida.com
Other Languages Spoken by Provider or Office Staff
Spanish

Morales, Edelis, MSN, APRN ■
7951 Southwest 40th Street
suite 200-a
Miami, FL 33155
(786) 244-9911
Digital Contact Information:
lfortun@keraltybh.com

and
FL
(786) 244-9911
Digital Contact Information:
lfortun@keraltybh.com
Other Languages Spoken by Provider or Office Staff
German, Spanish

Morales Gainza, Robert, MSN, APRN ■
7811 Coral Way
106
Miami, FL 33155
(305) 412-0138
Digital Contact Information:
equilibriummhs@gmail.com

and
14221 Southwest 120th Street
Suite 221
Miami, FL 33186
(786) 247-1308
Digital Contact Information:
equilibriummhs@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Morales Gonzalez, Jose, MD ■
299 Alhambra Circle
STE 210
Coral Gables, FL 33134
(786) 558-5729
Digital Contact Information:
http://www.polyclinichc.com
adnanmaqsood@bostonneurobehavioral.com

and
FL
(786) 558-5729
(305) 637-6400
Digital Contact Information:
http://www.polyclinichc.com
adnanmaqsood@bostonneurobehavioral.com

and
4005 Northwest 114th Avenue
22 22
Doral, FL 33178
(305) 260-6913
Digital Contact Information:
adnanmaqsood@bostonneurobehavioral.com

and
395 Northwest 14th Avenue
2
Homestead, FL 33030
(786) 349-4350
Digital Contact Information:
adnanmaqsood@bostonneurobehavioral.com

and
7392 Northwest 35th Terrace
301
Miami, FL 33122
(786) 353-2329
Digital Contact Information:
adnanmaqsood@bostonneurobehavioral.com

and
7392 Northwest 35th Terrace
Suite 302
Miami, FL 33122
(786) 353-2792
Digital Contact Information:
adnanmaqsood@bostonneurobehavioral.com

and
150 Southeast 2nd Avenue
STE 1010
Miami, FL 33131
(786) 733-0700
Digital Contact Information:
adnanmaqsood@bostonneurobehavioral.com

and
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
adnanmaqsood@bostonneurobehavioral.com

and
20612 Northwest 27th Avenue
Miami Gardens, FL 33056
(305) 637-6400
Digital Contact Information:
adnanmaqsood@bostonneurobehavioral.com
Other Languages Spoken by Provider or Office Staff
Spanish

Morales, Jilem C, MS, LMHC ■
11890 Southwest 8th Street
STE 309
Miami, FL 331841710
(305) 220-6060
Digital Contact Information:
http://www.blueangelcare.net
wmustelier@aol.com

Morales, Lisset, MS, LMHC ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 661-5511
Digital Contact Information:
lissetmr@bellsouth.net

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
http://appliedbhs.com
lissetmr@bellsouth.net
Other Languages Spoken by Provider or Office Staff
English, Spanish

Morales, Mayelin, MSW, LCSW ■
10200 Northwest 25th Street
211
Doral, FL 33172
(305) 381-0346
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and
1444 West 49th Street
Hialeah, FL 33012
(786) 703-5459
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and
900 West 49th Street
STE 400
Hialeah, FL 33012
(305) 587-2231
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and
5941 Northwest 173rd Drive
6
Hialeah, FL 33015
(786) 360-4328
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and
8001 West 26th Avenue
6 6
Hialeah, FL 33016
(786) 372-3262
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and
8551 Northwest South River Drive
Medley, FL 33166
(305) 603-9344
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and
7925 Northwest 12th Street
405
Miami, FL 33126
(786) 401-7278
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and
5455 Southwest 8th Street
230
Miami, FL 33134
(786) 629-8836
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and
1250 Southwest 27th Avenue
Suite 506
Miami, FL 33135
(786) 536-9278
Digital Contact Information:
http://rehabcenterag.com
mayelinmoraleslcsw@gmail.com

and
4905 Northwest 72nd Avenue
5
Miami, FL 33166
(786) 391-3816
Digital Contact Information:

http://paradisehealthgroup.com
mayelinmoraleslcsw@gmail.com

and
5080 Northwest 74th Avenue
Miami, FL 33166
(786) 372-3262
Digital Contact Information:
mayelinmoraleslcsw@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Morassi, Merceydes, MS, BCBA, LMHC ■
1000 Brickell Avenue
Miami, FL 33131
(954) 325-8558
Digital Contact Information:
help@comprehensivecounselor.org
Other Languages Spoken by Provider or Office Staff
Spanish

Moreda-Mendez, Yanet, MSN, APRN ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
http://www.dgphealthandwellness.com
info@kaaficounseling.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
info@kaaficounseling.com
Other Languages Spoken by Provider or Office Staff
Spanish

Moreno, Jesus E, MS, LMHC ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
perla@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla@dadefamily.com

Morgan, Jennifer, MC, LMHC ■
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
wavespsychotherapybilling@gmail.com

and
19300 West Dixie Highway
2 2
Miami, FL 33180
(786) 396-0359
Digital Contact Information:
wavespsychotherapybilling@gmail.com

Moriyon, Milko, MN, APRN ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
yavila@avilahealthgroup.com

and
664 East 25th Street
102
Hialeah, FL 33013
(786) 409-5361
Digital Contact Information:
yavila@avilahealthgroup.com

Morris, Alison R, MS, LMFT ■
17501 Biscayne Boulevard
450
Aventura, FL 33160
(754) 246-4363
Digital Contact Information:
alizoneingroup@gmail.com

Morris, Marsha, MSN, APRN, ARNP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://happierliving.com
hamza@wisemedsolutions.com
Other Languages Spoken by Provider or Office Staff English

Morris, Shezetta, MA, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
jenny.silverio@lifehealthsystem.org

Mortimer, Justin M, MD ■
150 Southeast 2nd Avenue
STE 1010
Miami, FL 33131
(786) 733-0700
Digital Contact Information:
credentail@valuecareclinic.com

and
1501 Biscayne Boulevard
#200
Miami, FL 33132
(786) 652-2450
Digital Contact Information:
credentail@valuecareclinic.com

Moses, Lia E, MS, LMHC ■
7600 Red Road
102
South Miami, FL 33143
(305) 456-1014
Digital Contact Information:
http://www.mindandsoultherapy.org
liamoses@yahoo.com

and
FL
(305) 456-1014
Digital Contact Information:
http://www.mindandsoultherapy.org
liamoses@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mosquera, Aracelis, MSW, LCSW ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
info@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and
10691 N Kendall Dr
Ste 110
Miami, FL 33176
(786) 548-1022
Digital Contact Information:
info@dadefamily.com

Moss, Melissa, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Moss, Roston, DNP, APRN ■
3105 Northwest 107th Avenue
Suite: 400
Doral, FL 33172
(954) 324-7650
Digital Contact Information:
sarduy@live.com

and
9220 Sunset Drive
104
Miami, FL 33173
(786) 724-4224
Digital Contact Information:
sarduy@live.com

Mousavi, Mahsa, MD ■
10689 N Kendall Dr
Ste 300
Miami, FL 33176
(305) 558-7400
Digital Contact Information:
hello@talkiatry.com

and
10689 N Kendall Dr
Ste 314
Miami, FL 33176
(305) 558-7400
Digital Contact Information:
hello@talkiatry.com

Mouyal, Gabriel I, MC, LMHC ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
help@joinuplift.co

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
Spanish

Mowerman, Samuel, MD ■
1120 NW 14th St
1477
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
lvgonzalez@hcnetwork.org

and
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-6400
Digital Contact Information:
lvgonzalez@hcnetwork.org

and
1695 NW 9th Ave
3308
Miami, FL 33136
(305) 355-7000
Digital Contact Information:
lvgonzalez@hcnetwork.org

and
1695 NW 9th Ave
Fl 14
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
lvgonzalez@hcnetwork.org
Other Languages Spoken by Provider or Office Staff
Spanish

Mueser, James A, MS, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
medicalbilling@nyfoundling.org

Muffett, Stephanie, MSED, LMHC ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Muldrow, Edward J, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
emuldrow3@aol.com

Mullings, Natalee S, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@caringtherapistsofbroward.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
info@caringtherapistsofbroward.com

and
1504 Bay Road
2003 2003
Miami Beach, FL 33139
(646) 374-2827
Digital Contact Information:
info@caringtherapistsofbroward.com

and
FL
(646) 374-2827
Digital Contact Information:
info@caringtherapistsofbroward.com

Mullowney, Jennifer F, MSW, LCSW ■
FL
(800) 567-5433
(508) 202-1011
Digital Contact Information:
https://totallife.com/
jfmullowney@gmail.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
jfmullowney@gmail.com

Mungo, Amani Amanda, MA, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
amungoppcc@gmail.com

Mungur, Vyata, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff French

Muniz, Jose, MSN, APRN ■
6141 Sunset Drive
402
South Miami, FL 33143
(786) 507-8300
Digital Contact Information:
lauraine@linofernandezmd.com
Other Languages Spoken by Provider or Office Staff
Spanish

Munoz Vignau, Asuncion M, MSN, APRN ■
3414 West 84th Street
Suite D110
Hialeah, FL 33018
(305) 825-4320
Digital Contact Information:
marinavignau@comcast.net

and
3416 West 84th Street
C-108
Hialeah, FL 33018
(305) 557-1555
Digital Contact Information:
marinavignau@comcast.net
Other Languages Spoken by Provider or Office Staff
Spanish

Munson, Jillian, MC, LMHC ■
999 Ponce de Leon
1120
Coral Gables, FL 33134
(305) 605-5683
Digital Contact Information:
http://lovediscovery.org
jwill2007@yahoo.com

Musselman, Dominique L, MD ■
1120 NW 14th St
1477
Miami, FL 33136
(305) 243-2301
Digital Contact Information:
Not Available

and
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-2301
Digital Contact Information:
Not Available

and
1475 NW 12th Ave
Miami, FL 33136
(305) 243-4129
Digital Contact Information:
Not Available

and
1475 NW 12th Ave
C021
Miami, FL 33136
(305) 243-4126
Digital Contact Information:
Not Available

and
1611 NW 12th Ave
Miami, FL 33136
(305) 585-1111
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
3308
Miami, FL 33136
(305) 355-7148
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
Fl 3
Miami, FL 33136
(305) 355-9006
Digital Contact Information:
Not Available

Myers, Katrina F, MA, LMFT, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Mynatt, Maggie M, MS, LMHC ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
ehoyos@lotuscounseling.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
http://www.lotuscounseling.com
ehoyos@lotuscounseling.com

Nagel, Alexandra, MA, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@mhrcflorida.com

Nainaparampil, Jaison, MD ■
698 Northeast 1st Avenue
3309 3309
Miami, FL 33132
(305) 929-3057
Digital Contact Information:
http://www.jjnmdllc.com
jaison@jjnmdllc.com

and
FL
(305) 929-3057
Digital Contact Information:
http://www.jjnmdllc.com
jaison@jjnmdllc.com

Nammur, Sarai, MC, LMHC ■
15325 Northwest 60th Avenue
#105
Miami Lakes, FL 33014
(305) 512-5388
Digital Contact Information:
sarai@sarainammur.com
Other Languages Spoken by Provider or Office Staff
Spanish

Nankivell, Martina, PA, PA_C ■
4300 Biscayne Boulevard
STE 203
Miami, FL 33137
(877) 400-0540
Digital Contact Information:
https://forallmentalhealth.com
info@forallmentalhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Napoles Garcia, Amed, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Narikkattu, Agnes, MSN, APRN ■
2828 Coral Way
Ste 460
Coral Gables, FL 33145
(954) 406-5220
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net

and
12550 Biscayne Boulevard
STE 306
North Miami, FL 33181
(305) 642-5255
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net

Nasserzare, Jahanbakhsh, MD ■
1380 Northeast Miami Gardens Drive
Suite 140
Miami, FL 33179
(305) 940-0064
Digital Contact Information:
jnasserzaremd@gmail.com
Other Languages Spoken by Provider or Office Staff
German, Farsi

Natalio, Jenny, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Navarrete, Thais, MMFT, LMFT ●
12150 Southwest 128th Court
136
Miami, FL 33186
(305) 562-8804
Digital Contact Information:
thais@thaisnavarrete.com
Other Languages Spoken by Provider or Office Staff
Spanish

Neapolitan, Vickie M, MSW, LCSW, LISW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Nelson, Bonice, MSSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Nelson, Jennifer D, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Neri, Joshua, MA, LMHC ■
17670 Northwest 78th Avenue
STE 113
Hialeah, FL 33015
(716) 558-4565
Digital Contact Information:
empoweredcommunitysolutons@gmail.com

and
15715 South Dixie Highway
226
Miami, FL 33157
(305) 849-4186
Digital Contact Information:
empoweredcommunitysolutons@gmail.com

and
5600 Southwest 135th Avenue
STE 203
Miami, FL 33183
(786) 953-4962
Digital Contact Information:
empoweredcommunitysolutons@gmail.com

and
12595 Southwest 137th Avenue
STE 201
Miami, FL 33186
(786) 770-4832
Digital Contact Information:
empoweredcommunitysolutons@gmail.com

and
13205 Southwest 137th Avenue
130
Miami, FL 33186
(786) 773-4191
Digital Contact Information:
empoweredcommunitysolutons@gmail.com

and
13335 SW 124th St
Ste 106
Miami, FL 33186
(786) 842-3964
Digital Contact Information:
empoweredcommunitysolutons@gmail.com

and
13590 Southwest 134th Avenue
205c
Miami, FL 33186
(786) 754-6474
Digital Contact Information:
empoweredcommunitysolutons@gmail.com

and
FL
(786) 773-4191
(727) 455-9330
Digital Contact Information:
empoweredcommunitysolutons@gmail.com

and
975 Arthur Godfrey Road
Suite 308
Miami Beach, FL 33140
(305) 456-1014
Digital Contact Information:
http://www.mindandsoultherapy.org
empoweredcommunitysolutons@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Nesci, Jacqueline C, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(305) 395-5978
Digital Contact Information:
Not Available

and
FL
(305) 395-5978
Digital Contact Information:
Not Available

Nesic, Natasha, MC, LMHC ■
951 Northeast 167th Street
102c
North Miami Beach, FL 33162
(786) 333-9097
Digital Contact Information:
info@mentalhealthandarttherapy.com
Other Languages Spoken by Provider or Office Staff
English, Croatian, Bosnian, Serbian

Neuhut, Samuel A, MD ■
21150 Biscayne Blvd
Ste 202
Miami, FL 33180
(305) 791-1420
Digital Contact Information:
hcaps.payorrequest@hcahealthcare.com

Neves, Tirza, MS, LMHC ■
975 Arthur Godfrey Road
Suite 308
Miami Beach, FL 33140
(305) 456-1014
Digital Contact Information:
administration@mindandsoultherapy.com

and
7600 Red Road
102
South Miami, FL 33143
(305) 456-1014
Digital Contact Information:
administration@mindandsoultherapy.com

and
7600 Southwest 57th Avenue
102
South Miami, FL 33143
(305) 456-1014
Digital Contact Information:
administration@mindandsoultherapy.com
Other Languages Spoken by Provider or Office Staff
Portuguese, English, Spanish

Newbold, Portia J, MSCC, LMHC ■
1469 NW 36th St
Miami, FL 33142
(305) 635-7444
Digital Contact Information:
mstoker@nhcmhc.org

Nguyen, Phuc Duyen, MSN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Nicewicz, Holly, DO ■
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(954) 361-2669
Digital Contact Information:
hollynicewicz@lanocepsychiatry.com

Nicholas, Nichelle, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Nichols, Janice, MSW, LCSW, LICSW, LISW-CP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(866) 478-3978
Digital Contact Information:

birches@withassured.com

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(833) 322-0977
Digital Contact Information:
http://www.joinmonument.com
birches@withassured.com

and
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
birches@withassured.com

Nicklaus, Neesha, MSN, APRN ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
sunshinepsychiatry33913@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Nieves, D'Elia, MD ■
4300 Biscayne Boulevard
STE 203
Miami, FL 33137
(877) 400-0540
Digital Contact Information:
https://forallmentalhealth.com
administration@mindandsoultherapy.com

and
975 Arthur Godfrey Road
Suite 308
Miami Beach, FL 33140
(305) 456-1014
Digital Contact Information:
http://www.mindandsoultherapy.org
administration@mindandsoultherapy.com

and
9299 SW 152nd St
Palmetto Bay, FL 33157
(305) 479-6538
Digital Contact Information:
administration@mindandsoultherapy.com

and
FL
(305) 479-6538
(877) 400-0540
Digital Contact Information:
administration@mindandsoultherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Nightingale, Atara, PA, PA_C ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
http://www.compasshealthsystem.com
credentialing@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystem.com
credentialing@compass.md

and
FL
(305) 891-0050
(305) 279-5535
(954) 771-7743
(954) 447-0010
(561) 752-9490
Digital Contact Information:
http://www.compasshealthsystem.com
credentialing@compass.md
Other Languages Spoken by Provider or Office Staff
Hebrew

Nisar, Mohammad A, MD ■
1603 Northeast 7th Avenue
Miami, FL 33137
(305) 374-1065
Digital Contact Information:
bgray@symplr.com

Njagi, Catherine, MSN, APRN ■
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Nodal, Alina C, MD ■
5951 NW 173rd Dr
B-7
Hialeah, FL 33015
(305) 557-1030
Digital Contact Information:
dr.alinanodal@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Nodal, Guido F, MD ■
7315 Northwest 36th Street
Miami, FL 33166
(786) 345-7734
Digital Contact Information:
cynthia.genovesi@ynhh.org

and
15495 Eagle Nest Lane
STE 215
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
cynthia.genovesi@ynhh.org

and
6600 Cow Pen Road
250
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
cynthia.genovesi@ynhh.org

and
215 Westward Dr
Miami Springs, FL 33166
(305) 887-4494
Digital Contact Information:
cynthia.genovesi@ynhh.org
Other Languages Spoken by Provider or Office Staff
Spanish

Nodal, Idalmis, MC, LMHC ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
tmedina@hbccmhc.com
Other Languages Spoken by Provider or Office Staff
English

Nolan, Robert, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Norelus, Ekiuwa, MSW, LCSW ■
FL
(786) 655-7300
Digital Contact Information:
http://www.noreluscounseling.com
noreluscounseling@gmail.com

Novoa, Trilce, MSCC, LMHC ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
solutiondrivenconsulting@gmail.com

Nunez, Sandra, MSW, LCSW ■
13205 Southwest 137th Avenue
Miami, FL 33186
(786) 290-9192
Digital Contact Information:
pcecofmiami@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Nunez, Yanet, MSN, APRN ■
14221 Southwest 120th Street
208
Miami, FL 33186
(786) 302-5850
Digital Contact Information:
ynunez208@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Nwakudu, Chiedza, DNP, APN ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@natobehealthcare.com

O'Connor, Knequisha L, MSN, APRN ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
Not Available

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
Not Available

O'Leary, Moya, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

O'Neill, Gloria M, MSN, APRN ■
7855 Northwest 52nd Street
Doral, FL 33166
(305) 450-9651
Digital Contact Information:
info@rushcredentialing.com

OMS, Juan, MD ■
135 San Lorenzo Ave
Ste 100
Coral Gables, FL 33146
(305) 502-3760
Digital Contact Information:
mastercare.credentialing@gmail.com

and
1200 Northwest 78th Avenue
210
Doral, FL 33126
(786) 285-3438
Digital Contact Information:
mastercare.credentialing@gmail.com

and
7855 Northwest 12th Street
221
Doral, FL 33126
(305) 648-7174
Digital Contact Information:
mastercare.credentialing@gmail.com

and
10500 Northwest 26th Street
Doral, FL 33172
(305) 646-1799
Digital Contact Information:
mastercare.credentialing@gmail.com

and
1840 W 49th St
Ste 607
Hialeah, FL 33012
(305) 828-9980
Digital Contact Information:
mastercare.credentialing@gmail.com

and
1840 West 49th Street
#404
Hialeah, FL 33012
(305) 828-9980
Digital Contact Information:
mastercare.credentialing@gmail.com

and
85 Grand Canal Drive
UNIT 203
Miami, FL 33144
(786) 536-7816
Digital Contact Information:
mastercare.credentialing@gmail.com

and
7481 Southwest 40th Street
Miami, FL 33155
(786) 536-9143
Digital Contact Information:
mastercare.credentialing@gmail.com

and
7951 Southwest 40th Street
suite 200-a
Miami, FL 33155
(305) 876-6960
Digital Contact Information:
mastercare.credentialing@gmail.com

and
4995 Northwest 72nd Avenue
209
Miami, FL 33166
(786) 651-4190
Digital Contact Information:
mastercare.credentialing@gmail.com

and
22790 SW 112th Ave
Miami, FL 33170
(305) 235-2616
Digital Contact Information:
mastercare.credentialing@gmail.com

and
13255 Southwest 137th Avenue
ste 217
Miami, FL 33186
(305) 502-3760
Digital Contact Information:
mastercare.credentialing@gmail.com

and
14400 Northwest 77th Court
#100
Miami Lakes, FL 33016
(786) 916-6073
Digital Contact Information:
mastercare.credentialing@gmail.com

and
7745 Northwest 146th Street
F1
Miami Lakes, FL 33016
(786) 633-5992
Digital Contact Information:
mastercare.credentialing@gmail.com

and
7241 Southwest 63rd Avenue
STE 101A
South Miami, FL 331434838
(786) 916-6073
Digital Contact Information:
mastercare.credentialing@gmail.com

and
7500 Sw A St # 203
West Miami, FL 33144
(786) 542-5244
Digital Contact Information:
mastercare.credentialing@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Occean, Andrelita, MMH, LCMHC ■
7950 W Flagler St
Ste 106
Miami, FL 33144
(305) 269-3900
Digital Contact Information:
drgmartinez.psychologist@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Creole, French

Occelus, Ranovy, MSN, APRN, APRNCNP, NP ■
FL
(508) 202-1011
Digital Contact Information:
credentialing@sevenstarling.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@sevenstarling.com

Other Languages Spoken by Provider or Office Staff English

Ochoa Basulto, Anett, MPSY, LMHC ■
9260 Southwest 72nd Street
103 bldg 6
Miami, FL 33173
(786) 359-4448
Digital Contact Information:
anettochoa2015@gmail.com

and
13335 Southwest 124th Street
STE 211
Miami, FL 33186
(786) 551-8253
Digital Contact Information:
anettochoa2015@gmail.com

Octa, Christina, MC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
tocta.me@gmail.com

Odera, Lynda, MSN, APRN ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
credentialing@banyanhealth.org

Odum, Lesli S, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
leslie.odum@gmail.com

Ogugua, Adeola A, MSN, APRN, NP ■
FL
(305) 902-6347
Digital Contact Information:
hr.credentialing@sohomd.com
Other Languages Spoken by Provider or Office Staff English

Ojeda, Guillermo, MSN, APRN ■
1550 Madruga Avenue
Suite 406
Coral Gables, FL 33146
(210) 864-2466
Digital Contact Information:
infodesk@bregmanmedicalgroup.com

Ojo, Kofoworola, MD ■
2730 Southwest 3rd Avenue
701
Miami, FL 33129
(201) 389-2729
Digital Contact Information:
https://sklifestylepsychiatry.com
kofoojomd@gmail.com

and
FL
(201) 389-2729
Digital Contact Information:
https://sklifestylepsychiatry.com
kofoojomd@gmail.com

Okoloedo, Christian, MSN, APRNCNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
mia.schmidt@televerohealth.com
Other Languages Spoken by Provider or Office Staff English

Okonkwo, Chinyere O, MSN, NP, PMHNP ■
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
info@aimergency.org

Okwuadigbo, Olaocha B, MD ■
790 Northwest 107th Avenue
Suite 107
Miami, FL 33172
(770) 492-2960
Digital Contact Information:
cheryl@qualitycredentialinginc.com

and
14891 Southwest 159th Court
Miami, FL 33196
(877) 910-0647
Digital Contact Information:
cheryl@qualitycredentialinginc.com

Oliva, Ivan, MSN, APRN ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
olivaob91@gmail.com

Oliva, Michael, MSN, APRN ■
FL
(786) 564-0426
(321) 399-2899
Digital Contact Information:
info@mavaorg.com

Oliver Guerra, Yamilet, MSN, APRN ■
2650 Southwest 27th Avenue
Suite 305
Miami, FL 33133
(786) 353-9812
Digital Contact Information:
regionspraxiscare@gmail.com

and
22133 South Dixie Highway
Miami, FL 33170
(786) 504-3119
Digital Contact Information:
regionspraxiscare@gmail.com

and
13205 Southwest 137th Avenue
STE 132
Miami, FL 331865334
(786) 475-4279
Digital Contact Information:
http://dominguezcommunitycenter.com
regionspraxiscare@gmail.com

and
9299 SW 152nd St
Palmetto Bay, FL 33157
(305) 479-6538
Digital Contact Information:
regionspraxiscare@gmail.com
Other Languages Spoken by Provider or Office Staff English

Olszanski, Leandro, EDM, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
lolszanski@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Olti Weissbrun, Vivian, MD ■
1680 Meridian Ave
Ste 501
Miami Beach, FL 33139
(305) 531-5341
Digital Contact Information:
llong@dgcmhc.org

and
1150 Northeast 125th Street
North Miami, FL 33161
(305) 403-0653
Digital Contact Information:
llong@dgcmhc.org
Other Languages Spoken by Provider or Office Staff Haitian Creole, Spanish

Omega, Reynald, MSN, APRN, CNP ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
intake@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
intake@compass.md
Other Languages Spoken by Provider or Office Staff Creole, French, Spanish

Onifade, Beatrice, MN, APRN ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

and
17940 Northwest 27th Avenue
Miami Gardens, FL 33056
(954) 478-6577
Digital Contact Information:
insurance@wellnite.com

Orama, Kamir A, PSYD, LP ■
2020 Ponce de Leon
Suite 1201
Miami, FL 33134
(305) 917-5414
Digital Contact Information:
http://www.psychologybeyond.com
oramapsyd@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Orin, Ramon S, MA, LMHC ■
12030 Southwest 129th Court
Suite 211
Miami, FL 33186
(305) 639-8760
Digital Contact Information:
rorin31@bellsouth.net

and
12360 Southwest 132nd Court
STE 202
Miami, FL 33186
(786) 250-3396
Digital Contact Information:
rorin31@bellsouth.net
Other Languages Spoken by Provider or Office Staff Spanish

Ortega, Laura R, MS, LMFT ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
contact@elevatepsychiatry.com

and
1711 W 38th Pl
Ste 1207
Hialeah, FL 33012
(786) 592-0940
Digital Contact Information:
contact@elevatepsychiatry.com

and
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
contact@elevatepsychiatry.com

and
16201 SW 95th Ave
Ste 101
Miami, FL 33157
(786) 592-0940
Digital Contact Information:
contact@elevatepsychiatry.com

Ortega, Melissa, MPSY, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
melissaortegams@gmail.com

and
12485 Southwest 137th Avenue
STE 212
Miami, FL 33186
(305) 998-8060
Digital Contact Information:
melissaortegams@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Ortega, Patricia L, MSED, LMHC ■
9010 Southwest 137th Avenue
Ste 216
Miami, FL 33186
(305) 794-7078
Digital Contact Information:
p.ortegalmhc@gmail.com

Ortiz, Christian, MD ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@chcsbc.org

and
FL
(305) 395-5978
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@chcsbc.org

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(305) 395-5978
Digital Contact Information:
http://www.bayshoreintegratedhealth.com
credentialing@chcsbc.org
Other Languages Spoken by Provider or Office Staff Spanish

Osborne, Michael, BA, CADC-II ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
kjohnson@tanner.org

and
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
https://www.emorahealth.com/
kjohnson@tanner.org

Osher, Carol, MSSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Osorio, Yanira, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
tori@paxhealth.net

Otero Desantiago, Luis A, MMH, LMHC ■
FL
(954) 850-1859
Digital Contact Information:
luis@ctraumacare.com

Overholt, Kristen P, MSCC, LMHC ■
2600 S Douglas Rd
Ste 1003
Coral Gables, FL 33134
(305) 445-0477
Digital Contact Information:
ana@coralgablescounseling.com

Owens, Alana, MC, LCSW ■
1951 Northwest 7th Avenue
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
Not Available

Oyaga, Alberto, MSN, APRN ■
2001 Northwest 107th Avenue
412
Doral, FL 33172
(786) 548-8322
Digital Contact Information:

retreatmedicalcenter@gmail.com

and
777 E 25th St
Ste 212
Hialeah, FL 33013
(786) 409-7329
Digital Contact Information:
retreatmedicalcenter@gmail.com

and
244 Biscayne Boulevard
2007 2007
Miami, FL 33132
(786) 968-4172
Digital Contact Information:
retreatmedicalcenter@gmail.com

and
1818 West Flagler Street
Miami, FL 33135
(786) 755-2892
Digital Contact Information:
http://www.goldengatemedicalgroup.com
retreatmedicalcenter@gmail.com

and
1818 West Flagler Street
Ste 2
Miami, FL 33135
(786) 755-2892
Digital Contact Information:
http://www.goldengatemedicalgroup.com
retreatmedicalcenter@gmail.com

and
7116 Southwest 47th Street
Miami, FL 33155
(786) 794-2655
Digital Contact Information:
retreatmedicalcenter@gmail.com

and
5673 Southwest 137th Avenue
Miami, FL 33183
(305) 385-3949
Digital Contact Information:
retreatmedicalcenter@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Oyerinde, Anthonia O, MSN, APRNCNP, PMHNP ■
FL
(305) 902-6347
Digital Contact Information:
http://www.bebravehealth.com
Other Languages Spoken by Provider or Office Staff Igbo, English, Yoruba

Oyerinde, Mercy O, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
woodstock.support@thriveworks.com
Other Languages Spoken by Provider or Office Staff English

Pabon, Hernan, MD ■
7374 SW 93rd Ave
Ste 201A
Miami, FL 33173
(786) 753-7467
Digital Contact Information:
info@doctorsccs.com

and
9000 Southwest 137th Avenue
#116
Miami, FL 33186
(305) 671-3503
Digital Contact Information:
http://www.behavioralccs.com
info@doctorsccs.com

and
9000 Southwest 137th Avenue
Suite 103
Miami, FL 33186
(305) 671-3503
Digital Contact Information:
http://www.behavioralccs.com
info@doctorsccs.com
Other Languages Spoken by Provider or Office Staff Spanish

Pace, Caroline, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Padilla, Americo F, MD ■
3100 SW 62nd Ave
Miami, FL 33155
(305) 666-6511
Digital Contact Information:
americo.padilla@nicklaushealth.org

and
3100 SW 62nd Ave
Fl 2
Miami, FL 33155
(786) 624-5747
Digital Contact Information:
americo.padilla@nicklaushealth.org

and
8955 SW 87th Ct
Ste 112
Miami, FL 33176
(305) 722-7210
Digital Contact Information:
americo.padilla@nicklaushealth.org
Other Languages Spoken by Provider or Office Staff Spanish

Padilla, Vicki, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Padro, Mariela T, MD ■
975 Arthur Godfrey Road
Ste 302
Miami Beach, FL 33140
(305) 456-1014
Digital Contact Information:
http://www.mindandsoultherapy.org
padromd@mindandsoultherapy.com
Other Languages Spoken by Provider or Office Staff Spanish

Padron, Adis E, MS, LMHC ■
1840 West 49th Street
304
Hialeah, FL 33012
(786) 803-8596
Digital Contact Information:
fl-credentialing@lifestance.com

and
13205 Southwest 137th Avenue
206 208
Miami, FL 33186
(786) 592-2063
Digital Contact Information:
fl-credentialing@lifestance.com

and
14645 Northwest 77th Avenue
101
Miami Lakes, FL 33014
(833) 769-3524
Digital Contact Information:
http://lifestance.com
fl-credentialing@lifestance.com
Other Languages Spoken by Provider or Office Staff Spanish

Padron, Yudit, MSN, APRN ■
5190 Northwest 167th Street
201
Hialeah, FL 33014
(305) 705-4289
Digital Contact Information:
information@dadefamilly.com

and
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
information@dadefamilly.com

and
7821 Coral Way
100
Miami, FL 33155
(786) 409-5690
Digital Contact Information:
information@dadefamilly.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
information@dadefamilly.com

and
13226 SW 8th St
Miami, FL 33184
(786) 518-3353
Digital Contact Information:
information@dadefamilly.com

Paez, Ronaldys, MSN, APRN ■
FL
(305) 615-5145
Digital Contact Information:
http://www.araratpsychiatry.com
info@araratpsychiatry.com

Pagano, Lindsay, MSW, LCSW ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Pages, Vanessa L, PSYD, LP ■
255 University Drive
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
v.pages@harmonyatthegables.com

and
2550 Douglas Road
201
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
v.pages@harmonyatthegables.com

and
401 Coral Way
Ste # 105
Coral Gables, FL 33134
(786) 534-4979
Digital Contact Information:
v.pages@harmonyatthegables.com

and
717 Ponce de Leon
STE 307
Coral Gables, FL 33134
(305) 952-3247
Digital Contact Information:
v.pages@harmonyatthegables.com

and
1840 West 49th Street
709
Hialeah, FL 33012
(786) 393-0315
Digital Contact Information:
v.pages@harmonyatthegables.com

and
419 West 49th Street
212
Hialeah, FL 33012
(305) 299-1614
Digital Contact Information:
v.pages@harmonyatthegables.com

and
4445 West 16th Avenue
STE 602
Hialeah, FL 33012
(813) 999-1524
Digital Contact Information:
v.pages@harmonyatthegables.com

and
5911 Northwest 173rd Drive
6 6
Hialeah, FL 33015
(786) 380-9229
Digital Contact Information:
v.pages@harmonyatthegables.com

and
10550 Northwest 77th Court
401
Hialeah Gardens, FL 33016
(786) 332-3340
Digital Contact Information:
v.pages@harmonyatthegables.com

and
7392 Northwest 35th Terrace
Ste 203-204
Miami, FL 33122
(786) 310-7667
Digital Contact Information:
v.pages@harmonyatthegables.com

and
815 NW 57th Ave
Ste 400
Miami, FL 33126
(786) 693-6500
Digital Contact Information:
v.pages@harmonyatthegables.com

and
1428 Brickell Ave
Ste 403
Miami, FL 33131
(305) 915-5708
Digital Contact Information:
v.pages@harmonyatthegables.com

and
2650 Southwest 27th Avenue
Suite 305
Miami, FL 33133
(786) 353-9812
Digital Contact Information:
http://www.harmonyatthegablesclinic.com
v.pages@harmonyatthegables.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
v.pages@harmonyatthegables.com

and
4471 Northwest 36th Street
Unit 202
Miami, FL 33166
(786) 558-4800
Digital Contact Information:
v.pages@harmonyatthegables.com

and
9375 Fontainebleau Boulevard
l119 l119
Miami, FL 33172
(305) 889-8015
Digital Contact Information:
v.pages@harmonyatthegables.com

and
9380 Southwest 72nd Street
245
Miami, FL 33173
(305) 381-5434
Digital Contact Information:
v.pages@harmonyatthegables.com

and
9380 Sunset Drive
b240
Miami, FL 33173
(786) 534-4979
Digital Contact Information:
v.pages@harmonyatthegables.com

and
931 Southwest 122nd Avenue
Miami, FL 33184
(305) 603-9235
Digital Contact Information:
v.pages@harmonyatthegables.com

and
12001 SW 128th Ct
Ste 102
Miami, FL 33186
(786) 971-7920
Digital Contact Information:
v.pages@harmonyatthegables.com

and
13255 Southwest 137th Avenue
ste 217
Miami, FL 33186
(305) 502-3760
Digital Contact Information:
v.pages@harmonyatthegables.com

and
5803 Northwest 151st Street
suite#200 B
Miami Lakes, FL 33014
(786) 612-4461
Digital Contact Information:
v.pages@harmonyatthegables.com

and
8181 Northwest 154th Street
STE 112
Miami Lakes, FL 33016
(786) 360-5883
Digital Contact Information:
v.pages@harmonyatthegables.com

and
1190 Northwest 95th Street
307
Miami Shores, FL 33150
(407) 572-8053
Digital Contact Information:
v.pages@harmonyatthegables.com
Other Languages Spoken by Provider or Office Staff French, Spanish

Palaez, Alexandra, MS, LMFT ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:

draida@mpsmentalhealth.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
draida@mpsmentalhealth.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
draida@mpsmentalhealth.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
draida@mpsmentalhealth.com
Other Languages Spoken by Provider or Office Staff
French, Russian, Spanish

Palamara, Sherry A, PSYD, LP ■
3105 Northwest 107th Avenue
Suite: 400
Doral, FL 33172
(305) 920-3921
Digital Contact Information:
shpalamara@aol.com

and
10305 NW 41st St
Ste 205
Doral, FL 33178
(305) 994-7420
Digital Contact Information:
shpalamara@aol.com

and
407 Lincoln Rd
Ste 6L
Miami Beach, FL 33139
(305) 994-7420
Digital Contact Information:
shpalamara@aol.com

Palancar Gainza, Eleanis, MSN, APRN ■
7000 West 12th Avenue
15
Hialeah, FL 33014
(305) 395-4919
Digital Contact Information:
xantoswellness25@gmail.com

and
12550 Biscayne Boulevard
STE 507
North Miami, FL 33181
(305) 204-1209
Digital Contact Information:
xantoswellness25@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Palau, Barbara K, MSS, LMHC ■
12970 SW 133rd Ct
Miami, FL 33186
(786) 263-3676
Digital Contact Information:
bkpalau@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Palenque, Yoni R, MSN, APRN ■
2000 Northwest 87th Avenue
Suite 201
Doral, FL 33172
(954) 561-6222
Digital Contact Information:
info@ventremedical.com

and
5901 Southwest 74th Street
408
Miami, FL 33143
(305) 735-3555
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Palermo, Brittany, MSN, APNP, APRN, APRNCNP, CRNP, NP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
brittany.palermo@chenaltherapy.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com
Other Languages Spoken by Provider or Office Staff English

Palle, Hysintine, DNP, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
administration@empowermenthealthllc.com

Pandini, Heli, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
credentialing@thriveworks.com

Pantano, Lisa, MC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
leigh.pantano@gmail.com

Papirno, Naomi, MSED, LMFT ■
1951 NW 17th Ave
Miami, FL 33125
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

Parashar, Sunil D, MD ■
3323 Northeast 163rd Street
North Miami Beach, FL 33160
(989) 583-6800
Digital Contact Information:
rachel.johnson@curemd.com

Pardillo, Jacqueline, MS, LMHC ■
10030 Southwest 40th Street
A
Miami, FL 33165
(305) 400-8899
Digital Contact Information:
jackie@miamipsychological.com

and
FL
(305) 400-8899
Digital Contact Information:
jackie@miamipsychological.com

and
8200 Northwest 41st Street
Suite 200
Miami, FL 33166
(305) 721-3128
Digital Contact Information:
jackie@miamipsychological.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Paris, Emilia, MC, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Parodi, Laura, MPSY, LMFT ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
bravosmentalhealthcare@gmail.com

and
2100 West 76th Street
#209
Hialeah, FL 33016
(786) 201-1088
Digital Contact Information:
bravosmentalhealthcare@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Parra, Jenny, MD ■
3785 Northwest 82nd Avenue
307
Doral, FL 33166
(305) 898-5420
Digital Contact Information:
jenparrahmb@outlook.com

and
5701 Southwest 107th Avenue
203
Miami, FL 33173
(305) 315-4170
Digital Contact Information:
jenparrahmb@outlook.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Parsons, Charity, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Patel, Leila M, MSN, APRN ■
FL
(786) 250-6240
Digital Contact Information:
info@thepractice.co

Patel-Steingart, Gita M, MA, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@elitedna.com

Patsicostas, Susan, MS, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
strive@strivementalhealthllc.com

Patterson, Trakeeta A, MSW, LCSW ■
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
dreamagainservices@gmail.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
dreamagainservices@gmail.com

Patton, Jacquelyn, MACP, LMHC ●
8500 SW 92nd Street
206
Miami, FL 33156
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
billing@livewelltherapygroup.com

and
7600 Southwest 57th Avenue
suite 334
South Miami, FL 33143
(786) 332-4478
Digital Contact Information:
billing@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Paul, Michelle J, MN, APRN ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Paula Jorge, Lynette D, MSN, APRN ■
8323 Northwest 12th Street
108
Doral, FL 33126
(305) 400-8511
Digital Contact Information:
http://www.cbhwestcoast.com
info@cbhwestcoast.com

Pazos, Flora, MA, CSW, LMHC ■
3785 Northwest 82nd Avenue
307
Doral, FL 33166
(239) 491-2753
Digital Contact Information:
peacefulprogressmiami@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pedroso, Denia, MN, APRN ■
FL
(786) 361-9564
Digital Contact Information:
ecjmedservicescorp@gmail.com

Peguero, Dianelys, MSN, APRN ■
4910 East 2nd Avenue
Hialeah, FL 33013
(954) 239-8860
Digital Contact Information:

adminsomosvida@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pelaez, Janys, MSN, APRN ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
http://banyanhealth.org
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
credentialing@banyanhealth.org

Pelaez Munsey, Sandra R, MSN, APRN ■
8323 Northwest 12th Street
Ste 206
Doral, FL 33126
(305) 373-3424
Digital Contact Information:
drasimnisar@gmail.com

and
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
drasimnisar@gmail.com

and
2300 West 84th Street
Ste 601
Hialeah, FL 33016
(305) 363-4001
Digital Contact Information:
drasimnisar@gmail.com

and
2311 Northwest 7th Street
Miami, FL 33125
(786) 789-6021
Digital Contact Information:
drasimnisar@gmail.com

and
7921 Bird Rd
Ste 41
Miami, FL 33155
(305) 425-1393
Digital Contact Information:
drasimnisar@gmail.com

and
7971 Bird Road
15
Miami, FL 33155
(786) 504-5620
Digital Contact Information:
drasimnisar@gmail.com

and
7001 SW 97th Ave
Ste 206
Miami, FL 33173
(786) 294-0123
Digital Contact Information:
https://www.chgpsychiatry.com/
drasimnisar@gmail.com

and
7001 Southwest 97th Avenue
206a
Miami, FL 33173
(305) 373-3424
Digital Contact Information:
https://www.chgpsychiatry.com/
drasimnisar@gmail.com

and
13706 Southwest 56th Street
STE 105-106
Miami, FL 331756036
(786) 523-4289
Digital Contact Information:
drasimnisar@gmail.com

and
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
drasimnisar@gmail.com

and
5391 Northwest 36th Street
Miami Springs, FL 33166
(305) 418-0580
Digital Contact Information:
drasimnisar@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Peleg-Oren, Neta, PHD, LCSW ■
2627 NE 203rd St
Ste 113
Miami, FL 33180
(786) 877-0919
Digital Contact Information:
npelegoren@gmail.com
Other Languages Spoken by Provider or Office Staff
Hebrew

Pellot, Gladys J, MS, LMHC ■
31 N Krome Ave
Homestead, FL 33030
(786) 481-5909
Digital Contact Information:
http://www.infinitecompletecare.com
info@infinitecc.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

Pena, Edgar, MS, LMHC ■
1354 Washington Avenue
221
Miami Beach, FL 33139
(305) 766-8064
Digital Contact Information:
http://www.mbbehavioralhealth.com
mbbehavioralhealth1@yahoo.com

and
15495 Eagle Nest Lane
STE 215
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
mbbehavioralhealth1@yahoo.com

and
6600 Cow Pen Road
250
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
mbbehavioralhealth1@yahoo.com

and
215 Westward Dr
Miami Springs, FL 33166
(305) 887-4494
Digital Contact Information:
mbbehavioralhealth1@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pena, Frances, MSW, LCSW ■
8100 SW 81st Dr
Ste 290
Miami, FL 33143
(305) 975-4049
Digital Contact Information:
credentialing@joinuplift.co

and
16095 SW 150th St
Miami, FL 33196
(305) 975-4049
Digital Contact Information:
credentialing@joinuplift.co
Other Languages Spoken by Provider or Office Staff
Spanish

Pena, Francisco, MMH, LMHC ■
FL
(786) 536-9714
Digital Contact Information:
http://www.abc4s.com
admin@abc4s.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pena, Giliana G, MSSW, LCSW ■
8300 West Flagler Street
170
Miami, FL 33144
(786) 633-5171
Digital Contact Information:
olympushcs@gmail.com

and
14400 Northwest 77th Court
#100
Miami Lakes, FL 33016
(786) 916-6073
Digital Contact Information:
olympushcs@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pena Pacheco, Nariel, MSN, APRN ■
18901 Southwest 106th Avenue
229
Miami, FL 33157
(786) 506-9008
Digital Contact Information:
advancecommunity71@gmail.com

and
10031 Southwest 40th Street
Miami, FL 33165
(786) 442-9628
Digital Contact Information:
advancecommunity71@gmail.com

Penalver, Alberto A, MD ■
2780 Southwest 37th Avenue
Suite 206
Miami, FL 33133
(305) 646-0112
Digital Contact Information:
haquinotapia@pmrconsulting.net
Other Languages Spoken by Provider or Office Staff
Spanish

Penaranda, Yohan, MS, LMHC ■
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
http://brightsyhealthfl.com
brightsyhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Penate, Aurora, MS, LMHC ■
2550 Douglas Road
Ste #301
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
http://www.mindandsoultherapy.org
daylen.ponce@nicklaushealth.org

and
3100 SW 62nd Ave
Miami, FL 33155
(305) 663-8439
Digital Contact Information:
daylen.ponce@nicklaushealth.org
Other Languages Spoken by Provider or Office Staff
Spanish

Penichet, Abigail, MSN, APRN ■
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(954) 361-2669
Digital Contact Information:
admin@everyrosellc.com

Peral, Nikita R, MS, LMHC ●
3081 Salzedo Street
Suite 202 -S
Coral Gables, FL 33134
(786) 254-1443
Digital Contact Information:
rootedwellnessmiami@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Peralbo Perez, Juan V, MSN, APRNPMH ■
15935 Northwest 57th Avenue
Hialeah, FL 33014
(786) 953-5506
Digital Contact Information:
jessica@sanmiguelwellnesscenter.com

and
12030 Southwest 129th Court
107a
Miami, FL 33186
(305) 432-4032
Digital Contact Information:
jessica@sanmiguelwellnesscenter.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Peralta, Luisa, PSYD, LP ■
2525 Ponce de Leon
Suite 300
Coral Gables, FL 33134
(954) 608-1739
Digital Contact Information:
dr.luisaperalta@gmail.com

Peraza, Dania, MSN, APRN ■
FL
(305) 824-0637
Digital Contact Information:
bccsoperations@doctorsccs.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
bccsoperations@doctorsccs.com

Peraza Llanes, Alexander, MSN, APRN ■
2000 Northwest 87th Avenue
Suite 201
Doral, FL 33172
(954) 561-6222
Digital Contact Information:
info@ventremedical.com

and
5901 Southwest 74th Street
408
Miami, FL 33143
(305) 735-3555
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perdomo, Dolores, PHD, LCSW ■
5555 Ponce De Leon Blvd
Coral Gables, FL 33146
(305) 355-9028
Digital Contact Information:
Not Available

and
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-2301
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
1404A
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
Fl 3
Miami, FL 33136
(305) 355-7000
Digital Contact Information:
Not Available

Pereda, Vanessa, PSYD, LP ■
7600 South Red Road
200
South Miami, FL 33143
(786) 508-2207
Digital Contact Information:
http://www.lunapsychology.com
angelo@lunapsychology.com

Peredo, Carolina, MPSY, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3800 West Flagler Street

Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
credentialing@banyanhealth.org

Perera, Mirbelys, MD ■
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez Arias, Yanet, MSN, APRN ■
14201 Southwest 120th Street
suite 110
Miami, FL 33186
(786) 238-7492
Digital Contact Information:
https://mitierramedicalgroup.com
office@mitierramedicalgroup.com

Perez, Belkis B, MSN, NP ■
FL
(305) 579-2885
Digital Contact Information:
http://www.lumimindpsychiatrywellness.com
lumimindpsychwell@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Perez Benitez, Carlos I, PHD, LP ■
1701 W Flagler St
Ste 310
Miami, FL 33135
(786) 467-7006
Digital Contact Information:
carlosisraelphd@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Dania, MSN, APRN ■
4155 Southwest 130th Avenue
Suite 114B
Miami, FL 33175
(305) 546-9013
Digital Contact Information:
nicanoragent83@gmail.com

and
FL
(305) 546-9013
Digital Contact Information:
nicanoragent83@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Guadalupe, MS, LMHC ■
7875 SW 104th St
Ste 101
Miami, FL 33156
(305) 899-1587
Digital Contact Information:
http://www.jcsfl.org
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Jesus, PSYD, LP ■
215 Westward Dr
Miami Springs, FL 33166
(305) 887-4494
Digital Contact Information:
perez_29993@msn.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Lorena, MC, LMHC ■
1603 Northeast 7th Avenue
Miami, FL 33137
(305) 374-1065
Digital Contact Information:
http://camillus.org
alexo@camillus.org
Other Languages Spoken by Provider or Office Staff
Spanish

Perez Lujan, Dalgys, MC, LMHC ■
2500 Northwest 79th Avenue
233
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
gandgmedicalcenter@gmail.com

and
3785 Northwest 82nd Avenue
307
Doral, FL 33166
(305) 898-5420
Digital Contact Information:
gandgmedicalcenter@gmail.com

and
1165 West 49th Street
suite 207
Hialeah, FL 33012
(305) 703-3386
Digital Contact Information:
gandgmedicalcenter@gmail.com

and
15935 Northwest 57th Avenue
Hialeah, FL 33014
(786) 953-5506
Digital Contact Information:
gandgmedicalcenter@gmail.com

and
7392 Northwest 35th Terrace
Suite 302
Miami, FL 33122
(786) 353-2792
Digital Contact Information:
gandgmedicalcenter@gmail.com

and
9900 Southwest 107th Avenue
STE 101
Miami, FL 33176
(305) 964-5381
Digital Contact Information:
gandgmedicalcenter@gmail.com

and
FL
(786) 703-9779
(305) 703-3386
Digital Contact Information:
https://www.gandgmedicalcenter.com
gandgmedicalcenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez Machin, Lisyen, MSN, APRN ■
900 West 49th Street
STE 512
Hialeah, FL 33012
(786) 536-1701
Digital Contact Information:
credentialing@premedsys.com

and
351 NW 42nd Ave
Ste 406
Miami, FL 33126
(786) 536-1710
Digital Contact Information:
credentialing@premedsys.com

and
1890 Southwest 57th Avenue
SUITE 106
Miami, FL 33155
(786) 536-1701
Digital Contact Information:
http://www.integratedhealthcare.group
credentialing@premedsys.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Nelson M, MS, LMHC ■
2500 Northwest 79th Avenue
Suite 227
Doral, FL 33122
(305) 456-9396
Digital Contact Information:
info@jagcommunityhealth.com

and
10200 Northwest 25th Street
211
Doral, FL 33172
(305) 381-0346
Digital Contact Information:
info@jagcommunityhealth.com

and
1840 West 49th Street
Ste 408
Hialeah, FL 33012
(305) 603-9202
Digital Contact Information:
info@jagcommunityhealth.com

and
10300 Southwest 72nd Street
250b
Miami, FL 33173
(787) 433-7751
Digital Contact Information:
info@jagcommunityhealth.com

and
9350 Southwest 72nd Street
105
Miami, FL 33173
(786) 401-7579
Digital Contact Information:
info@jagcommunityhealth.com

and
FL
(786) 607-2257
Digital Contact Information:
http://www.harmonyhealth.com
info@jagcommunityhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Rosa A, MSN, APRN ■
6262 Bird Road
Ste 2K
Miami, FL 33155
(305) 692-0421
Digital Contact Information:
Not Available

Perez, Rosbel, MSN, APRN ■
8532 Southwest 8th Street
STE 290
Miami, FL 33144
(786) 927-8048
Digital Contact Information:
http://www.icaremh.com
dovebehavioralhealth@gmail.com

Perez, Victoria, MSW, LCSW ■
12540 Southwest 8th Street
Miami, FL 33184
(305) 705-6840
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Perez-Carrion, Jessenia, PSYD, LCP ■
100 NE 15th St
Ste 101D
Homestead, FL 33030
(833) 779-8646
Digital Contact Information:
perezc.jessenia@gmail.com

and
FL
(486) 499-5327
Digital Contact Information:
https://www.healinghavenpsychology.com/
perezc.jessenia@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez-Castro, Josefina, MSW, LCSW ■
5001 SW 74th Ct
Ste 104
Miami, FL 33155
(305) 663-0013
Digital Contact Information:
anagabilling@gmail.com

and
6955 NW 77th Ave
Ste 401
Miami, FL 33166
(305) 663-0013
Digital Contact Information:
anagabilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez-Pacheco, Robinson A, MSW, LCSW ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com

Perez-Suarez, Neyma, MN, APRN ■
2500 Northwest 79th Avenue
Suite 227
Doral, FL 33122
(305) 456-9396
Digital Contact Information:
admin@pirismedicalcenter.com

and
7483 Southwest 24th Street
201b
Miami, FL 33165
(786) 479-5058
Digital Contact Information:
admin@pirismedicalcenter.com

and
13335 Southwest 124th Street
STE 204
Miami, FL 33186
(786) 732-6192
Digital Contact Information:
admin@pirismedicalcenter.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pericles, Jessica, MS, APRN ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(773) 782-7609
Digital Contact Information:
https://bethpsychiatry.com
credentialing.5@scribealign.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
https://bethpsychiatry.com
credentialing.5@scribealign.com

Perlata Pena, Junior, MSN, APRN ■
5705 West 12th Lane
Hialeah, FL 33012
(786) 682-6393
Digital Contact Information:
rcarmona@rcpsychiatryim.net
Other Languages Spoken by Provider or Office Staff English

Peskin, Abigail, PHD, LP ■
1601 NW 12th Ave
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
admin@aliciasplace.org

Peters-Kurtz, Andee, MSW, LCSW, LICSW ■
333 Southeast 2nd Avenue
Suite 2000
Miami, FL 33131
(323) 454-3659
Digital Contact Information:
andeelicsw@gmail.com

Petras, Amber, MSN, APRN, CNP ■
5915 Ponce de Leon
23 26
Coral Gables, FL 33146
(786) 664-7810
Digital Contact Information:
https://southfloridaintegrativemed.com
sm@southfloridaintegrativemed.com

Petrosky, Michael, MAT, LMHC ■

801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
help@joinuplift.co

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
Spanish

Pettus, Tenisha, PHD, LMFT ■
FL
(786) 724-4224
Digital Contact Information:
admin@vita-cog.com

Phelan, Sean M, MS, LMHC ■
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
fl-credentialing@lifestance.com

and
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
fl-credentialing@lifestance.com

Phelps, Sharion, MS, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Philogene, Ronald D, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
rdphilogene@gmail.com
Other Languages Spoken by Provider or Office Staff Creole

Philogene, Sherline, MSN, APRN ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
credentialing@pscpalmbeach.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
credentialing@pscpalmbeach.com

Phung, Phung T, MD ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
credentialing@lifestance.com

Pico-Guardado, Daima, PSYD, LP ■
10691 N Kendall Dr
Ste 105
Miami, FL 33176
(305) 668-6018
Digital Contact Information:
cartayagroup@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pierral, Julimar J, MMH, LMHC ■
3850 SW 87th Ave
Ste 102
Miami, FL 33165
(786) 615-4443
Digital Contact Information:
floridapsychotherapygroup@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pierre, Jason, MSN, APN, PMHNP ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Pierre Jean, Felicie, MSN, NP ■
18117 Biscayne Boulevard
1554
Miami, FL 33160
(786) 652-1444
Digital Contact Information:
felserghealth@accesscarefl.com
Other Languages Spoken by Provider or Office Staff English

Pierre, Urmene, DNP, APRN ■
510 Northwest 98th Street
Miami, FL 33150
(754) 266-5509
Digital Contact Information:
info.goodshepherd20@gmail.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, French

Pimentel, Monica, MSN, APRN, PMHNP ■
FL
(305) 509-8686
(407) 462-1254
Digital Contact Information:
http://www.brighter-you.com
info@brighter-you.com

Pineda, Cinia M, MSN, APRN ■
8950 Southwest 74th Court
1911
Miami, FL 33156
(786) 637-0907
Digital Contact Information:
info@rushcredentialing.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pinnock, Sarina, LCSW, MSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

Pino, Fernando, MD ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
fpinomd@gmail.com

and
7700 Southwest 88th Street
503
Miami, FL 33156
(305) 595-1949
Digital Contact Information:
fpinomd@gmail.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
fpinomd@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pino, Leydis, PSYD, BCBA, LCP ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 317-4478
Digital Contact Information:
https://crystalabatherapy.com/
services@cmnbtherapy.com

and
1000 Brickell Avenue
Miami, FL 33131
(754) 234-0643
Digital Contact Information:
services@cmnbtherapy.com

and
9502 Southwest 166th Court
Miami, FL 33196
(754) 234-0643
Digital Contact Information:
services@cmnbtherapy.com

Pitaluga, Iris, MS, LMHC ■
1360 South Dixie Highway
355
Coral Gables, FL 33146
(305) 648-9344
Digital Contact Information:
alternatives1@msn.com
Other Languages Spoken by Provider or Office Staff English

Plasencia, Belkis, MSN, APRN ■
7921 Bird Rd
Ste 41
Miami, FL 33155
(305) 425-1393
Digital Contact Information:
ynhcsaba@gmail.com

and
7971 Bird Road
39
Miami, FL 33155
(786) 910-7179
Digital Contact Information:
ynhcsaba@gmail.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
ynhcsaba@gmail.com

and
7001 SW 97th Ave
Ste 206
Miami, FL 33173
(786) 294-0123
Digital Contact Information:
https://www.chgpsychiatry.com/
ynhcsaba@gmail.com

and
9425 Southwest 72nd Street
Suite 251
Miami, FL 33173
(305) 305-6573
Digital Contact Information:
ynhcsaba@gmail.com

and
13706 Southwest 56th Street
STE 105-106
Miami, FL 331756036
(786) 523-4289
Digital Contact Information:
ynhcsaba@gmail.com

and
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
ynhcsaba@gmail.com

and
13335 Southwest 124th Street
STE 101
Miami, FL 33186
(786) 842-3635
Digital Contact Information:
ynhcsaba@gmail.com

and
13501 Southwest 128th Street
STE 114
Miami, FL 33186
(786) 250-3440
Digital Contact Information:
ynhcsaba@gmail.com

and
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
ynhcsaba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Poitier, Joseph W, MD ■
1469 NW 36th St
Miami, FL 33142
(305) 635-7444
Digital Contact Information:
quietmindsinc@yahoo.com

and
12955 Biscayne Blvd
Ste 320
North Miami, FL 33181
(305) 895-3231
Digital Contact Information:
quietmindsinc@yahoo.com

Pola, Lourdes E, PHD, LP ■
1840 W 49th St
Ste 306
Hialeah, FL 33012
(305) 826-9293
Digital Contact Information:
lourdespola@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pollas, Landy F, MSN, APRN, NP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
lgoswami@essenmed.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
lgoswami@essenmed.com

Ponce, Jessica M, MC, LMHC ■
2601 SW 37th Ave
Ste 904
Miami, FL 33133
(800) 457-4573
Digital Contact Information:
http://www.hupcfl.com
info@hupcfl.com

Ponce, Juan, MSN, APRN ■
8323 Northwest 12th Street
108
Doral, FL 33126
(305) 400-8511
Digital Contact Information:
http://www.cbhwestcoast.com
info@cbhwestcoast.com

and
180 Northwest 62nd Street
Miami, FL 33150
(786) 360-5625
Digital Contact Information:
info@cbhwestcoast.com

and
13501 Southwest 128th Street
Suite 112
Miami, FL 33186
(786) 732-2383
Digital Contact Information:
info@cbhwestcoast.com

and
FL
(786) 803-8826
Digital Contact Information:
https://amorementalhealthcorp.com
info@cbhwestcoast.com

and
15305 Northwest 60th Avenue
Ste 100
Miami Lakes, FL 33014
(786) 536-7561
Digital Contact Information:
info@cbhwestcoast.com

and
13886 West Dixie Highway
North Miami, FL 33161
(786) 360-5625
Digital Contact Information:
info@cbhwestcoast.com

Poole-Parks, Clarissa, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Porrata, Yenny, MN, APRN ■
1840 West 49th Street
suite 717
Hialeah, FL 33012
(308) 854-7952
Digital Contact Information:
yennypo62@gmail.com

and
FL

(308) 854-7952
Digital Contact Information:
yennypo62@gmail.com

and
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
http://www.miamipersonalmanagement.com
yennypo62@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Porres Milian, Aleksander, MSN, APRN ■
4726 West Flagler Street
Miami, FL 33134
(305) 446-9155
Digital Contact Information:
aporresfamilymedicine@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Portales, Mariana, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
info@sparking-change.com
Other Languages Spoken by Provider or Office Staff
Spanish

Porter, J'Briel E, MSW, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
admin@itsofok.com
Other Languages Spoken by Provider or Office Staff
Chinese, Urdu, Spanish, Hindi

Portillo, Cimelitza, MMH, LMHC ■
9425 SW 72nd St
Ste 265
Miami, FL 33173
(305) 279-8400
Digital Contact Information:
safeharbormha@att.net

Posada, Stephanie, MMH, LMHC ■
2500 Southwest 107th Avenue
41
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
lgomez@abcsfl.com

and
FL
(786) 615-3334
Digital Contact Information:
lgomez@abcsfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Potter, Elizabeth D, DO ■
3750 West 16th Avenue
232u
Hialeah, FL 33012
(786) 332-3396
Digital Contact Information:
drphelps@bocaratonpsychiatry.com

and
3750 West 16th Avenue
Suite # 114
Hialeah, FL 33012
(305) 846-9171
Digital Contact Information:
drphelps@bocaratonpsychiatry.com

and
1800 Southwest 27th Avenue
505
Miami, FL 33145
(786) 542-9914
Digital Contact Information:
drphelps@bocaratonpsychiatry.com

and
7769 Northwest 48th Street
330
Miami, FL 33166
(786) 332-4705
Digital Contact Information:
drphelps@bocaratonpsychiatry.com

and
13205 Southwest 137th Avenue
suite 126
Miami, FL 33186
(786) 713-0383
Digital Contact Information:
http://yjwcare.com
drphelps@bocaratonpsychiatry.com

and
13255 Southwest 137th Avenue
SUITE 215
Miami, FL 33186
(786) 713-0383
Digital Contact Information:
http://yjwcare.com
drphelps@bocaratonpsychiatry.com

and
13335 Southwest 124th Street
STE 101
Miami, FL 33186
(786) 842-3635
Digital Contact Information:
drphelps@bocaratonpsychiatry.com

and
15190 Southwest 136th Street
11
Miami, FL 33196
(786) 701-8416
Digital Contact Information:
drphelps@bocaratonpsychiatry.com

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
drphelps@bocaratonpsychiatry.com

Poulsen, Raul, MD ■
255 University Dr
Fl 2
Coral Gables, FL 33134
(305) 663-6366
Digital Contact Information:
doctorpoulsen@gmail.com

and
2550 Douglas Road
Ste #301
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
doctorpoulsen@gmail.com

and
1400 NW 12th Ave
E
Miami, FL 33136
(305) 689-1352
Digital Contact Information:
doctorpoulsen@gmail.com

and
1611 NW 12th Ave
Miami, FL 33136
(305) 585-7040
Digital Contact Information:
doctorpoulsen@gmail.com

and
1695 NW 9th Ave
1404
Miami, FL 33136
(305) 355-9128
Digital Contact Information:
doctorpoulsen@gmail.com

and
1695 NW 9th Ave
Fl 14
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
doctorpoulsen@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Poulton, Nigel G, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@psychplus.com

Poviones Garbalosa, Rosa M, MSN, ARNP ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
jfmhpartners@gmail.com

and
8200 SW 117th Ave
Ste 202
Miami, FL 33183
(305) 274-9206
Digital Contact Information:
jfmhpartners@gmail.com

and
14400 Northwest 77th Court
#100
Miami Lakes, FL 33016
(786) 916-6073
Digital Contact Information:
jfmhpartners@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Powell, Brooke, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Power, Vanessa, MSW, LCSW ■
FL
(888) 339-9404
Digital Contact Information:
https://180healthpartners.com
credentialing@sagesocialservices.com

Pozo, Darinka, MSN, APRN ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pozo, Iraida, MS, LMHC ■
85 Grand Canal Drive
UNIT 203
Miami, FL 33144
(786) 536-7816
Digital Contact Information:
uwhealth2019@gmail.com

and
7805 Coral Way
Ste 131
Miami, FL 33155
(786) 307-2066
Digital Contact Information:
uwhealth2019@gmail.com

and
7815 Coral Way
Ste 108
Miami, FL 33155
(305) 264-1344
Digital Contact Information:
uwhealth2019@gmail.com

and
5600 Southwest 135th Avenue
100
Miami, FL 33183
(305) 603-9104
Digital Contact Information:
uwhealth2019@gmail.com

Pozo, Oscar D, MD ■
FL
(305) 554-0808
Digital Contact Information:
odpozo@bellsouth.net

and
180 Northwest 62nd Street
Miami, FL 33150
(786) 360-5625
Digital Contact Information:
odpozo@bellsouth.net

and
13501 Southwest 128th Street
Suite 112
Miami, FL 33186
(786) 732-2383
Digital Contact Information:
odpozo@bellsouth.net

and
13886 West Dixie Highway
North Miami, FL 33161
(786) 360-5625
Digital Contact Information:
odpozo@bellsouth.net

and
12651 South Dixie Highway
Pinecrest, FL 33156
(305) 479-9090
Digital Contact Information:
odpozo@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Prado, Javier M, MD ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
jprado@wfhcfl.org
Other Languages Spoken by Provider or Office Staff
Haitian Creole, Haitian, Spanish

Prebble, Christine, MS, LPC ■
FL
(929) 209-6109
Digital Contact Information:
harry.williams@gettrucare.com

Premice, Claudette, MSN, APRN ■
111 Northwest 183rd Street
Suite 203
Miami, FL 33169
(786) 809-4101
Digital Contact Information:
info@providerscarebilling.com
Other Languages Spoken by Provider or Office Staff
Creole, French

Presken, Gessica, MS, LMHC ■
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
admin@lotuscounseling.com

and
FL
(831) 920-7907
Digital Contact Information:
http://www.mammha.com
admin@lotuscounseling.com

and
2999 NE 191st St
Miami, FL 33180
(305) 915-5748
Digital Contact Information:
admin@lotuscounseling.com

Preval, Falicia, MC, LMHC ■
1031 Ives Dairy Rd
Ste 228
Miami, FL 33179
(786) 320-5559
Digital Contact Information:
faliciap@aol.com

and
1031 Ives Dairy Road
Miami, FL 33179
(786) 627-3321
Digital Contact Information:
faliciap@aol.com

and
1001 North Miami Beach Boulevard
North Miami Beach, FL 33162
(786) 320-5559
Digital Contact Information:
faliciap@aol.com

Prevor, Ruth C, PHD, LP ■
2020 Northeast 163rd Street
OFFICE 300P
North Miami Beach, FL 33162
(305) 680-9544
Digital Contact Information:
ruthprevor@msn.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Prevost, Daniella, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Price, Christina, MSW, LCSW, LICSW ■
FL
(800) 567-5433
Digital Contact Information:
Not Available

Price, Janice, MSW, LCSW ■
1469 NW 36th St
Miami, FL 33142
(305) 635-7444
Digital Contact Information:
mstoker@nhcmhc.org

Price, Tushanna N, MA, LMFT ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Prieto, Glenn C, MS, LMHC ■
10994 Southwest 184th Street
Cutler Bay, FL 33157
(305) 964-5530
Digital Contact Information:
kinitrohealth@gmail.com

and
FL
(305) 964-5530
Digital Contact Information:
kinitrohealth@gmail.com

Prime, Sabella, MSN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Proulx, Margaret, MS, LMHC, LPC, LPCMH ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Puech, Andrea, MS, LMHC ■
5001 SW 74th Ct
Ste 104
Miami, FL 33155
(305) 663-0013
Digital Contact Information:
http://www.anagapsychotherapy.com
puech5@gmail.com

and
6955 NW 77th Ave
Ste 401
Miami, FL 33166
(305) 663-0013
Digital Contact Information:
puech5@gmail.com
Other Languages Spoken by Provider or Office Staff English, French, Spanish

Pujals, Jessica, MS, LMHC, LPC ●
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
jessicapujals@yahoo.com

and
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
http://www.miamipersonalmanagement.com
jessicapujals@yahoo.com

and
3621 SW 107th Ave
Miami, FL 33165
(786) 534-8366
Digital Contact Information:
http://serenitycommunitycenter.com
jessicapujals@yahoo.com
Other Languages Spoken by Provider or Office Staff Spanish

Pujula, Yolanda, MS, LMFT ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
westmiamicmhc@bellsouth.net
Other Languages Spoken by Provider or Office Staff Spanish

Punjwani, Sohail S, MD ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
http://compasshealthsystems.com
intake@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(888) 852-6672
Digital Contact Information:
http://compasshealthsystems.com
intake@compass.md
Other Languages Spoken by Provider or Office Staff Urdu, Hindi

Pushka, Alexander, MD ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(954) 369-4111
Digital Contact Information:
hollywoodpractice@hotmail.com
Other Languages Spoken by Provider or Office Staff Ukrainian, Russian

Quinonez, Anais, MS, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
counselingoncall@gmail.com

Quinonez Meza, Javier, MSN, APRN ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Quintana, Amauri A, DNP, APRN ■
1000 Brickell Avenue
Miami, FL 33131
(786) 238-7364
Digital Contact Information:
abdullah@sixequation.com

and
1 NE 167th St
Miami, FL 33162
(305) 947-7133
Digital Contact Information:
abdullah@sixequation.com

and
2646 Southwest 87th Avenue
Miami, FL 33165
(305) 947-7133
Digital Contact Information:
abdullah@sixequation.com

Quintana, Noelia M, MD, LMHC ■
8725 Northwest 18th Terrace
Suite 202
Doral, FL 33172
(305) 487-2532
Digital Contact Information:
office@mitierramedicalgroup.com

and
3750 West 16th Avenue
104
Hialeah, FL 33012
(305) 200-5648
Digital Contact Information:
office@mitierramedicalgroup.com

and
1150 Northwest 72nd Avenue
350
Miami, FL 33126
(786) 228-7801
Digital Contact Information:
office@mitierramedicalgroup.com

and
1150 Northwest 72nd Avenue
540
Miami, FL 33126
(786) 228-7801
Digital Contact Information:
office@mitierramedicalgroup.com

and
14201 Southwest 120th Street
suite 110
Miami, FL 33186
(786) 238-7492
Digital Contact Information:
https://mitierramedicalgroup.com
office@mitierramedicalgroup.com

and
14221 Southwest 120th Street
223
Miami, FL 33186
(786) 690-2296
Digital Contact Information:
office@mitierramedicalgroup.com

and
14261 Southwest 120th Street
Suite #113
Miami, FL 33186
(786) 558-4169
Digital Contact Information:
https://mitierramedicalgroup.com
office@mitierramedicalgroup.com
Other Languages Spoken by Provider or Office Staff English

Quintana, Yanexi, MS, LMHC ■
FL
(305) 520-9686
Digital Contact Information:
healthymindscounselingllc13@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Quintanilla, Claudia, MS, LMHC ■
FL
(786) 258-8499
Digital Contact Information:
http://www.virtual-counseling.com
service@virtual-counseling.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Quintero, Lari J, MSN, APRN, PMHNP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
info@bloommhw.com

Quintero, Rosaly, MMH, LMHC ■
5001 SW 74th Ct
Ste 104
Miami, FL 33155
(305) 663-0013
Digital Contact Information:
anagabilling@gmail.com

and
6955 NW 77th Ave
Ste 401
Miami, FL 33166
(305) 663-0013
Digital Contact Information:
anagabilling@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Raad, Raymond, MD ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Rabinovich, Melana, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
contact@gmindpsy.com
Other Languages Spoken by Provider or Office Staff Russian

Rabinowitz, Carla, MMFT, LMFT ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
soflotherapygroup@gmail.com

and
13205 Southwest 137th Avenue
STE 132
Miami, FL 331865334
(754) 269-5304
Digital Contact Information:
http://dominguezcommunitycenter.com
soflotherapygroup@gmail.com

and
975 Arthur Godfrey Rd
Ste 301
Miami Beach, FL 33140
(786) 315-0387
Digital Contact Information:
soflotherapygroup@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Rabkin-Turner, Jodi, MS, LMHC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
bellaneph@yahoo.com

Raez, Maria L, MSN, APRN ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
http://www.dgphealthandwellness.com
info@dgphealthandwellness.com

Raffaele, Jacqueline L, DNP, APRN, NP, PMHNP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
credentialing@thriveworks.com

Raiford, Sally T, MACP, LMFT ■
150 Alhambra Circle
Floor 10
Coral Gables, FL 33134
(786) 800-3374
Digital Contact Information:
sallie354@yahoo.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
sallie354@yahoo.com

Rainuzzo, Silvana L, MC, LMHC ■
FL
(954) 682-0264
Digital Contact Information:
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Other Languages Spoken by Provider or Office Staff
English, Spanish

Rako, Andrea L, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
brittany.irwin@livewellcounselinglc.com

Ramirez, Lisandra, MSN, NP ■
770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
asalivio@joinlavender.com

Ramirez, Lisandra, MMH, LMHC ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
primementalcare24@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ramirez, Lisandra, MSN, NP ■
7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
asalivio@joinlavender.com

Ramirez, Lisandra, MMH, LMHC ■
15260 Southwest 280th Street
113 114
Homestead, FL 33032
(305) 998-7885
Digital Contact Information:
primementalcare24@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ramirez, Lisandra, MSN, NP ■
5201 Blue Lagoon Dr
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
asalivio@joinlavender.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
asalivio@joinlavender.com

and
80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
asalivio@joinlavender.com

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
asalivio@joinlavender.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
asalivio@joinlavender.com

and
830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
asalivio@joinlavender.com

Ramirez, Lisandra, MMH, LMHC ■
3446 Southwest 8th Street
217
Miami, FL 33135
(786) 769-5046
Digital Contact Information:
primementalcare24@gmail.com

and
2915 Biscayne Boulevard
Suite 300-4
Miami, FL 33137
(786) 398-4747
Digital Contact Information:
primementalcare24@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ramirez, Lisandra, MSN, NP ■
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(888) 684-2779
Digital Contact Information:
asalivio@joinlavender.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
asalivio@joinlavender.com

Ramirez, Luisa, MS, LCSW ■
5911 Northwest 173rd Drive
11 11
Hialeah, FL 33015
(786) 655-9992
Digital Contact Information:
http://arkprov.com
ian.martineau@credentialing.com

Ramirez-Velasquez, Karla D, MS, LMHC ■
3785 Northwest 82nd Avenue
117
Doral, FL 33166
(786) 238-7321
Digital Contact Information:
http://www.kydsmiamitherapy.com
kramirezpsychotherapy@gmail.com

and
FL
(786) 238-7321
Digital Contact Information:
http://www.kydsmiamitherapy.com
kramirezpsychotherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ramos, Alfredo, MSW, LMHC ■
10700 Caribbean Boulevard
UNIT 203
Cutler Bay, FL 33189
(305) 299-8005
Digital Contact Information:
http://www.positivemindful.com
positivemindful@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ramos, Josie C, MD ■
1550 Madruga Ave
Ste 509
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
yvette@stellarhealthfl.com

and
1150 Northwest 72nd Avenue
ph 2
Miami, FL 33126
(786) 542-5043
Digital Contact Information:
http://1stcarecms.com
yvette@stellarhealthfl.com

and
FL
(786) 536-9714
Digital Contact Information:
yvette@stellarhealthfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rampersad, Tricia, MC, LPC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
care@forthealth.com

Rankovic, Alecia, DNP, APRN, APRNCNP ■
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(239) 380-8220
Digital Contact Information:
infodesk@bregmanmedicalgroup.com

Ransom, Courtney, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Rapp, Katja M, MC, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
members@wellnite.com
Other Languages Spoken by Provider or Office Staff
German

Rappoport, Elisa M, MSW, LCSW-R ■
FL
(516) 458-1705
Digital Contact Information:
lisarw2690@gmail.com
Other Languages Spoken by Provider or Office Staff
Hebrew

Rashid, Rokshana, MC, LMHC ■
FL
(786) 233-6721
Digital Contact Information:
info@managedmentalhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ravitz, Casey, PHD, LP ■
7600 South Red Road
200
South Miami, FL 33143
(786) 508-2207
Digital Contact Information:
http://www.lunapsychology.com
admin@lunapsychology.com

Ray, Jeffrey L, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
jraylmhc@icloud.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
jraylmhc@icloud.com

Ray, Taylor, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Reeves, Margaret, PHD, LMHC ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
mreeves2005@aol.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
mreeves2005@aol.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
mreeves2005@aol.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
mreeves2005@aol.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
mreeves2005@aol.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
mreeves2005@aol.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
mreeves2005@aol.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
mreeves2005@aol.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
mreeves2005@aol.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
mreeves2005@aol.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Regalado, Alejandra, MPSY, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com

Reichard, Michelle, MS, LMHC ■
14400 Northwest 77th Court
#100
Miami Lakes, FL 33016
(786) 916-6073
Digital Contact Information:
http://www.arcmentalhealth.com
yisabel@arcmentalhealth.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Reis, Maria, MC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Reisdorf, Sonia, DNP, APN, ARNP ■
2820 Northeast 214th Street
Ste 801
Aventura, FL 33180
(256) 500-8688
Digital Contact Information:
sreisdorf1@gmail.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
sreisdorf1@gmail.com

Reitkopf, Thalia, MMH, LMHC ■
FL
(510) 842-5421
Digital Contact Information:
https://growthegarden.wixsite.com/grow
thaliareitkopf@gmail.com

Rejas Cabrera, Dennis, DNP, APRN ■
2740 Southwest 19th Terrace
Miami, FL 33145
(786) 318-1778
Digital Contact Information:
http://www.vitalmindpsychiatrycare.com
dennisr92@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Remedioz Gonzalez, Yuri, MSN, APRN ■
5040 Northwest 7th Street
610
Miami, FL 33126
(786) 505-9442
Digital Contact Information:
http://www.gpsycare.com
officeadmin@gpsycare.com

and
8700 West Flagler Street
150
Miami, FL 33174
(305) 479-2584
Digital Contact Information:
http://megamedicalcenter.com
officeadmin@gpsycare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Revilla, Bernardo, MSN, APRN ■
5190 Northwest 167th Street
201
Hialeah, FL 33014
(305) 705-4289
Digital Contact Information:
http://livelinessinc.com
genesisconsultingservices39@gmail.com

Rexach, Dolores, MSN, APRN ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
contact@elevatepsychiatry.com

and
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
contact@elevatepsychiatry.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rey, Gustavo J, PHD, CP ■
1150 NW 14th St
Ste 609
Miami, FL 33136
(305) 243-3100
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
English, Spanish

Reyes, Jorge, MSN, APRN ■
15495 Eagle Nest Lane
STE 215
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
info@valcourtbehavioral.com

and
6600 Cow Pen Road
250
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
info@valcourtbehavioral.com

and
215 Westward Dr
Miami Springs, FL 33166
(305) 887-4494
Digital Contact Information:
info@valcourtbehavioral.com

Reyes, Kristal A, MSW, LMSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com
Other Languages Spoken by Provider or Office Staff
Swedish, Chinese, Zulu, Tigrigna, German, Telugu, Urdu, Lebanese, Spanish, Polish, Indian, Tagalog, Portuguese, English, Arabic, French, Russian, Danish, Italian, Yoruba, Hindi

Reyes, Madeline B, MPSY, LMHC ■
5941 Northwest 173rd Drive
6 6
Hialeah, FL 33015
(786) 360-4328
Digital Contact Information:
blueparadisemedicalcenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Reyes Miranda, Enio, MSN, APRN ■
600 Northwest 35th Avenue
202 203
Miami, FL 33125
(786) 907-4984
Digital Contact Information:
yny.behavioralservices@gmail.com

and
8370 West Flagler Street
STE 242
Miami, FL 33144
(786) 321-1600
Digital Contact Information:
yny.behavioralservices@gmail.com

and
790 Northwest 107th Avenue
Suite 110
Miami, FL 33172
(305) 964-5426
Digital Contact Information:
yny.behavioralservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Reyes Salguerio, Melissa, PSYD, LP ■
3100 SW 62nd Ave
Miami, FL 33155
(305) 663-8439
Digital Contact Information:
http://www.nicklauschildrens.org
payer.credentialing@nicklaushealth.org
Other Languages Spoken by Provider or Office Staff
Spanish

Reyes Soto, Ibis, MSN, APRN ■
14221 Southwest 120th Street
Suite 125
Miami, FL 33186
(305) 482-1452
Digital Contact Information:
yisabel@arcmentalhealth.com

and
FL
(305) 482-1452
Digital Contact Information:
yisabel@arcmentalhealth.com

and
14400 Northwest 77th Court
#100
Miami Lakes, FL 33016
(786) 916-6073
Digital Contact Information:
http://www.arcmentalhealth.com
yisabel@arcmentalhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Reyes, William, MS, LMHC ■
2264 SW 7th St
Miami, FL 33135
(305) 338-9798
Digital Contact Information:
mytherapistwr@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Reynolds, Stacy, MA, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
ebcg-support@findoctave.com

Ricart, Francisco, MD ■
5040 NW 7th St
107
Miami, FL 33126
(305) 576-1599
Digital Contact Information:
serene@sshealthgroup.com

and
100 NE 38th St
Ste 5
Miami, FL 33137
(305) 576-1599
Digital Contact Information:
serene@sshealthgroup.com

and
2691 Northeast 2nd Avenue
Miami, FL 33137
(305) 576-1599
Digital Contact Information:
serene@sshealthgroup.com

and
4180 Southwest 74th Court
204
Miami, FL 33155
(786) 432-0107
Digital Contact Information:
serene@sshealthgroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Richard, Rachel, MSW, LCSW ●
8500 SW 92nd Street
206
Miami, FL 33156
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
billing@livewelltherapygroup.com

and
11050 Southwest 88th Street
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
billing@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Richardson, Vanessa, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
contact@balancedwellbeingllc.com

Riche, Amy, MSN, APRN ■
602 Northeast 36th Street
19
Miami, FL 33137
(786) 220-1969
Digital Contact Information:
credentialing@practolytics.com

Richmond, Laquana, EDS, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
lrichmond@assuredcs.org

Ricketts, Charlene A, MSN, APRN ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
credentialing@compass.md

and
FL
(305) 279-5535
(954) 771-7743
(888) 852-6672
(561) 752-9490
Digital Contact Information:
http://www.compasshealthsystems.com
credentialing@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(888) 852-6672
Digital Contact Information:
http://www.compasshealthsystems.com
credentialing@compass.md

Ridgeway, Deborah, MSW, LCSW, LMSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Rienas, Christopher A, MD ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
credentialing@compass.md

and
FL
(305) 279-5535
Digital Contact Information:
credentialing@compass.md

Rieumont, Miriela, MSN, APRN ■
15190 Southwest 136th Street
11
Miami, FL 33196
(786) 701-8416
Digital Contact Information:
masvidamedicalcenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Riley, Taneisha, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Rio, Azkena, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
blossom@withassured.com

and
1818 West Flagler Street
300
Miami, FL 33135
(786) 755-2891
Digital Contact Information:
http://www.retreatmedical.us
blossom@withassured.com

and
7116 Southwest 47th Street
Miami, FL 33155
(786) 794-2655
Digital Contact Information:
blossom@withassured.com

Rios, Rosa, MSW, LCSW ■
FL
(305) 804-9121
Digital Contact Information:
http://www.sfacounseling.org
info@sfacounseling.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ripoll, Carlos, MN, APRN ■
1450 Madruga Avenue
405
Coral Gables, FL 33146
(786) 356-3715
Digital Contact Information:
supervisor@newsinrisecm.com

and
1840 West 49th Street
Suite 727
Hialeah, FL 33012
(786) 715-3086
Digital Contact Information:
supervisor@newsinrisecm.com

and
17670 Northwest 78th Avenue
STE 113
Hialeah, FL 33015

(716) 558-4565
Digital Contact Information:
supervisor@newsinrisecm.com

and
7392 Northwest 35th Terrace
207
Miami, FL 33122
(786) 353-2329
Digital Contact Information:
supervisor@newsinrisecm.com

and
2311 Northwest 7th Street
Miami, FL 33125
(786) 706-2246
Digital Contact Information:
supervisor@newsinrisecm.com

and
7950 West Flagler Street
Suite 101
Miami, FL 33144
(305) 239-7725
Digital Contact Information:
supervisor@newsinrisecm.com

and
4180 Southwest 74th Court
204
Miami, FL 33155
(786) 432-0107
Digital Contact Information:
supervisor@newsinrisecm.com

and
19001 Southwest 106th Avenue
c103
Miami, FL 33157
(786) 523-2352
Digital Contact Information:
supervisor@newsinrisecm.com

and
22133 South Dixie Highway
Miami, FL 33170
(786) 504-3119
Digital Contact Information:
supervisor@newsinrisecm.com

and
790 Northwest 107th Avenue
Suite 303
Miami, FL 33172
(786) 605-1660
Digital Contact Information:
supervisor@newsinrisecm.com

and
FL
(305) 239-7725
(786) 605-1660
Digital Contact Information:
supervisor@newsinrisecm.com

and
9900 Southwest 107th Avenue
STE 101
Miami, FL 33176
(305) 964-5381
Digital Contact Information:
supervisor@newsinrisecm.com

and
13155 Southwest 134th Street
202
Miami, FL 33186
(786) 504-3119
Digital Contact Information:
http://esperanzagroup.net
supervisor@newsinrisecm.com

and
13195 Southwest 134th Street
101
Miami, FL 33186
(786) 227-6830
Digital Contact Information:
http://esperanzagroup.net
supervisor@newsinrisecm.com

and
9745 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 701-2401
Digital Contact Information:
supervisor@newsinrisecm.com

Rivas, Brenda, MSN, APRN ■
14221 Southwest 120th Street
Suite 211
Miami, FL 33186
(786) 247-1308
Digital Contact Information:
Not Available

Rivas-Carrillo, Jorge, MSW, LCSW ■
2124 Northeast 123rd Street
STE 220
North Miami, FL 33181
(786) 828-0947
Digital Contact Information:
https://blossomfl.com
jorge.rivas@thefloridacenter.org
Other Languages Spoken by Provider or Office Staff
Spanish

Rivera, Frances, MMFT, LMFT ■
FL
(888) 339-9404
Digital Contact Information:
referral@1800healthpartners.com

Rivera, Gretel, MS, LMHC ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com

and
10300 Sunset Drive
Suite 114
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com
Other Languages Spoken by Provider or Office Staff
French, Spanish

Rivera, Henry R, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@adaugeohealthcare.com

Rivera Torres, Gabriel, MSN, APRN ■
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
lgarcia@keraltybh.com

and
2450 Southwest 137th Avenue
Suite# 230
Miami, FL 33175
(305) 459-3207
Digital Contact Information:
http://www.hidalgopsychiatry.com
lgarcia@keraltybh.com

and
FL
(305) 459-3207
Digital Contact Information:
http://www.hidalgopsychiatry.com
lgarcia@keraltybh.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rivera, Yesenia, PSYD, LP ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 317-4478
Digital Contact Information:
https://crystalabatherapy.com/
info@cmpsclinical.com
Other Languages Spoken by Provider or Office Staff
Haitian Creole, French, Italian, Spanish

Rivero, Anisleidy, MS, LMHC ■
FL
(786) 254-1211
Digital Contact Information:
http://www.healingmindcounseling.com
ani.rivero@healingmindcounseling.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rivero, Claudia, MSN, APRN ■
7221 SW 24th St
Ste 206
Miami, FL 33155
(786) 648-4447
Digital Contact Information:
help@joinuplift.co

and
12030 Southwest 129th Court
Suite 211
Miami, FL 33186
(305) 639-8760
Digital Contact Information:
help@joinuplift.co

and
12700 Southwest 128th Street
STE 108
Miami, FL 33186
(786) 732-0865
Digital Contact Information:
help@joinuplift.co

and
9020 Southwest 137th Avenue
210
Miami, FL 33186
(786) 558-5042
Digital Contact Information:
help@joinuplift.co

Rivero, Manuel, MSN, APRN ■
8765 Northwest 110th Street
Hialeah Gardens, FL 33018
(786) 389-2691
Digital Contact Information:
muhammad@rxcredentialing.com

and
8955 SW 87th Ct
Ste 112
Miami, FL 33176
(305) 722-7210
Digital Contact Information:
muhammad@rxcredentialing.com

and
11890 Southwest 8th Street
403
Miami, FL 33184
(786) 362-5981
Digital Contact Information:
muhammad@rxcredentialing.com

Rizo, Naylin, MMH, LMHC ■
1840 West 49th Street
709
Hialeah, FL 33012
(786) 393-0315
Digital Contact Information:
flnewvision@gmail.com

and
2100 West 76th Street
STE 408
Hialeah, FL 33016
(786) 542-5056
Digital Contact Information:
flnewvision@gmail.com

and
730 Northwest 107th Avenue
104
Miami, FL 33172
(305) 504-1749
Digital Contact Information:
flnewvision@gmail.com

and
730 Northwest 107th Avenue
110
Miami, FL 33172
(305) 249-1183
Digital Contact Information:
flnewvision@gmail.com

and
12150 Southwest 128th Court
Ste 228
Miami, FL 33186
(786) 227-6314
Digital Contact Information:
flnewvision@gmail.com

and
12150 Southwest 128th Court
Suite 233
Miami, FL 33186
(786) 238-7666
Digital Contact Information:
flnewvision@gmail.com

and
13701 Southwest 88th Street
306
Miami, FL 33186
(786) 842-1489
Digital Contact Information:
flnewvision@gmail.com

and
15305 Northwest 60th Avenue
Ste 100
Miami Lakes, FL 33014
(786) 536-7561
Digital Contact Information:
flnewvision@gmail.com

and
5803 Northwest 151st Street
STE 206
Miami Lakes, FL 33014
(305) 504-1749
Digital Contact Information:
flnewvision@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rizo, Yanisett, MSN, APRN ■
5901 Southwest 74th Street
208
Miami, FL 33143
(954) 884-5626
Digital Contact Information:
http://www.santanamhs.com
admin@santanamhs.com

and
5901 Southwest 74th Street
211
Miami, FL 33143
(786) 228-6892
Digital Contact Information:
http://www.santanamhs.com
admin@santanamhs.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Robaina, Niubis, MPSY, LMHC ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
yavila@avilahealthgroup.com

Robbins, Eric A, MD ●
18505 Northwest 75th Place
104 104
Hialeah, FL 33015
(305) 555-5421
Digital Contact Information:
melissa@blueumbrellapsychiatry.com

and
2300 West 84th Street
Ste 601
Hialeah, FL 33016
(305) 363-4001
Digital Contact Information:
melissa@blueumbrellapsychiatry.com

and
1150 Northwest 72nd Avenue
220
Miami, FL 33126
(786) 558-4899
Digital Contact Information:
melissa@blueumbrellapsychiatry.com

and
2121 Southwest 3rd Avenue
205
Miami, FL 33129
(786) 660-1301
Digital Contact Information:
melissa@blueumbrellapsychiatry.com

and
2140 West Flagler Street
202
Miami, FL 33135
(786) 707-9958
Digital Contact Information:
melissa@blueumbrellapsychiatry.com

and
3191 Southwest 22nd Street
406
Miami, FL 33145
(786) 660-1301
Digital Contact Information:
melissa@blueumbrellapsychiatry.com

and
FL
(786) 660-1301
Digital Contact Information:
melissa@blueumbrellapsychiatry.com

and
5950 Southwest 40th Street
Miami, FL 33155
(786) 633-5960
Digital Contact Information:
melissa@blueumbrellapsychiatry.com

and
7804 Coral Way
Miami, FL 33155
(305) 965-8714
Digital Contact Information:

melissa@blueumbrellapsychiatry.com

and
12485 Southwest 137th Avenue
STE 104
Miami, FL 33186
(786) 256-5335
Digital Contact Information:
melissa@blueumbrellapsychiatry.com

Roberson, Cranesha E, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@truhealingreality.com

and
111 NW 183rd St
Ste 404
Miami, FL 33169
(786) 524-4001
Digital Contact Information:
info@truhealingreality.com

Roberts, Elizabeth H, MD ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
ap@resurgencebh.com
Other Languages Spoken by Provider or Office Staff
Spanish

Roberts, Jazmin, MS, LCMHC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@growtherapy.com

Roberts, Kayla E, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
credentialing@flatherapy.com

Roberts, Kimberly, MED, LMHC ■
1031 Ives Dairy Road
rm 239
Miami, FL 33179
(786) 589-7248
Digital Contact Information:
kimberly@growthcounselingandtherapy.com

and
1001 North Miami Beach Boulevard
North Miami Beach, FL 33162
(786) 320-5559
Digital Contact Information:
kimberly@growthcounselingandtherapy.com

Roberts, Nicole, MSN, APN, APRN, CNP, CNS, NP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
billing101@healthandpsychiatry.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
billing101@healthandpsychiatry.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
billing101@healthandpsychiatry.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
billing101@healthandpsychiatry.com

Roberts, Ryan, MS, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
ryanrobertslpc@gmail.com

and
FL
(305) 902-6347
Digital Contact Information:
ryanrobertslpc@gmail.com

Robinson, Ashley, MS, LCPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
hello@emorahealth.com

Robinson, Jade, MS, LMHC ■
FL
(786) 488-8103
Digital Contact Information:
http://www.sfacounseling.org
info@sfacounseling.org

Rocha, Leslie, MS, LMHC ■
8500 SW 92nd Street
206
Miami, FL 33156
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
billing@livewelltherapygroup.com

and
7600 Southwest 57th Avenue
suite 334
South Miami, FL 33143
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
billing@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Roche, Michelle, MS, LMHC ■
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
http://brightsyhealthfl.com
brightsyhealth@gmail.com

and
1031 Ives Dairy Rd
Ste 228
Miami, FL 33179
(786) 320-5559
Digital Contact Information:
brightsyhealth@gmail.com

and
1001 North Miami Beach Boulevard
North Miami Beach, FL 33162
(786) 320-5559
Digital Contact Information:
brightsyhealth@gmail.com

Rochetto, Alexandria, MA, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
andreaburks@bayouwellness.life

Rochford Buckley, Rebecca M, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com

Rocker, Jeff, MMH, LMHC ■
777 Brickell Ave
Ste 500
Miami, FL 33131
(786) 490-2181
Digital Contact Information:
askjeffrocker@gmail.com

Rodgers, Kathleen, MSN, APN ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Rodriguez, Alissa, MC, LMHC ■
3081 Salzedo Street
202u
Coral Gables, FL 33134
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com

and
3081 Salzedo Street
Suite 202
Coral Gables, FL 33134
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com

and
3625 Northwest 82nd Avenue
Doral, FL 33166
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com

and
3625 Northwest 82nd Avenue
400
Doral, FL 33166
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com

and
1911 Southwest 87th Avenue
Miami, FL 33165
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com

and
FL
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com

and
9016 Southwest 152nd Street
Palmetto Bay, FL 33157
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Andrea, MC, LMHC ■
8500 SW 92nd Street
203
Miami, FL 33156
(786) 332-4478
Digital Contact Information:
billing@livewellltherapygroup.com

and
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
billing@livewellltherapygroup.com

and
11050 Southwest 88th Street
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
billing@livewellltherapygroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Anely, MSW, LCSW ■
10590 Northwest 27th Street
suite e103 b
Doral, FL 33172
(305) 640-8632
Digital Contact Information:
blessmedicalservice@gmail.com

and
10031 Southwest 40th Street
Miami, FL 33165
(786) 442-9628
Digital Contact Information:
blessmedicalservice@gmail.com

Rodriguez, Ayme, MSN, APRN ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
contact@elevatepsychiatry.com

and
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
contact@elevatepsychiatry.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Barbara, MN, APRN ■
8785 SW 165th Ave
Miami, FL 33193
(786) 921-5451
Digital Contact Information:
peacefulminds1206@gmail.com

Rodriguez Ezcurdia, Rudy, MSN, APRN ■
330 Southwest 27th Avenue
307 309
Miami, FL 33135
(786) 762-2644
Digital Contact Information:
largavidafd@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Felix N, MD ■
3785 Northwest 82nd Avenue
307
Doral, FL 33166
(305) 898-5420
Digital Contact Information:
bdcred@firsthealth.org

and
1840 West 49th Street
#404
Hialeah, FL 33012
(305) 828-9980
Digital Contact Information:
bdcred@firsthealth.org

and
10671 North Kendall Drive
5d
Miami, FL 33176
(786) 416-0811
Digital Contact Information:
bdcred@firsthealth.org

Rodriguez Fernandez, Maylin, MSN, APRN ■
3901 Northwest 79th Avenue
250
Doral, FL 33166
(239) 342-6516
Digital Contact Information:
midynamicmedicalgroup@gmail.com

and
FL
(239) 342-6516
Digital Contact Information:
midynamicmedicalgroup@gmail.com

Rodriguez Freijo, Selma, MSW, LCSW ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
help@joinuplift.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
help@joinuplift.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Garcia, Carlos E, MS, LMHC ■
7392 Northwest 35th Terrace

Suite 302
Miami, FL 33122
(786) 353-2792
Digital Contact Information:
shalompsychotherapycenter@gmail.com

Rodriguez Garcia, Daniel, MC, LMHC ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
lifetimesolutionsagency@gmail.com

and
5757 Waterford District Drive
Unit 172
Miami, FL 33126
(786) 524-2880
Digital Contact Information:
http://www.lifetimesolutionsagency.com
lifetimesolutionsagency@gmail.com

and
Monterey Street
Miami, FL 33134
(786) 803-8306
Digital Contact Information:
lifetimesolutionsagency@gmail.com

and
14471 S Dixie Hwy
Miami, FL 33176
(786) 803-8826
Digital Contact Information:
http://www.amorementalhealthcorp.com
lifetimesolutionsagency@gmail.com

and
9010 Southwest 137th Avenue
101
Miami, FL 33186
(786) 803-8826
Digital Contact Information:
http://amorementalhealthcorp.com
lifetimesolutionsagency@gmail.com

and
8785 SW 165th Ave
Ste 104
Miami, FL 33193
(786) 703-1538
Digital Contact Information:
lifetimesolutionsagency@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Garlobo, Maelia, MSN, APRN ■
12595 Southwest 137th Avenue
STE 110
Miami, FL 33186
(305) 465-9379
Digital Contact Information:
pmcibilling228@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Gloria, MSW, LCSW ■
9010 SW 137th Ave
Ste 233
Miami, FL 33186
(786) 236-1323
Digital Contact Information:
http://healing-recovery.com
mrodriguez@healing-recovery.com

Rodriguez Gutierrez, Lisney, MSN, APRN ■
5901 Southwest 74th Street
211
Miami, FL 33143
(786) 228-6892
Digital Contact Information:
http://www.santanamhs.com
lisney_lia@hotmail.com

and
9425 SW 72nd St
Miami, FL 33173
(786) 200-1071
Digital Contact Information:
lisney_lia@hotmail.com

and
9425 Sunset Drive
Suite 251
Miami, FL 33173
(786) 310-6004
Digital Contact Information:
lisney_lia@hotmail.com

Rodriguez, Jan, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
admin@lifehealthsystem.org
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Jorge G, MN, PMHNP ■
11850 Southwest 175th Terrace
Miami, FL 33177
(305) 399-6370
Digital Contact Information:
jorgegainza92@gmail.com

Rodriguez, Linda M, MC, LMHC ■
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
fl-intake@lifestance.com

Rodriguez, Lisandra B, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
fl-credentialing@lifestance.com

Rodriguez, Lucero M, MD ■
10305 NW 41st St
Ste 205
Doral, FL 33178
(305) 718-9800
Digital Contact Information:
rodriquezlucero.md@gmail.com

and
10305 Northwest 41st Street
202
Doral, FL 33178
(305) 718-9800
Digital Contact Information:
rodriquezlucero.md@gmail.com

and
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://lifehealthsystem.org
rodriquezlucero.md@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Mabel, MSN, APRN, ARNP, CNS, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@a3medicalbilling.com

Rodriguez, Maria T, PHD, LMHC ■
7815 Coral Way
101
Miami, FL 33155
(786) 615-4879
Digital Contact Information:
youworth24@gmail.com

and
7821 Coral Way
100
Miami, FL 33155
(786) 615-4879
Digital Contact Information:
youworth24@gmail.com

and
10250 Southwest 56th Street
C202
Miami, FL 33165
(754) 816-5001
Digital Contact Information:
youworth24@gmail.com

and
1470 Northwest 107th Avenue
M
Miami, FL 33172
(786) 238-7282
Digital Contact Information:
youworth24@gmail.com

and
1470 Northwest 107th Avenue
h
Miami, FL 33172
(305) 262-1335
Digital Contact Information:
youworth24@gmail.com

and
9600 SW 8th St
Ste 16
Miami, FL 33174
(786) 536-7588
Digital Contact Information:
youworth24@gmail.com

and
13226 SW 8th St
Miami, FL 33184
(786) 518-3353
Digital Contact Information:
youworth24@gmail.com

and
4471 Northwest 36th Street
SUITE #230
Miami Springs, FL 33166
(786) 238-7335
Digital Contact Information:
youworth24@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rodriguez, Maribel, MD ■
4304 Alton Rd
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com

Rodriguez, Migdalia G, MS, LMHC ■
1901 West Flagler Street
7
Miami, FL 33135
(786) 612-5973
Digital Contact Information:
spectrumcmh@gmail.com

and
13205 Southwest 137th Avenue
130
Miami, FL 33186
(786) 773-4191
Digital Contact Information:
spectrumcmh@gmail.com

and
FL
(786) 773-4191
(315) 873-2936
Digital Contact Information:
spectrumcmh@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Milian, Karel, MD ■
2500 Northwest 79th Avenue
233
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
andersonbilling1001@gmail.com

and
2500 Northwest 79th Avenue
Suite 189
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
andersonbilling1001@gmail.com

and
351 NW 42nd Ave
Ste 406
Miami, FL 33126
(786) 536-1710
Digital Contact Information:
andersonbilling1001@gmail.com

and
1890 Southwest 57th Avenue
SUITE 106
Miami, FL 33155
(786) 536-1701
Digital Contact Information:
andersonbilling1001@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Miriam, MSSW, LCSW ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Rodriguez, Monica C, MSN, APRN ■
12651 South Dixie Highway
Suite 320
Miami, FL 33156
(305) 300-3121
Digital Contact Information:
info@icarepsychiatry.org

and
8950 Southwest 74th Court
Suite 1808
Miami, FL 33156
(305) 300-3121
Digital Contact Information:
info@icarepsychiatry.org

and
FL
(786) 325-7643
(305) 209-4966
Digital Contact Information:
http://icarepsychiatry.com
info@icarepsychiatry.org

Rodriguez, Pablo R, MPSY, LMHC ■
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
http://novacommunityservice.com
info@novacshealth.com
Other Languages Spoken by Provider or Office Staff
German, Spanish

Rodriguez, Pedro A, MD ■
258 NE 27th St
Miami, FL 33137
(305) 573-9898
Digital Contact Information:
parodriguezmd@gmail.com

Rodriguez Perez, Jacnery, MPSY, LMFT ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
Not Available

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
http://banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
Not Available

Rodriguez Ramos, Meilyn, PSYD, LP ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Regalado, Dinorah, MSN, APRN ■
3901 Northwest 79th Avenue
256
Doral, FL 33166
(305) 992-2421

Digital Contact Information:
alvarezmedicalsolutions@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Renzo, MSN, APRN ■
2820 Northeast 214th Street
Ste 801
Aventura, FL 33180
(256) 500-8688
Digital Contact Information:
https://www.joinblossomhealth.com
blossom@withassured.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
blossom@withassured.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
blossom@withassured.com

Rodriguez, Romy, MMH, LMHC ■
8200 Northwest 41st Street
Suite 200
Miami, FL 33166
(786) 241-7695
Digital Contact Information:
drgmartinez.psychologist@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Taymi, MS, APRN ■
FL
(786) 860-5104
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com

and
15260 Southwest 280th Street
203
Homestead, FL 33032
(786) 601-7491
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com

and
2121 Southwest 3rd Avenue
205
Miami, FL 33129
(786) 660-1301
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com

and
3191 Southwest 22nd Street
406
Miami, FL 33145
(786) 660-1301
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com

and
7921 Bird Road
39
Miami, FL 33155
(786) 310-1570
Digital Contact Information:
http://oceanhealthsystem.com
lisbetrodriguez@llbillingoffice.com

and
7971 Bird Road
39
Miami, FL 33155
(786) 910-7179
Digital Contact Information:
http://oceanhealthsystem.com
lisbetrodriguez@llbillingoffice.com

and
4905 Northwest 72nd Avenue
5
Miami, FL 33166
(786) 391-3816
Digital Contact Information:
http://paradisehealthgroup.com
lisbetrodriguez@llbillingoffice.com

and
10680 Fontainebleau Boulevard
Miami, FL 33172
(305) 794-6845
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com

and
9350 SW 72nd St
Ste 116
Miami, FL 33173
(305) 992-9768
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com

and
12781 SW 42nd St
Ste G
Miami, FL 33175
(786) 227-3661
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com

and
13155 Southwest 134th Street
221
Miami, FL 33186
(786) 652-9880
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com

and
18142 Southwest 97th Avenue
Palmetto Bay, FL 33157
(786) 701-9179
Digital Contact Information:
http://www.guevaramedicalservices.com
lisbetrodriguez@llbillingoffice.com

and
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Zunilda, MSN, APRN ■
8756 Southwest 8th Street
Miami, FL 33174
(786) 223-9751
Digital Contact Information:
jyjpsychservices@gmail.com

Rodriguez-Cambas, Ailyn, MPSY, LMHC ■
11009 Southwest 186th Street
Cutler Bay, FL 33157
(786) 732-7979
Digital Contact Information:
circleoflifementalhealth@gmail.com

and
2100 Southwest 22nd Street
502
Miami, FL 33145
(786) 963-0128
Digital Contact Information:
circleoflifementalhealth@gmail.com

and
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
circleoflifementalhealth@gmail.com

and
10031 Southwest 40th Street
Miami, FL 33165
(786) 442-9628
Digital Contact Information:
circleoflifementalhealth@gmail.com

and
5600 Southwest 135th Avenue
100
Miami, FL 33183
(305) 603-9104
Digital Contact Information:
circleoflifementalhealth@gmail.com

Rodriguez-Hevia, Victoria, MC, LMHC ■
1450 Madruga Avenue
STE 302
Coral Gables, FL 33146
(305) 333-0181
Digital Contact Information:
theintuitivecouncelingcenter@gmail.com

Rodriguez-Prada, Margarita, MSCC, LMHC ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
tmedina@hbccmhc.com

Rodriguez-Ruiz, Franchesca, MA, LMFT ■
770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
5201 Blue Lagoon Dr
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(305) 395-5978
Digital Contact Information:
credentialing@happierliving.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Rodriguez-Ruiz, Tania, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/fl-credentialing@lifestance.com

Roiko, Kellyn, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Rojas, Alberto, MD ■
33550 South Dixie Highway
106
Florida City, FL 33034
(786) 601-7712
Digital Contact Information:
http://www.sunshinecommunitybs.com
dreduardo305@gmail.com

and
15536 Northwest 77th Court
Hialeah, FL 33016
(305) 621-8051
Digital Contact Information:
dreduardo305@gmail.com

and
5590 West 20th Avenue
200 201
Hialeah, FL 33016
(305) 557-1555
Digital Contact Information:
http://lifestarwellnesscenter.com
dreduardo305@gmail.com

and
3414 West 84th Street
Suite D110
Hialeah, FL 33018
(305) 825-4320
Digital Contact Information:
dreduardo305@gmail.com

and
3416 West 84th Street
C-108
Hialeah, FL 33018
(305) 557-1555
Digital Contact Information:
http://lifestarwellnesscenter.com
dreduardo305@gmail.com

and
3659 S Miami Ave
Miami, FL 33133
(305) 815-0055
Digital Contact Information:
dreduardo305@gmail.com

and
5950 Southwest 40th Street
Miami, FL 33155
(786) 633-5960
Digital Contact Information:
dreduardo305@gmail.com

and
7480 Southwest 40th Street
430
Miami, FL 33155
(786) 536-4266
Digital Contact Information:
dreduardo305@gmail.com

and
7815 Coral Way
Ste 108
Miami, FL 33155
(305) 264-1344
Digital Contact Information:
dreduardo305@gmail.com

and
19100 Southwest 106th Avenue
12 12
Miami, FL 33157
(786) 360-2852
Digital Contact Information:
dreduardo305@gmail.com

and
10677 North Kendall Drive
ste 5-a
Miami, FL 33176
(786) 296-2773
Digital Contact Information:
http://toplifecaresolutions.com
dreduardo305@gmail.com

and
12030 Southwest 129th Court
Suite 211
Miami, FL 33186
(305) 639-8760
Digital Contact Information:
http://www.believeandtrusttcm.com
dreduardo305@gmail.com

and
13590 Southwest 134th Avenue
201
Miami, FL 33186
(786) 227-6258
Digital Contact Information:
dreduardo305@gmail.com

and
9000 Southwest 137th Avenue
Suite 103
Miami, FL 33186
(305) 671-3503
Digital Contact Information:
http://www.behavioralccs.com
dreduardo305@gmail.com

and
9020 Southwest 137th Avenue
STE 250
Miami, FL 33186
(786) 536-7588
Digital Contact Information:
dreduardo305@gmail.com

and
14400 Northwest 77th Court
#100
Miami Lakes, FL 33016
(786) 916-6073
Digital Contact Information:
dreduardo305@gmail.com

Rojas, Jonathan, MS, LMFT ■
14221 Southwest 120th Street
suite 207
Miami, FL 33186

(786) 247-1308
Digital Contact Information:
ksmedicalbilling1@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rojas, Rafael, MSN, APRN ■
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
yny.behavioralservices@gmail.com

and
1400 Northwest 12th Avenue
Miami, FL 33136
(305) 243-5302
Digital Contact Information:
yny.behavioralservices@gmail.com

and
1475 NW 12th Ave
Fl 3
Miami, FL 33136
(305) 243-5302
Digital Contact Information:
yny.behavioralservices@gmail.com

and
1611 NW 12th Ave
Miami, FL 33136
(305) 243-5302
Digital Contact Information:
yny.behavioralservices@gmail.com

and
790 Northwest 107th Avenue
Suite 110
Miami, FL 33172
(305) 385-9919
Digital Contact Information:
yny.behavioralservices@gmail.com

and
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
yny.behavioralservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rojas, Sheila, MSN, APRN ■
2423 Southwest 147th Avenue
682
Miami, FL 33175
(305) 317-2426
Digital Contact Information:
tcmsolutioncenters@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Roman, Carla, MS, LMHC ■
FL
(786) 485-3932
Digital Contact Information:
swflmedicalgroupllc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Romeo, Leticia C, MSN, APRN ■
7971 Bird Road
39
Miami, FL 33155
(786) 910-7179
Digital Contact Information:
ajndcorp@gmail.com

and
9350 SW 72nd St
Ste 116
Miami, FL 33173
(786) 504-5620
Digital Contact Information:
ajndcorp@gmail.com

Romero Fernandez, Nancy, MN, APRN ■
14411 Commerce Way
fl # 330
Hialeah, FL 33016
(305) 450-9301
Digital Contact Information:
http://nossmedicalcorp.com
masvidamedicalcenter@gmail.com

and
801 Northwest 37th Avenue
212
Miami, FL 33125
(305) 504-6131
Digital Contact Information:
masvidamedicalcenter@gmail.com

Romero, Karen, MS, LMHC ■
1200 Northwest 78th Avenue
210
Doral, FL 33126
(786) 285-3438
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
5190 Northwest 167th Street
201
Hialeah, FL 33014
(305) 705-4289
Digital Contact Information:
http://livelinessinc.com
genesisconsultingservices39@gmail.com

and
2720 Southwest 97th Avenue
c 104
Miami, FL 33165
(305) 705-4289
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
4995 Northwest 72nd Avenue
209
Miami, FL 33166
(786) 651-4190
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
13195 Southwest 134th Street
102
Miami, FL 33186
(305) 964-5236
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Romero, Odalis, MS, LMHC ■
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff English

Rondeau, Juan C, MD ■
1 Alhambra Plaza
Miami, FL 33134
(833) 969-6463
Digital Contact Information:
fax@brainhealthusa.com

Rondina, Katherine M, MSN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=yhr.credentialing@sohomd.com
Other Languages Spoken by Provider or Office Staff English

Ronke, Angelica, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(877) 644-6008
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.com

Rooks, Joshua, PHD, LP ■
FL
(305) 204-5664
Digital Contact Information:
http://www.joshuarooksphd.com
rooksjoshua@gmail.com

Roque, Alicia, MS, LMHC ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
newbeginnignbehavior@yahoo.com

and
7580 Northwest 186th Street
202 202
Hialeah, FL 33015
(786) 385-5347
Digital Contact Information:
newbeginnignbehavior@yahoo.com

and
5455 Southwest 8th Street
230
Miami, FL 33134
(786) 629-8836
Digital Contact Information:
newbeginnignbehavior@yahoo.com

and
11890 Southwest 8th Street
403
Miami, FL 33184
(786) 362-5981
Digital Contact Information:
newbeginnignbehavior@yahoo.com

Rosado, Stephanie, PSYD, LP ■
FL
(786) 738-6468
Digital Contact Information:
http://mentalhealthofmiami.com
frontdesk@mentalhealthofmiami.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rosario, Tamara, MS, LMHC ■
11077 Biscayne Boulevard
410
Miami, FL 33161
(888) 494-0808
Digital Contact Information:
https://tamara-rosario.clientsecure.me
office@sbhss.net
Other Languages Spoken by Provider or Office Staff
Spanish

Rose, Jennifer, MSN, APRN ■
1031 Ives Dairy Rd
Ste 228
Miami, FL 33179
(786) 320-5559
Digital Contact Information:
growthllc@growthcounselingandtherapy.com

and
1001 North Miami Beach Boulevard
North Miami Beach, FL 33162
(786) 320-5559
Digital Contact Information:
growthllc@growthcounselingandtherapy.com

Rosellon, Naybi, DNP, APRN ■
5901 Southwest 74th Street
211
Miami, FL 33143
(786) 228-6892
Digital Contact Information:
http://www.santanamhs.com
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Rosenberg, Mercedes E, PSYD, LMHC, LP ■
11110 N Kendall Dr
Ste 200
Miami, FL 33176
(305) 596-3335
Digital Contact Information:
mrosenberg12@bellsouth.net
Other Languages Spoken by Provider or Office Staff
French, Spanish

Ross-Bey, Jaresa D, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
nicholas@summittherapeuticservices.com

Ruano, Edgar O, MC, LMHC, LPCC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Rubin, Kay, PHD, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
acc@advancedclientcare.org

Rueda Acosta, Reynaldo, MSN, PMHNP ■
9350 Southwest 72nd Street
112
Miami, FL 33173
(786) 665-6567
Digital Contact Information:
info@gleeclinic.com

and
8748 Southwest 8th Street
Miami, FL 33174
(786) 665-6567
Digital Contact Information:
http://gleeclinic.com
info@gleeclinic.com

Rueda-Lara, Maria, MD ■
1121 NW 14th St
Miami, FL 33136
(305) 243-4129
Digital Contact Information:
Not Available

and
1121 NW 14th St
Fl 1
Miami, FL 33136
(305) 243-4129
Digital Contact Information:
Not Available

and
1475 NW 12th Ave
C-023A
Miami, FL 33136
(305) 243-4129
Digital Contact Information:
Not Available

and
1611 NW 12th Ave
Miami, FL 33136
(305) 585-1111
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
Miami, FL 33136
(305) 355-7000
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
1404A
Miami, FL 33136
(305) 355-7777
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
Fl 3
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff

Spanish

Ruiz, Anabel, MSN, APRN, APRNPMH, NP ■
25327 Southwest 121st Avenue
Homestead, FL 33032
(786) 252-4586
Digital Contact Information:
aopsychiatricmentalhealthservi@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ruiz, Myuna, MD ■
12803 Southwest 280th Street
Homestead, FL 33032
(786) 409-5503
Digital Contact Information:
myunar@yahoo.com

and
5200 NE 2nd Ave
Miami, FL 33137
(305) 762-1387
Digital Contact Information:
myunar@yahoo.com

and
12260 SW 8th St
Ste 154
Miami, FL 33184
(786) 409-5503
Digital Contact Information:
myunar@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ruiz, Nataly, MSN, ARNP ■
13195 Southwest 134th Street
102
Miami, FL 33186
(305) 964-5236
Digital Contact Information:
advancedcaresfl@outlook.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ruiz Santiago, Mayte S, MD ■
900 West 49th Street
STE 512
Hialeah, FL 33012
(786) 536-1701
Digital Contact Information:
psychiatry@integratedhealthcare.group

and
351 NW 42nd Ave
Ste 406
Miami, FL 33126
(786) 536-1710
Digital Contact Information:
http://www.integratedhealthcare.group
psychiatry@integratedhealthcare.group

and
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
psychiatry@integratedhealthcare.group

and
1890 Southwest 57th Avenue
SUITE 106
Miami, FL 33155
(786) 536-1701
Digital Contact Information:
psychiatry@integratedhealthcare.group
Other Languages Spoken by Provider or Office Staff
Spanish

Ruiz, Tatiana, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
info@ffmhs.com

Russ, Olivia, MN, PMHNP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(773) 782-7609
Digital Contact Information:
https://bethpsychiatry.com
credentialing.5@scribealign.com

Russell-Smith, Ashleigh, MN, APRN ■
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
http://brightsyhealthfl.com
brightsyhealth@gmail.com

Ryan, Melanie, MS, LMHC ■
2124 Northeast 123rd Street
STE 220
North Miami, FL 33181
(786) 828-0947
Digital Contact Information:
https://blossomfl.com
info@blossomfl.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ryerson, Deanna, PSYD, LP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
billingdepartrment@howardcenter.org

Rzadkowolsky-Raoli, Cesare, MD ■
8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-0208
Digital Contact Information:
http://www.wellnesstherapyandmedical.com
info@doctorsccs.com

and
9000 Southwest 137th Avenue
Suite 103
Miami, FL 33186
(305) 671-3503
Digital Contact Information:
http://behavioralccs.com
info@doctorsccs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Saathoff, Tommy, MA, LMHC, LPC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
sowinghopecounseling@gmail.com

Saavedra, Briana, MC, LMHC ■
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
http://www.btpmentalhealth.com
info@btpmentalhealth.com

Saavedra, Diana, MSN, APRN ■
7100 W 20th Ave
Ste 201
Hialeah, FL 33016
(786) 899-0444
Digital Contact Information:
info@elitepsychiatricassociates.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sadang, Aurelio E, MSN, PMHNP ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
npsadang@gmail.com
Other Languages Spoken by Provider or Office Staff
Tagalog

Saez, Pedro, PSYD, LP ■
7700 North Kendall Drive
809
Miami, FL 33156
(888) 456-2545
Digital Contact Information:
https://neuropsychologymiami.com/
neuropsycho90@gmail.com

Saheli, Gezel, MD ■
1065 Southwest 8th Street
570
Miami, FL 33130
(888) 903-5505
Digital Contact Information:
http://www.telapsychiatry.com
scheduling@telapsychiatry.com
Other Languages Spoken by Provider or Office Staff Farsi

Saibu, Mariam, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@happierliving.com

Saiz Quintana, Maria E, MD ■
2550 Douglas Road
Suite 302
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
a.castillo@harmonyatthegables.com

and
2650 Southwest 27th Avenue
300 301a
Miami, FL 33133
(786) 353-9812
Digital Contact Information:
http://www.harmonyatthegablesclinic.com
a.castillo@harmonyatthegables.com

and
2650 Southwest 27th Avenue
Suite 305
Miami, FL 33133
(786) 353-9812
Digital Contact Information:
http://www.harmonyatthegablesclinic.com
a.castillo@harmonyatthegables.com

and
900 SW 97th Ave
Miami, FL 33174
(786) 790-4759
Digital Contact Information:
a.castillo@harmonyatthegables.com
Other Languages Spoken by Provider or Office Staff
Spanish

Saland, Deborah, MSW, CAP, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Salani, Deborah, DNP, APRN ●
5915 Ponce de Leon
26
Coral Gables, FL 33146
(786) 664-7810
Digital Contact Information:
dsalani@miami.edu

Salas, Aldo Y, MMFT, LMFT ■
15946 Southwest 147th Lane
Miami, FL 33196
(786) 205-4058
Digital Contact Information:
http://www.headway.com
therapyaldosalas@gmail.com

Salas, Julia S, MA, LMHC ■
7900 Oak Ln
400
Hialeah, FL 33016
(786) 617-8078
Digital Contact Information:
http://www.miamilakescounseling.com
hello@miamilakescounseling.com

Salazar, Ana, MS, LMHC ■
2500 Northwest 107th Avenue
Suite 102
Doral, FL 33172
(786) 605-9400
Digital Contact Information:
hello@reachlink.com

Saldarriaga, Natalia, MC, LMHC ●
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
https://behavioralaid.com/
nataliasaldarriaga@rocketmail.com

Salgado, Carlos C, MD ■
800 SW 108th Ave
100
Miami, FL 33174
(786) 595-8040
Digital Contact Information:
Not Available

Salgado, Dalia, MSN, APRN ■
13170 Southwest 128th Street
200
Miami, FL 33186
(786) 852-5198
Digital Contact Information:
renacer@wellnesscmh.com

and
FL
(786) 852-5198
Digital Contact Information:
renacer@wellnesscmh.com
Other Languages Spoken by Provider or Office Staff
Spanish

Salgado, Dalida, MSN, PMHNP ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
healingtouchinc@msn.com

and
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com
Other Languages Spoken by Provider or Office Staff
Spanish

Salley, Amy, MSN, APRN, APRNCNP, CRNP, NP, PMHNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
hello@psychplus.com

Salters, Kyrie, MSSW, LCSW ■
30210 SW 156th Ave
Homestead, FL 33033
(786) 505-1988
Digital Contact Information:
ksbehaviorandmh@gmail.com

Saltman, Lyudmila, PSYD, LP ■
1120 NW 14th St
1447
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
therapy@miamibeachpsychologistassociates.com

and
FL
(786) 318-1933
Digital Contact Information:
therapy@miamibeachpsychologistassociates.com
Other Languages Spoken by Provider or Office Staff
French, Russian, Spanish

Salvador, Nicole, MC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
fivestarlearningc@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Salvato, Fernando, MD ■
184 Palm Avenue
Miami Beach, FL 33139
(305) 324-6440
Digital Contact Information:
umpsychiatry@icloud.com

Sam, Pedro D, MS, LMHC ■
3000 Biscayne Boulevard
Suite 210C
Miami, FL 33137
(239) 999-1029
Digital Contact Information:
support@thriveworks.com

Sams, Tabatha N, MSN, APRN ■
2820 Northeast 214th Street
Ste 801
Aventura, FL 33180
(256) 500-8688
Digital Contact Information:
counselingthesoul@yahoo.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
counselingthesoul@yahoo.com

Samuel, Vickki Ann S, MD ■
18425 NW 2nd Ave
Ste 404B
Miami, FL 33169
(305) 549-8100
Digital Contact Information:
vssamuelmd@gmail.com

San Juan, Janella, MS, NP, PMHNP ■
FL
(305) 902-6347
Digital Contact Information:
sara.rydin@caduc.com
Other Languages Spoken by Provider or Office Staff English

San Martin, Jimmy, MS, LMFT ■
3625 Northwest 82nd Avenue
400 3
Doral, FL 33166
(305) 209-6399
Digital Contact Information:
luke@revive-rcm.com

and
1125 Northeast 125th Street
112
North Miami, FL 33161
(305) 209-6399
Digital Contact Information:
http://mindsetsolutionsctc.com/
luke@revive-rcm.com

San Salvador, Donna, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Sanchez, Azucena, MSN, APRN ■
17395 Northwest 59th Avenue
Hialeah, FL 33015
(305) 662-2185
Digital Contact Information:
excellencemed126@gmail.com

and
27 Northwest 13th Street
Homestead, FL 33030
(786) 339-8824
Digital Contact Information:
http://www.sfmhr.com
excellencemed126@gmail.com

and
7959 NW 2nd St
Miami, FL 33126
(305) 267-6060
Digital Contact Information:
excellencemed126@gmail.com

and
3146 Southwest 22nd Street
Miami, FL 33145
(786) 227-6177
Digital Contact Information:
excellencemed126@gmail.com

and
12750 Southwest 128th Street
Suite 108
Miami, FL 33186
(786) 713-0970
Digital Contact Information:
excellencemed126@gmail.com

and
11285 Southwest 211 Street
305
Miami, FL 33189
(786) 980-7496
Digital Contact Information:
excellencemed126@gmail.com

and
9847 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 227-6177
Digital Contact Information:
excellencemed126@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Sanchez Cardona, Danay, MS, LMHC ■
600 Northwest 35th Avenue
202 203
Miami, FL 33125
(786) 907-4984
Digital Contact Information:
yny.behavioralservices@gmail.com

and
1150 Northwest 72nd Avenue
640
Miami, FL 33126
(786) 497-3444
Digital Contact Information:
yny.behavioralservices@gmail.com

and
1495 NW 54th St
Miami, FL 33142
(786) 931-1881
Digital Contact Information:
yny.behavioralservices@gmail.com

and
6801 Northwest 77th Avenue
107
Miami, FL 33166
(786) 536-2364
Digital Contact Information:
yny.behavioralservices@gmail.com

and
790 Northwest 107th Avenue
Suite 110
Miami, FL 33172
(305) 964-5426
Digital Contact Information:
yny.behavioralservices@gmail.com

and
13226 SW 8th St
Miami, FL 33184
(305) 506-1786
Digital Contact Information:
yny.behavioralservices@gmail.com

and
Home Based Services Only
West Miami, FL 33144
(305) 262-8282
Digital Contact Information:
yny.behavioralservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sanchez, Carmela, PA, PA_C ■
18117 Biscayne Boulevard
306
Miami, FL 33160
(847) 979-9095
Digital Contact Information:
yturcih@yahoo.com

Sanchez, Enrique A, MS, CAP, LMHC ■
3625 Northwest 82nd Avenue
400
Doral, FL 33166
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Sanchez, Gabriel, MD ■
9725 South Dixie Highway
Pinecrest, FL 33156
(305) 209-0144
Digital Contact Information:
http://sanchez-md.com
gabriel@sanchez-md.com
Other Languages Spoken by Provider or Office Staff English

Sanchez, Jackeline, PHD, LP ■
3100 SW 62nd Ave
Fl 2
Miami, FL 33155
(305) 669-6503
Digital Contact Information:
payer.credentialing@nicklaushealth.org

Sanchez Ortega, Roberto, MD ■
9000 Southwest 137th Avenue
Suite 103
Miami, FL 33186
(305) 671-3503
Digital Contact Information:
bccsoperations@doctorsccs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sanchez, Roberto W, MN, APRN ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
healingtouchinc@msn.com

and
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

Sanchez, Rosa M, MS, LMHC ■
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
morecounseling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sandoval, Carlos J, MD ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
westmiamicmhc@bellsouth.net
Other Languages Spoken by Provider or Office Staff Italian, Spanish

Sanfiel, Emily C, MS, LMHC ■
5915 Ponce de Leon
48
Coral Gables, FL 33146
(786) 273-7630
Digital Contact Information:
Not Available

and
7700 N Kendall Dr
Ste 415
Miami, FL 33156
(786) 359-4161
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Sanfiel, Ida N, MS, LMHC ■
5915 Ponce de Leon
48
Coral Gables, FL 33146
(786) 325-3285
Digital Contact Information:
isanfiel@gmail.com

and
2500 Northwest 107th Avenue
Suite 102
Doral, FL 33172
(786) 605-9400
Digital Contact Information:
isanfiel@gmail.com

and
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
isanfiel@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Sanmiguel, Maria T, MMH, LMHC ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
westmiamicmhc@bellsouth.net

Santa, Dorilee, MS, LCMHC, LMHC ■
250 Catalonia Avenue
Suite 702
Coral Gables, FL 33134
(786) 237-8501
(415) 941-4109
Digital Contact Information:
http://healinggrowththerapy.com
service@virtual-counseling.com

and
FL
(786) 258-8499
(786) 237-8501
(415) 941-4109
Digital Contact Information:
http://healinggrowththerapy.com
service@virtual-counseling.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Santana, Mailyn, MD ■
5901 Southwest 74th Street
208
Miami, FL 33143
(954) 884-5626
Digital Contact Information:
admin@santanamhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Santiago Fernandez, Flor De Liz, EDD, LCSW ■
10691 North Kendall Drive
304
Miami, FL 33176
(786) 771-3370
Digital Contact Information:
http://www.familybalancetherapy.com
familybalancetherapy@gmail.com

and
FL
(786) 771-3370
Digital Contact Information:
http://www.familybalancetherapy.com
familybalancetherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Santiago Guia, Rina, PSYD, LP ■
151 NW 11th St
Ste W201
Homestead, FL 33030
(786) 521-5925
Digital Contact Information:
monarchallhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Santiago, Joshua, MS, LMHC ■

2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Santiago, Wildelia, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff English, Spanish

Santiesteban, Liliam, DO ■
4304 Alton Rd
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com
Other Languages Spoken by Provider or Office Staff Spanish

Santos, Danae, MN, APRN ■
2199 West Flagler Street
Miami, FL 33135
(305) 643-0550
Digital Contact Information:
lfmcbilling@gmail.com

Sarandrea, Jillian M, MA, LMHC ■
1 Alhambra Plaza
1451
Miami, FL 33134
(888) 588-8995
Digital Contact Information:
scheduling@foresightmentalhealth.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
scheduling@foresightmentalhealth.com
Other Languages Spoken by Provider or Office Staff English

Sardinas, Maricruz, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
admin@lifehealthsystem.org
Other Languages Spoken by Provider or Office Staff Portuguese, Spanish

Sarduy, Ernesto L, DNP, APRN ■
8950 SW 74th Ct
Ste 2201
Miami, FL 33156
(786) 637-0907
Digital Contact Information:
http://southfloridapsychiatry.com
southfloridapsychiatry@outlook.com
Other Languages Spoken by Provider or Office Staff Spanish

Sasidharan Nair, Sreejithkumar, MSN, APRN ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com

Satorre, Mayuli C, MSN, APRN ■
3785 Northwest 82nd Avenue
307
Doral, FL 33166
(305) 898-5420
Digital Contact Information:
m.satorre@harmonyatthegables.com

and
33550 South Dixie Highway
106
Florida City, FL 33034
(786) 601-7712
Digital Contact Information:
m.satorre@harmonyatthegables.com

and
1150 Northwest 72nd Avenue
ph 2
Miami, FL 33126
(786) 542-5043
Digital Contact Information:
http://1stcarecms.com
m.satorre@harmonyatthegables.com

and
2650 Southwest 27th Avenue
Suite 305
Miami, FL 33133
(786) 353-9812
Digital Contact Information:
http://www.harmonyatthegablesclinic.com
m.satorre@harmonyatthegables.com
Other Languages Spoken by Provider or Office Staff Spanish

Satulovsky, Carlos A, MD ■
3421 SW 107th Ave
Miami, FL 33165
(305) 392-1774
Digital Contact Information:
jorlowsky@bhgpa.com

and
12955 Southwest 42nd Street
STE 2
Miami, FL 33175
(786) 491-4947
Digital Contact Information:
jorlowsky@bhgpa.com
Other Languages Spoken by Provider or Office Staff Italian, Spanish

Saturne, Casandra, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
thoughtsofhopellc@gmail.com
Other Languages Spoken by Provider or Office Staff Dutch, Spanish

Saveanu, Radu V, MD ■
1120 NW 14th St
1477
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
Not Available

and
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-6400
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
1404A
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
3308
Miami, FL 33136
(305) 355-7000
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
Fl 3
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
Not Available

Sawyer, Rachelle, MS, APRN ■
1504 Bay Road
2003 2003
Miami Beach, FL 33139
(646) 374-2827
Digital Contact Information:
https://moderntherapygroup.com/
angela@moderntherapygroup.com

Sawyers, Althea, MMFT, LMFT ■
FL
(202) 410-5972
(833) 322-0977
(786) 277-5563
Digital Contact Information:
http://www.quality-therapy.com
asawyers.biz@gmail.com

Scarlatella, Lisa, MSN, APN ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Schechner, Joanna, PSYD, CP, HSPP, LP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
dmccoy@prodatamgmt.com

Schettino, Lynne, PHD, LP ■
FL
(305) 389-3335
Digital Contact Information:
drlschet@bellsouth.net

Schiavone, Veronica J, MSW, LCSW ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
info@riviamind.com

Schiff, Janice, MSN, APRN ■
2601 SW 37th Ave
Ste 904
Miami, FL 33133
(800) 457-4573
Digital Contact Information:
jschiff1@hotmail.com

Schindler, Alina, MC, LMFT ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
rebekah@lscounseling.com
Other Languages Spoken by Provider or Office Staff English

Schlotterback, Mark, MD ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Schmid, Cecilia A, MPSY, LMHC ■
9380 SW 72nd St
Ste 238
Miami, FL 33173
(305) 632-2322
Digital Contact Information:
ceciliaschmid@hotmail.com

and
10691 N Kendall Dr
Ste 110
Miami, FL 33176
(305) 632-2322
Digital Contact Information:
ceciliaschmid@hotmail.com

Schroeder, Donald A, MA, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
schroederdn@gmail.com

Schutt, Horacio, MPSY, LMHC ■
20900 Northeast 30th Avenue
200 17
Aventura, FL 33180
(786) 315-0387
Digital Contact Information:
http://www.miamipsychoanalysis.net
floridapsychotherapygroup@gmail.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
floridapsychotherapygroup@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Schwartz, Cynthia, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Scott, Alicia N, MSN, APRN ■
3000 Biscayne Boulevard
Suite 216
Miami, FL 33137
(786) 220-1969
Digital Contact Information:
http://www.envisionmcare.com
credentialing@practolytics.com

Scott, Kelly T, MSN, APN ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
john.sladewski@rwjbh.org

Scotto, Maria, MS, LMHC ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(305) 396-9010
Digital Contact Information:
sasha@livewelltherapygroup.com

and
2875 Northeast 191st Street
Suite 500
Aventura, FL 33180
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
sasha@livewelltherapygroup.com

and
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
sasha@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff English

Scotto, Nicole M, MC, LMHC ■
2875 Northeast 191st Street
528
Aventura, FL 33180
(305) 396-9010
Digital Contact Information:
https://balancedlifetherapygroup.com/
help@joinuplift.co

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff English

Seals, Latoya, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@bestselfwny.org

Searight, Joyel D, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
fl-credentialing@lifestance.com

Seay, Jennifer, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@hupcfl.com

Sebreros, Jennifer, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Seigel, Robert K, MSN, APRN, NP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Selem, Lissette, MD ■
5803 Northwest 151st Street
101
Miami Lakes, FL 33014
(786) 504-8070
Digital Contact Information:
https://www.vallejomedicalclinic.com/
lissetteselem@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Selem, Lourdes, MD ■
5803 Northwest 151st Street
101
Miami Lakes, FL 33014
(305) 696-8802
Digital Contact Information:
lourdesselem@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Selesky, Jaika, MS, LMHC ■
7600 South Red Road
200
South Miami, FL 33143
(786) 508-2207
Digital Contact Information:
angelo@lunapsychology.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Seraphin, Sandrina, MSW, LCSW ■
175 Northwest 125th Street
201
North Miami, FL 33168
(954) 900-8348
Digital Contact Information:
sseraphin@transparentspace.net
Other Languages Spoken by Provider or Office Staff
English, Creole

Serna, Christian A, MSN, APRN ■
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com
Other Languages Spoken by Provider or Office Staff
Spanish

Serra, Maria T, MMFT, LMFT ■
12001 Southwest 128th Court
Suite Suite 104
Miami, FL 33186
(786) 868-0505
Digital Contact Information:
agency@juntosbmb.com

and
15305 Northwest 60th Avenue
Ste 100
Miami Lakes, FL 33014
(786) 536-7561
Digital Contact Information:
agency@juntosbmb.com
Other Languages Spoken by Provider or Office Staff
Spanish

Shah, Nikita, MD ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y

Shah, Ruiy, DNP, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
credentialing@riviamind.com

Shahwar, Durre, MSN, APN, APRN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
durre.shahwar@solmentalhealth.com
Other Languages Spoken by Provider or Office Staff
Punjabi, Urdu, Hindi

Shakespeare, Ashanti, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
inquiry@dare2emerge.com

Shervington, Dinora T, MS, LMFT ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
thecouples1@gmail.com

and
12150 Southwest 128th Court
Suite 105
Miami, FL 33186
(305) 338-2231
Digital Contact Information:
thecouples1@gmail.com

and
13383 SW 142nd Ter
Miami, FL 33186
(786) 362-5981
Digital Contact Information:
thecouples1@gmail.com

Shlackman, Jed, MS, LMHC ■
12965 Southwest 112th Avenue
Miami, FL 33176
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff English

Shonk, Heather E, MSN, APRN, PMHNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
fl-credentialing@lifestance.com

Shupe, Ginger, MD ■
7000 SW 62nd Ave
Ste 600
South Miami, FL 33143
(305) 284-7577
Digital Contact Information:
ammscredentialing@larkinhospital.com

Sijo, Yusimi, PSYD, LMHC ■
5901 SW 74th St
Ste 412
Miami, FL 33143
(786) 717-5028
Digital Contact Information:
castroj@bellsouth.net

and
2307 Douglas Road
400
Miami, FL 33145
(305) 205-1965
Digital Contact Information:
castroj@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Silber, Anita, MS, LMHC ■
6175 NW 153rd St
Ste 404
Miami Lakes, FL 33014
(305) 558-7400
Digital Contact Information:
credentialing@wellnite.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Silebi, Candice, MSED, LMHC ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
westmiamicmhc@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Silva, Erik, MS, LMHC ■
8323 Northwest 12th Street
Ste 206
Doral, FL 33126
(305) 373-3424
Digital Contact Information:
info@themind-gym.com

and
FL
(754) 400-1539
Digital Contact Information:
info@themind-gym.com

and
15660 Southwest 72nd Street
Miami, FL 33193
(786) 697-1150
Digital Contact Information:
info@themind-gym.com

Silva, Reymundo, MSN, APRN ■
1840 West 49th Street
606 606
Hialeah, FL 33012
(305) 846-9727
Digital Contact Information:
hccms.corp@gmail.com

and
3750 West 16th Avenue
226u
Hialeah, FL 33012
(786) 360-3750
Digital Contact Information:
hccms.corp@gmail.com

and
FL
(786) 360-3750
Digital Contact Information:
hccms.corp@gmail.com

and
13226 SW 8th St
Miami, FL 33184
(786) 518-3353
Digital Contact Information:
hccms.corp@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Silva-Duluc, Silvia I, MD ■
5590 West 20th Avenue
200 201
Hialeah, FL 33016
(305) 557-1555
Digital Contact Information:
http://lifestarwellnesscenter.com
drsilva@bellsouth.net

and
3414 West 84th Street
Suite D110
Hialeah, FL 33018
(305) 825-4320
Digital Contact Information:
drsilva@bellsouth.net

and
3416 West 84th Street
C-108
Hialeah, FL 33018
(305) 557-1555
Digital Contact Information:
http://lifestarwellnesscenter.com
drsilva@bellsouth.net

and
7811 Coral Way
106
Miami, FL 33155
(305) 412-0138
Digital Contact Information:
drsilva@bellsouth.net

and
9995 SW 72nd St
Ste 208
Miami, FL 33173
(305) 412-6034
Digital Contact Information:
drsilva@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Silverio, Ashley, MSW, LCSW ■
FL
(305) 209-8921
Digital Contact Information:
http://www.journeytothrivetherapy.com
ashleysilveriolcsw@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Simpson, Zilla, MPSY, LMHC ■
18951 Southwest 106th Avenue
105 106
Miami, FL 33157
(305) 233-4448
Digital Contact Information:
stepstherapycenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sims, Bridgett, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@red-rock.com

Singer, Gabrielle, MSW, LCSW ■
FL
(508) 202-1011
Digital Contact Information:
info@mosaicmindscounseling.com

Singh, Robbie, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@aspirehp.org

Singh, Sham W, MD ■
39 Northeast 1st Avenue
215
Miami, FL 33132
(310) 430-7324
Digital Contact Information:
contact@bonmente.com

Sinuhe Cabrera, Luis, MSN, APRN ■
8175 Northwest 12th Street

Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
laurap@azzurrahcc.com

Siracusa, Shannon, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Sitek, Agata, MSN, APRN, NP ■
7900 Oak Lane
Hialeah, FL 33016
(877) 515-8113
Digital Contact Information:
fax@brainhealthusa.com

Sjostrom, Lady, LMHC, MA, MS ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
info@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
info@dadefamily.com
Other Languages Spoken by Provider or Office Staff
Spanish

Smallwood, Richelle, MSW, LCSW ■
FL
(305) 902-6347
(833) 351-8255
Digital Contact Information:
credentialing@lifebulb.com

Smart-McCarthy, Madison, PHD, LCP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
hello@emorahealth.com

Smith, Andrew C, MSN, APRN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
info@riviamind.com

Smith, Devin, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
referrals@chrysalishealth.com

Smith, Erika, MC, LMHC ■
4302 Alton Rd
Ste 500
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Smith, Joshua, PSYD, HSPP, LP ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Smith, Ronny, MS, LPC ■
FL
(305) 902-6347
Digital Contact Information:
msabree@sabreets.com

Smith, Teresa, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Snipes, Jonathan M, MD ■
44 Northwest 17th Street
Homestead, FL 33030
(305) 209-4750
Digital Contact Information:
credentialing@thriveworks.com

Sobhan, Tanveer, MD ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
tsobhanmd@yahoo.com

and
11430 North Kendall Drive
208
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
tsobhanmd@yahoo.com

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
tsobhanmd@yahoo.com
Other Languages Spoken by Provider or Office Staff
Bengali

Sockol, Jamie K, MS, LMHC ■
111 NW 183rd St
Ste 404
Miami, FL 33169
(786) 524-4001
Digital Contact Information:
info@selfcarecounselingofsouthflorida.com
Other Languages Spoken by Provider or Office Staff English

Solares, Nani E, MA, LMHC ■
9240 Sunset Dr
Ste 202
Miami, FL 33173
(786) 803-7922
Digital Contact Information:
http://www.nanisolares.com
nanisolareslmhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Solivan Matta, Paola, MMH, LMHC ■
5941 Northwest 173rd Drive
2 2
Hialeah, FL 33015
(754) 701-0221
Digital Contact Information:
http://www.abhealth.care
info@abhealth.care
Other Languages Spoken by Provider or Office Staff
Spanish

Solorzano, Gina, MSW, LCSW ■
2124 Northeast 123rd Street
STE 220
North Miami, FL 33181
(786) 828-0947
Digital Contact Information:
https://blossomfl.com
info@blossomfl.com
Other Languages Spoken by Provider or Office Staff
Hebrew, Spanish

Soto, Lugannys M, MS, LMHC ■
6601 Southwest 80th Street
STE 121
South Miami, FL 33143
(305) 453-4833
Digital Contact Information:
http://www.themodernpsychology.com
admin@themodernpsychology.com
Other Languages Spoken by Provider or Office Staff
Spanish

Soto, Maricarmen, MSW, LCSW ■
10300 SW 216th St
Cutler Bay, FL 33190
(305) 253-5100
Digital Contact Information:
Not Available

Soutien, Kimberly, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Spalding, Gwenevere, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
gwen.lifecenter@gmail.com

Spanos, Melina, MSN, APRN ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Spasic, Marija, MS, LMHC ■
7600 West 20th Avenue
213
Hialeah, FL 33016
(786) 471-6887
Digital Contact Information:
http://marijaspasic.com
srcetherapy@gmail.com

Spence, Tracy A, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@theracounsel.com

Spencer, Marcia, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
jane.mohammad@daybreakhealth.com

Spencer, Precious M, MSN, APRN, PMHNP ■
FL
(305) 902-6347
Digital Contact Information:
info@centerforsexualhealthandwellness.com

and
20535 Northwest 2nd Avenue
Suite 204
Miami, FL 33169
(772) 208-7834
Digital Contact Information:
info@centerforsexualhealthandwellness.com

Spencer Rose, Sharon, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Springer, Shawndel, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
gethelp@wellqor.com

Stallworth, Janell, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
hello@wellnite.com

Steadman, Tiarra, MSW, LCSW ■
1150 Northwest 72nd Avenue
455
Miami, FL 33126
(561) 356-9991
Digital Contact Information:
brittani@dljclinicalservices.com

Steen, Tamarie, MMH, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Stein Lifshitz, Daniel, MD ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
intake@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compass-md.com
intake@compass.md
Other Languages Spoken by Provider or Office Staff
Hebrew, Spanish

Steinberg, Rachel, MSW, LCSW ■
5901 Southwest 74th Street
408
Miami, FL 33143
(305) 735-3555
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com

Stephenson, Evonne B, MSN, APRN ■
FL
(508) 202-1011
Digital Contact Information:
enrollment@pursuecare.com

Stevenson, Thalia, MS, LCMHC ■
FL
(786) 530-5410
Digital Contact Information:
http://actservicellc.com
actservices2023@gmail.com

Stewart, Laura L, MED, LMHC ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
lstewart@cfdfl.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
lstewart@cfdfl.com

Stewart, Robert C, DO ■
15600 Southwest 288th Street
405b
Homestead, FL 33033
(786) 610-8167
Digital Contact Information:
amaliasclinic@acccorp.org

and
640 West Palm Drive
b
Homestead, FL 33034
(786) 610-8167
Digital Contact Information:
amaliasclinic@acccorp.org

and

9380 Sunset Drive
b240
Miami, FL 33173
(786) 534-4979
Digital Contact Information:
amaliasclinic@acccorp.org

Stewart, Tannisha, MC, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
tannishastewart@starzjourneyinc.onmicrosoft.com

Stibick, Debra L, PHD, LP ■
3663 S Miami Ave
Miami, FL 33133
(713) 789-7560
Digital Contact Information:
talk2drdeb@gmail.com

Stoian, Mihaela, MS, LMHC ■
FL
(954) 834-3570
Digital Contact Information:
http://grieftree.com
mstoian1217@gmail.com
Other Languages Spoken by Provider or Office Staff
Romanian

Stone Palmer, Matthew Luke, MSW, LCSW ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
info@prioritypractice.com

Strauss, Robin, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
robinlindsay1120@gmail.com

Suarez, Laura, MSN, APRN ■
10520 Northwest 26th Street
STE C101
Doral, FL 33172
(786) 353-9308
Digital Contact Information:
violethealthcorp@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Suarez Martinez, Alejandro F, MSN, APRN ■
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
healingtouchinc@msn.com

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com
Other Languages Spoken by Provider or Office Staff
Spanish

Suarez, Miriam, MS, LMHC ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and
7221 SW 24th St
Ste 206
Miami, FL 33155
(786) 648-4447
Digital Contact Information:
http://www.fmhpllc.com
info@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

Suarez, Rogelio, MD ■
4302 Alton Rd
Ste 820
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com

and
4304 Alton Rd
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com

and
4304 Alton Rd
Fl 1
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Suchanic, Joseph B, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
jsuchanic@elliementalhealth.com

Sue Logan, Casey, MC, LMHC, LPCC ■
FL
(859) 517-4633
Digital Contact Information:
https://divinesoultherapy.clientsecure.me
caseyjameslpc@gmail.com

Suhail, Sam, MD ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://happierliving.com
hello@joinblossomhealth.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
hello@joinblossomhealth.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com

Summer, Linda R, MSW, LCSW ■
FL
(305) 467-8384
Digital Contact Information:
lrsummer@yahoo.com

Summerson, Acelyne, MD ■
13701 Southwest 88th Street
306
Miami, FL 33186
(786) 842-1489
Digital Contact Information:
infinitywellnessgroup21@gmail.com

Suna, Elise, LMFT, MA, MSED ■
1390 South Dixie Highway
#1307
Coral Gables, FL 33146
(305) 204-2601
Digital Contact Information:
elise.suna@gmail.com

Sussman, Abbe B, MSW, LCSW ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

Sussman, Martin A, MSW, LCSW-R ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Swain, Cieria D, MC, LCSW, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
appointments@meetmarvin.com
Other Languages Spoken by Provider or Office Staff English

Sweeney, Margaret C, MSN, NP ■
2801 Northeast 213th Street
Suite 1215
Aventura, FL 33180
(786) 648-6161
Digital Contact Information:
http://lifestance.com
fl-credentialing@lifestance.com
Other Languages Spoken by Provider or Office Staff English

TSO, Yanlin, MSW, CSW, LCSW, LICSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Tamayo Flores, Liena, MN, APRN ■
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
healingtouchinc@msn.com

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com
Other Languages Spoken by Provider or Office Staff
Spanish

Tang Bau, Robert, MSN, APRN ■
8950 SW 74th Ct
Ste 2201
Miami, FL 33156
(786) 637-7338
Digital Contact Information:
info@icarepsychiatry.org

Tanner, Susan, APRN, MSN, NP, PMHNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Tanona, Anthony W, PSYD, LP ■
19300 West Dixie Highway
2 2
Miami, FL 33180
(305) 933-5733
Digital Contact Information:
http://www.deltapsychgroup.com
drtanona@gmail.com
Other Languages Spoken by Provider or Office Staff English

Tapia, Jonathan D, MSN, APRN ■
22133 South Dixie Highway
Miami, FL 33170
(786) 504-3119
Digital Contact Information:
https://fpmflorida.org/
credentialing@edgemdsolution.com

and
9299 SW 152nd St
Palmetto Bay, FL 33157
(305) 479-6538
Digital Contact Information:
credentialing@edgemdsolution.com
Other Languages Spoken by Provider or Office Staff
Spanish

Tase, Jorge, MN, APRN ■
3625 Northwest 82nd Avenue
Suite 408
Doral, FL 33166
(305) 939-6877
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Tassy-Lewis, Sabrina, PSYD, LP ■
14411 Commerce Way
Hialeah, FL 33016
(954) 534-0432
Digital Contact Information:
tassy@nova.edu
Other Languages Spoken by Provider or Office Staff Haitian Creole, Creole

Taveras, Adam, MA, LMFT ■
FL
(305) 981-6068
Digital Contact Information:
adam.brighterdays@gmail.com

and
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
adam.brighterdays@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Taylor Hernandez, Glenda, MSW, LCSW ■
4475 Southwest 8th Street
Coral Gables, FL 33134
(786) 536-2872
Digital Contact Information:
admin@fpmagency.com

and
777 E 25th St
Ste 212
Hialeah, FL 33013
(786) 542-5646
Digital Contact Information:
admin@fpmagency.com

and
22133 South Dixie Highway
Miami, FL 33170
(786) 504-3119
Digital Contact Information:
https://fpmflorida.org/

admin@fpmagency.com
Other Languages Spoken by Provider or Office Staff Spanish

Taylor, Nicole A, PSYD, LMHC ■
20295 Northwest 2nd Avenue
Suite 110
Miami Gardens, FL 33169
(305) 974-4426
Digital Contact Information:
olympusbillingkevinp@gmail.com

Taylor, Tanashia S, MSW, LCSW ■
18117 Biscayne Boulevard
2159
Miami, FL 33160
(305) 306-2513
Digital Contact Information:
info@favortherapy.com

Tedesco, Nicole, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Telfort, Whitney, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
hello@joinblossomhealth.com

Tercero, Vanessa, MSW, LCSW ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com
Other Languages Spoken by Provider or Office Staff Spanish

Terrell, Charlotte R, MS, LMFT ■
FL
(305) 596-7547
Digital Contact Information:
chaterrell@aol.com

Terron, Rochely, MC, LMHC ■
815 North Homestead Boulevard
228
Homestead, FL 33030
(305) 783-8181
Digital Contact Information:
rochelyterron@gmail.com

Terry, Lisa J, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Tersy-Tuzo, Iliana, MSW, LCSW ■
1065 Northeast 125th Street
106
Miami, FL 33161
(305) 279-5535
Digital Contact Information:
http://www.compasshealthsystems.com
credentialing@compass.md
Other Languages Spoken by Provider or Office Staff Spanish

Thadal, Stephanie, MSN, NP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
hello@joinblossomhealth.com

Theiner, Sharon F, MSW, LCSW ■
FL
(508) 202-1011
Digital Contact Information:
https://www.sevenstarling.com
chelsey.butler@credentialing.com

Theis, Deborah, PHD, LP ■
FL
(800) 567-5433
Digital Contact Information:
https://totallife.com/
providerenrollment6@deeroaks.com

Thomas, Delvena R, DO ■
9730 Hibiscus Street
b
Cutler Bay, FL 33157
(305) 969-7829
Digital Contact Information:
drtbehavioralservices@gmail.com

and
16400 NW 2nd Ave
Ste 100
Miami, FL 33169
(305) 981-1700
Digital Contact Information:
drtbehavioralservices@gmail.com

and
16400 Northwest 2nd Avenue
100 100
Miami, FL 33169
(305) 981-1700
Digital Contact Information:
drtbehavioralservices@gmail.com

and
15800 NW 42nd Ave
Opa Locka, FL 33054
(305) 981-1700
Digital Contact Information:
http://brainlovehelp.com
drtbehavioralservices@gmail.com

Thomas, Marcdala, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
marcdalathomas2006@gmail.com
Other Languages Spoken by Provider or Office Staff English, Haitian Creole

Thomas, Mottsin, MD ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(310) 360-7200
Digital Contact Information:
contact@bonmente.com

Thompson, Miquia, MPSY, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Thweatt, Nicole M, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
help@joinuplift.co

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Tiongco, Rosalinda, MS, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Tokar, Ephraim, MA, LMFT ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
birches@withassured.com
Other Languages Spoken by Provider or Office Staff English

Topalian, Sona, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff Armenian

Torra, Lizet, MS, LMHC ■
11440 North Kendall Drive
e208
Miami, FL 33176
(305) 898-0849
Digital Contact Information:
billing@callisiahealthgroup.com
Other Languages Spoken by Provider or Office Staff Spanish

Torre, Emilia, MD, LMHC ■
1022 East 8th Avenue
Hialeah, FL 33010
(786) 615-7829
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
2100 West 76th Street
STE 408
Hialeah, FL 33016
(786) 615-7829
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
3412 West 84th Street
e106
Hialeah, FL 33018
(305) 827-7344
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Torres, Amanda G, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
credentialing@joinuplift.co
Other Languages Spoken by Provider or Office Staff English

Torres Carbonell, William, MSN, APRN ■
10024 Southwest 222nd Street
Cutler Bay, FL 33190
(239) 692-2776
Digital Contact Information:
info@rushcredentialing.com

Torres, Sergio, LMHC, MSCC ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
Not Available

Torres, Yumays, MN, APRN ■
3785 Northwest 82nd Avenue
307
Doral, FL 33166
(305) 266-2949
Digital Contact Information:
yfundora@managedmentalhealth.com

and
4445 West 16th Avenue
STE 405
Hialeah, FL 33012
(786) 233-6721
Digital Contact Information:
yfundora@managedmentalhealth.com

and
2650 Southwest 27th Avenue
Suite 305
Miami, FL 33133
(786) 353-9812
Digital Contact Information:
http://www.harmonyatthegablesclinic.com
yfundora@managedmentalhealth.com

and
8080 West Flagler Street
2a
Miami, FL 33144
(786) 615-2640
Digital Contact Information:
yfundora@managedmentalhealth.com

and
7700 North Kendall Drive
807
Miami, FL 33156
(786) 450-4284
Digital Contact Information:
yfundora@managedmentalhealth.com
Other Languages Spoken by Provider or Office Staff Spanish

Torres, Yuri G, MMFT, LMFT ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
info@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
info@behavioralaid.com
Other Languages Spoken by Provider or Office Staff Spanish

Tortosa, Jared, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
gbaird@counselingassociatesutah.com

Tous, Ana Maria, MD ■
1360 South Dixie Highway
350
Coral Gables, FL 33146
(305) 648-9344
Digital Contact Information:
info.alternativesbehavior@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Towne, Angela, MSW, LCSW, LICSW, LMSW ■
FL
(508) 202-1011
Digital Contact Information:
support@sevenstarling.com

Toy, Ozan M, MD ■
1065 Southwest 8th Street
570
Miami, FL 33130
(888) 903-5505
Digital Contact Information:
http://www.telapsychiatry.com
scheduling@telapsychiatry.com

Trana-Felipes, Silvia, MS, ABA, LMHC ■
2001 Northwest 107th Avenue
412
Doral, FL 33172
(786) 548-8322
Digital Contact Information:
empathybhsbilling@gmail.com

and
7959 NW 2nd St
Miami, FL 33126
(305) 267-6060
Digital Contact Information:
empathybhsbilling@gmail.com

and
1818 West Flagler Street
Miami, FL 33135
(786) 755-2897
Digital Contact Information:
empathybhsbilling@gmail.com

and

7315 Northwest 36th Street
Miami, FL 33166
(786) 345-7734
Digital Contact Information:
empathybhsbilling@gmail.com

and
10661 North Kendall Drive
216
Miami, FL 33176
(786) 631-4158
Digital Contact Information:
empathybhsbilling@gmail.com

and
1134 NW 136th Ave
Miami, FL 33182
(786) 631-4158
Digital Contact Information:
empathybhsbilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Trejo, Ana, MMH, LMHC ■
FL
(786) 361-9784
Digital Contact Information:
loveandabundance2020@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Trenker, Brittany L, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Treto, David, MN, APRN ■
13145 Southwest 134th Street
102
Miami, FL 33186
(305) 964-5236
Digital Contact Information:
olympushcs@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Trujillo, Moraima, MD ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
http://banyanhealth.org
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
credentialing@banyanhealth.org
Other Languages Spoken by Provider or Office Staff
Spanish

Trujillo, Robert A, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
robert@roberttrujillocounseling.com
Other Languages Spoken by Provider or Office Staff English

Tsyrulnykov, Eduard, MSN, APNP, NP, PMHNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
rtmssupport@truercm.com

and
1951 Northwest 7th Avenue
Miami, FL 33136
(407) 462-1254
Digital Contact Information:
rtmssupport@truercm.com
Other Languages Spoken by Provider or Office Staff
English, Ukrainian, Russian

Tucholski-Dekeles, Yvette, MS, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
ytucholskidekeles@gmail.com

Tucker, Lawrence, MD ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
lawrence@drlawrencetucker.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
lawrence@drlawrencetucker.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
lawrence@drlawrencetucker.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
lawrence@drlawrencetucker.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
lawrence@drlawrencetucker.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
lawrence@drlawrencetucker.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
http://happierliving.com
lawrence@drlawrencetucker.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
lawrence@drlawrencetucker.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
lawrence@drlawrencetucker.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
lawrence@drlawrencetucker.com

Tunnell, Natalie, PHD, LP ■
FL
(800) 567-5433
Digital Contact Information:
https://totallife.com/
info@totallife.com

Turino, Berkis, MA, LMHC ■
2500 Northwest 79th Avenue
Suite 227
Doral, FL 33122
(305) 456-9396
Digital Contact Information:
healingtouchinc@msn.com

and
FL
(305) 824-0637
Digital Contact Information:
healingtouchinc@msn.com

and
5590 West 20th Avenue
200 201
Hialeah, FL 33016
(305) 557-1555
Digital Contact Information:
healingtouchinc@msn.com

and
3414 West 84th Street
Suite D110
Hialeah, FL 33018
(305) 825-4320
Digital Contact Information:
healingtouchinc@msn.com

and
3416 West 84th Street
C-108
Hialeah, FL 33018
(305) 557-1555
Digital Contact Information:
http://lifestarwellnesscenter.com
healingtouchinc@msn.com

Turner, Angela D, PHD, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
fl-credentialing@lifestance.com
Other Languages Spoken by Provider or Office Staff
Spanish

Turner, Rosa F, MD ■
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
http://www.miamipersonalmanagement.com
klopez@miamipersonalmanagement.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Tyson, Darcel P, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Ucciferri, Veronica, MS, LCMHC, LMHC, LPC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
veronicaucciferri@gmail.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
veronicaucciferri@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ukken, Boby, MSN, APRN ■
2828 Coral Way
Ste 460
Coral Gables, FL 33145
(305) 895-0504
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net

and
12550 Biscayne Boulevard
STE 306
North Miami, FL 33181
(305) 642-5255
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net
Other Languages Spoken by Provider or Office Staff
Russian

Urdaneta, Hany D, MMH, LMHC ■
12651 South Dixie Highway
304
Miami, FL 33156
(415) 941-4109
Digital Contact Information:
http://compassmentalhealthservices.com
hurdaneta@compassmentalhealthservices.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ursani, Aneel A, MD ■
18117 Biscayne Boulevard
Po Box 61721
Miami, FL 33160
(206) 495-0724
Digital Contact Information:
ccservices@auctusgrp.com
Other Languages Spoken by Provider or Office Staff
English, Sign Lang Amer

Utrera, Tahlia, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
admin@lifehealthsystem.org
Other Languages Spoken by Provider or Office Staff
Spanish

Valcourt Rodriguez, Maria L, PSYD, LP ■
15495 Eagle Nest Lane
STE 215
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
yazmin@valcourtbehavioral.com

and
6600 Cow Pen Road
250
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
yazmin@valcourtbehavioral.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valdes, Debora, MSN, APRN ■
7315 Northwest 36th Street
Miami, FL 33166
(786) 345-7734
Digital Contact Information:
Not Available

Valdes Gonzalez, Yerma, MN, APRN ■
33497 South Dixie Highway
103b
Florida City, FL 33034
(786) 444-6003
Digital Contact Information:
ceroestrescerodepresion@gmail.com

Valdes Hernandez, Mayuly, MSN, APRN ■
255 University Dr
Fl 2
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
administration@mindandsoultherapy.com

and
2550 Douglas Road
Ste #301
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
administration@mindandsoultherapy.com

and
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
administration@mindandsoultherapy.com

Valdes, Jose G, DNP, APRN ■
FL
(305) 204-9455
Digital Contact Information:
josegvn@gmail.com

and
10689 North Kendall Drive
211
Miami, FL 33176
(305) 204-9499
Digital Contact Information:
josegvn@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valdes Vallejo, Katia, MSW, LCSW ■
Telehealth Only
Hialeah, FL 33010
(786) 656-5953
Digital Contact Information:
katia8489@gmail.com

and
4640 West Flagler Street
2
Miami, FL 33134
(305) 565-0723
Digital Contact Information:
katia8489@gmail.com

and
FL
(305) 565-0723
Digital Contact Information:
katia8489@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Valdes, Yordanys, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
mendinghealthcare@outlook.com

Valdez, Aileen, MSCC, LMHC ●
1550 Madruga Ave
Ste 509
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
https://www.abc4s.com/
inf0@abc4s.com

and
FL
(786) 536-9714
Digital Contact Information:
https://www.abc4s.com/
inf0@abc4s.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valencia, Odalys, MSW, LCSW ■
5979 Northwest 151st Street
STE 230
Miami Lakes, FL 33014
(305) 362-1875
Digital Contact Information:
odalysvalencialcsw@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valencia, Tatiana, PSYD, LP ■
3191 Coral Way
Ste 623
Miami, FL 33145
(786) 344-2849
Digital Contact Information:
tvalencia174@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valerstain, Dennis, MD ■
1695 NW 9th Ave
Miami, FL 33136
(305) 355-7777
Digital Contact Information:
hello@talkiatry.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Valle, Adiaris, MSN, APRN ■
10540 Northwest 26th Street
STE G201
Doral, FL 33172
(786) 879-8040
Digital Contact Information:
office@maximamedicalcenter.com

and
777 E 25th St
Ste 306
Hialeah, FL 33013
(786) 838-6092
Digital Contact Information:
office@maximamedicalcenter.com

Valmy Estivens, Vinia, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Valverde, Deborah, MA, LMHC ■
2300 West 84th Street
Ste 601
Hialeah, FL 33016
(305) 363-4001
Digital Contact Information:
dgp.healthandwellness@gmail.com

and
12030 Southwest 129th Court
Suite 211
Miami, FL 33186
(305) 639-8760
Digital Contact Information:
dgp.healthandwellness@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Van Schaick, Jessica, PA, PA_C ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
contact@elevatepsychiatry.com

and
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
contact@elevatepsychiatry.com
Other Languages Spoken by Provider or Office Staff English

Vanbenschoten, Mary E, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Vance, Melissa, MS, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
pandatherapycircle@gmail.com

Vandhuynslager, Marci, MS, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
milly.cintron@marirecovery.com
Other Languages Spoken by Provider or Office Staff English

Vandy, Damaris, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@hupcfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Varela, Chily, MMH, LMHC ■
3081 Salzedo Street
202 202
Coral Gables, FL 33134
(786) 327-4840
Digital Contact Information:
cvarelalmhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vargas, Paola, MSN, APRN ■
7315 Northwest 36th Street
Miami, FL 33166
(786) 345-7734
Digital Contact Information:
empathybehavioral@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vassall, Robert F, MD ■
21150 Biscayne Blvd
Ste 202
Miami, FL 33180
(305) 791-1420
Digital Contact Information:
mfreeman@thirdsteprecovery.com

Vassar, Codie, MD ■
15321 South Dixie Highway
Suite 203
Miami, FL 33157
(786) 707-4934
Digital Contact Information:
info@moderneracounseling.com
Other Languages Spoken by Provider or Office Staff English

Vaughan, Mary E, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Vazquez Bueno, Osvaldo, MSN, APRN ■
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

and
13170 Southwest 128th Street
200
Miami, FL 33186
(786) 852-5198
Digital Contact Information:
insurance@wellnite.com

Vazquez, Carmene, MA, LMHC ■
2801 Northeast 183rd Street
216 216
Aventura, FL 33160
(305) 931-3845
Digital Contact Information:
vazquezcarmene450@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vazquez De Miguel, Tatiana, MC, LMHC ■
13390 West Dixie Highway
North Miami, FL 33161
(305) 403-0664
Digital Contact Information:
http://www.dgcmhc.org
yrodriguez@dgcmhc.org
Other Languages Spoken by Provider or Office Staff
Russian, Spanish

Vazquez Garcia, Yaimara, MC, LMHC ■
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
http://brightsyhealthfl.com
brightsyhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vazquez Gonzalez, Ludys, MS, LMHC ■
FL
(786) 860-5104
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vazquez, Marlon, MD ■
5901 Southwest 74th Street
408
Miami, FL 33143
(305) 735-3555
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vazquez-Bragan, Francesca, PSYD, LP ■
2550 Douglas Road
Ste #301
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
Not Available

Vega, Herman, PHD, CAP, LMHC ■
14411 Commerce Way
315
Hialeah, FL 33016
(305) 644-7294
Digital Contact Information:
info@totalrehabservices.com

and
14505 Commerce Way
Ste 511
Miami Lakes, FL 33016
(305) 644-7294
Digital Contact Information:
info@totalrehabservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vega, Monica, MA, LMHC ■
2500 Northwest 79th Avenue
233
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
angelcmhcorp@gmail.com

and
2500 Northwest 79th Avenue
Suite 189
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
angelcmhcorp@gmail.com

and
10300 Southwest 72nd Street
300
Miami, FL 33173
(786) 418-9730
Digital Contact Information:
http://www.happydreamsofkids.com
angelcmhcorp@gmail.com

and
17325 Northwest 27th Avenue
206 207
Miami Gardens, FL 33056
(786) 822-7270
Digital Contact Information:
angelcmhcorp@gmail.com

Velasco-Quintero, Dania, MA, LMHC ■
7590 Northwest 186th Street
109
Hialeah, FL 33015
(305) 688-1700
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
10651 North Kendall Drive
suite 120
Miami, FL 33176
(786) 963-9087
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff

Spanish

Velazquez Perez, Lourdes, MSN, APRN ●
2550 Douglas Road
Ste #301
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
http://www.mindandsoultherapy.org
lourdes@mindandsoultherapy.com

and
3000 Biscayne Boulevard
Suite 216
Miami, FL 33137
(786) 220-1969
Digital Contact Information:
lourdes@mindandsoultherapy.com

and
602 Northeast 36th Street
19
Miami, FL 33137
(786) 220-1969
Digital Contact Information:
lourdes@mindandsoultherapy.com

and
9010 Southwest 137th Avenue
101
Miami, FL 33186
(786) 803-8826
Digital Contact Information:
http://amorementalhealthcorp.com
lourdes@mindandsoultherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Veliz, Diana, MSW, LCSW ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
hello@talkiatry.com

Verdin, Javier, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Vieira, Caroline, MC, LMHC, PC ■
2212 Northwest 91st Street
Miami, FL 33147
(341) 888-7637
Digital Contact Information:
contact@quelinbilling.com
Other Languages Spoken by Provider or Office Staff
Portuguese

Viera, Tisela, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Vila, Dayana, MSN, APRN ■
4005 Northwest 114th Avenue
22 22
Doral, FL 33178
(305) 260-6913
Digital Contact Information:
billingheritagewellness@gmail.com

and
2645 SW 37th Ave
Ste 101
Miami, FL 33133
(786) 530-4080
Digital Contact Information:
billingheritagewellness@gmail.com

and
14221 Southwest 120th Street
126
Miami, FL 33186
(786) 577-3427
Digital Contact Information:
billingheritagewellness@gmail.com

and
13100 West Dixie Highway
North Miami, FL 33161
(786) 442-5021
Digital Contact Information:
billingheritagewellness@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Villa, Brian R, MD ■
4689 Ponce de Leon Boulevard
Suite 200
Coral Gables, FL 33146
(786) 803-8025
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
2500 Northwest 79th Avenue
Suite 227
Doral, FL 33122
(305) 456-9396
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
10520 Northwest 26th Street
STE C101
Doral, FL 33172
(786) 353-9308
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
1400 Northwest 107th Avenue
Suite 310
Doral, FL 33172
(305) 898-0849
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
1840 W 49th St
Ste 605
Hialeah, FL 33012
(305) 456-7785
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
5590 W 20th Ave
Ste 404
Hialeah, FL 33016
(305) 826-9330
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
2311 Northwest 7th Street
Miami, FL 33125
(786) 706-2246
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
1818 West Flagler Street
Miami, FL 33135
(786) 794-2655
Digital Contact Information:
http://www.goldengatemedicalgroup.com
bvillamdpllcbilling@gmail.com

and
1818 West Flagler Street
202
Miami, FL 33135
(786) 755-2892
Digital Contact Information:
http://www.goldengatemedicalgroup.com
bvillamdpllcbilling@gmail.com

and
1818 West Flagler Street
300
Miami, FL 33135
(786) 755-2891
Digital Contact Information:
http://www.goldengatemedicalgroup.com
bvillamdpllcbilling@gmail.com

and
1818 West Flagler Street
Ste 2
Miami, FL 33135
(786) 755-2892
Digital Contact Information:
http://www.goldengatemedicalgroup.com
bvillamdpllcbilling@gmail.com

and
3080 W Flagler St
Miami, FL 33135
(786) 547-2832
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
FL
(239) 499-0900
(786) 794-2655
(305) 495-9014
(786) 755-2891
Digital Contact Information:
http://www.goldengatemedicalgroup.com
bvillamdpllcbilling@gmail.com

and
85 Grand Canal Drive
UNIT 203
Miami, FL 33144
(786) 536-7816
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
7116 Southwest 47th Street
Miami, FL 33155
(786) 794-2655
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
4995 Northwest 72nd Avenue
102
Miami, FL 33166
(786) 360-3584
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
11430 North Kendall Drive
d309
Miami, FL 33176
(305) 898-0849
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
13701 Southwest 88th Street
306
Miami, FL 33186
(786) 842-1489
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
17325 Northwest 27th Avenue
206 207
Miami Gardens, FL 33056
(786) 822-7270
Digital Contact Information:
bvillamdpllcbilling@gmail.com

Villalonga, Gladyslene, MSN, APRN ■
27502 Southwest 134th Court
Homestead, FL 33032
(786) 499-2154
Digital Contact Information:
gladyslene@comcast.net
Other Languages Spoken by Provider or Office Staff
Spanish

Villani Capo, Marina, PSYD, LP ■
6262 Sunset Drive
Suite 500
Miami, FL 33143
(305) 669-6503
Digital Contact Information:
payer.credentialing@nicklaushealth.org

and
3100 SW 62nd Ave
Fl 2
Miami, FL 33155
(305) 663-8439
Digital Contact Information:
http://www.nicklaushealth.org
payer.credentialing@nicklaushealth.org

and
FL
(305) 663-8439
Digital Contact Information:
http://www.nicklaushealth.org
payer.credentialing@nicklaushealth.org

Villar, Geidi, MS, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
blossom@withassured.com

Villar-Loubet, Olga M, PSYD, LP ■
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-2301
Digital Contact Information:
Not Available

and
1150 NW 14th St
411
Miami, FL 33136
(305) 689-1352
Digital Contact Information:
Not Available

and
1400 NW 10th Ave
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
Not Available

and
1475 NW 12th Ave
C-023A
Miami, FL 33136
(305) 243-4900
Digital Contact Information:
Not Available

Villaverde, Ana, MSW, LCSW ■
306 Alcazar Avenue
301
Coral Gables, FL 33134
(786) 359-4814
Digital Contact Information:
universalclinical@gmail.com

and
3990 West Flagler Street
300
Coral Gables, FL 33134
(786) 266-0956
Digital Contact Information:
universalclinical@gmail.com

and
4810 Southwest 8th Street
suite 103
Coral Gables, FL 33134
(786) 353-2616
Digital Contact Information:
universalclinical@gmail.com

and
801 Monterey Street
202
Coral Gables, FL 33134
(786) 803-8306
Digital Contact Information:
universalclinical@gmail.com

and
19100 Southwest 106th Avenue
12
Cutler Bay, FL 33157
(786) 360-2852
Digital Contact Information:
universalclinical@gmail.com

and
10590 Northwest 27th Street
suite e103 b
Doral, FL 33172
(305) 640-8632
Digital Contact Information:
universalclinical@gmail.com

and
14411 Commerce Way
330
Hialeah, FL 33016
(786) 701-8416
Digital Contact Information:
http://nossmedicalcorp.com/
universalclinical@gmail.com

and
640 W Palm Dr
Ste D
Homestead, FL 33034
(786) 601-7757
Digital Contact Information:
universalclinical@gmail.com

and
1150 Northwest 72nd Avenue
700
Miami, FL 33126
(305) 815-1277
Digital Contact Information:
universalclinical@gmail.com

and
5040 NW 7th St
Ste 750
Miami, FL 33126
(786) 359-4013
Digital Contact Information:
universalclinical@gmail.com

and
5757 Waterford District Drive
Unit 172
Miami, FL 33126
(786) 353-2616
Digital Contact Information:
universalclinical@gmail.com

and
7270 Northwest 12th Street
810
Miami, FL 33126
(786) 718-2390
Digital Contact Information:
universalclinical@gmail.com

and
7270 Northwest 12th Street
870
Miami, FL 33126
(787) 206-1040

Digital Contact Information:
universalclinical@gmail.com

and
1250 South Miami Avenue
APT 2402
Miami, FL 33130
(786) 360-2852
Digital Contact Information:
universalclinical@gmail.com

and
2901 Southwest 8th Street
Suite 206
Miami, FL 33135
(786) 971-7920
Digital Contact Information:
universalclinical@gmail.com

and
85 Grand Canal Drive
UNIT 203
Miami, FL 33144
(786) 536-7816
Digital Contact Information:
universalclinical@gmail.com

and
5000 Southwest 75th Avenue
111
Miami, FL 33155
(786) 801-1916
Digital Contact Information:
universalclinical@gmail.com

and
7815 Coral Way
#108
Miami, FL 33155
(305) 264-1344
Digital Contact Information:
universalclinical@gmail.com

and
9999 Southwest 72nd Street
suite 101
Miami, FL 33173
(786) 816-2263
Digital Contact Information:
universalclinical@gmail.com

and
9600 SW 8th St
Ste 16
Miami, FL 33174
(786) 803-8827
Digital Contact Information:
universalclinical@gmail.com

and
13028 Southwest 120th Street
FL 1
Miami, FL 33186
(786) 971-7920
Digital Contact Information:
universalclinical@gmail.com

and
13335 SW 124th St
Ste 106
Miami, FL 33186
(786) 842-3964
Digital Contact Information:
universalclinical@gmail.com

and
13335 Southwest 124th Street
Suite 205
Miami, FL 33186
(305) 964-5082
Digital Contact Information:
universalclinical@gmail.com

and
9020 Southwest 137th Avenue
210
Miami, FL 33186
(786) 558-5042
Digital Contact Information:
universalclinical@gmail.com

and
9020 Southwest 137th Avenue
STE 250
Miami, FL 33186
(786) 536-7330
Digital Contact Information:
universalclinical@gmail.com

and
8181 Northwest 154th Street
STE 112
Miami Lakes, FL 33016
(786) 360-5883
Digital Contact Information:
universalclinical@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Villaverde, Oscar M, MD ■
8700 N Kendall Dr
Ste 218
Miami, FL 33176
(305) 274-7671
Digital Contact Information:
sabrina@mdcred.com
Other Languages Spoken by Provider or Office Staff
Spanish

Viltz, Leslie R, MED, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@talbertsmedical.com

Vinas, Amaya M, MSN, APRN ■
1695 NW 9th Ave
3308
Miami, FL 33136
(305) 355-7000
Digital Contact Information:
credentialing@mindfulhc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Violette, Lauren M, DNP, APRN ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
info@riviamind.com

Virdo, Andrea, MS, LMHC, LPC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Virts, Emily, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Vizcaino, Olga M, MSN, APRN ■
2100 West 76th Street
201 206
Hialeah, FL 33016
(786) 353-2324
Digital Contact Information:
olgamaria861@yahoo.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
olgamaria861@yahoo.com

and
8950 Southwest 74th Court
1911
Miami, FL 33156
(786) 637-7338
Digital Contact Information:
olgamaria861@yahoo.com

and
6001 Northwest 153rd Street
203
Miami Lakes, FL 33014
(786) 459-2466
Digital Contact Information:
olgamaria861@yahoo.com

and
FL
(602) 562-7383
(786) 459-2466
Digital Contact Information:
olgamaria861@yahoo.com

Von Der Heyde, Michelle, MSN, APRN ■
3191 Coral Way
607
Miami, FL 33145
(305) 290-2175
Digital Contact Information:
mindrefinedenroll@gmail.com

and
FL
(305) 290-2175
Digital Contact Information:
mindrefinedenroll@gmail.com

Von Schirach, Alicia, PHD, LMHC ■
2655 S Le Jeune Rd
Fl 5
Miami, FL 33134
(305) 993-9413
Digital Contact Information:
dravonschirach@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vossos, Helene B, DNP, APRN ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
jay@healthgroupz.com

Wachholder, Hara, MS, LMHC ■
10700 Caribbean Boulevard
UNIT 203
Cutler Bay, FL 33189
(305) 299-8005
Digital Contact Information:
hara.wachholder@gmail.com

Wacker, Brooke L, MSN, APRN, APRNCNS, NP, PMHNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
providerenrollment@mcr.health
Other Languages Spoken by Provider or Office Staff English

Waddle, Heather, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Waldo, Izabella K, DNP, APRN, PMHNP ■
382 Northeast 191st Street
Miami, FL 33179
(305) 609-8634
Digital Contact Information:
scheduling@regionalpsychiatry.com
Other Languages Spoken by Provider or Office Staff
German, Russian, Polish

Walker, Audi, MMH, LMHC ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
westmiamicmhc@bellsouth.net

Walker, Calvin S, MSN, APN, APRN, NP, PMHNP ■
770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
jerry.e@zas-services.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
jerry.e@zas-services.com

and
5201 Blue Lagoon Dr
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
jerry.e@zas-services.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
jerry.e@zas-services.com

and
80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
jerry.e@zas-services.com

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
jerry.e@zas-services.com

and
830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
jerry.e@zas-services.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(888) 684-2779
Digital Contact Information:
jerry.e@zas-services.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
jerry.e@zas-services.com

Walker, Kelli L, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@thriveworks.com
Other Languages Spoken by Provider or Office Staff English

Walker, Scott, MD ■
427 Washington Ave
Miami Beach, FL 33139
(305) 514-0813
Digital Contact Information:
Not Available

and
18360 NW 47th Ave
Miami Gardens, FL 33055
(786) 800-5631
Digital Contact Information:
Not Available

Wallis, Brittany L, MC, LMFT ■
101 Majorca Avenue
Coral Gables, FL 33134
(786) 618-2627
Digital Contact Information:
blswallis@gmail.com

and
FL
(786) 618-2627
Digital Contact Information:
blswallis@gmail.com

Walsh, Annette C, MSN, APRN ■
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
credentialing@compass.md

Walterhoefer, Jessica, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
hello@psychplus.com
Other Languages Spoken by Provider or Office Staff
Chinese, English, Spanish, Hindi

Walton, Diamesha, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Wamahiu, Joan W, MSN, APN ■
2125 Biscayne Boulevard

FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
credentialing@riviamind.com

Wang, Wen AO Dana, MD ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
nwittenborn@riviamind.com

Ward, Kristina L, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Ware, Laverne, MC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Warner, Randy T, MD ■
3000 Biscayne Boulevard
Suite 216
Miami, FL 33137
(786) 220-1969
Digital Contact Information:
nhurley@npcatlantis.com

and
602 Northeast 36th Street
19
Miami, FL 33137
(786) 220-1969
Digital Contact Information:
nhurley@npcatlantis.com

Washington-Hyde, C Renee, MD ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Watnick, Jerett Y, DO ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
https://www.compasshealthsystems.com/
intake@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compass-md.com
intake@compass.md

Waugh, Odalys J, PHD, LMHC ■
5201 Waterford District Drive
888
Miami, FL 33126
(305) 321-7226
Digital Contact Information:
morecounseling@gmail.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
morecounseling@gmail.com

and
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
morecounseling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Waweru, Jane W, DNP, APRN, APRNCNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Weiss, Robert, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
credentialer@gmail.com

Weiss, Ziona, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
info@hupcfl.com

Weuste, Michael, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

White, Samantha, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
frontdesk@highersightscounseling.com

Whiteside, Deon D, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@thriveworks.com

Whiting, Detra, MSW, LICSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Wideman, Stacy, MSN, APRN, ARNP, NP ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
invigorationhealth@gmail.com

Wiggins, Anzola R, MSN, APN ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
info@rrrinc.org

and
1801 Northeast 123rd Street
334
North Miami, FL 33181
(888) 718-4915
Digital Contact Information:
http://www.rrrinc.org
info@rrrinc.org

Wiggins, Carter T, MSW, LCSW ■
12955 Biscayne Boulevard
STE 204
Miami, FL 33181
(305) 895-3307
Digital Contact Information:
carterwiggins1806@gmail.com

Wilbur, Heather N, MSN, APRN ■
901 E 10th Ave
Ste 39
Hialeah, FL 33010
(305) 637-6400
Digital Contact Information:
fl-credentialing@lifestance.com

and
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
fl-credentialing@lifestance.com

and
5607 NW 27th Ave
1
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
fl-credentialing@lifestance.com

and
FL
(305) 637-6400
Digital Contact Information:
fl-credentialing@lifestance.com

and
20612 Northwest 27th Avenue
Miami Gardens, FL 33056
(305) 637-6400
Digital Contact Information:
fl-credentialing@lifestance.com

Wilcoxon, Kaffie G, MA, LMHC, LPC ■
1 Alhambra Plaza
1451
Miami, FL 33134
(888) 588-8995
Digital Contact Information:
credentialing@thriveworks.com
Other Languages Spoken by Provider or Office Staff
English, Sign Lang Amer

Wilkins, Anita, MSN, APRNCNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
billing@insynchhealth.com

Williams, Belle, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Williams, Betty, MC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Williams, Julia, MSW, LCSW ■
1951 NW 7th Ave
Fl 3
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
help@joinuplift.co

and
1951 Northwest 7th Avenue
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
help@joinuplift.co

Williams, Melissa D, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
drmissywilliams@gmail.com

Williams, Morgan, MS, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
insurance@wellnite.com

Williams, Pamela, MSN, CNS, PMHCNS ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
Not Available

Williams, Richard, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Williams, Vashaun O, MD ■
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(714) 274-7577
Digital Contact Information:
contact@sensiblecare.com

Williams-Jeanty, Miesha N, MED, LMHC ■
FL
(305) 306-7409
Digital Contact Information:
admin@nzingasplace.com

Willis, Toni, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Wilson, Carolyn F, MSW, LCSW ■
15260 SW 280th St
Ste 205
Homestead, FL 33032
(305) 707-7237
Digital Contact Information:
http://www.familybehaviorservices.org
info@theracounsel.com

Wilson, Kristian M, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
aspirationsjax@gmail.com

Winstrom, Jeanie M, MC, LMHC, LPC ■
1065 Southwest 8th Street
570
Miami, FL 33130
(888) 903-5505
Digital Contact Information:
credentialing@happierliving.com

Winters, Heather, MED, LMHC ■
3625 Northwest 82nd Avenue
400 3
Doral, FL 33166
(305) 209-6399
Digital Contact Information:
luke@revive-rcm.com

and
1125 Northeast 125th Street
112
North Miami, FL 33161
(305) 209-6399
Digital Contact Information:
luke@revive-rcm.com

Wise, Quilon, MSN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com
Other Languages Spoken by Provider or Office Staff English

Wise, Shaquila, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Wolford-Ward, Stephenie J, MA, LCMHC, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
stepheniewolfordlmt@gmail.com

Wong, Carmen, MSN, APRN, CNP, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
hr.credentialing@sohomd.com

Wood, Shaniqua T, MSW, LCSW ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
shae@orbitbilling.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
shae@orbitbilling.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
shae@orbitbilling.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
shae@orbitbilling.com

Woods, Lynda, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Woods, Yvonne, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Woolery, Nickesha, MSN, APRN ■
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
info@aimergency.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
info@aimergency.com
Other Languages Spoken by Provider or Office Staff English, Haitian Creole, Filipino, French, Spanish

Worthalter, Dr Peysaf, MD ■
20824 W Dixie Hwy
Miami, FL 33180
(305) 654-0907
Digital Contact Information:
http://worthaltermd.com
worthaltermd@aol.com

and
20900 Biscayne Blvd
Miami, FL 33180
(305) 682-7000
Digital Contact Information:
worthaltermd@aol.com

and
1825 Northwest 167th Street
SUITE 102
Opa-locka, FL 330564838
(305) 624-7450
Digital Contact Information:
http://www.cfcecares.org
worthaltermd@aol.com
Other Languages Spoken by Provider or Office Staff Spanish

Wright, Sonya, MA, LMHC ■
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
info@thejourneytwcc.org
Other Languages Spoken by Provider or Office Staff Creole, Spanish

Wyss, Isabel, MS, LMHC ■
9220 Sunset Drive
104
Miami, FL 33173
(786) 724-4224
Digital Contact Information:
https://www.vita-cog.com/
admin@vita-cog.com

Xavier, Elisabeth, MED, LMHC ■
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(714) 274-7577
Digital Contact Information:
https://sensiblecare.com/
contact@sensiblecare.com

Yanez, Devon, MSN, APRN ■
1380 Northeast Miami Gardens Drive
Suite 215
North Miami Beach, FL 33179
(305) 981-6362
Digital Contact Information:
npyanez@browardpalmhc.com

Yanez, Vicente, MSW, LCSW ■
814 Ponce de Leon Boulevard
STE 418
Coral Gables, FL 33134
(305) 469-1648
Digital Contact Information:
vy@infionline.net
Other Languages Spoken by Provider or Office Staff Spanish

Yasin, Aleyah R, PHD, LMFT ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
credentialing@banyanhealth.org

Yepez, Maria, MS, LMHC ■
2020 Ponce de Leon
Suite 1201
Miami, FL 33134
(305) 917-5414
Digital Contact Information:
http://www.psychologybeyond.com
mariay.therapy@gmail.com

Yin, Emily G, MN, APRN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamed.com

Youngblood, Darrell, MSN, CRNP, LNP, NP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
credentialing@happierliving.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Zambrano, Karen M, PSYD, LP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 259-6977
Digital Contact Information:
http://www.abctestingservices.com
lisette@abctestingservices.com
Other Languages Spoken by Provider or Office Staff Spanish

Zamora, Danae, MC, LMHC ■
15190 SW 136th St
Ste 25
Miami, FL 33196
(786) 365-5916
Digital Contact Information:
healingtalkscounseling@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Zapatha, Susan, MC, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Zaragoza Sosa, Jaime, MN, APRN ■
10024 Southwest 222nd Street
Cutler Bay, FL 33190
(786) 770-9527
Digital Contact Information:
info@providerassist.net

Zarate, Yolanda B, MD ■
790 Northwest 107th Avenue
Suite 110
Miami, FL 33172
(305) 964-5426
Digital Contact Information:
flbehaviorhealthgroupllc@outlook.com

and
4302 Alton Rd
Ste 845
Miami Beach, FL 33140
(305) 674-7498
Digital Contact Information:
flbehaviorhealthgroupllc@outlook.com

and
FL
(305) 674-7498
Digital Contact Information:
flbehaviorhealthgroupllc@outlook.com
Other Languages Spoken by Provider or Office Staff French, Spanish

Zauss, Mark, MA, CAP, LMHC, LPC ■
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(646) 961-3553
Digital Contact Information:
http://www.joinmonument.com
insurance@joinmonument.com

Zellars, Monique, MSW, LCSW ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Zitnick, Michelle S, MSN, APRN ■
975 West 41st Street
308
Miami Beach, FL 33140
(305) 905-2349
Digital Contact Information:
Not Available

Zumar, Lorraine M, MC, LMHC, LPC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:

http://happierliving.com
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Zurbaran, Marjorie, MS, LMHC ■
2550 Douglas Road
Ste #301
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
http://www.mindandsoultherapy.org
administration@mindandsoultherapy.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Zverinskiy, Aleksandr, MD ■
FL
(305) 902-6347
Digital Contact Information:
http://www.bebravehealth.com
start@bebravehealth.com
Other Languages Spoken by Provider or Office Staff
Russian

BORDERLINE PERSONALITY DISORDER (BPD)

Abbuhl, Melissa, MD ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
info@riviamind.com

Abraham, Desiree, MSN, APRN ■
11890 Southwest 8th Street
404
Miami, FL 33184
(305) 491-1213
Digital Contact Information:
http://healthylivingcaremh.com
desireeabraham@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Abreu, Alba, MD ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
Not Available

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
http://banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

Abrokwa, William A, MSN, APRN, APRNCNP, CRNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
papa_de_talla@yahoo.com

Acosta Heredia, Erick, MD ■
11272 Southwest 137th Avenue
Miami, FL 33186
(786) 792-4928
Digital Contact Information:
http://www.generalmhs.com
erickacostah79@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Acosta, Liza M, MMFT, LMFT ■
3970 West Flagler Street
203 204
Miami, FL 33134
(786) 953-5978
Digital Contact Information:
healchoicecorp2019@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Acosta, Manuel, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

and
11430 North Kendall Drive
106
Miami, FL 33176
(888) 852-6672
Digital Contact Information:
credentialing@wellnite.com

Acosta Romero, Diana, MSN, APRN ■
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
info@cbhwestcoast.com

and
8323 Northwest 12th Street
108
Doral, FL 33126
(305) 400-8511
Digital Contact Information:
http://www.cbhwestcoast.com
info@cbhwestcoast.com

and
FL
(305) 400-8511
Digital Contact Information:
info@cbhwestcoast.com
Other Languages Spoken by Provider or Office Staff
Spanish

Agic, Christine, MSW, LCSW ■
2500 SW 107TH AVE
42
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
inbox.mhcares@gmail.com

Aguilar, Jose G, MSN, CNP, NP ■
8846 Southwest 6th Street
Miami, FL 33144
(746) 486-8000
Digital Contact Information:
patti@clearviewcounselinggroup.org
Other Languages Spoken by Provider or Office Staff
Spanish

Alea Garcia, Alina, MSSW, BCBA ■
123 N Krome Ave
Ste 104
Homestead, FL 33030
(786) 349-4559
Digital Contact Information:
referrals@ffmhs.com

and
Home Based Services Only
Homestead, FL 33030
(786) 349-4559
Digital Contact Information:
referrals@ffmhs.com

Alegria, Mario R, PHD, LP ●
6360 SW 48th St
Miami, FL 33155
(321) 273-9407
Digital Contact Information:
ma47alegria@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alexandre, Vanessa, MSN, APRN, NP, PMHNP ■
FL
(305) 902-6347
Digital Contact Information:
ifhpenrollment@institute.org

Alexandriny, Lisandra, MSN, APRN ■
7821 Coral Way
100
Miami, FL 33155
(786) 409-5690
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alfonso, Hiran, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Alfonso, Tania P, MSN, APRN ■
12955 Southwest 42nd Street
STE 2
Miami, FL 33175
(305) 364-5711
Digital Contact Information:
goldenyears6423@yahoo.com

and
10689 N Kendall Dr
Ste 300
Miami, FL 33176
(305) 558-7400
Digital Contact Information:
goldenyears6423@yahoo.com

and
6175 NW 153rd St
Ste 404
Miami Lakes, FL 33014
(305) 558-7400
Digital Contact Information:
goldenyears6423@yahoo.com

and
8060 Northwest 155th Street
Suite 202
Miami Lakes, FL 33016
(305) 882-9144
Digital Contact Information:
http://www.flmentalhealthresources.com
goldenyears6423@yahoo.com

and
FL
(786) 267-4005
(305) 882-9144
Digital Contact Information:
http://www.flmentalhealthresources.com
goldenyears6423@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Alison, Rachel H, MD ■
3081 Salzedo Street
Suite 202
Coral Gables, FL 33134
(786) 250-6240
Digital Contact Information:
http://sunflowerpsychiatry.com
info@sunflowerpsychiatry.com

Alleyne, Amanda, MSSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Almonte, Aldriana A, MSW, LCSW ■
31 N Krome Ave
Homestead, FL 33030
(786) 481-5909
Digital Contact Information:
aalmonte@infinitecc.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

Alvarado, Gizelle, MED, LPC ■
1951 Northwest 7th Avenue
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
pinnacleeptx@aol.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Alvarenga, Alicia, MSSW, LCSW ■
2100 Coral Way
#310
Miami, FL 33145
(786) 320-1677
Digital Contact Information:
ydzmgroup@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Alvarez, Arlinnes, MMH, LMHC ■
FL
(305) 804-9121
Digital Contact Information:
http://www.sfacounseling.org
arlinnes@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Creole, Spanish

Alvarez Gonzalez, Lissette M, MS, LMHC ■
2500 Northwest 79th Avenue
Suite 180
Doral, FL 33122
(786) 253-7868
Digital Contact Information:
faithandhope230@gmail.com

and
18522 Southwest 136th Court
Miami, FL 33177
(305) 416-8189
Digital Contact Information:
faithandhope230@gmail.com

and
5881 Northwest 151st Street
Suite: 103
Miami Lakes, FL 33014
(786) 703-4154
Digital Contact Information:
faithandhope230@gmail.com

and
230 Canal Street
APT 202
Miami Springs, FL 33166
(305) 416-8189
Digital Contact Information:
faithandhope230@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alvarez Hernandez, Jorge A, MSN, APRN ■
12550 Biscayne Boulevard
STE 507
North Miami, FL 33181
(305) 204-1209
Digital Contact Information:
jac-pmhnp@assertivecare.net
Other Languages Spoken by Provider or Office Staff
English, Spanish

Alvarez, Marie, MSCC, LMHC ■
7700 North Kendall Drive
707
Miami, FL 33156
(305) 298-8649
Digital Contact Information:
rosorio@miamicounseling.com

Alvarez, Mayelin, MSN, APRN ■
8300 West Flagler Street
STE 258C
Miami, FL 331446002
(786) 633-5171
Digital Contact Information:
olympushcs@gmail.com

Amado, Sandra J, MC, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779

Digital Contact Information:
http://happierliving.com
credentialing@usmso.com

Ambush, Latonia M, MMH, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
latonia.ambush@gmail.com

Anaya, Alissa, MS, LMHC ●
FL
(561) 590-7063
Digital Contact Information:
http://innerworkcounseling.com
contact@innerworkcounseling.com

Andino, Nelson, MSN, APRN ■
4005 Northwest 114th Avenue
22 22
Doral, FL 33178
(305) 260-6913
Digital Contact Information:
ybhsbilling@gmail.com

and
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
ybhsbilling@gmail.com

Andres, Alice M, PSYD, CP, HSPP, LP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
rainbowlanternpsych@gmail.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
rainbowlanternpsych@gmail.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
rainbowlanternpsych@gmail.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
rainbowlanternpsych@gmail.com
Other Languages Spoken by Provider or Office Staff English

Andreu Guerra, Sahily, MSN, APRN ■
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
9010 Southwest 137th Avenue
suite 116
Miami, FL 33186
(305) 639-8685
Digital Contact Information:
healingtouchinc@msn.com

and
14400 Northwest 77th Court
#100
Miami Lakes, FL 33016
(786) 916-6073
Digital Contact Information:
healingtouchinc@msn.com

and
7241 Southwest 63rd Avenue
STE 101A
South Miami, FL 331434838
(786) 916-6073
Digital Contact Information:
healingtouchinc@msn.com

Angel, Laurie R, MSN, APRN ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
momofben@bellsouth.net

Angel, Nicole, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Anias, Carlos, MSN, APRN ■
2000 Northwest 87th Avenue
Suite 201
Doral, FL 33172
(954) 561-6222
Digital Contact Information:
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Anta Vergara, Zoila, MSN, APRN ■
3105 Northwest 107th Avenue
400 h11
Doral, FL 33172
(305) 514-9045
Digital Contact Information:
zelenapsych@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Antoine, Nisha, MPSY, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Arango, Alejandra J, MS, LMHC ■
FL
(786) 556-4040
Digital Contact Information:
aarango505@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Aristizabal, Adriana M, MSN, ARNP ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
ashley@ventremedical.com

and
9010 SW 137th Ave
Miami, FL 33186
(305) 671-3503
Digital Contact Information:
http://www.behavioralccs.com
ashley@ventremedical.com

and
9010 SW 137th Ave
Ste 111
Miami, FL 33186
(305) 671-3503
Digital Contact Information:
http://www.behavioralccs.com
ashley@ventremedical.com

Ariza, Julian, MD ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
info@elevatepsychiatry.com

and
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
info@elevatepsychiatry.com
Other Languages Spoken by Provider or Office Staff Spanish

Armstrong, Sharifa, MSW, LCSW ■
1825 Northwest 167th Street
SUITE 102
Opa-locka, FL 330564838
(305) 624-7450
Digital Contact Information:
http://www.cfcecares.org
wbrown@cfceinc.org
Other Languages Spoken by Provider or Office Staff Haitian Creole, Creole, Spanish

Arocha, Emelina A, MD ■
2000 Southwest 27th Avenue
SUITE 101
Miami, FL 331452546
(305) 445-5994
Digital Contact Information:
emelinaarochamd@gmail.com

and
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
emelinaarochamd@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Aroche, Gladys, MPSY, LMHC ■
5881 Northwest 151st Street
111
Miami Lakes, FL 33014
(305) 440-8920
Digital Contact Information:
gac25@ymail.com
Other Languages Spoken by Provider or Office Staff Spanish

Arthur, Felecia M, MSW, LISW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@homefrontha.com

Assinthe, Jeanne, MSW, LCSW ■
FL
(786) 779-8898
Digital Contact Information:
http://www.amitiewellness.com
jeanne@amitiewellness.com
Other Languages Spoken by Provider or Office Staff English, Haitian Creole, French, Spanish

Astacio, Victor, PSYD, LP ■
3990 West Flagler Street
102
Coral Gables, FL 33134
(786) 332-2602
Digital Contact Information:
blueskymentalhealthcorp@gmail.com

and
Eagle Nest Lane
Hialeah, FL 33014
(786) 534-3457
Digital Contact Information:
blueskymentalhealthcorp@gmail.com

and
Home Based Services Only
Miami Gardens, FL 33014
(305) 640-5739
Digital Contact Information:
blueskymentalhealthcorp@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Astolfo, Therese, MS, LMHC ■
1680 Meridian Ave
Ste 501
Miami Beach, FL 33139
(305) 531-5341
Digital Contact Information:
llong@dgcmhc.org

Athuman, Kimberly, MSW, LCSW, LISW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Augius, Lina, MD ■
800 SW 108th Ave
100
Miami, FL 33174
(786) 595-8040
(305) 348-3627
Digital Contact Information:
fiucred@fiu.edu

and
FL
(786) 595-8040
(305) 348-3627
Digital Contact Information:
fiucred@fiu.edu
Other Languages Spoken by Provider or Office Staff Spanish

Augustin, Sabine, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com
Other Languages Spoken by Provider or Office Staff Haitian Creole

Autie, Carlos, MSN, APRN ■
5901 Northwest 183rd Street
Suite 128
Hialeah, FL 33015
(786) 409-4872
Digital Contact Information:
http://onesoulcmh.com
lrodriguezllbs@gmail.com

and
7959 NW 2nd St
Miami, FL 33126
(305) 267-6060
Digital Contact Information:
lrodriguezllbs@gmail.com

and
5803 Northwest 151st Street
301
Miami Lakes, FL 33014
(786) 422-7374
Digital Contact Information:
http://abuelitosmedicalcenter.com
lrodriguezllbs@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Avila, Corrieann M, MSW, LCSW ■
5335 Northwest 87th Avenue
c109
Doral, FL 33178
(786) 551-9550
Digital Contact Information:
corrie@monarchcounselinggroup.com

Avila, Dahimy, MSN, APRN ■
22133 South Dixie Highway
Miami, FL 33170
(786) 504-3119
Digital Contact Information:
https://fpmflorida.org/
admin@fpmagency.com

Avilus, Kristel, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Ayer, Brian, MA, LPCC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
registration@ravenwoodhealth.org
Other Languages Spoken by Provider or Office Staff Sign Lang Amer

Baez, Frank A, MD ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904

Digital Contact Information:
solututiondrivenconsulting@gmail.com

and
26023 South Dixie Highway
Homestead, FL 33032
(786) 504-3365
Digital Contact Information:
solututiondrivenconsulting@gmail.com

and
26027 South Dixie Highway
Homestead, FL 33032
(786) 601-7344
Digital Contact Information:
solututiondrivenconsulting@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Bailey, Paul, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
bailey.pauliii@gmail.com
Other Languages Spoken by Provider or Office Staff English

Baker, Brandon K, DO ■
1550 Madruga Avenue
STE 201
Coral Gables, FL 33146
(305) 740-8103
Digital Contact Information:
infodesk@bregmanmedicalgroup.com

and
15600 Southwest 288th Street
UNIT 202
Homestead, FL 33033
(786) 601-7682
Digital Contact Information:
infodesk@bregmanmedicalgroup.com

and
7959 NW 2nd St
Miami, FL 33126
(305) 267-6060
Digital Contact Information:
infodesk@bregmanmedicalgroup.com

and
7805 Coral Way
Ste 131
Miami, FL 33155
(786) 307-2066
Digital Contact Information:
infodesk@bregmanmedicalgroup.com

and
8700 West Flagler Street
406
Miami, FL 33174
(786) 558-5549
Digital Contact Information:
infodesk@bregmanmedicalgroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Baker, Shukairo M, MSN, APRNCNP, LCSW, PMHNP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
sbaker@affinityhealthcenter.org

Baldie, Toni-Saccian A, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bamisile, Love, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
admin@sparkwg.com

Banegas, Kelvin, MSW, LCSW ■
FL
(516) 469-2135
Digital Contact Information:
kelvinbanegaslcsw@gmail.com

Barciela, Gilberto, MSN, APRNPMH ■
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
forwardwithfc@gmail.com

Barkey, Adam D, PSYD, LP ■
11900 Biscayne Boulevard
Miami, FL 33181
(786) 949-0001
Digital Contact Information:
http://www.curectneuro.com
credentialing@curectneuro.com

Barnett, Capus, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Barreto, Lourdes A, MSSW, LCSW ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
referrals@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barroso, Alina, MD, LMHC ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Barroso, Rosa M, MC, LMHC ■
8004 Northwest 154th Street
418
Hialeah, FL 33016
(305) 530-8119
Digital Contact Information:
r@rbarrosolmhc.com

and
FL
(305) 530-8119
(305) 239-7725
Digital Contact Information:
r@rbarrosolmhc.com

and
7950 West Flagler Street
Suite 101
Miami, FL 33144
(305) 239-7725
Digital Contact Information:
r@rbarrosolmhc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barzaga, Dayron, MSN, APRN ■
124 Southeast 1st Road
A
Homestead, FL 33030
(786) 255-7979
Digital Contact Information:
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Basanez, Maria, MN, APRN ■
4304 Alton Rd
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Basart, Natalie, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bates, Colana, MA, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Batista, Maylin, PHD, LMHC ■
6001 Northwest 153rd Street
157
Miami Lakes, FL 33014
(415) 941-4109
Digital Contact Information:
http://www.intent-therapy.com
intenttherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Baumann, Cindy, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Beard, Hope, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Beaubrun, Lucika, MA, LMHC ■
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(561) 289-7995
Digital Contact Information:
pandatherapycircle@gmail.com

Belfort, Elsie P, MSN, CNP, NP ■
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing@orendapsych.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, French

Bell, Rebekah, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Benito, Jorge, MD ■
5590 W 20th Ave
Ste 404
Hialeah, FL 33016
(305) 826-9330
Digital Contact Information:
taimtano@gmail.com

and
13240 SW 82nd Ave
Miami, FL 33156
(786) 718-7073
Digital Contact Information:
taimtano@gmail.com

and
17325 Northwest 27th Avenue
206 207
Miami Gardens, FL 33056
(786) 822-7270
Digital Contact Information:
taimtano@gmail.com

and
7000 SW 62nd Ave
Ste 600
South Miami, FL 33143
(786) 718-7073
Digital Contact Information:
taimtano@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Benjamin, Andrew P, MSW, LCSW ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com

Bentel, Eliana S, MMFT, LMFT ■
FL
(786) 286-5779
Digital Contact Information:
medicalocean205@gmail.com

and
2500 Northwest 79th Avenue
Suite 189
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
medicalocean205@gmail.com

and
7855 Northwest 12th Street
221
Doral, FL 33126
(305) 648-7174
Digital Contact Information:
medicalocean205@gmail.com

and
1414 Northwest 107th Avenue
410
Doral, FL 33172
(305) 560-5742
Digital Contact Information:
medicalocean205@gmail.com

and
7614 Northwest 186th Street
Hialeah, FL 33015
(786) 534-3457
Digital Contact Information:
medicalocean205@gmail.com

and
14411 Commerce Way
330
Hialeah, FL 33016
(786) 701-8416
Digital Contact Information:
http://nossmedicalcorp.com/
medicalocean205@gmail.com

and
15600 Southwest 288th Street
Suite 405
Homestead, FL 33033
(786) 334-3515
Digital Contact Information:
medicalocean205@gmail.com

and
10379 Southwest 186th Street
Miami, FL 33157
(720) 314-4727
Digital Contact Information:
medicalocean205@gmail.com

and
11055 Southwest 186th Street
#101
Miami, FL 33157
(305) 342-4893
Digital Contact Information:
medicalocean205@gmail.com

and
9350 Sunset Drive
suit 150
Miami, FL 33173
(786) 356-3613
Digital Contact Information:
medicalocean205@gmail.com

and
9380 Southwest 72nd Street
245
Miami, FL 33173
(305) 381-5434
Digital Contact Information:
medicalocean205@gmail.com

and
931 Southwest 122nd Avenue
Miami, FL 33184
(305) 603-9235
Digital Contact Information:
medicalocean205@gmail.com

and
12001 SW 128th Ct
Ste 102

Miami, FL 33186
(786) 971-7920
Digital Contact Information:
medicalocean205@gmail.com

and
12255 Southwest 132nd Court
Miami, FL 33186
(305) 964-5157
Digital Contact Information:
medicalocean205@gmail.com

and
12595 Southwest 137th Avenue
STE 201
Miami, FL 33186
(786) 770-4832
Digital Contact Information:
medicalocean205@gmail.com

and
13335 SW 124th St
Ste 106
Miami, FL 33186
(786) 842-3964
Digital Contact Information:
medicalocean205@gmail.com

and
13335 Southwest 124th Street
Suite 205
Miami, FL 33186
(305) 964-5082
Digital Contact Information:
medicalocean205@gmail.com

and
13590 Southwest 134th Avenue
205c
Miami, FL 33186
(786) 754-6474
Digital Contact Information:
medicalocean205@gmail.com

and
14750 Northwest 77th Court
SUITE 206
Miami Lakes, FL 33016
(796) 238-7959
Digital Contact Information:
medicalocean205@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Berg, Joseph L, PSYD, LCSW ■
909 North Miami Beach Boulevard
STE 301
North Miami Beach, FL 33162
(305) 822-7202
Digital Contact Information:
billing@appliedbehavior.net
Other Languages Spoken by Provider or Office Staff
Spanish

Berju, Danielle, MSN, APN ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Bernal, Maria O, MN, APRN ■
FL
(786) 980-7496
Digital Contact Information:
gauna@bmsbill.com

and
11285 Southwest 211 Street
305
Miami, FL 33189
(305) 218-9996
Digital Contact Information:
gauna@bmsbill.com

Bernard, Courtney, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
courtneyl@cwcrecovery.com

Besada, Laura A, MSN, APRN ■
299 Alhambra Circle
STE 210
Coral Gables, FL 33134
(786) 558-5729
Digital Contact Information:
polyclinichcbilling@gmail.com

and
7959 NW 2nd St
Miami, FL 33126
(305) 267-6060
Digital Contact Information:
polyclinichcbilling@gmail.com

and
15495 Eagle Nest Lane
STE 215
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
polyclinichcbilling@gmail.com

and
6600 Cow Pen Road
250
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
polyclinichcbilling@gmail.com

and
215 Westward Dr
Miami Springs, FL 33166
(305) 887-4494
Digital Contact Information:
polyclinichcbilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bhatia, Padam, MD ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
credentialing@elevatepsychiatry.com

and
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
credentialing@elevatepsychiatry.com

Bianchi, Fiorella, MSW, LCSW ■
2555 Northwest 102nd Avenue
STE 205
Doral, FL 33172
(786) 372-6788
Digital Contact Information:
http://www.holisticmindscollective.org
bianchisw@gmail.com

and
7000 West 12th Avenue
15
Hialeah, FL 33014
(305) 395-4919
Digital Contact Information:
bianchisw@gmail.com

and
FL
(305) 395-4919
Digital Contact Information:
bianchisw@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bickman, Suzanne, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Bieniek, Sherrie, MD ■
9995 SW 72nd St
Ste 208
Miami, FL 33173
(305) 412-6034
Digital Contact Information:
drbieniek@bellsouth.net

Billings, Denise D, MA, LCMHC, LMHC ●
9350 Sunset Drive
151
Miami, FL 33173
(202) 410-5972
Digital Contact Information:
help@joinuplift.co

Binu, Joji, MSN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Birdsong, Marianna, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app

Bishop, Amie, MS, LCMHC, LCPC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Blain, Jahmeal, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Blair, Caryn, DNP, APRN ■
2999 NE 191st St
Ste 705
Miami, FL 33180
(305) 721-0748
Digital Contact Information:
mphealth4145@gmail.com

and
FL
(305) 721-0748
Digital Contact Information:
mphealth4145@gmail.com

Blanco Alonso, Maydibis, MN, APRN ■
5190 Northwest 167th Street
Suite 218
Hialeah, FL 33014
(786) 353-9410
Digital Contact Information:
admin@harmonycenter.us

and
17670 Northwest 78th Avenue
STE 113
Hialeah, FL 33015
(786) 715-3086
Digital Contact Information:
admin@harmonycenter.us

and
330 Southwest 27th Avenue
STE 609
Miami, FL 33135
(786) 743-0801
Digital Contact Information:
admin@harmonycenter.us

and
4905 Northwest 72nd Avenue
5
Miami, FL 33166
(786) 391-3816
Digital Contact Information:
http://paradisehealthgroup.com
admin@harmonycenter.us

and
13155 Southwest 134th Street
221
Miami, FL 33186
(786) 652-9880
Digital Contact Information:
admin@harmonycenter.us

and
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
admin@harmonycenter.us

and
14865 South Dixie Highway
Palmetto Bay, FL 33176
(786) 732-2176
Digital Contact Information:
admin@harmonycenter.us
Other Languages Spoken by Provider or Office Staff
Spanish

Blanco, Ocier, MSN, APRN ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

and
13195 Southwest 134th Street
206 206
Miami, FL 33186
(786) 608-3434
Digital Contact Information:
perla.delosrios@dadefamily.com

Blitzer, Paola, MS, LMHC ■
1045 Kane Concourse
207-208
Bay Harbor Islands, FL 33154
(305) 866-3866
Digital Contact Information:
paolabmhc@gmail.com

and
1045 Kane Concourse
207
Bay Harbor Islands, FL 33154
(561) 901-8846
Digital Contact Information:
paolabmhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bloise, Gabriela, MS, LMHC ■
Home Based Services Only
Miami Gardens, FL 33014
(305) 777-3883
Digital Contact Information:
acebehavioral2@gmail.com

and
5881 Northwest 151st Street
Suite: 103
Miami Lakes, FL 33014
(786) 703-4154
Digital Contact Information:
acebehavioral2@gmail.com

Bloom, Audrey, PHD, LP ■
14707 South Dixie Highway
107
Miami, FL 33176
(305) 301-8251
Digital Contact Information:
audreybloom@bellsouth.net

Boakye, Theresa, MSN, APN, APRN, CRNP, LNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@pgs-nhcare.com

Bodan, Dayra L, PSYD, LP ■
6405 Northwest 36th Street
112
Virginia Gardens, FL 33166
(305) 871-3131
Digital Contact Information:
therapeuticalli@bellsouth.net
Other Languages Spoken by Provider or Office Staff
English, Spanish

Bofill, Martha, PSYD, LP ■
351 NW 42nd Ave
Ste 401
Miami, FL 33126
(786) 704-5546
Digital Contact Information:
mbofill@aol.com

Bond, Steven, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Bonet Gongora, Yanet, MMH, APRN ■
3100 SW 62nd Ave
Fl 2
Miami, FL 33155

(305) 663-8439
Digital Contact Information:
equilibriumcommunitycare@gmail.com

Bonilla, Alicia, MSW, LCSW ●
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Bortnik, Debora, MA, LMHC ■
9240 SW 72nd St
Ste 202
Miami, FL 33173
(305) 815-2787
Digital Contact Information:
dbortnik@bellsouth.net

Botta, Rafael J, PSYD, LP ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
info@dadefamily.com

Boulay, Sherly, DNP, NP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
aantaya@ccaoh.org

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
aantaya@ccaoh.org

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
aantaya@ccaoh.org

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
aantaya@ccaoh.org
Other Languages Spoken by Provider or Office Staff
English, French

Bradley, Kacynthia, MSW, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Brazzini, Mijanou, MPSY, LMHC ■
13205 Southwest 137th Avenue
suite 126
Miami, FL 33186
(786) 713-0383
Digital Contact Information:
http://yjwcare.com
mbrazzini61@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Brookes, Ingrid, MS, LMHC ■
10300 Southwest 72nd Street
275d
Miami, FL 33173
(888) 853-7908
Digital Contact Information:
http://www.bettermindtherapycorp.com
vasallojane@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Brown, Dustin Q, MC, LMHC ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
myschoolpsychologist@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Brown, Georgiette, MSN, APRN ■
FL
(305) 771-1302
Digital Contact Information:
https://drghealthandwellness.com/
drghealthandwellness@gmail.com

Brown, Gillian R, MSW, LCSW ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Brown, Kameka L, PHD, APN, APRNCNP, ARNP ■
FL
(508) 202-1011
Digital Contact Information:
office@cartwheelcare.org

Browning, Jennifer, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
members@wellnite.com

Bruno, Julie D, PSYD, LP ■
1550 Madruga Avenue
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
http://www.abc4s.com
support@abc4s.com

Buchhalter, Maya I, MSN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Bugaj, Erika L, MSW, LICSW ■
FL
(202) 531-5385
Digital Contact Information:
hello@dandelioncounselingcare.com

Burchett, Kiana, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Burguera, Mayra, PSYD, LP ■
1110 Brickell Ave
Ste 407
Miami, FL 33131
(786) 558-4526
Digital Contact Information:
http://www.lucidminds.com
dr.burguera@gmail.com

Burr, Tamara, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Burrell, Allison, PHD, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Bush, Megan V, MSW, LCSW ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Bussey-Martin, Shantara L, MSW, LCSW ■
FL
(786) 751-1565
Digital Contact Information:
https://www.teatimets.com/
sbusseymartin@teatimets.com

Butcher, Stefanie, MSW, LISW-CP ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
provider.enroll@curnahelth.com

Butler, Shelley T, MSN, APRN ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
shelleybutleraprn@gmail.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
shelleybutleraprn@gmail.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
shelleybutleraprn@gmail.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
shelleybutleraprn@gmail.com

Cabrera, Erik A, MD ■
8500 SW 92nd Street
202
Miami, FL 33156
(305) 697-7924
Digital Contact Information:
ecabreramd5@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Cabrera, Gabriela M, MMH, LMHC ■
10691 Southwest 88th Street
Suite 110
Miami, FL 33176
(305) 595-5485
Digital Contact Information:
compuexbilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cabrera, Maria M, MD ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
swashburn@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
swashburn@compass.md

Cabrera, Wendy, MMH, LMHC ●
2828 Coral Way
Ste 460
Coral Gables, FL 33145
(877) 897-6987
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net

and
12550 Biscayne Boulevard
308
North Miami, FL 33181
(305) 895-0504
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net
Other Languages Spoken by Provider or Office Staff
Spanish

Caceres, Daniris, MMH, LMHC ■
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
morecounseling@gmail.com

Cagigas, Ariel, MSN, APRN ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
http://banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
Other Languages Spoken by Provider or Office Staff
Spanish

Cajuste, Kathia, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
Not Available

and
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
Not Available

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com

Calderin, Claudia, MSN, APRN ■
12001 Southwest 128th Court
Suite Suite 104
Miami, FL 33186
(786) 868-0505
Digital Contact Information:
clarityhealth@approachteam.com

and
13170 Southwest 128th Street
200
Miami, FL 33186
(786) 852-5198
Digital Contact Information:
https://clarityapproach.com/
clarityhealth@approachteam.com

and
14201 Southwest 120th Street
suite 110
Miami, FL 33186
(786) 238-7492
Digital Contact Information:
clarityhealth@approachteam.com

and
14221 Southwest 120th Street
223
Miami, FL 33186
(786) 690-2296

Digital Contact Information:
clarityhealth@approachteam.com
Other Languages Spoken by Provider or Office Staff Spanish

Calderon, Eileen C, PSYD, LP ●
100 Miracle Mile
330
Coral Gables, FL 33134
(305) 445-9554
Digital Contact Information:
wellpathbehavior@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Calderon, Patricia, PHD, LMHC ■
6262 Bird Rd
Ste 2F
Miami, FL 33155
(305) 266-3200
Digital Contact Information:
dadecounseling@aol.com
Other Languages Spoken by Provider or Office Staff Spanish

Calloway, Crystal, MSW, LCSW ■
FL
(704) 298-9914
Digital Contact Information:
http://www.asehealingcenter06.org
setzertherapist22@gmail.com

Camille, Anael, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff Creole

Campagna Bonomo, Samantha E, MS, LMHC ■
1550 Madruga Ave
Ste 509
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
campagnatherapy@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Campbell, Sarah, PHD, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Campbell, Valencia L, MSW, LCSW, LICSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Canavaciolo, Heidy, MSN, APRN ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
http://www.dgphealthandwellness.com
info@dgphealthandwellness.com

and
3621 SW 107th Ave
Miami, FL 33165
(786) 534-8366
Digital Contact Information:
http://serenitycommunitycenter.com
info@dgphealthandwellness.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Cancio, Jose A, MSN, APRN ■
12550 Biscayne Boulevard
STE 507
North Miami, FL 33181
(305) 204-1209
Digital Contact Information:
jac-pmhnp@assertivecare.net
Other Languages Spoken by Provider or Office Staff English, Spanish

Canetti, Lisandra A, MSW, LCSW ■
8955 SW 87th Ct
Ste 112
Miami, FL 33176
(305) 722-7210
Digital Contact Information:
ofajardo@miamimedresearch.com
Other Languages Spoken by Provider or Office Staff Spanish

Capote, Anna M, MSW, LCSW ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
perla@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla@dadefamily.com

Capote, Lindsey, MC, LMHC ■
14401 Old Cutler Road
Miami, FL 33158
(305) 722-5380
Digital Contact Information:
http://www.wellspringmiami.org
insurance@wellspringmiami.org

Carabantes, Mariana, PSYD, LP ■
4675 Ponce de Leon
303
Coral Gables, FL 33146
(786) 554-3868
Digital Contact Information:
http://drmarianacarabantes.com
miamipsychologist@drmarianacarabantes.com

and
FL
(786) 554-3868
Digital Contact Information:
http://drmarianacarabantes.com
miamipsychologist@drmarianacarabantes.com
Other Languages Spoken by Provider or Office Staff Spanish

Carballo, Mercedes, MC, LMHC ■
10689 N Kendall Dr
Ste 215
Miami, FL 33176
(305) 310-4245
Digital Contact Information:
http://mentalwellness.care
mercy.carballo@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Carcache, Luis, MD ■
800 SW 108th Ave
100
Miami, FL 33174
(305) 348-3627
Digital Contact Information:
fiucred@fiu.edu
Other Languages Spoken by Provider or Office Staff Spanish

Cardona, Diana C, MS, LMHC ■
5201 Blue Lagoon Dr
Ste 848
Miami, FL 33126
(855) 634-0984
Digital Contact Information:
contact@influentialtherapy.com

Cardona, Maria E, MBS, LPC ■
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
osaker@ibhflorida.com

Caro, Marjorie, MD ■
5860 W Flagler St
Miami, FL 33144
(305) 264-7808
Digital Contact Information:
drcaro@hotmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Carr, Satara, MA, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
blisscounseling2019@outlook.com
Other Languages Spoken by Provider or Office Staff English

Carrascal, Jonh, MS, LMHC ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Carroll, Christian, MS, LMFT, LMHC, LPC, LPCMH ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Carroza, Mirna H, MPSY, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff Italian, Spanish

Carter, Carol, MSW, LCSW ■
FL
(305) 400-8511
Digital Contact Information:
http://www.cbhwestcoast.com
credentialing@hcsflorida.com
Other Languages Spoken by Provider or Office Staff English

Castaneda Ramirez, Santiago, MD ■
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
https://www.compasshealthsystems.com/
credentialing@compass.md

and
FL
(305) 891-0050
Digital Contact Information:
https://www.compasshealthsystems.com/
credentialing@compass.md

Castaneira, Yamile, MSN, APRN ■
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
lgarcia@keraltybh.com
Other Languages Spoken by Provider or Office Staff Spanish

Castillo, Edmundo, MSW, LCSW ■
4445 West 16th Avenue
STE 100
Hialeah, FL 33012
(786) 876-5087
Digital Contact Information:
kmauricio@regahealth.com
Other Languages Spoken by Provider or Office Staff Spanish

Castillo, Fiorella Paola, MC, LMHC ●
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
info@elevatepsychiatry.com

and
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
info@elevatepsychiatry.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Castillo, Karina, MA, LMHC ■
FL
(786) 258-8499
Digital Contact Information:
http://www.virtual-counseling.com
service@virtual-counseling.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Castillo, Sandra, PSYD, LP ■
3081 Salzedo Street
Suite 202
Coral Gables, FL 33134
(786) 567-8160
Digital Contact Information:
castillo043@gmail.com

and
11385 Southwest 32nd Street
Miami, FL 33165
(786) 567-8160
Digital Contact Information:
castillo043@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Castro Cordoba, Juan Luis B, MD ■
4960 SW 72nd Ave
Ste 303
Miami, FL 33155
(305) 554-1700
Digital Contact Information:
intake@compass.md

and
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
https://www.compasshealthsystems.com
intake@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
https://www.compasshealthsystems.com
intake@compass.md

Cata, Karina, MN, ARNP ■
4982 Palm Avenue
Hialeah, FL 33012
(305) 479-3262
Digital Contact Information:
kcata@kcm.health
Other Languages Spoken by Provider or Office Staff Spanish

Ceballo, Mayelin, MPSY, LMHC ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
office@neurobehavioral.health

and
12060 Southwest 129th Court
201
Miami, FL 33186
(786) 615-3349
Digital Contact Information:
office@neurobehavioral.health
Other Languages Spoken by Provider or Office Staff Spanish

Centeno, Jousseliett, MSW, LCSW ■
9425 Sunset Dr
Ste 267

Miami, FL 33173
(305) 981-6806
Digital Contact Information:
joussecenteno@gmail.com
Other Languages Spoken by Provider or Office Staff English

Chan, Wai Y, MSN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
info@riviamind.com

Chang, Joshua, MD ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
intake@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
intake@compass.md

and
FL
(305) 891-0050
(305) 279-5535
(954) 771-7743
(954) 447-0010
(561) 752-9490
Digital Contact Information:
intake@compass.md

Chatelain, Mitsouko, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
referrals@ffmhs.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
referrals@ffmhs.com

Chaves, Yelitza, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Chernov, Valeriy M, MD ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
svetcher@optonline.net

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
svetcher@optonline.net

and
1065 Northeast 125th Street
300
North Miami, FL 33161
(888) 852-6672
Digital Contact Information:
http://www.compasshealthsystems.com
svetcher@optonline.net
Other Languages Spoken by Provider or Office Staff
Russian

Chiarenza, Daniella, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Childers, Janice L, MA, LMHC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff English

Chinea, Marianela, MSN, APRN ■
3971 Southwest 8th Street
STE 206
Coral Gables, FL 33134
(786) 633-5960
Digital Contact Information:
agauna@bmsbill.com

and
FL
(786) 980-7496
Digital Contact Information:
http://www.vidahealthcarenetworks.com
agauna@bmsbill.com

and
13590 Southwest 134th Avenue
201
Miami, FL 33186
(786) 227-6258
Digital Contact Information:
agauna@bmsbill.com

Choute-Edouard, Sonia, APRN, MSN, NP ■
66 West Flagler Street
Miami, FL 33130
(347) 875-0473
Digital Contact Information:
admins@wholenesstradition.com

and
1031 Ives Dairy Rd
Ste 228
Miami, FL 33179
(786) 477-6179
Digital Contact Information:
admins@wholenesstradition.com

and
12550 Biscayne Boulevard
STE 800
North Miami, FL 33181
(788) 442-5021
Digital Contact Information:
admins@wholenesstradition.com

Cicetti, Lisa, PSYD, LMHC, LP ■
1100 Southwest 57th Avenue
Suite 100
Miami, FL 33144
(786) 556-7688
Digital Contact Information:
lisacicetti@yahoo.com

Cieply, Tanisha, MSN, APRN ■
FL
(407) 906-6116
Digital Contact Information:
cieplyt@gmail.com

Cioffi, George V, MSN, ARNP ■
1300 Coral Way
Ste 208
Miami, FL 33145
(305) 929-8542
Digital Contact Information:
klopez@miamipersonalmanagement.com

and
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
http://www.miamipersonalmanagement.com
klopez@miamipersonalmanagement.com
Other Languages Spoken by Provider or Office Staff
Spanish

Clark, Altheresa, MSW, LCSW ■
111 NW 183rd St
Ste 404
Miami, FL 33169
(786) 524-4001
Digital Contact Information:
altheresa.clark@yahoo.com

Clerkin, Amanda, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Clicque, Chelsea A, PSYD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
support@dallastherapeutic.com

Cnobel Massion, Monica, MC, LCPC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Coizeau, Henri, PSYD, CP ■
1360 South Dixie Highway
355
Coral Gables, FL 33146
(305) 648-9344
Digital Contact Information:
southcoastpsychotherapy@gmail.com

and
FL
(800) 567-5433
Digital Contact Information:
https://totallife.com/
southcoastpsychotherapy@gmail.com

Collazo-Amador, Aylem, MS, LMHC ■
306 Alcazar Avenue
200
Coral Gables, FL 33134
(305) 967-8725
Digital Contact Information:
http://www.ajmmedicalcenter.com
sunshine-advantage@mbhpays.com

and
8500 West Flagler Street
Office 107A
Miami, FL 33144
(786) 907-5141
Digital Contact Information:
sunshine-advantage@mbhpays.com

and
13301 Southwest 132nd Avenue
209 209
Miami, FL 33186
(786) 713-5553
Digital Contact Information:
sunshine-advantage@mbhpays.com

and
FL
(305) 632-3892
Digital Contact Information:
sunshine-advantage@mbhpays.com
Other Languages Spoken by Provider or Office Staff
Spanish

Collins, Danielle, MSN, APRN ●
FL
(954) 295-7333
Digital Contact Information:
bluebutterflypsychserv@gmail.com

Colon Del Toro, Cristina, MD ■
8001 West 26th Avenue
2 2
Hialeah, FL 33016
(786) 360-2630
Digital Contact Information:
vanessa@livingcaretherapy.com

and
8001 West 26th Avenue
6 6
Hialeah, FL 33016
(786) 372-3262
Digital Contact Information:
vanessa@livingcaretherapy.com

and
5080 Northwest 74th Avenue
Miami, FL 33166
(786) 372-3262
Digital Contact Information:
vanessa@livingcaretherapy.com

and
10511 Southwest 88th Street
c103
Miami, FL 33176
(786) 530-7427
Digital Contact Information:
vanessa@livingcaretherapy.com

and
5600 Southwest 135th Avenue
STE 216
Miami, FL 33183
(786) 536-6196
Digital Contact Information:
vanessa@livingcaretherapy.com

and
14221 Southwest 120th Street
223
Miami, FL 33186
(786) 690-2296
Digital Contact Information:
vanessa@livingcaretherapy.com

Colunga, Eduardo, MSN, APRN ■
900 East 9th Street
Hialeah, FL 33010
(305) 381-5294
Digital Contact Information:
info@cbhwestcoast.com
Other Languages Spoken by Provider or Office Staff
Spanish

Commella, Noreen, PSYD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@healthyyoungminds.com

Companioni, Maria, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
ashley@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Contreras-Schwartz, Joanna, PHD, LCSW, LCSW-R, LISW-CP, LMSW ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
ajcheney@sosapartners.com

Cook, Chaz, MS, LMHC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
http://sunbeamfamilyservices.org
drandall@teampathways.com

Cordero-Torres, Nelson E, MD ■
2000 Northwest 87th Avenue
Suite 201
Doral, FL 33172
(954) 561-6222
Digital Contact Information:
ventemedical@gmail.com

and
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
ventemedical@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cordova, Carlos A, MS, LMHC ■
2141 SW 1st St
Ste 103
Miami, FL 33135
(305) 644-6024
Digital Contact Information:
help@coralcmhc.net

Other Languages Spoken by Provider or Office Staff Spanish

Cordoves, Lazaro H, MD ■
1150 Northwest 72nd Avenue
350
Miami, FL 33126
(786) 228-7801
Digital Contact Information:
genesisconsultingservices39@gmail.com
and
1150 Northwest 72nd Avenue
540
Miami, FL 33126
(786) 228-7801
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Corniffe, Khadine, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
pandatherapycircle@gmail.com

Corona, Kathleen, MPSY, LCSW ■
11890 Southwest 8th Street
403
Miami, FL 33184
(305) 433-1396
Digital Contact Information:
brightsyhealth@gmail.com
and
11890 Southwest 8th Street
Suite 207
Miami, FL 33184
(786) 362-5981
Digital Contact Information:
brightsyhealth@gmail.com
and
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
brightsyhealth@gmail.com

Corona Martinez, Delaney, MS, LCPC, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
home@christianpsychological.org

Correa, Richard, MSW, LCSW, LMFT ■
123 N Krome Ave
Ste 201
Homestead, FL 33030
(786) 339-0686
Digital Contact Information:
richardcorrea2@aol.com

Corson, Dejuanna H, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
help@joinuplift.co

Cortazar, Lissette D, MD ■
3659 South Miami Avenue
Suite 5002
Miami, FL 33133
(305) 815-0055
Digital Contact Information:
lissettecortazar@yahoo.com
Other Languages Spoken by Provider or Office Staff Spanish

Corzo, Samantha R, MS, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org
and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org
and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org
and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org
and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
credentialing@banyanhealth.org

Cos Salmon, Hugo, MSN, APRN ■
1671 West 37th Street
Suite #3
Hialeah, FL 33012
(305) 728-4880
Digital Contact Information:
hcos@chwcm.org
Other Languages Spoken by Provider or Office Staff English, Spanish

Cotayo, Michael J, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
http://www.wellnite.com
Other Languages Spoken by Provider or Office Staff English

Couper, Sarah, MSN, APRN ■
4300 Biscayne Boulevard
STE 203
Miami, FL 33137
(877) 400-0540
Digital Contact Information:
insurance@wellnite.com
and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Crabtree, Amanda, MC, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Crane, Katrina L, MSN, ARNP, PMHNP ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Crespo, Johanna, MSN, APRN ■
1221 Brickell Avenue
ste 900
Miami, FL 33131
(833) 377-2526
Digital Contact Information:
http://www.healthandpsychiatry.com
billing101@healthandpsychiatry.com
and
FL
(833) 377-2526
Digital Contact Information:
http://www.healthandpsychiatry.com
billing101@healthandpsychiatry.com
and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(833) 377-2526
Digital Contact Information:
http://www.healthandpsychiatry.com
billing101@healthandpsychiatry.com
and
1688 Meridian Avenue
STE 600
Miami Beach, FL 33139
(833) 377-2526
Digital Contact Information:
http://www.healthandpsychiatry.com
billing101@healthandpsychiatry.com

Crider, Tiffany, MS, LMHC ■
FL
(305) 812-6018
Digital Contact Information:
http://www.prevailandprogress.com
tiffanysimone@prevailandprogress.com

Crisp, Nicholas S, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
info@improvinglivescounseling.com

Crowdis, Marissa A, DO ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
ehoyos@lotuscounseling.com
and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
ehoyos@lotuscounseling.com

Cruz, Amy, MA, LMHC ■
4302 Alton Rd
Ste 500
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff Spanish

Cruz, Grace Marlyn, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Cruz, Jose, MD ■
4302 Alton Rd
Ste 820
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com
and
4304 Alton Rd
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com
and
4304 Alton Rd
Fl 1
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com

Cruz, Yaimara, MSN, APRN ■
FL
(305) 510-0111
Digital Contact Information:
Not Available

Cue, Liz, MSW, LCSW ■
5901 Southwest 74th Street
408
Miami, FL 33143
(305) 735-3555
Digital Contact Information:
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff Spanish

Cuevas Rojas, Maytee R, MSN, APRN ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
http://www.dgphealthandwellness.com
info@dgphealthandwellness.com
and
1469 NW 36th St
Miami, FL 33142
(305) 635-7444
Digital Contact Information:
info@dgphealthandwellness.com
and
17325 Northwest 27th Avenue
Suite 105
Miami Gardens, FL 33056
(786) 819-0209
Digital Contact Information:
info@dgphealthandwellness.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Curras, Glender, MPSY, LMHC ■
1125 Northeast 125th Street
300 7n
North Miami, FL 33161
(786) 487-3948
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff English, Spanish

Curras, Michelle M, MSSW, LCSW ■
1000 Brickell Avenue
Miami, FL 33131
(786) 536-5702
Digital Contact Information:
laibehavior@gmail.com
and
981 NW 132nd Ave W
Miami, FL 33182
(786) 536-5702
Digital Contact Information:
laibehavior@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Curtis, Kormasah K, MMFT, LMFT ■
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
contactus@embracecounselingusa.com

Cuxart Falcon, Lorna, MSN, APRN ■
8370 West Flagler Street
STE 242
Miami, FL 33144
(786) 321-1600
Digital Contact Information:
http://www.crystalmindsmh.com
s.sardinas@crystalmindsmh.com

Cyronak, Ashley R, MSN, PMHNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
coastalpsych@gmail.com

D'Agostino, Leah, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Da Silva, Leonardo, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff Portuguese, Spanish

Daaga, Isis, EDS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@elemy.com

Damayo, Mizyl, MD ■
8323 Northwest 12th Street
108
Doral, FL 33126
(305) 400-8511
Digital Contact Information:
http://www.cbhwestcoast.com
support@paradisebehavioral.com

Danauy Del Toro, Yesmin, MN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
office@myrtleridge.us
Other Languages Spoken by Provider or Office Staff Spanish

Dangla, Marjorie, MSW, LCSW ■
Doral
Doral, FL 33178
(305) 926-6106
Digital Contact Information:
blissfulsoultherapy01@gmail.com

Davis, Christina, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
billing@regionalpsychiatry.com

Davis, Leilani, MSN, APRN ■
790 Northwest 107th Avenue
Suite 107
Miami, FL 33172
(770) 492-2960
Digital Contact Information:
cheryl@qualitycredentialinginc.com

Davis, Shelena, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Davis-Pope, Jordyn, MSW, LCSW ■
5335 Northwest 87th Avenue
Doral, FL 33178
(786) 551-9550
Digital Contact Information:
info@monarchcounselinggroup.com
Other Languages Spoken by Provider or Office Staff English

Davis-Rosario, Safiyah R, MSW, LCSW ■
FL
(786) 318-1591
Digital Contact Information:
http://www.sanctuarytcs.com
safiyahdv@hotmail.com

De Leon, Karel M, MD ■
2100 Ponce de Leon
#1240
Coral Gables, FL 33134
(786) 471-3535
Digital Contact Information:
consulting@fdgmso.com
Other Languages Spoken by Provider or Office Staff Spanish

De Souza Morais, Michele, MD ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
https://www.compasshealthsystems.com/
credentialing@compass.md
and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(888) 852-6672
Digital Contact Information:
http://www.compasshealthsystems.com
credentialing@compass.md
Other Languages Spoken by Provider or Office Staff Portuguese, Spanish

Dearmas, Vanessa M, MMH, LMHC ■
FL
(305) 505-7558
Digital Contact Information:
empoweringmindsetllc@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Debrady, Denise, MSSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ddebrady@yahoo.com

Decastelli, Florencia, MS, LMHC ■
Home Based Services Only
Miami Gardens, FL 33014
(305) 417-1535
Digital Contact Information:
newhopecasemanagementservices@gmail.com
Other Languages Spoken by Provider or Office Staff English

Decker, Sallee, MSW, LCSW, LICSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
noah@medsolercm.com

Deforges, Laure, MC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Deleon, Orlando, MSSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
providerenrollment5@deeroaks.com
Other Languages Spoken by Provider or Office Staff Spanish

Delgado, Beatriz, MSSW, LCSW ■
1550 Madruga Ave
Ste 509
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
http://www.abc4s.com
admin@abc4s.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Delgado, Sandra M, MSN, APRN ■
1550 Madruga Avenue
Suite 406
Coral Gables, FL 33146
(210) 864-2466
Digital Contact Information:
infodesk@bregmanmedicalgroup.com
Other Languages Spoken by Provider or Office Staff Spanish

Delicio, Elizabeth, MMH, LMHC ■
7789 Northwest 48th Street
375
Doral, FL 33166
(786) 409-3800
Digital Contact Information:
zulma.alvarado@dynastymentalhealth.com
and
1840 W 49th St
Ste 517
Hialeah, FL 33012
(786) 558-8465
Digital Contact Information:
zulma.alvarado@dynastymentalhealth.com
and
1840 W 49th St
Ste 605
Hialeah, FL 33012
(305) 456-7785
Digital Contact Information:
zulma.alvarado@dynastymentalhealth.com
and
3701 Southwest 107th Avenue
Miami, FL 33165
(305) 553-8343
Digital Contact Information:
zulma.alvarado@dynastymentalhealth.com
and
8200 Northwest 41st Street
Suite 200
Miami, FL 33166
(786) 587-9432
Digital Contact Information:
zulma.alvarado@dynastymentalhealth.com
and
760 Northwest 107th Avenue
110
Miami, FL 33172
(786) 409-3800
Digital Contact Information:
zulma.alvarado@dynastymentalhealth.com
Other Languages Spoken by Provider or Office Staff Spanish

Denis, Carl Ivan, MSN, APRN ■
1150 Northeast 125th Street
North Miami, FL 33161
(305) 403-0654
Digital Contact Information:
llong@dgcmhc.org

Dergan, Jose J, PSYD, LP ■
8249 Northwest 36th Street
100
Doral, FL 33166
(305) 599-1970
Digital Contact Information:
derganj@aol.com

Derinor, Mara-Joanne S, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@mindfulhc.com

Desarmes, Michelle, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
finn.garrison@bellmedex.com

Dewashrayee, Krishna M, MSN, PMHCNS ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
info@riviamind.com

Dey, Joel P, MD ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
credentialing@yacoubmd.com
and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
credentialing@yacoubmd.com

Diaz, Arlene E, MS, LMHC ■
1360 South Dixie Highway
355
Coral Gables, FL 33146
(305) 342-9761
Digital Contact Information:
arly07@aol.com
Other Languages Spoken by Provider or Office Staff Spanish

Diaz, Ibrahim, MSN, APRN ■
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
kenia.rodriguez@ffmhs.com
and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com

Diaz, Laura, MN, APRN ■
14722 Southwest 56th Street
Miami, FL 33185
(305) 456-0572
Digital Contact Information:
genesisconsultingservices39@gmail.com
and
13190 Southwest 134th Street
106
Miami, FL 33186
(786) 209-0023
Digital Contact Information:
genesisconsultingservices39@gmail.com
and
17325 Northwest 27th Avenue
Suite 105
Miami Gardens, FL 33056
(786) 819-0209
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Diaz, Michael, MSN, NP ■
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
credentialing@essenmed.com

Diaz, Miguel, MSN, ARNP ■
8323 Northwest 12th Street
108
Doral, FL 33126
(305) 400-8511
Digital Contact Information:
http://www.cbhwestcoast.com
communitybehavioralh@gmail.com

Diaz Palmero, Yuranis, MPSY, LMHC ■
3785 Northwest 82nd Avenue
307
Doral, FL 33166
(305) 266-2949
Digital Contact Information:
info@oasismentalhealthcenter.com
and
Northwest 92nd Avenue
Doral, FL 33172
(305) 266-2949
Digital Contact Information:
info@oasismentalhealthcenter.com
and

5901 Northwest 183rd Street
310
Hialeah, FL 33015
(786) 418-9790
Digital Contact Information:
https://oasismentalhealthcenter.com
info@oasismentalhealthcenter.com

and
1250 Southwest 27th Avenue
Suite 506
Miami, FL 33135
(786) 536-9278
Digital Contact Information:
info@oasismentalhealthcenter.com

and
330 Southwest 27th Avenue
STE 609
Miami, FL 33135
(786) 743-0801
Digital Contact Information:
info@oasismentalhealthcenter.com

and
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
info@oasismentalhealthcenter.com

and
9125 SW 87th Ave
Miami, FL 33176
(305) 735-3919
Digital Contact Information:
info@oasismentalhealthcenter.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz Rodriguez, Tahnee, MSN, APRN ■
13055 Southwest 42nd Street
205
Miami, FL 33175
(786) 417-9395
Digital Contact Information:
https://onemorelight.org/
omlhspsychiatry@gmail.com

and
FL
(786) 417-9395
Digital Contact Information:
https://onemorelight.org/
omlhspsychiatry@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Diaz-Amaran, Yosvel, MSW, LCSW ■
3901 Northwest 79th Avenue
STE 120
Doral, FL 33166
(786) 310-4480
Digital Contact Information:
yosveld@yahoo.es

and
640 W Palm Dr
Ste D
Homestead, FL 33034
(786) 601-7757
Digital Contact Information:
yosveld@yahoo.es

and
640 West Palm Drive
c
Homestead, FL 33034
(305) 793-4701
Digital Contact Information:
yosveld@yahoo.es

and
1150 Northwest 72nd Avenue
220
Miami, FL 33126
(786) 558-4899
Digital Contact Information:
yosveld@yahoo.es

and
1150 Northwest 72nd Avenue
350
Miami, FL 33126
(786) 228-7801
Digital Contact Information:
yosveld@yahoo.es

and
1150 Northwest 72nd Avenue
540
Miami, FL 33126
(786) 228-7801
Digital Contact Information:
yosveld@yahoo.es

and
7805 Coral Way
Ste 131
Miami, FL 33155
(786) 307-2066
Digital Contact Information:
yosveld@yahoo.es

and
7811 Coral Way
Ste 130
Miami, FL 33155
(786) 307-2066
Digital Contact Information:
yosveld@yahoo.es

and
280 Westward Drive
Miami Springs, FL 33166
(786) 391-0744
Digital Contact Information:
http://www.rosswellnesscenters.com
yosveld@yahoo.es

and
Home Based Services Only
Naranja, FL 33032
(786) 953-3599
Digital Contact Information:
yosveld@yahoo.es
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz-Llorens, Rigoberto B, MSN, APRNPMH ■
2828 Coral Way
Ste 460
Coral Gables, FL 33145
(305) 642-5255
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net

and
8765 Northwest 110th Street
Hialeah Gardens, FL 33018
(786) 389-2691
Digital Contact Information:
ghines@hinesandassociates.net

and
12550 Biscayne Boulevard
STE 306
North Miami, FL 33181
(305) 642-5255
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net

Diaz-Paniagua, Panny, MED, LMHC ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
credentialing@compass.md

and
9900 Southwest 107th Avenue
STE 101
Miami, FL 33176
(305) 964-5381
Digital Contact Information:
credentialing@compass.md

and
Home Based Services Only
Miami Lakes, FL 33016
(561) 764-7093
Digital Contact Information:
credentialing@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
credentialing@compass.md
Other Languages Spoken by Provider or Office Staff
Spanish

Dieguez, Ivette, MSN, APRN ■
3901 Northwest 79th Avenue
250
Doral, FL 33166
(239) 342-6516
Digital Contact Information:
info@laluzmentalhealth.com

and
12700 Southwest 128th Street
STE 108
Miami, FL 33186
(786) 732-0865
Digital Contact Information:
info@laluzmentalhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Dieppa, Jessica B, MS, LMHC ●
10815 Southwest 145th Place
Miami, FL 33186
(305) 989-0493
Digital Contact Information:
http://www.guidedpathstherapy.com
jessica.dieppa22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Dixon, Passion, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
ortiz4professionalservicesllc@gmail.com

Dole, Kathryn, PSYD, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Dominguez, Arturo, MMH, LMHC ■
FL
(305) 967-9201
(786) 233-6127
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
8551 Northwest South River Drive
Medley, FL 33166
(305) 603-9344
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
8660 West Flagler Street
209
Miami, FL 33144
(305) 603-9985
Digital Contact Information:
http://www.newhealthrehab.com
rossconsultingandcredentialing@gmail.com

and
15715 South Dixie Highway
226
Miami, FL 33157
(305) 849-4186
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
10300 Sunset Drive
Suite 310
Miami, FL 33173
(786) 238-7063
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
5600 Southwest 135th Avenue
STE 216
Miami, FL 33183
(786) 536-6196
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

Donaldson, Kaeron, MSW, LCSW ■
2124 Northeast 123rd Street
STE 220
North Miami, FL 33181
(786) 828-0947
Digital Contact Information:
https://blossomfl.com
info@blossomfl.com
Other Languages Spoken by Provider or Office Staff
Hebrew, Spanish

Donghia Coutinho, Beatriz H, MD ■
800 SW 108th Ave
100
Miami, FL 33174
(786) 595-8040
Digital Contact Information:
managedcarecredentialing@baptisthealth.netth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Doran, Brianna, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
help@joinuplift.co

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Dorr, Angela M, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff English

Dorrough-Ewing, Elisa W, MSW, LCSW, LICSW ■
FL
(305) 902-6347
(239) 652-0260
Digital Contact Information:
https://bebravehealth.com/
roxanne.jubithana@aspirehp.org
Other Languages Spoken by Provider or Office Staff English

Dubose, Joseph W, MSN, APRN ■
1951 NW 7th Ave
Fl 3
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
joerocks70@gmail.com

and
1951 Northwest 7th Avenue
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
joerocks70@gmail.com

and
FL
(305) 902-6347
Digital Contact Information:
joerocks70@gmail.com

Ducca, Emma, LP, PHD, PSYD ■
8950 N Kendall Dr
Ste 405W
Miami, FL 33176
(786) 596-3876
Digital Contact Information:
Not Available

Duenas, Barbara, MS, LMFT ■
FL
(786) 671-4939
Digital Contact Information:
http://www.duenasmentalhealth.com
barbara@duenasmentalhealth.com

Dumenigo, Rhaisa A, MD ■
78 SW 13th Ave
Ste 201
Miami, FL 33135
(305) 644-5600
Digital Contact Information:
radumenigomd@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Durand Marticorena, Dante M, MD ■
1295 NW 14th St
Ste E
Miami, FL 33125
(305) 689-1352
Digital Contact Information:
rwinokur@med.miami.edu

and
1120 NW 14th St
1477
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
rwinokur@med.miami.edu

and

1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-6400
Digital Contact Information:
rwinokur@med.miami.edu

and
1611 NW 12th Ave
Miami, FL 33136
(305) 585-1111
Digital Contact Information:
rwinokur@med.miami.edu

and
1695 NW 9th Ave
1404A
Miami, FL 33136
(305) 355-7147
Digital Contact Information:
rwinokur@med.miami.edu

and
1695 NW 9th Ave
3308
Miami, FL 33136
(305) 355-7000
Digital Contact Information:
rwinokur@med.miami.edu

and
1695 NW 9th Ave
Fl 3
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
rwinokur@med.miami.edu
Other Languages Spoken by Provider or Office Staff
Spanish

Durand, Tekisha, MSW, LCSW ■
FL
(305) 833-3203
Digital Contact Information:
https://headway.co/providers/tekisha-durand
yourswagteam@gmail.com
Other Languages Spoken by Provider or Office Staff Creole

Durham, Ellen K, PSYD, LP ■
7600 South Red Road
200
South Miami, FL 33143
(786) 508-2207
Digital Contact Information:
http://www.lunapsychology.com
ylunad@lunapsychology.com

Duvalier, Leanne J, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ljdtherapy@ljdtherapy.onmicrosoft.com

Dysert, Morgan A, MSN, APRN ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
info@riviamind.com

Echemendia Lozano, Nasihely, MSN, APRNPMH ■
5881 Northwest 151st Street
Suite: 103
Miami Lakes, FL 33014
(786) 703-4154
Digital Contact Information:
lozanopsychnp@sanchez-md.com

and
9725 South Dixie Highway
Pinecrest, FL 33156
(305) 209-0144
Digital Contact Information:
lozanopsychnp@sanchez-md.com

Echenique, Maria I, PSYD, LP ■
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-2301
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
2423
Miami, FL 33136
(305) 355-8255
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Echizarraga, Carmen J, MSN, APRN ■
2424 Southwest 137th Avenue
Miami, FL 331756311
(786) 655-0831
Digital Contact Information:
http://www.miamihealthmedicalcenter.us
miamihealthmental@gmail.com

Ehrentreu, Dana, MSW, LCSW ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
nj-patientaccess@harmonybaywellness.com

Eisenstein, Irene M, MPSY, LMHC ■
3850 Mystic Pointe Dr
Miami, FL 33180
(305) 525-6306
Digital Contact Information:
http://psicoterapiaespanol.com
ireneeisenstein@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Eklund, Melissa, MMH, LMHC ■
8200 Northwest 41st Street
Suite 200
Miami, FL 33166
(754) 202-2565
Digital Contact Information:
https://savinglives.clientsecure.me/melissa@savinglivescounselingcenter.com

El Kholy, Amira, MSN, APRN ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
https://www.compasshealthsystems.com/
credentialing@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
credentialing@compass.md
Other Languages Spoken by Provider or Office Staff
Spanish

Elder, Carol, MS, LMFT ■
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(561) 609-2996
Digital Contact Information:
http://www.pandatherapycircle.com/
pandatherapycircle@gmail.com

Elder, Michelle D, MSW, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Elma, Linda S, MSW, LCSW ■
11601 Biscayne Boulevard
303
Miami, FL 33181
(954) 278-0487
Digital Contact Information:
http://lsmsmentalhealth.com
info@lindaelmalcsw.com
Other Languages Spoken by Provider or Office Staff Creole

Elowe, Rebecca, MA, LMHC ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
info@riviamind.com

Emerson, Amanda S, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
amanda@alignhw.net

Ervin, Tracy, MSN, APRN ■
4300 Biscayne Boulevard
STE 203
Miami, FL 33137
(877) 400-0540
Digital Contact Information:
https://forallmentalhealth.com
aubrey@drcred.com

Eslait, Maria M, MPSY, LMHC ■
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
info@acaciahealthgrp.com

and
8950 SW 74th Ct
Ste 2201
Miami, FL 33156
(786) 577-3427
Digital Contact Information:
info@acaciahealthgrp.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
info@acaciahealthgrp.com

and
14221 Southwest 120th Street
126
Miami, FL 33186
(786) 577-3427
Digital Contact Information:
info@acaciahealthgrp.com

and
10201 Hammocks Boulevard
Suite 122
Miami, FL 33196
(786) 557-3427
Digital Contact Information:
info@acaciahealthgrp.com

Espinosa, Hugo, MD ■
4982 Palm Avenue
Hialeah, FL 33012
(305) 479-3262
Digital Contact Information:
madyryanllc@gmail.com

and
1975 West 76th Street
Hialeah, FL 33014
(305) 479-3262
Digital Contact Information:
http://www.kcmhealthcare.com
madyryanllc@gmail.com

and
5965 Southwest 8th Street
Miami, FL 33144
(305) 479-3262
Digital Contact Information:
http://www.kcm.healthcare.com
madyryanllc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Espinoza Marin, Ennyluz, MMH, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Estrada Molina, Evelio, MSN, APN ■
15260 SW 280th St
Ste 205
Homestead, FL 33032
(305) 707-7237
Digital Contact Information:
http://www.familybehaviorservices.org
yny.behavioralservices@gmail.com

and
790 Northwest 107th Avenue
Suite 110
Miami, FL 33172
(305) 964-5426
Digital Contact Information:
yny.behavioralservices@gmail.com

and
13590 Southwest 134th Avenue
201
Miami, FL 33186
(786) 227-6258
Digital Contact Information:
yny.behavioralservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Estrada, Paola, MSW, LCSW ■
6175 NW 153rd St
Ste 404
Miami Lakes, FL 33014
(305) 558-7400
Digital Contact Information:
kim@appliedbehavior.net

Estupinan, Monica V, MSN, APRN ■
9220 Sunset Drive
104
Miami, FL 33173
(786) 724-4224
Digital Contact Information:
admin@vita-cog.com

and
12595 Southwest 137th Avenue
STE 110
Miami, FL 33186
(305) 465-9379
Digital Contact Information:
admin@vita-cog.com

Eusebio, Julia, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Ewald, Claudia, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

and
1400 Northeast Miami Gardens Drive
103
Miami, FL 33179
(305) 244-0971
Digital Contact Information:
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Exume-Noel, Estherline, DNP, APRN, PMHNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@crossfunctionalcare.com

Fall, Kevin, PHD, LP ■
FL
(800) 567-5433
Digital Contact Information:
https://totallife.com/
frontdesk@insighttherapy.us

Farinas, Hosanna, MSN, APRN ■
4445 West 16th Avenue
STE 405
Hialeah, FL 33012
(786) 233-6721
Digital Contact Information:
admin@ampmentalhealth.com

and
5901 Southwest 74th Street
208
Miami, FL 33143
(954) 884-5626

Digital Contact Information:
http://www.santanamhs.com
admin@ampmentalhealth.com

and
5901 Southwest 74th Street
211
Miami, FL 33143
(786) 228-6892
Digital Contact Information:
http://www.santanamhs.com
admin@ampmentalhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fay, Robert A, MS, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

Feinberg, Abby E, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
dnorment@seniorcaretherapy.com

Felix, Emilienne, MSN, APRN ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Fenby, Malia, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Fernandez De Castro, Erika, MSW, LCSW ■
1450 Madruga Avenue
407
Coral Gables, FL 33146
(786) 395-9162
Digital Contact Information:
morecounseling@gmail.com

and
FL
(786) 395-9162
Digital Contact Information:
morecounseling@gmail.com

and
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
morecounseling@gmail.com

Fernandez, Isabel, MSN, APRN ■
15450 New Barn Road
200
Miami Lakes, FL 33014
(305) 900-3970
Digital Contact Information:
http://www.neurozenpsychiatry.com
isabelfernandezrn@gmail.com

and
FL
(305) 900-3970
Digital Contact Information:
http://www.neurozenpsychiatry.com
isabelfernandezrn@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Lianny, MPSY, LMHC ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
yavila@avilahealthgroup.com

and
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
yavila@avilahealthgroup.com

and
306 Westward Dr
Miami Springs, FL 33166
(786) 588-7894
Digital Contact Information:
yavila@avilahealthgroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Norys T, MSW, LCSW ■
9055 Southwest 73rd Court
1003 1003
Miami, FL 33156
(786) 473-9252
Digital Contact Information:
norysfernandez@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez Paul, Katheryn, MSN, APRN ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
tnovoa@believetherapycenter.com

and
7765 SW 87th Ave
Ste 105
Miami, FL 33173
(786) 550-7176
Digital Contact Information:
tnovoa@believetherapycenter.com

and
15413 Southwest 137th Avenue
Miami, FL 33177
(305) 964-5594
Digital Contact Information:
tnovoa@believetherapycenter.com

Fernandez, Rafael R, MSN, APRN ■
633 N Krome Ave
1
Homestead, FL 33030
(305) 763-4007
Digital Contact Information:
relatedmedicalgibilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Soraya, MMH, LMHC ■
2300 West 84th Street
STE 104
Hialeah, FL 33016
(305) 903-3168
Digital Contact Information:
cgomezbmcmhc@gmail.com

and
13416 Southwest 128th Street
Miami, FL 33186
(786) 732-0247
Digital Contact Information:
cgomezbmcmhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez-Calienes, Ismel F, MSN, APRN ■
4810 Southwest 8th Street
Suite 103/104
Coral Gables, FL 33134
(786) 803-8306
Digital Contact Information:
https://vdzleading.com/
ksmedicalbilling1@gmail.com

and
801 Monterey Street
202
Coral Gables, FL 33134
(786) 927-8048
Digital Contact Information:
ksmedicalbilling1@gmail.com

and
5757 Waterford District Drive
Unit 172
Miami, FL 33126
(786) 524-2880
Digital Contact Information:
http://www.lifetimesolutionsagency.com
ksmedicalbilling1@gmail.com

and
8532 Southwest 8th Street
STE 290
Miami, FL 33144
(786) 927-8048
Digital Contact Information:
ksmedicalbilling1@gmail.com

Ferrer, Lariza, MSN, APRN ■
8955 SW 87th Ct
Ste 112
Miami, FL 33176
(305) 722-7210
Digital Contact Information:
ofajardo@miamimedresearch.com

and
13500 SW 88th St
Ste 195
Miami, FL 33186
(786) 602-7838
Digital Contact Information:
ofajardo@miamimedresearch.com

and
FL
(786) 602-7838
Digital Contact Information:
ofajardo@miamimedresearch.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fiallo, Liset, MSW, LCSW ■
401 Coral Way
Ste # 105
Coral Gables, FL 33134
(786) 534-4979
Digital Contact Information:
autonomyoffice@gmail.com

and
401 Miracle Mile
#105
Coral Gables, FL 33134
(786) 534-4979
Digital Contact Information:
autonomyoffice@gmail.com

and
7855 Northwest 12th Street
221
Doral, FL 33126
(305) 648-7174
Digital Contact Information:
autonomyoffice@gmail.com

and
8500 SW 92nd Street
106b
Kendall, FL 33156
(305) 720-6118
Digital Contact Information:
autonomyoffice@gmail.com

and
330 Southwest 27th Avenue
307 309
Miami, FL 33135
(786) 762-2644
Digital Contact Information:
autonomyoffice@gmail.com

and
8260 West Flagler Street
2E
Miami, FL 33144
(305) 427-7906
Digital Contact Information:
autonomyoffice@gmail.com

and
1797 Coral Way
Miami, FL 33145
(786) 464-0673
Digital Contact Information:
autonomyoffice@gmail.com

and
1800 Southwest 27th Avenue
505
Miami, FL 33145
(786) 542-9914
Digital Contact Information:
autonomyoffice@gmail.com

and
10300 Southwest 72nd Street
250b
Miami, FL 33173
(787) 433-7751
Digital Contact Information:
autonomyoffice@gmail.com

and
12595 Southwest 137th Avenue
176
Miami, FL 33186
(786) 701-9992
Digital Contact Information:
autonomyoffice@gmail.com

and
12595 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 701-9992
Digital Contact Information:
autonomyoffice@gmail.com

and
13195 Southwest 134th Street
102
Miami, FL 33186
(305) 964-5236
Digital Contact Information:
autonomyoffice@gmail.com

and
9000 Southwest 137th Avenue
STE 211
Miami, FL 33186
(786) 515-7106
Digital Contact Information:
autonomyoffice@gmail.com

and
14865 South Dixie Highway
Palmetto Bay, FL 33176
(786) 732-2176
Digital Contact Information:
autonomyoffice@gmail.com

and
7500 Sw A St # 203
West Miami, FL 33144
(786) 542-5244
Digital Contact Information:
autonomyoffice@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fields, Maria, MA, LCSW, LICSW ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
mariafields@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
mariafields@dadefamily.com

and
10691 N Candle Dr # 110
Miami, FL 33176
(305) 774-9570
Digital Contact Information:
mariafields@dadefamily.com

and
10691 N Kendall Dr
Ste 110
Miami, FL 33176
(305) 774-9570
Digital Contact Information:
mariafields@dadefamily.com
Other Languages Spoken by Provider or Office Staff
Spanish, Greek

Figuereo Sabeta, Solange, MC, LMHC ■
10300 Florida 986
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Filkins, Kaitlin, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Fishberger, Andrea J, MSW, LCSW ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
andreafishberger@me.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
andreafishberger@me.com

and

FL
(914) 924-4827
Digital Contact Information:
andreafishberger@me.com

Fisher, Gerard K, MSW, LCSW ■
427 Washington Ave
Miami Beach, FL 33139
(305) 514-0813
Digital Contact Information:
credentialing@cancommunityhealth.org

Fitzpatrick, Panayiota, MED, LMHC ■
360 Northwest 27th Street
Miami, FL 33127
(929) 209-6109
Digital Contact Information:
fl-patientaccess@harmonybaywellness.com

Fleurme, Giorvanie, MSN, APRN ■
FL
(305) 902-6347
(305) 200-6090
Digital Contact Information:
giorvanie@gmail.com
Other Languages Spoken by Provider or Office Staff Hebrew, German, Haitian Creole, Creole, French, Spanish

Flores, Aida A, MS, LMHC ■
FL
(305) 494-9791
Digital Contact Information:
aflores@kaaficounseling.com
Other Languages Spoken by Provider or Office Staff Spanish

Flores, Alexis, MPSY, LMHC ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Floriano, Beatriz, MSN, NP, PMHNP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com
Other Languages Spoken by Provider or Office Staff Portuguese, Spanish

Font Garcia, Luis E, MN, APRN ■
15536 Northwest 77th Court
Hialeah, FL 33016
(305) 621-8051
Digital Contact Information:
dreduardo305@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Fontanes, Paula, MS, LMFT ■
FL
(786) 378-4565
Digital Contact Information:
paulafontanes10@gmail.com

and
9745 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 378-4565
Digital Contact Information:
paulafontanes10@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Force, Ali-Reza, MD ■
5911 Northwest 173rd Drive
6 6
Hialeah, FL 33015
(786) 380-9229
Digital Contact Information:
extwebsupport@hcdpbc.org
Other Languages Spoken by Provider or Office Staff Haitian Creole, Spanish

Formul, Dieunane, MSW, LCSW ■
1580 NW 10th Ave
Miami, FL 33136
(305) 243-4546
Digital Contact Information:
invictusbhealth@gmail.com

and
9425 SW 72nd St
Miami, FL 33173
(501) 747-1448
Digital Contact Information:
invictusbhealth@gmail.com

and
9425 SW 72nd St
Ste 267
Miami, FL 33173
(305) 243-2245
(954) 601-3445
Digital Contact Information:
invictusbhealth@gmail.com
Other Languages Spoken by Provider or Office Staff Creole

Fox, Iris T, MSW, LCSW ■
3580 Mystic Pointe Drive
Aventura, FL 33180
(786) 414-1574
Digital Contact Information:
iris@ifoxtherapy.com

Frank, Randi, MC, LMHC ■
9822 Northeast 2nd Avenue
2
Miami Shores, FL 33138
(786) 505-7502
Digital Contact Information:
http://www.mindfuldirectionscc.com
randi@mindfuldirectionscc.com

Friedman, Rachel, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Frigerio, Ailema, PSYD, LP ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
info@myschoolpsychologistinc.com

Froehler, Luisa V, MMH, LMHC ■
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
http://www.miamipersonalmanagement.com
klopez@miamipersonalmanagement.com

Fruge, Candace, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Fuentes, Monica M, MMH, LMHC ■
18901 Southwest 106th Avenue
#224
Miami, FL 33157
(786) 732-0071
Digital Contact Information:
http://www.peaceofmindmh.com
monicafuentes@peaceofmindmh.com
Other Languages Spoken by Provider or Office Staff Spanish

Fujita, Sandra J, MSN, APRN ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
mstoker@nhcmhc.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
mstoker@nhcmhc.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
mstoker@nhcmhc.org

and
1469 NW 36th St
Miami, FL 33142
(305) 635-7444
Digital Contact Information:
mstoker@nhcmhc.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
mstoker@nhcmhc.org
Other Languages Spoken by Provider or Office Staff Spanish

Fuller, Omar, MSN, NP ■
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(770) 810-5836
Digital Contact Information:
robinlwhitlow@highlandrivers.org

Gabriel, Geraldine, MSN, APN ■
13727 Southwest 152nd Street
161
Miami, FL 33177
(973) 283-5985
Digital Contact Information:
info@embracepwc.com

Gainza Mayo, Mariela D, MSN, APRN ■
7971 Bird Road
15
Miami, FL 33155
(786) 504-5620
Digital Contact Information:
kenia.rodriguez@ffmhs.com

and
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff Spanish

Galvez, Gema, MS, LPC ■
10300 Southwest 72nd Street
275d
Miami, FL 33173
(888) 853-7908
Digital Contact Information:
http://www.bettermindtherapycorp.com
gemagalvez@yahoo.com
Other Languages Spoken by Provider or Office Staff Spanish

Gammage, Traci, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Gao, Yanjuan, MSED, LMHC ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
info@riviamind.com
Other Languages Spoken by Provider or Office Staff Mandarin

Garcia, Albert L, MSN, APRN ■
2700 Southwest 27th Avenue
Miami, FL 33133
(305) 942-5246
Digital Contact Information:
info@doctorsccs.com

and
10661 North Kendall Drive
216
Miami, FL 33176
(786) 631-4158
Digital Contact Information:
info@doctorsccs.com

and
9000 Southwest 137th Avenue
Suite 103
Miami, FL 33186
(305) 671-3503
Digital Contact Information:
info@doctorsccs.com
Other Languages Spoken by Provider or Office Staff Spanish

Garcia, Carla, MSN, APRN ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
info@elevatepsychiatry.com

and
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
info@elevatepsychiatry.com

and
12550 Biscayne Boulevard
STE 800
North Miami, FL 33181
(788) 442-5021
Digital Contact Information:
info@elevatepsychiatry.com

Garcia, Glenda, MSN, APRN ■
15260 Southwest 280th Street
113 114
Homestead, FL 33032
(305) 998-7885
Digital Contact Information:
infogarciahs@gmail.com

and
13370 Southwest 131st Street
Suite 110
Miami, FL 33186
(786) 250-4571
Digital Contact Information:
infogarciahs@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Garcia, Lauren, MED, LMHC ■
2212 Northwest 91st Street
4058
Miami, FL 33147
(341) 888-7637
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
lauren.garcia371@gmail.com

Garcia, Lisette, MC, LMHC ■
12030 Southwest 129th Court
Suite 211
Miami, FL 33186
(305) 639-8760
Digital Contact Information:
http://www.believeandtrusttcm.com
info@believeandtrusttcm.com
Other Languages Spoken by Provider or Office Staff Spanish

Garcia, Manuel Antonio, MD ■
1695 Northwest 110th Avenue
309
Miami, FL 33172
(305) 551-2828
Digital Contact Information:
magmdoffice@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Garcia, Maria, MS, LMHC ■
15715 S Dixie Hwy
Ste 403
Miami, FL 33157
(305) 707-5966
Digital Contact Information:
movingtowardagape@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Garcia Sanchez, Felipe I, MSN, APRN ■
13155 Southwest 134th Street
221
Miami, FL 33186
(786) 652-9880

Digital Contact Information:
info@communityconnectionflorida.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia Serrano, Lisandra, MSN, APRN ■
2720 Southwest 97th Avenue
C-105
Miami, FL 33165
(786) 332-4330
Digital Contact Information:
lisandragarcia1985@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Sonia, MSN, APRN ■
7301 Northwest 36th Street
Miami, FL 33166
(239) 220-5039
Digital Contact Information:
empathybhsbilling@gmail.com

and
7315 Northwest 36th Street
Miami, FL 33166
(786) 345-7734
Digital Contact Information:
empathybhsbilling@gmail.com

and
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
empathybhsbilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Tiffany, MN, PMHNP ■
2650 Southwest 27th Avenue
Suite 305
Miami, FL 33133
(786) 353-9812
Digital Contact Information:
billingheritagewellness@gmail.com

and
20824 W Dixie Hwy
Miami, FL 33180
(407) 851-5121
Digital Contact Information:
billingheritagewellness@gmail.com

Garcia, Yunaysis E, MPSY, LMHC ■
15413 Southwest 137th Avenue
Miami, FL 33177
(305) 964-5594
Digital Contact Information:
solutiondrivenconsulting@gmail.com

Garrett, Khalilah, MSW, LCSW ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
support@thriveworks.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
support@thriveworks.com
Other Languages Spoken by Provider or Office Staff English

Gatliff, Benjamin, MS, BCBA, LMHC, LPC ■
66 W Flagler St
900
Miami, FL 33130
(610) 306-2618
Digital Contact Information:
delegation@psychplus.com

and
777 Brickell Ave
Ste 500
Miami, FL 33131
(786) 490-2181
Digital Contact Information:
http://rockerhealth.org
delegation@psychplus.com

and
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(561) 289-7995
Digital Contact Information:
http://pandatherapycircle.com
delegation@psychplus.com

Georgescu, Manuela, MD ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
Not Available

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
http://banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
Other Languages Spoken by Provider or Office Staff
Spanish

Gerber, Melanie A, MC, LCMHC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Gevorkyan, Mishela I, MSN, APN, APRN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
info@diana.health
Other Languages Spoken by Provider or Office Staff
Russian, Spanish

Gibbons, Denise, MC, LMHC ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
info@hupcfl.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
info@hupcfl.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
info@hupcfl.com

Gillespie, Marjorie, PHD, APRN ■
64 W 63rd St
B202
Hialeah, FL 33012
(954) 431-7676
Digital Contact Information:
dr.gillespie@hotmail.com

and
16400 NW 2nd Ave
Ste 100
Miami, FL 33169
(954) 431-7676
Digital Contact Information:
dr.gillespie@hotmail.com

Girlie, Marcelline, MSN, APRN, APRNCNP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
help@joinuplift.co

and
FL
(602) 562-7383
(202) 410-5972
Digital Contact Information:
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff Creole, Spanish

Gitlin, Karina, MSN, APRN ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(954) 369-4111
Digital Contact Information:
credentialer@gmail.com
Other Languages Spoken by Provider or Office Staff
Hebrew, Russian

Glazer, Caleigh M, MA, LMHC ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
info@riviamind.com

Godoy Duran, Karina, MS, LMFT ■
879 East 28th Street
Hialeah, FL 33013
(786) 326-2260
Digital Contact Information:
innerwellnessaba@gmail.com

and
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
innerwellnessaba@gmail.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(786) 580-2204
Digital Contact Information:
innerwellnessaba@gmail.com

and
13590 Southwest 134th Avenue
104
Miami, FL 33186
(305) 896-8161
Digital Contact Information:
innerwellnessaba@gmail.com

Goicoechea, Alejandro, MPSY, LMHC ■
15190 SW 136th St
Ste 25
Miami, FL 33196
(786) 626-3970
Digital Contact Information:
alegoicoe@yahoo.com

Gold, Suzanne, MSW, LCSW ■
9990 Southwest 77th Avenue
217
Miami, FL 33156
(305) 323-1994
Digital Contact Information:
suzy@goldcounseling.net

Gonzalez, Adriana, MSN, APRN ■
11440 N Kendall Dr
Ste 208
Miami, FL 33176
(305) 898-0849
Digital Contact Information:
callisiabilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez Buigas, Nubia, DNP, APRN ■
1454 Southwest 1st Street
Suite #130
Miami, FL 33135
(786) 353-2872
Digital Contact Information:
nubiagonzalez2002@yahoo.com

and
6724 West Flagler Street
Suite B
Miami, FL 33144
(786) 353-2872
Digital Contact Information:
https://psiquiatriajungiana.com
nubiagonzalez2002@yahoo.com

and
FL
(786) 353-2872
Digital Contact Information:
https://psiquiatriajungiana.com
nubiagonzalez2002@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez Diaz, Vivian D, PSYD, LP ■
3271 NW 7th St
Ste 203
Miami, FL 33125
(786) 220-6902
Digital Contact Information:
http://www.outpatientpsycare.com
viviangonzalezdiaz@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez Garcia, Freysdman, MSW, LCSW ■
900 West 49th Street
B001
Hialeah, FL 33012
(305) 850-3316
Digital Contact Information:
credentialing@billimd.com

and
900 West 49th Street
b505
Hialeah, FL 33012
(786) 663-2822
Digital Contact Information:
credentialing@billimd.com

and
10300 Southwest 72nd Street
261d
Miami, FL 33173
(786) 327-3694
Digital Contact Information:
credentialing@billimd.com

and
12595 Southwest 137th Avenue
STE 110
Miami, FL 33186
(305) 465-9379
Digital Contact Information:
credentialing@billimd.com

Gonzalez Gil, Manuel, MSCC, LMHC ■
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Gloria, PHD, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
professional_counseling@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Jacqueline, MSSW, LCSW ■
11050 N Kendall Dr

Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
sasha@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gonzalez, Karina, MSW, LCSW ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

Gonzalez, Luis, DNP, APRN ■
8725 Northwest 18th Terrace
Suite 202
Doral, FL 33172
(305) 487-2532
Digital Contact Information:
eternitylives24@gmail.com

and
7270 Northwest 12th Street
430
Miami, FL 33126
(786) 615-2843
Digital Contact Information:
eternitylives24@gmail.com

and
12001 Southwest 128th Court
Suite Suite 104
Miami, FL 33186
(786) 868-0505
Digital Contact Information:
eternitylives24@gmail.com

and
13170 Southwest 128th Street
200
Miami, FL 33186
(786) 852-5198
Digital Contact Information:
eternitylives24@gmail.com

and
9010 Southwest 137th Avenue
101
Miami, FL 33186
(786) 803-8826
Digital Contact Information:
http://amorementalhealthcorp.com
eternitylives24@gmail.com

Gonzalez, Maria C, DMFT, LMFT ■
306 Alcazar Avenue
200
Coral Gables, FL 33134
(305) 967-8725
Digital Contact Information:
cristalchcl1@gmail.com

and
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
cristalchcl1@gmail.com

and
8245 Northwest 36th Street
#3
Doral, FL 33166
(786) 326-6308
Digital Contact Information:
cristalchcl1@gmail.com

and
1840 W 49th St
Ste 607
Hialeah, FL 33012
(305) 828-9980
Digital Contact Information:
cristalchcl1@gmail.com

and
2100 West 76th Street
#209
Hialeah, FL 33016
(786) 201-1088
Digital Contact Information:
cristalchcl1@gmail.com

and
5353 Southwest 8th Street
Miami, FL 33134
(786) 452-0149
Digital Contact Information:
cristalchcl1@gmail.com

and
8080 West Flagler Street
1a
Miami, FL 33144
(786) 615-2640
Digital Contact Information:
cristalchcl1@gmail.com

and
8500 West Flagler Street
Office 107A
Miami, FL 33144
(786) 907-5141
Digital Contact Information:
cristalchcl1@gmail.com

and
7420 Southwest 48th Street
a
Miami, FL 33155
(786) 362-5981
Digital Contact Information:
cristalchcl1@gmail.com

and
10300 Southwest 72nd Street
414
Miami, FL 33173
(813) 468-7905
Digital Contact Information:
cristalchcl1@gmail.com

and
11890 Southwest 8th Street
Suite 207
Miami, FL 33184
(786) 362-5981
Digital Contact Information:
cristalchcl1@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Marinel, MPSY, LMFT ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
http://www.dgphealthandwellness.com
info@dgphealthandwellness.com

and
7900 Oak Lane
464
Hialeah, FL 33016
(786) 542-9915
Digital Contact Information:
info@dgphealthandwellness.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Maylin, MS, LMHC, LPC ■
1550 Madruga Ave
Ste 509
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
kenia.romero@abc4s.com

and
4649 Ponce de Leon
STE 404
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
kenia.romero@abc4s.com

and
1150 Northwest 72nd Avenue
640
Miami, FL 33126
(786) 497-3444
Digital Contact Information:
kenia.romero@abc4s.com

and
15715 South Dixie Highway
Suite 320
Miami, FL 33157
(786) 761-1709
Digital Contact Information:
http://www.strongmindmh.com
kenia.romero@abc4s.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez Santana, Gleidys, MS, LMHC ■
142 E 49th St
Hialeah, FL 33013
(305) 333-9166
Digital Contact Information:
gleidysgs80@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0429
Digital Contact Information:
gleidysgs80@gmail.com

and
10691 North Kendall Drive
312
Miami, FL 33176
(786) 592-8470
Digital Contact Information:
gleidysgs80@gmail.com

and
11272 Southwest 137th Avenue
Miami, FL 33186
(786) 600-4809
Digital Contact Information:
http://www.generalmhs.com
gleidysgs80@gmail.com

and
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
gleidysgs80@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gonzalez, Victor, MSN, APRN ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
info@opabh.com

and
3661 S Miami Ave
Ste 503
Miami, FL 33133
(305) 546-4578
Digital Contact Information:
info@opabh.com

and
1901 West Flagler Street
7
Miami, FL 33135
(786) 612-5973
Digital Contact Information:
info@opabh.com
Other Languages Spoken by Provider or Office Staff
Spanish

Goodrich, Kenny, MC, LMHC ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
perla.delosrios@dadefamily.com

Gordon, Natalie, MSW, LCSW, LMFT ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
melissa1amaya@yahoo.com

Goss, Jerron, MSCC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
http://www.wellnite.com
admin@blkhaven.com

Gotthold, Bessie, MS, LMHC ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
westmiamicmhc@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Grant, Carla, MSN, APRN ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
http://www.compasshealthsystems.com
none@gmail.com

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
none@gmail.com

Green, Gwendolyn P, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(877) 644-6008
Digital Contact Information:
https://appointment.wellnite.com
insurance@wellnite.com

Green, Lindolyn, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Green, Sari, MS, LCMHC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Green-Scott, Alicia, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
allygreen66@aol.com

Green-Scott, Dashima, MSED, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Greenstein, Yakov, MD ■
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
credentialing@retreatmail.com
Other Languages Spoken by Provider or Office Staff
Hebrew, Yiddish

Grenier, Ivan, MSN, APRN ■
2001 Northwest 107th Avenue
412
Doral, FL 33172
(786) 548-8322
Digital Contact Information:
xavier@southhealthmed.com

and
7959 NW 2nd St
Miami, FL 33126
(305) 267-6060
Digital Contact Information:
xavier@southhealthmed.com

and
3080 W Flagler St
Miami, FL 33135
(305) 456-1600
Digital Contact Information:
xavier@southhealthmed.com

and
5673 Southwest 137th Avenue
Miami, FL 33183
(305) 385-3949
Digital Contact Information:
xavier@southhealthmed.com
Other Languages Spoken by Provider or Office Staff
Spanish

Griff, Richard, PSYD, LP ■
3081 Salzedo Street
Suite 202
Coral Gables, FL 33134
(305) 330-0588
Digital Contact Information:
griff_pysch@yahoo.com

and
3625 Northwest 82nd Avenue

400
Doral, FL 33166
(305) 330-0588
Digital Contact Information:
griff_psych@yahoo.com

and
19300 West Dixie Highway
2 2
Miami, FL 33180
(305) 330-0588
Digital Contact Information:
griff_psych@yahoo.com

Grigorova, Marina, MS, LMHC ■
FL
(646) 453-6777
Digital Contact Information:
marinag2804@gmail.com
Other Languages Spoken by Provider or Office Staff
Bulgarian

Guardo, Estela, MSCC, LMHC ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
perla.delosrios@dadefamily.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Guerra Alfonso, Tamara, MD ■
15935 Northwest 57th Avenue
Hialeah, FL 33014
(786) 953-5506
Digital Contact Information:
tamaraguerramd@gmail.com

and
1900 Sw 106th St Unit 12b
Miami, FL 33157
(786) 760-9173
Digital Contact Information:
tamaraguerramd@gmail.com

and
19100 Southwest 106th Avenue
12 12
Miami, FL 33157
(786) 360-2852
Digital Contact Information:
tamaraguerramd@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Guerra-Valencia, Jose A, MD ■
11009 Southwest 186th Street
Cutler Bay, FL 33157
(786) 732-7979
Digital Contact Information:
garzola@larkinhospital.com

and
900 East 9th Street
Hialeah, FL 33010
(786) 409-4428
Digital Contact Information:
garzola@larkinhospital.com

and
789 Northwest 27th Avenue
Miami, FL 33125
(772) 241-9222
Digital Contact Information:
garzola@larkinhospital.com

and
8300 West Flagler Street
124
Miami, FL 33144
(305) 877-6650
Digital Contact Information:
garzola@larkinhospital.com

and
8370 W Flagler St
Ste 232
Miami, FL 33144
(786) 663-2822
Digital Contact Information:
garzola@larkinhospital.com

and
10031 Southwest 40th Street
Miami, FL 33165
(786) 442-9628
Digital Contact Information:
garzola@larkinhospital.com

and
10250 SW 56th St
Ste D201
Miami, FL 33165
(786) 362-5707
Digital Contact Information:
garzola@larkinhospital.com

and
6801 Northwest 77th Avenue
107
Miami, FL 33166
(786) 536-2364
Digital Contact Information:
garzola@larkinhospital.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
garzola@larkinhospital.com

and
8100 Northwest 155th Street
100
Miami Lakes, FL 33016
(786) 615-2531
Digital Contact Information:
garzola@larkinhospital.com

and
6140 SW 70th St
Fl 2
South Miami, FL 33143
(305) 284-7577
Digital Contact Information:
garzola@larkinhospital.com

Guevara Vazquez, Vladimir A, MD ■
7855 Northwest 12th Street
217
Doral, FL 33126
(786) 473-0632
Digital Contact Information:
imhotepcxinc@gmail.com

and
6187 Northwest 167th Street
STE H26
Hialeah, FL 33015
(305) 705-5666
Digital Contact Information:
imhotepcxinc@gmail.com

and
3408 West 84th Street
STE 301
Hialeah, FL 33018
(786) 661-2971
Digital Contact Information:
imhotepcxinc@gmail.com

and
1150 Northwest 72nd Avenue
220
Miami, FL 33126
(786) 558-4899
Digital Contact Information:
imhotepcxinc@gmail.com

and
1495 NW 54th St
Miami, FL 33142
(305) 205-4328
Digital Contact Information:
imhotepcxinc@gmail.com

and
8550 West Flagler Street
Suite 113
Miami, FL 33144
(305) 755-2200
Digital Contact Information:
imhotepcxinc@gmail.com

and
14261 Southwest 120th Street
Suite #113
Miami, FL 33186
(786) 558-4169
Digital Contact Information:
imhotepcxinc@gmail.com

and
5391 Northwest 36th Street
Miami Springs, FL 33166
(786) 636-1310
Digital Contact Information:
imhotepcxinc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Guiribitey-Rodriguez, Patricia, MD ■
2601 SW 37th Ave
Ste 903
Miami, FL 33133
(305) 204-9799
Digital Contact Information:
trudy@medvaultconsultants.com

Guntin, Yamile, MSW, LCSW ■
3191 Coral Way
607
Miami, FL 33145
(786) 397-7926
Digital Contact Information:
https://headfulloffoliage.com
guntinaleman@gmail.com

and
FL
(786) 397-7926
Digital Contact Information:
https://headfulloffoliage.com
guntinaleman@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gutierrez, Beatriz, MSN, APRN ■
FL
(954) 765-6505
Digital Contact Information:
https://optimalmindandwellness.com/our-focus
beatriz@optimalmindandwellness.com

Gutierrez, Damian, MC, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
credentialing@banyanhealth.org

Gutierrez, Giselle E, PSYD, LP ■
10691 N Kendall Dr
Ste 105
Miami, FL 33176
(305) 668-6018
Digital Contact Information:
cartayagroup@gmail.com

Haber, Alberto H, MHS, LMHC ■
1045 Kane Concourse
207-208
Bay Harbor Islands, FL 33154
(305) 866-3866
Digital Contact Information:
ahaberlmhc@aol.com

and
1045 Kane Concourse
207
Bay Harbor Islands, FL 33154
(305) 866-3866
Digital Contact Information:
ahaberlmhc@aol.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Haider, Shamshad, MED, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff
Farsi, Urdu, Arabic, Hindi

Hale, Mecia, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
rcm_enrollment@eastersealsmorc.org

Halliday, Anna, MED, LMHC ■
3580 Mystic Pointe Drive
Suite 108
Aventura, FL 33180
(305) 205-3810
Digital Contact Information:
support@hstherapycollective.com

and
820 Northeast 143rd Street
North Miami, FL 33161
(305) 205-3810
Digital Contact Information:
http://hstherapycollective.com
support@hstherapycollective.com

Hamid, Ahsan, PA, PA_C ■
66 West Flagler Street
Miami, FL 33130
(347) 875-0473
Digital Contact Information:
ldiaz@mindfulhc.com

Hamilton, Losarnia S, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hamner, Becky, MSN, NP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
veda.joshi@televerohealth.com
Other Languages Spoken by Provider or Office Staff English

Hansard, Tahsha, MS, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Hansen, Angela M, MSW, LCSW ■
395 Northwest 14th Avenue
2
Homestead, FL 33030
(786) 349-4350
Digital Contact Information:
supramedicalbilling@gmail.com

and
8300 West Flagler Street
124
Miami, FL 33144
(305) 877-6650
Digital Contact Information:
supramedicalbilling@gmail.com

and
4995 Southwest 72nd Avenue
401
Miami, FL 33155
(786) 558-5860
Digital Contact Information:
supramedicalbilling@gmail.com

and
10300 SW 72nd St
Ste 230
Miami, FL 33173
(786) 536-5710
Digital Contact Information:
supramedicalbilling@gmail.com

and
10300 Southwest 72nd Street
Suite 350
Miami, FL 33173
(305) 603-9204
Digital Contact Information:

supramedicalbilling@gmail.com

and
10677 North Kendall Drive
ste 5-a
Miami, FL 33176
(786) 296-2773
Digital Contact Information:
supramedicalbilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Haramboure, Yuliet, MSN, APRN ■
12030 Southwest 129th Court
Suite 211
Miami, FL 33186
(305) 639-8760
Digital Contact Information:
http://www.believeandtrusttcm.com
admin@believeandtrusttcm.com

Harker, Kim Kimberly, MPSY, LAC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
grant@soulful-recovery.com

Harmon, Aprill, MSSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Harmon, Portia, MC, LMHC, LPCC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Harris, Brian, MA, LMHC ■
FL
(786) 733-6422
Digital Contact Information:
http://www.elliementalhealth.com
fl-credentialing@lifestance.com

Harris, Keith, MSW, LMSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Hart, Monique, MSW, LCSW, LICSW ■
FL
(508) 202-1011
Digital Contact Information:
http://orendapsych.com
mohart@3qhartcounseling.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
mohart@3qhartcounseling.com

Harvey, Philip D, PHD, LP ■
1120 NW 14th St
1450
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
Not Available

and
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-6400
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
3308
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
Fl 3
Miami, FL 33136
(305) 355-9006
Digital Contact Information:
Not Available

Hasbun, Rene, MSED, LMHC ■
7000 Southwest 70th Avenue
600
Miami, FL 33143
(305) 284-7577
Digital Contact Information:
rhasbun@larkinhospital.com

Hassan, Hamlet R, MD ■
4475 Southwest 8th Street
Coral Gables, FL 33134
(786) 536-2872
Digital Contact Information:
bcd.ahcs@outlook.com

and
3146 Coral Way
FL 2
Coral Gables, FL 33145
(786) 953-8874
Digital Contact Information:
bcd.ahcs@outlook.com

and
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
bcd.ahcs@outlook.com

and
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
bcd.ahcs@outlook.com

and
664 E 25th St
Hialeah, FL 33013
(786) 409-2651
Digital Contact Information:
bcd.ahcs@outlook.com

and
664 East 25th Street
102
Hialeah, FL 33013
(786) 409-5361
Digital Contact Information:
bcd.ahcs@outlook.com

and
7490 Southwest 23rd Street
201
Miami, FL 33155
(786) 953-8221
Digital Contact Information:
bcd.ahcs@outlook.com

and
760 Northwest 107th Avenue
110
Miami, FL 33172
(786) 409-3800
Digital Contact Information:
bcd.ahcs@outlook.com

and
10511 North Kendall Drive
c201
Miami, FL 33176
(305) 274-5319
Digital Contact Information:
bcd.ahcs@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Henderson, Davetta A, EDD, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
insurance@wellnite.com

Henderson, Kimberly, MSW, LCSW ■
FL
(305) 804-9121
Digital Contact Information:
http://www.sfacounseling.org
info@sfacounseling.org

Henriquez, Maribi, MSW, LCSW ■
14261 Southwest 120th Street
108 628
Miami, FL 33186
(786) 372-0096
Digital Contact Information:
contact@projectchula.com

and
FL
(786) 372-0096
Digital Contact Information:
contact@projectchula.com

Henry, Sheryl, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Hernandez Alvarez, Nylen, MSN, APRN ■
5901 Southwest 74th Street
211
Miami, FL 33143
(786) 228-6892
Digital Contact Information:
http://www.santanamhs.com
admin@santanamhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Ania, MS, BCBA ■
12060 Southwest 129th Court
Suite 205
Miami, FL 33186
(786) 864-9113
Digital Contact Information:
Not Available

Hernandez, Belkis, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
office@cartwheelcare.org

Hernandez, Diana, MC, LMHC ■
2500 Southwest 107th Avenue
41
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
info@abcsfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Greter, MSCC, LMHC ■
361 West Park Drive
2 2
Miami, FL 33172
(786) 543-0406
Digital Contact Information:
greaterh305@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Hernandez, Maria, MC, LMHC ■
4649 Ponce de Leon
STE 404
Coral Gables, FL 33146
(786) 653-3719
Digital Contact Information:
kenia.romero@abc4s.com

and
3498 Northwest 7th Street
Miami, FL 33125
(786) 653-3719
Digital Contact Information:
kenia.romero@abc4s.com

and
Home Based Services Only
South Miami, FL 33146
(786) 536-9714
Digital Contact Information:
kenia.romero@abc4s.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Hernandez Ruiz, Katiana E, MS, LMHC ■
5901 Southwest 74th Street
Suite 201
South Miami, FL 33143
(786) 638-9074
Digital Contact Information:
hummingmindsmia@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Tomas H, MS, LMHC ■
1840 W 49th St
Ste 607
Hialeah, FL 33012
(305) 828-9980
Digital Contact Information:
thhemail@yahoo.com

and
15260 SW 280th St
Ste 205
Homestead, FL 33032
(305) 707-7237
Digital Contact Information:
http://www.familybehaviorservices.org
thhemail@yahoo.com

and
7225 Northwest 25th Street
311
Miami, FL 33122
(786) 709-5683
Digital Contact Information:
thhemail@yahoo.com

Hernandez, Yanio, MSN, APRN ■
FL
(786) 409-5503
Digital Contact Information:
yhernandez@miami-ps.com

and
12260 SW 8th St
Ste 154
Miami, FL 33184
(786) 409-5503
Digital Contact Information:
yhernandez@miami-ps.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez-Cuevas, Maria, MS, LMHC ■
10691 Southwest 88th Street
Suite 110
Miami, FL 33176
(305) 595-5485
Digital Contact Information:
mariahcuevas@gmail.com

Herrera, Anouk, MSW, LCSW ■
380 Giralda Avenue
507w
Coral Gables, FL 33134
(786) 277-2938
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
10200 Northwest 25th Street
211
Doral, FL 33172
(305) 381-0346
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
900 West 49th Street
STE 400
Hialeah, FL 33012
(305) 587-2231
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
1150 Northwest 72nd Avenue
700
Miami, FL 33126
(305) 815-1277
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
7270 Northwest 12th Street
Suite 810
Miami, FL 33126
(786) 718-2390
Digital Contact Information:
http://www.globalrehab.com
rossconsultingandcredentialing@gmail.com

and

1000 Brickell Avenue
Miami, FL 33131
(786) 832-6630
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
11401 Southwest 40th Street
#345
Miami, FL 33165
(305) 603-7063
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
4995 Northwest 72nd Avenue
102
Miami, FL 33166
(786) 360-3584
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
12700 Southwest 128th Street
STE 108
Miami, FL 33186
(786) 732-0865
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
13205 Southwest 137th Avenue
224 225
Miami, FL 33186
(786) 290-9192
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
13335 Southwest 124th Street
STE 214
Miami, FL 33186
(786) 429-1495
Digital Contact Information:
rossconsultingandcredentialing@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Herrera, Korina, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Herrera, Ludim E, MSN, APRN ■
1710 Northwest 7th Street
STE 5-6-7
Miami, FL 331253500
(786) 409-2568
Digital Contact Information:
novosbhc@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Herrera Martinez, Daysi, MSSW, LCSW ●
12540 Northeast 8th Avenue
North Miami, FL 33161
(786) 731-6492
Digital Contact Information:
dherrera@altamiracommunity.com
Other Languages Spoken by Provider or Office Staff Spanish

Heseltine, Jenifer L, MSW, LCSW ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
info@riviamind.com

Hidalgo, Sused, MSN, APRN ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
cmontedeoca@myadvixor.com

and
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
cmontedeoca@myadvixor.com

and
5245 Northwest 36th Street
Unit 209
Miami Springs, FL 33166
(786) 453-6812
Digital Contact Information:
cmontedeoca@myadvixor.com
Other Languages Spoken by Provider or Office Staff Spanish

Hinderscheid, Alex, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
hello@joinblossomhealth.com

Hodgson, Sidney, MS, LMHC ■
10300 Southwest 72nd Street
#123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
myschoolpsychologist@outlook.com
Other Languages Spoken by Provider or Office Staff Spanish

Hoffmann, Adriana, MC, LMHC ■
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
http://www.miamipersonalmanagement.com
klopez@miamipersonalmanagement.com
Other Languages Spoken by Provider or Office Staff Spanish

Hope, Maria M, MS, LMHC ■
13054 Southwest 133rd Court
FL 2
Miami, FL 33186
(305) 407-8165
Digital Contact Information:
mercyb.familytherapy@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Hopkins, Sharon B, PHD, LP ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
cpadilla@deeroaks.com
Other Languages Spoken by Provider or Office Staff French

Hopps, Allison M, MSN, APRN ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Horwitz, Andrea, MSW, LCSW ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
contact@daopl.rog

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
contact@daopl.rog

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
contact@daopl.rog

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
contact@daopl.rog

Huff, John M, MD ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Hunt, Jennifer L, MS, LMHC ■
1 Alhambra Plaza
Miami, FL 33134
(888) 588-8995
Digital Contact Information:
billing@regionalpsychiatry.com

Hunt, Megan, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Huss, Margaret R, MC, LCMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
credentialing@thriveworks.com

Hussain, Jasmine, MA, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Ibarra, Melissa J, MS, LMHC ■
9220 Sunset Drive
104
Miami, FL 33173
(786) 724-4224
Digital Contact Information:
admin@vita-cog.com

and
FL
(786) 497-3375
Digital Contact Information:
https://www.srfhealinghelp.net/
admin@vita-cog.com
Other Languages Spoken by Provider or Office Staff English

Iqbal, Sabih H, MD ■
2100 Coral Way
Coral Gables, FL 33145
(786) 320-1677
Digital Contact Information:
http://www.ydzm.org
hassan.nazir@trumediq.com

and
19001 Southwest 106th Avenue
Suite C-109
Cutler Bay, FL 33157
(305) 255-9806
Digital Contact Information:
http://miamihealthcenterss.com
hassan.nazir@trumediq.com

and
3750 West 16th Avenue
208 210
Hialeah, FL 33012
(305) 301-3283
Digital Contact Information:
https://www.serenitytms.com/
hassan.nazir@trumediq.com

and
600 Northwest 35th Avenue
202 203
Miami, FL 33125
(786) 907-4984
Digital Contact Information:
hassan.nazir@trumediq.com

and
1000 Brickell Avenue
Ste 715-1871
Miami, FL 33131
(800) 954-4558
Digital Contact Information:
hassan.nazir@trumediq.com

and
7481 Southwest 40th Street
Miami, FL 33155
(786) 536-9143
Digital Contact Information:
hassan.nazir@trumediq.com

and
12255 Southwest 132nd Court
Miami, FL 33186
(305) 964-5157
Digital Contact Information:
hassan.nazir@trumediq.com

and
12700 Southwest 128th Street
STE 108
Miami, FL 33186
(786) 830-0212
Digital Contact Information:
hassan.nazir@trumediq.com

and
13335 Southwest 124th Street
STE 211
Miami, FL 33186
(786) 551-8253
Digital Contact Information:
hassan.nazir@trumediq.com

Isla Sanchez, Andres, MSN, APRN ■
5801 Northwest 151st Street
Suite 207
Miami Lakes, FL 33014
(786) 558-5748
Digital Contact Information:
ymartin@fc-ms.com
Other Languages Spoken by Provider or Office Staff Spanish

Izekor, Abiola O, MSN, APRNCNP, NP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779

Digital Contact Information:
aizekor@spchealth.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

Jackson, Yinka S, MSN, APRN ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(954) 369-4111
Digital Contact Information:
hollywoodpractice@hotmail.com

and
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
hollywoodpractice@hotmail.com

Jaisingh, Nathan, MSN, APN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
info@benchmarkpsychservices.com

Jangira, Henry, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Jaramillo Mangia, Mary, MMH, LMHC ■
4302 Alton Rd
Ste 500
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com
Other Languages Spoken by Provider or Office Staff Spanish

Jean Mary, Jean Rony, MD ■
3500 NW 17th Ave
Miami, FL 33142
(305) 633-6777
Digital Contact Information:
jmrmedicalservicesinc@gmail.com
Other Languages Spoken by Provider or Office Staff Creole

Jean-Baptiste, Odeline, MSW, LCSW ■
12000 Biscayne Boulevard
Ste 211
North Miami, FL 33181
(305) 705-5611
Digital Contact Information:
http://therapywalkinnovativecounseling.com
odeline@therapywalkinnovativecounseling.com

and
FL
(305) 705-5611
Digital Contact Information:
http://therapywalkinnovativecounseling.com
odeline@therapywalkinnovativecounseling.com

Jerez, Samir G, MMH, LMHC ■
17225 South Dixie Highway
STE 203
Palmetto Bay, FL 33157
(786) 601-2608
Digital Contact Information:
lifestarcmhc@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Jerome, Martine, MSN, APRN ■
FL
(888) 947-3888
Digital Contact Information:
https://www.virtualpsychiatriccare.com/
support@virtualpsychiatriccare.com

Jimenez, Mirelys, MSN, APRNPMH ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
info@elevatepsychiatry.com

and
363 S Homestead Blvd
Homestead, FL 33030
(305) 908-1115
Digital Contact Information:
info@elevatepsychiatry.com

and
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
info@elevatepsychiatry.com

and
13926 SW 47th St
Miami, FL 33175
(305) 908-1115
Digital Contact Information:
info@elevatepsychiatry.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Johnson, Chermora, MS, LCPC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff English

Johnson, Kamla D, MSW, LCSW ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
http://www.dgphealthandwellness.com
adams@pcmgfl.com
Other Languages Spoken by Provider or Office Staff English

Johnson, Keisha H, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
gaelbyron@gmail.com

Johnson, Lisa A, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Johnson, Monica M, DNP, NP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
info@aimergency.org

and
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
info@aimergency.org

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
info@aimergency.org

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
info@aimergency.org

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
info@aimergency.org

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@aimergency.org

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
info@aimergency.org

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
info@aimergency.org

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
info@aimergency.org

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
info@aimergency.org

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
info@aimergency.org

Johnson, Rhonda, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
contact@secounselingservices.com

Johnson, Sherika, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Jonas, Alfred, MD ■
8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-2822
Digital Contact Information:
http://www.mgmbehavioral.com
bhcofl@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Jones, Amy, MSW, LCSW ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Jones, Rashan, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
admin@completedimensons.org

Jones, Toni-Anne, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Jorge, Cecilia M, MD ■
31 N Krome Ave
Homestead, FL 33030
(786) 481-5909
Digital Contact Information:
https://www.infinitecc.org/
info@infinitecc.org
Other Languages Spoken by Provider or Office Staff Spanish

Joseph, Kevin K, DNP, APRN ■
1175 Northeast 125th Street
320
Miami, FL 33161
(786) 842-0444
Digital Contact Information:
http://www.marriagefamilyservices.com
maryann@sunrisepsychiatric.com

Joseph, Marie I, MSN, APRN ■
111 Northwest 183rd Street
Suite 203
Miami, FL 33169
(786) 809-4101
Digital Contact Information:
heavenlysoulscare@gmail.com
Other Languages Spoken by Provider or Office Staff Creole

Josey, Denise, MD ■
15271 Northwest 60th Avenue
201
Hialeah, FL 33014
(305) 992-4008
Digital Contact Information:
vanessa@livingcaretherapy.com

and
789 Northwest 27th Avenue
Miami, FL 33125
(772) 241-9222
Digital Contact Information:
vanessa@livingcaretherapy.com

and
799 Southwest 73rd Court
Miami, FL 33144
(305) 992-4008
Digital Contact Information:
vanessa@livingcaretherapy.com
Other Languages Spoken by Provider or Office Staff Spanish

Joubert, Alain, MSN, APRN ■
600 Northwest 183rd Street
103
Miami, FL 33169
(954) 256-9294
Digital Contact Information:
ssmbehavioralhealth@gmail.com
Other Languages Spoken by Provider or Office Staff Creole, French, Spanish

Kaplan, Alexander, MS, LCSW ■
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
btaalex11@yahoo.com

Kapoor, Kalvin, DO ■
66 W Flagler St
900
Miami, FL 33130
(305) 204-5372
Digital Contact Information:
http://www.vitalpsych.com
vitalpsychmd@gmail.com

Kastrinos, Marlene M, MSW, LCSW ■
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
emotionaltherapy@aol.com

Katz, Mitchel, MD ■

1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
payer-contracting@cloudhealthmedicalgroup.com

Kburg, Regina I, PSYD, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
office@pasadenaclinicalgroup.com
Other Languages Spoken by Provider or Office Staff Spanish

Keane, Edward M, MC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
edwardmkeane@gmail.com

Kelley, Kathryn R, MSN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Kepley, Gabriela, MSSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
colgate5326@gmail.com

Kerwin, Mary L, DO ■
7270 Northwest 12th Street
430
Miami, FL 33126
(786) 615-2843
Digital Contact Information:
garciarehab5600@gmail.com

and
5600 Southwest 135th Avenue
100
Miami, FL 33183
(305) 603-9104
Digital Contact Information:
garciarehab5600@gmail.com

Khabazghazvini, Baharak, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
maxbaharak53@gmail.com
Other Languages Spoken by Provider or Office Staff English, Farsi, Arabic

Kidane Davis, Pascale, MSN, APRN ■
FL
(786) 761-1155
(888) 947-3888
Digital Contact Information:
https://www.virtualpsychiatriccare.com/
pascalenp11@gmail.com

Kifer, Koyt B, MC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff Sign Lang Amer

Kimball, Alison R, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@directionsforliving.org

King, Shavanna N, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
drperrier@livalityhealth.com

Kluver-Williams, Alethea M, MTH, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Knight, Jade, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
shanell.adams@cultivatebhe.com
Other Languages Spoken by Provider or Office Staff English

Koch, Dana M, MSN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Kockler, Lucas, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Kolodziejczak, Kara, MSN, APRN ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Kononowech, Jennifer, MSW, LMSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Kreisberg, Gary J, PHD, LP ■
9260 Sunset Dr
Ste 203
Miami, FL 33173
(305) 279-3640
Digital Contact Information:
gjkphd@aol.com

Kudolo, Diane, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
dmk.lpc2011@gmail.com

Kuilan, Jessica, MSW, LCSW ■
FL
(904) 274-0611
Digital Contact Information:
http://www.magnashaven.com
jessica@magnashaven.com
Other Languages Spoken by Provider or Office Staff Spanish

Kuppers, Alan, MS, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
Not Available

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
3850 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
http://banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
Other Languages Spoken by Provider or Office Staff English, Spanish

Kushner, David, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Lafata, Maygen L, DO ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
http://compasshealthsystems.com
credentialing@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://compasshealthsystems.com
credentialing@compass.md

Lafleur, Riviane, MSN, APRN, APRNCNP ■
FL
(508) 202-1011
Digital Contact Information:
office@mepsychotherapy.com

Lago, Mercedes M, MMH, LMHC ■
4800 West Flagler Street
215
Coral Gables, FL 33134
(954) 368-4786
Digital Contact Information:
mercedeslago7@gmail.com

and
4689 Ponce de Leon Boulevard
Suite 200
Coral Gables, FL 33146
(786) 803-8025
Digital Contact Information:
mercedeslago7@gmail.com

and
1840 West 49th Street
606 606
Hialeah, FL 33012
(305) 846-9727
Digital Contact Information:
mercedeslago7@gmail.com

and
17670 Northwest 78th Avenue
STE 113
Hialeah, FL 33015
(716) 558-4565
Digital Contact Information:
mercedeslago7@gmail.com

and
9827 Southwest 40th Street
Miami, FL 33165
(786) 762-2922
Digital Contact Information:
mercedeslago7@gmail.com

and
6955 Northwest 77th Avenue
407
Miami, FL 33166
(786) 615-2306
Digital Contact Information:
mercedeslago7@gmail.com

and
14722 Southwest 56th Street
Miami, FL 33185
(305) 456-0572
Digital Contact Information:
mercedeslago7@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Lake, Michelle, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
frontdesk@insighttherapy.us

Lamons, Jackie D, DSW, LCSW ■
FL
(954) 348-5230
Digital Contact Information:
https://www.blueoasis.online/
jackielamonsdsw@gmail.com

Lampkin, Craig, MS, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Lamur, Nadia, MSN, APRN ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
credentialing@banyanhealth.org
Other Languages Spoken by Provider or Office Staff Spanish

Landes, Debra M, MED, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
landeslmhc@gmail.com

Lane, Tisha J, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
soundmindstherapy@gmail.com

Lankenau, Diana J, MN, APRN, PMHNP ■
South Red Road
Miami, FL 33155
(305) 297-7014
Digital Contact Information:
credentialing@orendapsych.com

and
FL
(305) 297-7014
Digital Contact Information:

credentialing@orendapsych.com

Larrauri, Carlos A, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
bmmedicalllc@gmail.com

and
7921 Bird Rd
Ste 41
Miami, FL 33155
(305) 425-1393
Digital Contact Information:
http://oceanhealthsystem.com
bmmedicalllc@gmail.com

and
7921 Bird Road
39
Miami, FL 33155
(786) 310-1570
Digital Contact Information:
http://oceanhealthsystem.com
bmmedicalllc@gmail.com

and
7971 Bird Road
39
Miami, FL 33155
(786) 910-7179
Digital Contact Information:
http://oceanhealthsystem.com
bmmedicalllc@gmail.com

and
10682 Fontainebleau Boulevard
Miami, FL 33172
(786) 910-7179
Digital Contact Information:
bmmedicalllc@gmail.com

Lau, Scheree, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Lazaro, Paulo G, MSW, LCSW ■
13499 Biscayne Blvd
Ste 208
North Miami, FL 33181
(305) 206-2899
Digital Contact Information:
paulolazarolcsw@gmail.com

and
13499 Biscayne Boulevard
218
North Miami, FL 33181
(305) 206-2899
Digital Contact Information:
paulolazarolcsw@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Lazenberry, Nokomis, MBS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
nlazenberry@arcsj.org

Leal Diaz, Carmen C, MSN, APRN ■
5911 Northwest 173rd Drive
6 6
Hialeah, FL 33015
(786) 380-9229
Digital Contact Information:
office@sweetstartcwc.com

and
2100 West 76th Street
STE 408
Hialeah, FL 33016
(786) 542-5056
Digital Contact Information:
office@sweetstartcwc.com

Leal, Julio O, MS, LMHC ■
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
la.herrera@lifestance.com

Lebon, Fenton, MD ■
14361 Commerce Way
Unit 103
Hialeah, FL 33016
(786) 638-6363
Digital Contact Information:
Not Available

and
7150 W 20th Ave
Hialeah, FL 33016
(305) 265-4441
Digital Contact Information:
Not Available

and
2400 Southwest 69th Avenue
Miami, FL 33155
(305) 265-4441
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Korean, Spanish

Lebron Ginorio, Michelle, MD ■
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
rehabcenterag@gmail.com

and
10300 Southwest 72nd Street
300
Miami, FL 33173
(786) 418-9730
Digital Contact Information:
http://www.happydreamsofkids.com
rehabcenterag@gmail.com

and
12150 Southwest 128th Court
Suite 233
Miami, FL 33186
(786) 238-7666
Digital Contact Information:
rehabcenterag@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lee, Edmond, MSN, APRN ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Lee, Ivy, MSN, APRN ■
12550 Biscayne Boulevard
STE 800
North Miami, FL 33181
(788) 442-5021
Digital Contact Information:
omernawaz00@aol.com
Other Languages Spoken by Provider or Office Staff English

Lefler, Linda, MD ■
777 E 25th St
Ste 306
Hialeah, FL 33013
(786) 838-6092
Digital Contact Information:
dustinsode@suncoastcenter.org

Legra, Bertha V, MS, LMHC ■
419 W 49th St
Ste 210
Hialeah, FL 33012
(954) 404-7052
Digital Contact Information:
credentialing@psychiatrist4u.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Lemon, Tinsley, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Lemus, Taylor, MS, LMHC ■
1000 Brickell Avenue
Miami, FL 33131
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com

Len, Mary E, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Leon Vega, Diego M, MPSY, LMHC ■
13590 Southwest 134th Avenue
STE 202
Miami, FL 33186
(786) 515-4569
Digital Contact Information:
luther.blisset123@gmail.com

and
FL
(305) 588-4988
(786) 515-4569
Digital Contact Information:
luther.blisset123@gmail.com

Lester, Charles W, MD ■
2828 Coral Way
Ste 460
Coral Gables, FL 33145
(305) 642-5255
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net

and
12550 Biscayne Boulevard
STE 306
North Miami, FL 33181
(305) 642-5255
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net
Other Languages Spoken by Provider or Office Staff
Spanish

Lewis, Crystal, MC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Lewis, Mariah, MSW, LCSW ■
FL
(850) 305-1894
Digital Contact Information:
http://www.tpttherapy.org
mariahlewis@tpttherapy.org

Lewis, Sharon, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Lewis-Payton, Tomecia, MS, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Leydig, Tammie, MSN, APRN, CNP ■
FL
(305) 902-6347
Digital Contact Information:
sid@instic.health

Leyva Rosales, Idalmis, MPSY, LMHC ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
idalmis@neurobehavioral.health

and
12060 SW 129th Ct
Miami, FL 33186
(786) 615-3349
Digital Contact Information:
idalmis@neurobehavioral.health
Other Languages Spoken by Provider or Office Staff
Spanish

Libby, Melody, MED, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
providerrelations@williscc.com
Other Languages Spoken by Provider or Office Staff English

Lievano, Catherine, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Lister Perez, Annet T, MN, APRN ■
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
lgarcia@keraltybh.com
Other Languages Spoken by Provider or Office Staff
Spanish

Livermore, Alexis N, MSN, APRN ■
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
swashburn@compass.md

Lo, Lorinda, MSN, APRN ■
2464 Southwest 22nd Street
Miami, FL 33145
(305) 204-9355
Digital Contact Information:
http://www.ampmentalhealth.com
admin@ampmentalhealth.com
Other Languages Spoken by Provider or Office Staff
Cantonese, Spanish

Loewenstein, David, PHD, LP ■
1695 NW 9th Ave
1404A
Miami, FL 33136
(305) 355-7000
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
Fl 3
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
Not Available

Loftus, Stacy, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Lopez, Elda M, MD ■
10661 North Kendall Drive
227
Miami, FL 33176
(305) 598-8000
Digital Contact Information:
docemlopez@gmail.com

and
FL
(305) 598-8000
Digital Contact Information:
docemlopez@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Idalmis, MSN, APRN ■
13170 Southwest 128th Street
200
Miami, FL 33186
(786) 852-5198
Digital Contact Information:
https://clarityapproach.com/
clarityhealth@approachteam.com
Other Languages Spoken by Provider or Office Staff

Spanish

Lopez, Jennifer, MA, LMFT ■
3750 West 16th Avenue
232u
Hialeah, FL 33012
(786) 332-3396
Digital Contact Information:
jennylmft@gmail.com

and
10671 North Kendall Drive
5d
Miami, FL 33176
(786) 474-6469
Digital Contact Information:
jennylmft@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Jose C, MD ■
1200 Northwest 78th Avenue
210
Doral, FL 33126
(786) 285-3438
Digital Contact Information:
jorge@valcourtbehavioral.com

and
633 N Krome Ave
1
Homestead, FL 33030
(305) 763-4007
Digital Contact Information:
jorge@valcourtbehavioral.com

and
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
jorge@valcourtbehavioral.com

and
3525 NW 7th St
Miami, FL 33125
(786) 801-0218
Digital Contact Information:
jorge@valcourtbehavioral.com

and
1710 Northwest 7th Street
STE 5-6-7
Miami, FL 331253500
(786) 409-2568
Digital Contact Information:
jorge@valcourtbehavioral.com

and
3446 Southwest 8th Street
217
Miami, FL 33135
(786) 769-5046
Digital Contact Information:
jorge@valcourtbehavioral.com

and
7821 Coral Way
100
Miami, FL 33155
(786) 409-5690
Digital Contact Information:
jorge@valcourtbehavioral.com

and
7921 Bird Rd
Ste 41
Miami, FL 33155
(305) 425-1393
Digital Contact Information:
http://oceanhealthsystem.com
jorge@valcourtbehavioral.com

and
7921 Bird Road
39
Miami, FL 33155
(786) 310-1570
Digital Contact Information:
http://oceanhealthsystem.com
jorge@valcourtbehavioral.com

and
7971 Bird Road
15
Miami, FL 33155
(786) 504-5620
Digital Contact Information:
http://oceanhealthsystem.com
jorge@valcourtbehavioral.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
jorge@valcourtbehavioral.com

and
19001 Southwest 106th Avenue
c103
Miami, FL 33157
(786) 523-2352
Digital Contact Information:
jorge@valcourtbehavioral.com

and
10680 Fontainebleau Boulevard
Miami, FL 33172
(305) 794-6845
Digital Contact Information:
jorge@valcourtbehavioral.com

and
13706 Southwest 56th Street
STE 105-106
Miami, FL 331756036
(786) 523-4289
Digital Contact Information:
jorge@valcourtbehavioral.com

and
9900 Southwest 107th Avenue
STE 101
Miami, FL 33176
(305) 248-3488
Digital Contact Information:
jorge@valcourtbehavioral.com

and
12540 Southwest 8th Street
Miami, FL 33184
(305) 705-6840
Digital Contact Information:
jorge@valcourtbehavioral.com

and
6600 Cow Pen Road
250
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
jorge@valcourtbehavioral.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Josue, MD ■
15260 Southwest 280th Street
203
Homestead, FL 33032
(786) 601-7491
Digital Contact Information:
lrodriguezllbs@gmail.com

and
7270 Northwest 12th Street
430
Miami, FL 33126
(786) 615-2843
Digital Contact Information:
https://www.lasagradafamiliacenter.com
lrodriguezllbs@gmail.com

and
2141 Southwest 1st Street
201
Miami, FL 33135
(786) 920-9137
Digital Contact Information:
lrodriguezllbs@gmail.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
lrodriguezllbs@gmail.com

and
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
lrodriguezllbs@gmail.com

and
7001 SW 97th Ave
Ste 206
Miami, FL 33173
(786) 294-0123
Digital Contact Information:
https://www.chgpsychiatry.com/
lrodriguezllbs@gmail.com

and
2424 Southwest 137th Avenue
Miami, FL 331756311
(786) 655-0831
Digital Contact Information:
http://www.miamihealthmedicalcenter.us
lrodriguezllbs@gmail.com

and
9125 SW 87th Ave
Miami, FL 33176
(305) 735-3919
Digital Contact Information:
lrodriguezllbs@gmail.com

and
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
lrodriguezllbs@gmail.com

and
13155 Southwest 134th Street
221
Miami, FL 33186
(786) 652-9880
Digital Contact Information:
lrodriguezllbs@gmail.com

and
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
lrodriguezllbs@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Juan C, MS, LMFT ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
perla@dadefamily.com

and
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
perla@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla@dadefamily.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
http://www.dadefamily.com
perla@dadefamily.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Lopez, Mariafernanda, MS, LMHC ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
mlopezlmhc@gmail.com

and
175 SW 7th St
Ste 1100
Miami, FL 33130
(305) 908-1115
Digital Contact Information:
http://www.elevatepsychiatry.com
mlopezlmhc@gmail.com

and
175 SW 7th St
Ste 2108
Miami, FL 33130
(305) 908-1115
Digital Contact Information:
http://www.elevatepsychiatry.com
mlopezlmhc@gmail.com

and
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
http://www.elevatepsychiatry.com
mlopezlmhc@gmail.com

Lopez, Yaneris, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(305) 735-3555
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez-Brignoni, Evelyn, MD ■
475 Biltmore Way
Ste 204
Coral Gables, FL 33134
(305) 670-1411
Digital Contact Information:
evelynlopezbrignonimd@gmail.com

and
FL
(305) 670-1411
Digital Contact Information:
evelynlopezbrignonimd@gmail.com

and
124 Southeast 1st Road
A
Homestead, FL 33030
(786) 255-7979
Digital Contact Information:
evelynlopezbrignonimd@gmail.com

and
31 N Krome Ave
Homestead, FL 33030
(786) 481-5909
Digital Contact Information:
http://www.infinitecc.org
evelynlopezbrignonimd@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Creole, Spanish

Lorenzo Garcia, Yarenys, MSN, APRN ■
8500 West Flagler Street
Office 107A
Miami, FL 33144
(786) 614-5085
(786) 907-5141
Digital Contact Information:
lizalexandra09@gmail.com

and
FL
(786) 614-5085
(786) 907-5141
Digital Contact Information:
lizalexandra09@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lorenzo, Janet, MSN, APRN ■
12963 West Okeechobee Road
1a
Hialeah Gardens, FL 33018
(786) 450-9918
Digital Contact Information:
gardensmedicalcenters@gmail.com

and
12963 West Okeechobee Road
Unit 1
Hialeah Gardens, FL 33018
(786) 536-9329
Digital Contact Information:
gardensmedicalcenters@gmail.com

and
1150 Northwest 72nd Avenue
ph 2
Miami, FL 33126
(786) 542-5043
Digital Contact Information:
gardensmedicalcenters@gmail.com

and
13701 SW 88th St
Ste 305
Miami, FL 33186
(786) 471-6268
Digital Contact Information:
gardensmedicalcenters@gmail.com

and
16464 Southwest 99th Lane
Miami, FL 33196
(786) 471-6268
Digital Contact Information:
gardensmedicalcenters@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Losas, Denise, MSN, APRN ■
5901 Southwest 74th Street
208
Miami, FL 33143
(954) 884-5626
Digital Contact Information:
http://www.santanamhs.com
dlosas@santanamhs.com

and
5901 Southwest 74th Street
211
Miami, FL 33143
(786) 228-6892
Digital Contact Information:
http://www.santanamhs.com
dlosas@santanamhs.com

Louwagie Gordon, Alissa M, MS, LMHC ■
FL
(786) 615-3334
Digital Contact Information:
info@abcsfl.com

Lowe, Lisa, MSN, APRN, CRNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
irishnurse78@gmail.com

and
FL
(305) 902-6347
(727) 626-2067
Digital Contact Information:
irishnurse78@gmail.com

Luces, Rafael, MN, APRN ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Lugaro Vidal, Jacquenine M, MSW, LCSW ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
perla.delosrios@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Luongo, Joanna, MSN, APN, APRN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
imartin@mcbcollects.com

Luttrell, Stefanie, MA, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
infosa@stmha.com

Machuca, Jose R, PHD, LMHC ■
11300 Northeast 2nd Avenue
Miami Shores, FL 33168
(504) 388-5981
Digital Contact Information:
rmachuca@barry.edu
Other Languages Spoken by Provider or Office Staff
Portuguese, English, Spanish

Mahany-Schunk, Carolyn, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Maldonado, Milagros R, MS, LMHC ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
info@avilahealthgroup.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Mallo, Lisaimy, MSW, LCSW ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
alexandra.galvis@mypsychiatrist.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mandel, Seth, MD ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
hello@talkiatry.com

Manresa, Viviana, MSN, APRN ■
261 Westward Drive
suite 108-109
Miami, FL 33166
(305) 200-5176
Digital Contact Information:
vmanresapmhnp@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mantero-Atienza, Emilio, MD ■
9611 SW 40th St
Miami, FL 33165
(305) 532-3923
Digital Contact Information:
emanterolv@bellsouth.net

Maqueira, Elvira, MSW, LCSW ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
tmedina@hbccmhc.com

Marban, Elsa M, PSYD, LP ■
2264 SW 7th St
Miami, FL 33135
(305) 631-0778
Digital Contact Information:
themarbaninstitute@hotmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Marcellus, Chizoba L, MS, LMHC ■
536 Northeast 206th Lane
Miami, FL 33179
(305) 761-9584
Digital Contact Information:
http://www.therapyislove.com
info@therapyislove.com

Marin, Adrian, MMH, LMHC ■
7875 SW 104th St
Ste 101
Miami, FL 33156
(305) 899-1587
Digital Contact Information:
http://www.jcsfl.org

and
12000 Biscayne Boulevard
609
Miami, FL 33181
(305) 899-1587
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff Creole, Spanish

Marin, Leonardo, MSCC, LMHC ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
mariafields@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
mariafields@dadefamily.com

Marquez, Martha, MS, CAP, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff
Spanish

Marr, Janice, MSW, LCSW, LISW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Marsella, Gregory Q, MD ■
1951 NW 7th Ave
Miami, FL 33136
(561) 394-2532
Digital Contact Information:
drmarsella@icloud.com

Marti, Carmen D, MS, APRN ■
12803 Southwest 280th Street
Homestead, FL 33032
(786) 409-5503
Digital Contact Information:
agauna@bmsbill.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martin, Precious, MSW, LCSW ■
1801 Northeast 123rd Street
334
North Miami, FL 33181
(888) 718-4915
Digital Contact Information:
http://www.rrrinc.org
info@rrrinc.org

Martinez, Amos, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Daniel, PSYD, CP ■
1900 North Bayshore Drive
108
Miami, FL 33132
(954) 362-8677
Digital Contact Information:
info@hgdoctors.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Martinez, Kirenia, MSN, APRN ■
790 Northwest 107th Avenue
suite 301
Miami, FL 33172
(305) 392-0968
Digital Contact Information:
bspecialistmg@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Mabel, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com

Martinez Soto, Yaneisy, APRN ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
info@ffmhs.com

Mason, Shatema, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Mateo, Ana, MS, LMHC ■
10700 Caribbean Boulevard
UNIT 203
Cutler Bay, FL 33189
(305) 299-8005
Digital Contact Information:
hr.saludablemente@gmail.com

and
8180 Northwest 36th Street
Suite 100J
Doral, FL 33166
(305) 985-6488
Digital Contact Information:
hr.saludablemente@gmail.com

and
FL
(786) 267-2798
Digital Contact Information:
hr.saludablemente@gmail.com
Other Languages Spoken by Provider or Office Staff English

Mazzella, Kathryn L, MSN, APN, APNP, APRN, APRNPMH, NP ■
150 Alhambra Circle
Floor 10
Coral Gables, FL 33134
(786) 800-3374
Digital Contact Information:
billing101@healthandpsychiatry.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
billing101@healthandpsychiatry.com

Mazzotti, Lisa, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

McCray, Valerie, PHD, HSPP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
drvaleriemccray@gmail.com

McDonald, Cheryl L, MSN, APRN, APRNCNP, NP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
frontdesk@buildingnewhorizons.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
frontdesk@buildingnewhorizons.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
frontdesk@buildingnewhorizons.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
frontdesk@buildingnewhorizons.com

McKee, Sandra Darby D, MSN, APRN, APRNCNP, CRNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131

(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

McKiernan, Kathleen, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

McLaughlin, Brianna, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

McLeod, Devin, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@thriveworks.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

McMakin, Dana L, PHD, LP ■
6262 Sunset Drive
Suite 500
Miami, FL 33143
(305) 669-6503
Digital Contact Information:
payer.credentialing@nicklaushealth.org

and
3100 SW 62nd Ave
Miami, FL 33155
(305) 669-6503
Digital Contact Information:
payer.credentialing@nicklaushealth.org

McVan, Melissa, MS, LMHC ■
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(561) 289-7995
Digital Contact Information:
http://pandatherapycircle.com
pandatherapycircle@gmail.com

and
FL
(561) 289-7995
Digital Contact Information:
http://pandatherapycircle.com
pandatherapycircle@gmail.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
pandatherapycircle@gmail.com

Medard, Guirlene, MSN, APRN ■
125 Northwest 206th Terrace
Miami, FL 33169
(305) 744-2154
Digital Contact Information:
vantagepsychiatry@gmail.com

Medina, Maria E, MS, LMHC ■
5881 Northwest 151st Street
Suite: 103
Miami Lakes, FL 33014
(786) 703-4154
Digital Contact Information:
peaceofmindmhs@hotmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Medina, Muriel, MSW, LCSW ■
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
info@aimergency.org

Medina Ramirez, Yuritza, DNP, APRN ■
FL
(786) 398-1326
Digital Contact Information:
admin@onestoppsych.com

and
261 Westward Drive
suite 108-109
Miami, FL 33166
(305) 200-5176
Digital Contact Information:
admin@onestoppsych.com

and
13195 Southwest 134th Street
101
Miami, FL 33186
(786) 227-6830
Digital Contact Information:
http://esperanzagroup.net
admin@onestoppsych.com

and
15660 Southwest 72nd Street
Miami, FL 33193
(786) 697-1150
Digital Contact Information:
admin@onestoppsych.com
Other Languages Spoken by Provider or Office Staff
Spanish

Medina Rojo, Raul, MSN, APRN ■
4445 West 16th Avenue
STE 405
Hialeah, FL 33012
(786) 233-6721
Digital Contact Information:
office@myrtleridge.us

and
1000 Brickell Avenue
Miami, FL 33131
(786) 701-9211
Digital Contact Information:
office@myrtleridge.us

and
9299 SW 152nd St
Ste 206
Palmetto Bay, FL 33157
(786) 883-0339
Digital Contact Information:
office@myrtleridge.us
Other Languages Spoken by Provider or Office Staff
English, Spanish

Mejia, Alejandra, MSW, LCSW ■
14645 Northwest 77th Avenue
101
Miami Lakes, FL 33014
(833) 769-3524
Digital Contact Information:
http://lifestance.com
dougblessington@gmail.com

Mejia, Fernando, MD ■
18901 Southwest 106th Avenue
229 230
Cutler Bay, FL 33157
(786) 506-9008
Digital Contact Information:
ybhsbilling@gmail.com

and
7925 Northwest 12th Street
SUITE 401
Doral, FL 33126
(786) 640-0613
Digital Contact Information:
ybhsbilling@gmail.com

and
705 East 8th Avenue
201
Hialeah, FL 33010
(786) 655-0774
Digital Contact Information:
ybhsbilling@gmail.com

and
2100 West 76th Street
STE 408
Hialeah, FL 33016
(786) 542-5056
Digital Contact Information:
ybhsbilling@gmail.com

and
207 North Krome Avenue
Homestead, FL 33030
(305) 257-8065
Digital Contact Information:
ybhsbilling@gmail.com

and
4896 Northwest 7th Street
Unit S
Miami, FL 33126
(786) 534-2023
Digital Contact Information:
ybhsbilling@gmail.com

and
5950 Southwest 40th Street
Miami, FL 33155
(786) 633-5960
Digital Contact Information:
ybhsbilling@gmail.com

and
7804 Coral Way
Miami, FL 33155
(305) 965-8714
Digital Contact Information:
ybhsbilling@gmail.com

and
280 Westward Dr
Miami, FL 33166
(305) 922-3410
Digital Contact Information:
ybhsbilling@gmail.com

and
2450 Southwest 137th Avenue
206
Miami, FL 33175
(305) 381-5420
Digital Contact Information:
ybhsbilling@gmail.com

and
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
ybhsbilling@gmail.com

and
14471 S Dixie Hwy
Miami, FL 33176
(786) 803-8826
Digital Contact Information:
http://www.amorementalhealthcorp.com
ybhsbilling@gmail.com

and
11981 Southwest 144th Court
202
Miami, FL 33186
(305) 418-0580
Digital Contact Information:
ybhsbilling@gmail.com

and
13205 Southwest 137th Avenue
206 208
Miami, FL 33186
(786) 592-2063
Digital Contact Information:
http://dominguezcommunitycenter.com
ybhsbilling@gmail.com

and
9010 Southwest 137th Avenue
101
Miami, FL 33186
(786) 803-8826
Digital Contact Information:
http://amorementalhealthcorp.com
ybhsbilling@gmail.com

and
13205 Southwest 137th Avenue
STE 132
Miami, FL 331865334
(786) 478-6369
Digital Contact Information:
http://dominguezcommunitycenter.com
ybhsbilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mejia Jimenez, Ana, MSN, APRN ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
info@elevatepsychiatry.com

and
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
info@elevatepsychiatry.com
Other Languages Spoken by Provider or Office Staff
Spanish

Melchor Beaupre, Regina, PSYD, LP ■
4302 Alton Rd
Ste 820
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com

and
4304 Alton Rd
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com

and
4306 Alton Rd
Fl 2
Miami Beach, FL 33140
(305) 535-3300
Digital Contact Information:
kowens@msmc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Menachem, Kari, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Menard Clinton, Cynthia, MS, LMHC ■
FL
(484) 808-5908
Digital Contact Information:
cynthiamenardclinton@hotmail.com

Mendez, Dayana, MC, LMHC ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
iqmedicalcenter@gmail.com

and
7811 Coral Way
103
Miami, FL 33155
(305) 484-8371
Digital Contact Information:
https://www.iq-medical-center.com/
iqmedicalcenter@gmail.com

and
13416 Southwest 128th Street
Miami, FL 33186
(786) 732-0247
Digital Contact Information:
iqmedicalcenter@gmail.com

and
FL
(786) 359-4027
Digital Contact Information:
iqmedicalcenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mendez, Janette, MS, LMHC ■
2307 Douglas Road
400
Miami, FL 33145
(305) 699-0688
Digital Contact Information:
help@joinuplift.co

Mendez Luaces, Luis E, DNP, APRN ■
330 Southwest 27th Avenue
#701
Miami, FL 33135
(305) 363-1880
Digital Contact Information:
http://empowerpsychiatry.net
info@empowerpsychiatry.med
Other Languages Spoken by Provider or Office Staff
Spanish

Mendez, Manuel, MC, LMHC ■
705 East 8th Avenue
201
Hialeah, FL 33010
(786) 655-0774
Digital Contact Information:
healingtouchinc@msn.com

and
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net

healingtouchinc@msn.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
2387 West 68th Street
301
Hialeah, FL 33016
(786) 655-0774
Digital Contact Information:
healingtouchinc@msn.com

and
3383 Northwest 7th Street
312
Miami, FL 33125
(786) 703-8965
Digital Contact Information:
healingtouchinc@msn.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 695-8672
Digital Contact Information:
healingtouchinc@msn.com

and
3817 West Flagler Street
Miami, FL 33134
(305) 456-2776
Digital Contact Information:
healingtouchinc@msn.com

and
7299 West Flagler Street
Miami, FL 33144
(786) 953-4698
Digital Contact Information:
healingtouchinc@msn.com

and
7360 Southwest 24th Street
17a
Miami, FL 33155
(786) 570-3130
Digital Contact Information:
healingtouchinc@msn.com

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
4155 Southwest 130th Avenue
108
Miami, FL 33175
(786) 695-8672
Digital Contact Information:
healingtouchinc@msn.com

and
14875 Northwest 77th Avenue
Suite 204
Miami Lakes, FL 33014
(786) 321-1400
Digital Contact Information:
healingtouchinc@msn.com
Other Languages Spoken by Provider or Office Staff Spanish

Mendez, Rossana, MSW, LCSW ■
11367 Southwest 248th Terrace
Princeton, FL 33032
(786) 879-5355
Digital Contact Information:
http://themind-gym.com
rossanamendezcole@themissingkeyllc.com
Other Languages Spoken by Provider or Office Staff Spanish

Mendoza, Liana M, MD ■
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
info@infinitecc.org

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
info@infinitecc.org

and
31 N Krome Ave
Homestead, FL 33030
(786) 481-5909
Digital Contact Information:
http://infinitecompletecare.com
info@infinitecc.org

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
info@infinitecc.org

and
3926 Northwest 167th Street
Miami Gardens, FL 33054
(305) 827-3252
Digital Contact Information:
info@infinitecc.org
Other Languages Spoken by Provider or Office Staff Spanish

Menendez, Ibis M, MSN, APRN ■
1840 West 49th Street
#404
Hialeah, FL 33012
(305) 828-9980
Digital Contact Information:
empathybhsbilling@gmail.com

and
900 West 49th Street
STE 400
Hialeah, FL 33012
(305) 587-2231
Digital Contact Information:
empathybhsbilling@gmail.com

and
5911 Northwest 173rd Drive
6 6
Hialeah, FL 33015
(786) 380-9229
Digital Contact Information:
empathybhsbilling@gmail.com

and
7590 Northwest 186th Street
109
Hialeah, FL 33015
(305) 688-1700
Digital Contact Information:
empathybhsbilling@gmail.com

and
5590 W 20th Ave
Ste 404
Hialeah, FL 33016
(305) 826-9330
Digital Contact Information:
empathybhsbilling@gmail.com

and
7315 Northwest 36th Street
Miami, FL 33166
(786) 345-7734
Digital Contact Information:
empathybhsbilling@gmail.com

and
12030 Southwest 129th Court
107a
Miami, FL 33186
(305) 432-4032
Digital Contact Information:
empathybhsbilling@gmail.com

and
17325 Northwest 27th Avenue
206 207
Miami Gardens, FL 33056
(786) 822-7270
Digital Contact Information:
empathybhsbilling@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Mercado, Michelle, MSW, LCSW ■
1951 NW 17th Ave
Miami, FL 33125
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla@dadefaily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla@dadefaily.com

Merritt, Christopher, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Mesa Villalonga, Mireisy, MS, APRN ■
FL
(786) 409-5503
Digital Contact Information:
agauna@bmsbill.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Meyer, Sean P, PHD, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
information@flces.com
Other Languages Spoken by Provider or Office Staff German

Michaels, S Renee, MSW, LCSW ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
drreneemindworks@gmail.com

Millar, Jennifer, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
hello@talkiatry.com

Miller, John W, MD ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
http://www.compasshealthsystem.com
credentialing@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
https://www.compasshealthsystems.com/
credentialing@compass.md

and
FL
(305) 891-0050
(305) 279-5535
Digital Contact Information:
https://www.compasshealthsystems.com/
credentialing@compass.md

Miller, Mark M, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
aycmarc@mail.com

Miller, Sharon, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Mineo, Alyssa, PSYD, LP ■
FL
(800) 567-5433
(909) 679-3482
Digital Contact Information:
http://helloinnerwell.com
admin@atabariatrics.com

Miranda-Tourino, Mary, MSW, LCSW ■
12595 Southwest 137th Avenue
STE 110
Miami, FL 33186
(305) 465-9379
Digital Contact Information:
mary.miranda@mymail.barry.edu
Other Languages Spoken by Provider or Office Staff English, Spanish

Mirtenbaum, Daniel S, PSYD, LP ■
6175 NW 153rd St
Ste 404
Miami Lakes, FL 33014
(305) 558-7400
Digital Contact Information:
credentialing.tifft@gmail.com

Mitchell, Cheryl L, MC, LPCC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@lionrockrecovery.com

and
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
https://www.emorahealth.com/
info@lionrockrecovery.com
Other Languages Spoken by Provider or Office Staff English

Mitchell, Kendall, MS, LMHC ■
4300 Biscayne Boulevard
STE 203
Miami, FL 33137
(727) 732-4305
Digital Contact Information:
billing@tbacgroup.com

Mitchell, Oluwakemi, DNP, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
insurance@wellnite.com

and
FL
(602) 562-7383
Digital Contact Information:
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Mohsini, Nina, MSN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
credentialing@riviamind.com

Molina Paz, Ania K, MSN, APRN ■
FL
(561) 707-7607
Digital Contact Information:
ania_98@yahoo.es
Other Languages Spoken by Provider or Office Staff Spanish

Monestine, Janice B, MSW, LCSW ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

Montero, Kenia, MN, APRN ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
http://www.dgphealthandwellness.com
info@healthandwellness.com

and
12964 Southwest 133rd Court
33
Miami, FL 33186
(786) 943-4340
Digital Contact Information:
info@healthandwellness.com

and
FL
(786) 943-4340
Digital Contact Information:
info@healthandwellness.com

and
6750 Southwest 155th Avenue
Miami, FL 33193
(786) 943-4340
Digital Contact Information:
info@healthandwellness.com
Other Languages Spoken by Provider or Office Staff Spanish

Montgomery, Millie, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Montpellier, Olga, MMH, LMHC ■
306 Alcazar Avenue
200
Coral Gables, FL 33134
(305) 967-8725
Digital Contact Information:
http://www.ajmmedicalcenter.com
eternitylives24@gmail.com

and
2100 West 76th Street
STE 201
Hialeah, FL 33016
(786) 353-2324
Digital Contact Information:
eternitylives24@gmail.com

and
FL
(786) 353-2324
Digital Contact Information:
eternitylives24@gmail.com

and
7811 Coral Way
103
Miami, FL 33155
(305) 484-8371
Digital Contact Information:
http://www.iq-medical-center.com
eternitylives24@gmail.com

and
3421 SW 107th Ave
Miami, FL 33165
(305) 392-1774
Digital Contact Information:
eternitylives24@gmail.com

and
12955 Southwest 42nd Street
STE 2
Miami, FL 33175
(305) 364-5711
Digital Contact Information:
eternitylives24@gmail.com

and
9010 Southwest 137th Avenue
suite 116
Miami, FL 33186
(305) 639-8685
Digital Contact Information:
eternitylives24@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Moore, Siobhan T, MS, APRN ■
2464 Southwest 22nd Street
Miami, FL 33145
(305) 204-9355
Digital Contact Information:
http://www.ampmentalhealth.com
admin@ampmentalhealth.com

Mora, Brenda, MS, LMHC ■
FL
(786) 488-8103
Digital Contact Information:
http://www.sfacounseling.org
info@sfacounseling.org
Other Languages Spoken by Provider or Office Staff Spanish

Mora, Joseph J, PHD, LP ■
10621 North Kendall Drive
Suite #203
Miami, FL 33176
(305) 456-6976
Digital Contact Information:
davalos.credentialing@novitams.com

Morales, Alfonso, MSSW, LCSW ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Morales, Beatriz, MS, LMHC, LPC ■
975 Arthur Godfrey Rd
Ste 301
Miami Beach, FL 33140
(786) 315-0387
Digital Contact Information:
bmorales@ibhflorida.com

and
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
http://www.ibhflorida.com
bmorales@ibhflorida.com

and
FL
(305) 816-6300
Digital Contact Information:
http://www.ibhflorida.com
bmorales@ibhflorida.com
Other Languages Spoken by Provider or Office Staff Spanish

Morales, Edelis, MSN, APRN ■
7951 Southwest 40th Street
suite 200-a
Miami, FL 33155
(786) 244-9911
Digital Contact Information:
lfortun@keraltybh.com

and
FL
(786) 244-9911
Digital Contact Information:
lfortun@keraltybh.com
Other Languages Spoken by Provider or Office Staff German, Spanish

Morales, Jilem C, MS, LMHC ■
11890 Southwest 8th Street
STE 309
Miami, FL 331841710
(305) 220-6060
Digital Contact Information:
http://www.blueangelcare.net
wmustelier@aol.com

Moreda-Mendez, Yanet, MSN, APRN ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
http://www.dgphealthandwellness.com
info@kaaficounseling.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
info@kaaficounseling.com
Other Languages Spoken by Provider or Office Staff Spanish

Moreno, Jesus E, MS, LMHC ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
perla@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla@dadefamily.com

Morgan, Jennifer, MC, LMHC ■
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
wavespsychotherapybilling@gmail.com

and
19300 West Dixie Highway
2 2
Miami, FL 33180
(786) 396-0359
Digital Contact Information:
wavespsychotherapybilling@gmail.com

Moriyon, Milko, MN, APRN ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
yavila@avilahealthgroup.com

and
664 East 25th Street
102
Hialeah, FL 33013
(786) 409-5361
Digital Contact Information:
yavila@avilahealthgroup.com

Morris, Marsha, MSN, APRN, ARNP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://happierliving.com
hamza@wisemedsolutions.com
Other Languages Spoken by Provider or Office Staff English

Mortimer, Justin M, MD ■
150 Southeast 2nd Avenue
STE 1010
Miami, FL 33131
(786) 733-0700
Digital Contact Information:
credentail@valuecareclinic.com

and
1501 Biscayne Boulevard
#200
Miami, FL 33132
(786) 652-2450
Digital Contact Information:
credentail@valuecareclinic.com

Moss, Melissa, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Mueller, Denayer, MSN, APRN ■
1900 North Bayshore Drive
1a
Miami, FL 33132
(786) 761-1155
Digital Contact Information:
bluelily@nightingalebiling.com

Muffett, Stephanie, MSED, LMHC ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Mullings, Natalee S, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@caringtherapistsofbroward.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
info@caringtherapistsofbroward.com

and
1504 Bay Road
2003 2003
Miami Beach, FL 33139
(646) 374-2827
Digital Contact Information:
info@caringtherapistsofbroward.com

and
FL
(646) 374-2827
Digital Contact Information:
info@caringtherapistsofbroward.com

Mungur, Vyata, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff French

Muniz, Jose, MSN, APRN ■
6141 Sunset Drive
402
South Miami, FL 33143
(786) 507-8300
Digital Contact Information:
lauraine@linofernandezmd.com
Other Languages Spoken by Provider or Office Staff Spanish

Munoz-Bustamante, Jorge, MSW, LCSW ■
385 Alhambra Circle
suite c
Coral Gables, FL 33134
(305) 445-9554
Digital Contact Information:
http://wearemindtherapy.com
info@mindpromanagement.com

and
2103 Coral Way
Ste 405
Miami, FL 33145
(305) 445-9554
Digital Contact Information:
info@mindpromanagement.com
Other Languages Spoken by Provider or Office Staff Spanish

Musykanski, Perla S, MPSY, LMHC ■
3580 Mystic Pointe Drive
Aventura, FL 33180
(305) 343-2878
Digital Contact Information:
brendan.phillips@credentialing.com

and
1045 Kane Concourse
207-208
Bay Harbor Islands, FL 33154
(305) 343-2878
Digital Contact Information:
brendan.phillips@credentialing.com

and
1045 Kane Concourse
207
Bay Harbor Islands, FL 33154
(305) 343-2878
Digital Contact Information:
brendan.phillips@credentialing.com

Mynatt, Maggie M, MS, LMHC ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
ehoyos@lotuscounseling.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:

http://www.lotuscounseling.com
ehoyos@lotuscounseling.com

Nainaparampil, Jaison, MD ■
698 Northeast 1st Avenue
3309 3309
Miami, FL 33132
(305) 929-3057
Digital Contact Information:
http://www.jjnmdllc.com
jaison@jjnmdllc.com

and
FL
(305) 929-3057
Digital Contact Information:
http://www.jjnmdllc.com
jaison@jjnmdllc.com

Nammur, Sarai, MC, LMHC ■
15325 Northwest 60th Avenue
#105
Miami Lakes, FL 33014
(305) 512-5388
Digital Contact Information:
sarai@sarainammur.com
Other Languages Spoken by Provider or Office Staff Spanish

Nankivell, Martina, PA, PA_C ■
4300 Biscayne Boulevard
STE 203
Miami, FL 33137
(877) 400-0540
Digital Contact Information:
https://forallmentalhealth.com
info@forallmentalhealth.com
Other Languages Spoken by Provider or Office Staff Spanish

Napoles Garcia, Amed, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff Spanish

Narikkattu, Agnes, MSN, APRN ■
2828 Coral Way
Ste 460
Coral Gables, FL 33145
(954) 406-5220
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net

and
12550 Biscayne Boulevard
STE 306
North Miami, FL 33181
(305) 642-5255
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net

Neapolitan, Vickie M, MSW, LCSW, LISW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Nelson, Bonice, MSSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Nelson, Jennifer D, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Newbold, Portia J, MSCC, LMHC ■
1469 NW 36th St
Miami, FL 33142
(305) 635-7444
Digital Contact Information:
mstoker@nhcmhc.org

Newman, Steven D, PSYD, LP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
steve@drstevenewman.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
steve@drstevenewman.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
steve@drstevenewman.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
steve@drstevenewman.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
steve@drstevenewman.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
steve@drstevenewman.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
steve@drstevenewman.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
steve@drstevenewman.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
steve@drstevenewman.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
steve@drstevenewman.com
Other Languages Spoken by Provider or Office Staff English

Nicholas, Nichelle, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Nichols, Janice, MSW, LCSW, LICSW, LISW-CP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(866) 478-3978
Digital Contact Information:
birches@withassured.com

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(833) 322-0977
Digital Contact Information:
http://www.joinmonument.com
birches@withassured.com

and
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
birches@withassured.com

Nicks, Darlene, MSW, LCSW, LICSW ■
333 Southeast 2nd Avenue
Suite #2000
Miami, FL 33131
(256) 701-4502
Digital Contact Information:
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Nightingale, Atara, PA, PA_C ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
http://www.compasshealthsystem.com
credentialing@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystem.com
credentialing@compass.md

and
FL
(305) 891-0050
(305) 279-5535
(954) 771-7743
(954) 447-0010
(561) 752-9490
Digital Contact Information:
http://www.compasshealthsystem.com
credentialing@compass.md
Other Languages Spoken by Provider or Office Staff Hebrew

Nodal, Idalmis, MC, LMHC ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
tmedina@hbccmhc.com
Other Languages Spoken by Provider or Office Staff English

Nolan, Robert, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Novoa, Trilce, MSCC, LMHC ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
solutiondrivenconsulting@gmail.com

Nwakudu, Chiedza, DNP, APN ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@natobehealthcare.com

O'Connor, Knequisha L, MSN, APRN ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
Not Available

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
Not Available

O'Neill, Gloria M, MSN, APRN ■
7855 Northwest 52nd Street
Doral, FL 33166
(305) 450-9651
Digital Contact Information:
info@rushcredentialing.com

Occean, Andrelita, MMH, LCMHC ■
7950 W Flagler St
Ste 106
Miami, FL 33144
(305) 269-3900
Digital Contact Information:
drgmartinez.psychologist@gmail.com

Occelus, Ranovy, MSN, APRN, APRNCNP, NP ■
FL
(508) 202-1011
Digital Contact Information:
credentialing@sevenstarling.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@sevenstarling.com
Other Languages Spoken by Provider or Office Staff English

Ochoa Basulto, Anett, MPSY, LMHC ■
9260 Southwest 72nd Street
103 bldg 6
Miami, FL 33173
(786) 359-4448
Digital Contact Information:
anettochoa2015@gmail.com

and
13335 Southwest 124th Street
STE 211
Miami, FL 33186
(786) 551-8253
Digital Contact Information:
anettochoa2015@gmail.com

Octa, Christina, MC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
tocta.me@gmail.com

Odum, Lesli S, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
leslie.odum@gmail.com

Okoloedo, Christian, MSN, APRNCNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
mia.schmidt@televerohealth.com
Other Languages Spoken by Provider or Office Staff English

Oliva, Ivan, MSN, APRN ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
olivaob91@gmail.com

Oliver Guerra, Yamilet, MSN, APRN ■
2650 Southwest 27th Avenue
Suite 305
Miami, FL 33133
(786) 353-9812

Digital Contact Information:
regionspraxiscare@gmail.com

and
22133 South Dixie Highway
Miami, FL 33170
(786) 504-3119
Digital Contact Information:
regionspraxiscare@gmail.com

and
13205 Southwest 137th Avenue
STE 132
Miami, FL 331865334
(786) 475-4279
Digital Contact Information:
http://dominguezcommunitycenter.com
regionspraxiscare@gmail.com

and
9299 SW 152nd St
Palmetto Bay, FL 33157
(305) 479-6538
Digital Contact Information:
regionspraxiscare@gmail.com
Other Languages Spoken by Provider or Office Staff English

Onifade, Beatrice, MN, APRN ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

and
17940 Northwest 27th Avenue
Miami Gardens, FL 33056
(954) 478-6577
Digital Contact Information:
insurance@wellnite.com

Orfao-Martin, Claudia, MSW, LICSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
mollymar@yahoo.com
Other Languages Spoken by Provider or Office Staff Portuguese, English

Orin, Ramon S, MA, LMHC ■
12030 Southwest 129th Court
Suite 211
Miami, FL 33186
(305) 639-8760
Digital Contact Information:
rorin31@bellsouth.net

and
12360 Southwest 132nd Court
STE 202
Miami, FL 33186
(786) 250-3396
Digital Contact Information:
rorin31@bellsouth.net
Other Languages Spoken by Provider or Office Staff Spanish

Osorio, Yanira, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
tori@paxhealth.net

Overholt, Kristen P, MSCC, LMHC ■
2600 S Douglas Rd
Ste 1003
Coral Gables, FL 33134
(305) 445-0477
Digital Contact Information:
ana@coralgablescounseling.com

Oyaga, Alberto, MSN, APRN ■
2001 Northwest 107th Avenue
412
Doral, FL 33172
(786) 548-8322
Digital Contact Information:
retreatmedicalcenter@gmail.com

and
777 E 25th St
Ste 212
Hialeah, FL 33013
(786) 409-7329
Digital Contact Information:
retreatmedicalcenter@gmail.com

and
244 Biscayne Boulevard
2007 2007
Miami, FL 33132
(786) 968-4172
Digital Contact Information:
retreatmedicalcenter@gmail.com

and
1818 West Flagler Street
Miami, FL 33135
(786) 755-2892
Digital Contact Information:
http://www.goldengatemedicalgroup.com
retreatmedicalcenter@gmail.com

and
1818 West Flagler Street
Ste 2
Miami, FL 33135
(786) 755-2892
Digital Contact Information:
http://www.goldengatemedicalgroup.com
retreatmedicalcenter@gmail.com

and
7116 Southwest 47th Street
Miami, FL 33155
(786) 794-2655
Digital Contact Information:
retreatmedicalcenter@gmail.com

and
5673 Southwest 137th Avenue
Miami, FL 33183
(305) 385-3949
Digital Contact Information:
retreatmedicalcenter@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Pace, Caroline, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Padilla, Vicki, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Padrino, Natacha M, MD ■
7811 Coral Way
106
Miami, FL 33155
(305) 412-0138
Digital Contact Information:
vdacommunitycenter@gmail.com

and
13055 Southwest 42nd Street
STE 104
Miami, FL 33175
(305) 480-7839
Digital Contact Information:
vdacommunitycenter@gmail.com

and
14247 Southwest 42nd Street
Miami, FL 33175
(786) 817-2976
Digital Contact Information:
vdacommunitycenter@gmail.com

and
12448 Southwest 127th Avenue
Miami, FL 33186
(786) 864-1030
Digital Contact Information:
vdacommunitycenter@gmail.com

and
17340 Northwest 27th Avenue
Miami Gardens, FL 33056
(786) 255-0613
Digital Contact Information:
vdacommunitycenter@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Padro, Mariela T, MD ■
975 Arthur Godfrey Road
Ste 302
Miami Beach, FL 33140
(305) 456-1014
Digital Contact Information:
http://www.mindandsoultherapy.org
padromd@mindandsoultherapy.com
Other Languages Spoken by Provider or Office Staff Spanish

Padron, Yudit, MSN, APRN ■
5190 Northwest 167th Street
201
Hialeah, FL 33014
(305) 705-4289
Digital Contact Information:
information@dadefamilly.com

and
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
information@dadefamilly.com

and
7821 Coral Way
100
Miami, FL 33155
(786) 409-5690
Digital Contact Information:
information@dadefamilly.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
information@dadefamilly.com

and
13226 SW 8th St
Miami, FL 33184
(786) 518-3353
Digital Contact Information:
information@dadefamilly.com

Paez, Ronaldys, MSN, APRN ■
FL
(305) 615-5145
Digital Contact Information:
http://www.araratpsychiatry.com
info@araratpsychiatry.com

Pagano, Lindsay, MSW, LCSW ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Palamara, Sherry A, PSYD, LP ■
3105 Northwest 107th Avenue
Suite: 400
Doral, FL 33172
(305) 920-3921
Digital Contact Information:
shpalamara@aol.com

and
10305 NW 41st St
Ste 205
Doral, FL 33178
(305) 994-7420
Digital Contact Information:
shpalamara@aol.com

and
407 Lincoln Rd
Ste 6L
Miami Beach, FL 33139
(305) 994-7420
Digital Contact Information:
shpalamara@aol.com

Palenque, Yoni R, MSN, APRN ■
2000 Northwest 87th Avenue
Suite 201
Doral, FL 33172
(954) 561-6222
Digital Contact Information:
info@ventremedical.com

and
5901 Southwest 74th Street
408
Miami, FL 33143
(305) 735-3555
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff Spanish

Palermo, Brittany, MSN, APNP, APRN, APRNCNP, CRNP, NP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
brittany.palermo@chenaltherapy.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com
Other Languages Spoken by Provider or Office Staff English

Pantano, Lisa, MC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
leigh.pantano@gmail.com

Papirno, Naomi, MSED, LMFT ■
1951 NW 17th Ave
Miami, FL 33125
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

Parashar, Sunil D, MD ■
3323 Northeast 163rd Street
North Miami Beach, FL 33160
(989) 583-6800
Digital Contact Information:

rachel.johnson@curemd.com

Paris, Emilia, MC, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Parra, Jenny, MD ■
3785 Northwest 82nd Avenue
307
Doral, FL 33166
(305) 898-5420
Digital Contact Information:
jenparrahmb@outlook.com

and

5701 Southwest 107th Avenue
203
Miami, FL 33173
(305) 315-4170
Digital Contact Information:
jenparrahmb@outlook.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Parsons, Charity, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Patsicostas, Susan, MS, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
strive@strivementalhealthllc.com

Patterson, Trakeeta A, MSW, LCSW ■
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
dreamagainservices@gmail.com

and

801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
dreamagainservices@gmail.com

Patton, Jacquelyn, MACP, LMHC ●
8500 SW 92nd Street
206
Miami, FL 33156
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
billing@livewelltherapygroup.com

and

7600 Southwest 57th Avenue
suite 334
South Miami, FL 33143
(786) 332-4478
Digital Contact Information:
billing@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Paul, Michelle J, MN, APRN ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Paula Jorge, Lynette D, MSN, APRN ■
8323 Northwest 12th Street
108
Doral, FL 33126
(305) 400-8511
Digital Contact Information:
http://www.cbhwestcoast.com
info@cbhwestcoast.com

Peana, Ana M, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Pelaez Munsey, Sandra R, MSN, APRN ■
8323 Northwest 12th Street
Ste 206
Doral, FL 33126
(305) 373-3424
Digital Contact Information:
drasimnisar@gmail.com

and

10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
drasimnisar@gmail.com

and

2300 West 84th Street
Ste 601
Hialeah, FL 33016
(305) 363-4001
Digital Contact Information:
drasimnisar@gmail.com

and

2311 Northwest 7th Street
Miami, FL 33125
(786) 789-6021
Digital Contact Information:
drasimnisar@gmail.com

and

7921 Bird Rd
Ste 41
Miami, FL 33155
(305) 425-1393
Digital Contact Information:
drasimnisar@gmail.com

and

7971 Bird Road
15
Miami, FL 33155
(786) 504-5620
Digital Contact Information:
drasimnisar@gmail.com

and

7001 SW 97th Ave
Ste 206
Miami, FL 33173
(786) 294-0123
Digital Contact Information:
https://www.chgpsychiatry.com/
drasimnisar@gmail.com

and

7001 Southwest 97th Avenue
206a
Miami, FL 33173
(305) 373-3424
Digital Contact Information:
https://www.chgpsychiatry.com/
drasimnisar@gmail.com

and

13706 Southwest 56th Street
STE 105-106
Miami, FL 331756036
(786) 523-4289
Digital Contact Information:
drasimnisar@gmail.com

and

7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
drasimnisar@gmail.com

and

5391 Northwest 36th Street
Miami Springs, FL 33166
(305) 418-0580
Digital Contact Information:
drasimnisar@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pellot, Gladys J, MS, LMHC ■
31 N Krome Ave
Homestead, FL 33030
(786) 481-5909
Digital Contact Information:
http://www.infinitecompletecare.com
info@infinitecc.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

Peluso, Mark, MSW, LCSW ■
66 W Flagler St
900
Miami, FL 33130
(786) 244-7690
Digital Contact Information:
http://provider.growtherapy.com/search
mark.humanup@gmail.com

Pena, Francisco, MMH, LMHC ■
FL
(786) 536-9714
Digital Contact Information:
http://www.abc4s.com
admin@abc4s.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pena, Giliana G, MSSW, LCSW ■
8300 West Flagler Street
170
Miami, FL 33144
(786) 633-5171
Digital Contact Information:
olympushcs@gmail.com

and

14400 Northwest 77th Court
#100
Miami Lakes, FL 33016
(786) 916-6073
Digital Contact Information:
olympushcs@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Penalver, Alberto A, MD ■
2780 Southwest 37th Avenue
Suite 206
Miami, FL 33133
(305) 646-0112
Digital Contact Information:
haquinotapia@pmrconsulting.net
Other Languages Spoken by Provider or Office Staff
Spanish

Peralbo Perez, Juan V, MSN, APRNPMH ■
15935 Northwest 57th Avenue
Hialeah, FL 33014
(786) 953-5506
Digital Contact Information:
jessica@sanmiguelwellnesscenter.com

and

12030 Southwest 129th Court
107a
Miami, FL 33186
(305) 432-4032
Digital Contact Information:
jessica@sanmiguelwellnesscenter.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Peraza Llanes, Alexander, MSN, APRN ■
2000 Northwest 87th Avenue
Suite 201
Doral, FL 33172
(954) 561-6222
Digital Contact Information:
info@ventremedical.com

and

5901 Southwest 74th Street
408
Miami, FL 33143
(305) 735-3555
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perera, Mirbelys, MD ■
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and

15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and

12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Belkis B, MSN, NP ■
FL
(305) 579-2885
Digital Contact Information:
http://www.lumimindpsychiatrywellness.com
lumimindpsychwell@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Perez Benitez, Carlos I, PHD, LP ■
1701 W Flagler St
Ste 310
Miami, FL 33135
(786) 467-7006
Digital Contact Information:
carlosisraelphd@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Guadalupe, MS, LMHC ■
7875 SW 104th St
Ste 101
Miami, FL 33156
(305) 899-1587
Digital Contact Information:
http://www.jcsfl.org
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
Spanish

Perez Lujan, Dalgys, MC, LMHC ■
2500 Northwest 79th Avenue
233
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
gandgmedicalcenter@gmail.com

and

3785 Northwest 82nd Avenue
307
Doral, FL 33166
(305) 898-5420
Digital Contact Information:
gandgmedicalcenter@gmail.com

and

1165 West 49th Street
suite 207
Hialeah, FL 33012
(305) 703-3386
Digital Contact Information:
gandgmedicalcenter@gmail.com

and

15935 Northwest 57th Avenue
Hialeah, FL 33014
(786) 953-5506
Digital Contact Information:
gandgmedicalcenter@gmail.com

and

7392 Northwest 35th Terrace
Suite 302
Miami, FL 33122
(786) 353-2792
Digital Contact Information:
gandgmedicalcenter@gmail.com

and

9900 Southwest 107th Avenue
STE 101
Miami, FL 33176
(305) 964-5381
Digital Contact Information:
gandgmedicalcenter@gmail.com

and

FL
(786) 703-9779
(305) 703-3386
Digital Contact Information:
https://www.gandgmedicalcenter.com
gandgmedicalcenter@gmail.com
Other Languages Spoken by

Provider or Office Staff Spanish

Perez, Rosbel, MSN, APRN ■
8532 Southwest 8th Street
STE 290
Miami, FL 33144
(786) 927-8048
Digital Contact Information:
http://www.icaremh.com
dovebehavioralhealth@gmail.com

Perez, Victoria, MSW, LCSW ■
12540 Southwest 8th Street
Miami, FL 33184
(305) 705-6840
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Perez-Delgado, Julio C, MBS, BCBA, LMHC ■
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(786) 592-2323
Digital Contact Information:
contact@emphourinc.com
Other Languages Spoken by Provider or Office Staff Spanish

Peskin, Abigail, PHD, LP ■
1601 NW 12th Ave
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
admin@aliciasplace.org

Pettit, Sara, MSW, LCSW ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
credentialing@riviamind.com

Pfeifle, Shannon, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Phelps, Sharion, MS, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Philogene, Ronald D, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
rdphilogene@gmail.com
Other Languages Spoken by Provider or Office Staff Creole

Philogene, Sherline, MSN, APRN ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
credentialing@pscpalmbeach.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
credentialing@pscpalmbeach.com

Pierral, Julimar J, MMH, LMHC ■
3850 SW 87th Ave
Ste 102
Miami, FL 33165
(786) 615-4443
Digital Contact Information:
floridapsychotherapygroup@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Pierre, Jason, MSN, APN, PMHNP ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Pierre, Urmene, DNP, APRN ■
510 Northwest 98th Street
Miami, FL 33150
(754) 266-5509
Digital Contact Information:
info.goodshepherd20@gmail.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, French

Pitaluga, Iris, MS, LMHC ■
1360 South Dixie Highway
355
Coral Gables, FL 33146
(305) 648-9344
Digital Contact Information:
alternatives1@msn.com
Other Languages Spoken by Provider or Office Staff English

Pittman, Lethea, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Plasencia, Belkis, MSN, APRN ■
7921 Bird Rd
Ste 41
Miami, FL 33155
(305) 425-1393
Digital Contact Information:
ynhcsaba@gmail.com

and
7971 Bird Road
39
Miami, FL 33155
(786) 910-7179
Digital Contact Information:
ynhcsaba@gmail.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
ynhcsaba@gmail.com

and
7001 SW 97th Ave
Ste 206
Miami, FL 33173
(786) 294-0123
Digital Contact Information:
https://www.chgpsychiatry.com/
ynhcsaba@gmail.com

and
9425 Southwest 72nd Street
Suite 251
Miami, FL 33173
(305) 305-6573
Digital Contact Information:
ynhcsaba@gmail.com

and
13706 Southwest 56th Street
STE 105-106
Miami, FL 331756036
(786) 523-4289
Digital Contact Information:
ynhcsaba@gmail.com

and
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
ynhcsaba@gmail.com

and
13335 Southwest 124th Street
STE 101
Miami, FL 33186
(786) 842-3635
Digital Contact Information:
ynhcsaba@gmail.com

and
13501 Southwest 128th Street
STE 114
Miami, FL 33186
(786) 250-3440
Digital Contact Information:
ynhcsaba@gmail.com

and
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
ynhcsaba@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Pollas, Landy F, MSN, APRN, NP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
lgoswami@essenmed.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
lgoswami@essenmed.com

Ponce, Juan, MSN, APRN ■
8323 Northwest 12th Street
108
Doral, FL 33126
(305) 400-8511
Digital Contact Information:
http://www.cbhwestcoast.com
info@cbhwestcoast.com

and
180 Northwest 62nd Street
Miami, FL 33150
(786) 360-5625
Digital Contact Information:
info@cbhwestcoast.com

and
13501 Southwest 128th Street
Suite 112
Miami, FL 33186
(786) 732-2383
Digital Contact Information:
info@cbhwestcoast.com

and
FL
(786) 803-8826
Digital Contact Information:
https://amorementalhealthcorp.com
info@cbhwestcoast.com

and
15305 Northwest 60th Avenue
Ste 100
Miami Lakes, FL 33014
(786) 536-7561
Digital Contact Information:
info@cbhwestcoast.com

and
13886 West Dixie Highway
North Miami, FL 33161
(786) 360-5625
Digital Contact Information:
info@cbhwestcoast.com

Porrata, Yenny, MN, APRN ■
1840 West 49th Street
suite 717
Hialeah, FL 33012
(308) 854-7952
Digital Contact Information:
yennypo62@gmail.com

and
FL
(308) 854-7952
Digital Contact Information:
yennypo62@gmail.com

and
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
http://www.miamipersonalmanagement.com
yennypo62@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Porter, J'Briel E, MSW, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
admin@itsofok.com
Other Languages Spoken by Provider or Office Staff Chinese, Urdu, Spanish, Hindi

Portillo, Cimelitza, MMH, LMHC ■
9425 SW 72nd St
Ste 265
Miami, FL 33173
(305) 279-8400
Digital Contact Information:
safeharbormha@att.net

Posada, Stephanie, MMH, LMHC ■
2500 Southwest 107th Avenue
41
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
lgomez@abcsfl.com

and
FL
(786) 615-3334
Digital Contact Information:
lgomez@abcsfl.com
Other Languages Spoken by Provider or Office Staff Spanish

Poulton, Nigel G, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@psychplus.com

Poviones Garbalosa, Rosa M, MSN, ARNP ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
jfmhpartners@gmail.com

and
8200 SW 117th Ave
Ste 202
Miami, FL 33183
(305) 274-9206
Digital Contact Information:
jfmhpartners@gmail.com

and
14400 Northwest 77th Court
#100
Miami Lakes, FL 33016
(786) 916-6073
Digital Contact Information:
jfmhpartners@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Powell, Brooke, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Power, Vanessa, MSW, LCSW ■
FL
(888) 339-9404
Digital Contact Information:
https://180healthpartners.com
credentialing@sagesocialservices.com

Pozo, Darinka, MSN, APRN ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff Spanish

Pozo, Iraida, MS, LMHC ■
85 Grand Canal Drive
UNIT 203
Miami, FL 33144
(786) 536-7816
Digital Contact Information:
uwhealth2019@gmail.com

and
7805 Coral Way
Ste 131
Miami, FL 33155
(786) 307-2066
Digital Contact Information:
uwhealth2019@gmail.com

and
7815 Coral Way
Ste 108
Miami, FL 33155
(305) 264-1344
Digital Contact Information:
uwhealth2019@gmail.com

and
5600 Southwest 135th Avenue
100
Miami, FL 33183
(305) 603-9104
Digital Contact Information:
uwhealth2019@gmail.com

Prada, Anais M, MSSW, LCSW ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
ehoyos@lotuscounseling.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
http://www.lotuscounseling.com
ehoyos@lotuscounseling.com
Other Languages Spoken by Provider or Office Staff
Spanish

Presken, Gessica, MS, LMHC ■
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
admin@lotuscounseling.com

and
FL
(831) 920-7907
Digital Contact Information:
http://www.mammha.com
admin@lotuscounseling.com

and
2999 NE 191st St
Miami, FL 33180
(305) 915-5748
Digital Contact Information:
admin@lotuscounseling.com

Preval, Falicia, MC, LMHC ■
1031 Ives Dairy Rd
Ste 228
Miami, FL 33179
(786) 320-5559
Digital Contact Information:
faliciap@aol.com

and
1031 Ives Dairy Road
Miami, FL 33179
(786) 627-3321
Digital Contact Information:
faliciap@aol.com

and
1001 North Miami Beach Boulevard
North Miami Beach, FL 33162
(786) 320-5559
Digital Contact Information:
faliciap@aol.com

Prevost, Daniella, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Price, Janice, MSW, LCSW ■
1469 NW 36th St
Miami, FL 33142
(305) 635-7444
Digital Contact Information:
mstoker@nhcmhc.org

Prime, Sabella, MSN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Puech, Andrea, MS, LMHC ■
5001 SW 74th Ct
Ste 104
Miami, FL 33155
(305) 663-0013
Digital Contact Information:
http://www.anagapsychotherapy.com
puech5@gmail.com

and
6955 NW 77th Ave
Ste 401
Miami, FL 33166
(305) 663-0013
Digital Contact Information:
puech5@gmail.com
Other Languages Spoken by Provider or Office Staff
English, French, Spanish

Pujula, Yolanda, MS, LMFT ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
westmiamicmhc@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Quinonez Meza, Javier, MSN, APRN ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
1001 North Miami Beach Boulevard
North Miami Beach, FL 33162
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Quintana, Amauri A, DNP, APRN ■
1000 Brickell Avenue
Miami, FL 33131
(786) 238-7364
Digital Contact Information:
abdullah@sixequation.com

and
1 NE 167th St
Miami, FL 33162
(305) 947-7133
Digital Contact Information:
abdullah@sixequation.com

and
2646 Southwest 87th Avenue
Miami, FL 33165
(305) 947-7133
Digital Contact Information:
abdullah@sixequation.com

Quintana, Noelia M, MD, LMHC ■
8725 Northwest 18th Terrace
Suite 202
Doral, FL 33172
(305) 487-2532
Digital Contact Information:
office@mitierramedicalgroup.com

and
3750 West 16th Avenue
104
Hialeah, FL 33012
(305) 200-5648
Digital Contact Information:
office@mitierramedicalgroup.com

and
1150 Northwest 72nd Avenue
350
Miami, FL 33126
(786) 228-7801
Digital Contact Information:
office@mitierramedicalgroup.com

and
1150 Northwest 72nd Avenue
540
Miami, FL 33126
(786) 228-7801
Digital Contact Information:
office@mitierramedicalgroup.com

and
14201 Southwest 120th Street
suite 110
Miami, FL 33186
(786) 238-7492
Digital Contact Information:
https://mitierramedicalgroup.com
office@mitierramedicalgroup.com

and
14221 Southwest 120th Street
223
Miami, FL 33186
(786) 690-2296
Digital Contact Information:
office@mitierramedicalgroup.com

and
14261 Southwest 120th Street
Suite #113
Miami, FL 33186
(786) 558-4169
Digital Contact Information:
https://mitierramedicalgroup.com
office@mitierramedicalgroup.com
Other Languages Spoken by Provider or Office Staff English

Quintanilla, Claudia, MS, LMHC ■
FL
(786) 258-8499
Digital Contact Information:
http://www.virtual-counseling.com
service@virtual-counseling.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Quintero, Lari J, MSN, APRN, PMHNP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
info@bloommhw.com

Raad, Raymond, MD ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Rabinovich, Melana, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
contact@gmindpsy.com
Other Languages Spoken by Provider or Office Staff
Russian

Raez, Maria L, MSN, APRN ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
http://www.dgphealthandwellness.com
info@dgphealthandwellness.com

Raiford, Sally T, MACP, LMFT ■
150 Alhambra Circle
Floor 10
Coral Gables, FL 33134
(786) 800-3374
Digital Contact Information:
sallie354@yahoo.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
sallie354@yahoo.com

Rako, Andrea L, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
brittany.irwin@livewellcounselingllc.com

Ramirez, Luisa, MS, LCSW ■
5911 Northwest 173rd Drive
11 11
Hialeah, FL 33015
(786) 655-9992
Digital Contact Information:
http://arkprov.com
ian.martineau@credentialing.com

Ramirez-Velasquez, Karla D, MS, LMHC ■
3785 Northwest 82nd Avenue
117
Doral, FL 33166
(786) 238-7321
Digital Contact Information:
http://www.kydsmiamitherapy.com
kramirezpsychotherapy@gmail.com

and
FL
(786) 238-7321
Digital Contact Information:
http://www.kydsmiamitherapy.com
kramirezpsychotherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rappoport, Elisa M, MSW, LCSW-R ■
FL
(516) 458-1705
Digital Contact Information:
lisarw2690@gmail.com
Other Languages Spoken by Provider or Office Staff
Hebrew

Regalado, Alejandra, MPSY, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com

Reitkopf, Thalia, MMH, LMHC ■
FL
(510) 842-5421
Digital Contact Information:
https://growthegarden.wixsite.com/grow
thaliareitkopf@gmail.com

Rejas Cabrera, Dennis, DNP, APRN ■
2740 Southwest 19th Terrace
Miami, FL 33145
(786) 318-1778
Digital Contact Information:
http://www.vitalmindpsychiatrycare.com
dennisr92@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Remedioz Gonzalez, Yuri, MSN, APRN ■
5040 Northwest 7th Street
610
Miami, FL 33126
(786) 505-9442
Digital Contact Information:
http://www.gpsycare.com
officeadmin@gpsycare.com

and
8700 West Flagler Street
150
Miami, FL 33174
(305) 479-2584
Digital Contact Information:
http://megamedicalcenter.com
officeadmin@gpsycare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Reyes, Madeline B, MPSY, LMHC ■
5941 Northwest 173rd Drive
6 6
Hialeah, FL 33015
(786) 360-4328
Digital Contact Information:
blueparadisemedicalcenter@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Reyes Miranda, Enio, MSN, APRN ■
600 Northwest 35th Avenue
202 203
Miami, FL 33125
(786) 907-4984
Digital Contact Information:
yny.behavioralservices@gmail.com

and
8370 West Flagler Street
STE 242
Miami, FL 33144
(786) 321-1600
Digital Contact Information:
yny.behavioralservices@gmail.com

and
790 Northwest 107th Avenue
Suite 110
Miami, FL 33172
(305) 964-5426
Digital Contact Information:
yny.behavioralservices@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Reyes Soto, Ibis, MSN, APRN ■
14221 Southwest 120th Street
Suite 125
Miami, FL 33186
(305) 482-1452
Digital Contact Information:
yisabel@arcmentalhealth.com

and
FL
(305) 482-1452
Digital Contact Information:
yisabel@arcmentalhealth.com

and
14400 Northwest 77th Court
#100
Miami Lakes, FL 33016
(786) 916-6073
Digital Contact Information:
http://www.arcmentalhealth.com
yisabel@arcmentalhealth.com
Other Languages Spoken by Provider or Office Staff Spanish

Ricci, Jason B, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Richard, Rachel, MSW, LCSW ●
8500 SW 92nd Street
206
Miami, FL 33156
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
billing@livewelltherapygroup.com

and
11050 Southwest 88th Street
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
billing@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff Spanish

Richmond, Laquana, EDS, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
lrichmond@assuredcs.org

Ricketts, Charlene A, MSN, APRN ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
credentialing@compass.md

and
FL
(305) 279-5535
(954) 771-7743
(888) 852-6672
(561) 752-9490
Digital Contact Information:
http://www.compasshealthsystems.com
credentialing@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(888) 852-6672
Digital Contact Information:
http://www.compasshealthsystems.com
credentialing@compass.md

Ridgeway, Deborah, MSW, LCSW, LMSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Riley, Taneisha, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Rio, Azkena, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
blossom@withassured.com

and
1818 West Flagler Street
300
Miami, FL 33135
(786) 755-2891
Digital Contact Information:
http://www.retreatmedical.us
blossom@withassured.com

and
7116 Southwest 47th Street
Miami, FL 33155
(786) 794-2655
Digital Contact Information:
blossom@withassured.com

Rios, Rosa, MSW, LCSW ■
FL
(305) 804-9121
Digital Contact Information:
http://www.sfacounseling.org
info@sfacounseling.org
Other Languages Spoken by Provider or Office Staff English, Spanish

Ripoll, Carlos, MN, APRN ■
1450 Madruga Avenue
405
Coral Gables, FL 33146
(786) 356-3715
Digital Contact Information:
supervisor@newsinrisecm.com

and
1840 West 49th Street
Suite 727
Hialeah, FL 33012
(786) 715-3086
Digital Contact Information:
supervisor@newsinrisecm.com

and
17670 Northwest 78th Avenue
STE 113
Hialeah, FL 33015
(716) 558-4565
Digital Contact Information:
supervisor@newsinrisecm.com

and
7392 Northwest 35th Terrace
207
Miami, FL 33122
(786) 353-2329
Digital Contact Information:
supervisor@newsinrisecm.com

and
2311 Northwest 7th Street
Miami, FL 33125
(786) 706-2246
Digital Contact Information:
supervisor@newsinrisecm.com

and
7950 West Flagler Street
Suite 101
Miami, FL 33144
(305) 239-7725
Digital Contact Information:
supervisor@newsinrisecm.com

and
4180 Southwest 74th Court
204
Miami, FL 33155
(786) 432-0107
Digital Contact Information:
supervisor@newsinrisecm.com

and
19001 Southwest 106th Avenue
c103
Miami, FL 33157
(786) 523-2352
Digital Contact Information:
supervisor@newsinrisecm.com

and
22133 South Dixie Highway
Miami, FL 33170
(786) 504-3119
Digital Contact Information:
supervisor@newsinrisecm.com

and
790 Northwest 107th Avenue
Suite 303
Miami, FL 33172
(786) 605-1660
Digital Contact Information:
supervisor@newsinrisecm.com

and
FL
(305) 239-7725
(786) 605-1660
Digital Contact Information:
supervisor@newsinrisecm.com

and
9900 Southwest 107th Avenue
STE 101
Miami, FL 33176
(305) 964-5381
Digital Contact Information:
supervisor@newsinrisecm.com

and
13155 Southwest 134th Street
202
Miami, FL 33186
(786) 504-3119
Digital Contact Information:
http://esperanzagroup.net
supervisor@newsinrisecm.com

and
13195 Southwest 134th Street
101
Miami, FL 33186
(786) 227-6830
Digital Contact Information:
http://esperanzagroup.net
supervisor@newsinrisecm.com

and
9745 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 701-2401
Digital Contact Information:
supervisor@newsinrisecm.com

Rivera, Audrey, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Rivera, Frances, MMFT, LMFT ■
FL
(888) 339-9404
Digital Contact Information:
referral@1800healthpartners.com

Rivera, Gretel, MS, LMHC ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com

and
10300 Sunset Drive
Suite 114
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com
Other Languages Spoken by Provider or Office Staff French, Spanish

Rivera Torres, Gabriel, MSN, APRN ■
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
lgarcia@keraltybh.com

and
2450 Southwest 137th Avenue
Suite# 230
Miami, FL 33175
(305) 459-3207
Digital Contact Information:
http://www.hidalgopsychiatry.com
lgarcia@keraltybh.com

and
FL
(305) 459-3207
Digital Contact Information:
http://www.hidalgopsychiatry.com
lgarcia@keraltybh.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Rivera, Yesenia, PSYD, LP ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 317-4478
Digital Contact Information:
https://crystalabatherapy.com/
info@cmpsclinical.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, French, Italian, Spanish

Rizo, Naylin, MMH, LMHC ■
1840 West 49th Street
709
Hialeah, FL 33012
(786) 393-0315
Digital Contact Information:
flnewvision@gmail.com

and
2100 West 76th Street
STE 408
Hialeah, FL 33016
(786) 542-5056
Digital Contact Information:
flnewvision@gmail.com

and
730 Northwest 107th Avenue
104
Miami, FL 33172
(305) 504-1749
Digital Contact Information:
flnewvision@gmail.com

and
730 Northwest 107th Avenue
110
Miami, FL 33172
(305) 249-1183
Digital Contact Information:
flnewvision@gmail.com

and
12150 Southwest 128th Court
Ste 228
Miami, FL 33186
(786) 227-6314
Digital Contact Information:
flnewvision@gmail.com

and
12150 Southwest 128th Court
Suite 233
Miami, FL 33186
(786) 238-7666
Digital Contact Information:
flnewvision@gmail.com

and
13701 Southwest 88th Street
306
Miami, FL 33186
(786) 842-1489
Digital Contact Information:
flnewvision@gmail.com

and

15305 Northwest 60th Avenue
Ste 100
Miami Lakes, FL 33014
(786) 536-7561
Digital Contact Information:
flnewvision@gmail.com

and
5803 Northwest 151st Street
STE 206
Miami Lakes, FL 33014
(305) 504-1749
Digital Contact Information:
flnewvision@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rizo, Yanisett, MSN, APRN ■
5901 Southwest 74th Street
208
Miami, FL 33143
(954) 884-5626
Digital Contact Information:
http://www.santanamhs.com
admin@santanamhs.com

and
5901 Southwest 74th Street
211
Miami, FL 33143
(786) 228-6892
Digital Contact Information:
http://www.santanamhs.com
admin@santanamhs.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Robaina, Niubis, MPSY, LMHC ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
yavila@avilahealthgroup.com

Roberson, Cranesha E, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@truhealingreality.com

and
111 NW 183rd St
Ste 404
Miami, FL 33169
(786) 524-4001
Digital Contact Information:
info@truhealingreality.com

Roberts, Elizabeth H, MD ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
ap@resurgencebh.com
Other Languages Spoken by Provider or Office Staff
Spanish

Roberts, Kayla E, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
credentialing@flatherapy.com

Roberts, Nicole, MSN, APN, APRN, CNP, CNS, NP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
billing101@healthandpsychiatry.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
billing101@healthandpsychiatry.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
billing101@healthandpsychiatry.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
billing101@healthandpsychiatry.com

Roberts, Ryan, MS, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
ryanrobertslpc@gmail.com

and
FL
(305) 902-6347
Digital Contact Information:
ryanrobertslpc@gmail.com

Robinson, Jade, MS, LMHC ■
FL
(786) 488-8103
Digital Contact Information:
http://www.sfacounseling.org
info@sfacounseling.org

Robinson, Kent A, MA, LPC ■
10311 Northwest 58th Street
Doral, FL 33178
(800) 438-1772
Digital Contact Information:
lrangel@wlcfs.org

Rocha, Leslie, MS, LMHC ■
8500 SW 92nd Street
206
Miami, FL 33156
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
billing@livewelltherapygroup.com

and
7600 Southwest 57th Avenue
suite 334
South Miami, FL 33143
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
billing@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Roche, Michelle, MS, LMHC ■
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
http://brightsyhealthfl.com
brightsyhealth@gmail.com

and
1031 Ives Dairy Rd
Ste 228
Miami, FL 33179
(786) 320-5559
Digital Contact Information:
brightsyhealth@gmail.com

and
1001 North Miami Beach Boulevard
North Miami Beach, FL 33162
(786) 320-5559
Digital Contact Information:
brightsyhealth@gmail.com

Rochetto, Alexandria, MA, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
andreaburks@bayouwellness.life

Rocker, Jeff, MMH, LMHC ■
777 Brickell Ave
Ste 500
Miami, FL 33131
(786) 490-2181
Digital Contact Information:
askjeffrocker@gmail.com

Rodgers, Kathleen, MSN, APN ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Rodriguez, Alissa, MC, LMHC ■
3081 Salzedo Street
202u
Coral Gables, FL 33134
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com

and
3081 Salzedo Street
Suite 202
Coral Gables, FL 33134
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com

and
3625 Northwest 82nd Avenue
Doral, FL 33166
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com

and
3625 Northwest 82nd Avenue
400
Doral, FL 33166
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com

and
1911 Southwest 87th Avenue
Miami, FL 33165
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com

and
FL
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com

and
9016 Southwest 152nd Street
Palmetto Bay, FL 33157
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Andrea, MC, LMHC ■
8500 SW 92nd Street
203
Miami, FL 33156
(786) 332-4478
Digital Contact Information:
billing@livewelltherapygroup.com

and
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
billing@livewelltherapygroup.com

and
11050 Southwest 88th Street
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
billing@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Anely, MSW, LCSW ■
10590 Northwest 27th Street
suite e103 b
Doral, FL 33172
(305) 640-8632
Digital Contact Information:
blessmedicalservice@gmail.com

and
10031 Southwest 40th Street
Miami, FL 33165
(786) 442-9628
Digital Contact Information:
blessmedicalservice@gmail.com

Rodriguez, Ayme, MSN, APRN ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
contact@elevatepsychiatry.com

and
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
contact@elevatepsychiatry.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Freijo, Selma, MSW, LCSW ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
help@joinuplift.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
help@joinuplift.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Garcia, Daniel, MC, LMHC ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
lifetimesolutionsagency@gmail.com

and
5757 Waterford District Drive
Unit 172
Miami, FL 33126
(786) 524-2880
Digital Contact Information:
http://www.lifetimesolutionsagency.com
lifetimesolutionsagency@gmail.com

and
Monterey Street
Miami, FL 33134
(786) 803-8306
Digital Contact Information:
lifetimesolutionsagency@gmail.com

and
14471 S Dixie Hwy
Miami, FL 33176
(786) 803-8826
Digital Contact Information:
http://www.amorementalhealthcorp.com
lifetimesolutionsagency@gmail.com

and
9010 Southwest 137th Avenue
101
Miami, FL 33186
(786) 803-8826
Digital Contact Information:
http://amorementalhealthcorp.com
lifetimesolutionsagency@gmail.com

and
8785 SW 165th Ave
Ste 104
Miami, FL 33193
(786) 703-1538
Digital Contact Information:
lifetimesolutionsagency@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Gutierrez, Lisney, MSN, APRN ■
5901 Southwest 74th Street
211
Miami, FL 33143
(786) 228-6892
Digital Contact Information:
http://www.santanamhs.com
lisney_lia@hotmail.com

and
9425 SW 72nd St
Miami, FL 33173

(786) 200-1071
Digital Contact Information:
lisney_lia@hotmail.com

and
9425 Sunset Drive
Suite 251
Miami, FL 33173
(786) 310-6004
Digital Contact Information:
lisney_lia@hotmail.com

Rodriguez, Julieta, PHD, LP ■
15715 S Dixie Hwy
Ste 401
Miami, FL 33157
(786) 255-4693
Digital Contact Information:
jr3015@aol.com

and
15715 S Dixie Hwy
Ste 406
Miami, FL 33157
(786) 255-4693
Digital Contact Information:
jr3015@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Lucero M, MD ■
10305 NW 41st St
Ste 205
Doral, FL 33178
(305) 718-9800
Digital Contact Information:
rodriquezlucero.md@gmail.com

and
10305 Northwest 41st Street
202
Doral, FL 33178
(305) 718-9800
Digital Contact Information:
rodriquezlucero.md@gmail.com

and
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://lifehealthsystem.org
rodriquezlucero.md@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Maria T, PHD, LMHC ■
7815 Coral Way
101
Miami, FL 33155
(786) 615-4879
Digital Contact Information:
youworth24@gmail.com

and
7821 Coral Way
100
Miami, FL 33155
(786) 615-4879
Digital Contact Information:
youworth24@gmail.com

and
10250 Southwest 56th Street
C202
Miami, FL 33165
(754) 816-5001
Digital Contact Information:
youworth24@gmail.com

and
1470 Northwest 107th Avenue
M
Miami, FL 33172
(786) 238-7282
Digital Contact Information:
youworth24@gmail.com

and
1470 Northwest 107th Avenue
h
Miami, FL 33172
(305) 262-1335
Digital Contact Information:
youworth24@gmail.com

and
9600 SW 8th St
Ste 16
Miami, FL 33174
(786) 536-7588
Digital Contact Information:
youworth24@gmail.com

and
13226 SW 8th St
Miami, FL 33184
(786) 518-3353
Digital Contact Information:
youworth24@gmail.com

and
4471 Northwest 36th Street
SUITE #230
Miami Springs, FL 33166
(786) 238-7335
Digital Contact Information:
youworth24@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rodriguez, Maribel, MD ■
4304 Alton Rd
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com

Rodriguez Milian, Karel, MD ■
2500 Northwest 79th Avenue
233
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
andersonbilling1001@gmail.com

and
2500 Northwest 79th Avenue
Suite 189
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
andersonbilling1001@gmail.com

and
351 NW 42nd Ave
Ste 406
Miami, FL 33126
(786) 536-1710
Digital Contact Information:
andersonbilling1001@gmail.com

and
1890 Southwest 57th Avenue
SUITE 106
Miami, FL 33155
(786) 536-1701
Digital Contact Information:
andersonbilling1001@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Miriam, MSSW, LCSW ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Rodriguez, Monica C, MSN, APRN ■
12651 South Dixie Highway
Suite 320
Miami, FL 33156
(305) 300-3121
Digital Contact Information:
info@icarepsychiatry.org

and
8950 Southwest 74th Court
Suite 1808
Miami, FL 33156
(305) 300-3121
Digital Contact Information:
info@icarepsychiatry.org

and
FL
(786) 325-7643
(305) 209-4966
Digital Contact Information:
http://icarepsychiatry.com
info@icarepsychiatry.org

Rodriguez Ramos, Meilyn, PSYD, LP ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Renzo, MSN, APRN ■
2820 Northeast 214th Street
Ste 801
Aventura, FL 33180
(256) 500-8688
Digital Contact Information:
https://www.joinblossomhealth.com
blossom@withassured.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
blossom@withassured.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
blossom@withassured.com

Rodriguez, Taymi, MS, APRN ■
FL
(786) 860-5104
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com

and
15260 Southwest 280th Street
203
Homestead, FL 33032
(786) 601-7491
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com

and
2121 Southwest 3rd Avenue
205
Miami, FL 33129
(786) 660-1301
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com

and
3191 Southwest 22nd Street
406
Miami, FL 33145
(786) 660-1301
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com

and
7921 Bird Road
39
Miami, FL 33155
(786) 310-1570
Digital Contact Information:
http://oceanhealthsystem.com
lisbetrodriguez@llbillingoffice.com

and
7971 Bird Road
39
Miami, FL 33155
(786) 910-7179
Digital Contact Information:
http://oceanhealthsystem.com
lisbetrodriguez@llbillingoffice.com

and
4905 Northwest 72nd Avenue
5
Miami, FL 33166
(786) 391-3816
Digital Contact Information:
http://paradisehealthgroup.com
lisbetrodriguez@llbillingoffice.com

and
10680 Fontainebleau Boulevard
Miami, FL 33172
(305) 794-6845
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com

and
9350 SW 72nd St
Ste 116
Miami, FL 33173
(305) 992-9768
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com

and
12781 SW 42nd St
Ste G
Miami, FL 33175
(786) 227-3661
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com

and
13155 Southwest 134th Street
221
Miami, FL 33186
(786) 652-9880
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com

and
18142 Southwest 97th Avenue
Palmetto Bay, FL 33157
(786) 701-9179
Digital Contact Information:
http://www.guevaramedicalservices.com
lisbetrodriguez@llbillingoffice.com

and
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez-Cambas, Ailyn, MPSY, LMHC ■
11009 Southwest 186th Street
Cutler Bay, FL 33157
(786) 732-7979
Digital Contact Information:
circleoflifementalhealth@gmail.com

and
2100 Southwest 22nd Street
502
Miami, FL 33145
(786) 963-0128
Digital Contact Information:
circleoflifementalhealth@gmail.com

and
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
circleoflifementalhealth@gmail.com

and
10031 Southwest 40th Street
Miami, FL 33165
(786) 442-9628
Digital Contact Information:
circleoflifementalhealth@gmail.com

and
5600 Southwest 135th Avenue
100
Miami, FL 33183
(305) 603-9104
Digital Contact Information:
circleoflifementalhealth@gmail.com

Rodriguez-Hevia, Victoria, MC, LMHC ■
1450 Madruga Avenue
STE 302
Coral Gables, FL 33146
(305) 333-0181
Digital Contact Information:
theintuitivecouncelingcenter@gmail.com

Rodriguez-Prada, Margarita, MSCC, LMHC ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
tmedina@hbccmhc.com

Roiko, Kellyn, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Rojas, Rafael, MSN, APRN ■
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
yny.behavioralservices@gmail.com

and
1400 Northwest 12th Avenue
Miami, FL 33136
(305) 243-5302
Digital Contact Information:
yny.behavioralservices@gmail.com

and
1475 NW 12th Ave
Fl 3
Miami, FL 33136
(305) 243-5302
Digital Contact Information:
yny.behavioralservices@gmail.com

and
1611 NW 12th Ave
Miami, FL 33136
(305) 243-5302
Digital Contact Information:
yny.behavioralservices@gmail.com

and
790 Northwest 107th Avenue

Suite 110
Miami, FL 33172
(305) 385-9919
Digital Contact Information:
yny.behavioralservices@gmail.com

and
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
yny.behavioralservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Roman, Carla, MS, LMHC ■
FL
(786) 485-3932
Digital Contact Information:
swflmedicalgroupllc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Romeo, Leticia C, MSN, APRN ■
7971 Bird Road
39
Miami, FL 33155
(786) 910-7179
Digital Contact Information:
ajndcorp@gmail.com

and
9350 SW 72nd St
Ste 116
Miami, FL 33173
(786) 504-5620
Digital Contact Information:
ajndcorp@gmail.com

Rondina, Katherine M, MSN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
hr.credentialing@sohomd.com
Other Languages Spoken by Provider or Office Staff English

Rosado, Stephanie, PSYD, LP ■
FL
(786) 738-6468
Digital Contact Information:
http://mentalhealthofmiami.com
frontdesk@mentalhealthofmiami.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rosario, Tamara, MS, LMHC ■
11077 Biscayne Boulevard
410
Miami, FL 33161
(888) 494-0808
Digital Contact Information:
https://tamara-rosario.clientsecure.me
office@sbhss.net
Other Languages Spoken by Provider or Office Staff
Spanish

Rose, Barbara Krystal, MS, LMHC ■
1065 NE 125th St
Ste 206
North Miami, FL 33161
(888) 852-6672
Digital Contact Information:
http://www.compasshealthsystems.com
credentialing@compass.md

and
1065 NE 125th St
Ste 409
North Miami, FL 33161
(888) 852-6672
Digital Contact Information:
http://www.compasshealthsystems.com
credentialing@compass.md

and
FL
(888) 852-6672
Digital Contact Information:
http://www.compasshealthsystems.com
credentialing@compass.md

Rosellon, Naybi, DNP, APRN ■
5901 Southwest 74th Street
211
Miami, FL 33143
(786) 228-6892
Digital Contact Information:
http://www.santanamhs.com
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Rosenberg, Mercedes E, PSYD, LMHC, LP ■
11110 N Kendall Dr
Ste 200
Miami, FL 33176
(305) 596-3335
Digital Contact Information:
mrosenberg12@bellsouth.net
Other Languages Spoken by Provider or Office Staff
French, Spanish

Ruano, Edgar O, MC, LMHC, LPCC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Rueda Acosta, Reynaldo, MSN, PMHNP ■
9350 Southwest 72nd Street
112
Miami, FL 33173
(786) 665-6567
Digital Contact Information:
info@gleeclinic.com

and
8748 Southwest 8th Street
Miami, FL 33174
(786) 665-6567
Digital Contact Information:
http://gleeclinic.com
info@gleeclinic.com

Rueda-Lara, Maria, MD ■
1121 NW 14th St
Miami, FL 33136
(305) 243-4129
Digital Contact Information:
Not Available

and
1121 NW 14th St
Fl 1
Miami, FL 33136
(305) 243-4129
Digital Contact Information:
Not Available

and
1475 NW 12th Ave
C-023A
Miami, FL 33136
(305) 243-4129
Digital Contact Information:
Not Available

and
1611 NW 12th Ave
Miami, FL 33136
(305) 585-1111
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
Miami, FL 33136
(305) 355-7000
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
1404A
Miami, FL 33136
(305) 355-7777
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
Fl 3
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Ruiz, Nataly, MSN, ARNP ■
13195 Southwest 134th Street
102
Miami, FL 33186
(305) 964-5236
Digital Contact Information:
advancedcaresfl@outlook.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ruiz Santiago, Mayte S, MD ■
900 West 49th Street
STE 512
Hialeah, FL 33012
(786) 536-1701
Digital Contact Information:
psychiatry@integratedhealthcare.group

and
351 NW 42nd Ave
Ste 406
Miami, FL 33126
(786) 536-1710
Digital Contact Information:
http://www.integratedhealthcare.group
psychiatry@integratedhealthcare.group

and
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
psychiatry@integratedhealthcare.group

and
1890 Southwest 57th Avenue
SUITE 106
Miami, FL 33155
(786) 536-1701
Digital Contact Information:
psychiatry@integratedhealthcare.group
Other Languages Spoken by Provider or Office Staff
Spanish

Ruiz, Tatiana, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
info@ffmhs.com

Russell-Smith, Ashleigh, MN, APRN ■
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
http://brightsyhealthfl.com
brightsyhealth@gmail.com

Ryan, Melanie, MS, LMHC ■
2124 Northeast 123rd Street
STE 220
North Miami, FL 33181
(786) 828-0947
Digital Contact Information:
https://blossomfl.com
info@blossomfl.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ryan, Nannette, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Ryerson, Deanna, PSYD, LP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
billingdepartrment@howardcenter.org

Rzadkowolsky-Raoli, Cesare, MD ■
8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-0208
Digital Contact Information:
http://www.wellnesstherapyandmedical.com
info@doctorsccs.com

and
9000 Southwest 137th Avenue
Suite 103
Miami, FL 33186
(305) 671-3503
Digital Contact Information:
http://behavioralccs.com
info@doctorsccs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Saez, Pedro, PSYD, LP ■
7700 North Kendall Drive
809
Miami, FL 33156
(888) 456-2545
Digital Contact Information:
https://neuropsychologymiami.com/
neuropsycho90@gmail.com

Saheli, Gezel, MD ■
1065 Southwest 8th Street
570
Miami, FL 33130
(888) 903-5505
Digital Contact Information:
http://www.telapsychiatry.com
scheduling@telapsychiatry.com
Other Languages Spoken by Provider or Office Staff Farsi

Saiz Quintana, Maria E, MD ■
2550 Douglas Road
Suite 302
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
a.castillo@harmonyatthegables.com

and
2650 Southwest 27th Avenue
300 301a
Miami, FL 33133
(786) 353-9812
Digital Contact Information:
http://www.harmonyatthegablesclinic.com
a.castillo@harmonyatthegables.com

and
2650 Southwest 27th Avenue
Suite 305
Miami, FL 33133
(786) 353-9812
Digital Contact Information:
http://www.harmonyatthegablesclinic.com
a.castillo@harmonyatthegables.com

and
900 SW 97th Ave
Miami, FL 33174
(786) 790-4759
Digital Contact Information:
a.castillo@harmonyatthegables.com
Other Languages Spoken by Provider or Office Staff
Spanish

Saland, Deborah, MSW, CAP, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Salazar, Ana, MS, LMHC ■
2500 Northwest 107th Avenue
Suite 102
Doral, FL 33172
(786) 605-9400
Digital Contact Information:
hello@reachlink.com

Saldarriaga, Natalia, MC, LMHC ●
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
https://behavioralaid.com/
nataliasaldarriaga@rocketmail.com

Salgado, Dalida, MSN, PMHNP ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
healingtouchinc@msn.com

and
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com
Other Languages Spoken by Provider or Office Staff Spanish

Salley, Amy, MSN, APRN, APRNCNP, CRNP, NP, PMHNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
hello@psychplus.com

Salvador, Nicole, MC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
fivestarlearningc@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Salvato, Fernando, MD ■
184 Palm Avenue
Miami Beach, FL 33139
(305) 324-6440
Digital Contact Information:
umpsychiatry@icloud.com

San Salvador, Donna, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Sanchez, Azucena, MSN, APRN ■
17395 Northwest 59th Avenue
Hialeah, FL 33015
(305) 662-2185
Digital Contact Information:
excellencemed126@gmail.com

and
27 Northwest 13th Street
Homestead, FL 33030
(786) 339-8824
Digital Contact Information:
http://www.sfmhr.com
excellencemed126@gmail.com

and
7959 NW 2nd St
Miami, FL 33126
(305) 267-6060
Digital Contact Information:
excellencemed126@gmail.com

and
3146 Southwest 22nd Street
Miami, FL 33145
(786) 227-6177
Digital Contact Information:
excellencemed126@gmail.com

and
12750 Southwest 128th Street
Suite 108
Miami, FL 33186
(786) 713-0970
Digital Contact Information:
excellencemed126@gmail.com

and
11285 Southwest 211 Street
305
Miami, FL 33189
(786) 980-7496
Digital Contact Information:
excellencemed126@gmail.com

and
9847 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 227-6177
Digital Contact Information:
excellencemed126@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Sanchez, Gabriel, MD ■
9725 South Dixie Highway
Pinecrest, FL 33156
(305) 209-0144
Digital Contact Information:
http://sanchez-md.com
gabriel@sanchez-md.com
Other Languages Spoken by Provider or Office Staff English

Sanchez, Roberto W, MN, APRN ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
healingtouchinc@msn.com

and
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

Sanchez, Rosa M, MS, LMHC ■
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
morecounseling@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Sandoval, Carlos J, MD ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
westmiamicmhc@bellsouth.net
Other Languages Spoken by Provider or Office Staff Italian, Spanish

Sanfiel, Ida N, MS, LMHC ■
5915 Ponce de Leon
48
Coral Gables, FL 33146
(786) 325-3285
Digital Contact Information:
isanfiel@gmail.com

and
2500 Northwest 107th Avenue
Suite 102
Doral, FL 33172
(786) 605-9400
Digital Contact Information:
isanfiel@gmail.com

and
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
isanfiel@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Sanmiguel, Maria T, MMH, LMHC ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
westmiamicmhc@bellsouth.net

Santa, Dorilee, MS, LCMHC, LMHC ■
FL
(786) 258-8499
(786) 237-8501
(415) 941-4109
Digital Contact Information:
http://healinggrowththerapy.com
service@virtual-counseling.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Santiago Acevedo, Adriana, MPSY, LMHC ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
perla@dadefaily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla@dadefaily.com

Santiago Fernandez, Flor De Liz, EDD, LCSW ■
10691 North Kendall Drive
304
Miami, FL 33176
(786) 771-3370
Digital Contact Information:
http://www.familybalancetherapy.com
familybalancetherapy@gmail.com

and
FL
(786) 771-3370
Digital Contact Information:
http://www.familybalancetherapy.com
familybalancetherapy@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Santiago Guia, Rina, PSYD, LP ■
151 NW 11th St
Ste W201
Homestead, FL 33030
(786) 521-5925
Digital Contact Information:
monarchallhealth@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Sarduy, Ernesto L, DNP, APRN ■
8950 SW 74th Ct
Ste 2201
Miami, FL 33156
(786) 637-0907
Digital Contact Information:
http://southfloridapsychiatry.com
southfloridapsychiatry@outlook.com
Other Languages Spoken by Provider or Office Staff Spanish

Satorre, Mayuli C, MSN, APRN ■
3785 Northwest 82nd Avenue
307
Doral, FL 33166
(305) 898-5420
Digital Contact Information:
m.satorre@harmonyatthegables.com

and
33550 South Dixie Highway
106
Florida City, FL 33034
(786) 601-7712
Digital Contact Information:
m.satorre@harmonyatthegables.com

and
1150 Northwest 72nd Avenue
ph 2
Miami, FL 33126
(786) 542-5043
Digital Contact Information:
http://1stcarecms.com
m.satorre@harmonyatthegables.com

and
2650 Southwest 27th Avenue
Suite 305
Miami, FL 33133
(786) 353-9812
Digital Contact Information:
http://www.harmonyatthegablesclinic.com
m.satorre@harmonyatthegables.com
Other Languages Spoken by Provider or Office Staff Spanish

Saturne, Casandra, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
thoughtsofhopellc@gmail.com
Other Languages Spoken by Provider or Office Staff Dutch, Spanish

Saveanu, Radu V, MD ■
1120 NW 14th St
1477
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
Not Available

and
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-6400
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
1404A
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
3308
Miami, FL 33136
(305) 355-7000
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
Fl 3
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
Not Available

Sawyers, Althea, MMFT, LMFT ■
FL
(202) 410-5972
(833) 322-0977
(786) 277-5563
Digital Contact Information:
http://www.quality-therapy.com
asawyers.biz@gmail.com

Schechner, Joanna, PSYD, CP, HSPP, LP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
dmccoy@prodatamgmt.com

Schiavone, Veronica J, MSW, LCSW ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773

Digital Contact Information:
info@riviamind.com

Schiff, Janice, MSN, APRN ■
2601 SW 37th Ave
Ste 904
Miami, FL 33133
(800) 457-4573
Digital Contact Information:
jschiff1@hotmail.com

Schindler, Alina, MC, LMFT ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
rebekah@lscounseling.com
Other Languages Spoken by Provider or Office Staff English

Schroeder, Donald A, MA, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
schroederdn@gmail.com

Schutt, Horacio, MPSY, LMHC ■
20900 Northeast 30th Avenue
200 17
Aventura, FL 33180
(786) 315-0387
Digital Contact Information:
http://www.miamipsychoanalysis.net
floridapsychotherapygroup@gmail.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
floridapsychotherapygroup@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Scotto, Nicole M, MC, LMHC ■
2875 Northeast 191st Street
528
Aventura, FL 33180
(305) 396-9010
Digital Contact Information:
https://balancedlifetherapygroup.com/
help@joinuplift.co

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff English

Seals, Latoya, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@bestselfwny.org

Shah, Nikita, MD ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y

Shakespeare, Ashanti, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
inquiry@dare2emerge.com

Shervington, Dinora T, MS, LMFT ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
thecouples1@gmail.com

and
12150 Southwest 128th Court
Suite 105
Miami, FL 33186
(305) 338-2231
Digital Contact Information:
thecouples1@gmail.com

and
13383 SW 142nd Ter
Miami, FL 33186
(786) 362-5981
Digital Contact Information:
thecouples1@gmail.com

Silebi, Candice, MSED, LMHC ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
westmiamicmhc@bellsouth.net
Other Languages Spoken by Provider or Office Staff Spanish

Singer, Gabrielle, MSW, LCSW ■
FL
(508) 202-1011
Digital Contact Information:
info@mosaicmindscounseling.com

Sjostrom, Lady, LMHC, MA, MS ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
info@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
info@dadefamily.com
Other Languages Spoken by Provider or Office Staff Spanish

Smart-McCarthy, Madison, PHD, LCP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
hello@emorahealth.com

Smith, Andrew C, MSN, APRN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
info@riviamind.com

Smith, Erika, MC, LMHC ■
4302 Alton Rd
Ste 500
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com
Other Languages Spoken by Provider or Office Staff Spanish

Smith, Jennifer, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Smith, Mark C, PSYD, LP ●
2600 S Douglas Rd
Ste 1003
Coral Gables, FL 33134
(305) 445-0477
Digital Contact Information:
ana@coralgablescounseling.com

Smith, Ronny, MS, LPC ■
FL
(305) 902-6347
Digital Contact Information:
msabree@sabreets.com

Smith, Teresa, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Snipes, Jonathan M, MD ■
44 Northwest 17th Street
Homestead, FL 33030
(305) 209-4750
Digital Contact Information:
credentialing@thriveworks.com

Sobhan, Tanveer, MD ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
tsobhanmd@yahoo.com

and
11430 North Kendall Drive
208
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
tsobhanmd@yahoo.com

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
tsobhanmd@yahoo.com
Other Languages Spoken by Provider or Office Staff Bengali

Solares, Nani E, MA, LMHC ■
9240 Sunset Dr
Ste 202
Miami, FL 33173
(786) 803-7922
Digital Contact Information:
http://www.nanisolares.com
nanisolareslmhc@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Soto, Lugannys M, MS, LMHC ■
6601 Southwest 80th Street
STE 121
South Miami, FL 33143
(305) 453-4833
Digital Contact Information:
http://www.themodernpsychology.com
admin@themodernpsychology.com
Other Languages Spoken by Provider or Office Staff Spanish

Soto, Maricarmen, MSW, LCSW ■
10300 SW 216th St
Cutler Bay, FL 33190
(305) 253-5100
Digital Contact Information:
Not Available

Spall, Christopher, MA, CAP, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Spanos, Melina, MSN, APRN ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Spasic, Marija, MS, LMHC ■
7600 West 20th Avenue
213
Hialeah, FL 33016
(786) 471-6887
Digital Contact Information:
http://marijaspasic.com
srcetherapy@gmail.com

Spence, Tracy A, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@theracounsel.com

Spencer, Marcia, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
jane.mohammad@daybreakhealth.com

Spencer Rose, Sharon, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Spitzer, Nancy, MS, LMFT ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
birches@withassured.com
Other Languages Spoken by Provider or Office Staff English

Springer, Shawndel, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
gethelp@wellqor.com

Stallworth, Janell, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
hello@wellnite.com

Stcyr, Kettlyne, MSN, APRN, PMHNP ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
bhenrollment@accesstelecare.com

and
1031 Ives Dairy Road
228
Miami, FL 33179
(786) 262-7450
Digital Contact Information:
http://www.jerryhealinghands.org
bhenrollment@accesstelecare.com

Steinberg, Rachel, MSW, LCSW ■
5901 Southwest 74th Street
408
Miami, FL 33143
(305) 735-3555
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com

Stevenson, Thalia, MS, LCMHC ■
FL
(786) 530-5410
Digital Contact Information:
http://actservicellc.com
actservices2023@gmail.com

Stewart, Tannisha, MC, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
tannishastewart@starzjourneyinc.onmicrosoft.com

Stoian, Mihaela, MS, LMHC ■
FL
(954) 834-3570
Digital Contact Information:
http://grieftree.com
mstoian1217@gmail.com
Other Languages Spoken by Provider or Office Staff
Romanian

Stone Palmer, Matthew Luke, MSW, LCSW ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
info@prioritypractice.com

Suarez, Lazaro N, MED, LMHC ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(305) 244-5299
Digital Contact Information:
https://rainbowbehavioralservices.com
rainbowbehavioralservices@gmail.com

and
11055 Southwest 186th Street
#101
Miami, FL 33157
(305) 342-4893
Digital Contact Information:
rainbowbehavioralservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Suarez, Rogelio, MD ■
4302 Alton Rd
Ste 820
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com

and
4304 Alton Rd
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com

and
4304 Alton Rd
Fl 1
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Suchanic, Joseph B, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
jsuchanic@elliementalhealth.com

Summer, Linda R, MSW, LCSW ■
FL
(305) 467-8384
Digital Contact Information:
lrsummer@yahoo.com

Suna, Elise, LMFT, MA, MSED ■
1390 South Dixie Highway
#1307
Coral Gables, FL 33146
(305) 204-2601
Digital Contact Information:
elise.suna@gmail.com

Sveinsson, Bjorn, MS, LMHC ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
gina@lotuscounseling.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
gina@lotuscounseling.com

Swain, Cieria D, MC, LCSW, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
appointments@meetmarvin.com
Other Languages Spoken by Provider or Office Staff English

Tapia, Maria I, PHD, LCSW ■
1801 Coral Way
Ste 401
Miami, FL 33145
(305) 323-2807
Digital Contact Information:
tapialcsw@gmail.com

and
13230 SW 37th Ter
Miami, FL 33175
(305) 225-1144
Digital Contact Information:
tapialcsw@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Tarr, Theodora L, PSYD, LP ■
9729 S Dixie Hwy
Miami, FL 33156
(305) 666-3650
Digital Contact Information:
dr.teddy@griefworksinc.com

and
8740 Southwest 133rd Street
Miami, FL 33176
(305) 666-3650
Digital Contact Information:
http://www.griefworksinc.com/
dr.teddy@griefworksinc.com

and
9202 Southwest 73rd Avrd
Pinecrest, FL 33156
(305) 666-3650
Digital Contact Information:
dr.teddy@griefworksinc.com

Tassy-Lewis, Sabrina, PSYD, LP ■
14411 Commerce Way
Hialeah, FL 33016
(954) 534-0432
Digital Contact Information:
tassy@nova.edu
Other Languages Spoken by Provider or Office Staff Haitian Creole, Creole

Tauler, Antonio, MD ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
Not Available

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
Other Languages Spoken by Provider or Office Staff
Spanish

Taveras, Madelin, MC, LMHC, PC ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
westmiamicmhc@bellsouth.net
Other Languages Spoken by Provider or Office Staff
English, Spanish

Taylor Hernandez, Glenda, MSW, LCSW ■
4475 Southwest 8th Street
Coral Gables, FL 33134
(786) 536-2872
Digital Contact Information:
admin@fpmagency.com

and
777 E 25th St
Ste 212
Hialeah, FL 33013
(786) 542-5646
Digital Contact Information:
admin@fpmagency.com

and
22133 South Dixie Highway
Miami, FL 33170
(786) 504-3119
Digital Contact Information:
https://fpmflorida.org/
admin@fpmagency.com
Other Languages Spoken by Provider or Office Staff
Spanish

Tedesco, Nicole, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Tercero, Vanessa, MSW, LCSW ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Terrell, Charlotte R, MS, LMFT ■
FL
(305) 596-7547
Digital Contact Information:
chaterrell@aol.com

Terron, Rochely, MC, LMHC ■
815 North Homestead Boulevard
228
Homestead, FL 33030
(305) 783-8181
Digital Contact Information:
rochelyterron@gmail.com

Terry, Lisa J, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Theis, Deborah, PHD, LP ■
FL
(800) 567-5433
Digital Contact Information:
https://totallife.com/
providerenrollment6@deeroaks.com

Theoc, Phonia, MS, LMHC ●
FL
(786) 644-5248
Digital Contact Information:
transformingmindsandlives@gmail.com

Thomas, Marcdala, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
marcdalathomas2006@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole

Thomas, Mottsin, MD ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(310) 360-7200
Digital Contact Information:
contact@bonmente.com

Topalian, Sona, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff
Armenian

Torre, Emilia, MD, LMHC ■
1022 East 8th Avenue
Hialeah, FL 33010
(786) 615-7829
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
2100 West 76th Street
STE 408
Hialeah, FL 33016
(786) 615-7829
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
3412 West 84th Street
e106
Hialeah, FL 33018
(305) 827-7344
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Torres, Sergio, LMHC, MSCC ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
Not Available

Trenker, Brittany L, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Treto, David, MN, APRN ■
13145 Southwest 134th Street
102
Miami, FL 33186
(305) 964-5236
Digital Contact Information:
olympushcs@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Turino, Berkis, MA, LMHC ■
2500 Northwest 79th Avenue
Suite 227
Doral, FL 33122
(305) 456-9396
Digital Contact Information:
healingtouchinc@msn.com

and
FL
(305) 824-0637
Digital Contact Information:
healingtouchinc@msn.com

and
5590 West 20th Avenue
200 201
Hialeah, FL 33016
(305) 557-1555
Digital Contact Information:
healingtouchinc@msn.com

and
3414 West 84th Street
Suite D110
Hialeah, FL 33018
(305) 825-4320
Digital Contact Information:
healingtouchinc@msn.com

and
3416 West 84th Street
C-108
Hialeah, FL 33018
(305) 557-1555
Digital Contact Information:
http://lifestarwellnesscenter.com
healingtouchinc@msn.com

Turner, Angela D, PHD, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
fl-credentialing@lifestance.com
Other Languages Spoken by Provider or Office Staff
Spanish

Turner, Rosa F, MD ■
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
http://www.miamipersonalmanagement.com
klopez@miamipersonalmanagement.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ukken, Boby, MSN, APRN ■
2828 Coral Way
Ste 460
Coral Gables, FL 33145
(305) 895-0504
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net

and
12550 Biscayne Boulevard
STE 306
North Miami, FL 33181
(305) 642-5255
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net
Other Languages Spoken by Provider or Office Staff
Russian

Valdes Hernandez, Mayuly, MSN, APRN ■
255 University Dr
Fl 2
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
administration@mindandsoultherapy.com

and
2550 Douglas Road
Ste #301
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
administration@mindandsoultherapy.com

and
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
administration@mindandsoultherapy.com

Valdes, Jose G, DNP, APRN ■
FL
(305) 204-9455
Digital Contact Information:
josegvn@gmail.com

and
10689 North Kendall Drive
211
Miami, FL 33176
(305) 204-9499
Digital Contact Information:
josegvn@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valdez, Aileen, MSCC, LMHC ●
1550 Madruga Ave
Ste 509
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
https://www.abc4s.com/
inf0@abc4s.com

and
FL
(786) 536-9714
Digital Contact Information:
https://www.abc4s.com/
inf0@abc4s.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valencia, Odalys, MSW, LCSW ■
5979 Northwest 151st Street
STE 230
Miami Lakes, FL 33014
(305) 362-1875
Digital Contact Information:
odalysvalencialcsw@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valencia, Tatiana, PSYD, LP ■
3191 Coral Way
Ste 623
Miami, FL 33145
(786) 344-2849
Digital Contact Information:
tvalencia174@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valle, Adiaris, MSN, APRN ■
10540 Northwest 26th Street
STE G201
Doral, FL 33172
(786) 879-8040
Digital Contact Information:
office@maximamedicalcenter.com

and
777 E 25th St
Ste 306
Hialeah, FL 33013
(786) 838-6092
Digital Contact Information:
office@maximamedicalcenter.com

Van Schaick, Jessica, PA, PA_C ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
contact@elevatepsychiatry.com

and
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
contact@elevatepsychiatry.com
Other Languages Spoken by Provider or Office Staff English

Vanbenschoten, Mary E, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Vandy, Damaris, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@hupcfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Varela, Chily, MMH, LMHC ■
3081 Salzedo Street
202 202
Coral Gables, FL 33134
(786) 327-4840
Digital Contact Information:
cvarelalmhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vaughan, Mary E, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Vazquez Bueno, Osvaldo, MSN, APRN ■
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

and
13170 Southwest 128th Street
200
Miami, FL 33186
(786) 852-5198
Digital Contact Information:
insurance@wellnite.com

Vazquez De Miguel, Tatiana, MC, LMHC ■
13390 West Dixie Highway
North Miami, FL 33161
(305) 403-0664
Digital Contact Information:
http://www.dgcmhc.org
yrodriguez@dgcmhc.org
Other Languages Spoken by Provider or Office Staff
Russian, Spanish

Vazquez Garcia, Yaimara, MC, LMHC ■
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
http://brightsyhealthfl.com
brightsyhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vazquez, Marlon, MD ■
5901 Southwest 74th Street
408
Miami, FL 33143
(305) 735-3555
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ventre, Peter, MD ■
2000 Northwest 87th Avenue
Suite 201
Doral, FL 33172
(954) 561-6222
Digital Contact Information:
info@ventremedical.com

and
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Verdin, Javier, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Vieira, Caroline, MC, LMHC, PC ■
2212 Northwest 91st Street
Miami, FL 33147
(341) 888-7637
Digital Contact Information:
contact@quelinbilling.com
Other Languages Spoken by Provider or Office Staff
Portuguese

Viera, Tisela, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Vila, Dayana, MSN, APRN ■
4005 Northwest 114th Avenue
22 22
Doral, FL 33178
(305) 260-6913
Digital Contact Information:
billingheritagewellness@gmail.com

and
2645 SW 37th Ave
Ste 101
Miami, FL 33133
(786) 530-4080
Digital Contact Information:
billingheritagewellness@gmail.com

and
14221 Southwest 120th Street
126
Miami, FL 33186
(786) 577-3427
Digital Contact Information:
billingheritagewellness@gmail.com

and
13100 West Dixie Highway
North Miami, FL 33161
(786) 442-5021
Digital Contact Information:
billingheritagewellness@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Villa, Brian R, MD ■
4689 Ponce de Leon Boulevard
Suite 200
Coral Gables, FL 33146
(786) 803-8025
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
2500 Northwest 79th Avenue
Suite 227
Doral, FL 33122
(305) 456-9396
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
10520 Northwest 26th Street
STE C101
Doral, FL 33172
(786) 353-9308
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
1400 Northwest 107th Avenue
Suite 310
Doral, FL 33172
(305) 898-0849
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
1840 W 49th St
Ste 605
Hialeah, FL 33012
(305) 456-7785
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
5590 W 20th Ave
Ste 404
Hialeah, FL 33016
(305) 826-9330
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
2311 Northwest 7th Street
Miami, FL 33125
(786) 706-2246
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
1818 West Flagler Street
Miami, FL 33135
(786) 794-2655
Digital Contact Information:
http://www.goldengatemedicalgroup.com
bvillamdpllcbilling@gmail.com

and
1818 West Flagler Street
202
Miami, FL 33135
(786) 755-2892
Digital Contact Information:
http://www.goldengatemedicalgroup.com

bvillamdpllcbilling@gmail.com

and
1818 West Flagler Street
300
Miami, FL 33135
(786) 755-2891
Digital Contact Information:
http://www.goldengatemedicalgroup.com
bvillamdpllcbilling@gmail.com

and
1818 West Flagler Street
Ste 2
Miami, FL 33135
(786) 755-2892
Digital Contact Information:
http://www.goldengatemedicalgroup.com
bvillamdpllcbilling@gmail.com

and
3080 W Flagler St
Miami, FL 33135
(786) 547-2832
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
FL
(239) 499-0900
(786) 794-2655
(305) 495-9014
(786) 755-2891
Digital Contact Information:
http://www.goldengatemedicalgroup.com
bvillamdpllcbilling@gmail.com

and
85 Grand Canal Drive
UNIT 203
Miami, FL 33144
(786) 536-7816
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
7116 Southwest 47th Street
Miami, FL 33155
(786) 794-2655
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
4995 Northwest 72nd Avenue
102
Miami, FL 33166
(786) 360-3584
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
11430 North Kendall Drive
d309
Miami, FL 33176
(305) 898-0849
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
13701 Southwest 88th Street
306
Miami, FL 33186
(786) 842-1489
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
17325 Northwest 27th Avenue
206 207
Miami Gardens, FL 33056
(786) 822-7270
Digital Contact Information:
bvillamdpllcbilling@gmail.com

Villani Capo, Marina, PSYD, LP ■
6262 Sunset Drive
Suite 500
Miami, FL 33143
(305) 669-6503
Digital Contact Information:
payer.credentialing@nicklaushealth.org

and
3100 SW 62nd Ave
Fl 2
Miami, FL 33155
(305) 663-8439
Digital Contact Information:
http://www.nicklaushealth.org
payer.credentialing@nicklaushealth.org

and
FL
(305) 663-8439
Digital Contact Information:
http://www.nicklaushealth.org
payer.credentialing@nicklaushealth.org

Villar-Loubet, Olga M, PSYD, LP ■
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-2301
Digital Contact Information:
Not Available

and
1150 NW 14th St
411
Miami, FL 33136
(305) 689-1352
Digital Contact Information:
Not Available

and
1400 NW 10th Ave
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
Not Available

and
1475 NW 12th Ave
C-023A
Miami, FL 33136
(305) 243-4900
Digital Contact Information:
Not Available

Violette, Lauren M, DNP, APRN ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
info@riviamind.com

Virts, Emily, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Vizcaino, Olga M, MSN, APRN ■
2100 West 76th Street
201 206
Hialeah, FL 33016
(786) 353-2324
Digital Contact Information:
olgamaria861@yahoo.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
olgamaria861@yahoo.com

and
8950 Southwest 74th Court
1911
Miami, FL 33156
(786) 637-7338
Digital Contact Information:
olgamaria861@yahoo.com

and
6001 Northwest 153rd Street
203
Miami Lakes, FL 33014
(786) 459-2466
Digital Contact Information:
olgamaria861@yahoo.com

and
FL
(602) 562-7383
(786) 459-2466
Digital Contact Information:
olgamaria861@yahoo.com

Vossos, Helene B, DNP, APRN ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
jay@healthgroupz.com

Waddell, Mashonda, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Waddle, Heather, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Waldo, Izabella K, DNP, APRN, PMHNP ■
382 Northeast 191st Street
Miami, FL 33179
(305) 609-8634
Digital Contact Information:
scheduling@regionalpsychiatry.com
Other Languages Spoken by Provider or Office Staff German, Russian, Polish

Walker, Audi, MMH, LMHC ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
westmiamicmhc@bellsouth.net

Walker, Kelli L, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@thriveworks.com
Other Languages Spoken by Provider or Office Staff English

Wallace, Henry H, MS, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Wallis, Brittany L, MC, LMFT ■
101 Majorca Avenue
Coral Gables, FL 33134
(786) 618-2627
Digital Contact Information:
blswallis@gmail.com

and
FL
(786) 618-2627
Digital Contact Information:
blswallis@gmail.com

Walsh, Annette C, MSN, APRN ■
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
credentialing@compass.md

Walton, Diamesha, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Wamahiu, Joan W, MSN, APN ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
credentialing@riviamind.com

Wang, Wen AO Dana, MD ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
nwittenborn@riviamind.com

Wanis, Morcos, MD ■
7000 SW 62nd Ave
Ste 600
South Miami, FL 33143
(305) 284-7577
Digital Contact Information:
ammscredentialing@larkinhospital.com
Other Languages Spoken by Provider or Office Staff Arabic

Warner, Randy T, MD ■
3000 Biscayne Boulevard
Suite 216
Miami, FL 33137
(786) 220-1969
Digital Contact Information:
nhurley@npcatlantis.com

and
602 Northeast 36th Street
19
Miami, FL 33137
(786) 220-1969
Digital Contact Information:
nhurley@npcatlantis.com

Washington-Hyde, C Renee, MD ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Weiss, Robert, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
credentialer@gmail.com

Weuste, Michael, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

White, Emma, MC, LMHC ■
3081 Salzedo Street
Suite 202
Coral Gables, FL 33134
(305) 330-0588
Digital Contact Information:
griff_pysch@yahoo.com

and
3625 Northwest 82nd Avenue
400
Doral, FL 33166
(305) 330-0588
Digital Contact Information:
griff_pysch@yahoo.com

White, Samantha, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
frontdesk@highersightscounseling.com

Whiting, Detra, MSW, LICSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Wiggins, Anzola R, MSN, APN ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
info@rrrinc.org

and
1801 Northeast 123rd Street
334
North Miami, FL 33181
(888) 718-4915
Digital Contact Information:
http://www.rrrinc.org
info@rrrinc.org

Williams, Julia, MSW, LCSW ■
1951 NW 7th Ave
Fl 3
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
help@joinuplift.co

and
1951 Northwest 7th Avenue
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
help@joinuplift.co

Williams, Morgan, MS, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
insurance@wellnite.com

Williams, Richard, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Williams-Jeanty, Miesha N, MED, LMHC ■
FL
(305) 306-7409
Digital Contact Information:
admin@nzingasplace.com

Wise, Quilon, MSN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com
Other Languages Spoken by Provider or Office Staff English

Wise, Shaquila, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Wolford-Ward, Stephenie J, MA, LCMHC, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
stepheniewolfordlmt@gmail.com

Wong, Carmen, MSN, APRN, CNP, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
hr.credentialing@sohomd.com

Woods, Lynda, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Woods, Yvonne, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Woolery, Nickesha, MSN, APRN ■
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
info@aimergency.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
info@aimergency.com
Other Languages Spoken by Provider or Office Staff English, Haitian Creole, Filipino, French, Spanish

Wright, Sonya, MA, LMHC ■
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
info@thejourneytwcc.org
Other Languages Spoken by Provider or Office Staff Creole, Spanish

Yin, Emily G, MN, APRN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamed.com

Zambrano, Karen M, PSYD, LP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 259-6977
Digital Contact Information:
http://www.abctestingservices.com
lisette@abctestingservices.com
Other Languages Spoken by Provider or Office Staff Spanish

Zaragoza Sosa, Jaime, MN, APRN ■
10024 Southwest 222nd Street
Cutler Bay, FL 33190
(786) 770-9527
Digital Contact Information:
info@providerassist.net

Zitnick, Michelle S, MSN, APRN ■
975 West 41st Street
308
Miami Beach, FL 33140
(305) 905-2349
Digital Contact Information:
Not Available

Zumar, Lorraine M, MC, LMHC, LPC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

CANCER/ONCOLOGY

Alvarenga, Alicia, MSSW, LCSW ■
2100 Coral Way
#310
Miami, FL 33145
(786) 320-1677
Digital Contact Information:
ydzmgroup@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Barreto, Lourdes A, MSSW, LCSW ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
referrals@ffmhs.com
Other Languages Spoken by Provider or Office Staff Spanish

Barroso, Alina, MD, LMHC ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Bermudez, Jose, PSYD, LP ■
9425 SW 72nd St
Ste 267
Miami, FL 33173
(305) 981-6806
Digital Contact Information:
jbpsyd@gmail.com

Brazzini, Mijanou, MPSY, LMHC ■
13205 Southwest 137th Avenue
suite 126
Miami, FL 33186
(786) 713-0383
Digital Contact Information:
http://yjwcare.com
mbrazzini61@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Carroza, Mirna H, MPSY, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff Italian, Spanish

Chemerinsky, Graciela, MPSY, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com

and
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff Spanish

Commella, Noreen, PSYD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@healthyyoungminds.com

Correa, Larisa A, MSW, CSW, LCSW, LICSW, LISW-CP ■
FL
(561) 567-8795
(347) 738-1199
(315) 873-2936
Digital Contact Information:
http://www.joinuplift.co
mpowercounselingpllc@gmail.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
mpowercounselingpllc@gmail.com

and
FL
(561) 567-8795
(347) 738-1199
(315) 873-2936
Digital Contact Information:
http://www.joinuplift.co
mpowercounselingpllc@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Correa, Richard, MSW, LCSW, LMFT ■
15792 Southwest 145th Terrace
Miami, FL 33196
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
richardcorrea2@aol.com

Corzo, Samantha R, MS, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
credentialing@banyanhealth.org

Degraff, Stephane B, MD ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
victoria.l.oswald@powershealth.org
Other Languages Spoken by Provider or Office Staff Creole

Diaz Palmero, Yuranis, MPSY, LMHC ■
3785 Northwest 82nd Avenue
307
Doral, FL 33166
(305) 266-2949
Digital Contact Information:
info@oasismentalhealthcenter.com

and
Northwest 92nd Avenue
Doral, FL 33172
(305) 266-2949
Digital Contact Information:
info@oasismentalhealthcenter.com

and
5901 Northwest 183rd Street
310
Hialeah, FL 33015
(786) 418-9790
Digital Contact Information:
https://oasismentalhealthcenter.com
info@oasismentalhealthcenter.com

and
1250 Southwest 27th Avenue
Suite 506
Miami, FL 33135
(786) 536-9278
Digital Contact Information:
info@oasismentalhealthcenter.com

and
330 Southwest 27th Avenue
STE 609
Miami, FL 33135
(786) 743-0801
Digital Contact Information:
info@oasismentalhealthcenter.com

and
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
info@oasismentalhealthcenter.com

and
9125 SW 87th Ave
Miami, FL 33176

(305) 735-3919
Digital Contact Information:
info@oasismentalhealthcenter.com
Other Languages Spoken by Provider or Office Staff
Spanish

Espinoza Marin, Ennyluz, MMH, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Farrell-Turner, Kristen, PHD, LP ■
7685 Southwest 104th Street
Pinecrest, FL 33156
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
ebcg-support@findoctave.com

Feliciano, Emily N, MSN, APRN ■
8950 North Kendall Drive
Suite 403W
Miami, FL 33176
(786) 596-3876
Digital Contact Information:
managedcarecredentialing@baptisthealth.net

Garcia, Glenda, MSN, APRN ■
15260 Southwest 280th Street
113 114
Homestead, FL 33032
(305) 998-7885
Digital Contact Information:
infogarciahs@gmail.com
and
13370 Southwest 131st Street
Suite 110
Miami, FL 33186
(786) 250-4571
Digital Contact Information:
infogarciahs@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Tiffany, MN, PMHNP ■
2650 Southwest 27th Avenue
Suite 305
Miami, FL 33133
(786) 353-9812
Digital Contact Information:
billingheritagewellness@gmail.com
and
20824 W Dixie Hwy
Miami, FL 33180
(407) 851-5121
Digital Contact Information:
billingheritagewellness@gmail.com

Gil, Margarita I, PHD, LP ■
419 W 49th St
Ste 218
Hialeah, FL 33012
(786) 277-9565
Digital Contact Information:
psychology@drmargaritagil.com
Other Languages Spoken by Provider or Office Staff
Spanish

Green, Sari, MS, LCMHC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Gutierrez, Damian, MC, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org
and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org
and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org
and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org
and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
credentialing@banyanhealth.org

Infante Lobaina, Ruth, PSYD, LP ■
5200 NE 2nd Ave
Miami, FL 33137
(305) 762-1450
Digital Contact Information:
iruth95@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Khadka, Anuja, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
ebcg-support@findoctave.com

Lebron Ginorio, Michelle, MD ■
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
rehabcenterag@gmail.com
and
10300 Southwest 72nd Street
300
Miami, FL 33173
(786) 418-9730
Digital Contact Information:
http://www.happydreamsofkids.com
rehabcenterag@gmail.com
and
12150 Southwest 128th Court
Suite 233
Miami, FL 33186
(786) 238-7666
Digital Contact Information:
rehabcenterag@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lemon, Tinsley, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Llanes Perez, Yanel, MSN, APRN ■
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
http://novacommunityservice.com
administration@novacommunityservice.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mesa, Leonel E, PSYD, LMHC ■
FL
(786) 208-4831
Digital Contact Information:
drmesa@neurofeedbackofml.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Mora, Brenda, MS, LMHC ■
FL
(786) 488-8103
Digital Contact Information:
http://www.sfacounseling.org
info@sfacounseling.org
Other Languages Spoken by Provider or Office Staff
Spanish

Ochoa Basulto, Anett, MPSY, LMHC ■
9260 Southwest 72nd Street
103 bldg 6
Miami, FL 33173
(786) 359-4448
Digital Contact Information:
anettochoa2015@gmail.com
and
13335 Southwest 124th Street
STE 211
Miami, FL 33186
(786) 551-8253
Digital Contact Information:
anettochoa2015@gmail.com

Portillo, Cimelitza, MMH, LMHC ■
9425 SW 72nd St
Ste 265
Miami, FL 33173
(305) 279-8400
Digital Contact Information:
safeharbormha@att.net

Price, Christina, MSW, LCSW, LICSW ■
FL
(800) 567-5433
Digital Contact Information:
Not Available

Quintanilla, Claudia, MS, LMHC ■
FL
(786) 258-8499
Digital Contact Information:
http://www.virtual-counseling.com
service@virtual-counseling.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rapp, Katja M, MC, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
members@wellnite.com
Other Languages Spoken by Provider or Office Staff
German

Ridgeway, Deborah, MSW, LCSW, LMSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Rodriguez, Andrea, MC, LMHC ■
8500 SW 92nd Street
203
Miami, FL 33156
(786) 332-4478
Digital Contact Information:
billing@livewelltherapygroup.com
and
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
billing@livewelltherapygroup.com
and
11050 Southwest 88th Street
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
billing@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rondina, Katherine M, MSN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
hr.credentialing@sohomd.com
Other Languages Spoken by Provider or Office Staff English

Ruiz, Tatiana, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
info@ffmhs.com

Sanchez, Enrique A, MS, CAP, LMHC ■
3625 Northwest 82nd Avenue
400
Doral, FL 33166
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Schwartz, Cynthia, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Scotto, Nicole M, MC, LMHC ■
2875 Northeast 191st Street
Suite 500
Aventura, FL 33180
(415) 941-4109
Digital Contact Information:
https://balancedlifetherapygroup.com/
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff English

Topalian, Sona, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff
Armenian

Towne, Angela, MSW, LCSW, LICSW, LMSW ■
FL
(508) 202-1011
Digital Contact Information:
support@sevenstarling.com

Willis, Toni, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Zauss, Mark, MA, CAP, LMHC, LPC ■
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(646) 961-3553
Digital Contact Information:
http://www.joinmonument.com
insurance@joinmonument.com

CHRISTIAN COUNSELING

Acosta, Carolina, MA, LMHC, LPC ■
10311 Northwest 58th Street
Doral, FL 33178
(800) 438-1772
Digital Contact Information:
lrangel@wlcfs.org
Other Languages Spoken by Provider or Office Staff
Spanish

Arguelles, Doris, BA, BCABA ■
1000 Brickell Avenue

Miami, FL 33131
(786) 356-8754
Digital Contact Information:
cubanitadori@yahoo.com

and
14536 Southwest 170th Street
Miami, FL 33177
(786) 356-8754
Digital Contact Information:
cubanitadori@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arroyo, Linda M, MC, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
lindaarroyo.mft@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bermudez, Jose, PSYD, LP ■
9425 SW 72nd St
Ste 267
Miami, FL 33173
(305) 981-6806
Digital Contact Information:
jbpsyd@gmail.com

Carrion, Bethania, PSYD, LP ■
175 Fontainebleau Boulevard
Miami, FL 33172
(786) 860-2468
Digital Contact Information:
http://www.guidedinsightpsychology.com
drcarrionb@guided-insight.com
Other Languages Spoken by Provider or Office Staff
Spanish

Castellon, Nestor, MS, LMHC ■
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
fl-credentialing@lifestance.com
Other Languages Spoken by Provider or Office Staff
Spanish

Centeno, Jousseliett, MSW, LCSW ■
9425 Sunset Dr
Ste 267
Miami, FL 33173
(305) 981-6806
Digital Contact Information:
joussecenteno@gmail.com
Other Languages Spoken by Provider or Office Staff English

Del Cueto, Flora M, MED, LMHC ■
6401 SW 87th Ave
Ste 207
Miami, FL 33173
(305) 279-8400
Digital Contact Information:
floradelcuetolmhc@earthlink.net

and
9425 SW 72nd St
Ste 265
Miami, FL 33173
(305) 279-8400
Digital Contact Information:
floradelcuetolmhc@earthlink.net

and
11755 SW 90th St
Ste 201
Miami, FL 33186
(305) 279-8400
Digital Contact Information:
floradelcuetolmhc@earthlink.net
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Rebeca P, MC, LMHC ■
7100 Southwest 99th Avenue
STE 201
Miami, FL 33173
(305) 607-9248
Digital Contact Information:
fernandezcounseling@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Flores, Miguel A, MD ■
8200 SW 117th Ave
Ste 301
Miami, FL 33183
(305) 279-1501
Digital Contact Information:
mfmd75@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Mario, MDIV, LMHC ■
12280 Southwest 100th Street
Miami, FL 33186
(305) 480-5800
Digital Contact Information:
http://www.neurostrategiccoach.com
drmario@neurostrategiccoach.com
Other Languages Spoken by Provider or Office Staff
Spanish

Guerrelus, Elange, MC, LMHC ■
2801 Northeast 213th Street
Suite 1215
Aventura, FL 33180
(833) 769-3524
Digital Contact Information:
fl-credentialing@lifestance.com
Other Languages Spoken by Provider or Office Staff
English, French

Hansard, Tahsha, MS, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Hill, Felicia M, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@lifestance.com

Jaramillo, Kate M, MMFT, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@joinuplift.co

Johnson, Kamla D, MSW, LCSW ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
http://www.dgphealthandwellness.com
adams@pcmgfl.com
Other Languages Spoken by Provider or Office Staff English

Lewis, Tammara, MS, LMHC ●
1175 Northeast 125th Street
320
Miami, FL 33161
(786) 842-0444
Digital Contact Information:
http://www.marriagefamilyservices.com
mariposawakeningtherapysvcs@gmail.com

Manrique-Reichard, Marta E, PHD, LP ■
5940 SW 73rd St
Ste 203
South Miami, FL 33143
(305) 669-0019
Digital Contact Information:
drmmrsec@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Muggli, Tina M, MA, LMFT ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
arscredentialing@advancedrecoverysystems.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Onusuru, Vitus M, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ca-credentialing@lifestance.com

Orin, Ramon S, MA, LMHC ■
12030 Southwest 129th Court
Suite 211
Miami, FL 33186
(305) 639-8760
Digital Contact Information:
rorin31@bellsouth.net

and
12360 Southwest 132nd Court
STE 202
Miami, FL 33186
(786) 250-3396
Digital Contact Information:
rorin31@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Pola, Lourdes E, PHD, LP ■
1840 W 49th St
Ste 306
Hialeah, FL 33012
(305) 826-9293
Digital Contact Information:
lourdespola@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Robinson, Kent A, MA, LPC ■
10311 Northwest 58th Street
Doral, FL 33178
(800) 438-1772
Digital Contact Information:
lrangel@wlcfs.org

Saathoff, Tommy, MA, LMHC, LPC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
sowinghopecounseling@gmail.com

Schettino, Lynne, PHD, LP ■
FL
(305) 389-3335
Digital Contact Information:
drlschet@bellsouth.net

Wilson, Woodrow, PHD, LP ■
9361 SW 62nd St
Miami, FL 33173
(305) 342-3425
Digital Contact Information:
pepwilson@aol.com

CONDUCT/DISRUPTIVE BEHAVIOR THERAPY

Abraham, Steven K, PSYD, LP ■
150 Alhambra Circle
Floor 10
Coral Gables, FL 33134
(786) 800-3374
Digital Contact Information:
ndcclakeland@gmail.com

and
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
ndcclakeland@gmail.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
ndcclakeland@gmail.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
ndcclakeland@gmail.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
ndcclakeland@gmail.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
ndcclakeland@gmail.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
ndcclakeland@gmail.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
ndcclakeland@gmail.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
ndcclakeland@gmail.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
ndcclakeland@gmail.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
ndcclakeland@gmail.com

Abreu, Alba, MD ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
Not Available

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
http://banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

Abreu, Rebecca P, MS, LMHC ■

777 E 25th St
Ste 306
Hialeah, FL 33013
(786) 838-6092
Digital Contact Information:
pouabreu@gmail.com

and
2121 Southwest 3rd Avenue
205
Miami, FL 33129
(786) 660-1301
Digital Contact Information:
pouabreu@gmail.com

and
3191 Southwest 22nd Street
406
Miami, FL 33145
(786) 660-1301
Digital Contact Information:
pouabreu@gmail.com

and
1021 Ives Dairy Road
216
Miami, FL 33179
(305) 497-2473
Digital Contact Information:
pouabreu@gmail.com

and
FL
(786) 818-7169
(315) 873-2936
Digital Contact Information:
pouabreu@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Abrokwa, William A, MSN, APRN, APRNCNP, CRNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
papa_de_talla@yahoo.com

Acevedo, Glory A, MMH, LMHC ■
800 Crandon Blvd
Ste 201
Key Biscayne, FL 33149
(786) 239-3055
Digital Contact Information:
keybiscaynecounseling@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Acker, Ashleigh, MS, LMFT ●
1175 Northeast 125th Street
320
Miami, FL 33161
(954) 372-0423
Digital Contact Information:
http://www.marriagefamilyservices.com
mfsfrontdesk1@gmail.com
Other Languages Spoken by Provider or Office Staff Portuguese, English, Malayalam, Haitian, Italian, Spanish

Acosta, Annette, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Creole, Haitian, Spanish

Acosta, Carolina, MA, LMHC, LPC ■
10311 Northwest 58th Street
Doral, FL 33178
(800) 438-1772
Digital Contact Information:
lrangel@wlcfs.org
Other Languages Spoken by Provider or Office Staff Spanish

Acosta, Liza M, MMFT, LMFT ■
3970 West Flagler Street
203 204
Miami, FL 33134
(786) 953-5978
Digital Contact Information:
healchoicecorp2019@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Acosta Romero, Diana, MSN, APRN ■
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
info@cbhwestcoast.com

and
8323 Northwest 12th Street
108
Doral, FL 33126
(305) 400-8511
Digital Contact Information:
http://www.cbhwestcoast.com
info@cbhwestcoast.com

and
FL
(305) 400-8511
Digital Contact Information:
info@cbhwestcoast.com
Other Languages Spoken by Provider or Office Staff Spanish

Acosta, Sarah, MMH, LMHC ■
FL
(786) 708-2221
Digital Contact Information:
helpinghandscounseling1@gmail.com

Adderley, Oddette P, PHD, LMHC ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
opieea@hotmail.com

Agic, Christine, MSW, LCSW ■
2500 SW 107TH AVE
42
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
inbox.mhcares@gmail.com

Aguilar, Jose G, MSN, CNP, NP ■
8846 Southwest 6th Street
Miami, FL 33144
(746) 486-8000
Digital Contact Information:
patti@clearviewcounselinggroup.org
Other Languages Spoken by Provider or Office Staff Spanish

Aguilar, Rosalva, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
lisa.kane@gulfshorescounselingcenter.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Aguilera, Michelle, MSW, LCSW ■
1603 Northeast 7th Avenue
Miami, FL 33137
(305) 374-1065
Digital Contact Information:
alexo@camillus.org
Other Languages Spoken by Provider or Office Staff Spanish

Ahmadi-Davis, Shirrin, MD ■
FL
(305) 902-6347
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff English

Alayon, Carlos, MS, LMHC ■
10500 Northwest 26th Street
Doral, FL 33172
(305) 646-1799
Digital Contact Information:
calayon@hotmail.com

and
1710 Northwest 7th Street
5
Miami, FL 33125
(239) 250-9411
Digital Contact Information:
calayon@hotmail.com

and
2311 Northwest 7th Street
Miami, FL 33125
(786) 706-2246
Digital Contact Information:
calayon@hotmail.com

and
790 Northwest 107th Avenue
Suite 303
Miami, FL 33172
(786) 603-9858
Digital Contact Information:
calayon@hotmail.com

and
11960 SW 39th Ter
Miami, FL 33175
(786) 514-6406
Digital Contact Information:
calayon@hotmail.com

and
13170 Southwest 128th Street
200
Miami, FL 33186
(786) 852-5198
Digital Contact Information:
calayon@hotmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Alayon, Yanetsi, MSN, APRN ■
12060 Southwest 129th Court
201
Miami, FL 33186
(786) 615-3349
Digital Contact Information:
office@neurobehavioral.health

and
FL
(786) 615-3349
Digital Contact Information:
office@neurobehavioral.health

Albero, Amy, MSW, LCSW, LICSW ■
1110 Brickell Avenue
Suite 502
Miami, FL 33131
(203) 693-4917
Digital Contact Information:
http://www.revivecfw.com
amyalbero@revivecfw.com

Aldorino, Antonella, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com

Alea Garcia, Alina, MSSW, BCBA ■
123 N Krome Ave
Ste 104
Homestead, FL 33030
(786) 349-4559
Digital Contact Information:
referrals@ffmhs.com

and
Home Based Services Only
Homestead, FL 33030
(786) 349-4559
Digital Contact Information:
referrals@ffmhs.com

Alegria, Mario R, PHD, LP ●
6360 SW 48th St
Miami, FL 33155
(321) 273-9407
Digital Contact Information:
ma47alegria@yahoo.com
Other Languages Spoken by Provider or Office Staff Spanish

Alexandre, Shanorah, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Alexandre, Vanessa, MSN, APRN, NP, PMHNP ■
FL
(305) 902-6347
Digital Contact Information:
ifhpenrollment@institute.org

Alexandriny, Lisandra, MSN, APRN ■
7821 Coral Way
100
Miami, FL 33155
(786) 409-5690
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Alfonso, Carolina I, MSW, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
lisette@abctestingservices.com

Alfonso, Octavio M, MSN, APRN, PMHNP ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
start@bebravehealth.com
Other Languages Spoken by Provider or Office Staff Spanish

Ali, Sharon, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
osaker@ibhflorida.com

and
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
osaker@ibhflorida.com
Other Languages Spoken by Provider or Office Staff English

Almagro, Francisco, MC, LMHC ■
4800 West Flagler Street
215
Coral Gables, FL 33134
(954) 368-4786
Digital Contact Information:
pedroramon1@yahoo.com

and
2300 West 84th Street
Ste 601
Hialeah, FL 33016
(305) 363-4001
Digital Contact Information:
pedroramon1@yahoo.com

and
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
pedroramon1@yahoo.com

and
6801 Northwest 77th Avenue
107
Miami, FL 33166
(786) 536-2364
Digital Contact Information:
pedroramon1@yahoo.com

and
12150 Southwest 128th Court
125
Miami, FL 33186
(305) 964-5191
Digital Contact Information:
pedroramon1@yahoo.com

and
FL
(786) 624-1303
Digital Contact Information:
pedroramon1@yahoo.com
Other Languages Spoken by Provider or Office Staff

Spanish

Almonte, Aldriana A, MSW, LCSW ■
31 N Krome Ave
Homestead, FL 33030
(786) 481-5909
Digital Contact Information:
aalmonte@infinitecc.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

Alonso Yanez, Liliana, MSN, APRN ■
22133 South Dixie Highway
Miami, FL 33170
(786) 504-3119
Digital Contact Information:
https://fpmflorida.org/
admin@fpmagency.com

and
13155 Southwest 134th Street
202
Miami, FL 33186
(786) 504-3119
Digital Contact Information:
admin@fpmagency.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alvarado, August E, PHD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
contact@coloradocac.com

Alvarado, Gizelle, MED, LPC ■
1951 Northwest 7th Avenue
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
pinnacleeptx@aol.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Alvarenga, Alicia, MSSW, LCSW ■
2100 Coral Way
#310
Miami, FL 33145
(786) 320-1677
Digital Contact Information:
ydzmgroup@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Alvarez, Arlinnes, MMH, LMHC ■
FL
(305) 804-9121
Digital Contact Information:
http://www.sfacounseling.org
arlinnes@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Creole, Spanish

Alvarez, Franco, MD ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Alvarez Hernandez, Jorge A, MSN, APRN ■
12550 Biscayne Boulevard
STE 507
North Miami, FL 33181
(305) 204-1209
Digital Contact Information:
jac-pmhnp@assertivecare.net
Other Languages Spoken by Provider or Office Staff
English, Spanish

Alvarez, Stephanie, MS, LMHC ●
FL
(561) 590-7063
Digital Contact Information:
http://innerworkcounseling.com
contact@innerworkcounseling.com
Other Languages Spoken by Provider or Office Staff
Spanish

Amado, Sandra J, MC, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@usmso.com

Anderson, Aimee E, MSW, LCSW ■
9260 Sunset Dr
Ste 203
Miami, FL 33173
(305) 279-3640
Digital Contact Information:
Not Available

Andino, Nelson, MSN, APRN ■
4005 Northwest 114th Avenue
22 22
Doral, FL 33178
(305) 260-6913
Digital Contact Information:
ybhsbilling@gmail.com

and
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
ybhsbilling@gmail.com

Andre, Gladys, MSW, LCSW ■
FL
(954) 638-7462
(786) 281-3935
Digital Contact Information:
gandre0417@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Creole

Anestin, Monica, MA, BCBA ■
909 North Miami Beach Boulevard
STE 301
North Miami Beach, FL 33162
(305) 822-7202
Digital Contact Information:
kim@appliedbehavior.net

Angel, Laurie R, MSN, APRN ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
momofben@bellsouth.net

Anglade-Pascal, Fabiola, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
alvin.brooks@physiciancure.com

Anias, Carlos, MSN, APRN ■
2000 Northwest 87th Avenue
Suite 201
Doral, FL 33172
(954) 561-6222
Digital Contact Information:
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Anselme, Angelique, MS, LMHC ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
info@elevatepsychiatry.com
Other Languages Spoken by Provider or Office Staff
Spanish

Antunes, Alexandra, MS, LMHC ■
12651 South Dixie Highway
Suite 320
Miami, FL 33156
(305) 300-3121
Digital Contact Information:
http://www.happymindswellness.com
contact@happyminds.sprucecare.com

and
8950 Southwest 74th Court
Suite 1808
Miami, FL 33156
(305) 300-3121
Digital Contact Information:
contact@happyminds.sprucecare.com

and
FL
(305) 300-3121
Digital Contact Information:
http://www.happymindswellness.com
contact@happyminds.sprucecare.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(305) 300-3121
Digital Contact Information:
http://happymindswellness.com
contact@happyminds.sprucecare.com

Arango, Alejandra J, MS, LMHC ■
FL
(786) 556-4040
Digital Contact Information:
aarango505@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arauco, Andrea R, MSW, LCSW ■
FL
(305) 982-7434
Digital Contact Information:
http://www.mamayinbloomcounseling.com/
andrearararauco@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arias, Alina, MS, LMHC ■
18505 Northwest 75th Place
104 104
Hialeah, FL 33015
(305) 746-5628
Digital Contact Information:
rossconsultingandcredentialing@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Aristizabal, Adriana M, MSN, ARNP ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
ashley@ventremedical.com

and
9010 SW 137th Ave
Miami, FL 33186
(305) 671-3503
Digital Contact Information:
http://www.behavioralccs.com
ashley@ventremedical.com

and
9010 SW 137th Ave
Ste 111
Miami, FL 33186
(305) 671-3503
Digital Contact Information:
http://www.behavioralccs.com
ashley@ventremedical.com

Armstrong, Sharifa, MSW, LCSW ■
1825 Northwest 167th Street
SUITE 102
Opa-locka, FL 330564838
(305) 624-7450
Digital Contact Information:
http://www.cfcecares.org
wbrown@cfceinc.org
Other Languages Spoken by Provider or Office Staff Haitian Creole, Creole, Spanish

Aroche, Gladys, MPSY, LMHC ■
5881 Northwest 151st Street
111
Miami Lakes, FL 33014
(305) 440-8920
Digital Contact Information:
gac25@ymail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arriola, Vivianne, PSYD, LP ■
FL
(786) 206-7723
Digital Contact Information:
vivianne.arriola@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arroyo, Linda M, MC, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
lindaarroyo.mft@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arthur, Felecia M, MSW, LISW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@homefrontha.com

Assinthe, Jeanne, MSW, LCSW ■
FL
(786) 779-8898
Digital Contact Information:
http://www.amitiewellness.com
jeanne@amitiewellness.com
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole, French, Spanish

Astacio, Victor, PSYD, LP ■
3990 West Flagler Street
102
Coral Gables, FL 33134
(786) 332-2602
Digital Contact Information:
blueskymentalhealthcorp@gmail.com

and
Eagle Nest Lane
Hialeah, FL 33014
(786) 534-3457
Digital Contact Information:
blueskymentalhealthcorp@gmail.com

and
Home Based Services Only
Miami Gardens, FL 33014
(305) 640-5739
Digital Contact Information:
blueskymentalhealthcorp@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Astolfo, Therese, MS, LMHC ■
1680 Meridian Ave
Ste 501
Miami Beach, FL 33139
(305) 531-5341
Digital Contact Information:
llong@dgcmhc.org

Avila, Dahimy, MSN, APRN ■
22133 South Dixie Highway
Miami, FL 33170
(786) 504-3119
Digital Contact Information:
https://fpmflorida.org/
admin@fpmagency.com

Ayer, Brian, MA, LPCC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
registration@ravenwoodhealth.org
Other Languages Spoken by Provider or Office Staff Sign Lang Amer

Azucena, Natalia, MSW, LCSW ■
18710 Southwest 107th Avenue
UNIT 15
Cutler Bay, FL 33157
(786) 459-9945
Digital Contact Information:
callisiabilling@gmail.com

and
7392 Northwest 35th Terrace
Suite 302
Miami, FL 33122
(786) 353-2792
Digital Contact Information:
callisiabilling@gmail.com

and
2141 Southwest 1st Street
201
Miami, FL 33135
(786) 920-9137
Digital Contact Information:
callisiabilling@gmail.com

and
8390 West Flagler Street
220
Miami, FL 33144
(305) 402-4835
Digital Contact Information:
http://newmooncmhc.com
callisiabilling@gmail.com

and
9425 Southwest 72nd Street
225
Miami, FL 33173
(780) 353-2369
Digital Contact Information:
callisiabilling@gmail.com

and
5209 Northwest 36th Street
Miami Springs, FL 33166
(786) 712-7752
Digital Contact Information:
callisiabilling@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Badger, Marlowe, MS, LMHC ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
contact@elevatepsychiatry.com

and
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
contact@elevatepsychiatry.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Badger, Roosevelt, MA, LCSW, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
hello@emorahealth.com

Baez, Frank A, MD ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
solututiondrivenconsulting@gmail.com

and
26023 South Dixie Highway
Homestead, FL 33032
(786) 504-3365
Digital Contact Information:
solututiondrivenconsulting@gmail.com

and
26027 South Dixie Highway
Homestead, FL 33032
(786) 601-7344
Digital Contact Information:
solututiondrivenconsulting@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Bailey, Michael, MS, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Bailey, Paul, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
bailey.pauliii@gmail.com
Other Languages Spoken by Provider or Office Staff English

Bailey, Sara, MSN, CNP ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@harbor.org

Baker, Brandon K, DO ■
1550 Madruga Avenue
STE 201
Coral Gables, FL 33146
(305) 740-8103
Digital Contact Information:
infodesk@bregmanmedicalgroup.com

and
15600 Southwest 288th Street
UNIT 202
Homestead, FL 33033
(786) 601-7682
Digital Contact Information:
infodesk@bregmanmedicalgroup.com

and
7959 NW 2nd St
Miami, FL 33126
(305) 267-6060
Digital Contact Information:
infodesk@bregmanmedicalgroup.com

and
7805 Coral Way
Ste 131
Miami, FL 33155
(786) 307-2066
Digital Contact Information:
infodesk@bregmanmedicalgroup.com

and
8700 West Flagler Street
406
Miami, FL 33174
(786) 558-5549
Digital Contact Information:
infodesk@bregmanmedicalgroup.com
Other Languages Spoken by Provider or Office Staff Spanish

Baker, Melissa, EDS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Baker, Shukairo M, MSN, APRNCNP, LCSW, PMHNP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
sbaker@affinityhealthcenter.org

Baldie, Toni-Saccian A, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff Spanish

Banegas, Kelvin, MSW, LCSW ■
FL
(516) 469-2135
Digital Contact Information:
kelvinbanegaslcsw@gmail.com

Barber, Sharon, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian

Barcelo, Elena, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff Spanish

Barciela, Gilberto, MSN, APRNPMH ■
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
forwardwithfc@gmail.com

Barkey, Adam D, PSYD, LP ■
11900 Biscayne Boulevard
Miami, FL 33181
(786) 949-0001
Digital Contact Information:
http://www.curectneuro.com
credentialing@curectneuro.com

Barnett, Capus, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Baron, Darlise, MSW, LCSW ■
18441 NW 2nd Ave
Ste 116
Miami, FL 33169
(786) 320-8722
Digital Contact Information:
http://www.baroncounseling.com
info@baroncounseling.com

and
18441 NW 2nd Ave
Ste 216
Miami, FL 33169
(786) 320-8722
Digital Contact Information:
http://www.baroncounseling.com
info@baroncounseling.com
Other Languages Spoken by Provider or Office Staff Creole, Haitian

Barrague, Maria, MPSY, LCMHC ■
1000 Brickell Avenue
Miami, FL 33131
(305) 467-8879
Digital Contact Information:
namastebehaviortherapy@yahoo.com

and
5600 SW 135th Ave
Ste 112
Miami, FL 33183
(305) 746-4507
Digital Contact Information:
namastebehaviortherapy@yahoo.com

and
12855 Southwest 136th Avenue
104
Miami, FL 33186
(305) 467-8879
Digital Contact Information:
namastebehaviortherapy@yahoo.com

Barrera, Lourdes, MPSY, LMHC ■
19001 Southwest 106th Avenue
c103
Miami, FL 33157
(786) 523-2352
Digital Contact Information:
hopeandserenity4you@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Barreto, Lourdes A, MSSW, LCSW ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
referrals@ffmhs.com
Other Languages Spoken by Provider or Office Staff Spanish

Barroso, Alina, MD, LMHC ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Barroso, Rosa M, MC, LMHC ■
8004 Northwest 154th Street
418
Hialeah, FL 33016
(305) 530-8119
Digital Contact Information:
r@rbarrosolmhc.com

and
FL
(305) 530-8119
(305) 239-7725
Digital Contact Information:
r@rbarrosolmhc.com

and
7950 West Flagler Street
Suite 101
Miami, FL 33144
(305) 239-7725
Digital Contact Information:
r@rbarrosolmhc.com
Other Languages Spoken by Provider or Office Staff Spanish

Basart, Natalie, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff Spanish

Bass, India, MMH, LMHC ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://myschoolpsychologistinc.com
india.lmhc@gmail.com

and
FL
(305) 520-9813
Digital Contact Information:
http://www.myschoolpsychologistinc.com
india.lmhc@gmail.com

Basulto, Julie M, MS, LMFT ■
6625 Miami Lakes Drive
448
Miami Lakes, FL 33014
(305) 779-8565
Digital Contact Information:
http://www.comprehensive-assessment.com
info@comprehensive-assessment.com

and
6625 Miami Lakes Drive
STE 332
Miami Lakes, FL 33014
(305) 779-8565
Digital Contact Information:
http://www.comprehensive-assessment.com
info@comprehensive-assessment.com

Bates, Colana, MA, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app

credentialing@wellnite.com

Batista, Maylin, PHD, LMHC ■
6001 Northwest 153rd Street
157
Miami Lakes, FL 33014
(415) 941-4109
Digital Contact Information:
http://www.intent-therapy.com
intenttherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Bauza Estrada, Mirtha E, MN, APRN ■
12448 Southwest 127th Avenue
Miami, FL 33186
(786) 864-1030
Digital Contact Information:
excellentmccontracting@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bazaldua, Isabella, MED, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Beams, Kristy L, MSN, APRN, APRNPMH ■
FL
(305) 902-6347
Digital Contact Information:
admin@delraycenter.com

Beaubrun, Lucika, MA, LMHC ■
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(561) 289-7995
Digital Contact Information:
pandatherapycircle@gmail.com

Beck, Jessica, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole, Haitian, Spanish

Beckham, Jalisa, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Beebe, Alicia D, MSN, APRN, ARNP ■
FL
(305) 902-6347
Digital Contact Information:
hurdbw@aol.com

Belfort, Elsie P, MSN, CNP, NP ■
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing@orendapsych.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, French

Belmonte, Silvina, MC, LMHC ■
7171 Southwest 24th Street
316
Miami, FL 33155
(786) 762-2415
Digital Contact Information:
http://www.orthoandrehabilitation.org
silvinabelmnte@hotmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Beltran Montalvo, Felipe, MSN, APRN ■
1165 West 49th Street
suite 207
Hialeah, FL 33012
(305) 703-3386
Digital Contact Information:
appointmens@compass.md

and
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
http://www.compasshealthsystems.com
appointmens@compass.md

and
FL
(305) 891-0050
(305) 279-5535
(954) 771-7743
(954) 447-0010
(888) 852-6672
Digital Contact Information:
http://www.compasshealthsystems.com
appointmens@compass.md

and
5245 Northwest 36th Street
Unit 209
Miami Springs, FL 33166
(786) 453-6812
Digital Contact Information:
appointmens@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
appointmens@compass.md

Benayoun, Micaela S, MC, LMFT ■
2500 Northwest 79th Avenue
233
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
credentialing@pmcen.com

and
7855 Northwest 12th Street
221
Doral, FL 33126
(305) 648-7174
Digital Contact Information:
credentialing@pmcen.com

and
1414 Northwest 107th Avenue
410
Doral, FL 33172
(305) 560-5742
Digital Contact Information:
credentialing@pmcen.com

and
1490 West 49th Place
suite 309
Hialeah, FL 33012
(305) 846-9333
Digital Contact Information:
credentialing@pmcen.com

and
1840 W 49th St
Ste 515
Hialeah, FL 33012
(305) 603-9202
Digital Contact Information:
credentialing@pmcen.com

and
1840 West 49th Street
304
Hialeah, FL 33012
(786) 803-8596
Digital Contact Information:
credentialing@pmcen.com

and
7614 Northwest 186th Street
Hialeah, FL 33015
(786) 534-3457
Digital Contact Information:
credentialing@pmcen.com

and
14411 Commerce Way
330
Hialeah, FL 33016
(786) 701-8416
Digital Contact Information:
http://nossmedicalcorp.com/
credentialing@pmcen.com

and
15600 Southwest 288th Street
Suite 405
Homestead, FL 33033
(786) 334-3515
Digital Contact Information:
credentialing@pmcen.com

and
10379 Southwest 186th Street
Miami, FL 33157
(720) 314-4727
Digital Contact Information:
credentialing@pmcen.com

and
11055 Southwest 186th Street
#101
Miami, FL 33157
(305) 342-4893
Digital Contact Information:
credentialing@pmcen.com

and
9380 Southwest 72nd Street
245
Miami, FL 33173
(305) 381-5434
Digital Contact Information:
credentialing@pmcen.com

and
931 Southwest 122nd Avenue
Miami, FL 33184
(305) 603-9235
Digital Contact Information:
credentialing@pmcen.com

and
12001 SW 128th Ct
Ste 102
Miami, FL 33186
(786) 971-7920
Digital Contact Information:
credentialing@pmcen.com

and
12255 Southwest 132nd Court
Miami, FL 33186
(305) 964-5157
Digital Contact Information:
credentialing@pmcen.com

and
12595 Southwest 137th Avenue
STE 110
Miami, FL 33186
(305) 648-7174
Digital Contact Information:
credentialing@pmcen.com

and
12595 Southwest 137th Avenue
STE 201
Miami, FL 33186
(786) 770-4832
Digital Contact Information:
credentialing@pmcen.com

and
13335 SW 124th St
Ste 106
Miami, FL 33186
(786) 842-3964
Digital Contact Information:
credentialing@pmcen.com

and
13590 Southwest 134th Avenue
205c
Miami, FL 33186
(786) 754-6474
Digital Contact Information:
credentialing@pmcen.com

Benjamin, Andrew P, MSW, LCSW ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com

Bennett, Venetia, MA, LMFT ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Spanish

Bentel, Eliana S, MMFT, LMFT ■
FL
(786) 286-5779
Digital Contact Information:
medicalocean205@gmail.com

and
2500 Northwest 79th Avenue
Suite 189
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
medicalocean205@gmail.com

and
7855 Northwest 12th Street
221
Doral, FL 33126
(305) 648-7174
Digital Contact Information:
medicalocean205@gmail.com

and
1414 Northwest 107th Avenue
410
Doral, FL 33172
(305) 560-5742
Digital Contact Information:
medicalocean205@gmail.com

and
7614 Northwest 186th Street
Hialeah, FL 33015
(786) 534-3457
Digital Contact Information:
medicalocean205@gmail.com

and
14411 Commerce Way
330
Hialeah, FL 33016
(786) 701-8416
Digital Contact Information:
http://nossmedicalcorp.com/
medicalocean205@gmail.com

and
15600 Southwest 288th Street
Suite 405
Homestead, FL 33033
(786) 334-3515
Digital Contact Information:
medicalocean205@gmail.com

and
10379 Southwest 186th Street
Miami, FL 33157
(720) 314-4727
Digital Contact Information:
medicalocean205@gmail.com

and
11055 Southwest 186th Street
#101
Miami, FL 33157
(305) 342-4893
Digital Contact Information:
medicalocean205@gmail.com

and
9350 Sunset Drive
suit 150
Miami, FL 33173
(786) 356-3613
Digital Contact Information:
medicalocean205@gmail.com

and
9380 Southwest 72nd Street
245
Miami, FL 33173
(305) 381-5434
Digital Contact Information:
medicalocean205@gmail.com

and
931 Southwest 122nd Avenue
Miami, FL 33184
(305) 603-9235
Digital Contact Information:
medicalocean205@gmail.com

and
12001 SW 128th Ct
Ste 102
Miami, FL 33186
(786) 971-7920
Digital Contact Information:
medicalocean205@gmail.com

and
12255 Southwest 132nd Court
Miami, FL 33186
(305) 964-5157
Digital Contact Information:
medicalocean205@gmail.com

and
12595 Southwest 137th Avenue
STE 201
Miami, FL 33186
(786) 770-4832
Digital Contact Information:
medicalocean205@gmail.com

and
13335 SW 124th St
Ste 106
Miami, FL 33186
(786) 842-3964
Digital Contact Information:
medicalocean205@gmail.com

and
13335 Southwest 124th Street
Suite 205
Miami, FL 33186
(305) 964-5082

Digital Contact Information:
medicalocean205@gmail.com

and
13590 Southwest 134th Avenue
205c
Miami, FL 33186
(786) 754-6474
Digital Contact Information:
medicalocean205@gmail.com

and
14750 Northwest 77th Court
SUITE 206
Miami Lakes, FL 33016
(796) 238-7959
Digital Contact Information:
medicalocean205@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Benzaquen, Melissa, MSED, LMHC ■
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
http://www.ibhflorida.com
osaker@ibhflorida.com

Berkovits, Michelle, PHD, LP ■
1120 Northwest 14th Street
1212
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
Not Available

and
1475 NW 12th Ave
C130
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
Not Available

and
1601 NW 12th Ave
Miami, FL 33136
(305) 243-3669
Digital Contact Information:
Not Available

and
1120 Northwest 14th Street
RM 1213
Miami, FL 331362107
(305) 243-6660
Digital Contact Information:
Not Available

Bermudez, Jose, PSYD, LP ■
9425 SW 72nd St
Ste 267
Miami, FL 33173
(305) 981-6806
Digital Contact Information:
jbpsyd@gmail.com

Bernal, Maria O, MN, APRN ■
FL
(786) 980-7496
Digital Contact Information:
gauna@bmsbill.com

and
11285 Southwest 211 Street
305
Miami, FL 33189
(305) 218-9996
Digital Contact Information:
gauna@bmsbill.com

Bernard, Courtney, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
courtneyl@cwcrecovery.com

Biaggini, Daniela, MMFT, LMHC ●
2124 Northeast 123rd Street
STE 220
North Miami, FL 33181
(786) 828-0947
Digital Contact Information:
https://blossomfl.com
info@blossomfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bianchi, Fiorella, MSW, LCSW ■
2555 Northwest 102nd Avenue
STE 205
Doral, FL 33172
(786) 372-6788
Digital Contact Information:
http://www.holisticmindscollective.org
bianchisw@gmail.com

and
7000 West 12th Avenue
15
Hialeah, FL 33014
(305) 395-4919
Digital Contact Information:
bianchisw@gmail.com

and
FL
(305) 395-4919
Digital Contact Information:
bianchisw@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bibas, Silvia M, MACP, LMHC ■
5590 West 20th Avenue
200 201
Hialeah, FL 33016
(305) 557-1555
Digital Contact Information:
http://lifestarwellnesscenter.com
sbibas999@gmail.com

and
3416 West 84th Street
C-108
Hialeah, FL 33018
(305) 557-1555
Digital Contact Information:
http://lifestarwellnesscenter.com
sbibas999@gmail.com

Billings, Denise D, MA, LCMHC, LMHC ●
9350 Sunset Drive
151
Miami, FL 33173
(202) 410-5972
Digital Contact Information:
help@joinuplift.co

Bishop, Ryan, MA, LMHC ■
1951 NW 7th Ave
Fl 3
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com

and
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Bishop, Sarah, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Spanish

Blair, Caryn, DNP, APRN ■
2999 NE 191st St
Ste 705
Miami, FL 33180
(305) 721-0748
Digital Contact Information:
mphealth4145@gmail.com

and
FL
(305) 721-0748
Digital Contact Information:
mphealth4145@gmail.com

Blanco Alonso, Maydibis, MN, APRN ■
5190 Northwest 167th Street
Suite 218
Hialeah, FL 33014
(786) 353-9410
Digital Contact Information:
admin@harmonycenter.us

and
17670 Northwest 78th Avenue
STE 113
Hialeah, FL 33015
(786) 715-3086
Digital Contact Information:
admin@harmonycenter.us

and
330 Southwest 27th Avenue
STE 609
Miami, FL 33135
(786) 743-0801
Digital Contact Information:
admin@harmonycenter.us

and
4905 Northwest 72nd Avenue
5
Miami, FL 33166
(786) 391-3816
Digital Contact Information:
http://paradisehealthgroup.com
admin@harmonycenter.us

and
13155 Southwest 134th Street
221
Miami, FL 33186
(786) 652-9880
Digital Contact Information:
admin@harmonycenter.us

and
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
admin@harmonycenter.us

and
14865 South Dixie Highway
Palmetto Bay, FL 33176
(786) 732-2176
Digital Contact Information:
admin@harmonycenter.us
Other Languages Spoken by Provider or Office Staff
Spanish

Blanco, Ocier, MSN, APRN ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

and
13195 Southwest 134th Street
206 206
Miami, FL 33186
(786) 608-3434
Digital Contact Information:
perla.delosrios@dadefamily.com

Blitzer, Paola, MS, LMHC ■
1045 Kane Concourse
207-208
Bay Harbor Islands, FL 33154
(305) 866-3866
Digital Contact Information:
paolabmhc@gmail.com

and
1045 Kane Concourse
207
Bay Harbor Islands, FL 33154
(561) 901-8846
Digital Contact Information:
paolabmhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bloise, Gabriela, MS, LMHC ■
Home Based Services Only
Miami Gardens, FL 33014
(305) 777-3883
Digital Contact Information:
acebehavioral2@gmail.com

and
5881 Northwest 151st Street
Suite: 103
Miami Lakes, FL 33014
(786) 703-4154
Digital Contact Information:
acebehavioral2@gmail.com

Blumtritt, Cesar E, PHD, BCABA, LMHC ■
10200 Northwest 25th Street
201
Doral, FL 33172
(305) 406-3689
Digital Contact Information:
http://www.foundartacademy.org
denalicrt@aol.com

and
10200 Northwest 25th Street
STE 204
Doral, FL 33172
(305) 406-3689
Digital Contact Information:
http://www.foundartacademy.org
denalicrt@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Boakye, Theresa, MSN, APN, APRN, CRNP, LNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@pgs-nhcare.com

Bodan, Dayra L, PSYD, LP ■
6405 Northwest 36th Street
112
Virginia Gardens, FL 33166
(305) 871-3131
Digital Contact Information:
therapeuticalli@bellsouth.net
Other Languages Spoken by Provider or Office Staff
English, Spanish

Bofill, Martha, PSYD, LP ■
351 NW 42nd Ave
Ste 401
Miami, FL 33126
(786) 704-5546
Digital Contact Information:
mbofill@aol.com

Bolt, Giselle M, MSN, APRN, APRNCNP ■
427 Washington Ave
Miami Beach, FL 33139
(305) 514-0813
Digital Contact Information:
credentialing@cancommunityhealth.org

and
18360 NW 47th Ave
Miami Gardens, FL 33055
(786) 800-5631
Digital Contact Information:
credentialing@cancommunityhealth.org
Other Languages Spoken by Provider or Office Staff English

Bonilla, Alicia, MSW, LCSW ●
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Borda, Margarita, MA, LMHC ■
123 Madeira Avenue
204
Coral Gables, FL 33134
(305) 898-6607
Digital Contact Information:
margaritaborda123@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Borek, Izayana, MS, LMFT ■
151 Northwest 11th Street
w201 w
Homestead, FL 33030
(786) 521-5925
Digital Contact Information:
http://monarchallhealth.com
monarchallhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Borges, Ariel, MC, BCBA, LMHC ■
330 Southwest 27th Avenue
STE 301
Miami, FL 33135
(786) 254-1572
Digital Contact Information:
http://www.counselingsociety.com
arborgesu@gmail.com

and
2157 Southwest 13th Avenue
3
Miami, FL 33145
(786) 254-1572

Digital Contact Information:
http://www.counselingsociety.com
arborgesu@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Borges, Edward L, MSW, LCSW ■
3625 Northwest 82nd Avenue
Suite 408
Doral, FL 33166
(305) 939-6877
Digital Contact Information:
help@joinuplift.co

and
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
help@joinuplift.co

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
Spanish

Bosch Batule, Monica J, MSW, LCSW ■
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
http://www.hscflorida.com
mbosch@keraltybh.com

and
3621 SW 107th Ave
Miami, FL 33165
(786) 534-8366
Digital Contact Information:
http://serenitycommunitycenter.com
mbosch@keraltybh.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Botero, Sara M, MS, LMFT ■
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
morecounseling@gmail.com

and
9745 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 701-2401
Digital Contact Information:
morecounseling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bowen, Dorothy, MED, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Bradley, Kacynthia, MSW, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Branch, Jason T, MSW, LCSW, LICSW ■
2212 Northwest 91st Street
Miami, FL 33147
(877) 644-6008
Digital Contact Information:
haymountcred@gmail.com

Brandt, Robert S, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@medpsych.net
Other Languages Spoken by Provider or Office Staff English

Braunstein, Mark, DO ■
2999 NE 191st St
Ste 200
Miami, FL 33180
(646) 394-9666
Digital Contact Information:
reanna@pcpms.net

Bravo, Jessenia, MS, LMFT ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Brazlavsky, Jodi L, MSW, LCSW ■
17501 Biscayne Boulevard
450
Aventura, FL 33160
(305) 933-5733
Digital Contact Information:
jbrazlavsky@gmail.com

and
19300 West Dixie Highway
2 2
Miami, FL 33180
(305) 720-5634
Digital Contact Information:
http://www.deltapsychgroup.com
jbrazlavsky@gmail.com

Brazzini, Mijanou, MPSY, LMHC ■
13205 Southwest 137th Avenue
suite 126
Miami, FL 33186
(786) 713-0383
Digital Contact Information:
http://yjwcare.com
mbrazzini61@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Brecht, Melinda S, MA, LMHC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Breva-Ratnasekera, Theresa, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Broadnax, Jaytavia, PSYD, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Brodsky, Gwyneth, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole, Haitian, Spanish

Brook, Robin, PHD, LMHC ■
111 Northeast 1st Street
FL 8
Miami, FL 33132
(888) 344-4549
Digital Contact Information:
rbrooks@transformationalhealth.net
Other Languages Spoken by Provider or Office Staff
English, Creole, Haitian, French, Spanish

Brookes, Ingrid, MS, LMHC ■
10300 Southwest 72nd Street
275d
Miami, FL 33173
(888) 853-7908
Digital Contact Information:
http://www.bettermindtherapycorp.com
vasallojane@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Brown, Dustin Q, MC, LMHC ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
myschoolpsychologist@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Brown, Georgiette, MSN, APRN ■
FL
(305) 771-1302
Digital Contact Information:
https://drghealthandwellness.com/
drghealthandwellness@gmail.com

Brown, Kala M, MSW, LCSW ■
FL
(786) 212-0289
Digital Contact Information:
admin@mentalmovement.org

Brown, Kameka L, PHD, APN, APRNCNP, ARNP ■
FL
(508) 202-1011
Digital Contact Information:
office@cartwheelcare.org

Brown, Sophia A, MSW, LCSW ■
295 Biscayne Boulevard
300
Miami, FL 33131
(561) 289-7995
Digital Contact Information:
sophia.brown@soebrownclinicalservices.org

Bruno, Julie D, PSYD, LP ■
1550 Madruga Avenue
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
http://www.abc4s.com
support@abc4s.com

Bucco, Breanna M, DNP, APRN, CNP ■
FL
(305) 902-6347
Digital Contact Information:
start@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Burr, Tamara, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Burton, Jessica, MSN, APRN ■
FL
(305) 902-6347
Digital Contact Information:
info@learningtoachievewellness.com

Bush, Megan V, MSW, LCSW ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Bussey-Martin, Shantara L, MSW, LCSW ■
FL
(786) 751-1565
Digital Contact Information:
https://www.teatimets.com/
sbusseymartin@teatimets.com

Bustillo, Eduardo, DNP, APRN ■
12060 Southwest 129th Court
201
Miami, FL 33186
(786) 615-3349
Digital Contact Information:
office@neurobehavioral.health

and
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
office@neurobehavioral.health

and
8900 Southwest 117th Avenue
Building C SUITE 205
Miami, FL 33186
(305) 640-8600
Digital Contact Information:
http://totustuushealth.com
office@neurobehavioral.health

and
FL
(305) 640-8600
Digital Contact Information:
http://totustuushealth.com
office@neurobehavioral.health
Other Languages Spoken by Provider or Office Staff
Spanish

Cabal, Dayanis, PSYD, LP ■
11645 Biscayne Boulevard
STE 408
Miami, FL 33181
(305) 538-8835
Digital Contact Information:
https://mbchc.org/
lvgonzalez@hcnetwork.org

and
710 Alton Rd
Miami Beach, FL 33139
(305) 538-8835
Digital Contact Information:
lvgonzalez@hcnetwork.org

and
1221 71st St
Miami Beach, FL 33141
(305) 538-8835
Digital Contact Information:
https://mbchc.org/
lvgonzalez@hcnetwork.org
Other Languages Spoken by Provider or Office Staff English

Caballero, Marianela, PSYD, LMHC ■
2550 NW 72nd Ave
Ste 309
Miami, FL 33122
(786) 703-2828
Digital Contact Information:
guidanceandinsightinc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cabranes, Gretchen, MA, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 275-8860
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cabrera, Gabriela M, MMH, LMHC ■
10691 Southwest 88th Street
Suite 110
Miami, FL 33176
(305) 595-5485
Digital Contact Information:
compuexbilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Caceres, Daniris, MMH, LMHC ■
12368 SW 82nd Ave
Miami, FL 33156

(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
morecounseling@gmail.com

Calderin, Claudia, MSN, APRN ■
12001 Southwest 128th Court
Suite Suite 104
Miami, FL 33186
(786) 868-0505
Digital Contact Information:
clarityhealth@approachteam.com

and

13170 Southwest 128th Street
200
Miami, FL 33186
(786) 852-5198
Digital Contact Information:
https://clarityapproach.com/
clarityhealth@approachteam.com

and

14201 Southwest 120th Street
suite 110
Miami, FL 33186
(786) 238-7492
Digital Contact Information:
clarityhealth@approachteam.com

and

14221 Southwest 120th Street
223
Miami, FL 33186
(786) 690-2296
Digital Contact Information:
clarityhealth@approachteam.com
Other Languages Spoken by Provider or Office Staff Spanish

Calvo, Darcy, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Spanish

Camejo, Stephanie, PSYD, LP ■
8500 SW 92nd Street
206
Miami, FL 33156
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
sasha@livewelltherapygroup.com

Campagna Bonomo, Samantha E, MS, LMHC ■
1550 Madruga Ave
Ste 509
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
campagnatherapy@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Campos, Ivy, MS, LMHC ■
2103 Coral Way
Ste 405
Miami, FL 33145
(305) 445-9554
Digital Contact Information:
herrerasoffice@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Canales, Jenny, MA, LPC ■
FL
(305) 902-6347
Digital Contact Information:
http://www.bebravehealth.com
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff English

Canavaciolo, Heidy, MSN, APRN ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
http://www.dgphealthandwellness.com
info@dgphealthandwellness.com

and

3621 SW 107th Ave
Miami, FL 33165
(786) 534-8366
Digital Contact Information:
http://serenitycommunitycenter.com
info@dgphealthandwellness.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Cancio, Jose A, MSN, APRN ■
12550 Biscayne Boulevard
STE 507
North Miami, FL 33181
(305) 204-1209
Digital Contact Information:
jac-pmhnp@assertivecare.net
Other Languages Spoken by Provider or Office Staff English, Spanish

Canetti, Lisandra A, MSW, LCSW ■
8955 SW 87th Ct
Ste 112
Miami, FL 33176
(305) 722-7210
Digital Contact Information:
ofajardo@miamimedresearch.com
Other Languages Spoken by Provider or Office Staff Spanish

Capriata, Olga J, MSW, LCSW ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
http://lotuscounseling.com
admi@lotuscounseling.com

and

2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
http://www.lotuscounseling.com
admi@lotuscounseling.com

and

7811 Coral Way
106
Miami, FL 33155
(305) 412-0138
Digital Contact Information:
admi@lotuscounseling.com

and

13930 SW 47th St
Ste 202
Miami, FL 33175
(305) 387-7850
Digital Contact Information:
admi@lotuscounseling.com

and

5600 SW 135th Ave
Ste 116
Miami, FL 33183
(305) 387-7850
Digital Contact Information:
admi@lotuscounseling.com
Other Languages Spoken by Provider or Office Staff Spanish

Carballo, Mercedes, MC, LMHC ■
10689 N Kendall Dr
Ste 215
Miami, FL 33176
(305) 310-4245
Digital Contact Information:
http://mentalwellness.care
mercy.carballo@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Cardenas, Carlos, MSED, LMFT ■
10689 SW 88th St
Ste 305
Miami, FL 33176
(305) 975-9449
Digital Contact Information:
mgme.cc@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Cardentey, Maidelin, MMH, LMHC ■
11300 Northwest 87th Court
149
Hialeah Gardens, FL 33018
(786) 518-3452
Digital Contact Information:
gardenshc@gmail.com

Cardona, Diana C, MS, LMHC ■
5201 Blue Lagoon Dr
Ste 848
Miami, FL 33126
(855) 634-0984
Digital Contact Information:
contact@influentialtherapy.com

Cardona, Maria E, MBS, LPC ■
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
osaker@ibhflorida.com

Carey, Gabrielle, MHS, LMHC ■
12000 Biscayne Boulevard
Miami, FL 33181
(786) 490-5988
Digital Contact Information:
gabbycaresofsouthfl@gmail.com

and

FL
(786) 490-5988
Digital Contact Information:
http://www.gabbycares.com
gabbycaresofsouthfl@gmail.com

Carmody, Jaclyn, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Carnet Beira, Garry, MS, BCBA ■
5901 Northwest 183rd Street
Suite 264
Hialeah, FL 33015
(786) 803-2664
Digital Contact Information:
https://oasismentalhealthcenter.com
nkitching@readysetconnect.org
Other Languages Spoken by Provider or Office Staff Spanish

Carr, Michelle, LMHC, MA ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com
Other Languages Spoken by Provider or Office Staff Spanish

Carr, Satara, MA, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
blisscounseling2019@outlook.com
Other Languages Spoken by Provider or Office Staff English

Carrascal, Jonh, MS, LMHC ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Carrion, Bethania, PSYD, LP ■
175 Fontainebleau Boulevard
Miami, FL 33172
(786) 860-2468
Digital Contact Information:
http://www.guidedinsightpsychology.com
drcarrionb@guided-insight.com
Other Languages Spoken by Provider or Office Staff Spanish

Carroza, Mirna H, MPSY, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff Italian, Spanish

Cartaya, Rosa M, MA, LMHC ■
9370 Southwest 72nd Street
Suite #A-213
Miami, FL 33173
(305) 972-9530
Digital Contact Information:
rmcartay@hotmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Carter, Carol, MSW, LCSW ■
FL
(305) 400-8511
Digital Contact Information:
http://www.cbhwestcoast.com
credentialing@hcsflorida.com
Other Languages Spoken by Provider or Office Staff English

Carter, Dana, PHD, LMHC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com

Carter, Michelle, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Carter, Nakylia, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Casas-Justice, Libia T, MSW, LCSW ■
10631 North Kendall Drive
Suite 1201
Miami, FL 33176
(305) 270-6100
Digital Contact Information:
libiacasas@bellsouth.net
Other Languages Spoken by Provider or Office Staff Spanish

Castaneda, Alexa, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
referrals@chrysalishealth.com

and

2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
referrals@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Sign Lang Amer, Spanish

Castaneda Ramirez, Santiago, MD ■
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
https://www.compasshealthsystems.com/
credentialing@compass.md

and

FL
(305) 891-0050
Digital Contact Information:
https://www.compasshealthsystems.com/
credentialing@compass.md

Castaneira, Yamile, MSN, APRN ■
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924

Digital Contact Information:
lgarcia@keraltybh.com
Other Languages Spoken by Provider or Office Staff
Spanish

Casteleiro, Vickie, PHD, LP ■
7950 W Flagler St
Ste 106
Miami, FL 33144
(305) 269-3900
Digital Contact Information:
http://www.healthymindspsy.com
drgmartinez.psychologist@gmail.com

and
7950 West Flagler Street
Suite 101
Miami, FL 33144
(305) 239-7725
Digital Contact Information:
http://www.healthymindspsy.com
drgmartinez.psychologist@gmail.com

and
FL
(305) 239-7725
Digital Contact Information:
http://www.healthymindspsy.com
drgmartinez.psychologist@gmail.com

Castellon, Nestor, MS, LMHC ■
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
fl-credentialing@lifestance.com
Other Languages Spoken by Provider or Office Staff
Spanish

Castillo, Sandra, PSYD, LP ■
3081 Salzedo Street
Suite 202
Coral Gables, FL 33134
(786) 567-8160
Digital Contact Information:
castillo043@gmail.com

and
11385 Southwest 32nd Street
Miami, FL 33165
(786) 567-8160
Digital Contact Information:
castillo043@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Castillo-Fundora, Evelyn T, EDS, LSP ■
10300 Southwest 72nd Street
#123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://myschoolpsychologistinc.com
info@myschoolpsychologistinc.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Castro, Anthony M, PHD, LP ■
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
1404A
Miami, FL 33136
(305) 243-4782
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
Fl 14
Miami, FL 33136
(305) 243-4782
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
Fl 3
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Castro, Kenia, MD ■
4160 W 16th Ave
Ste 301
Hialeah, FL 33012
(305) 690-0332
Digital Contact Information:
keniacastromdpa@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Castro, Yahaira, PHD, LMHC ■
13335 Southwest 124th Street
Miami, FL 33186
(786) 738-6468
Digital Contact Information:
frontdesk@mentalhealthofmiami.com

and
FL
(786) 738-6468
Digital Contact Information:
http://mentalhealthofmiami.com
frontdesk@mentalhealthofmiami.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cata, Karina, MN, ARNP ■
4982 Palm Avenue
Hialeah, FL 33012
(305) 479-3262
Digital Contact Information:
kcata@kcm.health
Other Languages Spoken by Provider or Office Staff
Spanish

Center, Steve S, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
anne.lawson@bowencenter.org

Cepero, Ariel, MSN, NP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
william_dubose@futurepsychsolutions.com

Cerne Constantin, Kery, MMH, LMHC ■
16800 Northeast 15th Avenue
304 304
North Miami Beach, FL 33162
(305) 419-6446
Digital Contact Information:
http://www.plscaw.com
ddunn@unifiedcm.com

Chama, Humphrey, MSN, APRNCNP ■
FL
(305) 902-6347
Digital Contact Information:
handmhealthcareoftx@gmail.com

Chang, Joshua, MD ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
intake@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
intake@compass.md

and
FL
(305) 891-0050
(305) 279-5535
(954) 771-7743
(954) 447-0010
(561) 752-9490
Digital Contact Information:
intake@compass.md

Chasteen, Heather, MN, APRN, APRNCNP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
credentialing@flatherapy.com
Other Languages Spoken by Provider or Office Staff English

Chatelain, Mitsouko, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/referrals@ffmhs.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
referrals@ffmhs.com

Chemerinsky, Graciela, MPSY, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com

and
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Chernov, Valeriy M, MD ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
svetcher@optonline.net

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
svetcher@optonline.net

and
1065 Northeast 125th Street
300
North Miami, FL 33161
(888) 852-6672
Digital Contact Information:
http://www.compasshealthsystems.com
svetcher@optonline.net
Other Languages Spoken by Provider or Office Staff
Russian

Chevalier, Naomi, MD ■
2 South Biscayne Boulevard
103 32
Miami, FL 33131
(786) 556-7688
Digital Contact Information:
smithvl6@upmc.edu
Other Languages Spoken by Provider or Office Staff
Hebrew, English

Chhabra, Divya K, MD ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
start@bebravehealth.com

Chiarini, Stephan G, MSED, LMFT ■
10241 SW 103rd Ct
Miami, FL 33176
(305) 790-2899
Digital Contact Information:
ovichsan@yahoo.com

and
9010 SW 137th Ave
Ste 212
Miami, FL 33186
(305) 790-2899
Digital Contact Information:
ovichsan@yahoo.com

Childers, Janice L, MA, LMHC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff English

Chin, Dhaima, MSW, LCSW, LICSW ■
4005 Northwest 114th Avenue
22 22
Doral, FL 33178
(305) 260-6913
Digital Contact Information:
miamigardenscounseling@gmail.com

and
8950 SW 74th Ct
Ste 2201
Miami, FL 33156
(786) 577-3427
Digital Contact Information:
miamigardenscounseling@gmail.com

and
2720 Southwest 97th Avenue
C-105
Miami, FL 33165
(786) 332-4330
Digital Contact Information:
miamigardenscounseling@gmail.com

and
2740 Southwest 97th Avenue
111a a 111
Miami, FL 33165
(786) 332-4330
Digital Contact Information:
miamigardenscounseling@gmail.com

and
20295 NW 2nd Ave
Ste 302
Miami, FL 33169
(305) 900-3475
Digital Contact Information:
miamigardenscounseling@gmail.com

and
20535 NW 2nd Ave
Ste 204
Miami, FL 33169
(305) 900-3475
Digital Contact Information:
miamigardenscounseling@gmail.com

and
20535 Northwest 2nd Avenue
suite 125
Miami, FL 33169
(305) 900-3504
Digital Contact Information:
miamigardenscounseling@gmail.com

and
14221 Southwest 120th Street
126
Miami, FL 33186
(786) 577-3427
Digital Contact Information:
miamigardenscounseling@gmail.com

and
10201 Hammocks Boulevard
Suite 122
Miami, FL 33196
(786) 557-3427
Digital Contact Information:
miamigardenscounseling@gmail.com

Chinea, Marianela, MSN, APRN ■
3971 Southwest 8th Street
STE 206
Coral Gables, FL 33134
(786) 633-5960
Digital Contact Information:
agauna@bmsbill.com

and
FL
(786) 980-7496
Digital Contact Information:
http://www.vidahealthcarenetworks.com
agauna@bmsbill.com

and
13590 Southwest 134th Avenue
201
Miami, FL 33186
(786) 227-6258
Digital Contact Information:
agauna@bmsbill.com

Chiu, Chantel, PHD, LP ■
15325 Northwest 60th Avenue
#105
Miami Lakes, FL 33014
(305) 512-5388
Digital Contact Information:
docs@trinitycmhc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Choute-Edouard, Sonia, APRN, MSN, NP ■
66 West Flagler Street
Miami, FL 33130
(347) 875-0473
Digital Contact Information:
admins@wholenesstradition.com

and
1031 Ives Dairy Rd
Ste 228
Miami, FL 33179
(786) 477-6179
Digital Contact Information:
admins@wholenesstradition.com

and
12550 Biscayne Boulevard
STE 800
North Miami, FL 33181
(788) 442-5021
Digital Contact Information:
admins@wholenesstradition.com

Cicetti, Lisa, PSYD, LMHC, LP ■
1100 Southwest 57th Avenue
Suite 100
Miami, FL 33144
(786) 556-7688
Digital Contact Information:
lisacicetti@yahoo.com

Cid, Arturo A, MSW, LCSW ■
11900 Biscayne Blvd
Ste 504
Miami, FL 33181
(305) 804-7843
Digital Contact Information:
cidcounseling@gmail.com

and
17071 West Dixie Highway
103 103
North Miami Beach, FL 33160
(305) 804-7843
Digital Contact Information:
cidcounseling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cieply, Tanisha, MSN, APRN ■
FL
(407) 906-6116
Digital Contact Information:
cieplyt@gmail.com

Clark, Altheresa, MSW, LCSW ■
111 NW 183rd St
Ste 404
Miami, FL 33169
(786) 524-4001
Digital Contact Information:
altheresa.clark@yahoo.com

Clerkin, Amanda, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff
English

Cliche, Rachelle, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
Haitian Creole, Spanish

Clicque, Chelsea A, PSYD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
support@dallastherapeutic.com

Coffman, Alexander, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
English, Creole, Haitian, Spanish

Cofino Matos, Karol, MSN, APRN ■
9849 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 664-4540
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cohen, Sari, MC, LMHC ■
1951 Northwest 7th Avenue
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
sari.creativepathllc@gmail.com

and
FL
(305) 902-6347
(352) 515-0000
Digital Contact Information:
sari.creativepathllc@gmail.com

Collazo-Amador, Aylem, MS, LMHC ■
306 Alcazar Avenue
200
Coral Gables, FL 33134
(305) 967-8725
Digital Contact Information:
http://www.ajmmedicalcenter.com
sunshine-advantage@mbhpays.com

and
8500 West Flagler Street
Office 107A
Miami, FL 33144
(786) 907-5141
Digital Contact Information:
sunshine-advantage@mbhpays.com

and
13301 Southwest 132nd Avenue
209 209
Miami, FL 33186
(786) 713-5553
Digital Contact Information:
sunshine-advantage@mbhpays.com

and
FL
(305) 632-3892
Digital Contact Information:
sunshine-advantage@mbhpays.com
Other Languages Spoken by Provider or Office Staff
Spanish

Collins, Timothy, MS, LMHC ■
FL
(202) 410-5972
(786) 495-6503
Digital Contact Information:
5atherapyllc@gmail.com

Colon Del Toro, Cristina, MD ■
8001 West 26th Avenue
2 2
Hialeah, FL 33016
(786) 360-2630
Digital Contact Information:
vanessa@livingcaretherapy.com

and
8001 West 26th Avenue
6 6
Hialeah, FL 33016
(786) 372-3262
Digital Contact Information:
vanessa@livingcaretherapy.com

and
5080 Northwest 74th Avenue
Miami, FL 33166
(786) 372-3262
Digital Contact Information:
vanessa@livingcaretherapy.com

and
10511 Southwest 88th Street
c103
Miami, FL 33176
(786) 530-7427
Digital Contact Information:
vanessa@livingcaretherapy.com

and
5600 Southwest 135th Avenue
STE 216
Miami, FL 33183
(786) 536-6196
Digital Contact Information:
vanessa@livingcaretherapy.com

and
14221 Southwest 120th Street
223
Miami, FL 33186
(786) 690-2296
Digital Contact Information:
vanessa@livingcaretherapy.com

Colon Rodriguez, Lyllymar, PHD, LP ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 661-5511
Digital Contact Information:
dr.ingridroman1@gmail.com

and
100 NE 15th St
Ste 101D
Homestead, FL 33030
(833) 779-8646
Digital Contact Information:
dr.ingridroman1@gmail.com

and
7950 W Flagler St
Ste 105
Miami, FL 33144
(305) 661-5511
Digital Contact Information:
dr.ingridroman1@gmail.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 661-5511
Digital Contact Information:
dr.ingridroman1@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Colunga, Eduardo, MSN, APRN ■
900 East 9th Street
Hialeah, FL 33010
(305) 381-5294
Digital Contact Information:
info@cbhwestcoast.com
Other Languages Spoken by Provider or Office Staff
Spanish

Colvin, Cindy, EDS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Commella, Noreen, PSYD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@healthyyoungminds.com

Companioni, Maria, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
ashley@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Concepcion, Sailys, MA, LMHC, LPC ■
FL
(508) 202-1011
Digital Contact Information:
sailysc@pm.me

and
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
sailysc@pm.me

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
sailysc@pm.me

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
sailysc@pm.me

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
sailysc@pm.me

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
sailysc@pm.me

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
sailysc@pm.me

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
sailysc@pm.me

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
sailysc@pm.me

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
sailysc@pm.me

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
sailysc@pm.me
Other Languages Spoken by Provider or Office Staff
Spanish

Contreras, Joseph L, MS, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentailing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentailing@banyanhealth.org

and
18901 Southwest 106th Avenue
229
Miami, FL 33157
(786) 506-9008
Digital Contact Information:
credentailing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
credentailing@banyanhealth.org

and
9867 Southwest 184th Street
Palmetto Bay, FL 33157

(786) 732-2287
Digital Contact Information:
credentailing@banyanhealth.org
Other Languages Spoken by Provider or Office Staff
Spanish

Contreras-Schwartz, Joanna, PHD, LCSW, LCSW-R, LISW-CP, LMSW ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
ajcheney@sosapartners.com

Cook, Chaz, MS, LMHC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
http://sunbeamfamilyservices.org
drandall@teampathways.com

Corbeille, Lisette, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
https://www.bebravehealth.com

Corniffe, Khadine, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
pandatherapycircle@gmail.com

Corona Martinez, Delaney, MS, LCPC, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
home@christianpsychological.org

Correa, Larisa A, MSW, CSW, LCSW, LICSW, LISW-CP ■
FL
(561) 567-8795
(347) 738-1199
(315) 873-2936
Digital Contact Information:
http://www.joinuplift.co
mpowercounselingpllc@gmail.com
and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
mpowercounselingpllc@gmail.com
and
FL
(561) 567-8795
(347) 738-1199
(315) 873-2936
Digital Contact Information:
http://www.joinuplift.co
mpowercounselingpllc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cortes Vazquez, Glendys, MN, APRN ■
13205 Southwest 137th Avenue
224 224
Miami, FL 33186
(786) 290-9192
Digital Contact Information:
primarycareeducenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cortez, Nancy, MED, LMHC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
http://www.bebravehealth.com
help@joinuplift.co

Corthell, Kimere, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(877) 644-6008
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Corzo, Samantha R, MS, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org
and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org
and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org
and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org
and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
credentialing@banyanhealth.org

Cos Salmon, Hugo, MSN, APRN ■
1671 West 37th Street
Suite #3
Hialeah, FL 33012
(305) 728-4880
Digital Contact Information:
hcos@chwcm.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

Crane, Damarys, MS, LMHC ■
3750 West 16th Avenue
140u
Hialeah, FL 33012
(786) 609-1765
Digital Contact Information:
vdacommunitycenter@gmail.com
and
5941 Northwest 173rd Drive
2 2
Hialeah, FL 33015
(754) 701-0221
Digital Contact Information:
vdacommunitycenter@gmail.com
and
15325 Northwest 60th Avenue
101
Miami Lakes, FL 33014
(786) 703-8085
Digital Contact Information:
vdacommunitycenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Crane, Katrina L, MSN, ARNP, PMHNP ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Crawford, Marsae, MSW, LCSW, LISW ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
start@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Crews, Grant Shane, MS, LMHC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
billing@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Crisp, Nicholas S, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
info@improvinglivescounseling.com

Crocker, Gayle, PSYD, LMHC ■
16400 NW 2nd Ave
Ste 100
Miami, FL 33169
(954) 588-3612
Digital Contact Information:
gaylecrocker@hotmail.com
and
FL
(954) 588-3612
Digital Contact Information:
gaylecrocker@hotmail.com

Croskey, Luvernice, PHD, LCSW, LMFT ■
12955 Biscayne Boulevard
STE 204
Miami, FL 33181
(305) 895-3307
Digital Contact Information:
luvernicecroskey@gmail.com
Other Languages Spoken by Provider or Office Staff English

Crumbley, Kristin, MS, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com

Cruz, Amy, MA, LMHC ■
4302 Alton Rd
Ste 500
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Cruz, Yaimara, MSN, APRN ■
FL
(305) 510-0111
Digital Contact Information:
Not Available

Cuadra, Anai M, PHD, LP ■
1601 NW 12th Ave
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
French, Spanish

Cue, Liz, MSW, LCSW ■
5901 Southwest 74th Street
408
Miami, FL 33143
(305) 735-3555
Digital Contact Information:
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cue, Zandra, MPSY, LMHC ■
3191 Coral Way
Ste 402
Miami, FL 33145
(786) 218-4039
Digital Contact Information:
zandracue@yahoo.com

Curras, Glender, MPSY, LMHC ■
1125 Northeast 125th Street
300 7n
North Miami, FL 33161
(786) 487-3948
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
English, Spanish

Curras, Michelle M, MSSW, LCSW ■
1000 Brickell Avenue
Miami, FL 33131
(786) 536-5702
Digital Contact Information:
laibehavior@gmail.com
and
981 NW 132nd Ave W
Miami, FL 33182
(786) 536-5702
Digital Contact Information:
laibehavior@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Curtis, Kormasah K, MMFT, LMFT ■
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
contactus@embracecounselingusa.com

Cyronak, Ashley R, MSN, PMHNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
coastalpsych@gmail.com

D'Souza, Connolly G, MSW, CAP, LCSW ■
2929 SW 3rd Ave
Ste 510
Miami, FL 33129
(305) 858-0662
Digital Contact Information:
healingsolutionllc@att.net
Other Languages Spoken by Provider or Office Staff Indian, Spanish

Daaga, Isis, EDS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@elemy.com

Daino, Giamarie, PSYD, LP ■
12700 Biscayne Boulevard
301
North Miami, FL 33181
(305) 467-4597
Digital Contact Information:
https://www.drdainotherapy.com/
drdaino@protonmail.com

Damus, Harry, PSYD, LP ■
8200 SW 117th Ave
Ste 306
Miami, FL 33183
(305) 274-0640
Digital Contact Information:
hdamus@therapeuticbehavioral.com
Other Languages Spoken by Provider or Office Staff Creole

Danauy Del Toro, Yesmin, MN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
office@myrtleridge.us
Other Languages Spoken by Provider or Office Staff
Spanish

Dangla, Marjorie, MSW, LCSW ■
Doral
Doral, FL 33178
(305) 926-6106
Digital Contact Information:
blissfulsoultherapy01@gmail.com

Dashevsky, Jessica, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff
Russian

Davis, Asha, MD ■
1065 NE 125th St
Ste 206
Miami, FL 33161

(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
davisasha1@gmail.com

and
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
davisasha1@gmail.com

Davis, Christina, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
billing@regionalpsychiatry.com

Davis, Joy J, MSW, LCSW ●
150 NW 79th St
342
Miami, FL 33150
(305) 230-4598
Digital Contact Information:
http://www.affirmingyouth.org
joy@affirmingyouth.org
Other Languages Spoken by Provider or Office Staff English, Spanish

Davis, Leilani, MSN, APRN ■
790 Northwest 107th Avenue
Suite 107
Miami, FL 33172
(770) 492-2960
Digital Contact Information:
cheryl@qualitycredentialinginc.com

Davis-Rosario, Safiyah R, MSW, LCSW ■
FL
(786) 318-1591
Digital Contact Information:
http://www.sanctuarytcs.com
safiyahdv@hotmail.com

Davis-Young, Sandra K, MSN, APN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
ecochran@panolamed.com

De Boer, Betsy, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

De La Prida, Yohandra, MC, LMHC ■
2500 Northwest 79th Avenue
Suite 227
Doral, FL 33122
(305) 456-9396
Digital Contact Information:
healthymindsmc@outlook.com

and
3785 Northwest 82nd Avenue
307
Doral, FL 33166
(305) 898-5420
Digital Contact Information:
healthymindsmc@outlook.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 255-6203
Digital Contact Information:
healthymindsmc@outlook.com

and
8100 Northwest 155th Street
100
Miami Lakes, FL 33016
(786) 615-2531
Digital Contact Information:
healthymindsmc@outlook.com
Other Languages Spoken by Provider or Office Staff English, Spanish

De Leon, Karel M, MD ■
2100 Ponce de Leon
#1240
Coral Gables, FL 33134
(786) 471-3535
Digital Contact Information:
consulting@fdgmso.com
Other Languages Spoken by Provider or Office Staff Spanish

De Sautu-Dominguez, Erika, MS, LMHC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
credentialing@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com
Other Languages Spoken by Provider or Office Staff Spanish

De Souza, Vacir, MA, LMHC ■
7900 Oak Ln
400
Hialeah, FL 33016
(786) 622-5743
Digital Contact Information:
palmbehavioral2@gmail.com

Dean, Brooke, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Dearmas, Vanessa M, MMH, LMHC ■
FL
(305) 505-7558
Digital Contact Information:
empoweringmindsetllc@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Decastelli, Florencia, MS, LMHC ■
Home Based Services Only
Miami Gardens, FL 33014
(305) 417-1535
Digital Contact Information:
newhopecasemanagementservices@gmail.com
Other Languages Spoken by Provider or Office Staff English

Delamater, Alan M, PHD, LP ■
1601 NW 12th Ave
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
Not Available

Deleon, Orlando, MSSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
providerenrollment5@deeroaks.com
Other Languages Spoken by Provider or Office Staff Spanish

Delgado, Beatriz, MSSW, LCSW ■
1550 Madruga Ave
Ste 509
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
http://www.abc4s.com
admin@abc4s.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Delgado, Elizabeth, MSW, LCSW ■
Home Based Services Only
Doral, FL 33122
(305) 591-7898
Digital Contact Information:
newhopecasemanagementservices@gmail.com

and
8180 Northwest 36th Street
Suite #307
Doral, FL 33166
(305) 591-7898
Digital Contact Information:
newhopecasemanagementservices@gmail.com

and
12150 Southwest 128th Court
222
Miami, FL 33186
(786) 701-8164
Digital Contact Information:
newhopecasemanagementservices@gmail.com

Delgado Rodriguez, Yessica, MS, BCBA ■
2300 West 84th Street
404a
Hialeah, FL 33016
(786) 681-8494
Digital Contact Information:
yessicadelgado87@gmail.com

and
13055 Southwest 42nd Street
STE 104
Miami, FL 33175
(305) 480-7839
Digital Contact Information:
yessicadelgado87@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Delouche, Agenia, PHD, LP ■
6262 Sunset Drive
Suite 500
Miami, FL 33143
(305) 669-6503
Digital Contact Information:
payer.credentialing@nicklaushealth.org

and
3100 SW 62nd Ave
Miami, FL 33155
(305) 663-8439
Digital Contact Information:
payer.credentialing@nicklaushealth.org

Denis, Carl Ivan, MSN, APRN ■
1150 Northeast 125th Street
North Miami, FL 33161
(305) 403-0654
Digital Contact Information:
llong@dgcmhc.org

Der Rohe-Borghese, Gema Y, MSW, BCBA, LBA, LCSW ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
orlando@pbhd.health

and
2525 Ponce de Leon Boulevard
370
Miami, FL 33134
(954) 408-1568
Digital Contact Information:
orlando@pbhd.health
Other Languages Spoken by Provider or Office Staff Haitian Creole

Dergan, Jose J, PSYD, LP ■
8249 Northwest 36th Street
100
Doral, FL 33166
(305) 599-1970
Digital Contact Information:
derganj@aol.com

Derinor, Mara-Joanne S, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@mindfulhc.com

Desantis, Danielle L, PSYD, LMFT, LP ■
FL
(401) 371-0223
Digital Contact Information:
http://www.drdanielledesantis.com
drdanielledesantis@gmail.com

Desilva, Caleen, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Deyoe, Jenifer, MSN, APRN ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff English, Haitian Creole, Haitian, Spanish

Diarra, Sory I, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
in-credentialing@lifestance.com

Diaz, Alexis, MS, LMHC ■
1550 Madruga Ave
Ste 509
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
http://www.abc4s.com
alex.diaz@abc4s.com
Other Languages Spoken by Provider or Office Staff Spanish

Diaz, Laura, MN, APRN ■
14722 Southwest 56th Street
Miami, FL 33185
(305) 456-0572
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
13190 Southwest 134th Street
106
Miami, FL 33186
(786) 209-0023
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
17325 Northwest 27th Avenue
Suite 105
Miami Gardens, FL 33056
(786) 819-0209
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Diaz, Milagros, MMFT, LMFT ■
7400 Southwest 50th Terrace
STE 303
Miami, FL 33155
(786) 738-4045
Digital Contact Information:
http://psychcarecenter.com/
psychcarecc@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Diaz Palmero, Yuranis, MPSY, LMHC ■
3785 Northwest 82nd Avenue
307
Doral, FL 33166
(305) 266-2949
Digital Contact Information:
info@oasismentalhealthcenter.com

and
Northwest 92nd Avenue
Doral, FL 33172
(305) 266-2949
Digital Contact Information:

info@oasismentalhealthcenter.com

and
5901 Northwest 183rd Street
310
Hialeah, FL 33015
(786) 418-9790
Digital Contact Information:
https://oasismentalhealthcenter.com
info@oasismentalhealthcenter.com

and
1250 Southwest 27th Avenue
Suite 506
Miami, FL 33135
(786) 536-9278
Digital Contact Information:
info@oasismentalhealthcenter.com

and
330 Southwest 27th Avenue
STE 609
Miami, FL 33135
(786) 743-0801
Digital Contact Information:
info@oasismentalhealthcenter.com

and
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
info@oasismentalhealthcenter.com

and
9125 SW 87th Ave
Miami, FL 33176
(305) 735-3919
Digital Contact Information:
info@oasismentalhealthcenter.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz Rodriguez, Tahnee, MSN, APRN ■
13055 Southwest 42nd Street
205
Miami, FL 33175
(786) 417-9395
Digital Contact Information:
https://onemorelight.org/
omlhspsychiatry@gmail.com

and
FL
(786) 417-9395
Digital Contact Information:
https://onemorelight.org/
omlhspsychiatry@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Diaz-Amaran, Yosvel, MSW, LCSW ■
3901 Northwest 79th Avenue
STE 120
Doral, FL 33166
(786) 310-4480
Digital Contact Information:
yosveld@yahoo.es

and
640 W Palm Dr
Ste D
Homestead, FL 33034
(786) 601-7757
Digital Contact Information:
yosveld@yahoo.es

and
640 West Palm Drive
c
Homestead, FL 33034
(305) 793-4701
Digital Contact Information:
yosveld@yahoo.es

and
1150 Northwest 72nd Avenue
220
Miami, FL 33126
(786) 558-4899
Digital Contact Information:
yosveld@yahoo.es

and
1150 Northwest 72nd Avenue
350
Miami, FL 33126
(786) 228-7801
Digital Contact Information:
yosveld@yahoo.es

and
1150 Northwest 72nd Avenue
540
Miami, FL 33126
(786) 228-7801
Digital Contact Information:
yosveld@yahoo.es

and
7805 Coral Way
Ste 131
Miami, FL 33155
(786) 307-2066
Digital Contact Information:
yosveld@yahoo.es

and
7811 Coral Way
Ste 130
Miami, FL 33155
(786) 307-2066
Digital Contact Information:
yosveld@yahoo.es

and
280 Westward Drive
Miami Springs, FL 33166
(786) 391-0744
Digital Contact Information:
http://www.rosswellnesscenters.com
yosveld@yahoo.es

and
Home Based Services Only
Naranja, FL 33032
(786) 953-3599
Digital Contact Information:
yosveld@yahoo.es
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz-Paniagua, Panny, MED, LMHC ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
credentialing@compass.md

and
9900 Southwest 107th Avenue
STE 101
Miami, FL 33176
(305) 964-5381
Digital Contact Information:
credentialing@compass.md

and
Home Based Services Only
Miami Lakes, FL 33016
(561) 764-7093
Digital Contact Information:
credentialing@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
credentialing@compass.md
Other Languages Spoken by Provider or Office Staff
Spanish

Dieguez, Ivette, MSN, APRN ■
3901 Northwest 79th Avenue
250
Doral, FL 33166
(239) 342-6516
Digital Contact Information:
info@laluzmentalhealth.com

and
12700 Southwest 128th Street
STE 108
Miami, FL 33186
(786) 732-0865
Digital Contact Information:
info@laluzmentalhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Dieppa, Jessica B, MS, LMHC ●
10815 Southwest 145th Place
Miami, FL 33186
(305) 989-0493
Digital Contact Information:
http://www.guidedpathstherapy.com
jessica.dieppa22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Dieppa, Renan, MS, LMHC ■
8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-2822
Digital Contact Information:
http://www.mgmbehavioral.com
mgmbehavioral@gmail.com

and
13301 Southwest 132nd Avenue
209 209
Miami, FL 33186
(786) 713-5553
Digital Contact Information:
mgmbehavioral@gmail.com

Diez De Sollano, Carina, MSW, LCSW ■
2100 Coral Way
Coral Gables, FL 33145
(786) 320-1677
Digital Contact Information:
http://www.ydzm.org
rossconsultingandcredentialing@gmail.com

and
7925 Northwest 12th Street
225
Doral, FL 33126
(305) 456-4378
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
3750 West 16th Avenue
208 210
Hialeah, FL 33012
(305) 301-3283
Digital Contact Information:
https://www.serenitytms.com/
rossconsultingandcredentialing@gmail.com

and
2100 West 76th Street
201 206
Hialeah, FL 33016
(786) 353-2324
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
5590 W 20th Ave
Ste 404
Hialeah, FL 33016
(305) 826-9330
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
FL
(305) 338-6219
Digital Contact Information:
rossconsultingandcredentialing@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Dimitrjevitch, Sasha, MS, LMHC ■
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
billing@peaktherapycenter.com

Dixon, Passion, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
ortiz4professionalservicesllc@gmail.com

Docteur, Judeline, MSN, APRN ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
start@bebravehealth.com

Doiron, Victoria E, MA, LMHC ■
1951 NW 7th Ave
Fl 3
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Domenech, Alvaro, MSSW, LCSW ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
gina@lotuscounseling.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 644-6024
Digital Contact Information:
gina@lotuscounseling.com

and
2141 SW 1st St
Ste 103
Miami, FL 33135
(305) 644-6024
Digital Contact Information:
gina@lotuscounseling.com

and
FL
(786) 369-9254
Digital Contact Information:
http://deepwatertherapeuticservices.com
gina@lotuscounseling.com

Dominguez, Arturo, MMH, LMHC ■
FL
(305) 967-9201
(786) 233-6127
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
8551 Northwest South River Drive
Medley, FL 33166
(305) 603-9344
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
8660 West Flagler Street
209
Miami, FL 33144
(305) 603-9985
Digital Contact Information:
http://www.newhealthrehab.com
rossconsultingandcredentialing@gmail.com

and
15715 South Dixie Highway
226
Miami, FL 33157
(305) 849-4186
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
10300 Sunset Drive
Suite 310
Miami, FL 33173
(786) 238-7063
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
5600 Southwest 135th Avenue
STE 216
Miami, FL 33183
(786) 536-6196
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

Dominguez, Ashley, MS, LMHC ■
FL
(305) 497-4998
Digital Contact Information:
https://thecounselorcare.com
ashley@thecounselorcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Don, Arturo, MC, LMHC ■
17670 Northwest 78th Avenue
STE 113
Hialeah, FL 33015
(716) 558-4565
Digital Contact Information:
sseastcoast22@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
sseastcoast22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Donado Giovannetti, Carlos A, MPSY, LMHC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172

(786) 762-2952
Digital Contact Information:
http://www.behavioralaid.com
info@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
info@behavioralaid.com
Other Languages Spoken by Provider or Office Staff
Spanish

Donaldson, Kaeron, MSW, LCSW ■
2124 Northeast 123rd Street
STE 220
North Miami, FL 33181
(786) 828-0947
Digital Contact Information:
https://blossomfl.com
info@blossomfl.com
Other Languages Spoken by Provider or Office Staff
Hebrew, Spanish

Dorfman, Urszula, MSN, APRN ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole, Spanish

Dorrough-Ewing, Elisa W, MSW, LCSW, LICSW ■
FL
(305) 902-6347
(239) 652-0260
Digital Contact Information:
https://bebravehealth.com/
roxanne.jubithana@aspirehp.org
Other Languages Spoken by Provider or Office Staff English

Douglas, Katherine A, MS, LMFT ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
http://www.behavioralaid.com
info@behavioralaid.com

Downs, Darrell L, PHD, LP ■
5825 Sunset Drive
STE 205
South Miami, FL 33143
(305) 663-0704
Digital Contact Information:
dldphd@gmail.com

Duan Low, Yi, MSN, NP, PMHNP ■
FL
(305) 902-6347
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Chinese, English

Dubose, Joseph W, MSN, APRN ■
1951 NW 7th Ave
Fl 3
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
joerocks70@gmail.com

and
1951 Northwest 7th Avenue
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
joerocks70@gmail.com

and
FL
(305) 902-6347
Digital Contact Information:
joerocks70@gmail.com

Ducca, Emma, LP, PHD, PSYD ■
8950 N Kendall Dr
Ste 405W
Miami, FL 33176
(786) 596-3876
Digital Contact Information:
Not Available

Dudley, Brent T, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Duenas, Barbara, MS, LMFT ■
FL
(786) 671-4939
Digital Contact Information:
http://www.duenasmentalhealth.com
barbara@duenasmentalhealth.com

Dunn, Amie, MC, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com

Dutton, Amber C, MSW, LCSW ■
FL
(415) 424-4266
Digital Contact Information:
credentialing@hazel.co

Duvall, Charsie, MS, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
Not Available

Duverseau, Ermiole, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Duvert, Nathaniel, MMFT, LMFT ■
1065 Southwest 8th Street
1287
Miami, FL 33130
(617) 333-8740
Digital Contact Information:
http://www.joinhopscotch.com
nduvert2005@yahoo.com
Other Languages Spoken by Provider or Office Staff Creole

Ebert, Maryellen, EDS, LMHC ■
5001 SW 74th Ct
Ste 104
Miami, FL 33155
(305) 663-0013
Digital Contact Information:
leleebert@hotmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Eckard, Sarah, MS, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Ehrentreu, Dana, MSW, LCSW ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
nj-patientaccess@harmonybaywellness.com

Eiriz, Jessica, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

El-Bahtity, Bassem F, MD ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
credentialing@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
credentialing@compass.md

Elder, Carol, MS, LMFT ■
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(561) 609-2996
Digital Contact Information:
http://www.pandatherapycircle.com/
pandatherapycircle@gmail.com

Elias, Rachela, MD ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
nwittenborn@riviamind.com

Elkin, Belkys, PSYD, LP ■
2655 South Le Jeune Road
ph 2 # a-10
Coral Gables, FL 33134
(305) 928-1466
Digital Contact Information:
http://www.doctorelkin.com
belkysandy@msn.com
Other Languages Spoken by Provider or Office Staff
Spanish

Elma, Linda S, MSW, LCSW ■
11601 Biscayne Boulevard
303
Miami, FL 33181
(954) 278-0487
Digital Contact Information:
http://lsmsmentalhealth.com
info@lindaelmalcsw.com
Other Languages Spoken by Provider or Office Staff Creole

Emerson, Amanda S, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
amanda@alignhw.net

Enamorado, Yanko, MD ■
4302 Alton Rd
Ste 820
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com

and
4304 Alton Rd
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com

and
4304 Alton Rd
Fl 1
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com

Enea, Cassie, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Ervin, Tracy, MSN, APRN ■
4300 Biscayne Boulevard
STE 203
Miami, FL 33137
(877) 400-0540
Digital Contact Information:
https://forallmentalhealth.com
aubrey@drcred.com

Eslait, Maria M, MPSY, LMHC ■
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
info@acaciahealthgrp.com

and
8950 SW 74th Ct
Ste 2201
Miami, FL 33156
(786) 577-3427
Digital Contact Information:
info@acaciahealthgrp.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
info@acaciahealthgrp.com

and
14221 Southwest 120th Street
126
Miami, FL 33186
(786) 577-3427
Digital Contact Information:
info@acaciahealthgrp.com

and
10201 Hammocks Boulevard
Suite 122
Miami, FL 33196
(786) 557-3427
Digital Contact Information:
info@acaciahealthgrp.com

Espinosa, Hugo, MD ■
4982 Palm Avenue
Hialeah, FL 33012
(305) 479-3262
Digital Contact Information:
madyryanllc@gmail.com

and
1975 West 76th Street
Hialeah, FL 33014
(305) 479-3262
Digital Contact Information:
http://www.kcmhealthcare.com
madyryanllc@gmail.com

and
5965 Southwest 8th Street
Miami, FL 33144
(305) 479-3262
Digital Contact Information:
http://www.kcm.healthcare.com
madyryanllc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Espinoza Marin, Ennyluz, MMH, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Estrada Molina, Evelio, MSN, APN ■
15260 SW 280th St
Ste 205
Homestead, FL 33032
(305) 707-7237
Digital Contact Information:
http://www.familybehaviorservices.org
yny.behavioralservices@gmail.com

and
790 Northwest 107th Avenue
Suite 110
Miami, FL 33172
(305) 964-5426
Digital Contact Information:
yny.behavioralservices@gmail.com

and
13590 Southwest 134th Avenue
201
Miami, FL 33186
(786) 227-6258
Digital Contact Information:
yny.behavioralservices@gmail.com
Other Languages Spoken by

Provider or Office Staff
Portuguese, Spanish

Estrada, Paola, MSW, LCSW ■
6175 NW 153rd St
Ste 404
Miami Lakes, FL 33014
(305) 558-7400
Digital Contact Information:
kim@appliedbehavior.net

Estupinan, Monica V, MSN, APRN ■
9220 Sunset Drive
104
Miami, FL 33173
(786) 724-4224
Digital Contact Information:
admin@vita-cog.com

and
12595 Southwest 137th Avenue
STE 110
Miami, FL 33186
(305) 465-9379
Digital Contact Information:
admin@vita-cog.com

Eziagwu, Blessing, MSN, APRNCNP ■
FL
(305) 902-6347
Digital Contact Information:
eziagwub@yahoo.com

Fang, Tianbin, MS, LMHC ■
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
http://brightsyhealthfl.com
brightsyhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Mandarin

Fantauzzi, Mariela, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Farrelly, Janet, MSN, NP ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Fay, Robert A, MS, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

Feinberg, Abby E, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
dnorment@seniorcaretherapy.com

Feldman, Marina P, MC, LMHC ■
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
info@talcmhc.org

Fernandes, Florinda, PA, PA_C ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
intake@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://:www.compasshealthsystems.com
intake@compass.md
Other Languages Spoken by Provider or Office Staff
Cantonese, Spanish

Fernandez De Castro, Erika, MSW, LCSW ■
1450 Madruga Avenue
407
Coral Gables, FL 33146
(786) 395-9162
Digital Contact Information:
morecounseling@gmail.com

and
FL
(786) 395-9162
Digital Contact Information:
morecounseling@gmail.com

and
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
morecounseling@gmail.com

Fernandez, Isabel, MSN, APRN ■
15450 New Barn Road
200
Miami Lakes, FL 33014
(305) 900-3970
Digital Contact Information:
http://www.neurozenpsychiatry.com
isabelfernandezrn@gmail.com

and
FL
(305) 900-3970
Digital Contact Information:
http://www.neurozenpsychiatry.com
isabelfernandezrn@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Janelle M, MPSY, LMHC ■
14225 SW 42nd St
Miami, FL 33175
(305) 221-8200
Digital Contact Information:
arvida712@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Jennifer, MS, BCBA, LBA ■
11601 Biscayne Boulevard
Miami, FL 33181
(786) 206-4151
Digital Contact Information:
info@appliedabc.com

and
909 North Miami Beach Boulevard
STE 301
North Miami Beach, FL 33162
(305) 822-7202
Digital Contact Information:
info@appliedabc.com

Fernandez, Lianny, MPSY, LMHC ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
yavila@avilahealthgroup.com

and
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
yavila@avilahealthgroup.com

and
306 Westward Dr
Miami Springs, FL 33166
(786) 588-7894
Digital Contact Information:
yavila@avilahealthgroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Nacin, MSW, LCSW ■
12030 Southwest 129th Court
206
Miami, FL 33186
(786) 334-8099
Digital Contact Information:
reception@sanmiguelwellnesscenter.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Soraya, MMH, LMHC ■
2300 West 84th Street
STE 104
Hialeah, FL 33016
(305) 903-3168
Digital Contact Information:
cgomezbmcmhc@gmail.com

and
13416 Southwest 128th Street
Miami, FL 33186
(786) 732-0247
Digital Contact Information:
cgomezbmcmhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez-Guzman, Natasha V, MMH, LMHC ■
15715 South Dixie Highway
Suite 320
Miami, FL 33157
(786) 475-2309
Digital Contact Information:
natashafdez@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ferradaz-Lago, Melissa, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ferrari, Taiane, MD ■
FL
(212) 498-8970
Digital Contact Information:
http://www.mybiopsych.com
eric.tate@medibillmd.com

Ferrer, Lariza, MSN, APRN ■
8955 SW 87th Ct
Ste 112
Miami, FL 33176
(305) 722-7210
Digital Contact Information:
ofajardo@miamimedresearch.com

and
13500 SW 88th St
Ste 195
Miami, FL 33186
(786) 602-7838
Digital Contact Information:
ofajardo@miamimedresearch.com

and
FL
(786) 602-7838
Digital Contact Information:
ofajardo@miamimedresearch.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ferrer, Nicole, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Fiallo, Liset, MSW, LCSW ■
401 Coral Way
Ste # 105
Coral Gables, FL 33134
(786) 534-4979
Digital Contact Information:
autonomyoffice@gmail.com

and
401 Miracle Mile
#105
Coral Gables, FL 33134
(786) 534-4979
Digital Contact Information:
autonomyoffice@gmail.com

and
7855 Northwest 12th Street
221
Doral, FL 33126
(305) 648-7174
Digital Contact Information:
autonomyoffice@gmail.com

and
8500 SW 92nd Street
106b
Kendall, FL 33156
(305) 720-6118
Digital Contact Information:
autonomyoffice@gmail.com

and
330 Southwest 27th Avenue
307 309
Miami, FL 33135
(786) 762-2644
Digital Contact Information:
autonomyoffice@gmail.com

and
8260 West Flagler Street
2E
Miami, FL 33144
(305) 427-7906
Digital Contact Information:
autonomyoffice@gmail.com

and
1797 Coral Way
Miami, FL 33145
(786) 464-0673
Digital Contact Information:
autonomyoffice@gmail.com

and
1800 Southwest 27th Avenue
505
Miami, FL 33145
(786) 542-9914
Digital Contact Information:
autonomyoffice@gmail.com

and
10300 Southwest 72nd Street
250b
Miami, FL 33173
(787) 433-7751
Digital Contact Information:
autonomyoffice@gmail.com

and
12595 Southwest 137th Avenue
176
Miami, FL 33186
(786) 701-9992
Digital Contact Information:
autonomyoffice@gmail.com

and
12595 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 701-9992
Digital Contact Information:
autonomyoffice@gmail.com

and
13195 Southwest 134th Street
102
Miami, FL 33186
(305) 964-5236
Digital Contact Information:
autonomyoffice@gmail.com

and
9000 Southwest 137th Avenue
STE 211
Miami, FL 33186
(786) 515-7106
Digital Contact Information:
autonomyoffice@gmail.com

and
14865 South Dixie Highway
Palmetto Bay, FL 33176
(786) 732-2176
Digital Contact Information:
autonomyoffice@gmail.com

and
7500 Sw A St # 203
West Miami, FL 33144
(786) 542-5244
Digital Contact Information:
autonomyoffice@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fickey, Melissa Dawn, MD ■
2600 Douglas Road
Suite 711
Coral Gables, FL 33134
(813) 662-5919
Digital Contact Information:
https://embracinglifetoday.com
mfvilardebo@gmail.com

and
FL
(813) 662-5919

Digital Contact Information:
https://embracinglifetoday.com
mfvilardebo@gmail.com

Fields, Maria, MA, LCSW, LICSW ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
mariafields@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
mariafields@dadefamily.com

and
10691 N Candle Dr # 110
Miami, FL 33176
(305) 774-9570
Digital Contact Information:
mariafields@dadefamily.com

and
10691 N Kendall Dr
Ste 110
Miami, FL 33176
(305) 774-9570
Digital Contact Information:
mariafields@dadefamily.com
Other Languages Spoken by Provider or Office Staff
Spanish, Greek

Figuereo Sabeta, Solange, MC, LMHC ■
10300 Florida 986
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fitzgerald, Caitlyn, MD ■
10540 Northwest 26th Street
STE G201
Doral, FL 33172
(786) 879-8040
Digital Contact Information:
advancedcaresfl@outlook.com

and
33497 South Dixie Highway
103b
Florida City, FL 33034
(786) 444-6003
Digital Contact Information:
advancedcaresfl@outlook.com

and
FL
(786) 444-6003
Digital Contact Information:
advancedcaresfl@outlook.com

and
777 E 25th St
Ste 306
Hialeah, FL 33013
(786) 838-6092
Digital Contact Information:
advancedcaresfl@outlook.com

and
1401 Northwest 17th Avenue
Miami, FL 33125
(813) 816-8075
Digital Contact Information:
advancedcaresfl@outlook.com

and
2100 Southwest 22nd Street
502
Miami, FL 33145
(786) 963-0128
Digital Contact Information:
advancedcaresfl@outlook.com

and
13195 Southwest 134th Street
102
Miami, FL 33186
(305) 964-5236
Digital Contact Information:
advancedcaresfl@outlook.com

and
8785 SW 165th Ave
Ste 104
Miami, FL 33193
(786) 703-1538
Digital Contact Information:
advancedcaresfl@outlook.com

Fitzpatrick, Panayiota, MED, LMHC ■
360 Northwest 27th Street
Miami, FL 33127
(929) 209-6109
Digital Contact Information:
fl-patientaccess@harmonybaywellness.com

Fletcher, Casey M, MSW, LCSW ■
1951 Northwest 7th Avenue
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
office@srcc.email

and
FL
(305) 902-6347
Digital Contact Information:
office@srcc.email

Fletcher, Jeffrey, MS, LPC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
Creole, Haitian, Spanish

Fleurme, Giorvanie, MSN, APRN ■
FL
(305) 902-6347
(305) 200-6090
Digital Contact Information:
giorvanie@gmail.com
Other Languages Spoken by Provider or Office Staff
Hebrew, German, Haitian Creole, Creole, French, Spanish

Flores, Alexis, MPSY, LMHC ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Flores, Miguel A, MD ■
8200 SW 117th Ave
Ste 301
Miami, FL 33183
(305) 279-1501
Digital Contact Information:
mfmd75@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Force, Ali-Reza, MD ■
5911 Northwest 173rd Drive
6 6
Hialeah, FL 33015
(786) 380-9229
Digital Contact Information:
extwebsupport@hcdpbc.org
Other Languages Spoken by Provider or Office Staff
Haitian Creole, Spanish

Forero, Michelle, MPSY, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@behavioralaid.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fraguela-Lam, Mayren, MSSW, LCSW ■
10691 North Kendall Drive
312
Miami, FL 33176
(786) 592-8470
Digital Contact Information:
bmhealthserv@gmail.com

and
FL
(786) 592-8470
Digital Contact Information:
bmhealthserv@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Franco, Evelyn, MA, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
cedentialing@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
cedentialing@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
cedentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
cedentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
cedentialing@banyanhealth.org
Other Languages Spoken by Provider or Office Staff
Spanish

Franco, Maritere, PHD, LMHC ■
17931 Northwest 85th Avenue
Hialeah, FL 33015
(786) 556-5507
Digital Contact Information:
maritere.franco@icloud.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(786) 622-5743
Digital Contact Information:
maritere.franco@icloud.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 960-7124
Digital Contact Information:
maritere.franco@icloud.com

and
175 Fontainebleau Boulevard
Miami, FL 33172
(305) 960-7124
Digital Contact Information:
maritere.franco@icloud.com

and
FL
(305) 912-1135
Digital Contact Information:
maritere.franco@icloud.com
Other Languages Spoken by Provider or Office Staff
Spanish

Francois, Rodna, MA, LMHC ■
3580 Mystic Pointe Drive
Aventura, FL 33180
(786) 759-9394
Digital Contact Information:
balanceyourworldyouth@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Creole, Haitian

Frasier, Hazel D, MSN, APRN, LNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
hazel.frasier@ncgcommunity.com

Frigerio, Ailema, PSYD, LP ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
info@myschoolpsychologistinc.com

Froah, Cristina, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
http://www.bebravehealth.com
start@bebravehealth.com

Froehler, Luisa V, MMH, LMHC ■
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
http://www.miamipersonalmanagement.com
klopez@miamipersonalmanagement.com

Fuentes, Monica M, MMH, LMHC ■
18901 Southwest 106th Avenue
#224
Miami, FL 33157
(786) 732-0071
Digital Contact Information:
http://www.peaceofmindmh.com
monicafuentes@peaceofmindmh.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fuentes, Stephanie, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole, Spanish

Fujita, Sandra J, MSN, APRN ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
mstoker@nhcmhc.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
mstoker@nhcmhc.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
mstoker@nhcmhc.org

and
1469 NW 36th St
Miami, FL 33142
(305) 635-7444
Digital Contact Information:
mstoker@nhcmhc.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
mstoker@nhcmhc.org
Other Languages Spoken by Provider or Office Staff
Spanish

Fuller, Lisa B, PSYD, LP ■
1450 Madruga Avenue
300
Coral Gables, FL 33146
(786) 202-0474
Digital Contact Information:
doctorfuller@mail.com

and
2627 NE 203rd St
Ste 113
Miami, FL 33180
(786) 202-0474
Digital Contact Information:
doctorfuller@mail.com

and
FL
(786) 202-0474
Digital Contact Information:
doctorfuller@mail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fuller, Omar, MSN, NP ■
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(770) 810-5836
Digital Contact Information:
robinlwhitlow@highlandrivers.org

Galvez, Gema, MS, LPC ■
10300 Southwest 72nd Street
275d
Miami, FL 33173
(888) 853-7908
Digital Contact Information:
http://www.bettermindtherapycorp.com
gemagalvez@yahoo.com
Other Languages Spoken by Provider or Office Staff Spanish

Galvez, Maria, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Spanish

Gambino, Kimberly R, DNSC, APRN ■
FL
(305) 902-6347
Digital Contact Information:
sybecrdrequest@sybe.com

Garcia, Albert L, MSN, APRN ■
2700 Southwest 27th Avenue
Miami, FL 33133
(305) 942-5246
Digital Contact Information:
info@doctorsccs.com

and
10661 North Kendall Drive
216
Miami, FL 33176
(786) 631-4158
Digital Contact Information:
info@doctorsccs.com

and
9000 Southwest 137th Avenue
Suite 103
Miami, FL 33186
(305) 671-3503
Digital Contact Information:
info@doctorsccs.com
Other Languages Spoken by Provider or Office Staff Spanish

Garcia, Calixto, PHD, LP ■
2001 Northwest 107th Avenue
412
Doral, FL 33172
(786) 548-8322
Digital Contact Information:
drcgarciaphd@gmail.com

and
8390 West Flagler Street
107
Miami, FL 33144
(305) 856-9090
Digital Contact Information:
drcgarciaphd@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Garcia Diaz, Marta, MSN, APRN ■
7490 Southwest 23rd Street
201
Miami, FL 33155
(786) 953-8221
Digital Contact Information:
medilineinc@yahoo.com

and
7315 Northwest 36th Street
Miami, FL 33166
(786) 345-7734
Digital Contact Information:
medilineinc@yahoo.com
Other Languages Spoken by Provider or Office Staff Spanish

Garcia, Glenda, MSN, APRN ■
15260 Southwest 280th Street
113 114
Homestead, FL 33032
(305) 998-7885
Digital Contact Information:
infogarciahs@gmail.com

and
13370 Southwest 131st Street
Suite 110
Miami, FL 33186
(786) 250-4571
Digital Contact Information:
infogarciahs@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Garcia, Lauren, MED, LMHC ■
2212 Northwest 91st Street
4058
Miami, FL 33147
(341) 888-7637
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
lauren.garcia371@gmail.com

Garcia, Maria J, MS, LMFT ■
8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-2822
Digital Contact Information:
tashaneb@4kids.us

and
17801 Northwest 2nd Avenue
202
Miami, FL 33169
(954) 979-7911
Digital Contact Information:
tashaneb@4kids.us
Other Languages Spoken by Provider or Office Staff English, Spanish

Garcia Sanchez, Felipe I, MSN, APRN ■
13155 Southwest 134th Street
221
Miami, FL 33186
(786) 652-9880
Digital Contact Information:
info@communityconnectionflorida.com
Other Languages Spoken by Provider or Office Staff Spanish

Garcia, Sonia, DNP, APRN ■
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
https://www.chgpsychiatry.com/
coastalhcbilling@gmail.com

Garcia, Tiffany, MN, PMHNP ■
2650 Southwest 27th Avenue
Suite 305
Miami, FL 33133
(786) 353-9812
Digital Contact Information:
billingheritagewellness@gmail.com

and
20824 W Dixie Hwy
Miami, FL 33180
(407) 851-5121
Digital Contact Information:
billingheritagewellness@gmail.com

Garcia, Yunaysis E, MPSY, LMHC ■
15413 Southwest 137th Avenue
Miami, FL 33177
(305) 964-5594
Digital Contact Information:
solutiondrivenconsulting@gmail.com

Garcon, Jose Nadine, PSYD, LP ■
419 W 49th St
Ste 219
Hialeah, FL 33012
(954) 404-7052
Digital Contact Information:
dr.garcon@comcast.net
Other Languages Spoken by Provider or Office Staff Creole

Garrett, Khalilah, MSW, LCSW ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
support@thriveworks.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
support@thriveworks.com
Other Languages Spoken by Provider or Office Staff English

Garthwaite, Rebecca L, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com

Gatliff, Benjamin, MS, BCBA, LMHC, LPC ■
66 W Flagler St
900
Miami, FL 33130
(610) 306-2618
Digital Contact Information:
delegation@psychplus.com

and
777 Brickell Ave
Ste 500
Miami, FL 33131
(786) 490-2181
Digital Contact Information:
http://rockerhealth.org
delegation@psychplus.com

and
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(561) 289-7995
Digital Contact Information:
http://pandatherapycircle.com
delegation@psychplus.com

Gear, Steven, PHD, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
http://www.bebravehealth.com
credentialing@bebravehealth.com

Gedeum, Mikerlande, MED, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
lisette@abctestingservices.com
Other Languages Spoken by Provider or Office Staff Spanish

Gelin, Vanessa, MSN, APRN ■
FL
(305) 902-6347
(510) 201-0190
Digital Contact Information:
http://forefronttelecare.com
support@thriveworks.com

Georgescu, Manuela, MD ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
Not Available

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
http://banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
Other Languages Spoken by Provider or Office Staff Spanish

Gerber, Melanie A, MC, LCMHC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Gibbons, Denise, MC, LMHC ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
info@hupcfl.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
info@hupcfl.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
info@hupcfl.com

Gibbs, Charles C, PHD, LP ■
7590 NW 186th St
Ste 208
Hialeah, FL 33015
(305) 362-8326
Digital Contact Information:
gola1863@gmail.com

Giblin, Jennifer, MA, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff English, Haitian Creole, Spanish

Gibson, Tamiko M, DNP, APRN ■
1550 Madruga Avenue
STE 201
Coral Gables, FL 33146
(305) 740-8103
Digital Contact Information:
infodesk@bregmanmedicalgroup.com

Gillespie, Marjorie, PHD, APRN ■
64 W 63rd St
B202
Hialeah, FL 33012
(954) 431-7676
Digital Contact Information:
dr.gillespie@hotmail.com

and
16400 NW 2nd Ave
Ste 100
Miami, FL 33169
(954) 431-7676
Digital Contact Information:
dr.gillespie@hotmail.com

Gillyard, Brittney L, MSN, APRNCNP, NP ■
FL
(305) 902-6347
Digital Contact Information:
brittney318@outlook.com
Other Languages Spoken by Provider or Office Staff English

Girlie, Marcelline, MSN, APRN, APRNCNP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
help@joinuplift.co

and
FL
(602) 562-7383
(202) 410-5972
Digital Contact Information:

help@joinuplift.co
Other Languages Spoken by Provider or Office Staff Creole, Spanish

Godoy Duran, Karina, MS, LMFT ■
879 East 28th Street
Hialeah, FL 33013
(786) 326-2260
Digital Contact Information:
innerwellnessaba@gmail.com

and
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
innerwellnessaba@gmail.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(786) 580-2204
Digital Contact Information:
innerwellnessaba@gmail.com

and
13590 Southwest 134th Avenue
104
Miami, FL 33186
(305) 896-8161
Digital Contact Information:
innerwellnessaba@gmail.com

Goicoechea, Alejandro, MPSY, LMHC ■
15190 SW 136th St
Ste 25
Miami, FL 33196
(786) 626-3970
Digital Contact Information:
alegoicoe@yahoo.com

Gomez, Ashley, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff English, Haitian Creole, Haitian, Spanish

Gomez, Lissette, MA, LMFT ■
2500 SW 107TH AVE
42
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
info@abcsfl.com

and
FL
(786) 615-3334
Digital Contact Information:
info@abcsfl.com
Other Languages Spoken by Provider or Office Staff English, Creole, Spanish

Gomez-Abrue, Carmen B, MSW, LCSW ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and
7400 Southwest 88th Street
Miami, FL 33156
(786) 414-6666
Digital Contact Information:
http://www.memorytrainingflorida.com
info@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and
14505 Commerce Way
Ste 750
Miami Lakes, FL 33016
(305) 362-9989
Digital Contact Information:
info@dadefamily.com
Other Languages Spoken by Provider or Office Staff Spanish

Gonzalez, Adriana, MSN, APRN ■
11440 N Kendall Dr
Ste 208
Miami, FL 33176
(305) 898-0849
Digital Contact Information:
callisiabilling@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Gonzalez, Angela, MS, BCBA ■
8051 West 24th Avenue
Suite 12
Hialeah, FL 33016
(305) 733-5918
Digital Contact Information:
agonz0170@aol.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 204-8290
Digital Contact Information:
agonz0170@aol.com
Other Languages Spoken by Provider or Office Staff Spanish

Gonzalez Diaz, Vivian D, PSYD, LP ■
3271 NW 7th St
Ste 203
Miami, FL 33125
(786) 220-6902
Digital Contact Information:
http://www.outpatientpsycare.com
viviangonzalezdiaz@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Gonzalez Gil, Manuel, MSCC, LMHC ■
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com
Other Languages Spoken by Provider or Office Staff Spanish

Gonzalez, Gloria, PHD, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
professional_counseling@yahoo.com
Other Languages Spoken by Provider or Office Staff Spanish

Gonzalez, Juan Carlos, MMFT, LMFT ■
7765 SW 87th Ave
Ste 104
Miami, FL 33173
(786) 229-2614
Digital Contact Information:
jc@jcgcounseling.com
Other Languages Spoken by Provider or Office Staff Spanish

Gonzalez, Karina, MSW, LCSW ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

Gonzalez, Maria C, DMFT, LMFT ■
306 Alcazar Avenue
200
Coral Gables, FL 33134
(305) 967-8725
Digital Contact Information:
cristalchcl1@gmail.com

and
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
cristalchcl1@gmail.com

and
8245 Northwest 36th Street
#3
Doral, FL 33166
(786) 326-6308
Digital Contact Information:
cristalchcl1@gmail.com

and
1840 W 49th St
Ste 607
Hialeah, FL 33012
(305) 828-9980
Digital Contact Information:
cristalchcl1@gmail.com

and
2100 West 76th Street
#209
Hialeah, FL 33016
(786) 201-1088
Digital Contact Information:
cristalchcl1@gmail.com

and
5353 Southwest 8th Street
Miami, FL 33134
(786) 452-0149
Digital Contact Information:
cristalchcl1@gmail.com

and
8080 West Flagler Street
1a
Miami, FL 33144
(786) 615-2640
Digital Contact Information:
cristalchcl1@gmail.com

and
8500 West Flagler Street
Office 107A
Miami, FL 33144
(786) 907-5141
Digital Contact Information:
cristalchcl1@gmail.com

and
7420 Southwest 48th Street
a
Miami, FL 33155
(786) 362-5981
Digital Contact Information:
cristalchcl1@gmail.com

and
10300 Southwest 72nd Street
414
Miami, FL 33173
(813) 468-7905
Digital Contact Information:
cristalchcl1@gmail.com

and
11890 Southwest 8th Street
Suite 207
Miami, FL 33184
(786) 362-5981
Digital Contact Information:
cristalchcl1@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Gonzalez, Marinel, MPSY, LMFT ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
http://www.dgphealthandwellness.com
info@dgphealthandwellness.com

and
7900 Oak Lane
464
Hialeah, FL 33016
(786) 542-9915
Digital Contact Information:
info@dgphealthandwellness.com
Other Languages Spoken by Provider or Office Staff Spanish

Gonzalez, Maylin, MS, LMHC, LPC ■
1550 Madruga Ave
Ste 509
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
kenia.romero@abc4s.com

and
4649 Ponce de Leon
STE 404
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
kenia.romero@abc4s.com

and
1150 Northwest 72nd Avenue
640
Miami, FL 33126
(786) 497-3444
Digital Contact Information:
kenia.romero@abc4s.com

and
15715 South Dixie Highway
Suite 320
Miami, FL 33157
(786) 761-1709
Digital Contact Information:
http://www.strongmindmh.com
kenia.romero@abc4s.com
Other Languages Spoken by Provider or Office Staff Spanish

Gonzalez, Misleydis, MC, LMHC ■
215 Westward Dr
Miami Springs, FL 33166
(305) 887-4494
Digital Contact Information:
genesisconsultingservices39@gmail.com

Gonzalez, Yxis, MS, LMHC ■
1000 Brickell Avenue
Miami, FL 33131
(305) 822-7202
Digital Contact Information:
kim@appliedbehavior.net

and
909 North Miami Beach Boulevard
STE 301
North Miami Beach, FL 33162
(305) 822-7202
Digital Contact Information:
https://appliedbehavior.net/
kim@appliedbehavior.net

and
FL
(305) 822-7202
Digital Contact Information:
https://appliedbehavior.net/
kim@appliedbehavior.net
Other Languages Spoken by Provider or Office Staff Spanish

Goodrich, Kenny, MC, LMHC ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
perla.delosrios@dadefamily.com

Goodrow, Courtney, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-1008
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff English, Haitian Creole, Haitian, Spanish

Gordillo, Dorelys, MPSY, LMHC ■
3741 Northwest 11th Street
Miami, FL 33126
(305) 927-5422
Digital Contact Information:

http://palomamentalhealth.com
info@palomamentalhealth.com

and
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
info@palomamentalhealth.com

and
9745 Southwest 184th Street
Palmetto Bay, FL 33157
(305) 927-5422
Digital Contact Information:
info@palomamentalhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gordon, Natalie, MSW, LCSW, LMFT ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
melissa1amaya@yahoo.com

Gordon-Battle, Belinda M, MS, LMHC ■
FL
(240) 472-3486
Digital Contact Information:
bgordonbattle@gmail.com

Gorham, Tania, MMFT, LMFT ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
gorhamtania@gmail.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
gorhamtania@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gosset, Stephanie M, MS, LMHC ■
2600 S Douglas Rd
Ste 1003
Coral Gables, FL 33134
(305) 445-0477
Digital Contact Information:
niegosset@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gotthold, Bessie, MS, LMHC ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
westmiamicmhc@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Graham Deans, Ardene M, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com

Grana, Antonella, MSN, APRN ■
5915 Ponce de Leon
26
Coral Gables, FL 33146
(786) 664-7810
Digital Contact Information:
jtayntor@healthassets.com
Other Languages Spoken by Provider or Office Staff
Spanish

Grant, Carla, MSN, APRN ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
http://www.compasshealthsystems.com
none@gmail.com

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
none@gmail.com

Gratia, Vladymir, MSN, APRN ■
11440 N Kendall Dr
Ste 208
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
gratiaadvancedhealth@gmail.com

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
gratiaadvancedhealth@gmail.com
Other Languages Spoken by Provider or Office Staff Haitian Creole

Grava, Lilian, MS, LMFT ■
385 Alhambra Circle
suite c
Coral Gables, FL 33134
(305) 445-9554
Digital Contact Information:
http://wearemindtherapy.com
info@behavioralaid.com

and
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
http://www.behavioralaid.com
info@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
info@behavioralaid.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Graypel, Ernest A, MD ■
1395 Brickell Avenue
Suite #800
Miami, FL 33131
(954) 247-8790
Digital Contact Information:
office@emergeandsee.com
Other Languages Spoken by Provider or Office Staff
English, Russian

Green, Shawn, MSN, PMHNP ■
FL
(305) 902-6347
Digital Contact Information:
shawnkgreen1@gmail.com
Other Languages Spoken by Provider or Office Staff English

Green-Scott, Alicia, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
allygreen66@aol.com

Griff, Richard, PSYD, LP ■
3081 Salzedo Street
Suite 202
Coral Gables, FL 33134
(305) 330-0588
Digital Contact Information:
griff_psych@yahoo.com

and
3625 Northwest 82nd Avenue
400
Doral, FL 33166
(305) 330-0588
Digital Contact Information:
griff_psych@yahoo.com

and
19300 West Dixie Highway
2 2
Miami, FL 33180
(305) 330-0588
Digital Contact Information:
griff_psych@yahoo.com

Griffith, Tina, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com

Griffiths, Kimberly, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Grigorova, Marina, MS, LMHC ■
FL
(646) 453-6777
Digital Contact Information:
marinag2804@gmail.com
Other Languages Spoken by Provider or Office Staff
Bulgarian

Guardo, Estela, MSCC, LMHC ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
perla.delosrios@dadefamily.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Guemez, Maidember, MMH, LMHC ■
13335 Southwest 124th Street
Suite 212
Miami, FL 33186
(786) 515-4569
Digital Contact Information:
mguemez@sfcounselinggroup.org

and
13590 Southwest 134th Avenue
STE 202
Miami, FL 33186
(786) 515-4569
Digital Contact Information:
mguemez@sfcounselinggroup.org
Other Languages Spoken by Provider or Office Staff
Spanish

Guerra, Evelyn, MS, LMHC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
credentialing@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com
Other Languages Spoken by Provider or Office Staff
Spanish

Guerrelus, Elange, MC, LMHC ■
2801 Northeast 213th Street
Suite 1215
Aventura, FL 33180
(833) 769-3524
Digital Contact Information:
fl-credentialing@lifestance.com
Other Languages Spoken by Provider or Office Staff
English, French

Guerrero, Cristina, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 277-1571
Digital Contact Information:
cristina@alternative-behavior.com

and
15715 South Dixie Highway
410
Miami, FL 33157
(786) 277-1571
Digital Contact Information:
http://www.alternative-behavior.com
cristina@alternative-behavior.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Guerrero, Mariel, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Spanish

Guevara Vazquez, Vladimir A, MD ■
7855 Northwest 12th Street
217
Doral, FL 33126
(786) 473-0632
Digital Contact Information:
imhotepcxinc@gmail.com

and
6187 Northwest 167th Street
STE H26
Hialeah, FL 33015
(305) 705-5666
Digital Contact Information:
imhotepcxinc@gmail.com

and
3408 West 84th Street
STE 301
Hialeah, FL 33018
(786) 661-2971
Digital Contact Information:
imhotepcxinc@gmail.com

and
1150 Northwest 72nd Avenue
220
Miami, FL 33126
(786) 558-4899
Digital Contact Information:
imhotepcxinc@gmail.com

and
1495 NW 54th St
Miami, FL 33142
(305) 205-4328
Digital Contact Information:
imhotepcxinc@gmail.com

and
8550 West Flagler Street
Suite 113
Miami, FL 33144
(305) 755-2200
Digital Contact Information:
imhotepcxinc@gmail.com

and
14261 Southwest 120th Street
Suite #113
Miami, FL 33186
(786) 558-4169
Digital Contact Information:
imhotepcxinc@gmail.com

and
5391 Northwest 36th Street
Miami Springs, FL 33166
(786) 636-1310
Digital Contact Information:
imhotepcxinc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Guilbe, Angelika, MSCC, LMHC ■
FL
(754) 307-6860
Digital Contact Information:
http://www.solrivercounseling.com
angie_guilbe@yahoo.com

Guiribitey-Rodriguez, Patricia, MD ■
2601 SW 37th Ave
Ste 903
Miami, FL 33133
(305) 204-9799
Digital Contact Information:
trudy@medvaultconsultants.com

Gutierrez, Beatriz, MSN, APRN ■
FL

(954) 765-6505
Digital Contact Information:
https://optimalmindandwellness.com/our-focus
beatriz@optimalmindandwellness.com

Gutierrez, Damian, MC, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
credentialing@banyanhealth.org

Guzman, Francisco J, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
providerenrollment@geodehealth.com
Other Languages Spoken by Provider or Office Staff Spanish

Gwaro, Agnes, MSN, APRNCNS ■
FL
(305) 902-6347
Digital Contact Information:
http://www.bebravehealth.com
start@bebravehealth.com

Haider, Shamshad, MED, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff Farsi, Urdu, Arabic, Hindi

Hakiel-Calcaterra, Judy, MA, LMHC ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
jhctherapy@gmail.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
jhctherapy@gmail.com

Hamilton, Losarnia S, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff Spanish

Hansard, Tahsha, MS, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Hansen, Angela M, MSW, LCSW ■
395 Northwest 14th Avenue
2
Homestead, FL 33030
(786) 349-4350
Digital Contact Information:
supramedicalbilling@gmail.com

and
8300 West Flagler Street
124
Miami, FL 33144
(305) 877-6650
Digital Contact Information:
supramedicalbilling@gmail.com

and
4995 Southwest 72nd Avenue
401
Miami, FL 33155
(786) 558-5860
Digital Contact Information:
supramedicalbilling@gmail.com

and
10300 SW 72nd St
Ste 230
Miami, FL 33173
(786) 536-5710
Digital Contact Information:
supramedicalbilling@gmail.com

and
10300 Southwest 72nd Street
Suite 350
Miami, FL 33173
(305) 603-9204
Digital Contact Information:
supramedicalbilling@gmail.com

and
10677 North Kendall Drive
ste 5-a
Miami, FL 33176
(786) 296-2773
Digital Contact Information:
supramedicalbilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hanson, Jaitesha, MS, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com

Haramboure, Yuliet, MSN, APRN ■
12030 Southwest 129th Court
Suite 211
Miami, FL 33186
(305) 639-8760
Digital Contact Information:
http://www.believeandtrusttcm.com
admin@believeandtrusttcm.com

Harrison, Michelle, MS, LMHC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
http://www.bebravehealth.com
start@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Harvey, Hope, MC, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
hello@jwrgrp.com

Hasbun, Rene, MSED, LMHC ■
7000 Southwest 70th Avenue
600
Miami, FL 33143
(305) 284-7577
Digital Contact Information:
rhasbun@larkinhospital.com

Hassan, Hamlet R, MD ■
4475 Southwest 8th Street
Coral Gables, FL 33134
(786) 536-2872
Digital Contact Information:
bcd.ahcs@outlook.com

and
3146 Coral Way
FL 2
Coral Gables, FL 33145
(786) 953-8874
Digital Contact Information:
bcd.ahcs@outlook.com

and
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
bcd.ahcs@outlook.com

and
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
bcd.ahcs@outlook.com

and
664 E 25th St
Hialeah, FL 33013
(786) 409-2651
Digital Contact Information:
bcd.ahcs@outlook.com

and
664 East 25th Street
102
Hialeah, FL 33013
(786) 409-5361
Digital Contact Information:
bcd.ahcs@outlook.com

and
7490 Southwest 23rd Street
201
Miami, FL 33155
(786) 953-8221
Digital Contact Information:
bcd.ahcs@outlook.com

and
760 Northwest 107th Avenue
110
Miami, FL 33172
(786) 409-3800
Digital Contact Information:
bcd.ahcs@outlook.com

and
10511 North Kendall Drive
c201
Miami, FL 33176
(305) 274-5319
Digital Contact Information:
bcd.ahcs@outlook.com
Other Languages Spoken by Provider or Office Staff Spanish

Hassell-Walker, Leigh, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Haughton, Verona, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
hello@joinblossomhealth.com

Hayes, Karen O, MSW, LCSW ■
FL
(352) 530-3344
Digital Contact Information:
kpomiami@gmail.com

Haynes, Azhany, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian

Heard, Chelsea, MSSW, LCSW ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
chelseaheardcounseling@gmail.com

Henderson, Davetta A, EDD, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
insurance@wellnite.com

Henderson, Kimberly, MSW, LCSW ■
FL
(305) 804-9121
Digital Contact Information:
http://www.sfacounseling.org
info@sfacounseling.org

Hendrickson, Michael E, PHD, LP ■
8600 SW 92nd Street
#203
Kendall, FL 33156
(786) 247-5575
Digital Contact Information:
michaelhendricksonphd@gmail.com

Henriquez, Maribi, MSW, LCSW ■
14261 Southwest 120th Street
108 628
Miami, FL 33186
(786) 372-0096
Digital Contact Information:
contact@projectchula.com

and
FL
(786) 372-0096
Digital Contact Information:
contact@projectchula.com

Herbert, Queenesha G, MA, LCPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
credentialing@wellnite.com

Hernandez, Anabelle, MMFT, LMFT ■
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
annabellehernandez@brightsyhealthfl.com
Other Languages Spoken by Provider or Office Staff Spanish

Hernandez, Arlenys, MD ■
801 Monterey Street
202
Coral Gables, FL 33134
(786) 803-8306
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
900 West 49th Street
STE 400
Hialeah, FL 33012
(305) 587-2231
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
5911 Northwest 173rd Drive
6 6
Hialeah, FL 33015
(786) 380-9229
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
5455 Southwest 8th Street
235
Miami, FL 33134

(305) 794-8218
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and

4995 Southwest 72nd Avenue
401
Miami, FL 33155
(786) 558-5860
Digital Contact Information:
rossconsultingandcredentialing@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Hernandez, Cristina, MSW, LCSW ■

815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole, Haitian, Spanish

Hernandez, Diana, MC, LMHC ■

2500 Southwest 107th Avenue
41
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
info@abcsfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Edgar, LCMHC, MMH ■

2828 Coral Way
560
Coral Gables, FL 33145
(786) 238-7298
Digital Contact Information:
Not Available

Hernandez, Jesenia M, MS, LMHC ■

10700 Southwest 46th Street
Miami, FL 33165
(786) 907-4925
Digital Contact Information:
office@bluehopetherapyservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Juan D, MED, LMHC ■

2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
contracting@confidanthealth.com

Hernandez, Madeline, PHD, LMHC ■

3408 W 84th St
Ste 317
Hialeah, FL 33018
(305) 822-6772
Digital Contact Information:
mhernandezpsyd@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Osmany, MSW, BCBA ■

14221 Southwest 120th Street
227
Miami, FL 33186
(305) 300-3004
Digital Contact Information:
abamasterpro@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez Ruiz, Katiana E, MS, LMHC ■

5901 Southwest 74th Street
Suite 201
South Miami, FL 33143
(786) 638-9074
Digital Contact Information:
hummingmindsmia@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Tomas H, MS, LMHC ■

1840 W 49th St
Ste 607
Hialeah, FL 33012
(305) 828-9980
Digital Contact Information:
thhemail@yahoo.com

and

15260 SW 280th St
Ste 205
Homestead, FL 33032
(305) 707-7237
Digital Contact Information:
http://www.familybehaviorservices.org
thhemail@yahoo.com

and

7225 Northwest 25th Street
311
Miami, FL 33122
(786) 709-5683
Digital Contact Information:
thhemail@yahoo.com

Hernandez, Yanet, MSN, APRN ■

FL
(239) 244-2022
(786) 440-0904
Digital Contact Information:
http://www.mdpsclinic.com
consulting@fdgmso.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Hernandez-Cuevas, Maria, MS, LMHC ■

10691 Southwest 88th Street
Suite 110
Miami, FL 33176
(305) 595-5485
Digital Contact Information:
mariahcuevas@gmail.com

Hernando-Valdes, Carmen, MS, LMHC ■

815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole, Haitian, Spanish

Herrera, Anouk, MSW, LCSW ■

380 Giralda Avenue
507w
Coral Gables, FL 33134
(786) 277-2938
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and

10200 Northwest 25th Street
211
Doral, FL 33172
(305) 381-0346
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and

900 West 49th Street
STE 400
Hialeah, FL 33012
(305) 587-2231
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and

1150 Northwest 72nd Avenue
700
Miami, FL 33126
(305) 815-1277
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and

7270 Northwest 12th Street
Suite 810
Miami, FL 33126
(786) 718-2390
Digital Contact Information:
http://www.globalrehab.com
rossconsultingandcredentialing@gmail.com

and

1000 Brickell Avenue
Miami, FL 33131
(786) 832-6630
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and

11401 Southwest 40th Street
#345
Miami, FL 33165
(305) 603-7063
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and

4995 Northwest 72nd Avenue
102
Miami, FL 33166
(786) 360-3584
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and

12700 Southwest 128th Street
STE 108
Miami, FL 33186
(786) 732-0865
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and

13205 Southwest 137th Avenue
224 225
Miami, FL 33186
(786) 290-9192
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and

13335 Southwest 124th Street
STE 214
Miami, FL 33186
(786) 429-1495
Digital Contact Information:
rossconsultingandcredentialing@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Herrera, Ludim E, MSN, APRN ■

1710 Northwest 7th Street
STE 5-6-7
Miami, FL 331253500
(786) 409-2568
Digital Contact Information:
novosbhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Herrera Martinez, Daysi, MSSW, LCSW ●

12540 Northeast 8th Avenue
North Miami, FL 33161
(786) 731-6492
Digital Contact Information:
dherrera@altamiracommunity.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hershman, Kelley P, MA, LMHC ■

14211 Southwest 120th Street
107
Miami, FL 33186
(917) 592-2345
Digital Contact Information:
khershman@thesohocenter.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hicks, Beth, MSW, LCSW ■

1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
http://happierliving.com
hello@emorahealth.com

and

801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
hello@emorahealth.com

Hidalgo, Alen, MD ■

1150 Northwest 72nd Avenue
350
Miami, FL 33126
(786) 228-7801
Digital Contact Information:
hidalgopsychiatry@gmail.com

and

1150 Northwest 72nd Avenue
540
Miami, FL 33126
(786) 228-7801
Digital Contact Information:
hidalgopsychiatry@gmail.com

and

2450 Southwest 137th Avenue
Suite# 230
Miami, FL 33175
(786) 228-7801
Digital Contact Information:
http://www.hidalgopsychiatry.com
hidalgopsychiatry@gmail.com

and

2460 Southwest 137th Avenue
250
Miami, FL 33175
(305) 459-3207
Digital Contact Information:
http://www.hidalgopsychiatry.com
hidalgopsychiatry@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Hill, Amanda J, MS, LPC ■

FL
(305) 902-6347
Digital Contact Information:
start@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Ho, Kalai, MA, LMHC ■

FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com

Hodgson, Sidney, MS, LMHC ■

10300 Southwest 72nd Street
#123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
myschoolpsychologist@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hoffmann, Adriana, MC, LMHC ■

4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
http://www.miamipersonalmanagement.com
klopez@miamipersonalmanagement.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hooks, Sylvia, MS, LMHC ■

815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Hope, Maria M, MS, LMHC ■

13054 Southwest 133rd Court
FL 2
Miami, FL 33186
(305) 407-8165
Digital Contact Information:
mercyb.familytherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hopkins, Sharon B, PHD, LP ■

2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:

https://www.wellnite-cigna.lovable.app
cpadilla@deeroaks.com
Other Languages Spoken by Provider or Office Staff French

Hubbard, Katheryn G, MSW, LCSW ■
FL
(508) 202-1011
Digital Contact Information:
support@sevenstarling.com

Huezo, Adriana, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Creole, Haitian, Spanish

Huff, Jessica, MS, LMHC ■
FL
(305) 902-6347
(315) 873-2936
Digital Contact Information:
credentialing@bebravehealth.com

Humphery, Hugh, MD ●
5915 Ponce de Leon
23 26
Coral Gables, FL 33146
(786) 664-7810
Digital Contact Information:
vfalu@healthassets.com

Hutchinson, Tracey-Ann, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Ibarra, Melissa J, MS, LMHC ■
9220 Sunset Drive
104
Miami, FL 33173
(786) 724-4224
Digital Contact Information:
admin@vita-cog.com

and
FL
(786) 497-3375
Digital Contact Information:
https://www.srfhealinghelp.net/
admin@vita-cog.com
Other Languages Spoken by Provider or Office Staff English

Igbonegun, Ericka R, MSN, APRN, CNP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
start@bebravehealth.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
start@bebravehealth.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
start@bebravehealth.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
start@bebravehealth.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
start@bebravehealth.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
start@bebravehealth.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
start@bebravehealth.com

and
FL
(305) 902-6347
Digital Contact Information:
start@bebravehealth.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
start@bebravehealth.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
start@bebravehealth.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
start@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Ihekona, Steve, MS, LPC ■
FL
(305) 902-6347
Digital Contact Information:
https://www.bebravehealth.com

Irvin, Shicara, MSN, APRN, ARNP, CNS, NP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
kiara@thechcalliance.com
Other Languages Spoken by Provider or Office Staff Sign Lang Amer

Isma, Laguerda, MS, LMHC ●
1001 North Miami Beach Boulevard
North Miami Beach, FL 33162
(786) 320-5559
Digital Contact Information:
kimberly@growthcounselingandtherapy.com

Israel-Gaines, Lindsay A, MD ■
4601 Ponce De Leon Blvd
Ste 100
Coral Gables, FL 33146
(855) 940-4867
Digital Contact Information:
joppenheimer@successtms.com

and
240 Crandon Boulevard
#250
Key Biscayne, FL 33149
(844) 842-8449
Digital Contact Information:
joppenheimer@successtms.com

and
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
joppenheimer@successtms.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
joppenheimer@successtms.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
joppenheimer@successtms.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
joppenheimer@successtms.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
joppenheimer@successtms.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
joppenheimer@successtms.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(305) 395-5978
Digital Contact Information:
joppenheimer@successtms.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
joppenheimer@successtms.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
joppenheimer@successtms.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
joppenheimer@successtms.com
Other Languages Spoken by Provider or Office Staff English

Izekor, Abiola O, MSN, APRNCNP, NP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

Jackson, Yinka S, MSN, APRN ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(954) 369-4111
Digital Contact Information:
hollywoodpractice@hotmail.com

and
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
hollywoodpractice@hotmail.com

Jacobstein, Amy J, PSYD, LP ■
10305 NW 41st St
Ste 205
Doral, FL 33178
(305) 718-9800
Digital Contact Information:
amyjacobstein@gmail.com

and
8200 SW 117th Ave
Ste 202
Miami, FL 33183
(305) 274-9206
Digital Contact Information:
amyjacobstein@gmail.com

Jaisingh, Nathan, MSN, APN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
info@benchmarkpsychservices.com

James, Stephanie, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Jangira, Henry, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Jaramillo, Kate M, MMFT, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@joinuplift.co

Jasper, Wesley, MED, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Jean, Gessica, MA, LMFT ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Jean Mary, Jean Rony, MD ■
3500 NW 17th Ave
Miami, FL 33142
(305) 633-6777
Digital Contact Information:
jmrmedicalservicesinc@gmail.com
Other Languages Spoken by Provider or Office Staff Creole

Jefferson, Shanna, MSW, LCSW, LISW-CP ■
FL

(800) 567-5433
Digital Contact Information:
http://therapywithshanna.com
appointments@meetmarvin.com

Jent, Jason F, PHD, LP ■
1150 NW 14th St
411
Miami, FL 33136
(305) 243-7550
Digital Contact Information:
jjent@med.miami.edu

and
1601 NW 12th Ave
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
jjent@med.miami.edu

and
1601 NW 12th Ave
4046
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
jjent@med.miami.edu

Jerome, Martine, MSN, APRN ■
FL
(888) 947-3888
Digital Contact Information:
https://www.virtualpsychiatriccare.com/
support@virtualpsychiatriccare.com

Jimenez, Graciela, MMFT, LMFT ■
7400 SW 87th Ave
260
Miami, FL 33173
(786) 595-8040
Digital Contact Information:
managedcarecredentialing@baptisthealth.net

Johnson, Chermora, MS, LCPC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff English

Johnson, Dione N, PHD, LP ■
FL
(800) 567-5433
Digital Contact Information:
https://totallife.com/
help@prosprhealth.io
Other Languages Spoken by Provider or Office Staff English

Johnson, Kamla D, MSW, LCSW ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
http://www.dgphealthandwellness.com
adams@pcmgfl.com
Other Languages Spoken by Provider or Office Staff English

Johnson, Monica M, DNP, NP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
info@aimergency.org

and
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
info@aimergency.org

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
info@aimergency.org

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
info@aimergency.org

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
info@aimergency.org

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@aimergency.org

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
info@aimergency.org

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
info@aimergency.org

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
info@aimergency.org

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
info@aimergency.org

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
info@aimergency.org

Johnson, Rhonda, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
contact@secounselingservices.com

Johny, Geethu, MS, LMHC ■
1951 Northwest 7th Avenue
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
legacycommunityc@gmail.com

and
FL
(305) 902-6347
Digital Contact Information:
legacycommunityc@gmail.com

Jonas, Alfred, MD ■
8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-2822
Digital Contact Information:
http://www.mgmbehavioral.com
bhcofl@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Jorge, Cecilia M, MD ■
31 N Krome Ave
Homestead, FL 33030
(786) 481-5909
Digital Contact Information:
https://www.infinitecc.org/
info@infinitecc.org
Other Languages Spoken by Provider or Office Staff Spanish

Joseph, Kevin K, DNP, APRN ■
1175 Northeast 125th Street
320
Miami, FL 33161
(786) 842-0444
Digital Contact Information:
http://www.marriagefamilyservices.com
maryann@sunrisepsychiatric.com

Junco, Gladys, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Spanish

Kalilikane, Samantha, PSYD, LP ■
9220 Sunset Drive
104
Miami, FL 33173
(786) 724-4224
Digital Contact Information:
4imuacenter@gmail.com

Karacevic, Ela, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
http://www.bebravehealth.com
start@bebravehealth.com
Other Languages Spoken by Provider or Office Staff Bosnian

Katsigeorgis, Joanna, PHD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
mshain@seniorcaretherapy.com
Other Languages Spoken by Provider or Office Staff Greek

Kauffman, Jennifer L, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
jkauffman@reboundmh.org

Kavoussi, Nazanin, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English, Farsi

Keane, Edward M, MC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
edwardmkeane@gmail.com

Keaton, Latanya B, MED, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Kelly, Claudine, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Creole, Haitian, Spanish

Keltgen, Joan, MED, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Kember, Santiago, MMH, LMHC ■
9245 Southwest 157th Street
Suite 203
Miami, FL 33157
(305) 642-7600
Digital Contact Information:
http://www.regishouse.org
credentialing@regishouse.org

Kepley, Gabriela, MSSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
colgate5326@gmail.com

Kerge, Marol, MS, APRNCNP, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
csosa@provctr.org

Kerwin, Mary L, DO ■
7270 Northwest 12th Street
430
Miami, FL 33126
(786) 615-2843
Digital Contact Information:
garciarehab5600@gmail.com

and
5600 Southwest 135th Avenue
100
Miami, FL 33183
(305) 603-9104
Digital Contact Information:
garciarehab5600@gmail.com

Khabazghazvini, Baharak, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
maxbaharak53@gmail.com
Other Languages Spoken by Provider or Office Staff English, Farsi, Arabic

Kibbe, Charles, MA, LPC ■
FL
(305) 902-6347
Digital Contact Information:
http://www.bebravehealth.com

Kidane Davis, Pascale, MSN, APRN ■
FL
(786) 761-1155
(888) 947-3888
Digital Contact Information:
https://www.virtualpsychiatriccare.com/
pascalenp11@gmail.com

Kim Pak, Jeong M, MSN, APRN, NP ■
FL
(866) 333-9758
Digital Contact Information:
https://www.inspiration.clinic/
rick@healthquist.com
Other Languages Spoken by Provider or Office Staff Korean

Kimball, Alison R, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@directionsforliving.org

King, Shavanna N, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
drperrier@livalityhealth.com

Kochen, Adriana, MSW, LCSW ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
http://www.behavioralaid.com
credentialing@behavioralaid.com

and

7811 Coral Way
106
Miami, FL 33155
(305) 412-0138
Digital Contact Information:
credentialing@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com
Other Languages Spoken by Provider or Office Staff
Spanish

Kovacs, Jamie, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Kristelle Malval, Marie S, EDS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
lisette@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Kromke, Dana, MA, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole, Spanish

Kruszel, Liliana B, MA, LMHC ■
782 NW Le Jeune Rd
Ste 533
Miami, FL 33126
(305) 558-7400
Digital Contact Information:
daliamer@aol.com

and
6175 NW 153rd St
Ste 404
Miami Lakes, FL 33014
(305) 558-7400
Digital Contact Information:
daliamer@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Kudolo, Diane, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
dmk.lpc2011@gmail.com

Kuilan, Jessica, MSW, LCSW ■
FL
(904) 274-0611
Digital Contact Information:
http://www.magnashaven.com
jessica@magnashaven.com
Other Languages Spoken by Provider or Office Staff
Spanish

La Banca, Karina V, MC, LMHC ■
747 Ponce de Leon
Coral Gables, FL 33134
(786) 254-7394
Digital Contact Information:
healthy.solutions@att.net

and
135 San Lorenzo Ave
Ste 100
Coral Gables, FL 33146
(305) 502-3760
Digital Contact Information:
healthy.solutions@att.net

and
1200 Northwest 78th Avenue
210
Doral, FL 33126
(786) 285-3438
Digital Contact Information:
healthy.solutions@att.net

and
6329 Southwest 23rd Street
Miami, FL 33155
(786) 355-7541
Digital Contact Information:
healthy.solutions@att.net

and
7951 Southwest 40th Street
suite 200-a
Miami, FL 33155
(786) 244-9911
Digital Contact Information:
healthy.solutions@att.net

and
FL
(786) 244-9911
Digital Contact Information:
healthy.solutions@att.net

and
175 Fontainebleau Boulevard
Miami, FL 33172
(305) 343-0673
Digital Contact Information:
healthy.solutions@att.net

Labossiere, Danielle H, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com

Lacayo, Kassandra, MMFT, LMFT ■
7400 Southwest 50th Terrace
STE 303
Miami, FL 33155
(786) 738-4045
Digital Contact Information:
http://psychcarecenter.com/
psychcarecc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lagar, Maria R, MSW, LCSW ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com

Lago, Mercedes M, MMH, LMHC ■
4800 West Flagler Street
215
Coral Gables, FL 33134
(954) 368-4786
Digital Contact Information:
mercedeslago7@gmail.com

and
4689 Ponce de Leon Boulevard
Suite 200
Coral Gables, FL 33146
(786) 803-8025
Digital Contact Information:
mercedeslago7@gmail.com

and
1840 West 49th Street
606 606
Hialeah, FL 33012
(305) 846-9727
Digital Contact Information:
mercedeslago7@gmail.com

and
17670 Northwest 78th Avenue
STE 113
Hialeah, FL 33015
(716) 558-4565
Digital Contact Information:
mercedeslago7@gmail.com

and
9827 Southwest 40th Street
Miami, FL 33165
(786) 762-2922
Digital Contact Information:
mercedeslago7@gmail.com

and
6955 Northwest 77th Avenue
407
Miami, FL 33166
(786) 615-2306
Digital Contact Information:
mercedeslago7@gmail.com

and
14722 Southwest 56th Street
Miami, FL 33185
(305) 456-0572
Digital Contact Information:
mercedeslago7@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lalama, Christina, MMH, LMHC ■
7875 SW 104th St
Ste 101
Miami, FL 33156
(305) 576-6550
Digital Contact Information:
http://www.jcsfl.org
insurance@jcsfl.org

Lam, Maria, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Lamons, Jackie D, DSW, LCSW ■
FL
(954) 348-5230
Digital Contact Information:
https://www.blueoasis.online/
jackielamonsdsw@gmail.com

Lampkin, Craig, MS, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Lamur, Nadia, MSN, APRN ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
credentialing@banyanhealth.org
Other Languages Spoken by Provider or Office Staff
Spanish

Landa, Rosario, MS, LMHC ■
8353 SW 124th St
Ste 204E
Miami, FL 33156
(305) 283-7039
Digital Contact Information:
youthedmiami@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Landes, Debra M, MED, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
landeslmhc@gmail.com

Lane, Tisha J, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
soundmindstherapy@gmail.com

Lange, Stephen M, PHD, LP ■
FL
(800) 567-5433
Digital Contact Information:
https://totallife.com/
help@prosperhealth.io

Lankenau, Diana J, MN, APRN, PMHNP ■
South Red Road
Miami, FL 33155
(305) 297-7014
Digital Contact Information:
credentialing@orendapsych.com

and
FL
(305) 297-7014
Digital Contact Information:
credentialing@orendapsych.com

Laplace, Arthur, PHD, LP ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
caqh@citrusmedassociates.com

and
150 Alhambra Circle
Floor 10
Coral Gables, FL 33134
(786) 800-3374
Digital Contact Information:
caqh@citrusmedassociates.com

and
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
caqh@citrusmedassociates.com

and
255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
caqh@citrusmedassociates.com

and
370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
caqh@citrusmedassociates.com

and
333 Southeast 2nd Avenue
Suite 2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
caqh@citrusmedassociates.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
caqh@citrusmedassociates.com

and
3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
caqh@citrusmedassociates.com

and
350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
caqh@citrusmedassociates.com

and
429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
caqh@citrusmedassociates.com

and
323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
caqh@citrusmedassociates.com

Lapomarede, Berline, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole, Haitian, Spanish

Larrauri, Carlos A, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
bmmedicalllc@gmail.com

and
7921 Bird Rd
Ste 41
Miami, FL 33155
(305) 425-1393
Digital Contact Information:
http://oceanhealthsystem.com
bmmedicalllc@gmail.com

and
7921 Bird Road
39
Miami, FL 33155
(786) 310-1570
Digital Contact Information:
http://oceanhealthsystem.com
bmmedicalllc@gmail.com

and
7971 Bird Road
39
Miami, FL 33155
(786) 910-7179
Digital Contact Information:
http://oceanhealthsystem.com
bmmedicalllc@gmail.com

and
10682 Fontainebleau Boulevard
Miami, FL 33172
(786) 910-7179
Digital Contact Information:
bmmedicalllc@gmail.com

Lauren, Misty Elle, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
start@bebravehealth.com

Lawrence, Andre, MS, LMHC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/

Layden, Paul G, PHD, LP ■
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
pglayden3@bellsouth.net
Other Languages Spoken by Provider or Office Staff English

Lazenberry, Nokomis, MBS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
nlazenberry@arcsj.org

Lazo, Dunia, MED, BCBA, LMHC ■
13301 Southwest 132nd Avenue
Suite 210
Miami, FL 33186
(305) 964-7983
Digital Contact Information:
http://www.brighthealingservices.com
info@brighthealingservices.com

Leal Diaz, Carmen C, MSN, APRN ■
5911 Northwest 173rd Drive
6 6
Hialeah, FL 33015
(786) 380-9229
Digital Contact Information:
office@sweetstartcwc.com

and
2100 West 76th Street
STE 408
Hialeah, FL 33016
(786) 542-5056
Digital Contact Information:
office@sweetstartcwc.com

Leal, Julio O, MS, LMHC ■
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
la.herrera@lifestance.com

Lebeau, Marcia, LMHC, MS ■
1951 Northwest 7th Avenue
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com

Lebon, Fenton, MD ■
14361 Commerce Way
Unit 103
Hialeah, FL 33016
(786) 638-6363
Digital Contact Information:
Not Available

and
7150 W 20th Ave
Hialeah, FL 33016
(305) 265-4441
Digital Contact Information:
Not Available

and
2400 Southwest 69th Avenue
Miami, FL 33155
(305) 265-4441
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Korean, Spanish

Lebron Ginorio, Michelle, MD ■
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
rehabcenterag@gmail.com

and
10300 Southwest 72nd Street
300
Miami, FL 33173
(786) 418-9730
Digital Contact Information:
http://www.happydreamsofkids.com
rehabcenterag@gmail.com

and
12150 Southwest 128th Court
Suite 233
Miami, FL 33186
(786) 238-7666
Digital Contact Information:
rehabcenterag@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ledon, Nicolas I, MS, LMHC ■
4300 Biscayne Boulevard
STE 203
Miami, FL 33137
(786) 514-6362
Digital Contact Information:
http://www.baypoint-therapy.com
nledon@baypoint-therapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lefler, Linda, MD ■
777 E 25th St
Ste 306
Hialeah, FL 33013
(786) 838-6092
Digital Contact Information:
dustinsode@suncoastcenter.org

Legra, Bertha V, MS, LMHC ■
419 W 49th St
Ste 210
Hialeah, FL 33012
(954) 404-7052
Digital Contact Information:
credentialing@psychiatrist4u.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Leonce-James, Hyacynthia M, PSYD, LMHC ■
FL
(305) 219-9861
Digital Contact Information:
hleonce@yahoo.com

Leuschner, Siobhon, MA, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
sleuschner@kaaficounseling.com

Lewis, Mariah, MSW, LCSW ■
FL
(850) 305-1894
Digital Contact Information:
http://www.tpttherapy.org
mariahlewis@tpttherapy.org

Lewis-Allen, Edith, MS, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Lewis-Payton, Tomecia, MS, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Leydig, Tammie, MSN, APRN, CNP ■
FL
(305) 902-6347
Digital Contact Information:
sid@instic.health

Libby, Melody, MED, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
providerrelations@williscc.com
Other Languages Spoken by Provider or Office Staff English

Lichtfuss, Susan, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Linden, Kerry, MA, LMHC, LPC, LPCC ■
FL
(305) 902-6347
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff English

Lister Perez, Annet T, MN, APRN ■
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
lgarcia@keraltybh.com
Other Languages Spoken by Provider or Office Staff
Spanish

Livermore, Alexis N, MSN, APRN ■
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
swashburn@compass.md

Llenin, Mercedes, PHD, LMHC, LP ■
7791 Northwest 46th Street
Suite 221
Doral, FL 33166
(786) 910-9670
Digital Contact Information:
Not Available

and
6262 Bird Rd
Ste 2F
Miami, FL 33155
(305) 387-7850
Digital Contact Information:
Not Available

and
13930 SW 47th St
Ste 202
Miami, FL 33175
(305) 387-7850
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Lo, Lorinda, MSN, APRN ■
2464 Southwest 22nd Street
Miami, FL 33145
(305) 204-9355
Digital Contact Information:
http://www.ampmentalhealth.com
admin@ampmentalhealth.com
Other Languages Spoken by Provider or Office Staff
Cantonese, Spanish

Lopez, Alexis, MS, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Lopez, Angel, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Elda M, MD ■
10661 North Kendall Drive
227
Miami, FL 33176
(305) 598-8000
Digital Contact Information:
docemlopez@gmail.com

and
FL
(305) 598-8000
Digital Contact Information:
docemlopez@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Idalmis, MSN, APRN ■
13170 Southwest 128th Street
200
Miami, FL 33186
(786) 852-5198
Digital Contact Information:
https://clarityapproach.com/
clarityhealth@approachteam.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Jason, MD ■
18305 Biscayne Boulevard
205
Aventura, FL 33160
(786) 991-2602
Digital Contact Information:
youworth24@gmail.com

and
2925 Northeast 199th Street
Suite 302
Aventura, FL 33180
(786) 991-2600
Digital Contact Information:
youworth24@gmail.com

and
3625 Northwest 82nd Avenue

Doral, FL 33166
(786) 991-2600
Digital Contact Information:
youworth24@gmail.com

and
5190 Northwest 167th Street
201
Hialeah, FL 33014
(305) 705-4289
Digital Contact Information:
http://livelinessinc.com
youworth24@gmail.com

and
27 Northwest 13th Street
Homestead, FL 33030
(786) 339-8824
Digital Contact Information:
http://sfmhr.com
youworth24@gmail.com

and
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
youworth24@gmail.com

and
3446 Southwest 8th Street
217
Miami, FL 33135
(786) 769-5046
Digital Contact Information:
youworth24@gmail.com

and
1800 Southwest 27th Avenue
505
Miami, FL 33145
(786) 542-9914
Digital Contact Information:
youworth24@gmail.com

and
10250 Southwest 56th Street
C202
Miami, FL 33165
(754) 816-5001
Digital Contact Information:
youworth24@gmail.com

and
11401 Southwest 40th Street
#345
Miami, FL 33165
(305) 603-7063
Digital Contact Information:
http://bridgeofcaregroup.com
youworth24@gmail.com

and
2720 Southwest 97th Avenue
c 104
Miami, FL 33165
(305) 705-4289
Digital Contact Information:
youworth24@gmail.com

and
1460 Northwest 107th Avenue
41n
Miami, FL 33172
(754) 263-2050
Digital Contact Information:
youworth24@gmail.com

and
1470 Northwest 107th Avenue
M
Miami, FL 33172
(786) 238-7282
Digital Contact Information:
youworth24@gmail.com

and
13168 SW 188th St
Miami, FL 33177
(303) 812-8815
Digital Contact Information:
youworth24@gmail.com

and
20774 West Dixie Highway
b
Miami, FL 33180
(305) 549-8665
Digital Contact Information:
youworth24@gmail.com

and
12540 Southwest 8th Street
Miami, FL 33184
(305) 705-6840
Digital Contact Information:
youworth24@gmail.com

and
13195 Southwest 134th Street
101
Miami, FL 33186
(786) 227-6830
Digital Contact Information:
http://esperanzagroup.net
youworth24@gmail.com

and
9020 Southwest 137th Avenue
210
Miami, FL 33186
(786) 558-5042
Digital Contact Information:
youworth24@gmail.com

and
9020 Southwest 137th Avenue
STE 250
Miami, FL 33186
(786) 536-7588
Digital Contact Information:
youworth24@gmail.com

and
14400 Northwest 77th Court
#100
Miami Lakes, FL 33016
(786) 916-6073
Digital Contact Information:
http://www.arcmentalhealth.com
youworth24@gmail.com

and
9999 Northeast 2nd Avenue
203
Miami Shores, FL 33138
(786) 580-5131
Digital Contact Information:
youworth24@gmail.com

Lopez, Jennifer, MA, LMFT ■
3750 West 16th Avenue
232u
Hialeah, FL 33012
(786) 332-3396
Digital Contact Information:
jennylmft@gmail.com

and
10671 North Kendall Drive
5d
Miami, FL 33176
(786) 474-6469
Digital Contact Information:
jennylmft@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Jose C, MD ■
1200 Northwest 78th Avenue
210
Doral, FL 33126
(786) 285-3438
Digital Contact Information:
jorge@valcourtbehavioral.com

and
633 N Krome Ave
1
Homestead, FL 33030
(305) 763-4007
Digital Contact Information:
jorge@valcourtbehavioral.com

and
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
jorge@valcourtbehavioral.com

and
3525 NW 7th St
Miami, FL 33125
(786) 801-0218
Digital Contact Information:
jorge@valcourtbehavioral.com

and
1710 Northwest 7th Street
STE 5-6-7
Miami, FL 331253500
(786) 409-2568
Digital Contact Information:
jorge@valcourtbehavioral.com

and
3446 Southwest 8th Street
217
Miami, FL 33135
(786) 769-5046
Digital Contact Information:
jorge@valcourtbehavioral.com

and
7821 Coral Way
100
Miami, FL 33155
(786) 409-5690
Digital Contact Information:
jorge@valcourtbehavioral.com

and
7921 Bird Rd
Ste 41
Miami, FL 33155
(305) 425-1393
Digital Contact Information:
http://oceanhealthsystem.com
jorge@valcourtbehavioral.com

and
7921 Bird Road
39
Miami, FL 33155
(786) 310-1570
Digital Contact Information:
http://oceanhealthsystem.com
jorge@valcourtbehavioral.com

and
7971 Bird Road
15
Miami, FL 33155
(786) 504-5620
Digital Contact Information:
http://oceanhealthsystem.com
jorge@valcourtbehavioral.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
jorge@valcourtbehavioral.com

and
19001 Southwest 106th Avenue
c103
Miami, FL 33157
(786) 523-2352
Digital Contact Information:
jorge@valcourtbehavioral.com

and
10680 Fontainebleau Boulevard
Miami, FL 33172
(305) 794-6845
Digital Contact Information:
jorge@valcourtbehavioral.com

and
13706 Southwest 56th Street
STE 105-106
Miami, FL 331756036
(786) 523-4289
Digital Contact Information:
jorge@valcourtbehavioral.com

and
9900 Southwest 107th Avenue
STE 101
Miami, FL 33176
(305) 248-3488
Digital Contact Information:
jorge@valcourtbehavioral.com

and
12540 Southwest 8th Street
Miami, FL 33184
(305) 705-6840
Digital Contact Information:
jorge@valcourtbehavioral.com

and
6600 Cow Pen Road
250
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
jorge@valcourtbehavioral.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Josue, MD ■
15260 Southwest 280th Street
203
Homestead, FL 33032
(786) 601-7491
Digital Contact Information:
lrodriguezllbs@gmail.com

and
7270 Northwest 12th Street
430
Miami, FL 33126
(786) 615-2843
Digital Contact Information:
https://www.lasagradafamiliacenter.com
lrodriguezllbs@gmail.com

and
2141 Southwest 1st Street
201
Miami, FL 33135
(786) 920-9137
Digital Contact Information:
lrodriguezllbs@gmail.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
lrodriguezllbs@gmail.com

and
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
lrodriguezllbs@gmail.com

and
7001 SW 97th Ave
Ste 206
Miami, FL 33173
(786) 294-0123
Digital Contact Information:
https://www.chgpsychiatry.com/
lrodriguezllbs@gmail.com

and
2424 Southwest 137th Avenue
Miami, FL 331756311
(786) 655-0831
Digital Contact Information:
http://www.miamihealthmedicalcenter.us
lrodriguezllbs@gmail.com

and
9125 SW 87th Ave
Miami, FL 33176
(305) 735-3919
Digital Contact Information:
lrodriguezllbs@gmail.com

and
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
lrodriguezllbs@gmail.com

and
13155 Southwest 134th Street
221
Miami, FL 33186
(786) 652-9880
Digital Contact Information:
lrodriguezllbs@gmail.com

and
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
lrodriguezllbs@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Juan C, MS, LMFT ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
perla@dadefamily.com

and
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
perla@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla@dadefamily.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
http://www.dadefamily.com
perla@dadefamily.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Lopez, Widlyne, MSW, LCSW ■
FL
(954) 281-2958
Digital Contact Information:
http://www.breakthroughcrc.com
widlynel@breakthroughcrc.org
Other Languages Spoken by Provider or Office Staff Haitian Creole

Lopez, Yaneris, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(305) 735-3555
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez-Brignoni, Evelyn, MD ■
475 Biltmore Way
Ste 204
Coral Gables, FL 33134
(305) 670-1411
Digital Contact Information:
evelynlopezbrignonimd@gmail.com

and
FL
(305) 670-1411
Digital Contact Information:
evelynlopezbrignonimd@gmail.com

and
124 Southeast 1st Road
A
Homestead, FL 33030
(786) 255-7979
Digital Contact Information:
evelynlopezbrignonimd@gmail.com

and
31 N Krome Ave
Homestead, FL 33030
(786) 481-5909
Digital Contact Information:
http://www.infinitecc.org
evelynlopezbrignonimd@gmail.com
Other Languages Spoken by Provider or Office Staff English, Creole, Spanish

Lorenzen, Erin, MS, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
payors@emorahealth.com

Lorenzo Garcia, Yarenys, MSN, APRN ■
8500 West Flagler Street
Office 107A
Miami, FL 33144
(786) 614-5085
(786) 907-5141
Digital Contact Information:
lizalexandra09@gmail.com

and
FL
(786) 614-5085
(786) 907-5141
Digital Contact Information:
lizalexandra09@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Lorenzo, Janet, MSN, APRN ■
12963 West Okeechobee Road
1a
Hialeah Gardens, FL 33018
(786) 450-9918
Digital Contact Information:
gardensmedicalcenters@gmail.com

and
12963 West Okeechobee Road
Unit 1
Hialeah Gardens, FL 33018
(786) 536-9329
Digital Contact Information:
gardensmedicalcenters@gmail.com

and
1150 Northwest 72nd Avenue
ph 2
Miami, FL 33126
(786) 542-5043
Digital Contact Information:
gardensmedicalcenters@gmail.com

and
13701 SW 88th St
Ste 305
Miami, FL 33186
(786) 471-6268
Digital Contact Information:
gardensmedicalcenters@gmail.com

and
16464 Southwest 99th Lane
Miami, FL 33196
(786) 471-6268
Digital Contact Information:
gardensmedicalcenters@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Lorenzo, Pablo, MSW, LCSW ■
17395 Northwest 59th Avenue
Hialeah, FL 33015
(305) 662-2185
Digital Contact Information:
joeyp@sfmhr.com

and
27 Northwest 13th Street
Homestead, FL 33030
(786) 339-8824
Digital Contact Information:
joeyp@sfmhr.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Louwagie Gordon, Alissa M, MS, LMHC ■
FL
(786) 615-3334
Digital Contact Information:
info@abcsfl.com

Lowe, Lisa, MSN, APRN, CRNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
irishnurse78@gmail.com

and
FL
(305) 902-6347
(727) 626-2067
Digital Contact Information:
irishnurse78@gmail.com

Lozada, Jeremy A, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
admin@lifehealthsystem.org
Other Languages Spoken by Provider or Office Staff Portuguese, Spanish

Lozada, Wimar, MMH, LMHC ■
175 Fontainebleau Boulevard
Miami, FL 33172
(407) 749-3580
Digital Contact Information:
http://www.elitemindsfl.com
eliteminds.services@gmail.com

Lozzi-Toscano, Bettina, PHD, LMHC ■
3625 Northwest 82nd Avenue
400
Doral, FL 33166
(305) 814-2981
Digital Contact Information:
intake.metmorph@gmail.com

and
FL
(305) 814-2981
Digital Contact Information:
intake.metmorph@gmail.com

and
13200 SW 128th St
Ste F2
Miami, FL 33186
(305) 964-7598
Digital Contact Information:
intake.metmorph@gmail.com

and
13205 Southwest 137th Avenue
suite 126
Miami, FL 33186
(786) 478-6688
Digital Contact Information:
intake.metmorph@gmail.com
Other Languages Spoken by Provider or Office Staff Italian, Spanish

Luckhoo, Gajendranath, MS, LMHC, LPC ■
FL
(305) 902-6347
(202) 410-5972
Digital Contact Information:
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff English

Lugaro Vidal, Jacquenine M, MSW, LCSW ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
perla.delosrios@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Lukasik, Linda, MSW, LCSW ●
17801 Northwest 2nd Avenue
202
Miami, FL 33169
(954) 979-7911
Digital Contact Information:
tashaneb@4kids.us
Other Languages Spoken by Provider or Office Staff English, Spanish

Luna Delaurier, Yalemni, PSYD, LP ■
7600 South Red Road
200
South Miami, FL 33143
(786) 508-2207
Digital Contact Information:
http://www.lunapsychology.com
angelo@lunapsychology.com
Other Languages Spoken by Provider or Office Staff Spanish

Lyell, Edward, MA, LMHC, LPCC ■
FL
(305) 902-6347
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff English

MAc-Guffie, Nathalie, MMH, LMHC ■
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
nathaliemg@me.com

and
FL
(202) 410-5972
(754) 816-2311
(305) 637-6400
Digital Contact Information:
nathaliemg@me.com

Machuca, Jose R, PHD, LMHC ■
11300 Northeast 2nd Avenue
Miami Shores, FL 33168
(504) 388-5981
Digital Contact Information:
rmachuca@barry.edu
Other Languages Spoken by Provider or Office Staff Portuguese, English, Spanish

Maddox, Emily, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Spanish

Makintubee, Susana, MA, LPC ■
FL
(305) 902-6347
Digital Contact Information:
Not Available

Maldonado, Milagros R, MS, LMHC ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
info@avilahealthgroup.com
Other Languages Spoken by Provider or Office Staff Portuguese, Spanish

Mallo, Lisaimy, MSW, LCSW ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
alexandra.galvis@mypsychiatrist.com
Other Languages Spoken by Provider or Office Staff Spanish

Manning, April, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Maqueira, Elvira, MSW, LCSW ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
tmedina@hbccmhc.com

Marcellus, Chizoba L, MS, LMHC ■
536 Northeast 206th Lane
Miami, FL 33179
(305) 761-9584
Digital Contact Information:
http://www.therapyislove.com
info@therapyislove.com

Marcus, Phyllis C, MC, LMFT ■
540 Northwest 165th Street
114
Miami, FL 33169
(786) 648-6550
Digital Contact Information:
horebhealthclinic@gmail.com

and
540 Northwest 165th Street
STE 110
Miami, FL 33169
(786) 648-6550
Digital Contact Information:
horebhealthclinic@gmail.com

Mare, Nicole, MSW, LCSW ■
FL
(786) 309-5635
Digital Contact Information:
innerbloom_psychotherapy@outlook.com
Other Languages Spoken by Provider or Office Staff Spanish

Marin, Adrian, MMH, LMHC ■
7875 SW 104th St
Ste 101
Miami, FL 33156
(305) 899-1587
Digital Contact Information:
http://www.jcsfl.org

and
12000 Biscayne Boulevard
609
Miami, FL 33181
(305) 899-1587
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff Creole, Spanish

Marin, Cecilia M, PSYD, LP ■
340 Minorca Avenue
3
Coral Gables, FL 33134
(305) 764-2333
Digital Contact Information:
cmmarinpsyd@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Marin, Leonardo, MSCC, LMHC ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
mariafields@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com

mariafields@dadefamily.com

Marini, Martina, MSW, LCSW ■
2141 Southwest 1st Street
204 205
Miami, FL 33135
(786) 515-4935
Digital Contact Information:
martina616@hotmail.com

and
10570 Northwest 27th Street
STE H102
Miami, FL 33172
(786) 409-2197
Digital Contact Information:
martina616@hotmail.com

and
FL
(786) 409-2197
Digital Contact Information:
martina616@hotmail.com

and
17027 W Dixie Hwy
Ste 120
North Miami Beach, FL 33160
(786) 763-2223
Digital Contact Information:
martina616@hotmail.com
Other Languages Spoken by Provider or Office Staff French

Markfeld, Yaron, MD ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
cred@advantumhealth.com
Other Languages Spoken by Provider or Office Staff
Hebrew

Marsella, Gregory Q, MD ■
1951 NW 7th Ave
Miami, FL 33136
(561) 394-2532
Digital Contact Information:
drmarsella@icloud.com

Marti Padron, Mauricio, MA, BCBA ■
7900 Oak Ln
400
Hialeah, FL 33016
(786) 482-0495
Digital Contact Information:
martibehavioral@yahoo.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 482-0495
Digital Contact Information:
martibehavioral@yahoo.com

and
4180 Southwest 74th Court
204
Miami, FL 33155
(786) 401-7327
Digital Contact Information:
martibehavioral@yahoo.com

and
18951 Southwest 106th Avenue
105 106
Miami, FL 33157
(305) 233-4448
Digital Contact Information:
martibehavioral@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Martin, Ashley, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Martin, Jessica, LMHC, MA, MS ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
info@behavioralaid.com

and
17021 Southwest 120th Court
Miami, FL 33177
(786) 319-1657
Digital Contact Information:
info@behavioralaid.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martin, Latoya, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Martin, Lawanda, MPSY, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
engeditherapy@gmail.com

Martin, Precious, MSW, LCSW ■
1801 Northeast 123rd Street
334
North Miami, FL 33181
(888) 718-4915
Digital Contact Information:
http://www.rrrinc.org
info@rrrinc.org

Martinez, Grettel, PSYD, LP ■
7950 W Flagler St
Ste 106
Miami, FL 33144
(305) 269-3900
Digital Contact Information:
grettelmartinez@me.com

and
7950 West Flagler Street
Suite 101
Miami, FL 33144
(305) 239-7725
Digital Contact Information:
grettelmartinez@me.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Lidia A, DMFT, LMHC ■
FL
(786) 565-6916
Digital Contact Information:
http://www.drlidiamartinez.com
info@drlidiamartinez.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Mabel, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com

Martinez Soto, Yaneisy, APRN ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
info@ffmhs.com

Marvin, Jennifer, MA, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
akfilson@aol.com

Mas, Oscar, DSW, LMHC ■
3971 Southwest 8th Street
STE 206
Coral Gables, FL 33134
(786) 633-5960
Digital Contact Information:
psychiatry@intergratedhealthcare.group

and
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
psychiatry@intergratedhealthcare.group

and
900 West 49th Street
STE 512
Hialeah, FL 33012
(786) 536-1701
Digital Contact Information:
http://www.integratedhealthcare.group
psychiatry@intergratedhealthcare.group

and
351 NW 42nd Ave
Ste 406
Miami, FL 33126
(786) 536-1710
Digital Contact Information:
http://www.integratedhealthcare.group
psychiatry@intergratedhealthcare.group

and
1890 Southwest 57th Avenue
SUITE 106
Miami, FL 33155
(786) 536-1701
Digital Contact Information:
psychiatry@intergratedhealthcare.group

and
13055 Southwest 42nd Street
STE 104
Miami, FL 33175
(305) 480-7839
Digital Contact Information:
psychiatry@intergratedhealthcare.group

and
13701 Southwest 88th Street
306
Miami, FL 33186
(786) 842-1489
Digital Contact Information:
psychiatry@intergratedhealthcare.group
Other Languages Spoken by Provider or Office Staff
Spanish

Massop, Franklyn, MPSY, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 275-8860
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Matson, Sharon, MS, LMFT ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
admin@lotuscounseling.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
admin@lotuscounseling.com

May, Ashley, MC, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Mayabb, Laura, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

McCoy, Brittney, MMH, LMHC ■
8971 Southwest 142nd Avenue
11 37
Miami, FL 33186
(786) 244-7690
Digital Contact Information:
worcounselingservices@gmail.com

McDevitt, Omayra, MA, LPC ■
FL
(305) 902-6347
Digital Contact Information:
start@bebravehealth.com

McDonald, Cheryl L, MSN, APRN, APRNCNP, NP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
frontdesk@buildingnewhorizons.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
frontdesk@buildingnewhorizons.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
frontdesk@buildingnewhorizons.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
frontdesk@buildingnewhorizons.com

McDonald, Margaret S, EDS, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
marscounselingservices@gmail.com

McIntosh, Donna, MS, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
support@anytimecredentialing.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

McLeod, Karla, MS, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
providers@empathyhealthclinic.com

McMakin, Dana L, PHD, LP ■
6262 Sunset Drive
Suite 500
Miami, FL 33143
(305) 669-6503
Digital Contact Information:
payer.credentialing@nicklaushealth.org

and
3100 SW 62nd Ave
Miami, FL 33155
(305) 669-6503
Digital Contact Information:
payer.credentialing@nicklaushealth.org

McNeal, Natasha, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

McPhee, Jennifer A, MD ■
FL
(305) 902-6347
Digital Contact Information:
nanci.mcneil@uchealth.com

Mcghinty, Meghan R, DNP, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Medard, Guirlene, MSN, APRN ■
125 Northwest 206th Terrace
Miami, FL 33169
(305) 744-2154
Digital Contact Information:

vantagepsychiatry@gmail.com

Medina, Muriel, MSW, LCSW ■
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
info@aimergency.org

Medina Rojo, Raul, MSN, APRN ■
4445 West 16th Avenue
STE 405
Hialeah, FL 33012
(786) 233-6721
Digital Contact Information:
office@myrtleridge.us

and
1000 Brickell Avenue
Miami, FL 33131
(786) 701-9211
Digital Contact Information:
office@myrtleridge.us

and
9299 SW 152nd St
Ste 206
Palmetto Bay, FL 33157
(786) 883-0339
Digital Contact Information:
office@myrtleridge.us
Other Languages Spoken by Provider or Office Staff
English, Spanish

Mejia, Alejandra, MSW, LCSW ■
14645 Northwest 77th Avenue
101
Miami Lakes, FL 33014
(833) 769-3524
Digital Contact Information:
http://lifestance.com
dougblessington@gmail.com

Mejia, Fernando, MD ■
18901 Southwest 106th Avenue
229 230
Cutler Bay, FL 33157
(786) 506-9008
Digital Contact Information:
ybhsbilling@gmail.com

and
7925 Northwest 12th Street
SUITE 401
Doral, FL 33126
(786) 640-0613
Digital Contact Information:
ybhsbilling@gmail.com

and
705 East 8th Avenue
201
Hialeah, FL 33010
(786) 655-0774
Digital Contact Information:
ybhsbilling@gmail.com

and
2100 West 76th Street
STE 408
Hialeah, FL 33016
(786) 542-5056
Digital Contact Information:
ybhsbilling@gmail.com

and
207 North Krome Avenue
Homestead, FL 33030
(305) 257-8065
Digital Contact Information:
ybhsbilling@gmail.com

and
4896 Northwest 7th Street
Unit S
Miami, FL 33126
(786) 534-2023
Digital Contact Information:
ybhsbilling@gmail.com

and
5950 Southwest 40th Street
Miami, FL 33155
(786) 633-5960
Digital Contact Information:
ybhsbilling@gmail.com

and
7804 Coral Way
Miami, FL 33155
(305) 965-8714
Digital Contact Information:
ybhsbilling@gmail.com

and
280 Westward Dr
Miami, FL 33166
(305) 922-3410
Digital Contact Information:
ybhsbilling@gmail.com

and
2450 Southwest 137th Avenue
206
Miami, FL 33175
(305) 381-5420
Digital Contact Information:
ybhsbilling@gmail.com

and
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
ybhsbilling@gmail.com

and
14471 S Dixie Hwy
Miami, FL 33176
(786) 803-8826
Digital Contact Information:
http://www.amorementalhealthcorp.com
ybhsbilling@gmail.com

and
11981 Southwest 144th Court
202
Miami, FL 33186
(305) 418-0580
Digital Contact Information:
ybhsbilling@gmail.com

and
13205 Southwest 137th Avenue
206 208
Miami, FL 33186
(786) 592-2063
Digital Contact Information:
http://dominguezcommunitycenter.com
ybhsbilling@gmail.com

and
9010 Southwest 137th Avenue
101
Miami, FL 33186
(786) 803-8826
Digital Contact Information:
http://amorementalhealthcorp.com
ybhsbilling@gmail.com

and
13205 Southwest 137th Avenue
STE 132
Miami, FL 331865334
(786) 478-6369
Digital Contact Information:
http://dominguezcommunitycenter.com
ybhsbilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Melo, Evelyn, MA, LMHC ■
8785 SW 165th Ave
Ste 200
Miami, FL 33193
(786) 587-9656
Digital Contact Information:
melopsych@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mena, Rebekah, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
admin@lifehealthsystem.org
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Menard Clinton, Cynthia, MS, LMHC ■
FL
(484) 808-5908
Digital Contact Information:
cynthiamenardclinton@hotmail.com

Mendez, Gitged, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Mendez Luaces, Luis E, DNP, APRN ■
330 Southwest 27th Avenue
#701
Miami, FL 33135
(305) 363-1880
Digital Contact Information:
http://empowerpsychiatry.net
info@empowerpsychiatry.med
Other Languages Spoken by Provider or Office Staff
Spanish

Mendez, Manuel, MC, LMHC ■
705 East 8th Avenue
201
Hialeah, FL 33010
(786) 655-0774
Digital Contact Information:
healingtouchinc@msn.com

and
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
2387 West 68th Street
301
Hialeah, FL 33016
(786) 655-0774
Digital Contact Information:
healingtouchinc@msn.com

and
3383 Northwest 7th Street
312
Miami, FL 33125
(786) 703-8965
Digital Contact Information:
healingtouchinc@msn.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 695-8672
Digital Contact Information:
healingtouchinc@msn.com

and
3817 West Flagler Street
Miami, FL 33134
(305) 456-2776
Digital Contact Information:
healingtouchinc@msn.com

and
7299 West Flagler Street
Miami, FL 33144
(786) 953-4698
Digital Contact Information:
healingtouchinc@msn.com

and
7360 Southwest 24th Street
17a
Miami, FL 33155
(786) 570-3130
Digital Contact Information:
healingtouchinc@msn.com

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
4155 Southwest 130th Avenue
108
Miami, FL 33175
(786) 695-8672
Digital Contact Information:
healingtouchinc@msn.com

and
14875 Northwest 77th Avenue
Suite 204
Miami Lakes, FL 33014
(786) 321-1400
Digital Contact Information:
healingtouchinc@msn.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mendez, Melonie, EDS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 275-8860
Digital Contact Information:
http://www.abctestingservices.com
frontdesk@abctestingservices.com

Mendez, Rossana, MSW, LCSW ■
11367 Southwest 248th Terrace
Princeton, FL 33032
(786) 879-5355
Digital Contact Information:
http://themind-gym.com
rossanamendezcole@themissingkeyllc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mendez Tamayo, Cynthia M, MS, LMFT ■
7100 SW 99th Ave
Ste 203
Miami, FL 33173
(305) 720-4774
Digital Contact Information:
cynmendez8@gmail.com

and
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
cynmendez8@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mendoza, Liana M, MD ■
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
info@infinitecc.org

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
info@infinitecc.org

and
31 N Krome Ave
Homestead, FL 33030
(786) 481-5909
Digital Contact Information:
http://infinitecompletecare.com
info@infinitecc.org

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
info@infinitecc.org

and
3926 Northwest 167th Street
Miami Gardens, FL 33054
(305) 827-3252
Digital Contact Information:
info@infinitecc.org
Other Languages Spoken by Provider or Office Staff
Spanish

Menendez, Ibis M, MSN, APRN ■
1840 West 49th Street
#404
Hialeah, FL 33012
(305) 828-9980
Digital Contact Information:
empathybhsbilling@gmail.com

and
900 West 49th Street
STE 400
Hialeah, FL 33012
(305) 587-2231
Digital Contact Information:
empathybhsbilling@gmail.com

and
5911 Northwest 173rd Drive
6 6
Hialeah, FL 33015
(786) 380-9229
Digital Contact Information:
empathybhsbilling@gmail.com

and
7590 Northwest 186th Street
109
Hialeah, FL 33015
(305) 688-1700
Digital Contact Information:

empathybhsbilling@gmail.com

and
5590 W 20th Ave
Ste 404
Hialeah, FL 33016
(305) 826-9330
Digital Contact Information:
empathybhsbilling@gmail.com

and
7315 Northwest 36th Street
Miami, FL 33166
(786) 345-7734
Digital Contact Information:
empathybhsbilling@gmail.com

and
12030 Southwest 129th Court
107a
Miami, FL 33186
(305) 432-4032
Digital Contact Information:
empathybhsbilling@gmail.com

and
17325 Northwest 27th Avenue
206 207
Miami Gardens, FL 33056
(786) 822-7270
Digital Contact Information:
empathybhsbilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mercado, Michelle, MSW, LCSW ■
1951 NW 17th Ave
Miami, FL 33125
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla@dadefaily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla@dadefaily.com

Mesa, Dayani, MN, APRN ■
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
https://www.chgpsychiatry.com/
chgpsychiatry@gmail.com

Mieses, Yuberilys, MSCC, LMHC ■
9010 Southwest 137th Avenue
232
Miami, FL 33186
(305) 482-3516
Digital Contact Information:
yuberilys.mieses@yahoo.com

and
9010 Southwest 137th Avenue
Suite 241
Miami, FL 33186
(305) 482-3516
Digital Contact Information:
yuberilys.mieses@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Migoyo, Zulaymis, MS, LMHC ■
19001 Southwest 106th Avenue
c103
Miami, FL 33157
(786) 523-2352
Digital Contact Information:
jpabehavior@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Milian, Monica, MS, LMHC ■
5901 SW 74th St
Ste 412
Miami, FL 33143
(786) 717-5028
Digital Contact Information:
http://www.gablespsychology.com
monica.milian@comcast.net

and
15715 S Dixie Hwy
Ste 303
Miami, FL 33157
(786) 380-5084
Digital Contact Information:
monica.milian@comcast.net

and
9260 Sunset Dr
Ste 201
Miami, FL 33173
(786) 380-5084
Digital Contact Information:
monica.milian@comcast.net

and
9380 Sunset Dr
Ste B238
Miami, FL 33173
(786) 380-5084
Digital Contact Information:
monica.milian@comcast.net

and
10691 Southwest 88th Street
Suite 110
Miami, FL 33176
(786) 380-5084
Digital Contact Information:
monica.milian@comcast.net
Other Languages Spoken by Provider or Office Staff
Spanish

Millares, Giselle, MPSY, LMHC ■
9010 SW 137th Ave
Ste 233
Miami, FL 33186
(786) 236-1323
Digital Contact Information:
gmillares@hcnetwork.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

Miller, Carmen F, MMFT, LMFT ■
15600 Northwest 67th Avenue
204 208
Hialeah, FL 33014
(786) 542-6127
Digital Contact Information:
credentialing@chrysalishealth.com

and
640 W Palm Dr
Ste D
Homestead, FL 33034
(786) 601-7757
Digital Contact Information:
credentialing@chrysalishealth.com

and
640 West Palm Drive
c
Homestead, FL 33034
(305) 793-4701
Digital Contact Information:
credentialing@chrysalishealth.com

and
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com

and
10250 Southwest 56th Street
C202
Miami, FL 33165
(754) 816-5001
Digital Contact Information:
credentialing@chrysalishealth.com

and
10511 Southwest 88th Street
c103
Miami, FL 33176
(786) 530-7427
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Miller, Jennyffer, MD ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
jmiller@orlandorecovery.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
jmiller@orlandorecovery.com

Miller, Mark M, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
aycmarc@mail.com

Miranda-Tourino, Mary, MSW, LCSW ■
12595 Southwest 137th Avenue
STE 110
Miami, FL 33186
(305) 465-9379
Digital Contact Information:
mary.miranda@mymail.barry.edu
Other Languages Spoken by Provider or Office Staff
English, Spanish

Mirtenbaum, Daniel S, PSYD, LP ■
6175 NW 153rd St
Ste 404
Miami Lakes, FL 33014
(305) 558-7400
Digital Contact Information:
credentialing.tifft@gmail.com

Mitchell, Kendall, MS, LMHC ■
4300 Biscayne Boulevard
STE 203
Miami, FL 33137
(727) 732-4305
Digital Contact Information:
billing@tbacgroup.com

Mitchell, Tachianna, MSN, APRN ■
FL
(305) 902-6347
Digital Contact Information:
admin@sparkwg.com

Mizray, Militza I, MD ■
4475 Southwest 8th Street
Coral Gables, FL 33134
(786) 536-2872
Digital Contact Information:
jxross12@gmail.com

and
2500 Northwest 79th Avenue
Suite 191
Doral, FL 33122
(786) 401-7579
Digital Contact Information:
jxross12@gmail.com

and
1840 West 49th Street
304
Hialeah, FL 33012
(786) 803-8596
Digital Contact Information:
jxross12@gmail.com

and
12963 West Okeechobee Road
Unit 1
Hialeah Gardens, FL 33018
(786) 536-9329
Digital Contact Information:
jxross12@gmail.com

and
2311 Northwest 7th Street
Miami, FL 33125
(786) 706-2246
Digital Contact Information:
jxross12@gmail.com

and
8370 W Flagler St
Ste 232
Miami, FL 33144
(786) 803-8517
Digital Contact Information:
jxross12@gmail.com

and
4180 Southwest 74th Court
204
Miami, FL 33155
(786) 401-7327
Digital Contact Information:
jxross12@gmail.com

and
7420 Southwest 48th Street
a
Miami, FL 33155
(786) 755-2615
Digital Contact Information:
jxross12@gmail.com

and
12001 Southwest 128th Court
Suite Suite 104
Miami, FL 33186
(786) 868-0505
Digital Contact Information:
jxross12@gmail.com

and
12485 Southwest 137th Avenue
STE 109
Miami, FL 33186
(786) 592-2748
Digital Contact Information:
jxross12@gmail.com

and
13590 Southwest 134th Avenue
201
Miami, FL 33186
(786) 227-6258
Digital Contact Information:
jxross12@gmail.com

and
5779 Northwest 151st Street
Miami Lakes, FL 33014
(786) 353-2058
Digital Contact Information:
http://miamilakesdoctors.com
jxross12@gmail.com

Modi, Suraj, MD ■
FL
(305) 902-6347
Digital Contact Information:
Not Available

Mompoint, Guy-Claude, MPS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 275-8860
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
English, Haitian

Monestine, Janice B, MSW, LCSW ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

Monette Roulhac, Kareta, MS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 275-8860
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Montanez, Alyssa, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Montero, Ariadna, PSYD, LP ■
7950 W Flagler St
Ste 106
Miami, FL 33144
(305) 269-3900
Digital Contact Information:
http://www.healthymindspsy.com
drgmartinez.psychologist@gmail.com

and
7950 West Flagler Street
Suite 101
Miami, FL 33144
(305) 239-7725
Digital Contact Information:
http://www.healthymindspsy.com
drgmartinez.psychologist@gmail.com

and
FL
(305) 239-7725
Digital Contact Information:
http://www.healthymindspsy.com
drgmartinez.psychologist@gmail.com
Other Languages Spoken by Provider or Office Staff

English, Spanish

Montero, Kenia, MN, APRN ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
http://www.dgphealthandwellness.com
info@healthandwellness.com

and
12964 Southwest 133rd Court
33
Miami, FL 33186
(786) 943-4340
Digital Contact Information:
info@healthandwellness.com

and
FL
(786) 943-4340
Digital Contact Information:
info@healthandwellness.com

and
6750 Southwest 155th Avenue
Miami, FL 33193
(786) 943-4340
Digital Contact Information:
info@healthandwellness.com
Other Languages Spoken by Provider or Office Staff
Spanish

Montgomery, Karon, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
titancbh@gmail.com

Montilla, Claudia A, MS, LMHC ■
8450 Northwest 102nd Avenue
210
Doral, FL 33178
(305) 495-4075
Digital Contact Information:
info@paradisehealthgroup.com

and
5901 Northwest 183rd Street
Suite 264
Hialeah, FL 33015
(786) 418-9790
Digital Contact Information:
https://oasismentalhealthcenter.com
info@paradisehealthgroup.com

and
8591 Northwest South River Drive
Medley, FL 33166
(305) 456-3000
Digital Contact Information:
info@paradisehealthgroup.com

and
4905 Northwest 72nd Avenue
5
Miami, FL 33166
(786) 391-3816
Digital Contact Information:
http://paradisehealthgroup.com
info@paradisehealthgroup.com

and
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
info@paradisehealthgroup.com

and
9125 SW 87th Ave
Miami, FL 33176
(305) 735-3919
Digital Contact Information:
info@paradisehealthgroup.com

and
13335 Southwest 124th Street
STE 101
Miami, FL 33186
(786) 842-3635
Digital Contact Information:
info@paradisehealthgroup.com

and
8100 Northwest 155th Street
100
Miami Lakes, FL 33016
(786) 615-2531
Digital Contact Information:
info@paradisehealthgroup.com

Montpellier, Olga, MMH, LMHC ■
306 Alcazar Avenue
200
Coral Gables, FL 33134
(305) 967-8725
Digital Contact Information:
http://www.ajmmedicalcenter.com
eternitylives24@gmail.com

and
2100 West 76th Street
STE 201
Hialeah, FL 33016
(786) 353-2324
Digital Contact Information:
eternitylives24@gmail.com

and
FL
(786) 353-2324
Digital Contact Information:
eternitylives24@gmail.com

and
7811 Coral Way
103
Miami, FL 33155
(305) 484-8371
Digital Contact Information:
http://www.iq-medical-center.com
eternitylives24@gmail.com

and
3421 SW 107th Ave
Miami, FL 33165
(305) 392-1774
Digital Contact Information:
eternitylives24@gmail.com

and
12955 Southwest 42nd Street
STE 2
Miami, FL 33175
(305) 364-5711
Digital Contact Information:
eternitylives24@gmail.com

and
9010 Southwest 137th Avenue
suite 116
Miami, FL 33186
(305) 639-8685
Digital Contact Information:
eternitylives24@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Moore, Angela L, MSW, PMHNP ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/credentialing@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Moore, Siobhan T, MS, APRN ■
2464 Southwest 22nd Street
Miami, FL 33145
(305) 204-9355
Digital Contact Information:
http://www.ampmentalhealth.com
admin@ampmentalhealth.com

Mora, Brenda, MS, LMHC ■
FL
(786) 488-8103
Digital Contact Information:
http://www.sfacounseling.org
info@sfacounseling.org
Other Languages Spoken by Provider or Office Staff
Spanish

Mora, Joseph J, PHD, LP ■
10621 North Kendall Drive
Suite #203
Miami, FL 33176
(305) 456-6976
Digital Contact Information:
davalos.credentialing@novitams.com

Moradi, Shahrzad, PHD, LP ●
3100 SW 62nd Ave
Miami, FL 33155
(305) 663-8439
Digital Contact Information:
payer.credentialing@nicklaushealth.org

Morales, Alfonso, MSSW, LCSW ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Morales, Beatriz, MS, LMHC, LPC ■
975 Arthur Godfrey Rd
Ste 301
Miami Beach, FL 33140
(786) 315-0387
Digital Contact Information:
bmorales@ibhflorida.com

and
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
http://www.ibhflorida.com
bmorales@ibhflorida.com

and
FL
(305) 816-6300
Digital Contact Information:
http://www.ibhflorida.com
bmorales@ibhflorida.com
Other Languages Spoken by Provider or Office Staff
Spanish

Morales, Edelis, MSN, APRN ■
7951 Southwest 40th Street
suite 200-a
Miami, FL 33155
(786) 244-9911
Digital Contact Information:
lfortun@keraltybh.com

and
FL
(786) 244-9911
Digital Contact Information:
lfortun@keraltybh.com
Other Languages Spoken by Provider or Office Staff
German, Spanish

Morales Gainza, Robert, MSN, APRN ■
7811 Coral Way
106
Miami, FL 33155
(305) 412-0138
Digital Contact Information:
equilibriummhs@gmail.com

and
14221 Southwest 120th Street
Suite 221
Miami, FL 33186
(786) 247-1308
Digital Contact Information:
equilibriummhs@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Morales, Natasha, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com
Other Languages Spoken by Provider or Office Staff Creole

Morales, Odelkys, MS, LMHC ■
151 NW 11th St
Ste W201
Homestead, FL 33030
(786) 521-5925
Digital Contact Information:
http://www.monarchallhealth.com
monarchallhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Morassi, Merceydes, MS, BCBA, LMHC ■
1000 Brickell Avenue
Miami, FL 33131
(954) 325-8558
Digital Contact Information:
help@comprehensivecounselor.org
Other Languages Spoken by Provider or Office Staff
Spanish

More, Iris, MSW, LCSW ■
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
morecounseling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

More, Rosemary, PSYD, LP ■
10691 N Kendall Dr
Ste 105
Miami, FL 33176
(305) 668-6018
Digital Contact Information:
rmorepsyd@cartayamedpsy.net

Moreda-Mendez, Yanet, MSN, APRN ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
http://www.dgphealthandwellness.com
info@kaaficounseling.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
info@kaaficounseling.com
Other Languages Spoken by Provider or Office Staff
Spanish

Moreno, Jesus E, MS, LMHC ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
perla@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla@dadefamily.com

Morgan, Jennifer, MC, LMHC ■
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
wavespsychotherapybilling@gmail.com

and
19300 West Dixie Highway
2 2
Miami, FL 33180
(786) 396-0359
Digital Contact Information:
wavespsychotherapybilling@gmail.com

Moriyon, Milko, MN, APRN ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
yavila@avilahealthgroup.com

and
664 East 25th Street
102
Hialeah, FL 33013
(786) 409-5361
Digital Contact Information:
yavila@avilahealthgroup.com

Morley, Chanrika, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
fl-credentialing@lifestance.com

Morris, Alison R, MS, LMFT ■
17501 Biscayne Boulevard
450
Aventura, FL 33160
(754) 246-4363
Digital Contact Information:
alizoneingroup@gmail.com

Morris, Marsha, MSN, APRN, ARNP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688

Digital Contact Information:
http://happierliving.com
hamza@wisemedsolutions.com
Other Languages Spoken by Provider or Office Staff English

Mortimer, Justin M, MD ■
150 Southeast 2nd Avenue
STE 1010
Miami, FL 33131
(786) 733-0700
Digital Contact Information:
credentail@valuecareclinic.com

and
1501 Biscayne Boulevard
#200
Miami, FL 33132
(786) 652-2450
Digital Contact Information:
credentail@valuecareclinic.com

Mowery, Meghan, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Mueller, Jessica, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Mueser, James A, MS, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
medicalbilling@nyfoundling.org

Muffett, Stephanie, MSED, LMHC ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Mullen, Cindy Cynthia, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
cindytbroker@outlook.com
Other Languages Spoken by Provider or Office Staff English

Mullings, Natalee S, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@caringtherapistsofbroward.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
info@caringtherapistsofbroward.com

and
1504 Bay Road
2003 2003
Miami Beach, FL 33139
(646) 374-2827
Digital Contact Information:
info@caringtherapistsofbroward.com

and
FL
(646) 374-2827
Digital Contact Information:
info@caringtherapistsofbroward.com

Mundt, Eric T, MA, LMFT ■
1175 Northeast 125th Street
320
Miami, FL 33161
(954) 372-0423
Digital Contact Information:
http://www.marriagefamilyservices.com
fodiving@comcast.net

Mungo, Amani Amanda, MA, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
amungoppcc@gmail.com

Muniz, Jose, MSN, APRN ■
6141 Sunset Drive
402
South Miami, FL 33143
(786) 507-8300
Digital Contact Information:
lauraine@linofernandezmd.com
Other Languages Spoken by Provider or Office Staff Spanish

Munoz, Luis, MA, BCBA ■
14707 S Dixie Hwy
Ste 211
Miami, FL 33176
(305) 586-1142
Digital Contact Information:
abaallstars01@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Murphy, Cassandra, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff English, Haitian Creole, Spanish

Nainaparampil, Jaison, MD ■
698 Northeast 1st Avenue
3309 3309
Miami, FL 33132
(305) 929-3057
Digital Contact Information:
http://www.jjnmdllc.com
jaison@jjnmdllc.com

and
FL
(305) 929-3057
Digital Contact Information:
http://www.jjnmdllc.com
jaison@jjnmdllc.com

Nammur, Sarai, MC, LMHC ■
15325 Northwest 60th Avenue
#105
Miami Lakes, FL 33014
(305) 512-5388
Digital Contact Information:
sarai@sarainammur.com
Other Languages Spoken by Provider or Office Staff Spanish

Nankivell, Martina, PA, PA_C ■
4300 Biscayne Boulevard
STE 203
Miami, FL 33137
(877) 400-0540
Digital Contact Information:
https://forallmentalhealth.com
info@forallmentalhealth.com
Other Languages Spoken by Provider or Office Staff Spanish

Napoles, Arlet, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Creole, Spanish

Napoles Garcia, Amed, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff Spanish

Nasserzare, Jahanbakhsh, MD ■
1380 Northeast Miami Gardens Drive
Suite 140
Miami, FL 33179
(305) 940-0064
Digital Contact Information:
jnasserzaremd@gmail.com
Other Languages Spoken by Provider or Office Staff German, Farsi

Nava Urdaneta, Mariangela, PSYD, LP ■
7600 South Red Road
127
South Miami, FL 33143
(786) 508-2207
Digital Contact Information:
http://www.lunapsychology.com
angelo@lunapsychology.com

and
7600 South Red Road
200
South Miami, FL 33143
(786) 508-2207
Digital Contact Information:
http://www.lunapsychology.com
angelo@lunapsychology.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Navarrete, Thais, MMFT, LMFT ●
12150 Southwest 128th Court
136
Miami, FL 33186
(305) 562-8804
Digital Contact Information:
thais@thaisnavarrete.com
Other Languages Spoken by Provider or Office Staff Spanish

Nazon, Marc, MA, LMFT ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Nazzaro, Karline R, MSED, BCBA ■
9425 Southwest 72nd Street
164
Miami, FL 33173
(305) 279-2286
Digital Contact Information:
k.nazzaro@protonmail.com

Nelson, Jennifer D, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Nesci, Jacqueline C, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(305) 395-5978
Digital Contact Information:
Not Available

and
FL
(305) 395-5978
Digital Contact Information:
Not Available

Nesic, Natasha, MC, LMHC ■
951 Northeast 167th Street
102c
North Miami Beach, FL 33162
(786) 333-9097
Digital Contact Information:
info@mentalhealthandarttherapy.com
Other Languages Spoken by Provider or Office Staff English, Croatian, Bosnian, Serbian

Nesterenko, Yulia, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com

Newbold, Portia J, MSCC, LMHC ■
1469 NW 36th St
Miami, FL 33142
(305) 635-7444
Digital Contact Information:
mstoker@nhcmhc.org

Newkirk, Sherri L, MSW, LCSW ■
1951 NW 7th Ave
Fl 3
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com

and
1951 Northwest 7th Avenue
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com

and
FL
(305) 902-6347
Digital Contact Information:
http://www.bebravehealth.com
credentialing@bebravehealth.com

Newman, Steven D, PSYD, LP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
steve@drstevenewman.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
steve@drstevenewman.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
steve@drstevenewman.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
steve@drstevenewman.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
steve@drstevenewman.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
steve@drstevenewman.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
steve@drstevenewman.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
steve@drstevenewman.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
steve@drstevenewman.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
steve@drstevenewman.com
Other Languages Spoken by Provider or Office Staff English

Ngandjo Yepndjouo, Sariette, MSN, APN, APRN, NP ■
FL
(305) 902-6347
Digital Contact Information:
brandy.marriner@geodehealth.com
Other Languages Spoken by Provider or Office Staff French

Nichols, Janice, MSW, LCSW, LICSW, LISW-CP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(866) 478-3978
Digital Contact Information:
birches@withassured.com

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(833) 322-0977
Digital Contact Information:
http://www.joinmonument.com
birches@withassured.com

and
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
birches@withassured.com

Nightingale, Atara, PA, PA_C ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
http://www.compasshealthsystem.com
credentialing@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystem.com
credentialing@compass.md

and
FL
(305) 891-0050
(305) 279-5535
(954) 771-7743
(954) 447-0010
(561) 752-9490
Digital Contact Information:
http://www.compasshealthsystem.com
credentialing@compass.md
Other Languages Spoken by Provider or Office Staff
Hebrew

Nodal, Alina C, MD ■
5951 NW 173rd Dr
B-7
Hialeah, FL 33015
(305) 557-1030
Digital Contact Information:
dr.alinanodal@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Nodal, Idalmis, MC, LMHC ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
tmedina@hbccmhc.com
Other Languages Spoken by Provider or Office Staff English

Nodarse, Linette, MPSY, LMHC ■
6625 Miami Lakes Drive
448
Miami Lakes, FL 33014
(305) 779-8565
Digital Contact Information:
http://www.comprehensive-assessment.com
lnodarselmhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Noel, Natacha, EDS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
lisette@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Norelus, Ekiuwa, MSW, LCSW ■
FL
(786) 655-7300
Digital Contact Information:
http://www.noreluscounseling.com
noreluscounseling@gmail.com

Novales, Rosabel, MS, LMHC ■
2500 Northwest 79th Avenue
Suite 211
Doral, FL 33122
(786) 675-8650
Digital Contact Information:
ymbehavioralhealth@gmail.com

and
Home Based Services Only
Doral, FL 33122
(786) 675-8650
Digital Contact Information:
ymbehavioralhealth@gmail.com

and
782 Northwest 42nd Avenue
Suite 4
Miami, FL 33126
(786) 337-0885
Digital Contact Information:
ymbehavioralhealth@gmail.com

and
Home Based Services Only
Miami Lakes, FL 33016
(786) 622-5743
Digital Contact Information:
ymbehavioralhealth@gmail.com

Novoa, Trilce, MSCC, LMHC ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
solutiondrivenconsulting@gmail.com

Nunez, Aixa, MSW, LCSW ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 334-8099
Digital Contact Information:
credentialing@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com

and
12030 Southwest 129th Court
206
Miami, FL 33186
(305) 432-4032
Digital Contact Information:
credentialing@behavioralaid.com

Nunez, Patricia V, MS, LMHC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com
Other Languages Spoken by Provider or Office Staff
Spanish

Nunez, Sandra, MSW, LCSW ■
13205 Southwest 137th Avenue
Miami, FL 33186
(786) 290-9192
Digital Contact Information:
pcecofmiami@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Nwakudu, Chiedza, DNP, APN ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@natobehealthcare.com

O'Farrill-Berges, Betsy, MS, LMFT ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

O'Neill, Gloria M, MSN, APRN ■
7855 Northwest 52nd Street
Doral, FL 33166
(305) 450-9651
Digital Contact Information:
info@rushcredentialing.com

Occean, Andrelita, MMH, LCMHC ■
7950 W Flagler St
Ste 106
Miami, FL 33144
(305) 269-3900
Digital Contact Information:
drgmartinez.psychologist@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Creole, French

Occelus, Ranovy, MSN, APRN, APRNCNP, NP ■
FL
(508) 202-1011
Digital Contact Information:
credentialing@sevenstarling.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@sevenstarling.com
Other Languages Spoken by Provider or Office Staff English

Odum, Lesli S, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
leslie.odum@gmail.com

Ogugua, Adeola A, MSN, APRN, NP ■
FL
(305) 902-6347
Digital Contact Information:
hr.credentialing@sohomd.com
Other Languages Spoken by Provider or Office Staff English

Okolo Miles, Sada, MA, LMHC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
s.n.okolo_associates@outlook.com

Oliva, Ivan, MSN, APRN ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
olivaob91@gmail.com

Oliva, Michael, MSN, APRN ■
FL
(786) 564-0426
(321) 399-2899
Digital Contact Information:
info@mavaorg.com

Oliva-Garcia, Isbell, MS, ABA, LMHC ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
FL
(305) 303-6631
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Olszanski, Leandro, EDM, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
lolszanski@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Onusuru, Vitus M, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ca-credentialing@lifestance.com

Opie, Melissa, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Ordover, Samantha, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
English, Gujarati, Haitian Creole, Haitian, Spanish

Orfao-Martin, Claudia, MSW, LICSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
mollymar@yahoo.com
Other Languages Spoken by Provider or Office Staff
Portuguese, English

Orin, Ramon S, MA, LMHC ■
12030 Southwest 129th Court
Suite 211
Miami, FL 33186
(305) 639-8760
Digital Contact Information:
rorin31@bellsouth.net

and
12360 Southwest 132nd Court
STE 202
Miami, FL 33186
(786) 250-3396
Digital Contact Information:
rorin31@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Ortega, Melissa, MPSY, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
melissaortegams@gmail.com

and
12485 Southwest 137th Avenue
STE 212
Miami, FL 33186
(305) 998-8060
Digital Contact Information:
melissaortegams@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ortega-Goggins, Enid, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole, Spanish

Ortiz, Eyleen, DED, BCBA-D ■
224 Washington Avenue
2
Homestead, FL 33030
(305) 704-0506
Digital Contact Information:
info@cleverkidsbehavioralservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ortiz Villegas, Yenitza I, MS, LMHC ■
2828 Coral Way
560
Coral Gables, FL 33145
(786) 238-7298
Digital Contact Information:
yortizlmhc@gmail.com

and
3785 Northwest 82nd Avenue
117
Doral, FL 33166
(786) 238-7321
(786) 238-7298
Digital Contact Information:
yortizlmhc@gmail.com

and
FL
(786) 238-7321
(786) 238-7298
Digital Contact Information:
yortizlmhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Orue, Isis, CD, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Osborne, Michael, BA, CADC-II ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
kjohnson@tanner.org

and
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
https://www.emorahealth.com/
kjohnson@tanner.org

Osher, Carol, MSSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Overholt, Kristen P, MSCC, LMHC ■
2600 S Douglas Rd
Ste 1003
Coral Gables, FL 33134
(305) 445-0477
Digital Contact Information:
ana@coralgablescounseling.com

Pacios, Greter, MSN, APRN ■
13370 Southwest 131st Street
Suite 110
Miami, FL 33186
(786) 250-4571
Digital Contact Information:
infogarciahs@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Padilla, Americo F, MD ■
3100 SW 62nd Ave
Miami, FL 33155
(305) 666-6511
Digital Contact Information:
americo.padilla@nicklaushealth.org

and
3100 SW 62nd Ave
Fl 2
Miami, FL 33155
(786) 624-5747
Digital Contact Information:
americo.padilla@nicklaushealth.org

and
8955 SW 87th Ct
Ste 112
Miami, FL 33176
(305) 722-7210
Digital Contact Information:
americo.padilla@nicklaushealth.org
Other Languages Spoken by Provider or Office Staff
Spanish

Padro, Mariela T, MD ■
975 Arthur Godfrey Road
Ste 302
Miami Beach, FL 33140
(305) 456-1014
Digital Contact Information:
http://www.mindandsoultherapy.org
padromd@mindandsoultherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Padron, Adis E, MS, LMHC ■
1840 West 49th Street
304
Hialeah, FL 33012
(786) 803-8596
Digital Contact Information:
fl-credentialing@lifestance.com

and
13205 Southwest 137th Avenue
206 208
Miami, FL 33186
(786) 592-2063
Digital Contact Information:
fl-credentialing@lifestance.com

and
14645 Northwest 77th Avenue
101
Miami Lakes, FL 33014
(833) 769-3524
Digital Contact Information:
http://lifestance.com
fl-credentialing@lifestance.com
Other Languages Spoken by Provider or Office Staff
Spanish

Padron, Solangel, PSYD, BCBA ■
3025 Northwest 11th Street
Miami, FL 33125
(786) 715-3175
Digital Contact Information:
http://brightsidebehavioralcenter.com
padronsolangel@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 715-3175
Digital Contact Information:
padronsolangel@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Padron, Yudit, MSN, APRN ■
5190 Northwest 167th Street
201
Hialeah, FL 33014
(305) 705-4289
Digital Contact Information:
information@dadefamilly.com

and
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
information@dadefamilly.com

and
7821 Coral Way
100
Miami, FL 33155
(786) 409-5690
Digital Contact Information:
information@dadefamilly.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
information@dadefamilly.com

and
13226 SW 8th St
Miami, FL 33184
(786) 518-3353
Digital Contact Information:
information@dadefamilly.com

Page Stone, Kimberly, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
info@healingplaceccc.org

Palamara, Sherry A, PSYD, LP ■
3105 Northwest 107th Avenue
Suite: 400
Doral, FL 33172
(305) 920-3921
Digital Contact Information:
shpalamara@aol.com

and
10305 NW 41st St
Ste 205
Doral, FL 33178
(305) 994-7420
Digital Contact Information:
shpalamara@aol.com

and
407 Lincoln Rd
Ste 6L
Miami Beach, FL 33139
(305) 994-7420
Digital Contact Information:
shpalamara@aol.com

Palenque, Yoni R, MSN, APRN ■
2000 Northwest 87th Avenue
Suite 201
Doral, FL 33172
(954) 561-6222
Digital Contact Information:
info@ventremedical.com

and
5901 Southwest 74th Street
408
Miami, FL 33143
(305) 735-3555
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Palermo, Brittany, MSN, APNP, APRN, APRNCNP, CRNP, NP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
brittany.palermo@chenaltherapy.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com
Other Languages Spoken by Provider or Office Staff English

Pandini, Heli, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
credentialing@thriveworks.com

Pando, Ana M, PHD, LMHC, LSP ■
3400 Coral Way
Ste 401
Miami, FL 33145
(305) 567-1155
Digital Contact Information:
asharedvision@bellsouth.net

and
3400 Coral Way
Ste 402
Miami, FL 33145
(305) 567-1155
Digital Contact Information:
asharedvision@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Parashar, Sunil D, MD ■
3323 Northeast 163rd Street
North Miami Beach, FL 33160
(989) 583-6800
Digital Contact Information:
rachel.johnson@curemd.com

Paris, Emilia, MC, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com
Other Languages Spoken by

Provider or Office Staff
Spanish

Parodi, Laura, MPSY, LMFT ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
bravosmentalhealthcare@gmail.com

and
2100 West 76th Street
#209
Hialeah, FL 33016
(786) 201-1088
Digital Contact Information:
bravosmentalhealthcare@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pastori, Farah G, MSN, APRN, NP ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Patsicostas, Susan, MS, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
strive@strivementalhealthllc.com

Patterson, Elizabeth A, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
billing@ddsistems.com

Patterson, Trakeeta A, MSW, LCSW ■
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
dreamagainservices@gmail.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
dreamagainservices@gmail.com

Paul, Michelle J, MN, APRN ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Paula Jorge, Lynette D, MSN, APRN ■
8323 Northwest 12th Street
108
Doral, FL 33126
(305) 400-8511
Digital Contact Information:
http://www.cbhwestcoast.com
info@cbhwestcoast.com

Payne, Kurt, CD, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Paz Quintero, Leslie, MS, BCBA, LMFT ■
Home Based Services Only
Hialeah, FL 33010
(305) 280-5730
Digital Contact Information:
sucel.tejeda@abaofswf.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 280-5730
Digital Contact Information:
sucel.tejeda@abaofswf.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pelaez Munsey, Sandra R, MSN, APRN ■
8323 Northwest 12th Street
Ste 206
Doral, FL 33126
(305) 373-3424
Digital Contact Information:
drasimnisar@gmail.com

and
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
drasimnisar@gmail.com

and
2300 West 84th Street
Ste 601
Hialeah, FL 33016
(305) 363-4001
Digital Contact Information:
drasimnisar@gmail.com

and
2311 Northwest 7th Street
Miami, FL 33125
(786) 789-6021
Digital Contact Information:
drasimnisar@gmail.com

and
7921 Bird Rd
Ste 41
Miami, FL 33155
(305) 425-1393
Digital Contact Information:
drasimnisar@gmail.com

and
7971 Bird Road
15
Miami, FL 33155
(786) 504-5620
Digital Contact Information:
drasimnisar@gmail.com

and
7001 SW 97th Ave
Ste 206
Miami, FL 33173
(786) 294-0123
Digital Contact Information:
https://www.chgpsychiatry.com/
drasimnisar@gmail.com

and
7001 Southwest 97th Avenue
206a
Miami, FL 33173
(305) 373-3424
Digital Contact Information:
https://www.chgpsychiatry.com/
drasimnisar@gmail.com

and
13706 Southwest 56th Street
STE 105-106
Miami, FL 331756036
(786) 523-4289
Digital Contact Information:
drasimnisar@gmail.com

and
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
drasimnisar@gmail.com

and
5391 Northwest 36th Street
Miami Springs, FL 33166
(305) 418-0580
Digital Contact Information:
drasimnisar@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pellot, Gladys J, MS, LMHC ■
31 N Krome Ave
Homestead, FL 33030
(786) 481-5909
Digital Contact Information:
http://www.infinitecompletecare.com
info@infinitecc.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

Peluso, Mark, MSW, LCSW ■
66 W Flagler St
900
Miami, FL 33130
(786) 244-7690
Digital Contact Information:
http://provider.growtherapy.com/search
mark.humanup@gmail.com

Pena, Edgar, MS, LMHC ■
1354 Washington Avenue
221
Miami Beach, FL 33139
(305) 766-8064
Digital Contact Information:
http://www.mbbehavioralhealth.com
mbbehavioralhealth1@yahoo.com

and
15495 Eagle Nest Lane
STE 215
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
mbbehavioralhealth1@yahoo.com

and
6600 Cow Pen Road
250
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
mbbehavioralhealth1@yahoo.com

and
215 Westward Dr
Miami Springs, FL 33166
(305) 887-4494
Digital Contact Information:
mbbehavioralhealth1@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pena, Francisco, MMH, LMHC ■
FL
(786) 536-9714
Digital Contact Information:
http://www.abc4s.com
admin@abc4s.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pena Garcia, Ibis, PSYD, LP ■
8200 Northwest 41st Street
135
Doral, FL 33166
(305) 599-2111
Digital Contact Information:
cdps.doral@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pena Pacheco, Nariel, MSN, APRN ■
18901 Southwest 106th Avenue
229
Miami, FL 33157
(786) 506-9008
Digital Contact Information:
advancecommunity71@gmail.com

and
10031 Southwest 40th Street
Miami, FL 33165
(786) 442-9628
Digital Contact Information:
advancecommunity71@gmail.com

Pena Perez, Astrid E, MC, LMHC ■
FL
(786) 975-9866
Digital Contact Information:
astridpena.mhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Penaranda, Yohan, MS, LMHC ■
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
http://brightsyhealthfl.com
brightsyhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Peralbo Perez, Juan V, MSN, APRNPMH ■
15935 Northwest 57th Avenue
Hialeah, FL 33014
(786) 953-5506
Digital Contact Information:
jessica@sanmiguelwellnesscenter.com

and
12030 Southwest 129th Court
107a
Miami, FL 33186
(305) 432-4032
Digital Contact Information:
jessica@sanmiguelwellnesscenter.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Peraza Llanes, Alexander, MSN, APRN ■
2000 Northwest 87th Avenue
Suite 201
Doral, FL 33172
(954) 561-6222
Digital Contact Information:
info@ventremedical.com

and
5901 Southwest 74th Street
408
Miami, FL 33143
(305) 735-3555
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perdomo, Marlen, MS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Pereira, Zamira, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Spanish

Perera, Mirbelys, MD ■
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez Arias, Yanet, MSN, APRN ■
14201 Southwest 120th Street
suite 110
Miami, FL 33186
(786) 238-7492
Digital Contact Information:
https://mitierramedicalgroup.com
office@mitierramedicalgroup.com

Perez, Claudia, MMH, BCBA ■
Home Based Services Only
Miami, FL 33155

(786) 262-5559
Digital Contact Information:
namastebehaviortherapy@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Perez, Elisaul, MS, LMHC ■
FL
(305) 399-5900
Digital Contact Information:
therapeutic.taps@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Guadalupe, MS, LMHC ■
7875 SW 104th St
Ste 101
Miami, FL 33156
(305) 899-1587
Digital Contact Information:
http://www.jcsfl.org
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Jesus, PSYD, LP ■
215 Westward Dr
Miami Springs, FL 33166
(305) 887-4494
Digital Contact Information:
perez_29993@msn.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez Llanes, Michel, MSN, NP, PMHNP ■
FL
(305) 902-6347
Digital Contact Information:
start@bebravehealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Nelson M, MS, LMHC ■
2500 Northwest 79th Avenue
Suite 227
Doral, FL 33122
(305) 456-9396
Digital Contact Information:
info@jagcommunityhealth.com

and
10200 Northwest 25th Street
211
Doral, FL 33172
(305) 381-0346
Digital Contact Information:
info@jagcommunityhealth.com

and
1840 West 49th Street
Ste 408
Hialeah, FL 33012
(305) 603-9202
Digital Contact Information:
info@jagcommunityhealth.com

and
10300 Southwest 72nd Street
250b
Miami, FL 33173
(787) 433-7751
Digital Contact Information:
info@jagcommunityhealth.com

and
9350 Southwest 72nd Street
105
Miami, FL 33173
(786) 401-7579
Digital Contact Information:
info@jagcommunityhealth.com

and
FL
(786) 607-2257
Digital Contact Information:
http://www.harmonyhealth.com
info@jagcommunityhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Rosbel, MSN, APRN ■
8532 Southwest 8th Street
STE 290
Miami, FL 33144
(786) 927-8048
Digital Contact Information:
http://www.icaremh.com
dovebehavioralhealth@gmail.com

Perez Verdecia, Frank, PSYD, LP ■
2020 Ponce de Leon
Suite 1201
Miami, FL 33134
(305) 917-5414
Digital Contact Information:
perezverdecia@psychologybeyond.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Victoria, MSW, LCSW ■
12540 Southwest 8th Street
Miami, FL 33184
(305) 705-6840
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Perez-Carrion, Jessenia, PSYD, LCP ■
100 NE 15th St
Ste 101D
Homestead, FL 33030
(833) 779-8646
Digital Contact Information:
perezc.jessenia@gmail.com

and
FL
(486) 499-5327
Digital Contact Information:
https://www.healinghavenpsychology.com/
perezc.jessenia@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez-Castro, Josefina, MSW, LCSW ■
5001 SW 74th Ct
Ste 104
Miami, FL 33155
(305) 663-0013
Digital Contact Information:
anagabilling@gmail.com

and
6955 NW 77th Ave
Ste 401
Miami, FL 33166
(305) 663-0013
Digital Contact Information:
anagabilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez-Pacheco, Robinson A, MSW, LCSW ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com

Perez-Ritter, Massiel, MS, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
massielps23@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perlowin, Paulette G, MSN, ARNP ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com

Perrin, Miriam, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
redentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Peskin, Abigail, PHD, LP ■
1601 NW 12th Ave
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
admin@aliciasplace.org

Pettus, Tenisha, PHD, LMFT ■
FL
(786) 724-4224
Digital Contact Information:
admin@vita-cog.com

Pettyjohn, Sarah, MSW, LCSW ●
804 Northwest 21st Terrace
Suite 203
Miami, FL 33127
(305) 563-3136
Digital Contact Information:
http://myperspectivecounseling.com
deanna.rogers112@gmail.com

Phillips, Kia, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
payors@emorahealth.com

Phillips, Meghan A, MS, LCSW ■
14645 Northwest 77th Avenue
101
Miami Lakes, FL 33014
(833) 769-3524
Digital Contact Information:
http://lifestance.com
fl-credentialing@lifestance.com

Philogene, Ronald D, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
rdphilogene@gmail.com
Other Languages Spoken by Provider or Office Staff Creole

Philogene, Sherline, MSN, APRN ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
credentialing@pscpalmbeach.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
credentialing@pscpalmbeach.com

Pierre, Urmene, DNP, APRN ■
510 Northwest 98th Street
Miami, FL 33150
(754) 266-5509
Digital Contact Information:
info.goodshepherd20@gmail.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, French

Pierre-Louis, Nicole, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Pillow, Bailey, MED, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Pimentel, Monica, MSN, APRN, PMHNP ■
FL
(305) 509-8686
(407) 462-1254
Digital Contact Information:
http://www.brighter-you.com
info@brighter-you.com

Pino, Fernando, MD ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
fpinomd@gmail.com

and
7700 Southwest 88th Street
503
Miami, FL 33156
(305) 595-1949
Digital Contact Information:
fpinomd@gmail.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
fpinomd@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pino, Leydis, PSYD, BCBA, LCP ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 317-4478
Digital Contact Information:
https://crystalabatherapy.com/
services@cmnbtherapy.com

and
1000 Brickell Avenue
Miami, FL 33131
(754) 234-0643
Digital Contact Information:
services@cmnbtherapy.com

and
9502 Southwest 166th Court
Miami, FL 33196
(754) 234-0643
Digital Contact Information:
services@cmnbtherapy.com

Pino Paez, Marielys, MC, LMHC ■
1665 West 68th Street
208
Hialeah, FL 33014
(305) 519-2546
Digital Contact Information:
childrensbehavioralint@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pinzon-Nino, Maria, MC, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Pitt, Samantha, MSN, APRN ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Pittman, June, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Creole, Haitian, Spanish

Placil, Sainfonie, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com

and
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Sign Lang Amer, Spanish

Plasencia, Belkis, MSN, APRN ■
7921 Bird Rd
Ste 41
Miami, FL 33155
(305) 425-1393
Digital Contact Information:
ynhcsaba@gmail.com

and
7971 Bird Road
39
Miami, FL 33155
(786) 910-7179
Digital Contact Information:
ynhcsaba@gmail.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
ynhcsaba@gmail.com

and
7001 SW 97th Ave
Ste 206
Miami, FL 33173
(786) 294-0123
Digital Contact Information:
https://www.chgpsychiatry.com/
ynhcsaba@gmail.com

and
9425 Southwest 72nd Street
Suite 251
Miami, FL 33173
(305) 305-6573
Digital Contact Information:
ynhcsaba@gmail.com

and
13706 Southwest 56th Street
STE 105-106
Miami, FL 331756036
(786) 523-4289
Digital Contact Information:
ynhcsaba@gmail.com

and
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
ynhcsaba@gmail.com

and
13335 Southwest 124th Street
STE 101
Miami, FL 33186
(786) 842-3635
Digital Contact Information:
ynhcsaba@gmail.com

and
13501 Southwest 128th Street
STE 114
Miami, FL 33186
(786) 250-3440
Digital Contact Information:
ynhcsaba@gmail.com

and
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
ynhcsaba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pola, Lourdes E, PHD, LP ■
1840 W 49th St
Ste 306
Hialeah, FL 33012
(305) 826-9293
Digital Contact Information:
lourdespola@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pollas, Landy F, MSN, APRN, NP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
lgoswami@essenmed.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
lgoswami@essenmed.com

Pollock, Kimberly A, MSW, LCSW ■
FL
(305) 902-6347
(202) 410-5972
Digital Contact Information:
https://bebravehealth.com/
help@joinuplift.co

Ponce, Juan, MSN, APRN ■
8323 Northwest 12th Street
108
Doral, FL 33126
(305) 400-8511
Digital Contact Information:
http://www.cbhwestcoast.com
info@cbhwestcoast.com

and
180 Northwest 62nd Street
Miami, FL 33150
(786) 360-5625
Digital Contact Information:
info@cbhwestcoast.com

and
13501 Southwest 128th Street
Suite 112
Miami, FL 33186
(786) 732-2383
Digital Contact Information:
info@cbhwestcoast.com

and
FL
(786) 803-8826
Digital Contact Information:
https://amorementalhealthcorp.com
info@cbhwestcoast.com

and
15305 Northwest 60th Avenue
Ste 100
Miami Lakes, FL 33014
(786) 536-7561
Digital Contact Information:
info@cbhwestcoast.com

and
13886 West Dixie Highway
North Miami, FL 33161
(786) 360-5625
Digital Contact Information:
info@cbhwestcoast.com

Porras, Maria, MS, LMHC ■
6175 NW 153rd St
Ste 404
Miami Lakes, FL 33014
(305) 558-7400
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Porrata, Yenny, MN, APRN ■
1840 West 49th Street
suite 717
Hialeah, FL 33012
(308) 854-7952
Digital Contact Information:
yennypo62@gmail.com

and
FL
(308) 854-7952
Digital Contact Information:
yennypo62@gmail.com

and
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
http://www.miamipersonalmanagement.com
yennypo62@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Porter, J'Briel E, MSW, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
admin@itsofok.com
Other Languages Spoken by Provider or Office Staff
Chinese, Urdu, Spanish, Hindi

Portillo, Cimelitza, MMH, LMHC ■
9425 SW 72nd St
Ste 265
Miami, FL 33173
(305) 279-8400
Digital Contact Information:
safeharbormha@att.net

Posada, Stephanie, MMH, LMHC ■
2500 Southwest 107th Avenue
41
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
lgomez@abcsfl.com

and
FL
(786) 615-3334
Digital Contact Information:
lgomez@abcsfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Poviones Garbalosa, Rosa M, MSN, ARNP ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
jfmhpartners@gmail.com

and
8200 SW 117th Ave
Ste 202
Miami, FL 33183
(305) 274-9206
Digital Contact Information:
jfmhpartners@gmail.com

and
14400 Northwest 77th Court
#100
Miami Lakes, FL 33016
(786) 916-6073
Digital Contact Information:
jfmhpartners@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Powell, Mary, MSN, ARNP ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
mpowell@nextgenerationvillage.com

Power, Vanessa, MSW, LCSW ■
FL
(888) 339-9404
Digital Contact Information:
https://180healthpartners.com
credentialing@sagesocialservices.com

Pozo, Darinka, MSN, APRN ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Prado, Haydee, PSYD, LP ■
8550 W Flagler St
Ste 105
Miami, FL 33144
(305) 551-5787
Digital Contact Information:
haydeeprado@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Prado, Javier M, MD ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
jprado@wfhcfl.org
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Presken, Gessica, MS, LMHC ■
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
admin@lotuscounseling.com

and
FL
(831) 920-7907
Digital Contact Information:
http://www.mammha.com
admin@lotuscounseling.com

and
2999 NE 191st St
Miami, FL 33180
(305) 915-5748
Digital Contact Information:
admin@lotuscounseling.com

Preval, Falicia, MC, LMHC ■
1031 Ives Dairy Rd
Ste 228
Miami, FL 33179
(786) 320-5559
Digital Contact Information:
faliciap@aol.com

and
1031 Ives Dairy Road
Miami, FL 33179
(786) 627-3321
Digital Contact Information:
faliciap@aol.com

and
1001 North Miami Beach Boulevard
North Miami Beach, FL 33162
(786) 320-5559
Digital Contact Information:
faliciap@aol.com

Price, Janice, MSW, LCSW ■
1469 NW 36th St
Miami, FL 33142
(305) 635-7444
Digital Contact Information:
mstoker@nhcmhc.org

Prieto, Glenn C, MS, LMHC ■
10994 Southwest 184th Street
Cutler Bay, FL 33157
(305) 964-5530
Digital Contact Information:
kinitrohealth@gmail.com

and
FL
(305) 964-5530
Digital Contact Information:
kinitrohealth@gmail.com

Puech, Andrea, MS, LMHC ■
5001 SW 74th Ct
Ste 104
Miami, FL 33155
(305) 663-0013
Digital Contact Information:
http://www.anagapsychotherapy.com
puech5@gmail.com

and
6955 NW 77th Ave
Ste 401
Miami, FL 33166
(305) 663-0013
Digital Contact Information:
puech5@gmail.com
Other Languages Spoken by Provider or Office Staff
English, French, Spanish

Pujula, Yolanda, MS, LMFT ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
westmiamicmhc@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Pyritz, Beth, MA, LMHC ■
FL

(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Quann, Aaron, MS, LMHC ■
FL
(305) 902-6347
(909) 442-0618
(202) 410-5972
Digital Contact Information:
http://www.joinuplift.co
help@joinuplift.co

Quevedo, Katia, PSYD, LP ■
6955 Northwest 77th Avenue
310
Miami, FL 33166
(786) 558-5637
Digital Contact Information:
recoverybehavioral@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Quinonez Meza, Javier, MSN, APRN ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Quintana, Amauri A, DNP, APRN ■
1000 Brickell Avenue
Miami, FL 33131
(786) 238-7364
Digital Contact Information:
abdullah@sixequation.com

and
1 NE 167th St
Miami, FL 33162
(305) 947-7133
Digital Contact Information:
abdullah@sixequation.com

and
2646 Southwest 87th Avenue
Miami, FL 33165
(305) 947-7133
Digital Contact Information:
abdullah@sixequation.com

Quintana, Noelia M, MD, LMHC ■
8725 Northwest 18th Terrace
Suite 202
Doral, FL 33172
(305) 487-2532
Digital Contact Information:
office@mitierramedicalgroup.com

and
3750 West 16th Avenue
104
Hialeah, FL 33012
(305) 200-5648
Digital Contact Information:
office@mitierramedicalgroup.com

and
1150 Northwest 72nd Avenue
350
Miami, FL 33126
(786) 228-7801
Digital Contact Information:
office@mitierramedicalgroup.com

and
1150 Northwest 72nd Avenue
540
Miami, FL 33126
(786) 228-7801
Digital Contact Information:
office@mitierramedicalgroup.com

and
14201 Southwest 120th Street
suite 110
Miami, FL 33186
(786) 238-7492
Digital Contact Information:
https://mitierramedicalgroup.com
office@mitierramedicalgroup.com

and
14221 Southwest 120th Street
223
Miami, FL 33186
(786) 690-2296
Digital Contact Information:
office@mitierramedicalgroup.com

and
14261 Southwest 120th Street
Suite #113
Miami, FL 33186
(786) 558-4169
Digital Contact Information:
https://mitierramedicalgroup.com
office@mitierramedicalgroup.com
Other Languages Spoken by Provider or Office Staff English

Quintana, Yanexi, MS, LMHC ■
FL
(305) 520-9686
Digital Contact Information:
healthymindscounselingllc13@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Quintanilla, Claudia, MS, LMHC ■
FL
(786) 258-8499
Digital Contact Information:
http://www.virtual-counseling.com
service@virtual-counseling.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Quintero, Lari J, MSN, APRN, PMHNP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
info@bloommhw.com

Raad, Raymond, MD ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Rabinowitz, Carla, MMFT, LMFT ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
soflotherapygroup@gmail.com

and
13205 Southwest 137th Avenue
STE 132
Miami, FL 331865334
(754) 269-5304
Digital Contact Information:
http://dominguezcommunitycenter.com
soflotherapygroup@gmail.com

and
975 Arthur Godfrey Rd
Ste 301
Miami Beach, FL 33140
(786) 315-0387
Digital Contact Information:
soflotherapygroup@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Radulich, Mark, MSW, LCSW ■
FL
(305) 902-6347
(202) 410-5972
Digital Contact Information:
help@joinuplift.co

Rahming, Devonne, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Raiford, Sally T, MACP, LMFT ■
150 Alhambra Circle
Floor 10
Coral Gables, FL 33134
(786) 800-3374
Digital Contact Information:
sallie354@yahoo.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
sallie354@yahoo.com

Ramirez, Lisandra, MMH, LMHC ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
primementalcare24@gmail.com

and
15260 Southwest 280th Street
113 114
Homestead, FL 33032
(305) 998-7885
Digital Contact Information:
primementalcare24@gmail.com

and
3446 Southwest 8th Street
217
Miami, FL 33135
(786) 769-5046
Digital Contact Information:
primementalcare24@gmail.com

and
2915 Biscayne Boulevard
Suite 300-4
Miami, FL 33137
(786) 398-4747
Digital Contact Information:
primementalcare24@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ramirez-Velasquez, Karla D, MS, LMHC ■
3785 Northwest 82nd Avenue
117
Doral, FL 33166
(786) 238-7321
Digital Contact Information:
http://www.kydsmiamitherapy.com
kramirezpsychotherapy@gmail.com

and
FL
(786) 238-7321
Digital Contact Information:
http://www.kydsmiamitherapy.com
kramirezpsychotherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ramos, Cristina, MA, LMFT, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
admin@wellmindedcounseling.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ramos, Paola, MC, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com

Rankin, Lidice, MSN, APRN ■
2691 Northeast 2nd Avenue
Miami, FL 33137
(305) 576-6611
Digital Contact Information:
Not Available

and
3000 Biscayne Blvd
Fl 5
Miami, FL 33137
(305) 576-6611
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Rashid, Rokshana, MC, LMHC ■
FL
(786) 233-6721
Digital Contact Information:
info@managedmentalhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ravitz, Casey, PHD, LP ■
7600 South Red Road
200
South Miami, FL 33143
(786) 508-2207
Digital Contact Information:
http://www.lunapsychology.com
admin@lunapsychology.com

Ray, Jeffrey L, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
jraylmhc@icloud.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
jraylmhc@icloud.com

Reeves, Margaret, PHD, LMHC ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
mreeves2005@aol.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
mreeves2005@aol.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
mreeves2005@aol.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
mreeves2005@aol.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
mreeves2005@aol.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
mreeves2005@aol.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
mreeves2005@aol.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
mreeves2005@aol.com

and
1688 Meridian Avenue

STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
mreeves2005@aol.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
mreeves2005@aol.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Regalado, Alejandra, MPSY, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com

Reichard, Michelle, MS, LMHC ■
14400 Northwest 77th Court
#100
Miami Lakes, FL 33016
(786) 916-6073
Digital Contact Information:
http://www.arcmentalhealth.com
yisabel@arcmentalhealth.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Rejas Cabrera, Dennis, DNP, APRN ■
2740 Southwest 19th Terrace
Miami, FL 33145
(786) 318-1778
Digital Contact Information:
http://www.vitalmindpsychiatrycare.com
dennisr92@yahoo.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Remedioz Gonzalez, Yuri, MSN, APRN ■
5040 Northwest 7th Street
610
Miami, FL 33126
(786) 505-9442
Digital Contact Information:
http://www.gpsycare.com
officeadmin@gpsycare.com

and
8700 West Flagler Street
150
Miami, FL 33174
(305) 479-2584
Digital Contact Information:
http://megamedicalcenter.com
officeadmin@gpsycare.com
Other Languages Spoken by Provider or Office Staff Spanish

Renner, Mikaela, MS, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Revilla, Bernardo, MSN, APRN ■
5190 Northwest 167th Street
201
Hialeah, FL 33014
(305) 705-4289
Digital Contact Information:
http://livelinessinc.com
genesisconsultingservices39@gmail.com

Reyes, Glanel, MS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
lisette@abctestingservices.com
Other Languages Spoken by Provider or Office Staff Spanish

Reyes, Madeline B, MPSY, LMHC ■
5941 Northwest 173rd Drive
6 6
Hialeah, FL 33015
(786) 360-4328
Digital Contact Information:
blueparadisemedicalcenter@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Reyes Salguerio, Melissa, PSYD, LP ■
3100 SW 62nd Ave
Miami, FL 33155
(305) 663-8439
Digital Contact Information:
http://www.nicklauschildrens.org
payer.credentialing@nicklaushealth.org
Other Languages Spoken by Provider or Office Staff Spanish

Reyes Soto, Ibis, MSN, APRN ■
14221 Southwest 120th Street
Suite 125
Miami, FL 33186
(305) 482-1452
Digital Contact Information:
yisabel@arcmentalhealth.com

and
FL
(305) 482-1452
Digital Contact Information:
yisabel@arcmentalhealth.com

and
14400 Northwest 77th Court
#100
Miami Lakes, FL 33016
(786) 916-6073
Digital Contact Information:
http://www.arcmentalhealth.com
yisabel@arcmentalhealth.com
Other Languages Spoken by Provider or Office Staff Spanish

Reyes, William, MS, LMHC ■
2264 SW 7th St
Miami, FL 33135
(305) 338-9798
Digital Contact Information:
mytherapistwr@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Ricci, Jason B, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Richard-Pean, Midlaine, MSN, APRN ■
FL
(305) 902-6347
Digital Contact Information:
credentialing.4@scribealign.com

Richardson, Kallyn, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Richmond, Laquana, EDS, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
lrichmond@assuredcs.org

Ricketts, Charlene A, MSN, APRN ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
credentialing@compass.md

and
FL
(305) 279-5535
(954) 771-7743
(888) 852-6672
(561) 752-9490
Digital Contact Information:
http://www.compasshealthsystems.com
credentialing@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(888) 852-6672
Digital Contact Information:
http://www.compasshealthsystems.com
credentialing@compass.md

Ridgeley, Connie, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Ridgeway, Deborah, MSW, LCSW, LMSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Rife, Tammy, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Rion, Eric, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Rios, Rosa, MSW, LCSW ■
FL
(305) 804-9121
Digital Contact Information:
http://www.sfacounseling.org
info@sfacounseling.org
Other Languages Spoken by Provider or Office Staff English, Spanish

Ritter, Jared T, MD ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
eastersealscred@symplr.com

Rivas, Daniel A, MA, BCBA ■
13810 Southwest 112th Street
103 103
Miami, FL 33186
(716) 969-3653
Digital Contact Information:
daniel@dartherapyaba.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Rivas-Carrillo, Jorge, MSW, LCSW ■
2124 Northeast 123rd Street
STE 220
North Miami, FL 33181
(786) 828-0947
Digital Contact Information:
https://blossomfl.com
jorge.rivas@thefloridacenter.org
Other Languages Spoken by Provider or Office Staff Spanish

Rivera, Destiny, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Rivera, Frances, MMFT, LMFT ■
FL
(888) 339-9404
Digital Contact Information:
referral@1800healthpartners.com

Rivera, Gretel, MS, LMHC ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com

and
10300 Sunset Drive
Suite 114
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com
Other Languages Spoken by Provider or Office Staff French, Spanish

Rivera, Henry R, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@adaugeohealthcare.com

Rivera, Ian, MSW, CAC, LCSW ■
FL
(909) 442-0618
(800) 567-5433
(202) 410-5972
Digital Contact Information:
https://totallife.com/
help@joinuplift.co

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff English

Rivera Torres, Gabriel, MSN, APRN ■
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
lgarcia@keraltybh.com

and
2450 Southwest 137th Avenue
Suite# 230
Miami, FL 33175
(305) 459-3207
Digital Contact Information:
http://www.hidalgopsychiatry.com
lgarcia@keraltybh.com

and
FL
(305) 459-3207
Digital Contact Information:
http://www.hidalgopsychiatry.com
lgarcia@keraltybh.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Rivera, Yesenia, PSYD, LP ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 317-4478
Digital Contact Information:
https://crystalabatherapy.com/
info@cmpsclinical.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, French, Italian, Spanish

Rivero-Conil, Sara C, PSYD, LP ■
6262 Sunset Drive
Suite 500

Miami, FL 33143
(305) 669-6503
Digital Contact Information:
payer.credentialing@nicklaushealth.org

and
3100 SW 62nd Ave
Miami, FL 33155
(305) 669-6503
Digital Contact Information:
payer.credentialing@nicklaushealth.org
Other Languages Spoken by Provider or Office Staff
Spanish

Rizo, Naylin, MMH, LMHC ■
1840 West 49th Street
709
Hialeah, FL 33012
(786) 393-0315
Digital Contact Information:
flnewvision@gmail.com

and
2100 West 76th Street
STE 408
Hialeah, FL 33016
(786) 542-5056
Digital Contact Information:
flnewvision@gmail.com

and
730 Northwest 107th Avenue
104
Miami, FL 33172
(305) 504-1749
Digital Contact Information:
flnewvision@gmail.com

and
730 Northwest 107th Avenue
110
Miami, FL 33172
(305) 249-1183
Digital Contact Information:
flnewvision@gmail.com

and
12150 Southwest 128th Court
Ste 228
Miami, FL 33186
(786) 227-6314
Digital Contact Information:
flnewvision@gmail.com

and
12150 Southwest 128th Court
Suite 233
Miami, FL 33186
(786) 238-7666
Digital Contact Information:
flnewvision@gmail.com

and
13701 Southwest 88th Street
306
Miami, FL 33186
(786) 842-1489
Digital Contact Information:
flnewvision@gmail.com

and
15305 Northwest 60th Avenue
Ste 100
Miami Lakes, FL 33014
(786) 536-7561
Digital Contact Information:
flnewvision@gmail.com

and
5803 Northwest 151st Street
STE 206
Miami Lakes, FL 33014
(305) 504-1749
Digital Contact Information:
flnewvision@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Robaina, Niubis, MPSY, LMHC ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
yavila@avilahealthgroup.com

Robbins, Eric A, MD ●
18505 Northwest 75th Place
104 104
Hialeah, FL 33015
(305) 555-5421
Digital Contact Information:
melissa@blueumbrellapsychiatry.com

and
2300 West 84th Street
Ste 601
Hialeah, FL 33016
(305) 363-4001
Digital Contact Information:
melissa@blueumbrellapsychiatry.com

and
1150 Northwest 72nd Avenue
220
Miami, FL 33126
(786) 558-4899
Digital Contact Information:
melissa@blueumbrellapsychiatry.com

and
2121 Southwest 3rd Avenue
205
Miami, FL 33129
(786) 660-1301
Digital Contact Information:
melissa@blueumbrellapsychiatry.com

and
2140 West Flagler Street
202
Miami, FL 33135
(786) 707-9958
Digital Contact Information:
melissa@blueumbrellapsychiatry.com

and
3191 Southwest 22nd Street
406
Miami, FL 33145
(786) 660-1301
Digital Contact Information:
melissa@blueumbrellapsychiatry.com

and
FL
(786) 660-1301
Digital Contact Information:
melissa@blueumbrellapsychiatry.com

and
5950 Southwest 40th Street
Miami, FL 33155
(786) 633-5960
Digital Contact Information:
melissa@blueumbrellapsychiatry.com

and
7804 Coral Way
Miami, FL 33155
(305) 965-8714
Digital Contact Information:
melissa@blueumbrellapsychiatry.com

and
12485 Southwest 137th Avenue
STE 104
Miami, FL 33186
(786) 256-5335
Digital Contact Information:
melissa@blueumbrellapsychiatry.com

Roberson, Cranesha E, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@truhealingreality.com

and
111 NW 183rd St
Ste 404
Miami, FL 33169
(786) 524-4001
Digital Contact Information:
info@truhealingreality.com

Roberts, Elizabeth H, MD ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
ap@resurgencebh.com
Other Languages Spoken by Provider or Office Staff
Spanish

Roberts, Jazmin, MS, LCMHC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@growtherapy.com

Roberts, Kayla E, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
credentialing@flatherapy.com

Roberts, Ryan, MS, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
ryanrobertslpc@gmail.com

and
FL
(305) 902-6347
Digital Contact Information:
ryanrobertslpc@gmail.com

Robinson, Diana E, MS, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Robinson, Jade, MS, LMHC ■
FL
(786) 488-8103
Digital Contact Information:
http://www.sfacounseling.org
info@sfacounseling.org

Roche, Michelle, MS, LMHC ■
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
http://brightsyhealthfl.com
brightsyhealth@gmail.com

and
1031 Ives Dairy Rd
Ste 228
Miami, FL 33179
(786) 320-5559
Digital Contact Information:
brightsyhealth@gmail.com

and
1001 North Miami Beach Boulevard
North Miami Beach, FL 33162
(786) 320-5559
Digital Contact Information:
brightsyhealth@gmail.com

Rochetto, Alexandria, MA, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
andreaburks@bayouwellness.life

Rochford Buckley, Rebecca M, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com

Rocker, Jeff, MMH, LMHC ■
777 Brickell Ave
Ste 500
Miami, FL 33131
(786) 490-2181
Digital Contact Information:
askjeffrocker@gmail.com

Rodriguez, Alecia, PHD, LMFT ■
9555 Southwest 175th Terrace
Suite 227
Miami, FL 33157
(888) 241-8802
Digital Contact Information:
contact@myuniquetherapy.com

and
FL
(888) 241-8802
Digital Contact Information:
https://myuniquetherapy.com
contact@myuniquetherapy.com

Rodriguez, Alissa, MC, LMHC ■
3081 Salzedo Street
202u
Coral Gables, FL 33134
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com

and
3081 Salzedo Street
Suite 202
Coral Gables, FL 33134
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com

and
3625 Northwest 82nd Avenue
Doral, FL 33166
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com

and
3625 Northwest 82nd Avenue
400
Doral, FL 33166
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com

and
1911 Southwest 87th Avenue
Miami, FL 33165
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com

and
FL
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com

and
9016 Southwest 152nd Street
Palmetto Bay, FL 33157
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Andrea, MC, LMHC ■
8500 SW 92nd Street
203
Miami, FL 33156
(786) 332-4478
Digital Contact Information:
billing@livewelltherapygroup.com

and
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
billing@livewelltherapygroup.com

and
11050 Southwest 88th Street
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
billing@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Anely, MSW, LCSW ■
10590 Northwest 27th Street
suite e103 b
Doral, FL 33172
(305) 640-8632
Digital Contact Information:
blessmedicalservice@gmail.com

and
10031 Southwest 40th Street
Miami, FL 33165
(786) 442-9628
Digital Contact Information:
blessmedicalservice@gmail.com

Rodriguez, Arianna, MSN, APRN ■
142 E 49th St
Hialeah, FL 33013
(305) 333-9166
Digital Contact Information:
http://www.lennoxhealth.org
mcarvajal@lennoxhealth.org
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Freijo, Selma, MSW, LCSW ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
help@joinuplift.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
help@joinuplift.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Garcia, Daniel, MC, LMHC ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
lifetimesolutionsagency@gmail.com

and
5757 Waterford District Drive
Unit 172
Miami, FL 33126
(786) 524-2880
Digital Contact Information:
http://www.lifetimesolutionsagency.com
lifetimesolutionsagency@gmail.com

and
Monterey Street
Miami, FL 33134
(786) 803-8306
Digital Contact Information:
lifetimesolutionsagency@gmail.com

and
14471 S Dixie Hwy
Miami, FL 33176
(786) 803-8826
Digital Contact Information:
http://www.amorementalhealthcorp.com
lifetimesolutionsagency@gmail.com

and
9010 Southwest 137th Avenue
101
Miami, FL 33186
(786) 803-8826
Digital Contact Information:
http://amorementalhealthcorp.com
lifetimesolutionsagency@gmail.com

and
8785 SW 165th Ave
Ste 104
Miami, FL 33193
(786) 703-1538
Digital Contact Information:
lifetimesolutionsagency@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Gloria, MSW, LCSW ■
9010 SW 137th Ave
Ste 233
Miami, FL 33186
(786) 236-1323
Digital Contact Information:
http://healing-recovery.com
mrodriguez@healing-recovery.com

Rodriguez, Jan, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
admin@lifehealthsystem.org
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Jennicke, MC, LMHC ■
151 NW 11th St
Ste W201
Homestead, FL 33030
(786) 521-5925
Digital Contact Information:
monarchallhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Kathleen, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Kimberley, MS, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
pandatherapycircle@gmail.com

Rodriguez, Luann, MS, LMFT ■
18901 Southwest 106th Avenue
Suite #108
Miami, FL 33157
(786) 231-0910
Digital Contact Information:
luann.rodriguezlmft@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Lucero M, MD ■
10305 NW 41st St
Ste 205
Doral, FL 33178
(305) 718-9800
Digital Contact Information:
rodriquezlucero.md@gmail.com

and
10305 Northwest 41st Street
202
Doral, FL 33178
(305) 718-9800
Digital Contact Information:
rodriquezlucero.md@gmail.com

and
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://lifehealthsystem.org
rodriquezlucero.md@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Milian, Karel, MD ■
2500 Northwest 79th Avenue
233
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
andersonbilling1001@gmail.com

and
2500 Northwest 79th Avenue
Suite 189
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
andersonbilling1001@gmail.com

and
351 NW 42nd Ave
Ste 406
Miami, FL 33126
(786) 536-1710
Digital Contact Information:
andersonbilling1001@gmail.com

and
1890 Southwest 57th Avenue
SUITE 106
Miami, FL 33155
(786) 536-1701
Digital Contact Information:
andersonbilling1001@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Miriam, MSSW, LCSW ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Rodriguez, Pablo R, MPSY, LMHC ■
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
http://novacommunityservice.com
info@novacshealth.com
Other Languages Spoken by Provider or Office Staff
German, Spanish

Rodriguez Ramos, Meilyn, PSYD, LP ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez-Hevia, Victoria, MC, LMHC ■
1450 Madruga Avenue
STE 302
Coral Gables, FL 33146
(305) 333-0181
Digital Contact Information:
theintuitivecouncelingcenter@gmail.com

Rodriguez-Prada, Margarita, MSCC, LMHC ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
tmedina@hbccmhc.com

Rodriguez-Ruiz, Tania, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
fl-credentialing@lifestance.com

Rogers, Deanna, MSW, LCSW ■
804 NW 21st St
214
Miami, FL 33127
(401) 855-0860
Digital Contact Information:
deanna.rogers112@gmail.com

and
804 Northwest 21st Street
203
Miami, FL 33127
(305) 563-3136
Digital Contact Information:
deanna.rogers112@gmail.com

Rojas, Rafael, MSN, APRN ■
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
yny.behavioralservices@gmail.com

and
1400 Northwest 12th Avenue
Miami, FL 33136
(305) 243-5302
Digital Contact Information:
yny.behavioralservices@gmail.com

and
1475 NW 12th Ave
Fl 3
Miami, FL 33136
(305) 243-5302
Digital Contact Information:
yny.behavioralservices@gmail.com

and
1611 NW 12th Ave
Miami, FL 33136
(305) 243-5302
Digital Contact Information:
yny.behavioralservices@gmail.com

and
790 Northwest 107th Avenue
Suite 110
Miami, FL 33172
(305) 385-9919
Digital Contact Information:
yny.behavioralservices@gmail.com

and
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
yny.behavioralservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Roman, Carla, MS, LMHC ■
FL
(786) 485-3932
Digital Contact Information:
swflmedicalgroupllc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Romeo, Leticia C, MSN, APRN ■
7971 Bird Road
39
Miami, FL 33155
(786) 910-7179
Digital Contact Information:
ajndcorp@gmail.com

and
9350 SW 72nd St
Ste 116
Miami, FL 33173
(786) 504-5620
Digital Contact Information:
ajndcorp@gmail.com

Romero, Karen, MS, LMHC ■
1200 Northwest 78th Avenue
210
Doral, FL 33126
(786) 285-3438
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
5190 Northwest 167th Street
201
Hialeah, FL 33014
(305) 705-4289
Digital Contact Information:
http://livelinessinc.com
genesisconsultingservices39@gmail.com

and
2720 Southwest 97th Avenue
c 104
Miami, FL 33165
(305) 705-4289
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
4995 Northwest 72nd Avenue
209
Miami, FL 33166
(786) 651-4190
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
13195 Southwest 134th Street
102
Miami, FL 33186
(305) 964-5236
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Romero-Ramos, Maria, MSW, LCSW ■
11750 SW 40th St
Miami, FL 33175
(706) 204-1366

Digital Contact Information:
sheree.meyers@inpatientpsych.org
Other Languages Spoken by Provider or Office Staff
Spanish

Rosario, Tamara, MS, LMHC ■
11077 Biscayne Boulevard
410
Miami, FL 33161
(888) 494-0808
Digital Contact Information:
https://tamara-rosario.clientsecure.me
office@sbhss.net
Other Languages Spoken by Provider or Office Staff
Spanish

Rose, Jennifer, MSN, APRN ■
1031 Ives Dairy Rd
Ste 228
Miami, FL 33179
(786) 320-5559
Digital Contact Information:
growthllc@growthcounselingandtherapy.com

and
1001 North Miami Beach Boulevard
North Miami Beach, FL 33162
(786) 320-5559
Digital Contact Information:
growthllc@growthcounselingandtherapy.com

Rosenberg, Mercedes E, PSYD, LMHC, LP ■
11110 N Kendall Dr
Ste 200
Miami, FL 33176
(305) 596-3335
Digital Contact Information:
mrosenberg12@bellsouth.net
Other Languages Spoken by Provider or Office Staff
French, Spanish

Rosenson, Robert, EDD, LMHC ■
2000 S Dixie Hwy
Ste 104
Miami, FL 33133
(305) 562-2873
Digital Contact Information:
reachdrrosenson@gmail.com

Rowand-Mills, Angela D, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
start@bebravehealth.com

Rubio, Isabel, MC, LMHC ■
6001 Northwest 153rd Street
201
Miami Lakes, FL 33014
(786) 390-6192
Digital Contact Information:
rubiopsychcare@gmailc.om

Rueda Acosta, Reynaldo, MSN, PMHNP ■
9350 Southwest 72nd Street
112
Miami, FL 33173
(786) 665-6567
Digital Contact Information:
info@gleeclinic.com

and
8748 Southwest 8th Street
Miami, FL 33174
(786) 665-6567
Digital Contact Information:
http://gleeclinic.com
info@gleeclinic.com

Ruiz, Anabel, MSN, APRN, APRNPMH, NP ■
25327 Southwest 121st Avenue
Homestead, FL 33032
(786) 252-4586
Digital Contact Information:
aopsychiatricmentalhealthservi@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ruiz, Nataly, MSN, ARNP ■
13195 Southwest 134th Street
102
Miami, FL 33186
(305) 964-5236
Digital Contact Information:
advancedcaresfl@outlook.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ruiz Santiago, Mayte S, MD ■
900 West 49th Street
STE 512
Hialeah, FL 33012
(786) 536-1701
Digital Contact Information:
psychiatry@integratedhealthcare.group

and
351 NW 42nd Ave
Ste 406
Miami, FL 33126
(786) 536-1710
Digital Contact Information:
http://www.integratedhealthcare.group
psychiatry@integratedhealthcare.group

and
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
psychiatry@integratedhealthcare.group

and
1890 Southwest 57th Avenue
SUITE 106
Miami, FL 33155
(786) 536-1701
Digital Contact Information:
psychiatry@integratedhealthcare.group
Other Languages Spoken by Provider or Office Staff
Spanish

Ruiz, Tatiana, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
info@ffmhs.com

Russ, Olivia, MN, PMHNP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(773) 782-7609
Digital Contact Information:
https://bethpsychiatry.com
credentialing.5@scribealign.com

Russell-Smith, Ashleigh, MN, APRN ■
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
http://brightsyhealthfl.com
brightsyhealth@gmail.com

Ryan, Melanie, MS, LMHC ■
2124 Northeast 123rd Street
STE 220
North Miami, FL 33181
(786) 828-0947
Digital Contact Information:
https://blossomfl.com
info@blossomfl.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rzadkowolsky-Raoli, Cesare, MD ■
8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-0208
Digital Contact Information:
http://www.wellnesstherapyandmedical.com
info@doctorsccs.com

and
9000 Southwest 137th Avenue
Suite 103
Miami, FL 33186
(305) 671-3503
Digital Contact Information:
http://behavioralccs.com
info@doctorsccs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Saavedra, Briana, MC, LMHC ■
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
http://www.btpmentalhealth.com
info@btpmentalhealth.com

Sadang, Aurelio E, MSN, PMHNP ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
npsadang@gmail.com
Other Languages Spoken by Provider or Office Staff
Tagalog

Saheli, Gezel, MD ■
1065 Southwest 8th Street
570
Miami, FL 33130
(888) 903-5505
Digital Contact Information:
http://www.telapsychiatry.com
scheduling@telapsychiatry.com
Other Languages Spoken by Provider or Office Staff Farsi

Saiz Quintana, Maria E, MD ■
2550 Douglas Road
Suite 302
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
a.castillo@harmonyatthegables.com

and
2650 Southwest 27th Avenue
300 301a
Miami, FL 33133
(786) 353-9812
Digital Contact Information:
http://www.harmonyatthegablesclinic.com
a.castillo@harmonyatthegables.com

and
2650 Southwest 27th Avenue
Suite 305
Miami, FL 33133
(786) 353-9812
Digital Contact Information:
http://www.harmonyatthegablesclinic.com
a.castillo@harmonyatthegables.com

and
900 SW 97th Ave
Miami, FL 33174
(786) 790-4759
Digital Contact Information:
a.castillo@harmonyatthegables.com
Other Languages Spoken by Provider or Office Staff
Spanish

Salama, Sarine, MS, LMHC ■
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
sarine@serenitycounselingsolutions.org
Other Languages Spoken by Provider or Office Staff
Spanish

Salani, Deborah, DNP, APRN ●
5915 Ponce de Leon
26
Coral Gables, FL 33146
(786) 664-7810
Digital Contact Information:
dsalani@miami.edu

Salas, Aldo Y, MMFT, LMFT ■
15946 Southwest 147th Lane
Miami, FL 33196
(786) 205-4058
Digital Contact Information:
http://www.headway.com
therapyaldosalas@gmail.com

Salas, Julia S, MA, LMHC ■
7900 Oak Ln
400
Hialeah, FL 33016
(786) 617-8078
Digital Contact Information:
http://www.miamilakescounseling.com
hello@miamilakescounseling.com

Salazar, Ana, MS, LMHC ■
2500 Northwest 107th Avenue
Suite 102
Doral, FL 33172
(786) 605-9400
Digital Contact Information:
hello@reachlink.com

Saldarriaga, Natalia, MC, LMHC ●
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
https://behavioralaid.com/
nataliasaldarriaga@rocketmail.com

Sales, Catherine, MA, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Sign Lang Amer, Spanish

Salgado, Dalida, MSN, PMHNP ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
healingtouchinc@msn.com

and
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com
Other Languages Spoken by Provider or Office Staff
Spanish

Salley, Amy, MSN, APRN, APRNCNP, CRNP, NP, PMHNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
hello@psychplus.com

Salters, Kyrie, MSSW, LCSW ■
30210 SW 156th Ave
Homestead, FL 33033
(786) 505-1988
Digital Contact Information:
ksbehaviorandmh@gmail.com

Saltman, Lyudmila, PSYD, LP ■
1120 NW 14th St
1447
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
therapy@miamibeachpsychologistassociates.com

and
FL
(786) 318-1933
Digital Contact Information:
therapy@miamibeachpsychologistassociates.com

Other Languages Spoken by Provider or Office Staff
French, Russian, Spanish

Salva, Sasha R, MS, LMHC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com
Other Languages Spoken by Provider or Office Staff
Spanish

Salvador, Nicole, MC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
fivestarlearningc@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

San Juan, Janella, MS, NP, PMHNP ■
FL
(305) 902-6347
Digital Contact Information:
sara.rydin@caduc.com
Other Languages Spoken by Provider or Office Staff English

Sanchez, Azucena, MSN, APRN ■
17395 Northwest 59th Avenue
Hialeah, FL 33015
(305) 662-2185
Digital Contact Information:
excellencemed126@gmail.com

and
27 Northwest 13th Street
Homestead, FL 33030
(786) 339-8824
Digital Contact Information:
http://www.sfmhr.com
excellencemed126@gmail.com

and
7959 NW 2nd St
Miami, FL 33126
(305) 267-6060
Digital Contact Information:
excellencemed126@gmail.com

and
3146 Southwest 22nd Street
Miami, FL 33145
(786) 227-6177
Digital Contact Information:
excellencemed126@gmail.com

and
12750 Southwest 128th Street
Suite 108
Miami, FL 33186
(786) 713-0970
Digital Contact Information:
excellencemed126@gmail.com

and
11285 Southwest 211 Street
305
Miami, FL 33189
(786) 980-7496
Digital Contact Information:
excellencemed126@gmail.com

and
9847 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 227-6177
Digital Contact Information:
excellencemed126@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Sanchez, Carmela, PA, PA_C ■
18117 Biscayne Boulevard
306
Miami, FL 33160
(847) 979-9095
Digital Contact Information:
yturcih@yahoo.com

Sanchez, Gabriel, MD ■
9725 South Dixie Highway
Pinecrest, FL 33156
(305) 209-0144
Digital Contact Information:
http://sanchez-md.com
gabriel@sanchez-md.com
Other Languages Spoken by Provider or Office Staff English

Sanchez, Johana, MS, LMHC ■
FL
(305) 302-0087
Digital Contact Information:
http://divine-wellness.net
johanaq0217@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sanchez, Roberto W, MN, APRN ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
healingtouchinc@msn.com

and
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

Sanchez, Rosa M, MS, LMHC ■
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
morecounseling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sanders, Alexandria, MA, LCPC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
http://www.bebravehealth.com
start@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Sandoval, Carlos J, MD ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
westmiamicmhc@bellsouth.net
Other Languages Spoken by Provider or Office Staff Italian, Spanish

Sanfiel, Emily C, MS, LMHC ■
5915 Ponce de Leon
48
Coral Gables, FL 33146
(786) 273-7630
Digital Contact Information:
Not Available

and
7700 N Kendall Dr
Ste 415
Miami, FL 33156
(786) 359-4161
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Sanfiel, Ida N, MS, LMHC ■
5915 Ponce de Leon
48
Coral Gables, FL 33146
(786) 325-3285
Digital Contact Information:
isanfiel@gmail.com

and
2500 Northwest 107th Avenue
Suite 102
Doral, FL 33172
(786) 605-9400
Digital Contact Information:
isanfiel@gmail.com

and
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
isanfiel@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Sanmiguel, Maria T, MMH, LMHC ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
westmiamicmhc@bellsouth.net

Santa, Dorilee, MS, LCMHC, LMHC ■
FL
(786) 258-8499
(786) 237-8501
(415) 941-4109
Digital Contact Information:
http://healinggrowththerapy.com
service@virtual-counseling.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Santana, Jessica, MS, LMHC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 648-4447
Digital Contact Information:
credentialing@behavioralaid.com

and
7221 SW 24th St
Ste 206
Miami, FL 33155
(786) 648-4447
Digital Contact Information:
credentialing@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com

Santiago Fernandez, Flor De Liz, EDD, LCSW ■
10691 North Kendall Drive
304
Miami, FL 33176
(786) 771-3370
Digital Contact Information:
http://www.familybalancetherapy.com
familybalancetherapy@gmail.com

and
FL
(786) 771-3370
Digital Contact Information:
http://www.familybalancetherapy.com
familybalancetherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Santiago Guia, Rina, PSYD, LP ■
151 NW 11th St
Ste W201
Homestead, FL 33030
(786) 521-5925
Digital Contact Information:
monarchallhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sardinas, Maricruz, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
admin@lifehealthsystem.org
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Satorre, Mayuli C, MSN, APRN ■
3785 Northwest 82nd Avenue
307
Doral, FL 33166
(305) 898-5420
Digital Contact Information:
m.satorre@harmonyatthegables.com

and
33550 South Dixie Highway
106
Florida City, FL 33034
(786) 601-7712
Digital Contact Information:
m.satorre@harmonyatthegables.com

and
1150 Northwest 72nd Avenue
ph 2
Miami, FL 33126
(786) 542-5043
Digital Contact Information:
http://1stcarecms.com
m.satorre@harmonyatthegables.com

and
2650 Southwest 27th Avenue
Suite 305
Miami, FL 33133
(786) 353-9812
Digital Contact Information:
http://www.harmonyatthegablesclinic.com
m.satorre@harmonyatthegables.com
Other Languages Spoken by Provider or Office Staff
Spanish

Satulovsky, Carlos A, MD ■
3421 SW 107th Ave
Miami, FL 33165
(305) 392-1774
Digital Contact Information:
jorlowsky@bhgpa.com

and
12955 Southwest 42nd Street
STE 2
Miami, FL 33175
(786) 491-4947
Digital Contact Information:
jorlowsky@bhgpa.com
Other Languages Spoken by Provider or Office Staff Italian, Spanish

Sawyer, Robert, MMH, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com

and
3191 Coral Way
Ste 602
Miami, FL 33145
(305) 799-0620
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Schindler, Alina, MC, LMFT ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
rebekah@lscounseling.com
Other Languages Spoken by Provider or Office Staff English

Schmid, Cecilia A, MPSY, LMHC ■
9380 SW 72nd St
Ste 238
Miami, FL 33173
(305) 632-2322
Digital Contact Information:
ceciliaschmid@hotmail.com

and
10691 N Kendall Dr

Ste 110
Miami, FL 33176
(305) 632-2322
Digital Contact Information:
ceciliaschmid@hotmail.com

Schroeder, Donald A, MA, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
schroederdn@gmail.com

Schuerman, Lori, MSN, APRN ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Schutt, Horacio, MPSY, LMHC ■
20900 Northeast 30th Avenue
200 17
Aventura, FL 33180
(786) 315-0387
Digital Contact Information:
http://www.miamipsychoanalysis.net
floridapsychotherapygroup@gmail.com
and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
floridapsychotherapygroup@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Scordato, Michele, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Scott, Deborah, MC, LMHC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
credentialing@growtherapy.com
and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@growtherapy.com

Scott, Heather, MS, LMHC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Scotto, Maria, MS, LMHC ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(305) 396-9010
Digital Contact Information:
sasha@livewelltherapygroup.com
and
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
sasha@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff English

Scotto, Nicole M, MC, LMHC ■
2875 Northeast 191st Street
528
Aventura, FL 33180
(305) 396-9010
Digital Contact Information:
https://balancedlifetherapygroup.com/
help@joinuplift.co
and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff English

Sequeiros, Rosa, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Serra, Maria T, MMFT, LMFT ■
12001 Southwest 128th Court
Suite Suite 104
Miami, FL 33186
(786) 868-0505
Digital Contact Information:
agency@juntosbmb.com
and
15305 Northwest 60th Avenue
Ste 100
Miami Lakes, FL 33014
(786) 536-7561
Digital Contact Information:
agency@juntosbmb.com
Other Languages Spoken by Provider or Office Staff Spanish

Shakespeare, Ashanti, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
inquiry@dare2emerge.com

Sharp, Katherine, MS, LMHC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Shervington, Dinora T, MS, LMFT ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
thecouples1@gmail.com
and
12150 Southwest 128th Court
Suite 105
Miami, FL 33186
(305) 338-2231
Digital Contact Information:
thecouples1@gmail.com
and
13383 SW 142nd Ter
Miami, FL 33186
(786) 362-5981
Digital Contact Information:
thecouples1@gmail.com

Sherwood, Brittany, MSN, APRN, ARNP ■
FL
(305) 902-6347
Digital Contact Information:
info@personalprivatepsychiatry.com
Other Languages Spoken by Provider or Office Staff Spanish

Shonk, Heather E, MSN, APRN, PMHNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
fl-credentialing@lifestance.com

Shoumaker, Douglas, MS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 275-8860
Digital Contact Information:
http://www.abctestingservices.com
lisette@abctestingservices.com

Sifran, Susana E, MA, LMHC ■
2040 Northeast 163rd Street
305
North Miami Beach, FL 33162
(786) 553-6038
Digital Contact Information:
susanasifran@hotmail.com
Other Languages Spoken by Provider or Office Staff Hebrew, Spanish

Sijo, Yusimi, PSYD, LMHC ■
5901 SW 74th St
Ste 412
Miami, FL 33143
(786) 717-5028
Digital Contact Information:
castroj@bellsouth.net
and
2307 Douglas Road
400
Miami, FL 33145
(305) 205-1965
Digital Contact Information:
castroj@bellsouth.net
Other Languages Spoken by Provider or Office Staff Spanish

Silebi, Candice, MSED, LMHC ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
westmiamicmhc@bellsouth.net
Other Languages Spoken by Provider or Office Staff Spanish

Silva, Erik, MS, LMHC ■
8323 Northwest 12th Street
Ste 206
Doral, FL 33126
(305) 373-3424
Digital Contact Information:
info@themind-gym.com
and
FL
(754) 400-1539
Digital Contact Information:
info@themind-gym.com
and
15660 Southwest 72nd Street
Miami, FL 33193
(786) 697-1150
Digital Contact Information:
info@themind-gym.com

Silva-Anderson, Christina, MA, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Silva-Duluc, Silvia I, MD ■
5590 West 20th Avenue
200 201
Hialeah, FL 33016
(305) 557-1555
Digital Contact Information:
http://lifestarwellnesscenter.com
drsilva@bellsouth.net
and
3414 West 84th Street
Suite D110
Hialeah, FL 33018
(305) 825-4320
Digital Contact Information:
drsilva@bellsouth.net
and
3416 West 84th Street
C-108
Hialeah, FL 33018
(305) 557-1555
Digital Contact Information:
http://lifestarwellnesscenter.com
drsilva@bellsouth.net
and
7811 Coral Way
106
Miami, FL 33155
(305) 412-0138
Digital Contact Information:
drsilva@bellsouth.net
and
9995 SW 72nd St
Ste 208
Miami, FL 33173
(305) 412-6034
Digital Contact Information:
drsilva@bellsouth.net
Other Languages Spoken by Provider or Office Staff Spanish

Silverio, Ashley, MSW, LCSW ■
FL
(305) 209-8921
Digital Contact Information:
http://www.journeytothrivetherapy.com
ashleysilveriolcsw@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Silverio, Jenny, PSYD, LMHC, LP ■
12360 Southwest 132nd Court
113 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
lifecenterhg@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Simmons-Gilreath, Kimberly R, MSN, APRN ■
1951 NW 7th Ave
Fl 3
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com
and
1951 Northwest 7th Avenue
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com
and
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com

Singleton, Leigh E, MSN, PMHNP ■
FL
(305) 902-6347
Digital Contact Information:
http://www.bebravehealth.com
credentialing@bebravehealth.com

Sjostrom, Lady, LMHC, MA, MS ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
info@dadefamily.com
and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
info@dadefamily.com
Other Languages Spoken by Provider or Office Staff Spanish

Skjoldal, Elizabeth, PHD, CP, LP ■
8325 Northeast 2nd Avenue
316
Miami, FL 33138
(305) 503-5758
Digital Contact Information:
kim@cherryhillcounseling.com
and
FL
(305) 790-9957
Digital Contact Information:
kim@cherryhillcounseling.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Slaughter, Kimberly, MED, LMHC, LPCC ■
FL
(305) 902-6347
Digital Contact Information:

http://www.bebravehealth.com
start@bebravehealth.com

Smart-McCarthy, Madison, PHD, LCP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
hello@emorahealth.com

Smith, Erika, MC, LMHC ■
4302 Alton Rd
Ste 500
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Smith, Heather, MA, LMFT ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Smith, Mark C, PSYD, LP ●
2600 S Douglas Rd
Ste 1003
Coral Gables, FL 33134
(305) 445-0477
Digital Contact Information:
ana@coralgablescounseling.com

Smith, Melissa, MSW, LCSW ■
1951 Northwest 7th Avenue
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Smith, Nicole A, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
start@bebravehealth.com

Smith, Ronny, MS, LPC ■
FL
(305) 902-6347
Digital Contact Information:
msabree@sabreets.com

Smith, Shannon, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Smith-Young, Adia E, MA, LMHC ■
15715 S Dixie Hwy
Ste 406
Miami, FL 33157
(786) 269-3728
Digital Contact Information:
adia33@gmail.com
Other Languages Spoken by Provider or Office Staff English

Soloker, Heather, MA, LMHC, LPCC ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com

Soto, Lugannys M, MS, LMHC ■
6601 Southwest 80th Street
STE 121
South Miami, FL 33143
(305) 453-4833
Digital Contact Information:
http://www.themodernpsychology.com
admin@themodernpsychology.com
Other Languages Spoken by Provider or Office Staff
Spanish

Soto, Maricarmen, MSW, LCSW ■
10300 SW 216th St
Cutler Bay, FL 33190
(305) 253-5100
Digital Contact Information:
Not Available

Spalding, Gwenevere, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
gwen.lifecenter@gmail.com

Spasic, Marija, MS, LMHC ■
7600 West 20th Avenue
213
Hialeah, FL 33016
(786) 471-6887
Digital Contact Information:
http://marijaspasic.com
srcetherapy@gmail.com

Spease, Jada, MS, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Spence, Tracy A, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@theracounsel.com

Spencer, Precious M, MSN, APRN, PMHNP ■
FL
(305) 902-6347
Digital Contact Information:
info@centerforsexualhealthandwellness.com

and
20535 Northwest 2nd Avenue
Suite 204
Miami, FL 33169
(772) 208-7834
Digital Contact Information:
info@centerforsexualhealthandwellness.com

Spencer Rose, Sharon, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Springer, Shawndel, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
gethelp@wellqor.com

Stallworth, Janell, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
hello@wellnite.com

Staubs, Jade, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com

Stcyr, Kettlyne, MSN, APRN, PMHNP ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
bhenrollment@accesstelecare.com

and
1031 Ives Dairy Road
228
Miami, FL 33179
(786) 262-7450
Digital Contact Information:
http://www.jerryhealinghands.org
bhenrollment@accesstelecare.com

Steele, Paul, MED, LMHC, LPC ■
FL
(305) 902-6347
(202) 410-5972
Digital Contact Information:
support@joinhopscotch.com
Other Languages Spoken by Provider or Office Staff English

Steen, Tamarie, MMH, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Steinberg, Rachel, MSW, LCSW ■
5901 Southwest 74th Street
408
Miami, FL 33143
(305) 735-3555
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com

Stephens, Alexia, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Spanish

Stevens, Stevens, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Stewart, Audrey, MA, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Sign Lang Amer, Spanish

Stewart, Kimberly, MSW, LCSW ■
FL
(321) 360-4390
(904) 479-6299
Digital Contact Information:
insightcounselingcorner@gmail.com

Stoian, Mihaela, MS, LMHC ■
FL
(954) 834-3570
Digital Contact Information:
http://grieftree.com
mstoian1217@gmail.com
Other Languages Spoken by Provider or Office Staff
Romanian

Stone Palmer, Matthew Luke, MSW, LCSW ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
info@prioritypractice.com

Strauss, Robin, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
robinlindsay1120@gmail.com

Stubbs, Marcie D, MA, LMHC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@lifestance.com

Suarez, Laura, MSN, APRN ■
10520 Northwest 26th Street
STE C101
Doral, FL 33172
(786) 353-9308
Digital Contact Information:
violethealthcorp@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Suarez, Mercy, MA, LMHC ■
66 Valencia Avenue
402 402
Coral Gables, FL 33134
(305) 439-5939
Digital Contact Information:
mercysuarezeds@gmail.com

and
66 Valencia Avenue
903 903
Coral Gables, FL 33134
(305) 439-5939
Digital Contact Information:
mercysuarezeds@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Suarez, Rogelio, MD ■
4302 Alton Rd
Ste 820
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com

and
4304 Alton Rd
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com

and
4304 Alton Rd
Fl 1
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Suazo, Ingrid M, MS, APN, APRN, CRNP, NP, RNP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://happierliving.com
info@sublimitycare.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@sublimitycare.com

Sussman, Martin A, MSW, LCSW-R ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Swain, Cieria D, MC, LCSW, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app

appointments@meetmarvin.com
Other Languages Spoken by Provider or Office Staff English

Swartz, Nadine, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Tanona, Anthony W, PSYD, LP ■
19300 West Dixie Highway
2 2
Miami, FL 33180
(305) 933-5733
Digital Contact Information:
http://www.deltapsychgroup.com
drtanona@gmail.com
Other Languages Spoken by Provider or Office Staff English

Taquechel, Elizabeth T, MSW, LCSW ■
14401 Old Cutler Road
Miami, FL 33158
(786) 573-7010
Digital Contact Information:
insurance@wellspringmiami.org
Other Languages Spoken by Provider or Office Staff Spanish

Tassy-Lewis, Sabrina, PSYD, LP ■
14411 Commerce Way
Hialeah, FL 33016
(954) 534-0432
Digital Contact Information:
tassy@nova.edu
Other Languages Spoken by Provider or Office Staff Haitian Creole, Creole

Taveras, Adam, MA, LMFT ■
FL
(305) 981-6068
Digital Contact Information:
adam.brighterdays@gmail.com

and
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
adam.brighterdays@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Taveras, Madelin, MC, LMHC, PC ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
westmiamicmhc@bellsouth.net
Other Languages Spoken by Provider or Office Staff English, Spanish

Taylor, Alina, MS, LMHC ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
ataylor@therecoveryvillage.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
ataylor@therecoveryvillage.com

Taylor Hernandez, Glenda, MSW, LCSW ■
4475 Southwest 8th Street
Coral Gables, FL 33134
(786) 536-2872
Digital Contact Information:
admin@fpmagency.com

and
777 E 25th St
Ste 212
Hialeah, FL 33013
(786) 542-5646
Digital Contact Information:
admin@fpmagency.com

and
22133 South Dixie Highway
Miami, FL 33170
(786) 504-3119
Digital Contact Information:
https://fpmflorida.org/
admin@fpmagency.com
Other Languages Spoken by Provider or Office Staff Spanish

Taylor, Jasmine, MA, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com

Taylor, Tanashia S, MSW, LCSW ■
18117 Biscayne Boulevard
2159
Miami, FL 33160
(305) 306-2513
Digital Contact Information:
info@favortherapy.com

Tercero, Vanessa, MSW, LCSW ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com
Other Languages Spoken by Provider or Office Staff Spanish

Terrell, Charlotte R, MS, LMFT ■
FL
(305) 596-7547
Digital Contact Information:
chaterrell@aol.com

Terron, Rochely, MC, LMHC ■
815 North Homestead Boulevard
228
Homestead, FL 33030
(305) 783-8181
Digital Contact Information:
rochelyterron@gmail.com

Theis, Deborah, PHD, LP ■
FL
(800) 567-5433
Digital Contact Information:
https://totallife.com/
providerenrollment6@deeroaks.com

Theoc, Phonia, MS, LMHC ●
FL
(786) 644-5248
Digital Contact Information:
transformingmindsandlives@gmail.com

Thomas, Marcdala, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
marcdalathomas2006@gmail.com
Other Languages Spoken by Provider or Office Staff English, Haitian Creole

Thompson, Tanya, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff English, Haitian Creole, Spanish

Thweatt, Nicole M, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
help@joinuplift.co

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Tibby, Tanya, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com

Timoteo, Milton M, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
miltontimoteo@yahoo.com

Tiska Caton, Cami, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Spanish

Tomlinson, Caroline M, MSN, APRNCNP, PMHNP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
credentialing.caroline@gmail.com
Other Languages Spoken by Provider or Office Staff English

Toney, Diann, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com

Torre, Emilia, MD, LMHC ■
1022 East 8th Avenue
Hialeah, FL 33010
(786) 615-7829
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
2100 West 76th Street
STE 408
Hialeah, FL 33016
(786) 615-7829
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
3412 West 84th Street
e106
Hialeah, FL 33018
(305) 827-7344
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Torres, Cherylyn, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Torres, Sergio, LMHC, MSCC ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
Not Available

Torres, Shanika D, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
deltorresbhw@gmail.com

Torres, Yuri G, MMFT, LMFT ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
info@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
info@behavioralaid.com
Other Languages Spoken by Provider or Office Staff Spanish

Touch, Sovannchampa, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Toussaint, Oliene, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Trujillo, Robert A, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
robert@roberttrujillocounseling.com
Other Languages Spoken by Provider or Office Staff English

Tsirigotis, Elizabeth L, MC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
http://www.bebravehealth.com
start@bebravehealth.com

Tsyrulnykov, Eduard, MSN, APNP, NP, PMHNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
rtmssupport@truercm.com

and
1951 Northwest 7th Avenue
Miami, FL 33136
(407) 462-1254
Digital Contact Information:
rtmssupport@truercm.com
Other Languages Spoken by Provider or Office Staff English, Ukrainian, Russian

Tucker-Lewis, Apollonia, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Spanish

Turner, Rosa F, MD ■
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
http://www.miamipersonalmanagement.com
klopez@miamipersonalmanagement.com
Other Languages Spoken by

Provider or Office Staff
English, Spanish

Valdes Hernandez, Mayuly, MSN, APRN ■
255 University Dr
Fl 2
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
administration@mindandsoultherapy.com

and
2550 Douglas Road
Ste #301
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
administration@mindandsoultherapy.com

and
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
administration@mindandsoultherapy.com

Valdes, Jose G, DNP, APRN ■
FL
(305) 204-9455
Digital Contact Information:
josegvn@gmail.com

and
10689 North Kendall Drive
211
Miami, FL 33176
(305) 204-9499
Digital Contact Information:
josegvn@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valdez, Aileen, MSCC, LMHC ●
1550 Madruga Ave
Ste 509
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
https://www.abc4s.com/
inf0@abc4s.com

and
FL
(786) 536-9714
Digital Contact Information:
https://www.abc4s.com/
inf0@abc4s.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valdivieso, Manuela, MA, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Valencia, Odalys, MSW, LCSW ■
5979 Northwest 151st Street
STE 230
Miami Lakes, FL 33014
(305) 362-1875
Digital Contact Information:
odalysvalencialcsw@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valencia, Tatiana, PSYD, LP ■
3191 Coral Way
Ste 623
Miami, FL 33145
(786) 344-2849
Digital Contact Information:
tvalencia174@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valladares, Christina, MS, LMFT ■
FL
(786) 803-2595
Digital Contact Information:
cmvalladares16@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valle, Adiaris, MSN, APRN ■
10540 Northwest 26th Street
STE G201
Doral, FL 33172
(786) 879-8040
Digital Contact Information:
office@maximamedicalcenter.com

and
777 E 25th St
Ste 306
Hialeah, FL 33013
(786) 838-6092
Digital Contact Information:
office@maximamedicalcenter.com

Valle, Martha, MMH, LMHC ■
Home Based Services Only
Miami Gardens, FL 33014
(305) 777-3883
Digital Contact Information:
acebehavioral2@gmail.com

Vandy, Damaris, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@hupcfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Varela, Chily, MMH, LMHC ■
3081 Salzedo Street
202 202
Coral Gables, FL 33134
(786) 327-4840
Digital Contact Information:
cvarelalmhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vargas, Jacqueline M, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
start@bebravehealth.com

Vargas, Paola, MSN, APRN ■
7315 Northwest 36th Street
Miami, FL 33166
(786) 345-7734
Digital Contact Information:
empathybehavioral@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Varona, Monica, PSYD, LMHC ■
3625 Northwest 82nd Avenue
400 3
Doral, FL 33166
(305) 209-6399
Digital Contact Information:
mindsetsolutionsctc@gmail.com

and
900 W 49th St
Ste 522
Hialeah, FL 33012
(305) 698-7525
Digital Contact Information:
mindsetsolutionsctc@gmail.com

and
1125 Northeast 125th Street
112
North Miami, FL 33161
(305) 209-6399
Digital Contact Information:
http://mindsetsolutionsctc.com/
mindsetsolutionsctc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vazquez De Miguel, Tatiana, MC, LMHC ■
13390 West Dixie Highway
North Miami, FL 33161
(305) 403-0664
Digital Contact Information:
http://www.dgcmhc.org
yrodriguez@dgcmhc.org
Other Languages Spoken by Provider or Office Staff
Russian, Spanish

Vazquez Garcia, Yaimara, MC, LMHC ■
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
http://brightsyhealthfl.com
brightsyhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vazquez, Josh I, MS, LMHC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com

and
15715 S Dixie Hwy
Ste 403
Miami, FL 33157
(305) 707-5966
Digital Contact Information:
http://movingtowardagape.com
credentialing@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com

Vazquez, Marlon, MD ■
5901 Southwest 74th Street
408
Miami, FL 33143
(305) 735-3555
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vazquez-Pausa, Antonio, MSW, LCSW ■
1901 SW 1st St
Miami, FL 33135
(305) 203-5230
Digital Contact Information:
http://careresource.org

and
3510 Biscayne Blvd
Miami, FL 33137
(305) 576-1234
Digital Contact Information:
http://careresource.org

Vega, Herman, PHD, CAP, LMHC ■
14411 Commerce Way
315
Hialeah, FL 33016
(305) 644-7294
Digital Contact Information:
info@totalrehabservices.com

and
14505 Commerce Way
Ste 511
Miami Lakes, FL 33016
(305) 644-7294
Digital Contact Information:
info@totalrehabservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vergara, Yanaika, MA, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com

Viedma, Paula, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Vieira, Caroline, MC, LMHC, PC ■
2212 Northwest 91st Street
Miami, FL 33147
(341) 888-7637
Digital Contact Information:
contact@quelinbilling.com
Other Languages Spoken by Provider or Office Staff
Portuguese

Vila, Dayana, MSN, APRN ■
4005 Northwest 114th Avenue
22 22
Doral, FL 33178
(305) 260-6913
Digital Contact Information:
billingheritagewellness@gmail.com

and
2645 SW 37th Ave
Ste 101
Miami, FL 33133
(786) 530-4080
Digital Contact Information:
billingheritagewellness@gmail.com

and
14221 Southwest 120th Street
126
Miami, FL 33186
(786) 577-3427
Digital Contact Information:
billingheritagewellness@gmail.com

and
13100 West Dixie Highway
North Miami, FL 33161
(786) 442-5021
Digital Contact Information:
billingheritagewellness@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Villa, Brian R, MD ■
4689 Ponce de Leon Boulevard
Suite 200
Coral Gables, FL 33146
(786) 803-8025
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
2500 Northwest 79th Avenue
Suite 227
Doral, FL 33122
(305) 456-9396
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
10520 Northwest 26th Street
STE C101
Doral, FL 33172
(786) 353-9308
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
1400 Northwest 107th Avenue
Suite 310
Doral, FL 33172
(305) 898-0849
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
1840 W 49th St
Ste 605
Hialeah, FL 33012
(305) 456-7785
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
5590 W 20th Ave
Ste 404
Hialeah, FL 33016
(305) 826-9330
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
2311 Northwest 7th Street
Miami, FL 33125
(786) 706-2246
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
1818 West Flagler Street
Miami, FL 33135
(786) 794-2655
Digital Contact Information:
http://www.goldengatemedicalgroup.com
bvillamdpllcbilling@gmail.com

and
1818 West Flagler Street
202
Miami, FL 33135
(786) 755-2892
Digital Contact Information:
http://www.goldengatemedicalgroup.com
bvillamdpllcbilling@gmail.com

and

1818 West Flagler Street
300
Miami, FL 33135
(786) 755-2891
Digital Contact Information:
http://www.goldengatemedicalgroup.com
bvillamdpllcbilling@gmail.com

and
1818 West Flagler Street
Ste 2
Miami, FL 33135
(786) 755-2892
Digital Contact Information:
http://www.goldengatemedicalgroup.com
bvillamdpllcbilling@gmail.com

and
3080 W Flagler St
Miami, FL 33135
(786) 547-2832
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
FL
(239) 499-0900
(786) 794-2655
(305) 495-9014
(786) 755-2891
Digital Contact Information:
http://www.goldengatemedicalgroup.com
bvillamdpllcbilling@gmail.com

and
85 Grand Canal Drive
UNIT 203
Miami, FL 33144
(786) 536-7816
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
7116 Southwest 47th Street
Miami, FL 33155
(786) 794-2655
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
4995 Northwest 72nd Avenue
102
Miami, FL 33166
(786) 360-3584
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
11430 North Kendall Drive
d309
Miami, FL 33176
(305) 898-0849
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
13701 Southwest 88th Street
306
Miami, FL 33186
(786) 842-1489
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
17325 Northwest 27th Avenue
206 207
Miami Gardens, FL 33056
(786) 822-7270
Digital Contact Information:
bvillamdpllcbilling@gmail.com

Virella, Betty, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff English, Haitian Creole, Spanish

Vizcaino, Olga M, MSN, APRN ■
2100 West 76th Street
201 206
Hialeah, FL 33016
(786) 353-2324
Digital Contact Information:
olgamaria861@yahoo.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
olgamaria861@yahoo.com

and
8950 Southwest 74th Court
1911
Miami, FL 33156
(786) 637-7338
Digital Contact Information:
olgamaria861@yahoo.com

and
6001 Northwest 153rd Street
203
Miami Lakes, FL 33014
(786) 459-2466
Digital Contact Information:
olgamaria861@yahoo.com

and
FL
(602) 562-7383
(786) 459-2466
Digital Contact Information:
olgamaria861@yahoo.com

Vossos, Helene B, DNP, APRN ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
jay@healthgroupz.com

Wachholder, Hara, MS, LMHC ■
10700 Caribbean Boulevard
UNIT 203
Cutler Bay, FL 33189
(305) 299-8005
Digital Contact Information:
hara.wachholder@gmail.com

Wahid, Rebecca, MC, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Waldie, Amy M, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ncscd@comcast.net

Waldo, Izabella K, DNP, APRN, PMHNP ■
382 Northeast 191st Street
Miami, FL 33179
(305) 609-8634
Digital Contact Information:
scheduling@regionalpsychiatry.com
Other Languages Spoken by Provider or Office Staff German, Russian, Polish

Waldsmith, Kara N, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
http://www.bebravehealth.com
start@bebravehealth.com

Walker, Alexes, MSN, APRN ■
FL
(305) 902-6347
Digital Contact Information:
Not Available

Walker, Audi, MMH, LMHC ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
westmiamicmhc@bellsouth.net

Walker, Ryan, PA, PA_C ■
6303 Waterford District Drive
400 400
Miami, FL 33126
(786) 404-1575
Digital Contact Information:
info@elevatepsychiatry.com

Wallace-Collins, Sharaya, MA, LMHC, LPC, LPCMH ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
info@forthealth.com

Wamahiu, Joan W, MSN, APN ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
credentialing@riviamind.com

Wang, Wen AO Dana, MD ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
nwittenborn@riviamind.com

Ware, Laverne, MC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Warner, Randy T, MD ■
3000 Biscayne Boulevard
Suite 216
Miami, FL 33137
(786) 220-1969
Digital Contact Information:
nhurley@npcatlantis.com

and
602 Northeast 36th Street
19
Miami, FL 33137
(786) 220-1969
Digital Contact Information:
nhurley@npcatlantis.com

Weatherman, Amanda, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
hello@emorahealth.com

Weiss, Robert, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
credentialer@gmail.com

Wheeler, Kimberly, MS, APRN, NP ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
start@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

White, Samantha, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
frontdesk@highersightscounseling.com

Whittington, Brittany N, MS, LMHC ■
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
http://www.crystalabatherapy.com
info@cmpsclinical.com

Williams, Diamond T, MS, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
info@maraslighthouse.com
Other Languages Spoken by Provider or Office Staff English

Williams, Julia, MSW, LCSW ■
1951 NW 7th Ave
Fl 3
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
help@joinuplift.co

and
1951 Northwest 7th Avenue
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
help@joinuplift.co

Williams, Kinya N, MC, LMHC, LPC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@growtherapy.com

Williams, Whitney, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Wilson, Woodrow, PHD, LP ■
9361 SW 62nd St
Miami, FL 33173
(305) 342-3425
Digital Contact Information:
pepwilson@aol.com

Wooden, Johneisha, MA, LMHC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@thriveworks.com

Wool, Sorcha, MSW, LCSW ■
1951 Northwest 7th Avenue
Miami, FL 33136
(571) 934-3936
Digital Contact Information:
admin@supportiveengagemet.com

and
FL
(305) 902-6347
Digital Contact Information:
admin@supportiveengagemet.com
Other Languages Spoken by Provider or Office Staff Sign Lang Amer

Woolery, Nickesha, MSN, APRN ■
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
info@aimergency.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
info@aimergency.com
Other Languages Spoken by Provider or Office Staff English, Haitian Creole, Filipino, French, Spanish

Wright, Sonya, MA, LMHC ■
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
info@thejourneytwcc.org
Other Languages Spoken by Provider or Office Staff Creole, Spanish

Yepez, Rosaura M, MSSW, LCSW ■
650 Northeast 22nd Terrace
Suite 202-06
Homestead, FL 33033
(786) 377-6487
Digital Contact Information:
http://homesteadtherapyservicesllc.com
ryepez@homesteadtherapyservicesllc.com

Young, Megan, MA, LMHC ■
FL
(305) 902-6347
(202) 410-5972
Digital Contact Information:
https://bebravehealth.com/
help@joinuplift.co

Zalcberg, Natalia, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Zambrano, Karen M, PSYD, LP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 259-6977
Digital Contact Information:
http://www.abctestingservices.com
lisette@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Zapatha, Susan, MC, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Zaragoza Sosa, Jaime, MN, APRN ■
10024 Southwest 222nd Street
Cutler Bay, FL 33190
(786) 770-9527
Digital Contact Information:
info@providerassist.net

Zayas-Bazan, Maria, PSYD, LP ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
info@behavioralaid.com
Other Languages Spoken by Provider or Office Staff
Spanish

Zervigon, Estela, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Spanish

Zimerman, Veronica, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Zitnick, Michelle S, MSN, APRN ■
975 West 41st Street
308
Miami Beach, FL 33140
(305) 905-2349
Digital Contact Information:
Not Available

Zverinskiy, Aleksandr, MD ■
FL
(305) 902-6347
Digital Contact Information:
http://www.bebravehealth.com
start@bebravehealth.com
Other Languages Spoken by Provider or Office Staff
Russian

COUNSELING

Abraham Padron, Zamira, PHD, BCBA ■
8550 West Flagler Street
STE 118
Miami, FL 33144
(786) 391-4113
Digital Contact Information:
loveinservicesprivate@gmail.com

and
13155 Southwest 42nd Street
STE 204
Miami, FL 33175
(786) 486-9756
Digital Contact Information:
loveinservicesprivate@gmail.com

and
13469 Southwest 29th Street
Miami, FL 33175
(786) 486-9756
Digital Contact Information:
loveinservicesprivate@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Abreu, Helen, MS, BCBA ■
Home Based Services Only
Doral, FL 33126
(407) 800-6086
Digital Contact Information:
milestonesaba2023@gmail.com

and
2450 Southwest 137th Avenue
232
Miami, FL 33175
(786) 360-6496
Digital Contact Information:
milestonesaba2023@gmail.com

and
12900 Southwest 128th Street
Suite 107
Miami, FL 33186
(786) 312-2665
Digital Contact Information:
milestonesaba2023@gmail.com

and
13416 Southwest 128th Street
Miami, FL 33186
(786) 732-0247
Digital Contact Information:
http://milestones-aba.org
milestonesaba2023@gmail.com

Abreu, Liliam, MA, BCBA ■
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
http://www.miamipersonalmanagement.com
mpmcmhc@miamipersonalmanagement.com
Other Languages Spoken by Provider or Office Staff
Spanish

Abreu, Rebecca P, MS, LMHC ■
777 E 25th St
Ste 306
Hialeah, FL 33013
(786) 838-6092
Digital Contact Information:
pouabreu@gmail.com

and
2121 Southwest 3rd Avenue
205
Miami, FL 33129
(786) 660-1301
Digital Contact Information:
pouabreu@gmail.com

and
3191 Southwest 22nd Street
406
Miami, FL 33145
(786) 660-1301
Digital Contact Information:
pouabreu@gmail.com

and
1021 Ives Dairy Road
216
Miami, FL 33179
(305) 497-2473
Digital Contact Information:
pouabreu@gmail.com

and
FL
(786) 818-7169
(315) 873-2936
Digital Contact Information:
pouabreu@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Abreu, Yudeisy, MPSY, BCBA ■
3625 Northwest 82nd Avenue
101
Doral, FL 33166
(786) 583-8663
Digital Contact Information:
sseastcoast22@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
sseastcoast22@gmail.com

and
8300 West Flagler Street
170
Miami, FL 33144
(786) 633-5171
Digital Contact Information:
sseastcoast22@gmail.com

and
2450 Southwest 137th Avenue
232
Miami, FL 33175
(786) 360-6496
Digital Contact Information:
sseastcoast22@gmail.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
sseastcoast22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Acevedo, Armenta, MC, LMHC, PC ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
Spanish

Acevedo, Glory A, MMH, LMHC ■
800 Crandon Blvd
Ste 201
Key Biscayne, FL 33149
(786) 239-3055
Digital Contact Information:
keybiscaynecounseling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Acker, Ashleigh, MS, LMFT ●
1175 Northeast 125th Street
320
Miami, FL 33161
(954) 372-0423
Digital Contact Information:
http://www.marriagefamilyservices.com
mfsfrontdesk1@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, English, Malayalam, Haitian, Italian, Spanish

Acosta, Carolina, MA, LMHC, LPC ■
10311 Northwest 58th Street
Doral, FL 33178
(800) 438-1772
Digital Contact Information:
lrangel@wlcfs.org
Other Languages Spoken by Provider or Office Staff
Spanish

Acosta Cruz, Yerania, MED, BCBA ■
22550 Southwest 103rd Avenue
Cutler Bay, FL 33190
(786) 486-5186
Digital Contact Information:
genesiswscorp@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 732-2139
Digital Contact Information:
genesiswscorp@gmail.com

Acosta, Gema, MS, BCBA ■
Home Based Services Only
Hialeah, FL 33012
(305) 570-0775
Digital Contact Information:
info@southfloridabehavior.com

Acosta, Ileana, MC, LMHC ■
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
http://www.btpmentalhealth.com
info@btpmentalhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Acosta, Indhira, MA, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
https://tillytherapy.com/
bbbinterventions@gmail.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
https://tillytherapy.com/
bbbinterventions@gmail.com

Acosta, Ingrid E, MC, LCMHC ■
8370 West Flagler Street
STE 242
Miami, FL 33144
(786) 321-1600
Digital Contact Information:
http://www.crystalmindsmh.com
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(239) 431-2629
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Acosta, Julio, MS, LMHC ■
4401 Northwest 87th Avenue
201
Doral, FL 33166
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff
Spanish

Acosta, Liza M, MMFT, LMFT ■
3970 West Flagler Street
203 204
Miami, FL 33134
(786) 953-5978
Digital Contact Information:
healchoicecorp2019@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Acosta, Manuel, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

and
11430 North Kendall Drive
106
Miami, FL 33176
(888) 852-6672
Digital Contact Information:
credentialing@wellnite.com

Acosta, Maria, MS, BCBA ■

1000 Brickell Avenue
Miami, FL 33131
(305) 467-8879
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
5600 SW 135th Ave
Ste 112
Miami, FL 33183
(305) 467-8879
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
12855 Southwest 136th Avenue
104
Miami, FL 33186
(305) 467-8879
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
Home Based Services Only
Naranja, FL 33032
(407) 800-6086
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Acosta, Natalia, MS, BCBA ■
19022 NE 29th Ave
Miami, FL 33180
(305) 931-1617
Digital Contact Information:
http://www.onupbehavior.com
natalia@onupbehavior.com

and
FL
(305) 931-1617
Digital Contact Information:
natalia@onupbehavior.com
Other Languages Spoken by Provider or Office Staff
Spanish

Acosta Pages, Dairy, MPSY, BCBA ■
Home Based Services Only
Doral, FL 33122
(561) 643-7643
Digital Contact Information:
brightstepsaba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Acosta, Rosa, MS, BCBA ■
8200 Northwest 41st Street
269
Doral, FL 33166
(305) 763-4196
Digital Contact Information:
vivianaicare@gmail.com

and
7801 Northwest 37th Street
Lp-201
Doral, FL 33195
(305) 468-9899
Digital Contact Information:
vivianaicare@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 468-9899
Digital Contact Information:
vivianaicare@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Acosta, Sarah, MMH, LMHC ■
FL
(786) 708-2221
Digital Contact Information:
helpinghandscounseling1@gmail.com

Acosta Soriano, Thabatha, MS, BCBA ■
2500 Northwest 79th Avenue
295
Doral, FL 33122
(305) 896-8161
Digital Contact Information:
info@newlifeaba.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 477-1193
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Acosta Valdes, Misleiny, MA, BCBA ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/services@cmnbtherapy.com

and
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/services@cmnbtherapy.com

Acuna Bermudez, Yudelsy, MS, BCBA ■
2100 West 76th Street
407
Hialeah, FL 33016
(305) 804-3478
Digital Contact Information:
abacenter2022@gmail.com

Adams, Takeira, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Adasme, Andrew, BA, BCABA ■
777 Brickell Ave
Ste 500
Miami, FL 33131
(305) 330-4660
Digital Contact Information:
http://www.lotusbehavior.com
info@lotusbehavior.com
Other Languages Spoken by Provider or Office Staff Sign Lang Amer, Spanish

Aday, Reyna, PHD, LMHC ■
7990 Southwest 117th Avenue
Ste 215
Kendall, FL 33183
(786) 963-9770
Digital Contact Information:
http://www.wholeisticcg.com
wholeisticpsychiatry@gmail.com

and
FL
(786) 583-4725
(786) 963-9770
Digital Contact Information:
http://www.reynaaday.com
wholeisticpsychiatry@gmail.com

and
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
http://www.wholeisticcg.com
wholeisticpsychiatry@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Adderley, Oddette P, PHD, LMHC ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
opieea@hotmail.com

Adel, Shaudi, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
insurance@wellnite.com

Adle, Joy, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Adler, Shalom, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Agostinelli, Giovanna, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Aguado, Natalie P, MA, BCBA, LBA ■
14645 Northwest 77th Avenue
Suite 105
Miami Lakes, FL 33014
(202) 420-8359
Digital Contact Information:
http://www.littleleaves.org
billing@littleleaves.org

Aguiar, Heloisa G, MA, LMHC ■
8547 Southwest 214th Lane
Cutler Bay, FL 33189
(305) 775-3105
Digital Contact Information:
lola0211@email.com

and
2000 S Dixie Hwy
Ste 104
Miami, FL 33133
(305) 775-3105
Digital Contact Information:
lola0211@email.com

and
13499 Biscayne Blvd
Ste 208
North Miami, FL 33181
(305) 775-3105
Digital Contact Information:
lola0211@email.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Aguiar, Vanessa, MS, BCBA ■
657 South Drive
Miami Springs, FL 33166
(786) 860-5161
Digital Contact Information:
thebehaviorists@ababuildingblocks.com
Other Languages Spoken by Provider or Office Staff
Spanish

Aguila, Carolina T, MS, BCBA, LBA ■
2520 Coral Way
2 19
Miami, FL 33145
(855) 832-6727
Digital Contact Information:
info@healtheworld.net
Other Languages Spoken by Provider or Office Staff
Spanish

Aguila Cudeiro, Yudy, MSED, BCBA ■
Home Based Services Only
Hialeah, FL 33010
(786) 267-8467
Digital Contact Information:
amhscorp@yahoo.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
amhscorp@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Aguilar Corzo, Marieyis, MBS, BCBA ■
12905 Southwest 42nd Street
STE 111
Miami, FL 33175
(786) 558-4091
Digital Contact Information:
miraclebehavior@gmail.com

and
14750 Southwest 26th Street
STE 114
Miami, FL 33185
(786) 536-9441
Digital Contact Information:
miraclebehavior@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Aguilar, Elsa, BS, BCABA ■
14707 South Dixie Highway
Suite 200
Miami, FL 33176
(305) 321-5177
Digital Contact Information:
administration@familybehaviortherapy.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Aguilar, Fernanda, BS, BCBA ■
1400 Northwest 107th Avenue
306
Miami, FL 33172
(786) 817-7444
Digital Contact Information:
haidde.aquinotapia@kinderkonsulting.com

Aguilar, Leonardo, MA, LMHC ■
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
http://www.btpmentalhealth.com
info@btpmentalhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Aguilar, Lourdes C, BA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 671-7710
Digital Contact Information:
lcbauta@gmail.com

and
15120 Southwest 28th Street
Miami, FL 33185
(786) 269-9254
Digital Contact Information:
lcbauta@gmail.com

Aguilar, Rosalva, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
lisa.kane@gulfshorescounselingcenter.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Aguilera-Baez, Hiram, MPSY, BCBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
labresha.proctor@kidsspotrehab.com

and
8660 West Flagler Street
STE 121
Miami, FL 33144
(305) 600-4774
Digital Contact Information:
labresha.proctor@kidsspotrehab.com

and
12456 Southwest 127th Avenue
101
Miami, FL 33186
(786) 953-8500
Digital Contact Information:
http://kidsspotrehab.com

labresha.proctor@kidsspotrehab.com

Aguirre, Dayani, MS, BCBA ■
70 NW 6th St
Homestead, FL 33030
(786) 410-8922
Digital Contact Information:
brighttherapy15@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Aguirre, Nelda, PHD, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/payors@emorahealth.com

Ahmed, Michelle, MS, LMFT ■
FL
(312) 912-1033
Digital Contact Information:
http://foodforhearttherapy.com
michelleahmedmft@gmail.com
Other Languages Spoken by Provider or Office Staff
Bengali

Aira Vazquez, Arisnubia, MS, BCBA ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
sseastcoast22@gmail.com

and
2300 West 84th Street
406
Hialeah, FL 33016
(786) 960-6767
Digital Contact Information:
sseastcoast22@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
sseastcoast22@gmail.com

and
14875 Northwest 77th Avenue
Suite 204
Miami Lakes, FL 33014
(786) 321-1400
Digital Contact Information:
sseastcoast22@gmail.com

and
5881 Northwest 151st Street
127
Miami Lakes, FL 330142450
(786) 905-2262
Digital Contact Information:
http://sweetchildbehavior.com
sseastcoast22@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Akinduro, Ingrid, MA, BCBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
https://tillytherapy.com/
mayelrgaspe@brightfutureabasolutions.com

and
1951 NW 7th Ave
Ste 600
Miami, FL 33136
(929) 384-7193
Digital Contact Information:
mayelrgaspe@brightfutureabasolutions.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Aladro Miranda, Darcy, MBS, BCBA ■
1414 Northwest 107th Avenue
204
Doral, FL 33172
(305) 225-8711
Digital Contact Information:
bluelifebehaviortherapy@gmail.com

Alamo Ortiz, Silvia E, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 263-0207
Digital Contact Information:
stepbehavior@yahoo.com

and
13590 Southwest 134th Avenue
Suite 207
Miami, FL 33186
(305) 263-0207
Digital Contact Information:
stepbehavior@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alanis, Karolina, MA, LBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
r.early@adaptforlifeaba.com
Other Languages Spoken by Provider or Office Staff English

Alarcon Farina, Jacquelin, MPSY, BCBA ■
3750 West 16th Avenue
218
Hialeah, FL 33012
(786) 409-3231
Digital Contact Information:
proactivehealthcare2016@gmail.com

and
8660 West Flagler Street
STE 121
Miami, FL 33144
(305) 600-4774
Digital Contact Information:
proactivehealthcare2016@gmail.com

and
13590 Southwest 134th Avenue
104
Miami, FL 33186
(305) 896-8161
Digital Contact Information:
proactivehealthcare2016@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alayon, Carlos, MS, LMHC ■
10500 Northwest 26th Street
Doral, FL 33172
(305) 646-1799
Digital Contact Information:
calayon@hotmail.com

and
1710 Northwest 7th Street
5
Miami, FL 33125
(239) 250-9411
Digital Contact Information:
calayon@hotmail.com

and
2311 Northwest 7th Street
Miami, FL 33125
(786) 706-2246
Digital Contact Information:
calayon@hotmail.com

and
790 Northwest 107th Avenue
Suite 303
Miami, FL 33172
(786) 603-9858
Digital Contact Information:
calayon@hotmail.com

and
11960 SW 39th Ter
Miami, FL 33175
(786) 514-6406
Digital Contact Information:
calayon@hotmail.com

and
13170 Southwest 128th Street
200
Miami, FL 33186
(786) 852-5198
Digital Contact Information:
calayon@hotmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alba, Tatiana M, MED, BCBA ■
8266 Mills Drive
836012
Miami, FL 33283
(305) 521-9556
Digital Contact Information:
tatiana.m.alba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Albelo Capote, Yusmeisy, MS, BCBA ■
1701 W Flagler St
Ste 310
Miami, FL 33135
(786) 467-7006
Digital Contact Information:
http://www.floridacognitive.com
miamicognitive@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Albernas Acosta, Carmen, BA, BCBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

and
13195 Southwest 134th Street
Ste. 201
Miami, FL 33186
(877) 264-6747
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

Albert, Michelle, BA, BCABA ■
12750 Northwest 17th Street
216 216
Miami, FL 33182
(888) 527-8037
Digital Contact Information:
http://www.brightstartpossibility.com
credentialing@brightstartllc.com

Albuerne, Mailyn, MS, BCBA ■
13352 SW 128th St
Miami, FL 33186
(786) 592-2263
Digital Contact Information:
luciano@mymbcinc.com

Alcantara, Josie, MS, LMHC ■
FL
(305) 508-0886
Digital Contact Information:
josie@alpinecounseling.miami
Other Languages Spoken by Provider or Office Staff
Spanish

Alderman, Crystal, MS, BCBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(561) 235-7613
Digital Contact Information:
stacey@innovativebehaviormgmt.com

Aldorino, Antonella, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com

Alduncin Lopez, Anabel, BS, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
intouchcommunityserv@gmail.com

Alea, Yadimet, MS, BCBA ■
Home Based Services Only
Naranja, FL 33032
(786) 717-2220
Digital Contact Information:
yadimet93@icloud.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alech Vazquez, Chabeli A, MA, BCBA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(786) 429-3738
Digital Contact Information:
http://appliedbhs.com
dabs@appliedbhs.com

and
5050 Northwest 74th Avenue
107
Miami, FL 33166
(305) 640-8280
Digital Contact Information:
dabs@appliedbhs.com

and
12360 Southwest 132nd Court
STE 205
Miami, FL 33186
(786) 429-3738
Digital Contact Information:
dabs@appliedbhs.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 640-8280
Digital Contact Information:
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Aleman Martinez, Claudia, MA, BCBA ■
Home Based Services Only
South Miami, FL 33143
(305) 763-2117
Digital Contact Information:
claudia.alemanmartinez@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Alexandre, Shanorah, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Alfalla, Arleti, MA, BCBA ■
2500 Northwest 79th Avenue
268
Doral, FL 33122
(786) 208-2907
Digital Contact Information:
dayami@childrenbehavioraltherapy.com

and
7779 Northwest 146th Street
Hialeah, FL 33016
(786) 702-6868
Digital Contact Information:
dayami@childrenbehavioraltherapy.com

and
941 Southwest 87th Avenue
Suite A
Miami, FL 33174
(786) 873-9392
Digital Contact Information:
dayami@childrenbehavioraltherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alfaro Tieles, Katileidis, MBS, BCBA ■
5901 Miami Gardens Drive
207
Hialeah, FL 33015
(786) 560-3178
Digital Contact Information:
hopestaraba@gmail.com

and
7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
hopestaraba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alfonso, Carolina I, MSW, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
lisette@abctestingservices.com

Alfonso, Cyndia, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 558-8246
Digital Contact Information:
forwardbehaviorhr@gmail.com

and
175 Fontainebleau Boulevard
Miami, FL 33172
(786) 558-8246
Digital Contact Information:
forwardbehaviorhr@gmail.com

and
8950 Southwest 152nd Street
106a
Palmetto Bay, FL 33157
(786) 398-2965
Digital Contact Information:
forwardbehaviorhr@gmail.com

and
8950 Southwest 152nd Street
112
Palmetto Bay, FL 33157
(786) 432-0829
Digital Contact Information:
forwardbehaviorhr@gmail.com

and
8950 Southwest 152nd Street
116
Palmetto Bay, FL 33157
(786) 669-2619
Digital Contact Information:
forwardbehaviorhr@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alfonso Leyva, Hansel, MA, BCBA ■
15924 SW 92nd Ave
Miami, FL 33157
(786) 636-1303
Digital Contact Information:
maria.aviles@hhfcfl.com

Alfonso Martinez, Taimara, MBS, BCBA ■
5600 Southwest 135th Avenue
202b
Miami, FL 33183
(786) 856-4499
Digital Contact Information:
taimaraoffice@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alfonso, Moraima, BS, BCABA ■
2020 Ponce de Leon
Suite 1201
Miami, FL 33134
(305) 917-5414
Digital Contact Information:
mirta@psychologybeyond.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alford-Sunday, Nakia C, MED, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
tx-credentialing@lifestance.com

Ali, Nashat S, MC, LCPC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
scheduling@happierliving.com

Ali, Sharon, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
osaker@ibhflorida.com

and
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
osaker@ibhflorida.com
Other Languages Spoken by Provider or Office Staff English

Alicea, Karelix, MS, BCBA ■
777 Brickell Ave
Ste 500
Miami, FL 33131
(305) 330-4660
Digital Contact Information:
http://www.lotusbehavior.com
info@lotusbehavior.org
Other Languages Spoken by Provider or Office Staff Sign Lang Amer, Spanish

Alizo, Silvia, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
hr@thepiecefits.com

Allen, Caitlin, MC, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
hello@emorahealth.com

Allen, Yohanka, MC, BCBA ■
11925 Southwest 72nd Street
Miami, FL 33183
(305) 562-4683
Digital Contact Information:
shapingacademy@gmail.com

Allen-De Arce, Adriana, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com
Other Languages Spoken by Provider or Office Staff
Spanish

Almagro, Francisco, MC, LMHC ■
4800 West Flagler Street
215
Coral Gables, FL 33134
(954) 368-4786
Digital Contact Information:
pedroramon1@yahoo.com

and
2300 West 84th Street
Ste 601
Hialeah, FL 33016
(305) 363-4001
Digital Contact Information:
pedroramon1@yahoo.com

and
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
pedroramon1@yahoo.com

and
6801 Northwest 77th Avenue
107
Miami, FL 33166
(786) 536-2364
Digital Contact Information:
pedroramon1@yahoo.com

and
12150 Southwest 128th Court
125
Miami, FL 33186
(305) 964-5191
Digital Contact Information:
pedroramon1@yahoo.com

and
FL
(786) 624-1303
Digital Contact Information:
pedroramon1@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Almaguer, Anayancis, BA, BCABA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(888) 501-8540
Digital Contact Information:
https://acornhealth.com
anaalma01@gmail.com

Almaguer, Marilyn, PSYD, BCBA ■
8300 Northwest 53rd Street
Suite 102
Doral, FL 33166
(786) 769-5222
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
100 Northeast 15th Street
203
Homestead, FL 33030
(786) 404-3075
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Almanza, Yosairys, MS, BCBA ■
Home Based Services Only
Doral, FL 33122
(786) 614-3121
Digital Contact Information:
behaviorchangetherapeutics@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Almeida Wallace, Diana, MC, LMHC ■
5915 Ponce de Leon
48
Coral Gables, FL 33146
(305) 934-6453
Digital Contact Information:
dalmeida87@hotmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, English, French, Spanish

Almonte, Ricardo, MS, LMHC ■
250 Catalonia Avenue
suite 403
Coral Gables, FL 33134
(321) 405-2805
Digital Contact Information:
https://harvestingjoypsychologicalservices.com
harvestingjoycounseling@gmail.com

Alonso, Ariane, MBS, BCBA ■
1490 West 49th Place
Suite 401
Hialeah, FL 33012
(786) 294-0255
Digital Contact Information:
info@bmmaba.com

and
10261 Southwest 72nd Street
Miami, FL 33173
(786) 773-3654
Digital Contact Information:
info@bmmaba.com

and
7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
info@bmmaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alonso, Frances, MS, BCBA ■
7875 Northwest 12th Street
118
Miami, FL 33126
(786) 505-4449
Digital Contact Information:
info@southfloridabehavior.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alonso Gamez, Lixandra, MPSY, BCBA ■
8300 West Flagler Street
170
Miami, FL 33144
(786) 633-5171
Digital Contact Information:
olympushcs@gmail.com

Alonso Garcia, Elizabeth, MS, BCBA ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alonso, Janerly S, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(888) 501-8540
Digital Contact Information:
https://acornhealth.com
info@acornhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alonso, Jose M, MMH, BCBA ■
6405 Northwest 36th Street
#123
Virginia Gardens, FL 33166
(786) 872-4325
Digital Contact Information:
http://www.abyshs.com
ytrabado@abyshs.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Alonso, Leticia, MS, BCABA ■
12360 Southwest 132nd Court
STE 205
Miami, FL 33186
(786) 429-3738
Digital Contact Information:
favyhcs@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Alonso, Marilyn, MPSY, BCBA ■
8601 Southwest 199th Street
Cutler Bay, FL 33189
(305) 908-2999
Digital Contact Information:
marygley@bellsouth.net

and
10200 NW 25th St
Ste 114
Doral, FL 33172
(305) 908-2999
Digital Contact Information:
marygley@bellsouth.net

and
40 Northwest 8th Street
Homestead, FL 33030
(305) 908-2999
Digital Contact Information:
marygley@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Alonso, Raysa, MA, BCBA ■
8100 Northwest 155th Street
201
Miami Lakes, FL 33016
(786) 539-2181
Digital Contact Information:
alondraabaservices@gmail.com

Alonso, Yanelis, MS, BCBA ■
8300 Northwest 53rd Street
Suite 102
Doral, FL 33166
(786) 769-5222
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
175 Fontainebleau Boulevard
Miami, FL 33172
(305) 590-1085
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Alonso, Yenlys, BA, BCBA ■
12051 W Okeechobee Rd
Hialeah, FL 33018
(305) 828-5276
Digital Contact Information:
yap1718@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alpizar, Alina, MS, BCBA ■
7900 Oak Ln
400
Hialeah, FL 33016
(786) 622-5743
Digital Contact Information:
ymbehavioralhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
Korean, Spanish

Alsakloull, Majd, MS, LMHC ■
3785 Northwest 82nd Avenue
206
Doral, FL 33166
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
ebcg-support@findoctave.com
and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff Arabic

Alsina Triay, Maria D, MS, BCBA ■
6175 Northwest 153rd Street
STE 215
Miami Lakes, FL 33014
(305) 200-3326
Digital Contact Information:
asmtherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Altamiranda, Rosina E, MS, LMHC ●
11921 South Dixie Highway
STE 215
Pinecrest, FL 331564449
(786) 718-3890
Digital Contact Information:
rosina@nhorizonscs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Altamirano, Andrea V, MPSY, BCBA ■
10621 North Kendall Drive
Suite #203
Miami, FL 33176
(305) 456-6976
Digital Contact Information:
mark.frank@novitams.com

Altamirano, Marveed, MA, BCBA ■
13590 Southwest 134th Avenue
104
Miami, FL 33186
(305) 896-8161
Digital Contact Information:
thrivingmindscenter@gmail.com

Alton, Melissa, MC, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@lionrockrecovery.com

Altu, Amanda, MC, LMHC ■
5805 Blue Lagoon Dr
Ste 440
Miami, FL 33126
(800) 767-4411
Digital Contact Information:
Not Available

Alvarado, Gizelle, MED, LPC ■
1951 Northwest 7th Avenue
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
pinnacleeptx@aol.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Alvaredo, Cecilia, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 536-7470
Digital Contact Information:
dadebehavioralservices@gmail.com
and
14750 Southwest 26th Street
STE 114
Miami, FL 33185
(786) 536-9441
Digital Contact Information:
dadebehavioralservices@gmail.com
and
13170 Southwest 128th Street
STE 206
Miami, FL 33186
(786) 382-0550
Digital Contact Information:
dadebehavioralservices@gmail.com

Alvarez, Arlinnes, MMH, LMHC ■
FL
(305) 804-9121
Digital Contact Information:
http://www.sfacounseling.org
arlinnes@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Creole, Spanish

Alvarez, Asnay M, MPSY, BCBA ■
Home Based Services Only
Hialeah, FL 33012
(561) 460-0284
Digital Contact Information:
admin@dreambigaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alvarez Castillo, Lazara M, MSED, BCBA ●
10300 Southwest 72nd Street
135
Miami, FL 33173
(786) 532-0892
Digital Contact Information:
skybluetherapycenter1@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alvarez, Catalina, MS, BCBA ■
11890 Southwest 8th Street
STE 309
Miami, FL 331841710
(305) 220-6060
Digital Contact Information:
http://www.blueangelcare.net
calvarez@blueangelcare.net
Other Languages Spoken by Provider or Office Staff
Spanish

Alvarez, Catherine, MS, BCBA ■
2300 West 84th Street
Ste 601
Hialeah, FL 33016
(305) 363-4001
Digital Contact Information:
http://www.vytalyzeminds.net
info@vytalyzeminds.net
Other Languages Spoken by Provider or Office Staff
Spanish

Alvarez Crespo, Arianna, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 424-7040
Digital Contact Information:
admin@pmbehaviorgroup.com
and
12595 Southwest 137th Avenue
Suite 208
Miami, FL 33186
(305) 424-7040
Digital Contact Information:
admin@pmbehaviorgroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alvarez, Eduardo, MS, LMHC ■
1000 Brickell Avenue
Miami, FL 33131
(305) 803-6663
Digital Contact Information:
eddya123@gmail.com

Alvarez Gonzalez, Alejandro, MA, BCBA ■
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
credentialing@creativekidstherapyinc.com

Alvarez Gonzalez, Lissette M, MS, LMHC ■
2500 Northwest 79th Avenue
Suite 180
Doral, FL 33122
(786) 253-7868
Digital Contact Information:
faithandhope230@gmail.com
and
18522 Southwest 136th Court
Miami, FL 33177
(305) 416-8189
Digital Contact Information:
faithandhope230@gmail.com
and
5881 Northwest 151st Street
Suite: 103
Miami Lakes, FL 33014
(786) 703-4154
Digital Contact Information:
faithandhope230@gmail.com
and
230 Canal Street
APT 202
Miami Springs, FL 33166
(305) 416-8189
Digital Contact Information:
faithandhope230@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alvarez, Idolidia, MS, BCBA, LMHC ■
941 Southwest 87th Avenue
Suite A
Miami, FL 33174
(786) 873-9392
Digital Contact Information:
dmbehavioralsolutions@gmail.com
and
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 522-3900
Digital Contact Information:
dmbehavioralsolutions@gmail.com
and
6405 Northwest 36th Street
Virginia Gardens, FL 33166
(786) 238-2008
Digital Contact Information:
dmbehavioralsolutions@gmail.com
Other Languages Spoken by Provider or Office Staff English

Alvarez, Iliana, MED, BCBA ■
930 Hialeah Drive
Hialeah, FL 33010
(786) 398-1509
Digital Contact Information:
magic.path.ins24@gmail.com
and
8040 Northwest 95th Street
217
Hialeah Gardens, FL 33016
(786) 655-3929
Digital Contact Information:
magic.path.ins24@gmail.com

Alvarez, Inna, MBS, BCBA ■
1150 Northwest 72nd Avenue
ph 2
Miami, FL 33126
(786) 542-5043
Digital Contact Information:
http://1stcarecms.com
office@bluehopetherapyservices.com
and
10700 Southwest 46th Street
Miami, FL 33165
(786) 907-4925
Digital Contact Information:
http://www.bluehopetherapyservices.com
office@bluehopetherapyservices.com

Alvarez, Kristina, MA, BCBA, LBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(888) 501-8540
Digital Contact Information:
https://acornhealth.com
info@acornhealth.com
and
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
info@acornhealth.com

Alvarez, Lien, MS, BCBA ■
21730 Southwest 101st Avenue
Cutler Bay, FL 33190
(305) 510-1032
Digital Contact Information:
jcabrera@mymbcinc.com
and
1000 Brickell Avenue
Miami, FL 33131
(786) 458-9535
Digital Contact Information:
jcabrera@mymbcinc.com
and
9555 Southwest 175th Terrace
Palmetto Bay, FL 33157
(786) 458-9535
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alvarez, Lisbeth, MS, BCBA ■
13590 Southwest 134th Avenue
104
Miami, FL 33186
(305) 896-8161
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alvarez Lorenzo, Yisel, EDM, BCBA ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
dadebehavioralservices@gmail.com
and
1000 Brickell Avenue
Miami, FL 33131
(786) 536-7470
Digital Contact Information:
dadebehavioralservices@gmail.com

Alvarez, Lorianne, MA, BCBA ■
13195 Southwest 134th Street
Ste. 201
Miami, FL 33186
(786) 206-6500
Digital Contact Information:
lorianne.alvarez72@gmail.com
and
FL
(786) 516-0157
Digital Contact Information:
lorianne.alvarez72@gmail.com

Alvarez, Marie, MSCC, LMHC ■
7700 North Kendall Drive
707
Miami, FL 33156
(305) 298-8649
Digital Contact Information:
rosorio@miamicounseling.com

Alvarez, Martha, MMFT, LMFT ■
1390 South Dixie Highway
2104
Coral Gables, FL 33146
(305) 446-0333
Digital Contact Information:
info@miamipsychcenter.com
Other Languages Spoken by Provider or Office Staff

Spanish

Alvarez, Mayaly, MS, LMHC ●
11921 South Dixie Highway
STE 215
Pinecrest, FL 331564449
(786) 718-3890
Digital Contact Information:
malva@nhorizonscs.com

Alvarez, Mirisleydis, MS, BCBA ■
Home Based Services Only
Hialeah, FL 33013
(786) 486-3909
Digital Contact Information:
malvarezbcba@gmail.com

and
3271 NW 7th St
Ste 203
Miami, FL 33125
(786) 220-6902
Digital Contact Information:
malvarezbcba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alvarez, Olivia, MS, BCBA ■
9415 Southwest 72nd Street
101
Miami, FL 33173
(305) 662-6448
Digital Contact Information:
oliviaalvarezaba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alvarez Ospino, Elvin, MA, BCBA ■
2730 SW 3rd Ave
Ste 602
Miami, FL 33129
(786) 283-0175
Digital Contact Information:
http://alos.org
elvinalvarez@gmail.com

and
2730 Southwest 3rd Avenue
STE 800
Miami, FL 33129
(786) 641-5326
Digital Contact Information:
http://alos.org
elvinalvarez@gmail.com

Alvarez Ramirez, Magne C, MBS, BCABA ■
12855 Southwest 136th Avenue
221
Miami, FL 33186
(786) 319-2276
Digital Contact Information:
admin@bettercareforyou.com

Alvarez, Stephanie, MS, LMHC ●
FL
(561) 590-7063
Digital Contact Information:
http://innerworkcounseling.com
contact@innerworkcounseling.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alvarez, Susana, MS, BCBA ■
10447 Southwest 108th Avenue
e278 e278
Miami, FL 33176
(305) 283-7789
Digital Contact Information:
danielam@fittingpiecestx.com

Alvarez Toledo, Claudia, MS, BCBA ■
8300 NW 53rd St
Ste 350
Miami, FL 33166
(305) 776-0728
Digital Contact Information:
risenconsultants@outlook.com

and
8785 Southwest 165th Avenue
307
Miami, FL 33193
(786) 956-7480
Digital Contact Information:
risenconsultants@outlook.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
risenconsultants@outlook.com

Alvarez, Yudelkys, MS, BCBA ■
13170 Southwest 128th Street
STE 206
Miami, FL 33186
(786) 382-0550
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alvaro Collazo, Ronnay, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
admissions@abaalliancecareservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alvey, Tiffany A, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
members@wellnite.com

Alvino, Evelyn C, MHS, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
fl-credentialing@lifestance.com

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
fl-credentialing@lifestance.com

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
fl-credentialing@lifestance.com

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
fl-credentialing@lifestance.com

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
fl-credentialing@lifestance.com

and
14645 Northwest 77th Avenue
101
Miami Lakes, FL 33014
(833) 769-3524
Digital Contact Information:
fl-credentialing@lifestance.com

Amadeo, Audrey L, MS, BCBA ■
8785 SW 165th Ave
Ste 103
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
hashtagtherapyinc@gmail.com

and
8785 SW 165th Ave
Ste 104
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
hashtagtherapyinc@gmail.com

and
Home Based Services Only
Miami Gardens, FL 33055
(305) 301-5971
Digital Contact Information:
hashtagtherapyinc@gmail.com

Amado, Sandra J, MC, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@usmso.com

Amador, David, MBS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 536-7470
Digital Contact Information:
dadebehavioralservices@gmail.com

and
12855 Southwest 136th Avenue
221
Miami, FL 33186
(786) 319-2276
Digital Contact Information:
dadebehavioralservices@gmail.com

Amador, Georgina M, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 356-8161
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
English, Spanish

Amador, Ruth Narumi, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
sheryl.shumate@colapsych.com
Other Languages Spoken by Provider or Office Staff
Spanish

Amador Vale, Monica C, MBS, BCBA ■
717 Ponce de Leon Boulevard
Suite 209
Coral Gables, FL 33134
(305) 381-0839
Digital Contact Information:
https://www.winglessangelsbs.com/
behaviorconsultantfl@gmail.com

and
1900 Southwest 22nd Street
#205
Miami, FL 33145
(305) 648-7212
Digital Contact Information:
behaviorconsultantfl@gmail.com

and
10691 North Kendall Drive
#202
Miami, FL 33176
(786) 534-7172
Digital Contact Information:
behaviorconsultantfl@gmail.com

and
11980 Southwest 144th Court
Suite #210
Miami, FL 33186
(786) 246-4661
Digital Contact Information:
https://www.floridabehaviorhealthgroup.com/
behaviorconsultantfl@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Amar, Eliana, MS, BCBA, LMFT ■
1000 Brickell Avenue
Miami, FL 33131
(786) 402-2300
Digital Contact Information:
eliana.amar@yahoo.com

and
14331 Southwest 120th Street
201
Miami, FL 33186
(786) 329-9993
Digital Contact Information:
eliana.amar@yahoo.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Amat, Marina L, MS, BCBA ■
1570 West 38th Place
12 12
Hialeah, FL 33012
(786) 615-2514
Digital Contact Information:
behaviorplusservices@gmail.com

and
8300 NW 53rd St
Ste 350
Miami, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com

and
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
behaviorplusservices@gmail.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(786) 522-7203
Digital Contact Information:
behaviorplusservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Amaya-Ordonez, Esmeralda, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Ambush, Latonia M, MMH, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
latonia.ambush@gmail.com

Amestoy, Ana, MPSY, BCBA ■
13590 Southwest 134th Avenue
104
Miami, FL 33186
(305) 896-8161
Digital Contact Information:
apluschildbcorp@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Amza, Torie, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Anagnos, Grace E, MA, LCMHC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Anaya, Alissa, MS, LMHC ●
FL
(561) 590-7063
Digital Contact Information:
http://innerworkcounseling.com
contact@innerworkcounseling.com

Anderson, Aimee E, MSW, LCSW ■
9260 Sunset Dr
Ste 203
Miami, FL 33173
(305) 279-3640
Digital Contact Information:
Not Available

Anderson, Erica S, MS, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
erica@twcollaborative.org

Anderson, Susan L, MA, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
susanandersonmalpc@gmail.com

Anderson, Tracy L, MED, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
centralizedcredentialing@arraybc.com

Andrade-Plaza, Roberto, MA, BCBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
evernorth@teampbs.com

Andreu, Claudia M, MMH, LMHC ■
7000 SW 97th Ave
Ste 121
Miami, FL 33173
(305) 342-5044
Digital Contact Information:
claumar.0222@gmail.com

Aneas, Sofia, MS, LMHC ■
186 Northeast 106th Street
Miami Shores, FL 33138
(786) 238-2008
Digital Contact Information:
sofianeas@gmail.com
Other Languages Spoken by Provider or Office Staff Portuguese, Spanish

Anestin, Monica, MA, BCBA ■
909 North Miami Beach Boulevard
STE 301
North Miami Beach, FL 33162
(305) 822-7202
Digital Contact Information:
kim@appliedbehavior.net

Angel, Juan, MA, LMFT ■
1533 Sunset Drive
215
Miami, FL 33143
(954) 648-9492
Digital Contact Information:
juanmartinangel83@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Angel, Nicole, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Angulo, Elizabeth, MS, BCBA ■
8300 Northwest 53rd Street
Suite 102
Doral, FL 33166
(786) 769-5222
Digital Contact Information:
glenda.marti@shg.center

and
3750 Northwest 87th Avenue
744
Miami, FL 33178
(786) 689-6517
Digital Contact Information:
glenda.marti@shg.center
Other Languages Spoken by Provider or Office Staff English, Spanish

Anselme, Angelique, MS, LMHC ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
info@elevatepsychiatry.com
Other Languages Spoken by Provider or Office Staff Spanish

Ansteatt, Kayleigh, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
haley.hounchell@yourmissingpiece.com

Antoine, Nisha, MPSY, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Antunes, Alexandra, MS, LMHC ■
12651 South Dixie Highway
Suite 320
Miami, FL 33156
(305) 300-3121
Digital Contact Information:
http://www.happymindswellness.com
contact@happyminds.sprucecare.com

and
8950 Southwest 74th Court
Suite 1808
Miami, FL 33156
(305) 300-3121
Digital Contact Information:
contact@happyminds.sprucecare.com

and
FL
(305) 300-3121
Digital Contact Information:
http://www.happymindswellness.com
contact@happyminds.sprucecare.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(305) 300-3121
Digital Contact Information:
http://happymindswellness.com
contact@happyminds.sprucecare.com

Applefield, Christine, MA, LMFT ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
hello@emorahealth.com

Appolon, Ludie, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 340-5830
Digital Contact Information:
audrey@beehaviorabatherapy.com

Aquaro, Simona, MA, BCBA ■
12700 Southwest 122nd Avenue
108 110
Miami, FL 33186
(786) 227-6003
Digital Contact Information:
indese@indese.net
Other Languages Spoken by Provider or Office Staff Italian, Spanish

Aquit, Yudeivys A, BA, BCABA ■
2500 Northwest 79th Avenue
Suite 180
Doral, FL 33122
(786) 253-7868
Digital Contact Information:
improvedbehaviortherapy@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0429
Digital Contact Information:
improvedbehaviortherapy@gmail.com

Arado, Liliet, BS, BCBA ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(305) 273-3773
Digital Contact Information:
http://www.behavior-analysis.org
tvargas@behavior-analysis.org

Aragon Martinez, Stephen, MS, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
evernorth@teampbs.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
evernorth@teampbs.com

and
1951 NW 7th Ave
Ste 600
Miami, FL 33136
(929) 384-7193
Digital Contact Information:
evernorth@teampbs.com
Other Languages Spoken by Provider or Office Staff Spanish

Arana, Ashley, MS, LMHC ■
250 Catalonia Avenue
suite 403
Coral Gables, FL 33134
(321) 405-2805
Digital Contact Information:
https://harvestingjoypsychologicalservices.com
asharanma.harvestingjoy@gmail.com

Arandia, Eloisa, MMFT, BCBA, LMHC ■
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Arandia Hernandez, Elynor M, MS, BCBA ■
8785 Southwest 165th Avenue
307
Miami, FL 33193
(786) 956-7480
Digital Contact Information:
behaviorplusservices@gmail.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Arango, Alejandra J, MS, LMHC ■
FL
(786) 556-4040
Digital Contact Information:
aarango505@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Arauz, Kristel, MS, BCBA ■
7990 Southwest 117th Avenue
Suite 134
Kendall, FL 33183
(305) 741-2218
Digital Contact Information:
karauz@buildablocktherapy.com

and
8355 West Flagler Street
239
Miami, FL 33126
(305) 741-2218
Digital Contact Information:
karauz@buildablocktherapy.com

Arce, Ana I, MA, BCBA ■
12973 Southwest 112th Street
151
Miami, FL 33186
(305) 204-7037
Digital Contact Information:
info@onebehavior.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Arce Reyes, Maebys, MPSY, BCBA ■
1900 Southwest 22nd Street
#205
Miami, FL 33145
(305) 648-7212
Digital Contact Information:
genesisconsultingservices39@gmail.com

Archilla, Ana M, BS, LMHC ■
7875 SW 104th St
Ste 101
Miami, FL 33156
(305) 740-8998
Digital Contact Information:
insurance@jcsfl.org

and
12000 Biscayne Boulevard
303
Miami, FL 33181
(305) 899-1587
Digital Contact Information:
http://www.jcsfl.org
insurance@jcsfl.org
Other Languages Spoken by Provider or Office Staff Spanish

Arcia, Angel, MSED, BCBA ■
7500 Northwest 25th Street
STE 200
Miami, FL 33122
(305) 909-4872
Digital Contact Information:
Not Available

Arcia Leal, Daniela, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 204-8290
Digital Contact Information:
info@mistherapt.com

and
5767 Northwest 151st Street
b
Miami Lakes, FL 33014
(786) 431-5801
Digital Contact Information:
info@mistherapt.com
Other Languages Spoken by Provider or Office Staff Russian, Yiddish, Spanish

Arcia, Lizbeth, MA, BCBA, LBA ■
Home Based Services Only
Hialeah, FL 33010
(305) 280-5730
Digital Contact Information:
info@appliedabc.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 280-5730
Digital Contact Information:
info@appliedabc.com

Arencibia, Judith, EDS, BCBA ■
1840 West 49th Street
720
Hialeah, FL 33012
(786) 803-8593
Digital Contact Information:
amdja26@gmail.com
Other Languages Spoken by Provider or Office Staff Russian, Italian, Spanish

Arencibia, Yoarys, MA, BCBA ■
Home Based Services Only
Aventura, FL 33180
(305) 283-0442
Digital Contact Information:
morningsideaba@gmail.com

and
6761 Southwest 6th Street
Miami, FL 33144
(305) 283-0442
Digital Contact Information:
morningsideaba@gmail.com

and
Home Based Services Only
Opa-locka, FL 33054
(305) 283-0442

Digital Contact Information:
morningsideaba@gmail.com

and
Home Based Services Only
West Miami, FL 33144
(305) 283-0442
Digital Contact Information:
morningsideaba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arevalo, Ariana, BA, BCBA ■
9425 Southwest 72nd Street
164
Miami, FL 33173
(305) 279-2286
Digital Contact Information:
taylor@freshstartsnow.com

and
12985 Southwest 130th Court
204 204
Miami, FL 33186
(305) 735-3878
Digital Contact Information:
http://www.abasquad.com
taylor@freshstartsnow.com

Arganza, Tatyana, MC, LMHC ■
8390 West Flagler Street
220
Miami, FL 33144
(305) 402-4835
Digital Contact Information:
http://newmooncmhc.com
nicanoragent83@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Argote, Leah, MA, BCBA ■
2947 Coconut Avenue
2 2
Miami, FL 33133
(786) 541-5735
Digital Contact Information:
kdconsultingfl@gmail.com

Argudin Figueredo, Tania, MS, BCBA ■
16657 Southwest 81st Terrace
Miami, FL 33193
(786) 426-1166
Digital Contact Information:
pathwaysaba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arguelles, Daysi R, BA, BCABA ■
30350 SW 156th Ave
Homestead, FL 33033
(786) 391-4113
Digital Contact Information:
myhungrycaterpillar@gmail.com

and
8550 West Flagler Street
STE 118
Miami, FL 33144
(786) 391-4113
Digital Contact Information:
myhungrycaterpillar@gmail.com

and
27132 South Dixie Highway
Naranja, FL 33032
(786) 283-0175
Digital Contact Information:
myhungrycaterpillar@gmail.com

Arguelles, Doris, BA, BCABA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 356-8754
Digital Contact Information:
cubanitadori@yahoo.com

and
14536 Southwest 170th Street
Miami, FL 33177
(786) 356-8754
Digital Contact Information:
cubanitadori@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arguelles, Kenny, MS, BCBA ■
175 Fontainebleau Boulevard
Miami, FL 33172
(305) 551-6373
Digital Contact Information:
kennyarguelles22@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arias, Alina, MS, LMHC ■
18505 Northwest 75th Place
104 104
Hialeah, FL 33015
(305) 746-5628
Digital Contact Information:
rossconsultingandcredentialing@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Arias, Ivette, MPSY, ABA, BCBA ■
1250 Southwest 27th Avenue
207
Miami, FL 33135
(732) 523-2327
Digital Contact Information:
camiamibehavior@gmail.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
camiamibehavior@gmail.com

and
Home Based Services Only
West Miami, FL 33144
(786) 404-1017
Digital Contact Information:
camiamibehavior@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ariza, Marisol, MS, BCBA ■
2520 Coral Way
2 19
Miami, FL 33145
(855) 832-6727
Digital Contact Information:
evernorth@teampbs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arjones Betancourt, Sadielys, MS, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
genesisconsultingservices39@gmail.com

Armas, Yenisleidy, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 695-8672
Digital Contact Information:
abaproinfo@gmail.com

and
4155 Southwest 130th Avenue
108
Miami, FL 33175
(786) 695-8672
Digital Contact Information:
abaproinfo@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Arnaez, Elizabeth, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
jenny.silverio@lifechg.org
Other Languages Spoken by Provider or Office Staff
Spanish

Arnesen Hernandez, Zuhe C, MA, BCBA ■
12985 Southwest 130th Court
204 204
Miami, FL 33186
(305) 735-3878
Digital Contact Information:
info@abasquad.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Arocha, Dalkis, MPSY, BCBA ■
HOME BASED SERVICES ONLY
Miami, FL 33178
(305) 280-5732
Digital Contact Information:
developmentalimprovements@outlook.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Aroche, Gladys, MPSY, LMHC ■
5881 Northwest 151st Street
111
Miami Lakes, FL 33014
(305) 440-8920
Digital Contact Information:
gac25@ymail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arrarte, Lorena, MED, LMHC ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
arscredentialing@advancedrecoverysystems.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Arriera, Stefanie T, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
admissions@abaalliancecareservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arroyo, Linda M, MC, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
lindaarroyo.mft@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arroyo, Rebecca, MC, LMHC ■
10700 Caribbean Boulevard
UNIT 203
Cutler Bay, FL 33189
(305) 299-8005
Digital Contact Information:
positivemindful@gmail.com

Arrue Gonzalez, Juliet F, MS, BCBA ■
18951 Southwest 106th Avenue
105 106
Miami, FL 33157
(305) 233-4448
Digital Contact Information:
stepbystepbehavioralservices@gmail.com

and
13813 Southwest 32nd Street
Miami, FL 33175
(786) 597-3813
Digital Contact Information:
stepbystepbehavioralservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arteaga Simon, Yanela G, MBS, BCBA ■
7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
info@bmmaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Artica, Janielle, MA, BCBA ■
12750 Northwest 17th Street
216 216
Miami, FL 33182
(888) 527-8037
Digital Contact Information:
info@brightstartllc.com

Artiles Lopez, Dora M, PHD, BCABA ■
18951 Southwest 106th Avenue
105 106
Miami, FL 33157
(305) 233-4448
Digital Contact Information:
info@brightfuturebehavioral.com

and
13205 Southwest 137th Avenue
#212
Miami, FL 33186
(786) 732-6298
Digital Contact Information:
info@brightfuturebehavioral.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Artime, Anais, MS, BCBA ■
13205 Southwest 137th Avenue
#212
Miami, FL 33186
(786) 732-6298
Digital Contact Information:
inspirebehaviorconsultant@gmail.com

and
9502 Southwest 166th Court
Miami, FL 33196
(754) 234-0643
Digital Contact Information:
inspirebehaviorconsultant@gmail.com

and
8203 Southwest 124th Street
Pinecrest, FL 33156
(561) 564-1466
Digital Contact Information:
inspirebehaviorconsultant@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arvon, Coral, PHD, LCSW, LMFT ■
2627 Northeast 203rd Street
118
Aventura, FL 33180
(305) 936-8000
Digital Contact Information:
http://arvonandassociates.com
drarvon@arvonandassociates.com

and
6919 Southwest 18th Street
219
Miami, FL 33175
(305) 936-8000
Digital Contact Information:
http://arvonandassociates.com
drarvon@arvonandassociates.com

Astolfo, Therese, MS, LMHC ■
1680 Meridian Ave
Ste 501
Miami Beach, FL 33139
(305) 531-5341
Digital Contact Information:
llong@dgcmhc.org

Atencia, Angie P, MS, BCBA ■
13055 Southwest 42nd Street
STE 104
Miami, FL 33175
(305) 480-7839
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

Augustin, Sabine, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com
Other Languages Spoken by Provider or Office Staff Haitian

Creole

Auricchio, Bianca, MS, BCBA ■
13195 Southwest 134th Street
Ste. 201
Miami, FL 33186
(786) 206-6500
Digital Contact Information:
biancathebcba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Autie Castro, Yamila, MPSY, BCBA ■
8660 West Flagler Street
STE 121
Miami, FL 33144
(305) 600-4774
Digital Contact Information:
info@sunshinebehavioralhealthservices.com

Avalos, Digna, MBS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0429
Digital Contact Information:
dadebehavioralservices@gmail.com
and
175 Fontainebleau Boulevard
Miami, FL 33172
(305) 960-7124
Digital Contact Information:
dadebehavioralservices@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Avendano, Lenny, MA, BCBA ■
2898 Northwest 79th Avenue
Doral, FL 33122
(786) 646-9250
Digital Contact Information:
Not Available

Avila, Sara, MS, BCBA ■
FL
(305) 452-0820
Digital Contact Information:
avilasara1211@gmail.com
and
Home Based Services Only
Miami Lakes, FL 33018
(305) 904-1862
Digital Contact Information:
avilasara1211@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Avila Tamayo, Yudelmis, MPSY, BCBA ■
100 Northeast 15th Street
203
Homestead, FL 33030
(786) 404-3075
Digital Contact Information:
allstaraba22@gmail.com
and
30908 Southwest 192nd Avenue
Homestead, FL 33030
(786) 404-3148
Digital Contact Information:
allstaraba22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Aviles, Frank, MBS, BCBA ■
2898 Northwest 79th Avenue
Doral, FL 33122
(786) 646-9250
Digital Contact Information:
staffing@koalaaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ayer, Brian, MA, LPCC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
registration@ravenwoodhealth.org
Other Languages Spoken by Provider or Office Staff Sign Lang Amer

Azaret, Janell M, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 853-8355
Digital Contact Information:
jmazaret@gmail.com
and
1512 Southwest 14th Terrace
Miami, FL 33145
(786) 853-8355
Digital Contact Information:
jmazaret@gmail.com
and
4525 Southwest 146th Court
Miami, FL 33175
(305) 807-1909
Digital Contact Information:
jmazaret@gmail.com
and
12985 Southwest 130th Court
204 204
Miami, FL 33186
(305) 735-3878
Digital Contact Information:
http://www.abasquad.com
jmazaret@gmail.com

Azarian, Eliana, MC, LMHC ■
FL
(561) 590-7063
Digital Contact Information:
http://innerworkscounseling.com
contact@innerworkcounseling.com

Azcuy, Yanairis, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 732-2139
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Azze, Lilianet, MPSY, BCBA ■
1275 West 47th Place
#449
Hialeah, FL 33012
(305) 425-1338
Digital Contact Information:
magicbehavioralcare@gmail.com
and
Home Based Services Only
Hialeah, FL 33012
(305) 425-1338
Digital Contact Information:
magicbehavioralcare@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Babanin, Ellen P, MMFT, LMFT ■
FL
(786) 488-8103
Digital Contact Information:
http://www.sfacounseling.org
info@monarcabehavioralhealth.com

Baca-Villagomez, Victoria L, MS, PC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Bacaro, Janiett, MA, BCBA ■
110 West 17th Street
Hialeah, FL 33010
(786) 267-8467
Digital Contact Information:
jbm.terapeuta@gmail.com
and
Home Based Services Only
Hialeah, FL 33010
(786) 267-8467
Digital Contact Information:
jbm.terapeuta@gmail.com
and
4410 West 16th Avenue
unit 41
Hialeah, FL 33012
(786) 267-2830
Digital Contact Information:
http://www.abastarbehavioral.com
jbm.terapeuta@gmail.com
and
2459 West 70th Street
Hialeah, FL 33016
(786) 571-0939
Digital Contact Information:
jbm.terapeuta@gmail.com
and
Home Based Services Only
Miami, FL 33155
(786) 747-4949
Digital Contact Information:
jbm.terapeuta@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Bachan, Kassandra, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Badger, Marlowe, MS, LMHC ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
contact@elevatepsychiatry.com
and
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
contact@elevatepsychiatry.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Badger, Roosevelt, MA, LCSW, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
hello@emorahealth.com

Badia, Lourdes, MA, LMHC ■
2550 Douglas Road
Ste #301
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
lbadia@aol.com
and
1338 SW 8th St
Miami, FL 33135
(786) 953-8874
Digital Contact Information:
lbadia@aol.com
and
8080 West Flagler Street
2a
Miami, FL 33144
(786) 615-2640
Digital Contact Information:
lbadia@aol.com
and
13270 Southwest 8th Street
Miami, FL 33184
(786) 631-4972
Digital Contact Information:
lbadia@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Baez, Damaris, MA, BCABA ■
14707 South Dixie Highway
Suite 200
Miami, FL 33176
(305) 321-5177
Digital Contact Information:
administration@familybehaviortherapy.com

Baez, Naeyjalite, MS, BCBA, LBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 218-6596
Digital Contact Information:
naeyjalite@stoneofhelpaba.com
Other Languages Spoken by Provider or Office Staff English

Bailey, Paul, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
bailey.pauliii@gmail.com
Other Languages Spoken by Provider or Office Staff English

Bailey, Zafria, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Baird, Christopher, MA, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
cardiganincorporated@gmail.com

Baker, Qiana, MS, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
noemail@email.com

Balan, Aurora, MS, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Balan, Maria, MS, LMHC ■
15715 S Dixie Hwy
Ste 403
Miami, FL 33157
(305) 707-5966
Digital Contact Information:
movingtowardagape@gmail.com

Balart Cid, Lidice M, MBS, BCBA ■
8203 Southwest 124th Street
Pinecrest, FL 33156
(786) 533-3846
Digital Contact Information:
mbcbehavioranalysis@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Balart, Maylen, MPSY, BCBA ■
4800 Northwest 167th Street
Miami Gardens, FL 33014
(305) 515-2726
Digital Contact Information:
http://www.lightingbehavior.com
lightingbehaviorservices@gmail.com
and
8203 Southwest 124th Street
Pinecrest, FL 33156
(786) 533-3846
Digital Contact Information:
lightingbehaviorservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Baltodano, Fernando, MED, BCBA ■
12750 Southwest 128th Street
Suite #201
Miami, FL 33186
(786) 592-2051
Digital Contact Information:
http://www.behavioraccservices.com
office@behavioraccservices.com

Balza, Melany, MA, BCBA ■
8900 Southwest 117th Avenue
Suite B201
Miami, FL 33186
(305) 896-0425
Digital Contact Information:
seamlessbehavioralinc@gmail.com

Baquero, Callie, LMFT, MA, MC ■
4302 Alton Rd
Ste 500

Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Barban, Ariadna, BS, BCABA ■
Home Based Services Only
Doral, FL 33122
(786) 614-3121
Digital Contact Information:
behaviorchangetherapeutics@yahoo.com

and
1840 West 49th Street
#714
Hialeah, FL 33012
(305) 699-8388
Digital Contact Information:
behaviorchangetherapeutics@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barbaran, Augusto, MA, LMHC ■
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
fl-credentialing@lifestance.com

Barbero, Aldo J, MED, BCBA ■
20335 West Country Club Drive
1410 1410
Aventura, FL 33180
(786) 523-9153
Digital Contact Information:
info@bluecompassbehavioral.com
Other Languages Spoken by Provider or Office Staff English

Barbeyto, Maria L, MBS, BCBA ■
11256 Southwest 238th Street
Homestead, FL 33032
(305) 498-3176
Digital Contact Information:
http://www.selflc.com
selflearningcenterus@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Barcena, Maylin D, MS, BCBA, LBA ■
2500 Northwest 79th Avenue
268
Doral, FL 33122
(786) 208-2907
Digital Contact Information:
info@wbehavioralservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barhold, Theresa, BCBA, MS ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
Not Available

Barker, Kaylee, MS, BCBA ■
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
credentialing@creativekidstherapyinc.com

Barker, Madeleine, MS, LMHC ■
2550 Douglas Road
Ste #301
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
administration@mindandsoultherapy.com

Barnes, Cassandra D, MC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@thriveworks.com
Other Languages Spoken by Provider or Office Staff English

Barone, Andrea V, MS, BCBA ■
12973 Southwest 112th Street
151
Miami, FL 33186
(305) 204-7037
Digital Contact Information:
jeanne@onebehavior.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barosela, Melissa, MC, LMHC ■
3625 Northwest 82nd Avenue
400 3
Doral, FL 33166
(305) 209-6399
Digital Contact Information:
julie.berger@drcred.com

and
1125 Northeast 125th Street
112
North Miami, FL 33161
(305) 209-6399
Digital Contact Information:
julie.berger@drcred.com

Barrague, Maria, MPSY, LCMHC ■
1000 Brickell Avenue
Miami, FL 33131
(305) 467-8879
Digital Contact Information:
namastebehaviortherapy@yahoo.com

and
5600 SW 135th Ave
Ste 112
Miami, FL 33183
(305) 746-4507
Digital Contact Information:
namastebehaviortherapy@yahoo.com

and
12855 Southwest 136th Avenue
104
Miami, FL 33186
(305) 467-8879
Digital Contact Information:
namastebehaviortherapy@yahoo.com

Barrancos, Lara S, MS, BCBA ■
Home Based Services Only
Aventura, FL 33180
(305) 283-0442
Digital Contact Information:
behaviorplusservices@gmail.com

and
8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-2822
Digital Contact Information:
behaviorplusservices@gmail.com

and
6761 Southwest 6th Street
Miami, FL 33144
(305) 283-0442
Digital Contact Information:
behaviorplusservices@gmail.com

and
8300 NW 53rd St
Ste 350
Miami, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com

and
Home Based Services Only
Opa-locka, FL 33054
(305) 283-0442
Digital Contact Information:
behaviorplusservices@gmail.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com

and
Home Based Services Only
West Miami, FL 33144
(305) 283-0442
Digital Contact Information:
behaviorplusservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barreira, Edith M, MMFT, LMFT ■
11098 Biscayne Blvd
401-27
Miami, FL 33161
(305) 972-4865
Digital Contact Information:
https://edithmariabarreiralmft.com
privatepracticeeb@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barreiro Sanchez, Marla, MA, BCBA ■
1400 Northwest 107th Avenue
306
Miami, FL 33172
(786) 817-7444
Digital Contact Information:
office@behavioralinterventionforautism.com

Barrera, Lourdes, MPSY, LMHC ■
19001 Southwest 106th Avenue
c103
Miami, FL 33157
(786) 523-2352
Digital Contact Information:
hopeandserenity4you@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barrera, Maidy, MPSY, BCBA ■
10300 Southwest 72nd Street
250b
Miami, FL 33173
(305) 939-6878
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
13055 Southwest 42nd Street
STE 104
Miami, FL 33175
(305) 480-7839
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barreras, Rosemary, MSED, LMFT ●
101 Majorca Avenue
Coral Gables, FL 33134
(954) 998-3372
Digital Contact Information:
rosemarybreiss@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barrero Ramirez, Odelmis, MED, BCBA ■
1900 Southwest 22nd Street
#205
Miami, FL 33145
(305) 648-7212
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
13301 Southwest 132nd Avenue
209 209
Miami, FL 33186
(786) 713-5553
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Barreto, Camila, MA, LMFT ■
20225 Northeast 34th Court
APT 2511
Aventura, FL 33180
(805) 453-2525
Digital Contact Information:
http://www.connectedbeings.com
connectedbeings@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barrionuevo, Giovanna, MED, BCBA ■
13195 Southwest 134th Street
Ste. 201
Miami, FL 33186
(786) 206-6500
Digital Contact Information:
giovanna@behavioralfamilysolutions.com

Barrios-Mendez, Maria E, MSCC, LMHC ■
7700 North Kendall Drive
807
Miami, FL 33156
(786) 897-3729
Digital Contact Information:
mebm78@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barroso, Alina, MD, LMHC ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Barroso, Daisy, MA, LMFT ■
117 Northeast 1st Avenue
9th FL
Miami, FL 33132
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
ebcg-support@findoctave.com

Barroso, Rosa M, MC, LMHC ■
8004 Northwest 154th Street
418
Hialeah, FL 33016
(305) 530-8119
Digital Contact Information:
r@rbarrosolmhc.com

and
FL
(305) 530-8119
(305) 239-7725
Digital Contact Information:
r@rbarrosolmhc.com

and
7950 West Flagler Street
Suite 101
Miami, FL 33144
(305) 239-7725
Digital Contact Information:
r@rbarrosolmhc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barsalona, Heather A, MS, BCBA ■
16853 Northeast 2nd Avenue
s102
North Miami Beach, FL 33162
(954) 262-4317
Digital Contact Information:
el436@nova.edu

Barthelemy, Shirley, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff Creole

Basanta Paradoa, Daiana, MS, BCBA ■
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
office@tlhproject.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Baserio, Juana M, MBS, BCBA ■
15715 South Dixie Highway
330

Miami, FL 33157
(786) 732-0842
Digital Contact Information:
goodbehavior.as@gmail.com

Bass, India, MMH, LMHC ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://myschoolpsychologistinc.com
india.lmhc@gmail.com

and
FL
(305) 520-9813
Digital Contact Information:
http://www.myschoolpsychologistinc.com
india.lmhc@gmail.com

Bass, Karen, MA, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
onboarding@growtherapy.com

Baster, Daniela, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 586-5762
Digital Contact Information:
shared@behavioralinsightsllc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Baster, Katerine, BA, BCABA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
http://www.appliedbhs.com
dabs@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Baster Lahera, Yennis, MED, BCBA ■
Home Based Services Only
Hialeah, FL 33012
(786) 728-8966
Digital Contact Information:
abatherapyevolution@gmail.com

Basterrechea, Lianette, MED, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
credentialing@tillytherapy.com

Basulto, Julie M, MS, LMFT ■
6625 Miami Lakes Drive
448
Miami Lakes, FL 33014
(305) 779-8565
Digital Contact Information:
http://www.comprehensive-assessment.com
info@comprehensive-assessment.com

and
6625 Miami Lakes Drive
STE 332
Miami Lakes, FL 33014
(305) 779-8565
Digital Contact Information:
http://www.comprehensive-assessment.com
info@comprehensive-assessment.com

Bates, Colana, MA, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Batista, Maylin, PHD, LMHC ■
6001 Northwest 153rd Street
157
Miami Lakes, FL 33014
(415) 941-4109
Digital Contact Information:
http://www.intent-therapy.com
intenttherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Batista Rubio, Pedro, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 329-9993
Digital Contact Information:
koodollc4@gmail.com

Batista, Vanessa, MBS, BCBA ■
8900 Southwest 117th Avenue
c206
Miami, FL 33186
(305) 224-0014
Digital Contact Information:
http://n/a
vbghealth@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bavaresco, Norma P, MS, BCBA ■
8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-2822
Digital Contact Information:
http://www.mgmbehavioral.com
info@newlifeaba.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
13055 Southwest 42nd Street
STE 104
Miami, FL 33175
(305) 480-7839
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Baylac Mingo, Sofia, MS, BCBA ■
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
https://stepforwardaba.com/
info@stepforwardaba.com

Bazaldua, Isabella, MED, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Beades, Maryann, MS, BCBA ■
2520 Coral Way
2 19
Miami, FL 33145
(855) 832-6727
Digital Contact Information:
https://www.teampbs.com/
evernorth@teampbs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Beard, Hope, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Beaton Fernandez, Sheila, MBS, BCBA ■
8350 Northwest 52nd Terrace
Suite 301
Doral, FL 33166
(786) 992-1151
Digital Contact Information:
dleonintegritybehaviorservice@gmail.com

and
9555 Southwest 175th Terrace
555
Palmetto Bay, FL 33157
(305) 812-8048
Digital Contact Information:
dleonintegritybehaviorservice@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Beaubrun, Lucika, MA, LMHC ■
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(561) 289-7995
Digital Contact Information:
pandatherapycircle@gmail.com

Beaujour, Gabriela, BA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
info@acornhealth.com

Becerra Alicea, Vanessa, MS, BCBA ■
Home Based Services Only
Doral, FL 33122
(305) 603-8747
Digital Contact Information:
info@mysunshinetherapy.com

and
FL
(833) 458-0386
Digital Contact Information:
info@mysunshinetherapy.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
info@mysunshinetherapy.com

and
1951 NW 7th Ave
Ste 600
Miami, FL 33136
(929) 384-7193
Digital Contact Information:
info@mysunshinetherapy.com

and
1380 Northeast Miami Gardens Drive
Suite 255
Miami, FL 33179
(954) 651-2969
Digital Contact Information:
info@mysunshinetherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Becerra, Yasmin, MS, BCBA ■
12150 Southwest 128th Court
125
Miami, FL 33186
(305) 964-5191
Digital Contact Information:
jcabrera@mymbcinc.com

and
13170 Southwest 128th Street
STE 206
Miami, FL 33186
(786) 382-0550
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Beck, Katherine, MC, LPC ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(503) 427-8094
Digital Contact Information:
appointments@meetmarvin.com

Becker, Steven, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

Bediako, Jacqueline, MS, BCBA ■
1111 Lincoln Rd
Miami Beach, FL 33139
(646) 410-5871
Digital Contact Information:
jbediako@eclipsebehavior.com

Begley, Doreen, LMHC, MA ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
Not Available

Belcher, Briana, MS, LMHC ■
3625 Northwest 82nd Avenue
400 3
Doral, FL 33166
(305) 209-6399
Digital Contact Information:
briana@mindfuldirectionscc.com

and
9822 Northeast 2nd Avenue
2
Miami Shores, FL 33138
(786) 350-1567
Digital Contact Information:
http://www.mindfuldirectionscc.com
briana@mindfuldirectionscc.com

and
1125 Northeast 125th Street
112
North Miami, FL 33161
(305) 209-6399
Digital Contact Information:
http://mindsetsolutionsctc.com/
briana@mindfuldirectionscc.com

Belitoiu, Ana, MED, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
admissions@abaalliancecareservices.com

and
8200 Northwest 41st Street
Suite 200
Miami, FL 33166
(786) 774-7729
Digital Contact Information:
admissions@abaalliancecareservices.com

and
730 Northwest 107th Avenue
104
Miami, FL 33172
(305) 504-1749
Digital Contact Information:
admissions@abaalliancecareservices.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Belizaire, Nadly, MS, LMHC ■
FL
(786) 708-1478
Digital Contact Information:
http://peacewaytherapy.com
nadly@peacewaytherapy.com
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole, Creole, Haitian

Bell, Jennifer M, BS, BCBA ■
995 Northwest 119th Street
Miami, FL 33168
(786) 838-7040
Digital Contact Information:
jenniferb@bmcmiami.com

and
420 SW 89th Ct
Miami, FL 33174
(786) 838-7040
Digital Contact Information:
jenniferb@bmcmiami.com

Bell, Rebekah, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Bellido, Yania, MS, BCBA ■

1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
sseastcoast22@gmail.com

and
7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
sseastcoast22@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Bello, Jany L, EDM, BCBA ■
381 North Krome Avenue
Suite 105
Homestead, FL 33030
(305) 440-0048
Digital Contact Information:
http://nextsteptherapy.co
info@avilahealthgroup.com

and
FL
(305) 440-0048
Digital Contact Information:
http://nextsteptherapy.co
info@avilahealthgroup.com

and
3012 Southeast 3rd Drive
Homestead, FL 33033
(305) 407-7442
Digital Contact Information:
http://exceptionalmindsaba.com
info@avilahealthgroup.com

and
Home Based Services Only
Homestead, FL 33033
(305) 407-7442
Digital Contact Information:
info@avilahealthgroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bello, Michelle, MS, LMHC ■
17670 Northwest 78th Avenue
STE 113
Hialeah, FL 33015
(716) 558-4565
Digital Contact Information:
milarehabprof@gmail.com

and
5600 Southwest 135th Avenue
STE 203
Miami, FL 33183
(786) 953-4962
Digital Contact Information:
milarehabprof@gmail.com

Bello Rivera, Yetiem, MS, BCBA ■
8333 NW 53rd St
Ste 450
Miami, FL 33166
(786) 442-4379
Digital Contact Information:
yetiem.bello@professionalhbservices.com

and
Home Visits Only
Virginia Gardens, FL 33166
(786) 442-4379
Digital Contact Information:
http://www.professionalhbservices.com
yetiem.bello@professionalhbservices.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Bello Sims, Ciara, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
info@acornhealth.com

Belmonte, Silvina, MC, LMHC ■
7171 Southwest 24th Street
316
Miami, FL 33155
(786) 762-2415
Digital Contact Information:
http://www.orthoandrehabilitation.org
silvinabelmnte@hotmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Belon, Katherine, BA, BCABA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
info@acornhealth.com

and
657 South Drive
Miami Springs, FL 33166
(786) 860-5161
Digital Contact Information:
info@acornhealth.com

Beltran, Chaveli, BA, BCABA ■
12855 Southwest 136th Avenue
221
Miami, FL 33186
(786) 319-2276
Digital Contact Information:
admin@bettercareforyou.com

Ben-David, Katherine, MS, BCBA ■
Home Based Services Only
Hialeah, FL 33013
(786) 592-6680
Digital Contact Information:
info@infinitemindsaba.com

Benavides, Mirella N, MS, BCBA ■
7460 Southwest 117th Avenue
Kendall, FL 33183
(305) 521-9556
Digital Contact Information:
http://thepuzzlebuilders.com/
mirella.benavides@gmail.com

and
8266 Mills Drive
Miami, FL 33283
(305) 521-9556
Digital Contact Information:
mirella.benavides@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Benayoun, Micaela S, MC, LMFT ■
2500 Northwest 79th Avenue
233
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
credentialing@pmcen.com

and
7855 Northwest 12th Street
221
Doral, FL 33126
(305) 648-7174
Digital Contact Information:
credentialing@pmcen.com

and
1414 Northwest 107th Avenue
410
Doral, FL 33172
(305) 560-5742
Digital Contact Information:
credentialing@pmcen.com

and
1490 West 49th Place
suite 309
Hialeah, FL 33012
(305) 846-9333
Digital Contact Information:
credentialing@pmcen.com

and
1840 W 49th St
Ste 515
Hialeah, FL 33012
(305) 603-9202
Digital Contact Information:
credentialing@pmcen.com

and
1840 West 49th Street
304
Hialeah, FL 33012
(786) 803-8596
Digital Contact Information:
credentialing@pmcen.com

and
7614 Northwest 186th Street
Hialeah, FL 33015
(786) 534-3457
Digital Contact Information:
credentialing@pmcen.com

and
14411 Commerce Way
330
Hialeah, FL 33016
(786) 701-8416
Digital Contact Information:
http://nossmedicalcorp.com/
credentialing@pmcen.com

and
15600 Southwest 288th Street
Suite 405
Homestead, FL 33033
(786) 334-3515
Digital Contact Information:
credentialing@pmcen.com

and
10379 Southwest 186th Street
Miami, FL 33157
(720) 314-4727
Digital Contact Information:
credentialing@pmcen.com

and
11055 Southwest 186th Street
#101
Miami, FL 33157
(305) 342-4893
Digital Contact Information:
credentialing@pmcen.com

and
9380 Southwest 72nd Street
245
Miami, FL 33173
(305) 381-5434
Digital Contact Information:
credentialing@pmcen.com

and
931 Southwest 122nd Avenue
Miami, FL 33184
(305) 603-9235
Digital Contact Information:
credentialing@pmcen.com

and
12001 SW 128th Ct
Ste 102
Miami, FL 33186
(786) 971-7920
Digital Contact Information:
credentialing@pmcen.com

and
12255 Southwest 132nd Court
Miami, FL 33186
(305) 964-5157
Digital Contact Information:
credentialing@pmcen.com

and
12595 Southwest 137th Avenue
STE 110
Miami, FL 33186
(305) 648-7174
Digital Contact Information:
credentialing@pmcen.com

and
12595 Southwest 137th Avenue
STE 201
Miami, FL 33186
(786) 770-4832
Digital Contact Information:
credentialing@pmcen.com

and
13335 SW 124th St
Ste 106
Miami, FL 33186
(786) 842-3964
Digital Contact Information:
credentialing@pmcen.com

and
13590 Southwest 134th Avenue
205c
Miami, FL 33186
(786) 754-6474
Digital Contact Information:
credentialing@pmcen.com

Bencid Gonzalez, Diana, MMH, BCBA ■
Home Based Services Only
Miami Gardens, FL 33014
(305) 777-3883
Digital Contact Information:
acebehavioral2@gmail.com

Bencomo, Danay, MBS, BCBA ■
7779 Northwest 146th Street
Hialeah, FL 33016
(786) 702-6868
Digital Contact Information:
dayami@childrenbehavioraltherapy.com

Benitez, Candace, MA, BCBA ■
770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
card.credentialing@centerforautism.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
card.credentialing@centerforautism.com

and
5201 Blue Lagoon Dr
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
card.credentialing@centerforautism.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
card.credentialing@centerforautism.com

and
80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
card.credentialing@centerforautism.com

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
card.credentialing@centerforautism.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
card.credentialing@centerforautism.com

and
830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
card.credentialing@centerforautism.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(888) 684-2779
Digital Contact Information:
card.credentialing@centerforautism.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
card.credentialing@centerforautism.com
Other Languages Spoken by Provider or Office Staff
Spanish

Benjamin, Richarlson, MA, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
help@joinuplift.co

Benjamin-Carter, Charnell, MS, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
credentialing@joinuplift.co

Bennett, Venetia, MA, LMFT ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com

Other Languages Spoken by Provider or Office Staff Haitian Creole, Spanish

Bent Diaz, Trudie, MS, BCBA, LBA ■
1201 Northeast 200th Street
Miami, FL 33179
(954) 599-2260
Digital Contact Information:
clinical@getanswersnow.com

Bentel, Eliana S, MMFT, LMFT ■
FL
(786) 286-5779
Digital Contact Information:
medicalocean205@gmail.com

and
2500 Northwest 79th Avenue
Suite 189
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
medicalocean205@gmail.com

and
7855 Northwest 12th Street
221
Doral, FL 33126
(305) 648-7174
Digital Contact Information:
medicalocean205@gmail.com

and
1414 Northwest 107th Avenue
410
Doral, FL 33172
(305) 560-5742
Digital Contact Information:
medicalocean205@gmail.com

and
7614 Northwest 186th Street
Hialeah, FL 33015
(786) 534-3457
Digital Contact Information:
medicalocean205@gmail.com

and
14411 Commerce Way
330
Hialeah, FL 33016
(786) 701-8416
Digital Contact Information:
http://nossmedicalcorp.com/
medicalocean205@gmail.com

and
15600 Southwest 288th Street
Suite 405
Homestead, FL 33033
(786) 334-3515
Digital Contact Information:
medicalocean205@gmail.com

and
10379 Southwest 186th Street
Miami, FL 33157
(720) 314-4727
Digital Contact Information:
medicalocean205@gmail.com

and
11055 Southwest 186th Street
#101
Miami, FL 33157
(305) 342-4893
Digital Contact Information:
medicalocean205@gmail.com

and
9350 Sunset Drive
suit 150
Miami, FL 33173
(786) 356-3613
Digital Contact Information:
medicalocean205@gmail.com

and
9380 Southwest 72nd Street
245
Miami, FL 33173
(305) 381-5434
Digital Contact Information:
medicalocean205@gmail.com

and
931 Southwest 122nd Avenue
Miami, FL 33184
(305) 603-9235
Digital Contact Information:
medicalocean205@gmail.com

and
12001 SW 128th Ct
Ste 102
Miami, FL 33186
(786) 971-7920
Digital Contact Information:
medicalocean205@gmail.com

and
12255 Southwest 132nd Court
Miami, FL 33186
(305) 964-5157
Digital Contact Information:
medicalocean205@gmail.com

and
12595 Southwest 137th Avenue
STE 201
Miami, FL 33186
(786) 770-4832
Digital Contact Information:
medicalocean205@gmail.com

and
13335 SW 124th St
Ste 106
Miami, FL 33186
(786) 842-3964
Digital Contact Information:
medicalocean205@gmail.com

and
13335 Southwest 124th Street
Suite 205
Miami, FL 33186
(305) 964-5082
Digital Contact Information:
medicalocean205@gmail.com

and
13590 Southwest 134th Avenue
205c
Miami, FL 33186
(786) 754-6474
Digital Contact Information:
medicalocean205@gmail.com

and
14750 Northwest 77th Court
SUITE 206
Miami Lakes, FL 33016
(796) 238-7959
Digital Contact Information:
medicalocean205@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Benton, Lacy, MED, BCBA ■
2525 Ponce de Leon Boulevard
370
Miami, FL 33134
(888) 343-7222
Digital Contact Information:
http://www.pbhd.health
crd@autismhomesupport.com

Benzaquen, Melissa, MSED, LMHC ■
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
http://www.ibhflorida.com
osaker@ibhflorida.com

Bergues, Jennifer, BS, BCBA ■
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
lightingbehaviorservices@gmail.com

and
8203 Southwest 124th Street
Pinecrest, FL 33156
(786) 533-3846
Digital Contact Information:
lightingbehaviorservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bermudez, Gilda, CD, BCBA ■
18901 Southwest 106th Avenue
229
Miami, FL 33157
(786) 808-6575
Digital Contact Information:
advancecommservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bernat, Juan, BA, BCABA ■
10447 SW 108th Ave
Apt E278
Miami, FL 33176
(305) 597-3861
Digital Contact Information:
inscred2017@gmail.com

Berra, Daniela R, MS, BCBA ■
13501 Southwest 136th Street
STE 205
Miami, FL 33186
(305) 209-4321
Digital Contact Information:
http://sunshinespectrumaba.com
info@sunshinespectrumaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Berry, Nicole, PHD, LMHC ■
465 West 41st Street
Miami Beach, FL 33140
(786) 376-0773
Digital Contact Information:
nicoleberrys@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Turkish, Spanish

Berta, Yuraci G, MA, BCBA ■
12750 Northwest 17th Street
216 216
Miami, FL 33182
(888) 527-8037
Digital Contact Information:
info@brightstartllc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Besu Lopez, Anadelys, MS, BCBA, LBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
http://kidsspotrehab.com
info@abcsforsuccess.com

and
11025 SW 84th St
Ste 8
Miami, FL 33173
(833) 971-1230
Digital Contact Information:
info@abcsforsuccess.com

Betancourt, Amneris, PHD, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Betancourt, Ismelis, MED, BCBA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(954) 960-4310
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Betancourt, Jenny V, MS, LCMHC, LMHC, LPC ■
FL
(305) 330-8114
Digital Contact Information:
https://jenny-betancourt.clientsecure.me/
jmoran@docurapid.com
Other Languages Spoken by Provider or Office Staff
Spanish

Betancourt, Yanet, MS, BCABA ■
2500 Northwest 79th Avenue
Suite 180
Doral, FL 33122
(786) 253-7868
Digital Contact Information:
yanet2014cuba@gmail.com

and
5455 Southwest 8th Street
230
Miami, FL 33134
(786) 629-8836
Digital Contact Information:
yanet2014cuba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Beytia Aguilar, Rossana, MS, BCBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
https://tillytherapy.com/
intake@autismlearningpartners.com

Bezi, Cecilia, MA, LMHC ■
1688 Meridian Avenue
613
Miami Beach, FL 33139
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
scheduling@ehomegroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Biaggini, Daniela, MMFT, LMHC ●
2124 Northeast 123rd Street
STE 220
North Miami, FL 33181
(786) 828-0947
Digital Contact Information:
https://blossomfl.com
info@blossomfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bibas, Silvia M, MACP, LMHC ■
5590 West 20th Avenue
200 201
Hialeah, FL 33016
(305) 557-1555
Digital Contact Information:
http://lifestarwellnesscenter.com
sbibas999@gmail.com

and
3416 West 84th Street
C-108
Hialeah, FL 33018
(305) 557-1555
Digital Contact Information:
http://lifestarwellnesscenter.com
sbibas999@gmail.com

Bickman, Suzanne, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Billings, Bettina R, MS, LBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(602) 560-2836
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Billings, Denise D, MA, LCMHC, LMHC ●
9350 Sunset Drive
151
Miami, FL 33173
(202) 410-5972
Digital Contact Information:
help@joinuplift.co

Bingham, Lauren E, EDD, BCBA ■
8450 Northwest 102nd Avenue
225
Doral, FL 33178
(786) 749-8548
Digital Contact Information:
jcamarillo@dreamteambehavioralservices.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 749-8548
Digital Contact Information:
jcamarillo@dreamteambehavioralservices.com

Bishop, Amie, MS, LCMHC, LCPC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Bishop, Ryan, MA, LMHC ■
1951 NW 7th Ave
Fl 3
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com

and
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Bishop, Sarah, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Spanish

Blady, Shauna, MA, LBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
info@kyocare.com

Blain, Jahmeal, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Blakeman, Jamie, MC, LCPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Blanco Lezcano, Vivian, MS, LMHC ■
1150 Northwest 72nd Avenue
ph 2
Miami, FL 33126
(786) 542-5043
Digital Contact Information:
http://1stcarecms.com
1stcarecasemngmt@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Blanco, Melissa, MED, BCBA ■
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
clinical.coordinator@cmnbtherapy.com

Blanco Sanchez, Yunieska, MPSY, BCBA ■
650 Northeast 22nd Terrace
212 214
Homestead, FL 33033
(786) 312-4478
Digital Contact Information:
http://opendoorbehavioralservices.com
sseastcoast22@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
sseastcoast22@gmail.com

and
Home Based Services Only
Miami, FL 33155
(786) 747-4949
Digital Contact Information:
sseastcoast22@gmail.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
sseastcoast22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Blanco, Stephanie, MPSY, BCBA, LBA ■
11276 SW 232nd St
Miami, FL 33170
(732) 523-2327
Digital Contact Information:
freddie.maxwell@amromed.com

Bliss, Karie A, MC, LCMHC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
kbliss0122@gmail.com

Blitzer, Paola, MS, LMHC ■
1045 Kane Concourse
207-208
Bay Harbor Islands, FL 33154
(305) 866-3866
Digital Contact Information:
paolabmhc@gmail.com

and
1045 Kane Concourse
207
Bay Harbor Islands, FL 33154
(561) 901-8846
Digital Contact Information:
paolabmhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Blodgett, Jacqueline, EDD, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
abowman@thelotuscenter.org

Bloise, Gabriela, MS, LMHC ■
Home Based Services Only
Miami Gardens, FL 33014
(305) 777-3883
Digital Contact Information:
acebehavioral2@gmail.com

and
5881 Northwest 151st Street
Suite: 103
Miami Lakes, FL 33014
(786) 703-4154
Digital Contact Information:
acebehavioral2@gmail.com

Blumtritt, Cesar E, PHD, BCABA, LMHC ■
10200 Northwest 25th Street
201
Doral, FL 33172
(305) 406-3689
Digital Contact Information:
http://www.foundartacademy.org
denalicrt@aol.com

and
10200 Northwest 25th Street
STE 204
Doral, FL 33172
(305) 406-3689
Digital Contact Information:
http://www.foundartacademy.org
denalicrt@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Boada Hung, Yessika, MS, BCBA ■
9344 Southwest 170th Lane
Palmetto Bay, FL 33157
(305) 710-0029
Digital Contact Information:
yessicaboada1988@gmail.com

Boada Hung, Yirka, MS, BCBA ■
1022 East 8th Avenue
Hialeah, FL 33010
(786) 615-7829
Digital Contact Information:
rgcasali@gmail.com

and
3412 West 84th Street
e106
Hialeah, FL 33018
(305) 827-7344
Digital Contact Information:
rgcasali@gmail.com

and
9344 Southwest 107th Lane
Miami, FL 33186
(305) 710-0029
Digital Contact Information:
rgcasali@gmail.com

and
9344 Southwest 170th Lane
Palmetto Bay, FL 33157
(305) 827-7344
Digital Contact Information:
rgcasali@gmail.com

Boakye, Theresa, MSN, APN, APRN, CRNP, LNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@pgs-nhcare.com

Bobadilla Leon, Nancy, MPSY, BCBA ■
18951 Southwest 106th Avenue
105 106
Miami, FL 33157
(305) 233-4448
Digital Contact Information:
therapy110@gmail.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
therapy110@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bobadilla, Maria, MA, BCBA ■
3833 Southwest 8th Street
Coral Gables, FL 33134
(786) 254-5372
Digital Contact Information:
ucommunityservices@outlook.com

and
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
ucommunityservices@outlook.com

and
20774 West Dixie Highway
b
Miami, FL 33180
(305) 549-8665
Digital Contact Information:
ucommunityservices@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bodkin, Gabrielle, MS, LMHC ■
FL
(786) 770-0618
Digital Contact Information:
http://www.youremotionsmatter.org
info@youremotionsmatter.org
Other Languages Spoken by Provider or Office Staff
Spanish

Boland, Teresa M, MS, ARNP, LMFT ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
totalhealthsolutions@protonmail.com

Bolivar, Carmen L, MS, LMHC ■
5201 Blue Lagoon Dr
Ste 800
Miami, FL 33126
(305) 707-8615
Digital Contact Information:
highrisewellness@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bonafe, Laura, MS, BCBA ■
12985 Southwest 130th Court
204 204
Miami, FL 33186
(305) 735-3878
Digital Contact Information:
info@mistherapy.com

and
Home Based Services Only
Miami Gardens, FL 33014
(786) 606-7766
Digital Contact Information:
info@mistherapy.com

Bond, Paige N, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
credentialing@wellnite.com

Bond, Steven, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Bonet, Yanet, MS, BCBA ■
1900 Southwest 22nd Street
#205
Miami, FL 33145
(305) 648-7212
Digital Contact Information:
eberthsbehavioral@gmail.com

and
6780 Coral Way
Miami, FL 33155
(305) 549-8665
Digital Contact Information:
eberthsbehavioral@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bonfim, Alyssaa, MS, BCBA ■
12750 Northwest 17th Street
216 216
Miami, FL 33182
(888) 527-8037
Digital Contact Information:
admin@behaviorprofessionaltherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bonggi, Andrea, MS, BCBA ■
15715 South Dixie Highway
314
Miami, FL 33157
(305) 588-7039
Digital Contact Information:
vzayas@brightstartllc.com

and
9600 Northwest 25th Street
STE 5E
Miami, FL 33172
(888) 527-8037
Digital Contact Information:
vzayas@brightstartllc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Booker, Janelle, MA, BCBA ■
14645 Northwest 77th Avenue
Suite 105
Miami Lakes, FL 33014
(202) 420-8359
Digital Contact Information:
billing@littleleaves.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

Borda, Margarita, MA, LMHC ■
123 Madeira Avenue
204
Coral Gables, FL 33134
(305) 898-6607
Digital Contact Information:
margaritaborda123@gmail.com
Other Languages Spoken by

Provider or Office Staff
Spanish

Borek, Izayana, MS, LMFT ■
151 Northwest 11th Street
w201 w
Homestead, FL 33030
(786) 521-5925
Digital Contact Information:
http://monarchallhealth.com
monarchallhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Borges, Ariel, MC, BCBA, LMHC ■
330 Southwest 27th Avenue
STE 301
Miami, FL 33135
(786) 254-1572
Digital Contact Information:
http://www.counselingsociety.com
arborgesu@gmail.com

and
2157 Southwest 13th Avenue
3
Miami, FL 33145
(786) 254-1572
Digital Contact Information:
http://www.counselingsociety.com
arborgesu@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bornacelly, Orietta, MPSY, LMFT ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
hilda@universalcommunityservices.com

and
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
http://universalcommunityservices.com
hilda@universalcommunityservices.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Bornia Velasquez, Marbelys A, MED, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0429
Digital Contact Information:
improvedbehaviortherapy@gmail.com

Borot, Sarah, MBS, BCBA ■
2898 Northwest 79th Avenue
Doral, FL 33122
(305) 597-3861
Digital Contact Information:
http://www.koalaaba.com
sborot@koalaaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Borr, Jennifer, MS, BCBA ■
7355 Southwest 87th Avenue
300
Miami, FL 33173
(305) 854-2462
Digital Contact Information:
http://www.shinebrighttherapy.com
info@shinebrighttherapy.com

Borrego, Dario, MBS, BCBA ■
14100 Palmetto Frontage Road
UNIT 101
Hialeah, FL 33016
(305) 318-9443
Digital Contact Information:
yuly@abarusllc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Borrego, Maria, MS, BCABA ■
12150 Southwest 128th Court
125
Miami, FL 33186
(305) 964-5191
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Borroto, Aliska, MBS, BCBA ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
learningtogetheraba@gmail.com

and
8080 West Flagler Street
2a
Miami, FL 33144
(786) 615-2640
Digital Contact Information:
https://www.learningtogetheraba.com/
learningtogetheraba@gmail.com

Borroto, Ivana, MS, BCBA ■
12973 Southwest 112th Street
151
Miami, FL 33186
(305) 204-7037
Digital Contact Information:
jeanne@onebehavior.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bortnik, Debora, MA, LMHC ■
9240 SW 72nd St
Ste 202
Miami, FL 33173
(305) 815-2787
Digital Contact Information:
dbortnik@bellsouth.net

Boswell, Ron, MSED, LMFT ■
7685 SW 104th St
Ste 100
Pinecrest, FL 33156
(305) 666-8000
Digital Contact Information:
chuckcook49@gmail.com

Botana, Teddy, MMFT, LMFT ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com

and
FL
(786) 496-0569
Digital Contact Information:
http://www.arktoshealth.com
credentialing@chrysalishealth.com

Botero, Sara M, MS, LMFT ■
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
morecounseling@gmail.com

and
9745 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 701-2401
Digital Contact Information:
morecounseling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bottiglieri, Ashley, MA, BCBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
info@fbsaba.com
Other Languages Spoken by Provider or Office Staff English

Boullon, Ana L, MS, BCBA ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
http://universalcommunityservices.com
admin@universalcommunityservices.com

Bourzac, Camila, MA, BCBA ■
18443 Southwest 87th Place
201
Cutler Bay, FL 33157
(305) 699-3241
Digital Contact Information:
http://www.luxabatherapy.com
info@luxabatherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bouza, Amarilys, MS, BCBA ■
585 East 49th Street
11
Hialeah, FL 33013
(305) 970-9165
Digital Contact Information:
admin@mbinstitute.org

and
Home Based Services Only
West Miami, FL 33144
(786) 404-1017
Digital Contact Information:
admin@mbinstitute.org
Other Languages Spoken by Provider or Office Staff
Spanish

Bowen, Dorothy, MED, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Bowers, Derek, MC, LMFT ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
hello@emorahealth.com

Boyer, Franchezka, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com
Other Languages Spoken by Provider or Office Staff
Spanish

Boyle, Kelly A, MA, LMFT ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
starfamilytherapy@gmail.com

Boza Dominguez, Annia D, MS, BCBA ■
Home Based Services Only
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
gperez@hbccmhc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bradley, Aniek, MS, LMFT ■
15190 SW 136th St
Ste 25
Miami, FL 33196
(786) 285-2396
Digital Contact Information:
aniekbradley72@gmail.com

Bradley, Kacynthia, MSW, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Brand, Brittany, MED, BCBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
erin.richardson@yourmissingpiece.com

Bravo, Jessenia, MS, LMFT ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Bravo, Liana, MA, BCBA ■
1180 North Krome Avenue
Homestead, FL 33030
(786) 349-4700
Digital Contact Information:
http://mykidtherapycenter.com
info@mykidtherapycenter.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bravo, Lorena, MA, BCBA ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(954) 577-7790
Digital Contact Information:
http://www.behavior-analysis.org
baicredentialing@behavior-analysis.org

Brazzini, Mijanou, MPSY, LMHC ■
13205 Southwest 137th Avenue
suite 126
Miami, FL 33186
(786) 713-0383
Digital Contact Information:
http://yjwcare.com
mbrazzini61@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Brecht, Melinda S, MA, LMHC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Brenes, Annette, MS, BCBA ■
7875 Northwest 12th Street
118
Miami, FL 33126
(786) 505-4449
Digital Contact Information:
http://southfloridabehavior.com
info@southfloridabehavio.com
Other Languages Spoken by Provider or Office Staff
Spanish

Breske, Kristen, MA, LMHC ■
FL
(786) 258-8499
Digital Contact Information:
http://www.virtual-counseling.com
kpatterson.lmhc@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Breva-Ratnasekera, Theresa, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Brignoni, Candace I, MS, LMHC ■
10689 N Kendall Dr
Ste 314
Miami, FL 33176
(305) 558-7400
Digital Contact Information:
tifftflo@aol.com

Brito, Ana, MMH, LMHC ■
3661 S Miami Ave
Ste 503
Miami, FL 33133
(305) 856-1082
Digital Contact Information:
smontano@jcsfl.org

and
7875 SW 104th St
Ste 101

Miami, FL 33156
(305) 899-1587
Digital Contact Information:
http://www.jcsfl.org
smontano@jcsfl.org
Other Languages Spoken by Provider or Office Staff
Hebrew, Spanish

Brito Barrios, Erick, MBS, BCBA ■
11890 Southwest 8th Street
405
Miami, FL 33184
(786) 439-7098
Digital Contact Information:
Not Available

Brito, Christian, MS, BCBA ■
11251 SW 240th Ln
Homestead, FL 33032
(305) 912-8399
Digital Contact Information:
weareuniqueaba@gmail.com

and
11276 SW 232nd St
Miami, FL 33170
(305) 912-8399
Digital Contact Information:
weareuniqueaba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Brito, Yanailet G, MA, BCBA ■
11890 Southwest 8th Street
STE 309
Miami, FL 331841710
(305) 220-6060
Digital Contact Information:
saba.sultana@bikhamhealthcare.com

Britton, Johanna M, MS, BCBA ■
2020 Ponce de Leon
Suite 1201
Miami, FL 33134
(305) 917-5414
Digital Contact Information:
mirta@psychologybeyond.vom
Other Languages Spoken by Provider or Office Staff
Spanish

Brizuela, David, MS, BCBA ■
Home Based Services Only
Doral, FL 33122
(786) 942-8066
Digital Contact Information:
marthab@neuro-quest.com

and
13055 Southwest 42nd Street
STE 104
Miami, FL 33175
(305) 480-7839
Digital Contact Information:
marthab@neuro-quest.com

Broadnax, Jaytavia, PSYD, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Broche, Anibis, MMH, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 979-7309
Digital Contact Information:
anibisbroche@gmail.com

and
11401 SW 40th St
Ste 340
Miami, FL 33165
(786) 907-4925
Digital Contact Information:
anibisbroche@gmail.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
anibisbroche@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Brock, Kathryn, MA, BCBA, LBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(305) 846-9807
Digital Contact Information:
https://acornhealth.com
credentialing@exceptionalbillingservices.llc

Brodeur, Brittany, MS, BCBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
credentialing@alpacahealth.io

Brodsky, Gwyneth, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole, Haitian, Spanish

Brook, Robin, PHD, LMHC ■
111 Northeast 1st Street
FL 8
Miami, FL 33132
(888) 344-4549
Digital Contact Information:
rbrooks@transformationalhealth.net
Other Languages Spoken by Provider or Office Staff
English, Creole, Haitian, French, Spanish

Brookes, Ingrid, MS, LMHC ■
10300 Southwest 72nd Street
275d
Miami, FL 33173
(888) 853-7908
Digital Contact Information:
http://www.bettermindtherapycorp.com
vasallojane@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Brown, Candace, MA, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
credentialing@tillytherapy.com

Brown, Dustin Q, MC, LMHC ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
myschoolpsychologist@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Brown, Maria D, MA, BCBA ■
Home Based Services Only
Homestead, FL 33033
(305) 575-9997
Digital Contact Information:
info@behavioralfamilysolutions.com

and
8785 SW 165th Ave
Ste 104
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
info@behavioralfamilysolutions.com

Brudowsky, Laura K, MED, LMHC, LPC, LPCC ■
FL
(508) 202-1011
Digital Contact Information:
support@sevenstarling.com

Bruno, Eliz, MS, LMFT ■
FL
(305) 804-9121
(202) 410-5972
(786) 505-4543
Digital Contact Information:
amimft85@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bryant, Keierica, MA, BCBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
info@actionbehavior.com

Bryant, Melissa, MA, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
info@hupcfl.com

Buelga, Manuel, MS, BCBA ■
1414 Northwest 107th Avenue
204
Doral, FL 33172
(305) 225-8711
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bueno, Ingrid, MA, BCBA ■
1250 Southwest 27th Avenue
207
Miami, FL 33135
(786) 502-3137
Digital Contact Information:
camiamibehavior@gmail.com

and
6405 Northwest 36th Street
Virginia Gardens, FL 33166
(786) 238-2008
Digital Contact Information:
camiamibehavior@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bulla, Maria I, MC, LMHC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
mabu820@hotmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Bullock-Funches, Tenecia, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Bulnes Guevara, Katya, MA, BCBA ■
10250 SW 56th St
Ste D201
Miami, FL 33165
(888) 527-8037
Digital Contact Information:
http://brightstartpossibility.com/
info@brightstartllc.com

and
10250 Southwest 56th Street
A202
Miami, FL 33165
(888) 527-8037
Digital Contact Information:
http://brightstartpossibility.com/
info@brightstartllc.com

Bunten, Claritza, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Burchett, Kiana, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Burgess, Sara E, MA, LBA ■
1065 Southwest 8th Street
1459
Miami, FL 33130
(855) 853-0228
Digital Contact Information:
bcbasarachildrensmilestone@gmail.com

Burghardt, Elizabeth M, MS, LMHC ■
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
morecounseling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Burley, Todd D, MS, LMFT ■
8600 SW 92nd Street
#203
Kendall, FL 33156
(305) 595-6633
Digital Contact Information:
todddburley@gmail.com

Burns, Lonnie, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Burnstein, Krystal M, MS, LMHC ■
1000 Brickell Avenue
Miami, FL 33131
(786) 832-6630
Digital Contact Information:
mohit@bikhamhealthcare.com

and
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
mohit@bikhamhealthcare.com

Burrell, Allison, PHD, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Busbee, Haven N, MA, BCBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
mwood@cbiaba.com

Bush, Jeffrey H, MC, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Bush, Rebeca, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
jenny.silverio@lifechg.org

Byars, Chelsie D, MS, LMHC ■
13155 Southwest 134th Street
202
Miami, FL 33186
(786) 504-3119
Digital Contact Information:
telehealth@mindfultherapygroup.com
Other Languages Spoken by Provider or Office Staff English

Caballero, Marianela, PSYD, LMHC ■

2550 NW 72nd Ave
Ste 309
Miami, FL 33122
(786) 703-2828
Digital Contact Information:
guidanceandinsightinc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Caballero, Yoselin, MS, BCBA ■
Home Based Services Only
Miami Gardens, FL 33014
(305) 777-3866
Digital Contact Information:
shbcenter18300@gmail.com

Cabranes, Gretchen, MA, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 275-8860
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cabrera, Arlem, BA, BCBA ■
9600 Northwest 25th Street
Doral, FL 33172
(888) 527-8037
Digital Contact Information:
http://brightstartpossibility.com
info@brightstartllc.com

Cabrera, Belkis, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
14722 Southwest 56th Street
Miami, FL 33185
(305) 456-0572
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Cabrera, Carlos, MS, LMHC ■
10515 Southwest 40th Street
Miami, FL 33165
(786) 615-2208
Digital Contact Information:
miamimental@gmail.com

and
10521 Southwest 40th Street
Miami, FL 33165
(786) 853-4285
Digital Contact Information:
miamimental@gmail.com

Cabrera, David, BA, BCBA ■
HOME BASED SERVICES ONLY
Miami, FL 33178
(786) 660-1074
Digital Contact Information:
info@vtccmail.com

Cabrera, Gabriela M, MMH, LMHC ■
10691 Southwest 88th Street
Suite 110
Miami, FL 33176
(305) 595-5485
Digital Contact Information:
compuexbilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cabrera, Isabel, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 930-6967
Digital Contact Information:
clinicare23@outlook.com

and
10691 North Kendall Drive
#202
Miami, FL 33176
(786) 534-7172
Digital Contact Information:
clinicare23@outlook.com

and
12460 Southwest 8th Street
Miami, FL 33184
(786) 801-0944
Digital Contact Information:
clinicare23@outlook.com

and
FL
(786) 534-7172
(954) 294-6770
Digital Contact Information:
clinicare23@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cabrera, Laura, MS, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
shapingacademy@gmail.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
shapingacademy@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 301-7706
Digital Contact Information:
info@llminds.com

and
1951 NW 7th Ave
Ste 600
Miami, FL 33136
(929) 384-7193
Digital Contact Information:
shapingacademy@gmail.com

and
11925 Southwest 72nd Street
Miami, FL 33183
(305) 562-4683
Digital Contact Information:
shapingacademy@gmail.com

and
16304 Southwest 61st Lane
Miami, FL 33193
(786) 247-7125
Digital Contact Information:
shapingacademy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cabrera, Michelle, MA, BCBA, LBA ■
10691 North Kendall Drive
211
Miami, FL 33176
(305) 984-4343
Digital Contact Information:
cristina@creativekidstherapyinc.com

and
9710 East Indigo Street
Suite 201
Palmetto Bay, FL 33157
(786) 277-6210
Digital Contact Information:
cristina@creativekidstherapyinc.com

Cabrera Quintana, Yemney, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(754) 234-0643
Digital Contact Information:
tcmfl2018@gmail.com

and
9502 Southwest 166th Court
Miami, FL 33196
(754) 234-0643
Digital Contact Information:
tcmfl2018@gmail.com

and
5881 Northwest 151st Street
127
Miami Lakes, FL 330142450
(786) 768-5756
Digital Contact Information:
http://sweetchildbehavior.com
tcmfl2018@gmail.com

and
7975 Northwest 154th Street
230
Miami Lakes, FL 33016
(305) 874-7245
Digital Contact Information:
tcmfl2018@gmail.com

and
9555 Southwest 175th Terrace
650
Palmetto Bay, FL 33157
(786) 768-5756
Digital Contact Information:
tcmfl2018@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cabrera, Sergio, BA, BCBA ■
10300 Southwest 72nd Street
300
Miami, FL 33173
(786) 418-9730
Digital Contact Information:
http://www.happydreamsofkids.com
manager@happydreamsofkids.com

Cabrera, Vanessa C, MS, BCBA ■
7925 Northwest 12th Street
130 130
Doral, FL 33126
(786) 870-5090
Digital Contact Information:
http://www.limitlesslearningaba.com
vanessa@limitlesslearningaba.com

and
7925 Northwest 12th Street
Unit 130
Doral, FL 33126
(786) 870-5090
Digital Contact Information:
http://www.limitlesslearningaba.com
vanessa@limitlesslearningaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cabrera Vega, Ileana, MPSY, BCBA ■
13740 Southwest 260th Lane
213 213
Homestead, FL 33032
(954) 913-3832
Digital Contact Information:
megan@amromed.com

and
15715 South Dixie Highway
412
Miami, FL 33157
(786) 316-7186
Digital Contact Information:
megan@amromed.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
megan@amromed.com

and
13301 Southwest 132nd Avenue
209 209
Miami, FL 33186
(786) 713-5553
Digital Contact Information:
megan@amromed.com

and
13416 Southwest 128th Street
Miami, FL 33186
(786) 732-0247
Digital Contact Information:
megan@amromed.com

Cabrera, Wendy, MMH, LMHC ●
2828 Coral Way
Ste 460
Coral Gables, FL 33145
(877) 897-6987
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net

and
12550 Biscayne Boulevard
308
North Miami, FL 33181
(305) 895-0504
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net
Other Languages Spoken by Provider or Office Staff
Spanish

Cabrera-Ortiz, Eidys, MS, BCBA ■
10515 Southwest 40th Street
Miami, FL 33165
(786) 615-2208
Digital Contact Information:
miamimental@gmail.com

Caceres, Anniela, MPSY, BCBA ■
10482 Northwest 31st Terrace
STE 2A
Doral, FL 33172
(786) 542-5043
Digital Contact Information:
1stcarecms@gmail.com

and
1150 Northwest 72nd Avenue
ph 2
Miami, FL 33126
(786) 542-5043
Digital Contact Information:
http://1stcarecms.com
1stcarecms@gmail.com

Caceres, Crystal, MA, BCBA ■
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/services@cmnbtherapy.com

and
Home Based Services Only
Doral, FL 33126
(786) 382-6959
Digital Contact Information:
services@cmnbtherapy.com

Caceres, Daniris, MMH, LMHC ■
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
morecounseling@gmail.com

Cacioppo, Christie, MA, BCBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
credentialing@kidsspotrehab.com

and
12456 Southwest 127th Avenue
Miami, FL 33186
(786) 953-8500
Digital Contact Information:
credentialing@kidsspotrehab.com

Caine, Mareayna, MC, LPC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
birches@withassured.com

Caines, Jeveyne, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@thriveworks.com

Caldera, Urania M, MS, BCBA ■
10920 Southwest 184th Street
Miami, FL 33157
(305) 378-5775
Digital Contact Information:
http://www.slbtherapy.com
umcaldera@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Caldera-Crespo, Carmen L, MA, BCBA ■
13300 Southwest 128th Street
Miami, FL 33186
(786) 250-3451
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Calderon Galvez, Giselle, MS, BCBA ■
10675 Southwest 190th Street
STE 1202
Cutler Bay, FL 33157
(786) 227-6262
Digital Contact Information:
office@behaviorandwellnesscorp.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(786) 254-5372
Digital Contact Information:
office@behaviorandwellnesscorp.com
Other Languages Spoken by Provider or Office Staff
Spanish

Calderon, Kelly M, MA, BCBA ■
585 East 49th Street
11
Hialeah, FL 33013
(305) 970-9165
Digital Contact Information:
info@brightstartllc.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Calderon, Patricia, PHD, LMHC ■
6262 Bird Rd
Ste 2F
Miami, FL 33155
(305) 266-3200
Digital Contact Information:
dadecounseling@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Calixte, Robinta, MA, LMHC ■
1 Alhambra Plaza
Miami, FL 33134
(888) 588-8995
Digital Contact Information:
info@meridian-counseling.com

Calleja, Conan, MA, BCBA ■
2990 Southeast 7th Place
Homestead, FL 33033
(786) 676-2014
Digital Contact Information:
behaviorskillstraining@gmail.com

Calvert, Judith, MS, BCBA ■
3271 NW 7th St
Ste 203
Miami, FL 33125
(786) 220-6902
Digital Contact Information:
esperanzagroup@espgrp.net

and
13195 Southwest 134th Street
101
Miami, FL 33186
(786) 227-6830
Digital Contact Information:
http://esperanzagroup.net
esperanzagroup@espgrp.net

and
Home Based Services Only
West Miami, FL 33144
(786) 404-1017
Digital Contact Information:
esperanzagroup@espgrp.net
Other Languages Spoken by Provider or Office Staff
Spanish

Calvo, Alejandro F, MS, BCBA ■
8300 NW 53rd St
Ste 350
Miami, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Calvo, Greta, MMH, LMHC ●
6175 NW 153rd St
Ste 205
Miami Lakes, FL 33014
(305) 814-8558
Digital Contact Information:
http://www.thrivepsychological.com
gcalvo@thrivepsychological.com
Other Languages Spoken by Provider or Office Staff
Spanish

Calzadilla, Sandra, MS, LMHC ■
2464 Southwest 22nd Street
Miami, FL 33145
(305) 204-9355
Digital Contact Information:
http://ampmentalhealth.com
ampmentalhealth@gmail.com

and
FL
(305) 204-9355
Digital Contact Information:
http://ampmentalhealth.com
ampmentalhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Camarena, Lizeth, MSED, BCBA ■
909 North Miami Beach Boulevard
STE 301
North Miami Beach, FL 33162
(305) 822-7202
Digital Contact Information:
insurance@appliedbehavior.net
Other Languages Spoken by Provider or Office Staff
Hebrew, Haitian Creole, Creole, French, Spanish

Campagna Bonomo, Samantha E, MS, LMHC ■
1550 Madruga Ave
Ste 509
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
campagnatherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Campanico, Malu, MS, LMHC ■
3625 Northwest 82nd Avenue
400
Doral, FL 33166
(415) 941-4109
Digital Contact Information:
ebcg-support@findoctave.com

Campbell, Mary L, MCAP, LCAS ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
birches@withassured.com

Campbell, Sarah, PHD, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Campbell, Teagan, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
providerenrollment@acornhealth.com

Camper, Cherrie, MS, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@joinuplift.co

Campos, Alex, MPSY, BCBA ■
Home Based Services Only
Miami, FL 33155
(786) 612-7186
Digital Contact Information:
alextcampos@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Campos, Gloria E, MPSY, BCBA ■
8281 SW 27th Ter
Miami, FL 33155
(786) 509-2538
Digital Contact Information:
gloriaelenacampos@yahoo.com

and
Home Based Services Only
Miami, FL 33155
(786) 509-2538
Digital Contact Information:
gloriaelenacampos@yahoo.com

Campos, Ivy, MS, LMHC ■
2103 Coral Way
Ste 405
Miami, FL 33145
(305) 445-9554
Digital Contact Information:
herrerasoffice@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Canales, Jenny, MA, LPC ■
FL
(305) 902-6347
Digital Contact Information:
http://www.bebravehealth.com
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff English

Canales, Sharon, MS, BCBA ■
12360 Southwest 132nd Court
STE 205
Miami, FL 33186
(786) 429-3738
Digital Contact Information:
favyhcs@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Canamero, Victoria, BS, BCABA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
sseastcoast22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cancanon, Yunaisis G, MS, BCBA ■
7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
info@bmmaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cancemi, Alexis, PHD, LMHC ■
FL
(754) 201-4741
Digital Contact Information:
http://www.alexismentalhealth.com
acancemi7099@yahoo.com

Cano, Michelle, MA, BCBA ■
11060 N Kendall Dr
Miami, FL 33176
(305) 668-8644
Digital Contact Information:
http://www.mestrebehavior.com
info@mestrebehavior.com

Cano, Viviana, MS, BCBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
Home Based Services Only
Miami, FL 33155
(786) 262-5559
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
9600 Northwest 25th Street
STE 5E
Miami, FL 33172
(888) 527-8037
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cantave, Marie Jean Isabelle, MS, LMFT ■
1404 NW 22nd St
Miami, FL 33142
(305) 325-1050
Digital Contact Information:
http://vitaehs.com
redentialing@vitaehealthportal.com

Canto Galan, Yanelys, MPSY, BCBA ■
1275 West 47th Place
#449
Hialeah, FL 33012
(305) 425-1338
Digital Contact Information:
magicbehavioralcare@gmail.com

and
Home Based Services Only
Miami Gardens, FL 33014
(305) 640-5739
Digital Contact Information:
magicbehavioralcare@gmail.com

Capote, Lindsey, MC, LMHC ■
14401 Old Cutler Road
Miami, FL 33158
(305) 722-5380
Digital Contact Information:
http://www.wellspringmiami.org
insurance@wellspringmiami.org

Capote-Sanchez, Tracy, MED, BCBA-D ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(305) 273-3773
Digital Contact Information:
aillobre@behavior-analysis.org

and
13300 Southwest 128th Street
Miami, FL 33186
(786) 250-3451
Digital Contact Information:
aillobre@behavior-analysis.org

Caraballo Sigler, Yaysel M, MBS, BCBA ■
1700 Southwest 57th Avenue
209
Miami, FL 33155
(786) 558-4981
Digital Contact Information:
ycaraballo@csbehavioralmiami.com

Carabase, Marikate, MED, BCBA, LBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
marikate.greene@gmail.com

and
382 Northeast 191st Street
Miami, FL 33179
(561) 537-6153
Digital Contact Information:
marikate.greene@gmail.com

Caraza Cruz, Anabel, MS, BCBA ■
1140 West 50th Street
SUITE 304
Hialeah, FL 33012
(786) 267-2830
Digital Contact Information:
anabelcaraza@gmail.com

and
1840 West 49th Street
#714
Hialeah, FL 33012
(305) 699-8388
Digital Contact Information:
anabelcaraza@gmail.com

and
4410 West 16th Avenue
unit 41
Hialeah, FL 33012
(786) 267-2830
Digital Contact Information:
http://www.abastarbehavioral.com
anabelcaraza@gmail.com

and
21505 Southwest 177th Avenue
Miami, FL 33187
(786) 226-2816
Digital Contact Information:

http://www.abatodayinc.com
anabelcaraza@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Carbajal, Yaneisy, MED, BCBA ■
7900 Oak Ln
400
Hialeah, FL 33016
(786) 622-5743
Digital Contact Information:
admin@mybehavioral.health

Carballo, Clarisa, MS, LMHC ■
5901 Northwest 183rd Street
Suite 128
Hialeah, FL 33015
(786) 409-4872
Digital Contact Information:
http://onesoulcmh.com
onesoulbilling@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Carballo, Grettel, MC, LMHC ■
1901 West Flagler Street
7
Miami, FL 33135
(786) 612-5973
Digital Contact Information:
grettel2587@gmail.com

and
13195 Southwest 134th Street
101
Miami, FL 33186
(786) 227-6830
Digital Contact Information:
http://esperanzagroup.net
grettel2587@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Carballo Lataza, Julia, MPSY, BCBA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

Carballo, Mercedes, MC, LMHC ■
10689 N Kendall Dr
Ste 215
Miami, FL 33176
(305) 310-4245
Digital Contact Information:
http://mentalwellness.care
mercy.carballo@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Carballo, Yusel, MSED, BCBA ■
7900 Oak Ln
400
Hialeah, FL 33016
(786) 622-5743
Digital Contact Information:
ymbehavioralhealth@gmail.com

and
Home Based Services Only
Miami Lakes, FL 33016
(786) 622-5743
Digital Contact Information:
ymbehavioralhealth@gmail.com

Cardenas, Carlos, MSED, LMFT ■
10689 SW 88th St
Ste 305
Miami, FL 33176
(305) 975-9449
Digital Contact Information:
mgme.cc@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Cardenas, Krystine M, MS, BCBA ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(954) 757-7790
Digital Contact Information:
http://www.behavior-analysis.org
rhulsey@behavior-analysis.org
Other Languages Spoken by Provider or Office Staff Spanish

Cardenas Mesa, Belkis, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 542-4690
Digital Contact Information:
brightstarbehaviorservices@gmail.com

and
8950 Southwest 152nd Street
110
Palmetto Bay, FL 33157
(786) 542-4690
Digital Contact Information:
brightstarbehaviorservices@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Cardentey, Maidelin, MMH, LMHC ■
11300 Northwest 87th Court
149
Hialeah Gardens, FL 33018
(786) 518-3452
Digital Contact Information:
gardenshc@gmail.com

Cardet Ibarra, Maria P, MS, BCBA ■
30392 Old Dixie Highway
Homestead, FL 33030
(786) 283-0175
Digital Contact Information:
vanessa@amromed.com

and
14204 Southwest 289th Terrace
Homestead, FL 33033
(305) 878-1255
Digital Contact Information:
vanessa@amromed.com

and
12985 Southwest 130th Court
101 101
Miami, FL 33186
(786) 205-0090
Digital Contact Information:
vanessa@amromed.com

and
27132 South Dixie Highway
Naranja, FL 33032
(786) 283-0175
Digital Contact Information:
vanessa@amromed.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
vanessa@amromed.com

Cardona, Diana C, MS, LMHC ■
5201 Blue Lagoon Dr
Ste 848
Miami, FL 33126
(855) 634-0984
Digital Contact Information:
contact@influentialtherapy.com

Cardona, Maria E, MBS, LPC ■
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
osaker@ibhflorida.com

Cardosa, Navila, MS, LMHC ■
FL
(786) 519-1419
Digital Contact Information:
navilacredentialing27@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Cardoso, Ericka, MS, LMHC ■
12595 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 701-9992
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
17340 Northwest 27th Avenue
Miami Gardens, FL 33056
(786) 255-0613
Digital Contact Information:
http://synergywellnessc.com
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Careaga, Dioskora, MS, BCBA, LMHC ■
2828 Coral Way
Ste 460
Coral Gables, FL 33145
(732) 523-2327
Digital Contact Information:
http://www.hinesandassociates.net
dioskorac@msn.com

and
12550 Biscayne Boulevard
STE 306
North Miami, FL 33181
(305) 642-5255
Digital Contact Information:
http://www.hinesandassociates.net
dioskorac@msn.com
Other Languages Spoken by Provider or Office Staff Spanish

Carey, Gabrielle, MHS, LMHC ■
12000 Biscayne Boulevard
Miami, FL 33181
(786) 490-5988
Digital Contact Information:
gabbycaresofsouthfl@gmail.com

and
FL
(786) 490-5988
Digital Contact Information:
http://www.gabbycares.com
gabbycaresofsouthfl@gmail.com

Carey, Penny, MA, LMHC ■
66 W Flagler St
900
Miami, FL 33130
(786) 244-7690
Digital Contact Information:
admissions@advancedrecoverysystems.com

Carhuayo, Sheyla, MSCC, LMHC ■
3100 SW 62nd Ave
Fl 2
Miami, FL 33155
(305) 663-8439
Digital Contact Information:
payer.credentialing@nicklaushealth.org

Caridad Fernandez, Ernestina, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 732-7516
Digital Contact Information:
familylovenetworks@gmail.com

Caridad Martinez, Keilyn, MS, BCBA ■
Home Based Services Only
Doral, FL 33122
(305) 394-8251
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Carlisle, Muriell, MS, LMHC ■
FL
(786) 224-7111
Digital Contact Information:
muriellcarlisle@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Carlyon, Corey, MA, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Carmona, Cristina, MA, BCBA, LBA ■
12730 Northwest 102nd Place
Hialeah Gardens, FL 33018
(305) 343-0783
Digital Contact Information:
http://www.daytodaybehavior.com
goldencarega@mbhpays.com

Carmona Rodriguez, Danisley, MS, BCBA ■
10631 Southwest 88th Street
135
Miami, FL 33176
(786) 603-6567
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
10691 North Kendall Drive
207
Miami, FL 33176
(786) 401-6113
Digital Contact Information:
genesisconsultingservices39@gmail.com

Carne, Taylor, MA, LMFT ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Carnet Beira, Garry, MS, BCBA ■
5901 Northwest 183rd Street
Suite 264
Hialeah, FL 33015
(786) 803-2664
Digital Contact Information:
https://oasismentalhealthcenter.com
nkitching@readysetconnect.org
Other Languages Spoken by Provider or Office Staff Spanish

Caro, Denis, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

Carr, Michelle, LMHC, MA ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com
Other Languages Spoken by Provider or Office Staff Spanish

Carr, Satara, MA, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
blisscounseling2019@outlook.com
Other Languages Spoken by Provider or Office Staff English

Carrascal, Jonh, MS, LMHC ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Carreras Martinez, Monica, MA, BCBA ■
2020 Ponce de Leon
Suite 1201
Miami, FL 33134
(305) 917-5414
Digital Contact Information:
mirta@psychologybeyond.com

and
8370 W Flagler St
Ste 226
Miami, FL 33144
(305) 917-5414
Digital Contact Information:
mirta@psychologybeyond.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Carrillo, Carlos, MA, BCBA ■
20325 Old Cutler Road

Cutler Bay, FL 33189
Digital Contact Information:
info@mykidtherapycenter.com

and
1180 North Krome Avenue
Homestead, FL 33030
(786) 349-4700
Digital Contact Information:
info@mykidtherapycenter.com

and
49 NW 17th St
Homestead, FL 33030
(786) 349-4700
Digital Contact Information:
info@mykidtherapycenter.com

and
14425 Country Walk Drive
Miami, FL 33186
(786) 349-4700
Digital Contact Information:
info@mykidtherapycenter.com

Carrita, Nicole, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
carritacounseling@gmail.com
Other Languages Spoken by Provider or Office Staff Italian

Carroll, Christian, MS, LMFT, LMHC, LPC, LPCMH ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Carroza, Mirna H, MPSY, LMHC ■
782 Northwest Le Jeune Road
329
Miami, FL 33126
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
ebcg-support@findoctave.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff Italian, Spanish

Cartas, Grisel, MS, BCBA, LCSW ■
5455 Southwest 8th Street
230
Miami, FL 33134
(786) 629-8836
Digital Contact Information:
vidacounselinggroup@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cartaya, Raul, MS, BCABA ■
12855 Southwest 136th Avenue
221
Miami, FL 33186
(786) 319-2276
Digital Contact Information:
luciano@mymbcinc.com

and
15190 Southwest 136th Street
UNIT 26
Miami, FL 33196
(786) 319-2276
Digital Contact Information:
luciano@mymbcinc.com

Cartaya, Rosa M, MA, LMHC ■
9370 Southwest 72nd Street
Suite #A-213
Miami, FL 33173
(305) 972-9530
Digital Contact Information:
rmcartay@hotmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Carter, Dana, PHD, LMHC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com

Carter, Michelle, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Carvajal, Maria, MS, BCBA ■
Home Based Services Only
Hialeah, FL 33012
(561) 460-0284
Digital Contact Information:
info@brightfuturebehavioral.com

Casali, Rosa E, MS, BCBA ■
17340 Northwest 27th Avenue
Miami Gardens, FL 33056
(786) 255-0613
Digital Contact Information:
rgcasali@gmail.com

and
9344 Southwest 170th Lane
Palmetto Bay, FL 33157
(305) 710-0029
Digital Contact Information:
rgcasali@gmail.com

Casanas Marrero, Glenda, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 832-6630
Digital Contact Information:
glendacmf@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Casanueva, Yanely, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 537-7016
Digital Contact Information:
bcbaworkteam@gmail.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(786) 287-4039
Digital Contact Information:
bcbaworkteam@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Casas, Joanna, MC, LMHC ■
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
http://www.btpmentalhealth.com
info@btpmentalhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Casiano, Ada L, MS, LMFT ■
7765 SW 87th Ave
Ste 104
Miami, FL 33173
(305) 494-0956
Digital Contact Information:
acasiano@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Casillas, Isis, MSW, BCBA ■
9415 SW 72nd St
Ste 131
Miami, FL 33173
(305) 662-6448
Digital Contact Information:
http://www.miamibehaviortherapy.com
info@miamibehaviortherapy.com

and
9415 Southwest 72nd Street
101
Miami, FL 33173
(305) 662-6448
Digital Contact Information:
http://www.miamibehaviortherapy.com
info@miamibehaviortherapy.com

Caso, Sabrina, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

Casper, Jeffrey, MS, LCMHC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
help@joinuplift.co

Castaneda, Alexa, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
referrals@chrysalishealth.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
referrals@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Sign Lang Amer, Spanish

Castanos, Michelle, MED, BCBA ■
7875 Northwest 12th Street
120
Doral, FL 33126
(786) 505-4449
Digital Contact Information:
http://southfloridabehavior.com
mcastanos@southfloridabehavior.com

and
7875 Northwest 12th Street
118
Miami, FL 33126
(786) 505-4449
Digital Contact Information:
http://southfloridabehavior.com
mcastanos@southfloridabehavior.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Castellanos, Ivette, MS, LMHC ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
laurap@azzurrahcc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Castellon, Adela, MS, BCBA ■
10200 Northwest 25th Street
STE 204
Doral, FL 33172
(305) 406-3689
Digital Contact Information:
http://www.foundartacademy.org
castellonadela@yahoo.com

and
14125 Northwest 80th Avenue
304
Miami Lakes, FL 33016
(786) 305-7222
Digital Contact Information:
castellonadela@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Castellon, Nestor, MS, LMHC ■
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
fl-credentialing@lifestance.com
Other Languages Spoken by Provider or Office Staff
Spanish

Castellon, Nohelany, MA, BCBA ■
7990 Southwest 117th Avenue
Suite 134
Kendall, FL 33183
(305) 741-2218
Digital Contact Information:
info@buildablocktherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Castellon, Yaima, MA, BCBA ■
8300 West Flagler Street
170
Miami, FL 33144
(786) 633-5171
Digital Contact Information:
olympushcs@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Caster, Valjeanne, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Casthely, Patrick, MC, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Castilla, Anamaria, MS, BCBA ■
Home Based Services Only
Pinecrest, FL 33156
(786) 432-1099
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Castilla, Kattia, MS, LMHC ■
9010 Southwest 137th Avenue
223
Miami, FL 33186
(786) 483-0606
Digital Contact Information:
http://www.therapyhelps.net
therapyhelpsmiami@gmail.com

Castillero, Yalilis, BS, BCBA ■
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
credentialing@southbillcare.com
Other Languages Spoken by Provider or Office Staff
Latvian, Spanish

Castillo, Brandon, MS, BCBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
brandon.castillo@shaping-change.com

Castillo, Fiorella Paola, MC, LMHC ●
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
info@elevatepsychiatry.com

and
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
info@elevatepsychiatry.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Castillo, Gerardo, MA, BCBA, LBA ■
1500 S Douglas Rd

230
Coral Gables, FL 33134
(888) 501-8540
Digital Contact Information:
https://acornhealth.com
info@acornhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Castillo, Karina, MA, LMHC ■
FL
(786) 258-8499
Digital Contact Information:
http://www.virtual-counseling.com
service@virtual-counseling.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Castillo-Fundora, Evelyn T, EDS, LSP ■
10300 Southwest 72nd Street
#123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://myschoolpsychologistinc.com
info@myschoolpsychologistinc.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Castineiras, Carla M, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Castro, Darian, MS, BCBA ■
1801 Southwest 22nd Street
328
Miami, FL 33145
(786) 536-7694
Digital Contact Information:
office@tlhproject.com

and
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
office@tlhproject.com

and
306 Westward Dr
Miami Springs, FL 33166
(786) 588-7894
Digital Contact Information:
office@tlhproject.com
Other Languages Spoken by Provider or Office Staff
Spanish

Castro De La Cruz, Beatriz, MPSY, BCBA ■
8300 Northwest 53rd Street
Suite 102
Doral, FL 33166
(786) 769-5222
Digital Contact Information:
genesisconsultingservices39@gmail.com

Castro, Georgia K, MS, LMHC ■
111 NW 183rd St
Ste 404
Miami, FL 33169
(786) 524-4001
Digital Contact Information:
fl-credentialing@lifestance.com

and
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
fl-credentialing@lifestance.com

Castro, Helen, MS, BCBA ■
1140 West 50th Street
STE 303
Hialeah, FL 330123411
(305) 231-3371
Digital Contact Information:
monica.castro@riosplace.com

and
12135 Northeast 8th Avenue
North Miami, FL 33161
(954) 292-8645
Digital Contact Information:
https://riosplace.com/
monica.castro@riosplace.com

Castro, Katia, MED, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
credentialing@thriveworks.com
Other Languages Spoken by Provider or Office Staff
English, Sign Lang Amer, Spanish

Castro, Lauren, MS, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
evernorth@teampbs.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
evernorth@teampbs.com

and
1951 NW 7th Ave
Ste 600
Miami, FL 33136
(929) 384-7193
Digital Contact Information:
evernorth@teampbs.com

Castro, Mairelis, MS, LMHC ■
2450 Southwest 137th Avenue
Suite# 230
Miami, FL 33175
(305) 459-3207
Digital Contact Information:
http://www.hidalgopsychiatry.com
calvarez@blueangelcare.net

and
2460 Southwest 137th Avenue
250
Miami, FL 33175
(305) 459-3207
Digital Contact Information:
http://www.hidalgopsychiatry.com
calvarez@blueangelcare.net

and
11890 Southwest 8th Street
STE 309
Miami, FL 331841710
(305) 220-6060
Digital Contact Information:
http://www.blueangelcare.net
calvarez@blueangelcare.net

Castro, Monica, MS, BCBA ■
Home Based Services Only
Miami Shores, FL 33161
(954) 292-8645
Digital Contact Information:
monica@abassolutions.com

and
12135 Northeast 8th Avenue
North Miami, FL 33161
(954) 292-8645
Digital Contact Information:
monica@abassolutions.com

Castro, Niurka, MPSY, BCABA ■
9600 Northwest 25th Street
STE 5E
Miami, FL 33172
(888) 527-8037
Digital Contact Information:
info@brightstartllc.com

Castro, Olga M, MS, LMHC ■
11890 Southwest 8th Street
STE 309
Miami, FL 331841710
(305) 220-6060
Digital Contact Information:
http://www.blueangelcare.net
calvarez@blueangelcare.net
Other Languages Spoken by Provider or Office Staff
Spanish

Castro, Paula, MA, BCBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
https://tillytherapy.com/
evernorth@teampbs.com

and
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
evernorth@teampbs.com

Castro, Quisha, MC, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Castro, Soray, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
(407) 955-4001
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Castro, Synthia, MHS, LBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 873-0935
Digital Contact Information:
intake@rainbowstepsaba.com

and
4310 Southwest 164th Court
Miami, FL 33185
(305) 905-0631
Digital Contact Information:
intake@rainbowstepsaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Castro Turuseta, Maggie B, MPSY, BCBA ■
10261 Southwest 72nd Street
Miami, FL 33173
(786) 773-3654
Digital Contact Information:
info@bmmaba.com

and
7900 Northwest 155th Street
304
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
info@bmmaba.com

and
7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
info@bmmaba.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Castro, Yahaira, PHD, LMHC ■
13335 Southwest 124th Street
Miami, FL 33186
(786) 738-6468
Digital Contact Information:
frontdesk@mentalhealthofmiami.com

and
FL
(786) 738-6468
Digital Contact Information:
http://mentalhealthofmiami.com
frontdesk@mentalhealthofmiami.com
Other Languages Spoken by Provider or Office Staff
Spanish

Catenacci, Kathryn Y, MS, LCPC, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Catoe, Whitney, MA, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Causo, Patricia, MS, BCBA ■
10920 Southwest 184th Street
Miami, FL 33157
(305) 378-5775
Digital Contact Information:
pattycauso@gmail.com

Cavassa, Adriana A, MA, BCBA ■
12750 Southwest 128th Street
Suite #201
Miami, FL 33186
(786) 592-2051
Digital Contact Information:
https://www.behavioraccservices.com
office@behavioraccservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Caver Jackson Adams, Latoya D, MA, LMHC, LPCC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
ebcg-support@findoctave.com

Cayon, Margye, MPSY, BCBA ■
12750 Southwest 128th Street
Suite #201
Miami, FL 33186
(786) 592-2051
Digital Contact Information:
http://www.behavioraccservices.com
office@behavioraccservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cazeau, Kintz-Estherlie, MS, BCBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
http://kidsspotrehab.com
team@a1ahealth.com

and
12456 Southwest 127th Avenue
Miami, FL 33186
(786) 953-8500
Digital Contact Information:
team@a1ahealth.com

Ceballo, Mayelin, MPSY, LMHC ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
office@neurobehavioral.health

and
12060 Southwest 129th Court
201
Miami, FL 33186
(786) 615-3349
Digital Contact Information:
office@neurobehavioral.health
Other Languages Spoken by Provider or Office Staff
Spanish

Ceballos Marin, Veronica I, MMH, LMHC ■
14221 Southwest 120th Street
225
Miami, FL 33186
(786) 373-7359
Digital Contact Information:
inspirationaljourneymhc@gmail.com
Other Languages Spoken by Provider or Office Staff English

Cedeno Nadal, Claudia, MS, BCBA ■
8785 Southwest 165th Avenue

307
Miami, FL 33193
(786) 956-7480
Digital Contact Information:
http://abamelioragroup.com
info@abameliora.com
Other Languages Spoken by Provider or Office Staff Spanish

Cejas Gonzalez, Amisel, MPSY, BCBA ■
3105 Northwest 107th Avenue
Ste 405
Doral, FL 33172
(786) 299-7782
Digital Contact Information:
info@sunshinebehavioralhealthservices.com
Other Languages Spoken by Provider or Office Staff Spanish

Cejas, Nazira, MBS, BCBA ■
8660 West Flagler Street
STE 121
Miami, FL 33144
(305) 600-4774
Digital Contact Information:
admin@fkbac.com

and
3479 Northeast 163rd Street
North Miami Beach, FL 33160
(786) 206-6500
Digital Contact Information:
admin@fkbac.com
Other Languages Spoken by Provider or Office Staff Spanish

Celestin, Jaceline, MS, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
jcelestherapist@gmail.com

Cendan, Tianny, MC, LMHC ■
22790 SW 112th Ave
Miami, FL 33170
(305) 235-6178
Digital Contact Information:
http://www.theagapenetwork.org
rgrossmiller@hcnetwork.org

Centeno, Neydis, PSYD, BCBA ■
7235 Southwest 24th Street
204
Miami, FL 33155
(786) 452-0257
Digital Contact Information:
maximumachieversllc@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Center, Steve S, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
anne.lawson@bowencenter.org

Cepero, Erika, MED, LBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
credentialing@alpacahealth.io

Cerna, Olga, MS, BCBA ■
2300 West 84th Street
406
Hialeah, FL 33016
(786) 960-6767
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
5881 Northwest 151st Street
127
Miami Lakes, FL 330142450
(786) 905-2262
Digital Contact Information:
http://sweetchildbehavior.com
info@newlifeaba.com

Cerne Constantin, Kery, MMH, LMHC ■
16800 Northeast 15th Avenue
304 304
North Miami Beach, FL 33162
(305) 419-6446
Digital Contact Information:
http://www.plscaw.com
ddunn@unifiedcm.com

Cervantes Fernandez, Jose G, MSED, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 523-3249
Digital Contact Information:
cervantesbcba@gmail.com

and
1380 Northeast Miami Gardens Drive
220f
Miami, FL 33179
(786) 523-3249
Digital Contact Information:
cervantesbcba@gmail.com

and
1930 Northeast 185th Terrace
North Miami Beach, FL 33179
(786) 523-3249
Digital Contact Information:
cervantesbcba@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Cervantes Valladares, Marilin, BSN, BCABA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 587-0424
Digital Contact Information:
cervantes9515@gmail.com

Cervera, Carol, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 853-8355
Digital Contact Information:
cristina@creativekidstherapyinc.com

and
1512 Southwest 14th Terrace
Miami, FL 33145
(786) 853-8355
Digital Contact Information:
cristina@creativekidstherapyinc.com

and
13195 Southwest 134th Street
Ste. 201
Miami, FL 33186
(786) 206-6500
Digital Contact Information:
cristina@creativekidstherapyinc.com

and
FL
(786) 206-6500
Digital Contact Information:
cristina@creativekidstherapyinc.com

and
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
cristina@creativekidstherapyinc.com

Chacin, Cecilia, MS, LBA ■
1120 Northwest 14th Street
RM 1213
Miami, FL 331362107
(305) 243-6660
Digital Contact Information:
Not Available

Chambers, Brittany, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Chance Kayd, Quenton, MS, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
kaydquenton@gmail.com

Chang, Ya-Ping, BA, BCABA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(888) 501-8540
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Chaquinga, John, MS, LMHC ■
5881 Northwest 151st Street
Suite: 103
Miami Lakes, FL 33014
(786) 703-4154
Digital Contact Information:
peaceofmindmhs@hotmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Charles, Jean P, MA, LBA ■
1120 Northwest 14th Street
RM 1213
Miami, FL 331362107
(305) 243-6660
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff Creole, French

Charles, Richard, MA, LMFT ■
5190 Northwest 167th Street
113
Hialeah, FL 33014
(786) 716-1166
Digital Contact Information:
pierreamoreau@familyempowermentmhc.org
Other Languages Spoken by Provider or Office Staff Haitian Creole, French

Charles, Saskia, MS, LMHC ■
1825 Northwest 167th Street
SUITE 102
Opa-locka, FL 330564838
(305) 624-7450
Digital Contact Information:
http://www.cfcecares.org
rgay@cfceinc.org
Other Languages Spoken by Provider or Office Staff English, Haitian Creole, Creole, Spanish

Chatman, Sheila, MC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Chaves, Yelitza, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Chavez, Katerin, MC, LMHC ■
FL
(786) 490-6828
Digital Contact Information:
https://www.psychologytoday.com/profile/467192
katerin0_01@yahoo.com
Other Languages Spoken by Provider or Office Staff Spanish

Chavez, Yoany, MS, LMHC ■
33550 South Dixie Highway
106
Florida City, FL 33034
(305) 200-3488
Digital Contact Information:
http://www.sunshinecommunitybs.com
sunshinecommunitybs@gmail.com

and
1150 Northwest 72nd Avenue
ph 2
Miami, FL 33126
(786) 542-5043
Digital Contact Information:
http://1stcarecms.com
sunshinecommunitybs@gmail.com

and
7171 Southwest 24th Street
Suite 417
Miami, FL 33155
(305) 200-3488
Digital Contact Information:
sunshinecommunitybs@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Checo, Lymairy, MS, BCBA ■
2332 Galiano Street
Floor 2
Coral Gables, FL 33134
(305) 497-0662
Digital Contact Information:
Not Available

and
3833 Southwest 8th Street
Coral Gables, FL 33134
(786) 440-1176
Digital Contact Information:
Not Available

and
7829 Northwest 116 Place
Medley, FL 33178
(786) 440-1176
Digital Contact Information:
Not Available

Chemerinsky, Graciela, MPSY, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com

and
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff Spanish

Chen, Joel, BA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(888) 501-8540
Digital Contact Information:
jennifer.horta@superherospeechtherapy.com

and
13155 SW 134th St
Ste 207
Miami, FL 33186
(786) 842-3624
Digital Contact Information:
http://www.superherospeechtherapy.com
jennifer.horta@superherospeechtherapy.com

Cheri'E Thompson, Taylor, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

and
13195 Southwest 134th Street
Ste. 201
Miami, FL 33186
(888) 880-9270
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

Cherician, Diana, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 306-5534
Digital Contact Information:
mpmcmhc@miamipersonalmanagement.com

and
Home Based Services Only
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
mpmcmhc@

miamipersonalmanagement.com

and
1031 Ives Dairy Road
STE 240
Miami, FL 33179
(786) 306-5534
Digital Contact Information:
mpmcmhc@miamipersonalmanagement.com

and
945 Southwest 122nd Avenue
Miami, FL 33184
(786) 536-4807
Digital Contact Information:
mpmcmhc@miamipersonalmanagement.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Cherry, Patricia, MED, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
steven.smith@mangalaminfotech.com

Chiarini, Stephan G, MSED, LMFT ■
10241 SW 103rd Ct
Miami, FL 33176
(305) 790-2899
Digital Contact Information:
ovichsan@yahoo.com

and
9010 SW 137th Ave
Ste 212
Miami, FL 33186
(305) 790-2899
Digital Contact Information:
ovichsan@yahoo.com

Chico, Heidi, MS, LMHC ■
7821 Coral Way
100
Miami, FL 33155
(786) 409-5690
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Chico Pimentel, Leonardo, MBS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 299-7782
Digital Contact Information:
littlebluebeesbehaviortherapy2@gmail.com

and
2711 Southwest 137th Avenue
ste 89
Miami, FL 33175
(305) 456-6002
Digital Contact Information:
littlebluebeesbehaviortherapy2@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Chico, Yuleidys G, MBS, BCBA ■
7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
info@bmmaba.com
Other Languages Spoken by Provider or Office Staff Spanish

Childers, Janice L, MA, LMHC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff English

Chirino, Cristina, BS, BCBA ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(305) 273-3773
Digital Contact Information:
http://www.behavior-analysis.org
tvargas@behavior-analysis.org

Chirito, Fiorella, MSW, BCBA ■
2898 Northwest 79th Avenue
Doral, FL 33122
(305) 597-3861
Digital Contact Information:
fchirito@beyondresultsaba.com

Chirolde, Griela, MS, BCBA ■
1500 Northwest 89th Court
Ste 117
Doral, FL 33172
(305) 431-6410
Digital Contact Information:
griela@developingnewhorizons.com

Chiuchiolo, Marisa, MS, LMHC ■
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 317-4478
Digital Contact Information:
https://crystalabatherapy.com/

Chocron, Eva, MS, LMFT ■
2627 NE 203rd St
Ste 214
Miami, FL 33180
(415) 941-4109
Digital Contact Information:
ebcg-support@findoctave.com

Chong, Roxana, MS, BCBA ■
8353 Southwest 124th Street
102
Miami, FL 33156
(305) 902-6435
Digital Contact Information:
http://www.abamiami.com
roxanac@abamiami.com

and
8603 South Dixie Highway
303
Pinecrest, FL 33156
(305) 902-6435
Digital Contact Information:
roxanac@abamiami.com
Other Languages Spoken by Provider or Office Staff Spanish

Choudhury, Ian, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com
Other Languages Spoken by Provider or Office Staff English

Choute, Daphne, MS, LMHC ■
FL
(305) 804-9121
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Chuairey, Jessica, MS, BCBA ■
Home Based Services Only
Doral, FL 33126
(407) 800-6086
Digital Contact Information:
prokidzabatherapy@yahoo.com

and
13404 Southwest 128th Street
Miami, FL 33186
(305) 433-0897
Digital Contact Information:
prokidzabatherapy@yahoo.com
Other Languages Spoken by Provider or Office Staff Portuguese, German, French, Spanish

Cicetti, Lisa, PSYD, LMHC, LP ■
1100 Southwest 57th Avenue
Suite 100
Miami, FL 33144
(786) 556-7688
Digital Contact Information:
lisacicetti@yahoo.com

Cintron, Natasha, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
info@acornhealth.com

Cipriani, Donna C, PHD, LMHC, LP ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
dr.donnacipriani@gmail.com
Other Languages Spoken by Provider or Office Staff Italian

Ciraulo, Salvatore, MA, BCBA, LBA ■
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
aharrell@mercypluscare.com

Citelli, Ornella, MED, BCBA ■
800 Northeast 95th Street
Miami Shores, FL 33138
(305) 798-6784
Digital Contact Information:
browardbhcs@gmail.com

and
9999 Northeast 2nd Avenue
209
Miami Shores, FL 33138
(305) 798-6784
Digital Contact Information:
browardbhcs@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Clark, Robert E, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app

Clark, Sandra, MC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
sjohnson@gmhcinc.org

Claudio, Pedro, BCBA, MA ■
13155 SW 134th St
Ste 207
Miami, FL 33186
(785) 358-6559
Digital Contact Information:
info@superherospeechtherapy.com
Other Languages Spoken by Provider or Office Staff Spanish

Clavijo Hernandez, Ana, MBS, BCBA ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
sucel@practice-mgmt.com

and
Home Based Services Only
Hialeah, FL 33013
(786) 592-6680
Digital Contact Information:
sucel@practice-mgmt.com

and
2300 West 84th Street
404a
Hialeah, FL 33016
(786) 681-8494
Digital Contact Information:
sucel@practice-mgmt.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
sucel@practice-mgmt.com

and
18303 Southwest 153rd Place
Miami, FL 33187
(786) 343-9391
Digital Contact Information:
sucel@practice-mgmt.com

and
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
sucel@practice-mgmt.com

Clemente, Rita, MS, BCBA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
http://www.appliedbhs.com
dabs@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Clicque, Chelsea A, PSYD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
support@dallastherapeutic.com

Closner, Jonathan, MC, LCPC, LMHC, LPC ■
1000 5th St
Ste 200
Miami Beach, FL 33139
(786) 389-0094
Digital Contact Information:
jonathan@turningpointsandbeyond.com

Cloud, Kayla, MC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Cnobel Massion, Monica, MC, LCPC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Coca-Penna, Stephanie, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Coello, Jenny, MS, BCBA, LBA, LMHC ■
15325 Northwest 60th Avenue
#105
Miami Lakes, FL 33014
(305) 512-5388
Digital Contact Information:
info@kidsbehavioralnetwork.com

and
14411 Commerce Way
350
Miami Lakes, FL 33016
(786) 333-2975
Digital Contact Information:

info@kidsbehavioralnetwork.com
Other Languages Spoken by Provider or Office Staff
English, Sign Lang Amer, Spanish

Coet, Andrew, MA, BCBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
https://tillytherapy.com/
info@excelleratedtc.com

Cohen, Leor, MA, BCBA ■
18451 Northeast 27th Place
Aventura, FL 33160
(786) 683-2398
Digital Contact Information:
http://www.abastartherapy.com
leor.cohen21@gmail.com
Other Languages Spoken by Provider or Office Staff
Hebrew

Cohen, Ofri, LMFT, LMHC, MS ■
3363 NE 163rd St
Ste 709
Miami, FL 33160
(786) 556-5546
Digital Contact Information:
Not Available

and
3363 Northeast 163rd Street
STE 709
North Miami Beach, FL 33160
(786) 556-5546
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Hebrew

Cohen, Regina, MSED, BCBA ■
21011 Northeast 25th Court
Miami, FL 33180
(305) 988-5115
Digital Contact Information:
info@abarockin.com

Cohen, Sari, MC, LMHC ■
1951 Northwest 7th Avenue
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
sari.creativepathllc@gmail.com

and
FL
(305) 902-6347
(352) 515-0000
Digital Contact Information:
sari.creativepathllc@gmail.com

Coizeau, Henri, PSYD, CP ■
1360 South Dixie Highway
355
Coral Gables, FL 33146
(305) 648-9344
Digital Contact Information:
southcoastpsychotherapy@gmail.com

and
FL
(800) 567-5433
Digital Contact Information:
https://totallife.com/
southcoastpsychotherapy@gmail.com

Collado, Dayanay, MS, BCBA ■
Home Based Services Only
Hialeah, FL 33012
(561) 460-0284
Digital Contact Information:
info@brightfuturebehavioral.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Collado, Tamara, MSED, BCBA ■
9800 Caribbean Boulevard
Cutler Bay, FL 33189
(305) 968-3011
Digital Contact Information:
tamaracollado1974@gmail.com

and
10300 Southwest 72nd Street
250b
Miami, FL 33173
(305) 939-6878
Digital Contact Information:
tamaracollado1974@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Collazo, Amanda, MA, BCBA ■
Home Based Services Only
Hialeah, FL 33010
(305) 280-5730
Digital Contact Information:
clinicare23@outlook.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 534-7172
Digital Contact Information:
clinicare23@outlook.com

and
12750 Northwest 17th Street
216 216
Miami, FL 33182
(888) 527-8037
Digital Contact Information:
http://www.brightstartpossibility.com
clinicare23@outlook.com
Other Languages Spoken by Provider or Office Staff
Hebrew, English, Spanish

Collazo, Melanie, MC, LMHC ■
5040 Northwest 7th Street
Suite 660
Miami, FL 33126
(305) 900-2361
Digital Contact Information:
bridgeforlife4@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Collazo, Yaraled, MPH, BCBA ■
2500 Northwest 79th Avenue
Suite 180
Doral, FL 33122
(786) 253-7868
Digital Contact Information:
cristina@creativekidstherapyinc.com

and
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
cristina@creativekidstherapyinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Collazo-Amador, Aylem, MS, LMHC ■
306 Alcazar Avenue
200
Coral Gables, FL 33134
(305) 967-8725
Digital Contact Information:
http://www.ajmmedicalcenter.com
sunshine-advantage@mbhpays.com

and
8500 West Flagler Street
Office 107A
Miami, FL 33144
(786) 907-5141
Digital Contact Information:
sunshine-advantage@mbhpays.com

and
13301 Southwest 132nd Avenue
209 209
Miami, FL 33186
(786) 713-5553
Digital Contact Information:
sunshine-advantage@mbhpays.com

and
FL
(305) 632-3892
Digital Contact Information:
sunshine-advantage@mbhpays.com
Other Languages Spoken by Provider or Office Staff
Spanish

College Arzola, Lellany, MS, BCBA ■
Home Based Services Only
Doral, FL 33126
(786) 637-2974
Digital Contact Information:
admin@mycommunityss.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 732-2139
Digital Contact Information:
admin@mycommunityss.com

and
13501 Southwest 128th Street
114a
Miami, FL 33186
(786) 732-2139
Digital Contact Information:
admin@mycommunityss.com

Collins, Eddie, MA, LMHC, LPC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
hello@bircheshealth.com

Collins, Timothy, MS, LMHC ■
FL
(202) 410-5972
(786) 495-6503
Digital Contact Information:
5atherapyllc@gmail.com

Colmenares Serrano, Norly A, MA, BCBA ■
10482 Northwest 31st Terrace
STE 2A
Doral, FL 33172
(786) 765-7550
Digital Contact Information:
aleatherapeuticbehavioralserv@gmail.com

and
131 Northeast 8th Street
Homestead, FL 33030
(786) 291-3979
Digital Contact Information:
http://www.aleatbs.com
aleatherapeuticbehavioralserv@gmail.com

Columbie, Liane, MSN, APRN, BCBA ■
1400 Northwest 107th Avenue
306
Miami, FL 33172
(786) 817-7444
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Columbie Prado, Yaliana, MBS, BCBA ■
8660 West Flagler Street
STE 121
Miami, FL 33144
(305) 600-4774
Digital Contact Information:
newhorizontherapy19@yahoo.com

and
12985 Southwest 130th Court
101 101
Miami, FL 33186
(786) 205-0090
Digital Contact Information:
newhorizontherapy19@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Colvin, Cindy, EDS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Comas, Chabely, BA, BCABA ■
1000 Brickell Avenue
Miami, FL 33131
(888) 527-8037
Digital Contact Information:
vzayas@brightstartllc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Comas, Jesus, BS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 875-7812
Digital Contact Information:
info@bhavioralcorporation.com
Other Languages Spoken by Provider or Office Staff
Spanish

Comas-Perez, Gabriella M, MA, BCABA ■
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
gcomasperez@buildablocktherapy.com

Compierchio, Nicole, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

Compte, Kailee, MS, LMHC ●
11200 Southwest 8th Street
Miami, FL 33174
(305) 348-0477
Digital Contact Information:
fiucred@fiu.edu
Other Languages Spoken by Provider or Office Staff
Spanish

Concepcion, Raquel F, PHD, LP ■
1601 NW 12th Ave
2060
Miami, FL 33136
(305) 243-6631
Digital Contact Information:
Not Available

and
1601 Northwest 12th Avenue
2047
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
Not Available

and
FL
(305) 243-6857
Digital Contact Information:
Not Available

Concepcion, Sailys, MA, LMHC, LPC ■
FL
(508) 202-1011
Digital Contact Information:
sailysc@pm.me

and
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
sailysc@pm.me

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
sailysc@pm.me

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
sailysc@pm.me

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
sailysc@pm.me

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
sailysc@pm.me

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
sailysc@pm.me

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779

Digital Contact Information:
sailysc@pm.me

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
sailysc@pm.me

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
sailysc@pm.me

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
sailysc@pm.me
Other Languages Spoken by Provider or Office Staff
Spanish

Concepcion Toledano, Niurka, MS, BCBA ■
100 Northeast 15th Street
203
Homestead, FL 33030
(786) 542-4690
Digital Contact Information:
professionalbaskills@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 542-4690
Digital Contact Information:
professionalbaskills@gmail.com

and
8950 Southwest 152nd Street
110
Palmetto Bay, FL 33157
(786) 542-4690
Digital Contact Information:
professionalbaskills@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Conde, America, MS, BCBA, LMHC ■
7721 Southwest 62nd Avenue
Suite 203
South Miami, FL 33143
(305) 707-1600
Digital Contact Information:
http://www.pivotaltherapy.net
aconde@pivotaltherapy.net

Conde, Krystal, MS, BCBA ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
stpfl@tcbbilling.com

and
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
stpfl@tcbbilling.com

and
11455 West Flagler Street
417
Miami, FL 33174
(786) 308-6757
Digital Contact Information:
stpfl@tcbbilling.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Haitian, Japanese, French, Russian, Italian, Spanish, Vietnamese

Conley, Makenzie, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

Constantino-Rios, Jeniree Carolina, BS, BCBA ■
8785 SW 165th Ave
Ste 103
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

Contreras, Alejandra, LMHC, MMH ■
5901 Northwest 183rd Street
310
Hialeah, FL 33015
(786) 418-9790
Digital Contact Information:
info@oasismentalhealthcenter.com
Other Languages Spoken by Provider or Office Staff
Spanish

Contreras, Cindy, MS, BCBA ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(954) 577-7790
Digital Contact Information:
http://www.behavior-analysis.org
baicredentialing@behavior-analysis.org
Other Languages Spoken by Provider or Office Staff
Spanish

Contreras, Joseph L, MS, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentailing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentailing@banyanhealth.org

and
18901 Southwest 106th Avenue
229
Miami, FL 33157
(786) 506-9008
Digital Contact Information:
credentailing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
credentailing@banyanhealth.org

and
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
credentailing@banyanhealth.org
Other Languages Spoken by Provider or Office Staff
Spanish

Contreras Molerio, Yelena, BS, BCBA ■
10300 Southwest 72nd Street
300
Miami, FL 33173
(561) 608-3573
Digital Contact Information:
http://www.happydreamsofkids.com
happydreamsofkids@gmail.com

Cook, Chaz, MS, LMHC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
http://sunbeamfamilyservices.org
drandall@teampathways.com

Cook, Shawndrika, MS, LMHC, PC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Cooley-Neals, Shakeela, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Cooper, Catherine, MC, LPC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Cooper, Courtney, MS, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
acc@advancedclientcare.org

Cooper, Garrett, MC, LMHC ■
5975 Sunset Drive
504
South Miami, FL 33143
(561) 444-3512
Digital Contact Information:
amelia@credentialingconsultants.com
Other Languages Spoken by Provider or Office Staff English

Coppola, Amanda, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
providerenrollment@acornhealth.com

Coppola, Whitney, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(757) 277-9874
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Cordero, Aymee, MS, BCBA ■
14815 Southwest 163rd Terrace
Miami, FL 33187
(786) 806-0308
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cordero, Gisselle, MS, BCBA ■
Home Based Services Only
Redland, FL 33031
(305) 910-5057
Digital Contact Information:
abasolutionsautism@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cordiano, Kiera, MS, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Cordido Vega, Mariana, MA, BCBA ■
7925 Northwest 12th Street
130 130
Doral, FL 33126
(786) 870-5090
Digital Contact Information:
http://www.limitlesslearningaba.com
info@limitlesslearningaba.com

and
7875 Northwest 12th Street
118
Miami, FL 33126
(786) 505-4449
Digital Contact Information:
info@limitlesslearningaba.com

Cordova, Carlos A, MS, LMHC ■
2141 SW 1st St
Ste 103
Miami, FL 33135
(305) 644-6024
Digital Contact Information:
help@coralcmhc.net
Other Languages Spoken by Provider or Office Staff
Spanish

Coriolan, Melanie, MA, LMHC, LPC ■
FL
(508) 202-1011
Digital Contact Information:
https://www.sevenstarling.com
support@sevenstarling.com

Cornelison, Trina M, EDS, LCMHC, LMHC, LPC ■
FL
(508) 202-1011
Digital Contact Information:
support@sevenstarling.com

Corona Martinez, Delaney, MS, LCPC, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
home@christianpsychological.org

Correa, Richard, MSW, LCSW, LMFT ■
123 N Krome Ave
Ste 201
Homestead, FL 33030
(786) 339-0686
Digital Contact Information:
richardcorrea2@aol.com

and
15792 Southwest 145th Terrace
Miami, FL 33196
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
richardcorrea2@aol.com

Corrieri, Arthur, MS, LMHC ■
9425 SW 72nd St
Ste 265
Miami, FL 33173
(305) 279-8400
Digital Contact Information:
acorrieri_@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Cortellesso, Ashley, MA, BCBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(410) 538-2574
Digital Contact Information:
https://tillytherapy.com/
credentialing@elemy.com

and
8785 SW 165th Ave
Ste 104
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
http://www.behavioralfamilysolutions.com
credentialing@elemy.com

Cortez, Nancy, MED, LMHC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
http://www.bebravehealth.com
help@joinuplift.co

Corthell, Kimere, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(877) 644-6008
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Corzo, Angela, MS, BCBA ■
9560 SW 107th Ave
Ste 106
Miami, FL 33176
(786) 899-0308
Digital Contact Information:
luciano@mymbcinc.com

and

15190 Southwest 136th Street
UNIT 26
Miami, FL 33196
(786) 899-0308
Digital Contact Information:
luciano@mymbcinc.com

Corzo Hernandez, Magalys, BS, BCABA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 587-0424
Digital Contact Information:
magalis.corzo@yahoo.com

Corzo Pumar, Anelys, CD, BCABA ■
1275 West 47th Place
#449
Hialeah, FL 33012
(305) 425-1338
Digital Contact Information:
magicbehavioral@gmail.com

and
Home Based Services Only
Miami Gardens, FL 33014
(305) 640-5739
Digital Contact Information:
magicbehavioral@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Corzo, Samantha R, MS, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
credentialing@banyanhealth.org

Costello, Carelis, MS, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
acc@advancedclientcare.org

Coto Hernandez, Zulia, MS, BCBA ■
7920 Northwest 168th Terrace
Miami Lakes, FL 33016
(786) 879-2117
Digital Contact Information:
info@abcsfl.com

Cox, Ashley N, MS, LMHC, LPC ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
ghines@hinesandassociates.net

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
ghines@hinesandassociates.net

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
ghines@hinesandassociates.net

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
ghines@hinesandassociates.net

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
ghines@hinesandassociates.net

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
ghines@hinesandassociates.net

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
ghines@hinesandassociates.net

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
ghines@hinesandassociates.net

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
ghines@hinesandassociates.net
Other Languages Spoken by Provider or Office Staff
Spanish

Crabtree, Amanda, MC, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Crane, Damarys, MS, LMHC ■
3750 West 16th Avenue
140u
Hialeah, FL 33012
(786) 609-1765
Digital Contact Information:
vdacommunitycenter@gmail.com

and
5941 Northwest 173rd Drive
2 2
Hialeah, FL 33015
(754) 701-0221
Digital Contact Information:
vdacommunitycenter@gmail.com

and
15325 Northwest 60th Avenue
101
Miami Lakes, FL 33014
(786) 703-8085
Digital Contact Information:
vdacommunitycenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Crawford, Brooklyn, MA, BCBA ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(954) 577-7790
Digital Contact Information:
baicredentialing@behavior-analysis.org

Crespo, Jailene, MA, BCBA ■
2898 Northwest 79th Avenue
Doral, FL 33122
(786) 646-9250
Digital Contact Information:
yperez@koalaaba.com

Crespo, Maria R, MMFT, LMFT ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
laurap@azzurrahcc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Crews, Grant Shane, MS, LMHC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
billing@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Crider, Tiffany, MS, LMHC ■
FL
(305) 812-6018
Digital Contact Information:
http://www.prevailandprogress.com
tiffanysimone@prevailandprogress.com

Crocker, Gayle, PSYD, LMHC ■
16400 NW 2nd Ave
Ste 100
Miami, FL 33169
(954) 588-3612
Digital Contact Information:
gaylecrocker@hotmail.com

and
FL
(954) 588-3612
Digital Contact Information:
gaylecrocker@hotmail.com

Cronin, Kathleen, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
scheduling@happierliving.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
scheduling@happierliving.com

Croskey, Luvernice, PHD, LCSW, LMFT ■
12955 Biscayne Boulevard
STE 204
Miami, FL 33181
(305) 895-3307
Digital Contact Information:
luvernicecroskey@gmail.com
Other Languages Spoken by Provider or Office Staff English

Crosley, Aishah, LPC, MC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
hello@emorahealth.com

Crumbley, Kristin, MS, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com

Cruz, Amy, MA, LMHC ■
4302 Alton Rd
Ste 500
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Cruz Estrada, Yanesi D, MS, BCBA ■
10491 Southwest 200th Terrace
Cutler Bay, FL 33189
(786) 230-5158
Digital Contact Information:
luciano@mymbcinc.com

and
2450 Southwest 137th Avenue
232
Miami, FL 33175
(786) 360-6496
Digital Contact Information:
luciano@mymbcinc.com

and
2460 Southwest 137th Avenue
242
Miami, FL 33175
(305) 339-1889
Digital Contact Information:
luciano@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cruz, Gladys, MA, BCBA ■
28802 Southwest 160th Court
Homestead, FL 33033
(786) 379-4261
Digital Contact Information:
therapy110@gmail.com

and
18951 Southwest 106th Avenue
105 106
Miami, FL 33157
(305) 233-4448
Digital Contact Information:
therapy110@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Cruz Gonzalez, Melissa C, MA, BCBA ■
10200 Northwest 25th Street
STE 205
Miami, FL 33172
(305) 602-0268
Digital Contact Information:
http://www.denalibehaviorcrt.com
melissa.cruz0607@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cruz, Grace Marlyn, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Cruz Guzman, Mery, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 538-9758
Digital Contact Information:
silkglovestherapy@gmail.com

Cruz, Jennifer, MA, BCBA ■
2520 Coral Way
2 19
Miami, FL 33145
(855) 832-6727
Digital Contact Information:
evernorth@teampbs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cruz, Jesus R, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
admissions@abaalliancecareservices.com

and
18951 Southwest 106th Avenue
105 106
Miami, FL 33157
(305) 233-4448
Digital Contact Information:
admissions@abaalliancecareservices.com

and
5881 Northwest 151st Street
Suite: 103
Miami Lakes, FL 33014
(786) 703-4154
Digital Contact Information:
admissions@abaalliancecareservices.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Cruz, Kimberly, BA, BCBA ■
7875 NW 12th St

Ste 109
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
kcruz@ebhealthgroup.com

and
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
kcruz@ebhealthgroup.com

Cruz, Natalia, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
3750 Northwest 87th Avenue
744
Miami, FL 33178
(786) 899-0308
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cruz Ramos, Niurka, MS, BCBA ■
631 Northwest 45th Avenue
100
Miami, FL 33126
(786) 343-8890
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cruz Silva, Dianelys, MPSY, BCBA ■
1071 Southwest 124th Court
Miami, FL 33184
(786) 338-0063
Digital Contact Information:
ashley@amromed.com

Cruz-Acevedo, Monica, MA ■
1475 NW 12th Ave
Miami, FL 33136
(305) 243-5302
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Cuadra, Richard, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Cue, Zandra, MPSY, LMHC ■
3191 Coral Way
Ste 402
Miami, FL 33145
(786) 218-4039
Digital Contact Information:
zandracue@yahoo.com

Cuervo Betancourt, Natacha, BCBA, BS, MED ■
5407 Southwest 131st Court
Miami, FL 33175
(305) 209-1095
Digital Contact Information:
angelesesperan@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cuesta, Daniella, MA, BCBA ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(954) 577-7790
Digital Contact Information:
baicredentialing@behavior-analysis.org
Other Languages Spoken by Provider or Office Staff
Spanish

Cueto, Christina, MA, LMFT ■
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
info@btpmentalhealth.com

Cueto Fernandez, Rachel, MS, BCBA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
http://www.appliedbhs.com
dabs@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cueto, Yenni C, MED, BCBA ■
3750 West 16th Avenue
218
Hialeah, FL 33012
(786) 409-3231
Digital Contact Information:
blossomingmindsllc@gmail.com

and
1670 Northeast 191st Street
Miami, FL 33179
(786) 532-0898
Digital Contact Information:
blossomingmindsllc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cuevas, Nardelis, MPSY, LMFT ■
4982 Palm Avenue
Hialeah, FL 33012
(305) 479-3262
Digital Contact Information:
admin@kcm.health

and
215 Westward Dr
Miami Springs, FL 33166
(305) 887-4494
Digital Contact Information:
admin@kcm.health
Other Languages Spoken by Provider or Office Staff
Spanish

Cumbermack, Dominique A, MA, BCBA, LBA ■
12750 Northwest 17th Street
216 216
Miami, FL 33182
(888) 527-8037
Digital Contact Information:
http://www.brightstartpossibility.com
info@brightstartllc.com

Cuna, Yordanka, MS, BCBA ■
1840 W 49th St
Ste 420
Hialeah, FL 33012
(786) 553-3150
Digital Contact Information:
myhappyaba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cunill, Lauren N, MA, BCBA ■
11925 Southwest 72nd Street
Miami, FL 33183
(305) 562-4683
Digital Contact Information:
http://www.shapingacademy.com
info@shapingacademy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Curdi, Loreley, MC, BCBA ■
2520 Coral Way
2 19
Miami, FL 33145
(855) 832-6727
Digital Contact Information:
evernorth@teampbs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Curras, Glender, MPSY, LMHC ■
1125 Northeast 125th Street
300 7n
North Miami, FL 33161
(786) 487-3948
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
English, Spanish

Curtis, Kormasah K, MMFT, LMFT ■
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
contactus@embracecounselingusa.com

Cuson, Ariadna, MED, BCBA ■
8785 SW 165th Ave
Ste 103
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
devin@acbehavioral.com

and
8785 SW 165th Ave
Ste 104
Miami, FL 33193
(305) 798-6784
Digital Contact Information:
devin@acbehavioral.com

and
800 Northeast 95th Street
Miami Shores, FL 33138
(305) 798-6784
Digital Contact Information:
devin@acbehavioral.com

Custidiano, Leonardo, MA, LMHC ■
3580 Mystic Pointe Drive
Aventura, FL 33180
(415) 941-4109
Digital Contact Information:
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Cwalinski, Ana, ABA, BCBA, MS ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(954) 577-7790
Digital Contact Information:
info@behavior-analysis.org

D'Andrea, Mariachiara, MS, BCBA ■
107 Antilla Avenue
Coral Gables, FL 331343301
(305) 567-5881
Digital Contact Information:
mgarcia@cagables.com
Other Languages Spoken by Provider or Office Staff
English, Italian, Spanish

D'Souza, Connolly G, MSW, CAP, LCSW ■
2929 SW 3rd Ave
Ste 510
Miami, FL 33129
(305) 858-0662
Digital Contact Information:
healingsolutionllc@att.net
Other Languages Spoken by Provider or Office Staff Indian, Spanish

Daaga, Isis, EDS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@elemy.com

Dabbs, Nadine, MS, BCBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
https://tillytherapy.com/
credentialing.lmbs@lighthousembs.com

Dahab, Faten, MPSY, LMHC ■
9822 Northeast 2nd Avenue
2
Miami Shores, FL 33138
(786) 505-7502
Digital Contact Information:
fatima@mindfuldirectionscc.com

and
FL
(786) 505-1145
Digital Contact Information:
fatima@mindfuldirectionscc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Dai, Anita, MED, LBA ■
Home Based Services Only
Doral, FL 33122
(305) 603-8747
Digital Contact Information:
credentialing@theratreepeds.com

Damiani Coca, Milagros, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
admission@beaconbehaviortherapy.com

and
11077 Biscayne Boulevard
Suite 211
Miami, FL 33161
(305) 974-5388
Digital Contact Information:
http://www.beaconbehavioraltherapy.com
admission@beaconbehaviortherapy.com

and
Home Based Services Only
Miami Shores, FL 33161
(786) 523-9912
Digital Contact Information:
admission@beaconbehaviortherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Damron, Heather, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
Bulgarian

Daniel, Dania, MS, BCBA ■
Home Based Services Only
Doral, FL 33126
(305) 433-5489
Digital Contact Information:
dania.daniel@danielhealthcorp.com

and
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
dania.daniel@danielhealthcorp.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(410) 538-2574
Digital Contact Information:
https://tillytherapy.com/
dania.daniel@danielhealthcorp.com

and
2157 Southwest 13th Avenue
3
Miami, FL 33145
(786) 878-1331
Digital Contact Information:
dania.daniel@danielhealthcorp.com

and
14358 Southwest 159th Terrace
Miami, FL 33177
(786) 419-1501

Digital Contact Information:
dania.daniel@danielhealthcorp.com
Other Languages Spoken by Provider or Office Staff
Spanish

Daniel, Marlon, MHS, BCBA ■
10200 Northwest 25th Street
201
Doral, FL 33172
(786) 442-0953
Digital Contact Information:
shaista@bikhamhealthcare.com

Darcy-Dowler, Jaimie, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Darias-Montano, Marlen, BCBA, MED ■
8890 Southwest 24th Street
210
Miami, FL 33165
(786) 715-9774
Digital Contact Information:
dariasbehavioralservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Darko, Awura A, MS, BCBA ■
1065 Southwest 8th Street
1459
Miami, FL 33130
(855) 853-0228
Digital Contact Information:
awura.darko3@gmail.com

Dashevsky, Jessica, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff
Russian

Davalos Alfonso, Danays, MPSY, BCBA ■
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
danaysdf@gmail.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
danaysdf@gmail.com

and
15295 Northwest 60th Avenue
STE 100
Miami Lakes, FL 33014
(305) 316-2055
Digital Contact Information:
danaysdf@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Davidson, Iyana, MS, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff English

Davila Aguilar, Christina M, MA, BCBA ■
1840 W 49th St
Ste 420
Hialeah, FL 33012
(786) 553-3150
Digital Contact Information:
myhappyaba@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Davis, Khalia, MS, BCBA ■
FL
(347) 893-1266
(833) 458-0386
Digital Contact Information:
evernorth@teampbs.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
evernorth@teampbs.com

and
1000 Brickell Avenue
Miami, FL 33131
(347) 893-1266
Digital Contact Information:
evernorth@teampbs.com

and
1951 NW 7th Ave
Ste 600
Miami, FL 33136
(929) 384-7193
Digital Contact Information:
evernorth@teampbs.com

Davis, Shane, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Davis, Shelena, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Davrichachvili-Simo, Brittany, MS, LMHC ■
22400 Old Dixie Highway
Miami, FL 33170
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff
English, French

De Armas, Dayanei, MMFT, BCBA, LMHC ■
30392 Old Dixie Highway
Homestead, FL 33030
(786) 283-0175
Digital Contact Information:
beyondpositivepsychology@yahoo.com

and
30350 SW 156th Ave
Homestead, FL 33033
(305) 975-3126
Digital Contact Information:
beyondpositivepsychology@yahoo.com

and
12039 Southwest 132nd Court
28 4
Miami, FL 33186
(786) 355-5654
Digital Contact Information:
beyondpositivepsychology@yahoo.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
beyondpositivepsychology@yahoo.com

and
27132 South Dixie Highway
Naranja, FL 33032
(786) 283-0175
Digital Contact Information:
beyondpositivepsychology@yahoo.com

De Bernardis, Sailyn, MS, BCBA ■
Home Based Services Only
Miami Gardens, FL 33014
(786) 542-0133
Digital Contact Information:
info@ekilibrium.org
Other Languages Spoken by Provider or Office Staff
Spanish

De La Cruz, Cecilia, MSW, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 418-0608
Digital Contact Information:
luciano@mymbcinc.com

and
10535 Southwest 124th Road
Miami, FL 33186
(305) 418-0608
Digital Contact Information:
luciano@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

De La Llama, Vanessa A, MS, LMHC ■
4445 West 16th Avenue
STE 602
Hialeah, FL 33012
(813) 999-1524
Digital Contact Information:
info@nationalhealthcareoperations.com

and
3416 West 84th Street
100
Hialeah, FL 33018
(786) 468-9677
Digital Contact Information:
info@nationalhealthcareoperations.com

and
1401 Southwest 1st Street
210
Miami, FL 33135
(786) 334-5663
Digital Contact Information:
info@nationalhealthcareoperations.com

and
330 Southwest 27th Avenue
307 309
Miami, FL 33135
(786) 762-2644
Digital Contact Information:
info@nationalhealthcareoperations.com

and
330 Southwest 27th Avenue
STE 307
Miami, FL 33135
(786) 253-9971
Digital Contact Information:
info@nationalhealthcareoperations.com

and
8181 Northwest 154th Street
STE 112
Miami Lakes, FL 33016
(407) 572-8053
Digital Contact Information:
info@nationalhealthcareoperations.com

and
1190 Northwest 95th Street
307
Miami Shores, FL 33150
(407) 572-8053
Digital Contact Information:
info@nationalhealthcareoperations.com
Other Languages Spoken by Provider or Office Staff
Spanish

De La Maza, Claudia, MA, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
genesisconsultingservices39@gmail.com

De La Nuez, Stephenie, MA, BCBA ■
1180 North Krome Avenue
Homestead, FL 33030
(786) 349-4700
Digital Contact Information:
stephenie@mykidtherapycenter.com

and
49 NW 17th St
Homestead, FL 33030
(786) 349-4700
Digital Contact Information:
http://mykidtherapycenter.com
stephenie@mykidtherapycenter.com
Other Languages Spoken by Provider or Office Staff
Spanish

De La Paz, Lazara, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
admissions@abaalliancecareservices.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

De La Portilla, Manuel, MC, LMHC ■
2650 Southwest 27th Avenue
Suite 305
Miami, FL 33133
(786) 353-9812
Digital Contact Information:
http://www.harmonyatthegablesclinic.com
mdlport@yahoo.com

and
FL
(305) 389-2374
Digital Contact Information:
mdlport@yahoo.com

and
15660 Southwest 72nd Street
Miami, FL 33193
(786) 697-1150
Digital Contact Information:
http://www.miraclecbc.com
mdlport@yahoo.com

and
15668 Southwest 72nd Street
Miami, FL 33193
(786) 697-1150
Digital Contact Information:
http://www.miraclecbc.com
mdlport@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

De La Prida, Yohandra, MC, LMHC ■
2500 Northwest 79th Avenue
Suite 227
Doral, FL 33122
(305) 456-9396
Digital Contact Information:
healthymindsmc@outlook.com

and
3785 Northwest 82nd Avenue
307
Doral, FL 33166
(305) 898-5420
Digital Contact Information:
healthymindsmc@outlook.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 255-6203
Digital Contact Information:
healthymindsmc@outlook.com

and
8100 Northwest 155th Street
100
Miami Lakes, FL 33016
(786) 615-2531
Digital Contact Information:
healthymindsmc@outlook.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

De La Yncera Garcia, Aimee, MHS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 458-9535
Digital Contact Information:
bmbchildrentherapies@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

De Leon Guerra, Gidelin, MA, BCBA ■

8350 Northwest 52nd Terrace
Suite 301
Doral, FL 33166
(786) 992-1151
Digital Contact Information:
info@newlifeaba.com

and
10482 Northwest 31st Terrace
STE 2A
Doral, FL 33172
(305) 224-0014
Digital Contact Information:
info@newlifeaba.com

and
12360 Southwest 132nd Court
STE 205
Miami, FL 33186
(786) 429-3738
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

De Sautu-Dominguez, Erika, MS, LMHC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
credentialing@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com
Other Languages Spoken by Provider or Office Staff
Spanish

De Souza, Vacir, MA, LMHC ■
7900 Oak Ln
400
Hialeah, FL 33016
(786) 622-5743
Digital Contact Information:
palmbehavioral2@gmail.com

De Tuya, Taylor, MA, BCBA ■
7705 North Kendall Drive
Kendall, FL 33156
(786) 801-9712
Digital Contact Information:
http://firmfoundationsaba.com
taylor@firmfoundationsaba.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 801-3134
Digital Contact Information:
taylor@firmfoundationsaba.com

and
9425 Southwest 72nd Street
164
Miami, FL 33173
(305) 279-2286
Digital Contact Information:
taylor@firmfoundationsaba.com

and
Home Based Services Only
South Miami, FL 33146
(786) 536-9714
Digital Contact Information:
taylor@firmfoundationsaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Deal, Priscilla A, MS, BCBA ■
9415 SW 72nd St
Ste 131
Miami, FL 33173
(305) 662-6448
Digital Contact Information:
http://www.miamibehaviortherapy.com
deal.priscilla@gmail.com

and
9415 Southwest 72nd Street
101
Miami, FL 33173
(305) 662-6448
Digital Contact Information:
http://www.miamibehaviortherapy.com
deal.priscilla@gmail.com

Deamezola, Morgan, MS, LCPC, LMHC ■
8400 Northwest 33rd Street
Suite 310
Doral, FL 33122
(305) 834-4313
Digital Contact Information:
ashley@newnanrcmsolutions.com

and
218 Northwest 24th Street
Miami, FL 33127
(305) 834-4313
Digital Contact Information:
ashley@newnanrcmsolutions.com

and
2916 North Miami Avenue
Miami, FL 33127
(305) 834-4313
Digital Contact Information:
ashley@newnanrcmsolutions.com

and
14 Northeast 1st Avenue
1403 1258
Miami, FL 33132
(970) 680-4143
Digital Contact Information:
ashley@newnanrcmsolutions.com

and
1680 Michigan Ave
Ste 700
Miami Beach, FL 33139
(305) 834-4313
Digital Contact Information:
ashley@newnanrcmsolutions.com

and
15450 New Barn Road
200
Miami Lakes, FL 33014
(305) 834-4313
Digital Contact Information:
ashley@newnanrcmsolutions.com

and
16135 Biscayne Boulevard
North Miami Beach, FL 33160
(305) 834-4313
Digital Contact Information:
ashley@newnanrcmsolutions.com

and
8971 Southwest 182nd Terrace
Palmetto Bay, FL 33157
(315) 873-2936
Digital Contact Information:
ashley@newnanrcmsolutions.com

Dean, Brooke, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Dearmas, Vanessa M, MMH, LMHC ■
FL
(305) 505-7558
Digital Contact Information:
empoweringmindsetllc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Debasa Marimon, Gretel, MSED, BCBA ■
2500 Northwest 79th Avenue
Suite 180
Doral, FL 33122
(786) 253-7868
Digital Contact Information:
gretel.debasa@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Debord, Renee R, MA, LMHC ●
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Decastelli, Florencia, MS, LMHC ■
Home Based Services Only
Miami Gardens, FL 33014
(305) 417-1535
Digital Contact Information:
newhopecasemanagementservices@gmail.com
Other Languages Spoken by Provider or Office Staff English

Decosta, Emily, MS, LMHC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
http://www.behavioralaid.com
info@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
info@behavioralaid.com
Other Languages Spoken by Provider or Office Staff
Spanish

Deforges, Laure, MC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Degarmo Sesin, Paula S, MS, BCBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(410) 538-2574
Digital Contact Information:
https://tillytherapy.com/
hphpeds@advantumhealth.com

Deker, Meredith K, MS, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
https://tillytherapy.com/
info@inbloomautism.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
info@inbloomautism.com

Del Cristo Martinez, Dayalin, MS, BCBA ■
8900 Southwest 117th Avenue
c101
Miami, FL 33186
(786) 568-1259
Digital Contact Information:
icrtherapy1@gmail.com

Del Cueto, Flora M, MED, LMHC ■
6401 SW 87th Ave
Ste 207
Miami, FL 33173
(305) 279-8400
Digital Contact Information:
floradelcuetolmhc@earthlink.net

and
9425 SW 72nd St
Ste 265
Miami, FL 33173
(305) 279-8400
Digital Contact Information:
floradelcuetolmhc@earthlink.net

and
11755 SW 90th St
Ste 201
Miami, FL 33186
(305) 279-8400
Digital Contact Information:
floradelcuetolmhc@earthlink.net
Other Languages Spoken by Provider or Office Staff
Spanish

Del Rio, Giannina, MMFT, LMFT ■
610 Española Way
Miami Beach, FL 33139
(305) 899-1587
Digital Contact Information:
insurance@jcsfl.org

Del Risco Fuentes, Alina, MA, BCBA ■
FL
(786) 574-1276
Digital Contact Information:
info@bmmaba.com

and
10261 Southwest 72nd Street
Miami, FL 33173
(786) 773-3654
Digital Contact Information:
info@bmmaba.com

and
7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
info@bmmaba.com

Del Sol Amador, Kenia, MS, BCBA ■
2459 West 70th Street
Hialeah, FL 33016
(786) 571-0939
Digital Contact Information:
info@newlifeaba.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Del Sol, Jessica, MBS, BCBA ■
657 South Drive
Miami Springs, FL 33166
(786) 860-5161
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Del Sol Padron, Hanalally, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 772-1577
Digital Contact Information:
hanalally.delsol@yahoo.com

and
7001 Southwest 97th Avenue
104
Miami, FL 33173
(786) 772-1577
Digital Contact Information:
hanalally.delsol@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Del Toro, Yilliam V, MS, BCBA, LBA ■
226 Southwest 8th Avenue
Miami, FL 33130
(305) 537-9490
Digital Contact Information:
opusmentalhealthcenter@gmail.com

and
1350 Southwest 57th Avenue
West Miami, FL 33144
(786) 404-1017
Digital Contact Information:
opusmentalhealthcenter@gmail.com

and
Home Based Services Only
West Miami, FL 33144
(786) 404-1017
Digital Contact Information:
opusmentalhealthcenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Delamo, Michael, MA, BCBA ■

2898 Northwest 79th Avenue
Doral, FL 33122
(786) 646-9250
Digital Contact Information:
cary@nwds-staff.com

Delfin, Carlos A, MS, BCBA ■
8200 Northwest 41st Street
269
Doral, FL 33166
(305) 763-4196
Digital Contact Information:
jcabrera@mymbcinc.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 695-8672
Digital Contact Information:
jcabrera@mymbcinc.com

and
4155 Southwest 130th Avenue
108
Miami, FL 33175
(786) 695-8672
Digital Contact Information:
jcabrera@mymbcinc.com

Delgado Dorticos, Amilkar, MS, BCBA ■
15260 SW 280th St
Ste 205
Homestead, FL 33032
(305) 707-7237
Digital Contact Information:
http://www.familybehaviorservices.org
therapy110@gmail.com

and
18951 Southwest 106th Avenue
105 106
Miami, FL 33157
(305) 233-4448
Digital Contact Information:
therapy110@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Delgado, Lina R, MS, BCBA ■
13195 Southwest 134th Street
Suite 106
Miami, FL 33186
(786) 250-3220
Digital Contact Information:
contact@peaktherapycenter.com

and
13501 Southwest 136th Street
STE 205
Miami, FL 33186
(305) 209-4321
Digital Contact Information:
http://sunshinespectrumaba.com
contact@peaktherapycenter.com

Delgado Marquez, Marice, EDM, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 227-6003
Digital Contact Information:
marice2490@gmail.com

and
12700 Southwest 122nd Avenue
108 110
Miami, FL 33186
(786) 227-6008
Digital Contact Information:
marice2490@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Delgado, Mayrelis, MS, BCBA ■
3401 Northwest 82nd Avenue
105e
Doral, FL 33122
(786) 614-3121
Digital Contact Information:
Not Available

and
Home Based Services Only
Doral, FL 33122
(786) 614-3121
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Delgado, Miguel, MED, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/payors@emorahealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Delgado, Nora, BS, BCBA ■
633 North Krome Avenue
Suite 6
Homestead, FL 33030
(786) 525-9926
Digital Contact Information:
dabs.credentialing@appliedbhs.com

and
9555 Southwest 175th Terrace
55
Palmetto Bay, FL 33157
(305) 812-8048
Digital Contact Information:
dabs.credentialing@appliedbhs.com

and
9555 Southwest 175th Terrace
555
Palmetto Bay, FL 33157
(305) 812-8048
Digital Contact Information:
dabs.credentialing@appliedbhs.com

Delgado, Raymond, MED, BCBA ■
4750 Northwest 184th Terrace
Miami Gardens, FL 33055
(305) 301-5971
Digital Contact Information:
hashtagtherapyinc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Delgado Rodriguez, Yessica, MS, BCBA ■
2300 West 84th Street
404a
Hialeah, FL 33016
(786) 681-8494
Digital Contact Information:
yessicadelgado87@gmail.com

and
13055 Southwest 42nd Street
STE 104
Miami, FL 33175
(305) 480-7839
Digital Contact Information:
yessicadelgado87@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Delgado, Samantha, MBS, BCBA ■
Home Based Services Only
Miami Lakes, FL 33018
(305) 343-0783
Digital Contact Information:
samantha.delgado.10@gmail.com
Other Languages Spoken by Provider or Office Staff
Haitian, Spanish

Delgado Santana, Arletty, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 299-7782
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
Northwest 6 Street
Miami, FL 33172
(786) 487-8801
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Delgado, Sheila, BA, BCBA ■
10447 SW 108th Ave
Apt E278
Miami, FL 33176
(305) 597-3861
Digital Contact Information:
danielam@fittingpiecestx.com

Delgado-Abraham, Saily, LMHC, MS ■
1250 SW 27th Ave
Miami, FL 33135
(786) 536-9278
Digital Contact Information:
rehabcenterag@gmail.com

and
5950 Southwest 40th Street
Miami, FL 33155
(786) 633-5960
Digital Contact Information:
rehabcenterag@gmail.com

and
7001 SW 97th Ave
Ste 208
Miami, FL 33173
(786) 380-7171
Digital Contact Information:
rehabcenterag@gmail.com

and
14201 Southwest 120th Street
suite 110
Miami, FL 33186
(786) 803-8826
Digital Contact Information:
rehabcenterag@gmail.com

and
975 Arthur Godfrey Rd
Ste 308
Miami Beach, FL 33140
(305) 456-1014
Digital Contact Information:
https://mindandsoultherapy.org/rehabcenterag@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Delger, Delfina, MA, BCBA ■
1900 N Bayshore Dr
1A-122
Miami, FL 33132
(954) 400-3251
Digital Contact Information:
http://www.abacustherapies.com
haley.hounchell@yourmissingpiece.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(954) 400-3251
Digital Contact Information:
http://www.abacustherapies.com
haley.hounchell@yourmissingpiece.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(954) 400-3251
Digital Contact Information:
haley.hounchell@yourmissingpiece.com

Delicio, Elizabeth, MMH, LMHC ■
7789 Northwest 48th Street
375
Doral, FL 33166
(786) 409-3800
Digital Contact Information:
zulma.alvarado@dynastymentalhealth.com

and
1840 W 49th St
Ste 517
Hialeah, FL 33012
(786) 558-8465
Digital Contact Information:
zulma.alvarado@dynastymentalhealth.com

and
1840 W 49th St
Ste 605
Hialeah, FL 33012
(305) 456-7785
Digital Contact Information:
zulma.alvarado@dynastymentalhealth.com

and
3701 Southwest 107th Avenue
Miami, FL 33165
(305) 553-8343
Digital Contact Information:
zulma.alvarado@dynastymentalhealth.com

and
8200 Northwest 41st Street
Suite 200
Miami, FL 33166
(786) 587-9432
Digital Contact Information:
zulma.alvarado@dynastymentalhealth.com

and
760 Northwest 107th Avenue
110
Miami, FL 33172
(786) 409-3800
Digital Contact Information:
zulma.alvarado@dynastymentalhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Deller, Cletus, MS, LMHC, LPCC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Denis, Aina, MBS, BCBA ■
15715 South Dixie Highway
330
Miami, FL 33157
(786) 732-0842
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Denski, Johanna, MS, BCBA, LMFT ■
5455 Southwest 8th Street
230
Miami, FL 33134
(786) 629-8836
Digital Contact Information:
vidacounselinggroup@gmail.com

Der Rohe-Borghese, Gema Y, MSW, BCBA, LBA, LCSW ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
orlando@pbhd.health

and
2525 Ponce de Leon Boulevard
370
Miami, FL 33134
(954) 408-1568
Digital Contact Information:
orlando@pbhd.health
Other Languages Spoken by Provider or Office Staff Haitian Creole

Deras, Gabriela, MA, BCBA ■
2898 Northwest 79th Avenue
Doral, FL 33122
(305) 597-3861
Digital Contact Information:
Not Available

Derico, Ryan, MC, LMHC ■
14040 Biscayne Boulevard
103 103
North Miami Beach, FL 33181
(786) 309-3442
Digital Contact Information:
http://hwcounseling.net
ryand@hwcounseling.net

Desangeles, Marixiel D, MS, BCBA ■
1900 N Bayshore Dr
1A-122
Miami, FL 33132
(954) 400-3251
Digital Contact Information:
https://abacustherapies.com/stephanie@abacustherapies.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(954) 400-3251
Digital Contact Information:
https://abacustherapies.com/stephanie@abacustherapies.com

and
18950 Southwest 106th Avenue
118
Miami, FL 33157
(786) 206-3928
Digital Contact Information:
stephanie@abacustherapies.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166

(954) 400-3251
Digital Contact Information:
https://abacustherapies.com/
stephanie@abacustherapies.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Deschamps, Sonia, MPSY, BCBA ■
1414 Northwest 107th Avenue
204
Doral, FL 33172
(305) 225-8711
Digital Contact Information:
info@
sunshinebehavioralhealthservices.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
info@
sunshinebehavioralhealthservices.com

and
18901 Southwest 106th Avenue
229
Miami, FL 33157
(786) 506-9008
Digital Contact Information:
info@
sunshinebehavioralhealthservices.com

Devale, Jeri, PSYD, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
fbmadmin@fbm-fl.com

DiGiovanni, Nicole, MA, BCBA ■
2520 Coral Way
2 19
Miami, FL 33145
(855) 832-6727
Digital Contact Information:
https://www.teampbs.com/
evernorth@teampbs.com

Dianelis, Duarte, BS, BCBA ■
7001 Southwest 97th Avenue
104
Miami, FL 33173
(786) 772-1577
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Dias Galiano, Anna, MA, BCBA ■
Home Based Services Only
Aventura, FL 33180
(305) 283-0442
Digital Contact Information:
rhulsey@behavior-analysis.org

and
6761 Southwest 6th Street
Miami, FL 33144
(305) 283-0442
Digital Contact Information:
rhulsey@behavior-analysis.org

and
9220 Sunset Dr
Ste 101
Miami, FL 33173
(305) 273-3773
Digital Contact Information:
http://www.behavior-analysis.org
rhulsey@behavior-analysis.org

and
Home Based Services Only
Opa-locka, FL 33054
(305) 283-0442
Digital Contact Information:
rhulsey@behavior-analysis.org

and
Home Based Services Only
West Miami, FL 33144
(305) 283-0442
Digital Contact Information:
rhulsey@behavior-analysis.org

Diaz, Alejandro, MS, BCBA ■
1400 Northwest 107th Avenue
306
Miami, FL 33172
(786) 817-7444
Digital Contact Information:
jcabrera@mymbcinc.com

Diaz, Alexis, MS, LMHC ■
1550 Madruga Ave
Ste 509
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
http://www.abc4s.com
alex.diaz@abc4s.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz Alsina, Laura V, MS, BCBA ■
Home Based Services Only
Hialeah, FL 33012
(305) 200-3326
Digital Contact Information:
asmtherapy@gmail.com

and
12985 Southwest 130th Court
101 101
Miami, FL 33186
(786) 205-0090
Digital Contact Information:
asmtherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz, Arlene E, MS, LMHC ■
1360 South Dixie Highway
355
Coral Gables, FL 33146
(305) 342-9761
Digital Contact Information:
arly07@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz Blanco, Noelia M, MS, BCBA ■
8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-2822
Digital Contact Information:
henry.williams@xybermed.com

and
8660 West Flagler Street
STE 121
Miami, FL 33144
(305) 600-4774
Digital Contact Information:
henry.williams@xybermed.com

Diaz, Breydik, MS, BCBA ■
2520 Coral Way
2 19
Miami, FL 33145
(855) 832-6727
Digital Contact Information:
https://www.teampbs.com/
evernorth@teampbs.com

Diaz Cabrera, Yuleisvi, MS, BCBA ■
2210 Northwest 92nd Avenue
e1
Doral, FL 33172
(786) 208-7539
Digital Contact Information:
vivianaicare@gmail.com

and
7801 Northwest 37th Street
Lp-201
Doral, FL 33195
(305) 468-9899
Digital Contact Information:
vivianaicare@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 468-9899
Digital Contact Information:
vivianaicare@gmail.com

and
2500 SW 107TH AVE
42
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
vivianaicare@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz, Carlos R, MS, BCABA ■
15301 Southwest 123rd Avenue
Miami, FL 33186
(786) 886-6446
Digital Contact Information:
blessedtherapy@gmail.com

Diaz, Claudia, MS, BCBA ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
http://universalcommunityservices.com
hilda@
universalcommunityservices.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(786) 432-7113
Digital Contact Information:
hilda@
universalcommunityservices.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Diaz Colina, Maria J, BA, BCBA ■
Home Based Services Only
Doral, FL 33126
(305) 433-5489
Digital Contact Information:
vanessa@amromed.com

and
27132 South Dixie Highway
Naranja, FL 33032
(786) 283-0175
Digital Contact Information:
vanessa@amromed.com

Diaz, David, MS, LMFT ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
http://www.behavioralaid.com
info@behavioralaid.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz Encinosa, Barbara M, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
mamisol58@yahoo.es

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
mamisol58@yahoo.es

and
13301 Southwest 132nd Avenue
201 201
Miami, FL 33186
(305) 509-5537
Digital Contact Information:
mamisol58@yahoo.es

Diaz Esteban, Carlos A, MHDL, BCABA ■
7500 Northwest 25th Street
STE 200
Miami, FL 33122
(305) 909-4872
Digital Contact Information:
Not Available

Diaz Gazan, Yudith, MS, BCBA ■
12260 Southwest 8th Street
156
Miami, FL 33184
(786) 332-4326
Digital Contact Information:
Not Available

Diaz Gonzalez, Beatriz, MBS, BCBA ■
2300 West 84th Street
404a
Hialeah, FL 33016
(786) 681-8494
Digital Contact Information:
docspringhealth@gmail.com

and
13501 Southwest 128th Street
114a
Miami, FL 33186
(786) 732-2139
Digital Contact Information:
docspringhealth@gmail.com

and
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
docspringhealth@gmail.com

Diaz, Gretel, BA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 475-5732
Digital Contact Information:
info@cornerstone-cba.com

and
12920 Southwest 133rd Court
11
Miami, FL 33186
(786) 212-5530
Digital Contact Information:
https://
cornerstonebehavioralanalysis.com/
info@cornerstone-cba.com

Diaz Hernandez, Ana J, MPSY, LBA ■
15301 Southwest 123rd Avenue
Miami, FL 33186
(786) 886-6446
Digital Contact Information:
anad12@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz, Ilsy, BA, BCBA ■
8785 SW 165th Ave
Ste 103
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
credentialing@
behavioralfamilysolutions.com

and
8785 SW 165th Ave
Ste 104
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
credentialing@
behavioralfamilysolutions.com

Diaz, Janly, MPSY, BCBA ■
7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
info@bmmaba.com

and
Home Based Services Only
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
info@bmmaba.com

Diaz, Lia J, MBS, BCBA ■
16201 Northeast 13th Avenue
North Miami Beach, FL 33162
(786) 955-6224
Digital Contact Information:
http://www.superkidsaba.com
lia@superkidsaba.com

and
17121 Northeast 6th Avenue
North Miami Beach, FL 33162
(305) 952-3161
Digital Contact Information:
lia@superkidsaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz, Lissainet, MA, BCBA ■
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
lissainet.diaz@cultivatebhe.com

Diaz Llanes, Barbara, MED, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 569-6783
Digital Contact Information:

team@achievebehaviorcenters.com

Diaz, Marylin, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(407) 800-7711
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Diaz Melian, Milena, MPSY, BCBA ■
8040 Northwest 95th Street
217
Hialeah Gardens, FL 33016
(786) 655-3929
Digital Contact Information:
abamagicpath@gmail.com

Diaz, Michelle, MS, LABA ■
HOME BASED SERVICES ONLY
Miami, FL 33178
(786) 660-1074
Digital Contact Information:
mdiaz@bostonblc.org
Other Languages Spoken by Provider or Office Staff English

Diaz, Milagros, MMFT, LMFT ■
7400 Southwest 50th Terrace
STE 303
Miami, FL 33155
(786) 738-4045
Digital Contact Information:
http://psychcarecenter.com/
psychcarecc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz Mir, Gabriela S, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 394-5105
Digital Contact Information:
gabrielabcba96@gmail.com

and
12001 Southwest 128th Court
Suite Suite 104
Miami, FL 33186
(786) 868-0505
Digital Contact Information:
gabrielabcba96@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz, Miriam A, MBS, BCBA ■
8350 Northwest 52nd Terrace
301 130
Doral, FL 33166
(786) 342-4367
Digital Contact Information:
brightlinebehavior@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz, Miya, MS, BCBA ■
7801 Northwest 37th Street
Lp-201
Doral, FL 33195
(305) 468-9899
Digital Contact Information:
vivianaicare@gmail.com

and
1150 Northwest 72nd Avenue
ph 2
Miami, FL 33126
(786) 542-5043
Digital Contact Information:
http://1stcarecms.com
vivianaicare@gmail.com

and
11890 Southwest 8th Street
405
Miami, FL 33184
(786) 439-7098
Digital Contact Information:
http://britobehaviorservices.com
vivianaicare@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Creole, Spanish

Diaz Molina, Adylen, MPSY, BCBA ■
7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
info@bmmaba.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Diaz Palmero, Yuranis, MPSY, LMHC ■
3785 Northwest 82nd Avenue
307
Doral, FL 33166
(305) 266-2949
Digital Contact Information:
info@oasismentalhealthcenter.com

and
Northwest 92nd Avenue
Doral, FL 33172
(305) 266-2949
Digital Contact Information:
info@oasismentalhealthcenter.com

and
5901 Northwest 183rd Street
310
Hialeah, FL 33015
(786) 418-9790
Digital Contact Information:
https://oasismentalhealthcenter.com
info@oasismentalhealthcenter.com

and
1250 Southwest 27th Avenue
Suite 506
Miami, FL 33135
(786) 536-9278
Digital Contact Information:
info@oasismentalhealthcenter.com

and
330 Southwest 27th Avenue
STE 609
Miami, FL 33135
(786) 743-0801
Digital Contact Information:
info@oasismentalhealthcenter.com

and
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
info@oasismentalhealthcenter.com

and
9125 SW 87th Ave
Miami, FL 33176
(305) 735-3919
Digital Contact Information:
info@oasismentalhealthcenter.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz Pando, Daniel, BS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 538-9758
Digital Contact Information:
silkglovestherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz Reyes, Lourdes, MS, BCBA ■
12360 SW 132nd Ct
Ste 201
Miami, FL 33186
(786) 701-9605
Digital Contact Information:
aba-ojtcorp@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz, Roderick, MA, BCBA ■
2500 Northwest 79th Avenue
Suite 180
Doral, FL 33122
(786) 253-7868
Digital Contact Information:
admin@universalcommunityservices.com

and
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
http://universalcommunityservices.com
admin@universalcommunityservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz, Stephanie, MA, BCBA ■
10855 Southwest 72nd Street
UNIT 1-5
Miami, FL 33173
(305) 720-2166
Digital Contact Information:
info@stepforwardaba.com

and
333 W 41st St
Ste 414
Miami Beach, FL 33140
(305) 720-2166
Digital Contact Information:
https://stepforwardaba.com/
info@stepforwardaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz, Sucely, BS, BCABA ■
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
dabs.credentialing@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz, Suzet, MED, BCBA ■
15715 South Dixie Highway
412
Miami, FL 33157
(786) 316-7186
Digital Contact Information:
briana@llbillingoffice.com

and
941 Southwest 87th Avenue
Suite A
Miami, FL 33174
(786) 873-9392
Digital Contact Information:
briana@llbillingoffice.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz, Tatiana, EDM, BCBA ■
15715 South Dixie Highway
412
Miami, FL 33157
(786) 316-7186
Digital Contact Information:
briana@llbillingoffice.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz Varela, Lisbeth, MMH, LBA ■
12001 Southwest 128th Court
Suite Suite 104
Miami, FL 33186
(786) 868-0505
Digital Contact Information:
agency@juntosbmb.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz, Yendri, MA, BCBA ■
12985 Southwest 130th Court
204 204
Miami, FL 33186
(305) 735-3878
Digital Contact Information:
therapy@kidsspotrehab.com

Diaz-Paniagua, Panny, MED, LMHC ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
credentialing@compass.md

and
9900 Southwest 107th Avenue
STE 101
Miami, FL 33176
(305) 964-5381
Digital Contact Information:
credentialing@compass.md

and
Home Based Services Only
Miami Lakes, FL 33016
(561) 764-7093
Digital Contact Information:
credentialing@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
credentialing@compass.md
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz-Salvat, Claudia, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 854-1116
Digital Contact Information:
https://acornhealth.com
support@achievingtrueself.com

and
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
http://kidsspotrehab.com
support@achievingtrueself.com

Dieguez, Beyazly, MS, LMFT ■
3000 Biscayne Boulevard
Suite 5
Miami, FL 33137
(305) 576-6611
Digital Contact Information:
credentialing@borinquenhealth.org

and
3601 Federal Hwy
Miami, FL 33137
(305) 576-6611
Digital Contact Information:
credentialing@borinquenhealth.org
Other Languages Spoken by Provider or Office Staff
Spanish

Dieppa, Jessica B, MS, LMHC ●
10815 Southwest 145th Place
Miami, FL 33186
(305) 989-0493
Digital Contact Information:
http://www.guidedpathstherapy.com
jessica.dieppa22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Dieppa, Renan, MS, LMHC ■
8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-2822
Digital Contact Information:
http://www.mgmbehavioral.com
mgmbehavioral@gmail.com

and
13301 Southwest 132nd Avenue
209 209
Miami, FL 33186
(786) 713-5553
Digital Contact Information:
mgmbehavioral@gmail.com

Dietsch, Taimara, MS, LMHC ■
7745 Northwest 146th Street
F1
Miami Lakes, FL 33016
(786) 633-5992
Digital Contact Information:
vidamentalhealth@gmail.com

Dietsch-Vazquez, Liliana, MED, BCBA ■
8200 Northwest 41st Street
Suite 200
Miami, FL 33166
(786) 774-7729
Digital Contact Information:
http://www.integrativemethods.com
info@integrativemethods.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diez, Aileen, MMH, LMHC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(305) 439-4434
Digital Contact Information:
aileen.diez10@gmail.com

Dillette, Bryana, MA, BCBA ■
14125 Northwest 80th Avenue
304
Miami Lakes, FL 33016
(786) 305-7222
Digital Contact Information:
christy@southfloridaaba.org

Dillingham, Brenda, MS, LMFT ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
dr.brendawdillinghamlmft@gmail.com

and
FL
(352) 340-5321
Digital Contact Information:
dr.brendawdillinghamlmft@gmail.com

Dimitrjevitch, Sasha, MS, LMHC ■
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
billing@peaktherapycenter.com

Dixon, Passion, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
ortiz4professionalservicesllc@gmail.com

Dixon, Yvette, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
lifematterscounselingcenter@gmail.com

Dobie, Patricia A, MS, LCMHC, LCPC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
appointments@meetmarvin.com

Dobnikar, Kendall, MA, BCBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
credentialing@kyocare.com

Doiron, Victoria E, MA, LMHC ■
1951 NW 7th Ave
Fl 3
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Dole, Kathryn, PSYD, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Domingues, Yeidy, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
admissions@abaalliancecareservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Dominguez, Alejandro, MS, BCBA ■
18901 Southwest 106th Avenue
a 227
Cutler Bay, FL 33157
(786) 732-7516
Digital Contact Information:
goodbehavior.as@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 732-7516
Digital Contact Information:
goodbehavior.as@gmail.com

and
15715 South Dixie Highway
330
Miami, FL 33157
(786) 732-0842
Digital Contact Information:
goodbehavior.as@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Dominguez Alvarez, Dayami, MS, BCBA ■
7779 Northwest 146th Street
Hialeah, FL 33016
(786) 702-6868
Digital Contact Information:
dayami@childrenbehavioraltherapy.com

Dominguez, Alyssa, MS, BCBA ■
9425 Southwest 72nd Street
164
Miami, FL 33173
(305) 279-2286
Digital Contact Information:
taylor@freshstartsnow.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Dominguez, Arturo, MMH, LMHC ■
FL
(305) 967-9201
(786) 233-6127
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
8551 Northwest South River Drive
Medley, FL 33166
(305) 603-9344
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
8660 West Flagler Street
209
Miami, FL 33144
(305) 603-9985
Digital Contact Information:
http://www.newhealthrehab.com
rossconsultingandcredentialing@gmail.com

and
15715 South Dixie Highway
226
Miami, FL 33157
(305) 849-4186
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
10300 Sunset Drive
Suite 310
Miami, FL 33173
(786) 238-7063
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
5600 Southwest 135th Avenue
STE 216
Miami, FL 33183
(786) 536-6196
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

Dominguez, Ashley, MS, LMHC ■
FL
(305) 497-4998
Digital Contact Information:
https://thecounselorcare.com
ashley@thecounselorcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Dominguez Benitez, Lisandra, MS, BCBA ■
7875 Northwest 12th Street
118
Miami, FL 33126
(786) 505-4449
Digital Contact Information:
http://southfloridabehavior.com
info@southfloridabehavio.com
Other Languages Spoken by Provider or Office Staff
Spanish

Dominguez Contreras, Lisandra, MS, BCBA ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
http://universalcommunityservices.com
admin@universalcommunityservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Dominguez, Dayana, MBS, BCBA ■
13200 Southwest 128th Street
Suite E2
Miami, FL 33186
(813) 252-0825
Digital Contact Information:
admin@prestigebehaviortherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Dominguez, Kathryn, MS, LMHC ■
1 Alhambra Plaza
PH # 1451
Miami, FL 33134
(510) 926-6677
Digital Contact Information:
http://www.foresightmentalhealth.com
kathryndominguez.lmhc@gmail.com

Dominguez Lemus, Beatriz, MBS, BCBA ■
99 Northwest 183rd Street
suite: 241E
Miami Gardens, FL 33169
(786) 899-3042
Digital Contact Information:
https://suarezbehavioral.wixsite.com/mysite
suarezbehavioral@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Dominguez Lopez, Greys, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 458-9535
Digital Contact Information:
bmbchildrentherapies@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Dominguez, Nallivi, MS, BCBA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
6001 Northwest 153rd Street
Suite 160
Miami Lakes, FL 33014
(786) 384-4990
Digital Contact Information:
info@newlifeaba.com

Dominguez, Rebecca A, MS, LMHC ■
14645 Northwest 77th Avenue
101
Miami Lakes, FL 33014
(833) 769-3524
Digital Contact Information:
http://lifestance.com
fl-credentialing@lifestance.com

Dominguez Suarez, Roberto, MS, BCBA ■
13416 Southwest 128th Street
Miami, FL 33186
(786) 732-0247
Digital Contact Information:
http://milestones-aba.org
milestonesaba2023@gmail.com

Dominguez Tamayo, Yaliagny D, BS, BCABA ■
3300 West 84th Street
10 10
Hialeah, FL 33018
(561) 909-8980
Digital Contact Information:
privateinsurancechildgarden@gmail.com
Other Languages Spoken by Provider or Office Staff Creole, Spanish

Dominguez Viera, Chesy, BS, BCABA ■
1700 Southwest 57th Avenue
209
Miami, FL 33155
(786) 558-4981
Digital Contact Information:
lpcarecorp@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Dominguez, Yoelkis, MS, BCBA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
http://www.appliedbhs.com
dabs@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Don, Arturo, MC, LMHC ■
17670 Northwest 78th Avenue
STE 113
Hialeah, FL 33015
(716) 558-4565
Digital Contact Information:
sseastcoast22@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
sseastcoast22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Donado Giovannetti, Carlos A, MPSY, LMHC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
http://www.behavioralaid.com
info@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
info@behavioralaid.com
Other Languages Spoken by Provider or Office Staff
Spanish

Donato, Eneidys, MS, BCBA ■
10691 North Kendall Drive
300
Miami, FL 33176
(305) 469-1101
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Dopking, Allison M, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818

Digital Contact Information:
https://acornhealth.com
evernorth@teampbs.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Doran, Brianna, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
help@joinuplift.co

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Dorler, Jaela, BCBA, MA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(561) 235-7613
Digital Contact Information:
care@tillytherapy.com

Dorney, Rochelle, MA, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
rochelle.frankel@belleve.us

Dorr, Angela M, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff English

Dorvilus, Alsberg, MA, BCBA ■
5190 Northwest 167th Street
202
Hialeah, FL 33014
(305) 756-9940
Digital Contact Information:
evernorth@teampbs.com

and
2520 Coral Way
2 19
Miami, FL 33145
(855) 832-6727
Digital Contact Information:
evernorth@teampbs.com

Dougery, Jonelle K, MS, LMHC ■
9010 SW 137th Ave
Ste 212
Miami, FL 33186
(305) 710-2599
Digital Contact Information:
jonelle.dougery@gmail.com

and
9010 Southwest 137th Avenue
Ste 216
Miami, FL 33186
(305) 710-2599
Digital Contact Information:
jonelle.dougery@gmail.com

Douglas, Katherine A, MS, LMFT ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
http://www.behavioralaid.com
info@behavioralaid.com

Douglas, Sharayne, MS, LMFT ■
1601 NW 12th Ave
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
Not Available

and
1601 NW 12th Ave
4046
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
Not Available

Downum, Jana, LMHC, LPC, MA, PHD ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Doyle, Alissa D, MA, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
jon@beyondabatherapy.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
jon@beyondabatherapy.com

and
1951 NW 7th Ave
Ste 600
Miami, FL 33136
(929) 384-7193
Digital Contact Information:
jon@beyondabatherapy.com

Drago, Prince R, MMH, LMHC ■
2780 Southwest 37th Avenue
Suite 206
Miami, FL 33133
(786) 351-0836
Digital Contact Information:
hc@healthyconnectionscmhc.org

Drake, Maureen Z, MC, LMHC ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
diana.casciato@outlook.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
http://www.lotuscounseling.com
diana.casciato@outlook.com

Dreher, Faatimah, MS, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
acc@advancedclientcare.org

Driggs, Yenny, MBS, BCBA ■
17324 Northwest 63rd Avenue
Hialeah, FL 33015
(786) 879-2117
Digital Contact Information:
dchsbehavioranalysis@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Drumb, Lisa, MA, BCBA, LBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
info@appliedabc.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Duarte, Eliette, MS, LMHC ■
8785 SW 165th Ave
Ste 103
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
yamile@behavioralfamilysolutions.com

and
8785 SW 165th Ave
Ste 104
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
yamile@behavioralfamilysolutions.com

Duba, William J, MS, LMHC ■
1666 79th Street Causeway
211
North Bay Village, FL 33141
(305) 244-0090
Digital Contact Information:
billduba@gmail.com

and
7525 East Treasure Drive
1016 1016
North Bay Village, FL 33141
(305) 244-0090
Digital Contact Information:
billduba@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Dubois, Rose, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

Duboy, Marion, MED, BCBA ■
2520 Coral Way
2 19
Miami, FL 33145
(855) 832-6727
Digital Contact Information:
info@brightstartllc.com

and
12750 Northwest 17th Street
216 216
Miami, FL 33182
(888) 527-8037
Digital Contact Information:
https://www.brightstartbh.com/
info@brightstartllc.com

Ductan, Patricia, MA, LCMHC, LMHC, LPC ■
FL
(508) 202-1011
Digital Contact Information:
http://www.newperspectivesmhc.org
support@sevenstarling.com

Duenas, Barbara, MS, LMFT ■
FL
(786) 671-4939
Digital Contact Information:
http://www.duenasmentalhealth.com
barbara@duenasmentalhealth.com

Dumbar, Yadira, MS, BCBA ■
Home Based Services Only
Hialeah, FL 33012
(561) 460-0284
Digital Contact Information:
lifetimecareservices@gmail.com

and
8743 Southwest 9th Terrace
4
Miami, FL 33174
(786) 360-2869
Digital Contact Information:
lifetimecareservices@gmail.com

and
5801 Northwest 151st Street
206
Miami Lakes, FL 33014
(305) 504-1749
Digital Contact Information:
lifetimecareservices@gmail.com

and
FL
(305) 504-1749
Digital Contact Information:
lifetimecareservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Dunlap, Rod, MMFT, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
rod_dunlap@hotmail.com

Dunn, Amie, MC, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com

Duran, Haydee, BS, BCABA ■
13831 Southwest 59th Street
Suite 200
Miami, FL 33183
(786) 536-2361
Digital Contact Information:
http://www.inclusivenest.com
info@inclusivenest.com
Other Languages Spoken by Provider or Office Staff
Spanish

Duran, Larissa E, MS, LMFT ■
7700 N Kendall Dr
Ste 415
Miami, FL 33156
(786) 359-4161
Digital Contact Information:
https://www.vaccarobhg.com/
providerrelations@vaccarobhg.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Duran, Yessenia, MED, LBA ■
10920 Southwest 184th Street
Miami, FL 33157
(305) 378-5775
Digital Contact Information:
http://www.slbtherapy.com
yessenia.duran@live.com
Other Languages Spoken by Provider or Office Staff
Spanish

Durgin, Cheryl, MED, LBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
cheryl@blessings-ranch.com

Durham, Wesley A, MA, BCBA ■
8200 Northwest 41st Street
Suite 200
Miami, FL 33166
(786) 774-7729
Digital Contact Information:
http://www.integrativemethods.com
info@integrativemethods.com
Other Languages Spoken by Provider or Office Staff
Spanish

Durkin, Michelle L, MA, LCPC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
mdurkin@riseabovecs.com

Dustman, Kayla, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Duvalier, Leanne J, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ljdtherapy@ljdtherapy.onmicrosoft.com

Duvall, Charsie, MS, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
Not Available

Duverseau, Ermiole, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Duvert, Nathaniel, MMFT, LMFT ■

1065 Southwest 8th Street
1287
Miami, FL 33130
(617) 333-8740
Digital Contact Information:
http://www.joinhopscotch.com
nduvert2005@yahoo.com
Other Languages Spoken by Provider or Office Staff Creole

Dyer, Terri, MA, LMHC ■
295 Biscayne Boulevard
300
Miami, FL 33131
(561) 289-7995
Digital Contact Information:
jodi.deck@peacerivercenter.org

Ebert, Maryellen, EDS, LMHC ■
5001 SW 74th Ct
Ste 104
Miami, FL 33155
(305) 663-0013
Digital Contact Information:
leleebert@hotmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Ebro, Ibis, MS, BCBA ■
Home Based Services Only
Miami Gardens, FL 33014
(305) 417-1535
Digital Contact Information:
ibisebro@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Eckardt, Karen, MPSY, BCBA ■
13424 Southwest 90th Terrace
Miami, FL 33186
(786) 308-6353
Digital Contact Information:
eckardtkaren277@gmail.com

Edrosa, Caridad B, MBS, BCBA ■
10711 Southwest 216th Street
103 103
Goulds, FL 33170
(305) 965-9682
Digital Contact Information:
info@abcsfl.com

and
2500 SW 107TH AVE
42
Miami, FL 33165
(305) 965-9682
Digital Contact Information:
http://www.abcsfl.com
info@abcsfl.com

and
FL
(786) 615-3334
Digital Contact Information:
info@abcsfl.com

and
12750 Southwest 128th Street
Suite #201
Miami, FL 33186
(786) 592-2051
Digital Contact Information:
http://www.behavioraccservices.com
info@abcsfl.com

and
13501 Southwest 128th Street
114a
Miami, FL 33186
(786) 732-2139
Digital Contact Information:
info@abcsfl.com

Edu, Samantha, MS, LPC ■
FL
(508) 202-1011
Digital Contact Information:
support@sevenstarling.com

Edwards, Chavekka, MC, LMHC ■
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
http://www.btpmentalhealth.com
info@btpmentalhealth.com

Edwards, Raina, MS, LMHC, LPC ■
FL
(202) 410-5972
(786) 273-7736
Digital Contact Information:
info@strengthsandsolutions.com

Egendoerfer, Gale, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
amegoaba@amegoinc.org

Eiriz, Jessica, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Eisenstein, Irene M, MPSY, LMHC ■
3850 Mystic Pointe Dr
Miami, FL 33180
(305) 525-6306
Digital Contact Information:
http://psicoterapiaespanol.com
ireneeisenstein@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Eklund, Melissa, MMH, LMHC ■
8200 Northwest 41st Street
Suite 200
Miami, FL 33166
(754) 202-2565
Digital Contact Information:
https://savinglives.clientsecure.me/
melissa@savinglivescounselingcenter.com

Elder, Carol, MS, LMFT ■
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(561) 609-2996
Digital Contact Information:
http://www.pandatherapycircle.com/
pandatherapycircle@gmail.com

Elder, Michelle D, MSW, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Elder, Waleed, MSED, LBA ■
16699 Collins Avenue
2609 2609
Sunny Isles Beach, FL 33160
(646) 504-3492
Digital Contact Information:
credentialing@crystalvoxx.com

and
16699 Collins Avenue
Apartment 2609
Sunny Isles Beach, FL 33160
(646) 504-3492
Digital Contact Information:
credentialing@crystalvoxx.com

Elias Rodriguez, Maythe, MS, BCBA ■
1150 Northwest 72nd Avenue
ph 2
Miami, FL 33126
(786) 542-5043
Digital Contact Information:
rmacalino@brightbehavioralhealth.com

and
9555 Southwest 175th Terrace
650
Palmetto Bay, FL 33157
(786) 768-5756
Digital Contact Information:
rmacalino@brightbehavioralhealth.com
Other Languages Spoken by Provider or Office Staff Spanish

Elliott, Avedon, MS, LPC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
hello@talkiatry.com
Other Languages Spoken by Provider or Office Staff English

Elowe, Rebecca, MA, LMHC ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
info@riviamind.com

Elysee, Sara, MS, LMHC ●
18495 South Dixie Highway
Cutler Bay, FL 33157
(954) 613-9414
Digital Contact Information:
http://www.soundmindwellness.com
connect@soundmindwellness.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian

Emile, Sybil, MA, BCBA ■
18451 Northeast 27th Place
Aventura, FL 33160
(786) 683-2398
Digital Contact Information:
eandc@rethinkbilling.com

Emmerich, Eva-Mae, MMFT, LMFT ■
804 Northwest 21st Terrace
Suite 203
Miami, FL 33127
(612) 568-0868
Digital Contact Information:
https://www.heartandsoulwellnessmn.com/
evaemmerich@heartandsoulwellnessmn.com

and
FL
(612) 568-0868
Digital Contact Information:
https://www.heartandsoulwellnessmn.com/
evaemmerich@heartandsoulwellnessmn.com

Emrick, Amanda, MED, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
haley.hounchell@yourmissingpiece.com

Encio, Reina, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
jenny.silverio@lifehealthsystem.org
Other Languages Spoken by Provider or Office Staff Spanish

Enerson, Maxine, MS, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
evernorth@teampbs.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
evernorth@teampbs.com

and
1951 NW 7th Ave
Ste 600
Miami, FL 33136
(929) 384-7193
Digital Contact Information:
evernorth@teampbs.com

and
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
evernorth@teampbs.com

Enot Flores, Edna, MS, BCBA ■
3625 Northwest 82nd Avenue
101
Doral, FL 33166
(786) 583-8663
Digital Contact Information:
info@appliedabc.com

Enriquez, Daniela, MA, BCBA ■
9425 Southwest 72nd Street
164
Miami, FL 33173
(305) 279-2286
Digital Contact Information:
http://freshstartsnow.com
daniela.enriquez0912@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Enriquez Garcia, Leyanis, MS, BCBA ■
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
info@newlifeaba.com

and
945 Southwest 122nd Avenue
Miami, FL 33184
(786) 536-4807
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff English

Erbiti, Natasha, MA, BCBA ■
12750 Northwest 17th Street
216 216
Miami, FL 33182
(888) 527-8037
Digital Contact Information:
http://www.brightstartpossibility.com
info@brightstartllc.com

Ernst, Nicole, MA, LMHC ■
9010 SW 137th Ave
Miami, FL 33186
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
ebcg-support@findoctave.com

Escalona, Ana, MMH, LMHC ■
10700 Caribbean Boulevard
Suite 101
Cutler Bay, FL 33189
(305) 777-3883
Digital Contact Information:
escalonalmhc@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Escobar, Karla, MS, BCBA ■
Home Based Services Only
Doral, FL 33126
(305) 433-5489
Digital Contact Information:
yiliam@kidstherapyconnection.com

and
7800 Southwest 57th Avenue
205
South Miami, FL 33143
(305) 854-2471
Digital Contact Information:
http://www.kidstherapyconnection.com
yiliam@kidstherapyconnection.com
Other Languages Spoken by Provider or Office Staff Spanish

Escobar Lozada, Betsy, MS, BCBA ■
6625 Miami Lakes Drive
226
Hialeah, FL 33014
(305) 777-3884
Digital Contact Information:
Not Available

Eshgh, Cameron, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Eslait, Maria M, MPSY, LMHC ■
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
info@acaciahealthgrp.com

and
8950 SW 74th Ct
Ste 2201
Miami, FL 33156
(786) 577-3427
Digital Contact Information:
info@acaciahealthgrp.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
info@acaciahealthgrp.com

and
14221 Southwest 120th Street
126
Miami, FL 33186
(786) 577-3427
Digital Contact Information:
info@acaciahealthgrp.com

and
10201 Hammocks Boulevard
Suite 122
Miami, FL 33196
(786) 557-3427
Digital Contact Information:
info@acaciahealthgrp.com

Esparza, Yumi, MMH, BCBA ■
Home Based Services Only
Hialeah, FL 33012
(561) 962-1286
Digital Contact Information:
counselorbroward@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Espejo, Jennifer I, MS, BCBA ■
10750 Northwest 66th Street
Doral, FL 33178
(305) 417-9879
Digital Contact Information:
jespe002@gmail.com

and
5 Olive Dr
Apt 15
Hialeah, FL 33010
(305) 417-9879
Digital Contact Information:
http://www.behavior-track.com
jespe002@gmail.com

and
5 Olive Drive
15 15
Hialeah, FL 33010
(305) 417-9879
Digital Contact Information:
http://www.behavior-track.com
jespe002@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Espejo, Meryl, MA, BCBA ■
5 Olive Drive
15 15
Hialeah, FL 33010
(305) 417-9879
Digital Contact Information:
https://www.behavior-track.com/
info@behavior-track.com

Espejo, Rafael, MA, BCBA ■
5 Olive Dr
Apt 15
Hialeah, FL 33010
(305) 417-9879
Digital Contact Information:
http://www.behavior-track.com
info@behavior-track.com

and
Home Based Services Only
Hialeah, FL 33010
(305) 417-9879
Digital Contact Information:
info@behavior-track.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Espinal, Daylied, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Espinosa, Ana, MBS, BCBA ■
5931 NW 173rd Dr
Unit 10
Hialeah, FL 33015
(305) 826-7884
Digital Contact Information:
ircoffice@interehacen.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Espinosa, Anthony, MPSY, BCBA ■
Home Based Services Only
Doral, FL 33122
(305) 394-8251
Digital Contact Information:
info@bmmaba.com

and
7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
info@bmmaba.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Espinosa, Maura P, MS, LMHC ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
maurapatricia2001@gmail.com

and
10540 Northwest 26th Street
STE G201
Doral, FL 33172
(786) 879-8040
Digital Contact Information:
maurapatricia2001@gmail.com

and
3750 West 16th Avenue
218
Hialeah, FL 33012
(786) 409-3231
Digital Contact Information:
maurapatricia2001@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 537-7016
Digital Contact Information:
maurapatricia2001@gmail.com

and
7950 W Flagler St
Ste 105
Miami, FL 33144
(305) 661-5511
Digital Contact Information:
http://appliedbhs.com
maurapatricia2001@gmail.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
http://appliedbhs.com
maurapatricia2001@gmail.com

and
13301 Southwest 132nd Avenue
209 209
Miami, FL 33186
(786) 713-5553
Digital Contact Information:
maurapatricia2001@gmail.com

and
14221 Southwest 120th Street
223
Miami, FL 33186
(786) 690-2296
Digital Contact Information:
maurapatricia2001@gmail.com

Espinoza Marin, Ennyluz, MMH, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Espinoza, Patricia S, MS, BCABA ■
9415 Southwest 72nd Street
101
Miami, FL 33173
(305) 662-6448
Digital Contact Information:
http://www.miamibehaviortherapy.com
maveninbehavior305@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Espinoza, Priscilla M, MS, LMHC ■
13054 SW 133rd Ct
Miami, FL 33186
(305) 771-2755
Digital Contact Information:
https://pecounseling.com/
pespinoza@pecounseling.com

Estevanell, Joshua, MBS, BCBA ■
631 Northwest 45th Avenue
100
Miami, FL 33126
(786) 343-8890
Digital Contact Information:
http://guilservices.com
guilservices001@gmail.com

and
Home Based Services Only
Miami Lakes, FL 33018
(786) 536-7908
Digital Contact Information:
guilservices001@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Estevez Torres, Zoe, MS, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
bfernandez@smartbatherapy.com

and
306 Westward Dr
Miami Springs, FL 33166
(786) 588-7894
Digital Contact Information:
http://www.smartbatherapy.com
bfernandez@smartbatherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Estrada, Carlos, MD, APRN ■
13590 Southwest 134th Avenue
201
Miami, FL 33186
(786) 227-6258
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Estrada Espinosa, Ana, MPSY, BCBA ■
13200 Southwest 128th Street
Suite E2
Miami, FL 33186
(813) 252-0825
Digital Contact Information:
admin@prestigebehaviortherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Estrada, Gabriela E, BA, BCBA ■
365 Northwest 16th Street
Homestead, FL 33030
(305) 546-6160
Digital Contact Information:
abaforlittles@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Estrada Garcia, Oralis, EDM, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 536-7470
Digital Contact Information:
dadebehavioralservices@gmail.com

and
10691 North Kendall Drive
211
Miami, FL 33176
(305) 984-4343
Digital Contact Information:
dadebehavioralservices@gmail.com

Estrada, Giselle, MS, LMHC ■
250 Catalonia Avenue
Suite 702
Coral Gables, FL 33134
(321) 405-2805
Digital Contact Information:
https://harvestingjoypsychologicalservices.com
harvestingjoycounseling@gmail.com

Estrella, Danilda, MA, BCBA ■
8785 SW 165th Ave
Ste 103
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
yamile@behavioralfamilysolutions.com

and
8785 SW 165th Ave
Ste 104
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
yamile@behavioralfamilysolutions.com

and
Southwest 134th Street
Three Lakes, FL 33186
(954) 625-9077
Digital Contact Information:
yamile@behavioralfamilysolutions.com

Estupinan Acevedo, Piedad D, MA, BCBA ■
1250 Southwest 27th Avenue
207
Miami, FL 33135
(786) 502-3137
Digital Contact Information:
camiamibehavior@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ettienne, Genesis D, MSCC, LMHC ■
7925 Northwest 12th Street
405
Miami, FL 33126
(786) 401-7278
Digital Contact Information:
fenixmentalhealthgroup@gmail.com

and
129 Southwest 42nd Avenue
9
Miami, FL 33134
(786) 542-9914
Digital Contact Information:
fenixmentalhealthgroup@gmail.com

and
1800 Southwest 27th Avenue
505
Miami, FL 33145
(786) 542-9914
Digital Contact Information:
fenixmentalhealthgroup@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Evans-Gean, Amy, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Exposito, Roxana, MPSY, BCBA ■
8601 Southwest 199th Street
Cutler Bay, FL 33189
(305) 908-2999
Digital Contact Information:
mario@mghomecare.com

and

10200 NW 25th St
Ste 114
Doral, FL 33172
(305) 908-2999
Digital Contact Information:
http://www.mghomecare.com
mario@mghomecare.com

and

40 Northwest 8th Street
Homestead, FL 33030
(305) 908-2999
Digital Contact Information:
mario@mghomecare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Exum, Angela L, PHD, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(341) 888-7637
Digital Contact Information:
Not Available

Facey, Ayanna, LMHC ■
14645 Northwest 77th Avenue
101
Miami Lakes, FL 33014
(833) 769-3524
Digital Contact Information:
referrals@chrysalishealth.com

Fajardo, Grethel, MS, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
genesisconsultingservices39@gmail.com

Fajardo, Marianela, MSW, LCSW ■
9245 Southwest 157th Street
Suite 203
Miami, FL 33157
(305) 642-7600
Digital Contact Information:
http://www.regishouse.org
credentialing@regishouse.org
Other Languages Spoken by Provider or Office Staff
Spanish

Falcon, Mariam, MED, BCBA ■
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
http://novacommunityservice.com
info@novacshealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Falcon, Oilime, MD, BCBA ■
FL
(786) 603-6567
Digital Contact Information:
enrollpriv@bikhamhealthcare.com

Faldon-Gamarra, Terry, MED, BCBA ■
11025 SW 84th St
Ste 8
Miami, FL 33173
(833) 971-1230
Digital Contact Information:
info@pbstherapy.com

Famada, Kaelyn N, MA, BCBA ■
6055 Northwest 104th Avenue
Suite 2
Doral, FL 33178
Digital Contact Information:
http://dstherapies.com
ana.ospina@dstherapies.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fang, Tianbin, MS, LMHC ■
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
http://brightsyhealthfl.com
brightsyhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Mandarin

Fantauzzi, Mariela, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Farinas, Marilyn, MS, BCBA ■
13301 Southwest 132nd Avenue
203 203
Miami, FL 33186
(786) 632-9993
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Fattori, Joseph D, MMH, LMHC, LPC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
ebcg-support@findoctave.com

Fauerbach, Kayla, MC, LMHC ■
10700 Caribbean Boulevard
UNIT 203
Cutler Bay, FL 33189
(415) 941-4109
Digital Contact Information:
ebcg-support@findoctave.com

Fay, Candace, BA, BCABA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(305) 846-9807
Digital Contact Information:
https://acornhealth.com
info@acornhealth.com
Other Languages Spoken by Provider or Office Staff English

Fay, Robert A, MS, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

Febles, Livia, MPSY, BCBA ■
2500 Southwest 107th Avenue
37
Miami, FL 33165
(305) 228-3780
Digital Contact Information:
excellentcare1@att.net

Febres, Julissa M, MA, BCBA ■
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
https://stepforwardaba.com/
admin@stepforwardaba.com
Other Languages Spoken by Provider or Office Staff
Hebrew, Spanish

Fedd, Roslyn, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Feijo, Roberto, BS, BCABA ■
Home Based Services Only
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
southfloridabbf@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Feldman, Hannah, BA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
ebony.taylor@hopebridge.com

Feldman, Marina P, MC, LMHC ■
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
info@talcmhc.org

Feldmann, Amit, MA, LMHC ■
407 Lincoln Road
#11A
Miami Beach, FL 33139
(305) 504-0351
Digital Contact Information:
amitbf@gmail.com

and

407 Lincoln Road
Suite 8C
Miami Beach, FL 33139
(305) 504-0351
Digital Contact Information:
amitbf@gmail.com
Other Languages Spoken by Provider or Office Staff
Hebrew, German, French

Feldmann, Denise, MS, LMHC ■
3580 Mystic Pointe Drive
Aventura, FL 33180
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
ebcg-support@findoctave.com

Feliu-Roque, Karelia, MA, BCBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 953-8500
Digital Contact Information:
http://kidsspotrehab.com
credentialing@kidsspotrehab.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Felix, Stephanie, MS, BCBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
credentialing@alpacahealth.io

Fellas, Cheryl D, MA, LMHC ■
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
tranquillivingcounseling@outlook.com
Other Languages Spoken by Provider or Office Staff English

Fenby, Malia, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Fenton Hodge, Yivell M, MS, BCBA ■
7875 Northwest 12th Street
118
Miami, FL 33126
(786) 505-4449
Digital Contact Information:
http://southfloridabehavior.com
info@southfloridabehavio.com

and

10855 Southwest 72nd Street
UNIT 1-5
Miami, FL 33173
(305) 720-2166
Digital Contact Information:
info@southfloridabehavio.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ferbeyre, Halle, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
providerenrollment@acornhealth.com

Ferguson, Camira, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Fernandez, Adriano, BS, BCABA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
http://www.appliedbhs.com
dabs@appliedbhs.com

and

7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez Calienes, Lauren, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 238-7237
Digital Contact Information:
credentialing@practolytics.com

and

8532 Southwest 8th Street
STE 290
Miami, FL 33144
(786) 927-8048
Digital Contact Information:
credentialing@practolytics.com

and

12460 Southwest 8th Street
2024
Miami, FL 33184
(786) 801-0944
Digital Contact Information:
credentialing@practolytics.com

and

9710 East Indigo Street
Suite 201
Palmetto Bay, FL 33157
(786) 277-6210
Digital Contact Information:
credentialing@practolytics.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Carla A, MS, LMHC ■
999 Ponce de Leon
102
Coral Gables, FL 33134
(844) 309-6676
Digital Contact Information:
http://www.yourwholehealth.net
info@yourwholehealth.net

and

FL
(844) 309-6676
Digital Contact Information:
http://www.yourwholehealth.net
info@yourwholehealth.net

Fernandez, Cindy, MSED, BCBA ■
10200 NW 25th St
Ste 114
Doral, FL 33172
(305) 908-2999
Digital Contact Information:
reachingwellness@hotmail.com

and

782 Northwest 42nd Avenue
Suite 4
Miami, FL 33126
(786) 337-0885
Digital Contact Information:
reachingwellness@hotmail.com

and

9380 Sunset Drive
b165
Miami, FL 33173
(786) 337-0585
Digital Contact Information:
reachingwellness@hotmail.com

Fernandez, Daniela, MS, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134

(305) 774-3400
Digital Contact Information:
ebcg-support@findoctave.com

and
3625 Northwest 82nd Avenue
400
Doral, FL 33166
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
ebcg-support@findoctave.com

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
ebcg-support@findoctave.com

and
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
ebcg-support@findoctave.com

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
ebcg-support@findoctave.com

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
ebcg-support@findoctave.com

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Delio J, MS, BCBA ■
14815 Southwest 163rd Terrace
Miami, FL 33187
(786) 806-0308
Digital Contact Information:
jcabrera@mymbcinc.com

Fernandez Duarte, Imandra, MS, BCBA ■
18901 Southwest 106th Avenue
a 227
Cutler Bay, FL 33157
(786) 732-7516
Digital Contact Information:
info@newlifeaba.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 732-7516
Digital Contact Information:
info@newlifeaba.com

and
18901 Southwest 106th Avenue
229
Miami, FL 33157
(786) 506-9008
Digital Contact Information:
info@newlifeaba.com

and
1031 Ives Dairy Road
STE 240
Miami, FL 33179
(786) 306-5534
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Edwina, MBS, BCBA ■
Home Based Services Only
Miami Gardens, FL 33014
(305) 640-5739
Digital Contact Information:
romerolifehealth@yahoo.com

Fernandez Esteva, Mercedes, BS, BCABA ■
13501 Southwest 128th Street
Suite 106
Miami, FL 33186
(786) 731-3919
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Geisy, MS, BCBA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@brightfuturebehavioral.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
info@brightfuturebehavioral.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez Hernandez, Cecilia, MA, BCBA ■
15715 South Dixie Highway
412
Miami, FL 33157
(786) 316-7186
Digital Contact Information:
briana@llbillingoffice.com

and
941 Southwest 87th Avenue
Suite A
Miami, FL 33174
(786) 873-9392
Digital Contact Information:
briana@llbillingoffice.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Jadira L, MS, LMHC ■
2645 SW 37th Ave
Ste 101
Miami, FL 33133
(786) 530-4080
Digital Contact Information:
jadirafernandez@aol.com

and
FL
(786) 973-8792
Digital Contact Information:
jadirafernandez@aol.com

Fernandez, Janeissy, MS, BCBA ■
10200 Northwest 25th Street
STE 204
Doral, FL 33172
(305) 406-3689
Digital Contact Information:
info@foundartacademy.org
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Janelle M, MPSY, LMHC ■
14225 SW 42nd St
Miami, FL 33175
(305) 221-8200
Digital Contact Information:
arvida712@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Jennifer, MS, BCBA, LBA ■
11601 Biscayne Boulevard
Miami, FL 33181
(786) 206-4151
Digital Contact Information:
info@appliedabc.com

and
909 North Miami Beach Boulevard
STE 301
North Miami Beach, FL 33162
(305) 822-7202
Digital Contact Information:
info@appliedabc.com

Fernandez, Lianny, MPSY, LMHC ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
yavila@avilahealthgroup.com

and
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
yavila@avilahealthgroup.com

and
306 Westward Dr
Miami Springs, FL 33166
(786) 588-7894
Digital Contact Information:
yavila@avilahealthgroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez Manso, Andy, BA, BCABA ■
11890 Southwest 8th Street
405
Miami, FL 33184
(786) 439-7098
Digital Contact Information:
Not Available

Fernandez Manso, Cinira, MPSY, BCBA ■
11890 Southwest 8th Street
405
Miami, FL 33184
(786) 439-7098
Digital Contact Information:
Not Available

Fernandez, Maria D, MS, BCBA ■
13170 Southwest 128th Street
STE 206
Miami, FL 33186
(786) 382-0550
Digital Contact Information:
jcabrera@mymbcinc.com

Fernandez, Marta, MA, BCBA ■
1400 Northwest 107th Avenue
306
Miami, FL 33172
(786) 817-7444
Digital Contact Information:
martafernandezneumann@yahoo.com

and
13866 Southwest 56th Street
Miami, FL 33175
(786) 380-8585
Digital Contact Information:
martafernandezneumann@yahoo.com

Fernandez Martell, Madelin, MD, BCBA ■
9555 Southwest 175th Terrace
Suite 223
Palmetto Bay, FL 33157
(786) 370-4198
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Maydonis, MSED, BCBA ■
6955 Northwest 77th Avenue
205
Miami, FL 33166
(305) 308-4696
Digital Contact Information:
mental.h@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Fernandez, Melanie A, MS, BCBA ■
585 East 49th Street
11
Hialeah, FL 33013
(305) 970-9165
Digital Contact Information:
billingadmin@optimalbeginning.com

and
16311 NW 87th Ct
Hialeah, FL 33018
(305) 586-8549
Digital Contact Information:
billingadmin@optimalbeginning.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Fernandez Montero, Lisbet, MA, BCBA ■
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
office@tlhproject.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Nallivy, MPSY, LMHC ■
20334 NW 2nd Ave
Miami, FL 33169
(954) 744-0899
Digital Contact Information:
http://fieldsofivy.com
nallyfdez@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez Ojeda, Zuleimy D, MS, BCBA ■
Home Based Services Only
Miami Shores, FL 33161
(786) 709-8403
Digital Contact Information:
info@cameroarnp.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez Perez, Yilan, BCBA, MS ■
Home Based Services Only
West Miami, FL 33144
(305) 741-2218
Digital Contact Information:
prestigebehavioralcenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Rebeca P, MC, LMHC ■
7100 Southwest 99th Avenue
STE 201
Miami, FL 33173
(305) 607-9248
Digital Contact Information:
fernandezcounseling@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Rey, MS, BCBA ■
10300 Southwest 72nd Street
250b
Miami, FL 33173
(305) 939-6878
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez Rodriguez, Ernesto, MS, BCBA ■
15295 Northwest 60th Avenue
STE 100
Miami Lakes, FL 33014
(305) 316-2055
Digital Contact Information:
heightservicespro@gmail.com

Fernandez, Soraya, MMH, LMHC ■
2300 West 84th Street
STE 104
Hialeah, FL 33016
(305) 903-3168
Digital Contact Information:
cgomezbmcmhc@gmail.com

and
13416 Southwest 128th Street
Miami, FL 33186
(786) 732-0247
Digital Contact Information:
cgomezbmcmhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Tania M, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 534-7172
Digital Contact Information:
clinicare23@outlook.com

Fernandez, Vanessa, MA, BCBA, LBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
credentialing@tillytherapy.com

Fernandez, Vanessa B, MSW, BCBA ■
8200 Northwest 41st Street
Suite 200
Miami, FL 33166
(305) 401-5259
Digital Contact Information:
vanessa.bcba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Yaimara, PSYD, LMHC ■
10700 Caribbean Boulevard
UNIT 402
Cutler Bay, FL 33189
(786) 250-3040
Digital Contact Information:
newlifemhccc@gmail.com

and
5455 Southwest 8th Street
230
Miami, FL 33134
(786) 629-8836
Digital Contact Information:
newlifemhccc@gmail.com

and
760 Northwest 107th Avenue
110
Miami, FL 33172
(786) 409-3800
Digital Contact Information:
newlifemhccc@gmail.com

and
18522 Southwest 136th Court
Miami, FL 33177
(305) 416-8189
Digital Contact Information:
newlifemhccc@gmail.com

and
11780 Southwest 89th Street
Suite 201
Miami, FL 33186
(786) 536-5765
Digital Contact Information:
newlifemhccc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Yanet, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(703) 496-4371
Digital Contact Information:
https://acornhealth.com
admin@autismfirstus.com

Fernandez-Guzman, Natasha V, MMH, LMHC ■
15715 South Dixie Highway
Suite 320
Miami, FL 33157
(786) 475-2309
Digital Contact Information:
natashafdez@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez-Ledon, Enedyes, MS, LMHC ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
kwhite@healthhavenllc.org

Fernando, Arielle, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
providerenrollment@acornhealth.com

Ferradaz-Lago, Melissa, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ferran, Ana M, MS, LMHC ■
10631 N Kendall Dr
Ste 110
Miami, FL 33176
(305) 774-9570
Digital Contact Information:
jitmedical@bellsouth.net

and
10631 North Kendall Drive
Ste 1210
Miami, FL 33176
(305) 774-9570
Digital Contact Information:
jitmedical@bellsouth.net

Ferran, Flavia M, BA, BCABA ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/services@cmnbtherapy.com

and
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/services@cmnbtherapy.com
Other Languages Spoken by Provider or Office Staff
Portuguese, English, Haitian Creole, Japanese, French, Russian, Italian, Spanish, Vietnamese

Ferreiro, Melany, MS, BCBA ■
1275 West 47th Place
#449
Hialeah, FL 33012
(305) 425-1338
Digital Contact Information:
magicbehavioral@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ferrer, Barbara, MS, BCBA, LMHC ■
FL
(786) 724-4224
Digital Contact Information:
https://www.vita-cog.com/enrollpriv@bikhamhealthcare.com

and
9220 Sunset Drive
104
Miami, FL 33173
(786) 724-4224
Digital Contact Information:
enrollpriv@bikhamhealthcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ferrer, Jezabell, EDM, BCBA ■
10300 Southwest 72nd Street
#354
Miami, FL 33173
(786) 444-7996
Digital Contact Information:
jzadvancedbehaviorservices@gmail.com

Ferrer, Nicole, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Ferrer, Roxana, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 571-9533
Digital Contact Information:
office@smartbatherapy.com

and
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
office@smartbatherapy.com

and
306 Westward Dr
Miami Springs, FL 33166
(786) 588-7894
Digital Contact Information:
http://www.smartbatherapy.com
office@smartbatherapy.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(786) 522-7203
Digital Contact Information:
office@smartbatherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ferro, Maria J, MSW, CEAP, LCSW, LMFT ■
9370 Southwest 72nd Street
Suite #A-213
Miami, FL 33173
(305) 205-4244
Digital Contact Information:
http://psychologytoday.com
psychotherapy@humanpotentialinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fesperman, Patricia, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Fesser, Alanna, MA, BCBA ■
9415 SW 72nd St
Ste 131
Miami, FL 33173
(305) 662-6448
Digital Contact Information:
http://www.miamibehaviortherapy.com
alannafesser@gmail.com

and
9415 Southwest 72nd Street
101
Miami, FL 33173
(305) 662-6448
Digital Contact Information:
http://www.miamibehaviortherapy.com
alannafesser@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Figueredo Isaac, Liudmila, MED, BCABA ■
13205 Southwest 137th Avenue
#212
Miami, FL 33186
(786) 732-6298
Digital Contact Information:
florentina1943@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Figueredo, Vanessa, MS, BCBA ■
7235 Southwest 24th Street
204
Miami, FL 33155
(786) 452-0257
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Figuereo Sabeta, Solange, MC, LMHC ■
10300 Florida 986
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Figueroa, Bianca, MC, LMHC ■
7875 SW 104th St
Ste 101
Miami, FL 33156
(305) 899-1587
Digital Contact Information:
Not Available

and
12000 Biscayne Boulevard
303
Miami, FL 33181
(305) 899-1587
Digital Contact Information:
http://www.jcsfl.org
Other Languages Spoken by Provider or Office Staff
Hebrew, English, Russian, Spanish

Figueroa, Danais, MA, BCBA ■
3750 West 16th Avenue
218
Hialeah, FL 33012
(786) 409-3231
Digital Contact Information:
credentialing@kidsspotrehab.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@kidsspotrehab.com

Figueroa, Rachel, MS, BCBA, LBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Filkins, Kaitlin, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Findley, Yewande, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
findleyy@yahoo.com
Other Languages Spoken by Provider or Office Staff English

Fiol, Elizabeth, MA, BCBA ■
8353 Southwest 124th Street
102
Miami, FL 33156
(305) 902-6435
Digital Contact Information:
jeanne@onebehavior.com

and
12973 Southwest 112th Street
151
Miami, FL 33186
(305) 204-7037
Digital Contact Information:
jeanne@onebehavior.com

and
8603 South Dixie Highway
303
Pinecrest, FL 33156
(305) 902-6435
Digital Contact Information:
http://www.abamiami.com
jeanne@onebehavior.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fitzpatrick, Mary Kathryn, MA, BCBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
kfitzpatrick@blnautism.com

and

12456 Southwest 127th Avenue
Miami, FL 33186
(786) 953-8500
Digital Contact Information:
kfitzpatrick@blnautism.com

Fitzpatrick, Panayiota, MED, LMHC ■
360 Northwest 27th Street
Miami, FL 33127
(929) 209-6109
Digital Contact Information:
fl-patientaccess@harmonybaywellness.com

Fleitas, Samantha, BS, BCBA ■
995 Northwest 119th Street
681858
North Miami, FL 33168
(786) 838-7040
Digital Contact Information:
http://bmcmiami.com
samfleitas@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Fletcher, Jeffrey, MS, LPC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Creole, Haitian, Spanish

Flores, Aida A, MS, LMHC ■
FL
(305) 494-9791
Digital Contact Information:
aflores@kaaficounseling.com
Other Languages Spoken by Provider or Office Staff Spanish

Flores, Alexis, MPSY, LMHC ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Flores, Veronica, MS, BCBA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(305) 480-7839
Digital Contact Information:
info@newlifeaba.com

Flores-Mursuli, Geraldine, MA, BCBA ■
8160 Geneva Court
311 311
Doral, FL 33166
(786) 223-7310
Digital Contact Information:
xioredlv@gmail.com

and
12485 SW 9th Ter
Miami, FL 33184
(786) 223-7310
Digital Contact Information:
http://www.triumphbehavioral.com
xioredlv@gmail.com

Fluxa-Cutie, Alina, MPSY, LMHC ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
afmpsychologicalservices@gmail.com
Other Languages Spoken by Provider or Office Staff English

Fogel, Vivian, MS, LMFT ■
21290 Biscayne Boulevard
Aventura, FL 33180
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
growthllc@growthcounselingandtherapy.com

and
3580 Mystic Pointe Drive
Aventura, FL 33180
(415) 941-4109
Digital Contact Information:
growthllc@growthcounselingandtherapy.com

and
1001 North Miami Beach Boulevard
North Miami Beach, FL 33162
(786) 320-5559
Digital Contact Information:
growthllc@growthcounselingandtherapy.com
Other Languages Spoken by Provider or Office Staff Spanish

Foley, Diane, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
newhope32937@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Fong, Bridgette, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com
Other Languages Spoken by Provider or Office Staff Spanish

Fonseca, Jackeline, MS, BCBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 953-8500
Digital Contact Information:
http://kidsspotrehab.com
credentialing@kidsspotrehab.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Fonseca, Joanna, MS, LMHC ■
8600 Northwest South River Drive
222
Medley, FL 33166
(415) 941-4109
Digital Contact Information:
info@dadefamily.com

and
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

Fonseca, Odalys, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 715-8511
Digital Contact Information:
interbehavcorp@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Fontanes, Paula, MS, LMFT ■
FL
(786) 378-4565
Digital Contact Information:
paulafontanes10@gmail.com

and
9745 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 378-4565
Digital Contact Information:
paulafontanes10@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Foraker, Michelle, MS, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
http://www.btgcoaching.com
michelle@btgcoaching.com

Forbes, Laurie J, MSW, LCSW, LMFT ■
2000 S Dixie Hwy
Ste 103
Miami, FL 33133
(305) 794-6685
Digital Contact Information:
ljforbes@aol.com

and
1000 Lincoln Rd
Ste 234A
Miami Beach, FL 33139
(305) 794-6685
Digital Contact Information:
ljforbes@aol.com

and
FL
(305) 794-6685
Digital Contact Information:
ljforbes@aol.com

and
16499 Northeast 19th Avenue
Suite 213
North Miami Beach, FL 33162
(305) 794-6685
Digital Contact Information:
ljforbes@aol.com

Forero, Michelle, MPSY, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@behavioralaid.com
Other Languages Spoken by Provider or Office Staff Spanish

Fort Martinez, Gilza M, MS, LMFT ■
7765 SW 87th Ave
Ste 104
Miami, FL 33173
(305) 412-8440
Digital Contact Information:
gmfort1@aol.com
Other Languages Spoken by Provider or Office Staff Spanish

Forte, Parker, MC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
contact@fortifiedcounseling.com

Forteza Cordero, Judith, MA, BCABA ■
2500 Northwest 79th Avenue
Suite 211
Doral, FL 33122
(786) 675-8650
Digital Contact Information:
dleonintegritybehavioservice@gmail.com

and
10482 Northwest 31st Terrace
STE 2A
Doral, FL 33172
(786) 765-7550
Digital Contact Information:
dleonintegritybehavioservice@gmail.com

and
Home Based Services Only
Hialeah, FL 33012
(561) 460-0284
Digital Contact Information:
dleonintegritybehavioservice@gmail.com

and
131 Northeast 8th Street
Homestead, FL 33030
(786) 291-3979
Digital Contact Information:
dleonintegritybehavioservice@gmail.com

Fraga, Alicia, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
admissions@abaalliancecareservices.com

and
8300 NW 53rd St
Ste 350
Miami, FL 33166
(305) 776-0728
Digital Contact Information:
admissions@abaalliancecareservices.com

and
9570 Southwest 107th Avenue
104c
Miami, FL 33176
(786) 267-2830
Digital Contact Information:
admissions@abaalliancecareservices.com
Other Languages Spoken by Provider or Office Staff Spanish

Fraga, Joyce, MED, BCBA ■
9415 Southwest 72nd Street
101
Miami, FL 33173
(305) 662-6448
Digital Contact Information:
http://www.miamibehaviortherapy.com
joycefraga@rocketmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Fraguela, Eduardo R, MHS, LMHC ■
8300 West Flagler Street
STE 258C
Miami, FL 331446002
(786) 592-8470
Digital Contact Information:
olympushcs@gmail.com

and
10691 North Kendall Drive
312
Miami, FL 33176
(786) 592-8470
Digital Contact Information:
olympushcs@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Frances, Elyssa M, MA, BCBA ■
Home Based Services Only
Miami Gardens, FL 33014
(786) 254-7637
Digital Contact Information:
brightstepsaba@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Francis, Jasmin, MA, BCBA ■
16201 Northeast 13th Avenue
North Miami Beach, FL 33162
(786) 955-6224
Digital Contact Information:
http://www.superkidsaba.com
jasmin@superkidsaba.com

and
17121 Northeast 6th Avenue
North Miami Beach, FL 33162
(305) 952-3161
Digital Contact Information:
jasmin@superkidsaba.com
Other Languages Spoken by Provider or Office Staff Hebrew, Spanish

Franco, Evelyn, MA, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
cedentialing@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
cedentialing@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
cedentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134

(305) 757-0602
Digital Contact Information:
cedentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
cedentialing@banyanhealth.org
Other Languages Spoken by Provider or Office Staff
Spanish

Franco, Maritere, PHD, LMHC ■
17931 Northwest 85th Avenue
Hialeah, FL 33015
(786) 556-5507
Digital Contact Information:
maritere.franco@icloud.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(786) 622-5743
Digital Contact Information:
maritere.franco@icloud.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 960-7124
Digital Contact Information:
maritere.franco@icloud.com

and
175 Fontainebleau Boulevard
Miami, FL 33172
(305) 960-7124
Digital Contact Information:
maritere.franco@icloud.com

and
FL
(305) 912-1135
Digital Contact Information:
maritere.franco@icloud.com
Other Languages Spoken by Provider or Office Staff
Spanish

Franco Paz, Jean, BS, BCBA ■
Home Based Services Only
Hialeah, FL 33010
(305) 280-5730
Digital Contact Information:
shakira@behaviorchangefl.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
shakira@behaviorchangefl.com

Francois, Esther, MA, BCBA ■
14125 Northwest 80th Avenue
304
Miami Lakes, FL 33016
(786) 305-7222
Digital Contact Information:
christy@southfloridaaba.org

Francois, Rodna, MA, LMHC ■
3580 Mystic Pointe Drive
Aventura, FL 33180
(786) 759-9394
Digital Contact Information:
balanceyourworldyouth@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Creole, Haitian

Frank, Hedrick E, MC, LMHC ■
8323 Northwest 12th Street
108
Doral, FL 33126
(305) 400-8511
Digital Contact Information:
http://www.cbhwestcoast.com
rick.frank53@gmail.com

Frank, Randi, MC, LMHC ■
9822 Northeast 2nd Avenue
2
Miami Shores, FL 33138
(786) 505-7502
Digital Contact Information:
http://www.mindfuldirectionscc.com
randi@mindfuldirectionscc.com

Frank, Sabrina, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 854-1116
Digital Contact Information:
https://acornhealth.com
info@acornhealth.com

Frasier, Hazel D, MSN, APRN, LNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
hazel.frasier@ncgcommunity.com

Freire, Anthony, MA, LMHC ■
14211 Southwest 120th Street
107
Miami, FL 33186
(917) 592-2345
Digital Contact Information:
anthonyfreire@gmail.com

Frias Cabrera, Yicel, MS, BCBA ■
13155 Southwest 42nd Street
STE 204
Miami, FL 33175
(786) 486-9756
Digital Contact Information:
loveinservicesprivate@gmail.com

and
13469 Southwest 29th Street
Miami, FL 33175
(786) 486-9756
Digital Contact Information:
loveinservicesprivate@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Friese, Brianna T, BA, BCABA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
admin@abaalliance.com
Other Languages Spoken by Provider or Office Staff
Spanish

Froehler, Luisa V, MMH, LMHC ■
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
http://www.miamipersonalmanagement.com
klopez@miamipersonalmanagement.com

Frontczak-Armstrong, Karen, MC, LMHC, LPC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
help@joinuplift.co

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff English

Frontela Fernandez, Ailyn, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 732-7516
Digital Contact Information:
familylovenetworks@gmail.com

and
10300 Southwest 72nd Street
#354
Miami, FL 33173
(305) 787-2924
Digital Contact Information:
familylovenetworks@gmail.com

Fruge, Candace, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Fuentes Deleon, Romy, MED, BCBA ■
8601 Southwest 199th Street
Cutler Bay, FL 33189
(305) 908-2999
Digital Contact Information:
yordanka@mghomecare.com

and
10200 Northwest 25th Street
STE 114
Doral, FL 33172
(956) 884-4944
Digital Contact Information:
yordanka@mghomecare.com

and
40 Northwest 8th Street
Homestead, FL 33030
(305) 908-2999
Digital Contact Information:
yordanka@mghomecare.com

and
9380 Sunset Drive
b165
Miami, FL 33173
(786) 337-0585
Digital Contact Information:
yordanka@mghomecare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fuentes, Faniley, MS, BCBA ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
info@newlifeaba.com

and
1000 Brickell Avenue
Miami, FL 33131
(754) 234-0643
Digital Contact Information:
info@newlifeaba.com

and
14750 Southwest 26th Street
STE 114
Miami, FL 33185
(786) 536-9441
Digital Contact Information:
info@newlifeaba.com

and
9502 Southwest 166th Court
Miami, FL 33196
(754) 234-0643
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fuentes, Gretzky K, MC, LMHC ■
2500 Northwest 79th Avenue
233
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
pmcibilling228@gmail.com

and
2500 Northwest 79th Avenue
Suite 189
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
pmcibilling228@gmail.com

and
1414 Northwest 107th Avenue
410
Doral, FL 33172
(305) 560-5742
Digital Contact Information:
pmcibilling228@gmail.com

and
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
pmcibilling228@gmail.com

and
15600 Southwest 288th Street
Suite 405
Homestead, FL 33033
(786) 334-3515
Digital Contact Information:
pmcibilling228@gmail.com

and
261 Westward Drive
suite 108-109
Miami, FL 33166
(305) 200-5176
Digital Contact Information:
pmcibilling228@gmail.com

and
931 Southwest 122nd Avenue
Miami, FL 33184
(305) 603-9235
Digital Contact Information:
pmcibilling228@gmail.com

and
12001 SW 128th Ct
Ste 102
Miami, FL 33186
(786) 971-7920
Digital Contact Information:
pmcibilling228@gmail.com

and
12255 Southwest 132nd Court
Miami, FL 33186
(305) 964-5157
Digital Contact Information:
pmcibilling228@gmail.com

and
12595 Southwest 137th Avenue
STE 110
Miami, FL 33186
(305) 465-9379
Digital Contact Information:
pmcibilling228@gmail.com

and
13335 Southwest 124th Street
106 106
Miami, FL 33186
(877) 811-0553
Digital Contact Information:
pmcibilling228@gmail.com

and
13335 Southwest 124th Street
Suite 107
Miami, FL 33186
(305) 964-5013
Digital Contact Information:
pmcibilling228@gmail.com

and
5209 Northwest 36th Street
Miami Springs, FL 33166
(786) 712-7752
Digital Contact Information:
pmcibilling228@gmail.com

and
18142 Southwest 97th Avenue
Palmetto Bay, FL 33157
(786) 701-9179
Digital Contact Information:
http://www.guevaramedicalservices.com
pmcibilling228@gmail.com

and
14865 South Dixie Highway
Palmetto Bay, FL 33176
(786) 732-2176
Digital Contact Information:
pmcibilling228@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fuentes, Monica M, MMH, LMHC ■
18901 Southwest 106th Avenue
#224
Miami, FL 33157
(786) 732-0071
Digital Contact Information:
http://www.peaceofmindmh.com
monicafuentes@peaceofmindmh.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fuentes, Saily, BA, BCABA ■
1250 Southwest 27th Avenue
207
Miami, FL 33135
(786) 502-3137
Digital Contact Information:
cabehavior@gmail.com

and
8550 West Flagler Street
STE 118
Miami, FL 33144
(786) 391-4113
Digital Contact Information:
cabehavior@gmail.com

Fuentes, Stephanie, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:

credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff English, Haitian Creole, Spanish

Fumero, Norialys, MS, LMHC ■
FL
(772) 361-8581
Digital Contact Information:
norialysfumero@gmail.com

and
17670 Northwest 78th Avenue
STE 113
Hialeah, FL 33015
(716) 558-4565
Digital Contact Information:
norialysfumero@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Fundora, Gladys, MMH, BCBA, LMHC ■
1000 Brickell Avenue
Miami, FL 33131
(786) 817-2356
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
http://kidsspotrehab.com
rossconsultingandcredentialing@gmail.com

and
19100 Southwest 106th Avenue
12 12
Miami, FL 33157
(786) 360-2852
Digital Contact Information:
rossconsultingandcredentialing@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Fundora, Ronnie, MA, BCBA ■
FL
(786) 569-6783
Digital Contact Information:
team@achievebehaviorcenters.com

Fundora, Yulianis, MS, LMHC ■
2500 Northwest 107th Avenue
Suite 102
Doral, FL 33172
(786) 605-9400
Digital Contact Information:
yfundora@managedmentalhealth.com

and
4445 West 16th Avenue
STE 405
Hialeah, FL 33012
(786) 233-6721
Digital Contact Information:
yfundora@managedmentalhealth.com

Fung-Collazo, Thalia, MA, BCBA ■
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
http://www.miamipersonalmanagement.com
mpmcmhc@miamipersonalmanagement.com

and
730 Northwest 107th Avenue
104
Miami, FL 33172
(305) 307-1911
Digital Contact Information:
mpmcmhc@miamipersonalmanagement.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Fustes Ramirez, Lien, MS, BCBA ■
10711 Southwest 216th Street
103 103
Goulds, FL 33170
(305) 965-9682
Digital Contact Information:
aleatherapeuticbehavioralserv@gmail.com

and
131 Northeast 8th Street
Homestead, FL 33030
(786) 291-3979
Digital Contact Information:
http://www.aleatbs.com
aleatherapeuticbehavioralserv@gmail.com

Gaddis, Virginia B, MA, LMHC, LPC ■
299 Alhambra Circle
STE 210
Coral Gables, FL 33134
(786) 558-5729
Digital Contact Information:
credentialing@growtherapy.com

and
FL
(786) 244-7690
(786) 558-5729
Digital Contact Information:
credentialing@growtherapy.com

and
26023 South Dixie Highway
Homestead, FL 33032
(786) 504-3365
Digital Contact Information:
credentialing@growtherapy.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@growtherapy.com

and
3898 West Flagler Street
Miami, FL 33134
(954) 280-2056
Digital Contact Information:
credentialing@growtherapy.com

Gainor, Dawn M, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
info@acornhealth.com

Galan Goicochea, Rosalia, MBS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 433-0897
Digital Contact Information:
bluelifetherapy@gmail.com
Other Languages Spoken by Provider or Office Staff Kreol, Spanish

Galano Fito, Liliana, BA, BCABA ■
1535 N Goldeneye Ln
Homestead, FL 33035
(786) 212-5530
Digital Contact Information:
info@cornerstone-cba.com

Galban, Jazmin, MPSY, BCBA ■
Home Based Services Only
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
gperez@hbccmhc.com
Other Languages Spoken by Provider or Office Staff Spanish

Galban, Noemi, BA, BCABA ■
10300 Southwest 72nd Street
300
Miami, FL 33173
(786) 418-9730
Digital Contact Information:
http://www.happydreamsofkids.com
manager@happydreamsofkids.com

Galban, Yenisleydis, MS, BCABA ■
2500 Northwest 79th Avenue
Suite 180
Doral, FL 33122
(786) 253-7868
Digital Contact Information:
https://www.neurodverse.com/
yenygalban@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Galindo Aguero, Indira M, MS, BCBA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff Spanish

Gallardo, Rosalva, MS, BCABA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 238-7237
Digital Contact Information:
info@epossibilitiesllc.com
Other Languages Spoken by Provider or Office Staff Spanish

Galvez, Gema, MS, LPC ■
10300 Southwest 72nd Street
275d
Miami, FL 33173
(888) 853-7908
Digital Contact Information:
http://www.bettermindtherapycorp.com
gemagalvez@yahoo.com
Other Languages Spoken by Provider or Office Staff Spanish

Galvez, Maria, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Spanish

Galvis Lundstrom, Silvia, MS, LMHC ■
FL
(305) 866-2242
Digital Contact Information:
silvia.lundstrom@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Gama, Ana Iris, MS, BCBA ■
1570 West 38th Place
12 12
Hialeah, FL 33012
(786) 615-2514
Digital Contact Information:
solutions@cobohomehealthservices.com

and
4410 West 16th Avenue
unit 41
Hialeah, FL 33012
(786) 267-2830
Digital Contact Information:
solutions@cobohomehealthservices.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 536-7470
Digital Contact Information:
solutions@cobohomehealthservices.com

Gamazo, Glendys, MA, BCBA ■
1900 North Bayshore Drive
Miami, FL 33132
(954) 400-3251
Digital Contact Information:
https://abacustherapies.com/
info@abacustherapies.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(954) 400-3251
Digital Contact Information:
https://abacustherapies.com/
info@abacustherapies.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(954) 400-3251
Digital Contact Information:
https://abacustherapies.com/
info@abacustherapies.com

Gammage, Traci, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Gandara, Elena, BA, BCABA ■
Home Based Services Only
Doral, FL 33122
(305) 603-8747
Digital Contact Information:
lightingbehaviorservices@gmail.com

and
1275 West 47th Place
#449
Hialeah, FL 33012
(305) 425-1338
Digital Contact Information:
lightingbehaviorservices@gmail.com

and
4800 Northwest 167th Street
Miami Gardens, FL 33014
(305) 515-2726
Digital Contact Information:
http://www.lightingbehavior.com
lightingbehaviorservices@gmail.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(786) 254-5372
Digital Contact Information:
lightingbehaviorservices@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Gandia Blanco, Adeline, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 695-8789
Digital Contact Information:
group@innovatiobhc.com
Other Languages Spoken by Provider or Office Staff Spanish

Gao, Yanjuan, MSED, LMHC ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
info@riviamind.com
Other Languages Spoken by Provider or Office Staff Mandarin

Garaboa Niebla, Jisell, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
bluelifetherapy@gmail.com

and
13404 Southwest 128th Street
Miami, FL 33186
(305) 433-0897
Digital Contact Information:
http://www.bluelifetherapy.com
bluelifetherapy@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Garces, Carmen, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 964-5356
Digital Contact Information:
abacentersolutions@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Garces, Yudisley, EDM, BCBA ■
1414 Northwest 107th Avenue
204

Doral, FL 33172
(305) 225-8711
Digital Contact Information:
dadebehavioralservices@gmail.com

and
2300 West 84th Street
406
Hialeah, FL 33016
(786) 960-6767
Digital Contact Information:
dadebehavioralservices@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 536-7470
Digital Contact Information:
dadebehavioralservices@gmail.com

and
14875 Northwest 77th Avenue
Suite 204
Miami Lakes, FL 33014
(786) 321-1400
Digital Contact Information:
dadebehavioralservices@gmail.com

Garcia, Amanda, MS, BCBA ■
11342 Southwest 244th Terrace
Homestead, FL 33032
(863) 589-2068
Digital Contact Information:
amy15957.ag@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 586-5762
Digital Contact Information:
amy15957.ag@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Anthony N, MC, LMHC ■
1951 Northwest 7th Avenue
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
Not Available

Garcia, Arletis, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 534-7172
Digital Contact Information:
clinicare23@outlook.com

Garcia Arteaga, Teresa, MS, BCBA ■
2721 SW 137th Ave
Ste 113
Miami, FL 33175
(786) 558-7248
Digital Contact Information:
http://pensandoconvargas.com
tgarcia@thinkingwithvargas.com

Garcia, Aylen, MS, BCBA ■
10491 Southwest 200th Terrace
Cutler Bay, FL 33189
(786) 230-5158
Digital Contact Information:
luciano@mymbcinc.com

and
2450 Southwest 137th Avenue
232
Miami, FL 33175
(786) 360-6496
Digital Contact Information:
luciano@mymbcinc.com

and
2460 Southwest 137th Avenue
242
Miami, FL 33175
(305) 339-1889
Digital Contact Information:
luciano@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia Calixto, Valeria, MS, BCBA ■
8350 Northwest 52nd Terrace
301 130
Doral, FL 33166
(786) 342-4367
Digital Contact Information:
brightlinebehavior@gmail.com

Garcia, Candace, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Garcia, David, MS, BCBA ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(954) 757-7790
Digital Contact Information:
http://www.behavior-analysis.org
dgarcia@behavior-analysis.org

Garcia De Porto, Marieta, MMH, LMHC ■
7925 Northwest 12th Street
118
Doral, FL 33126
(786) 536-2143
Digital Contact Information:
http://psrmindandbodyrehab.com
correamentalhealth@gmail.com

and
650 Northeast 22nd Terrace
212 214
Homestead, FL 33033
(786) 312-4478
Digital Contact Information:
correamentalhealth@gmail.com

and
13205 Southwest 137th Avenue
#212
Miami, FL 33186
(786) 732-6298
Digital Contact Information:
correamentalhealth@gmail.com

and
13205 Southwest 137th Avenue
206 208
Miami, FL 33186
(786) 592-2063
Digital Contact Information:
correamentalhealth@gmail.com

and
FL
(786) 385-9838
Digital Contact Information:
correamentalhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Dennise, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Garcia, Diana, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

and
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

Garcia, Eliani, MED, BCBA ■
2804 Del Prado Blvd S
209
Miami, FL 33194
(786) 800-4916
Digital Contact Information:
aba@confidentmindsllc.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Garcia, Estrella, MBS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 875-7812
Digital Contact Information:
jcabrera@mymbcinc.com

and
10691 North Kendall Drive
#202
Miami, FL 33176
(786) 534-7172
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Gertrudis, MMFT, LMFT ■
1414 Northwest 107th Avenue
204
Doral, FL 33172
(305) 225-8711
Digital Contact Information:
toplifecaresolutions@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 536-7470
Digital Contact Information:
toplifecaresolutions@gmail.com

and
175 Fontainebleau Boulevard
Miami, FL 33172
(305) 960-7124
Digital Contact Information:
toplifecaresolutions@gmail.com

and
10677 North Kendall Drive
ste 5-a
Miami, FL 33176
(305) 225-8711
Digital Contact Information:
http://toplifecaresolutions.com
toplifecaresolutions@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Garcia, Gretchen, BS, BCABA ■
12150 Southwest 128th Court
222
Miami, FL 33186
(786) 701-8164
Digital Contact Information:
http://www.kendallbehavior.com
office@kendallbehavior.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia Hernandez, Adelfa, BA, BCBA ■
16657 Southwest 81st Terrace
Miami, FL 33193
(786) 426-1166
Digital Contact Information:
pathwaysaba@gmail.com

Garcia, Hugo, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 695-8672
Digital Contact Information:
abaproinfo@gmail.com

and
4155 Southwest 130th Avenue
108
Miami, FL 33175
(786) 919-3784
Digital Contact Information:
abaproinfo@gmail.com
Other Languages Spoken by Provider or Office Staff French

Garcia, Janice, MPSY, BCBA ■
9415 SW 72nd St
Ste 131
Miami, FL 33173
(305) 662-6448
Digital Contact Information:
http://www.miamibehaviortherapy.com
jgarc813@fiu.edu

and
9415 Southwest 72nd Street
101
Miami, FL 33173
(305) 662-6448
Digital Contact Information:
http://www.miamibehaviortherapy.com
jgarc813@fiu.edu

Garcia, Kalya, MED, BCBA ■
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
office@tlhproject.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Karoline, MA, BCBA ■
8201 Northwest 21st Street
Doral, FL 33122
(305) 879-5458
Digital Contact Information:
kgarcia.aba@gmail.com

and
8201 Northwest 181st Street
Hialeah, FL 33015
(305) 204-8290
Digital Contact Information:
kgarcia.aba@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 204-8290
Digital Contact Information:
kgarcia.aba@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, English, Spanish

Garcia, Katery I, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(888) 501-8540
Digital Contact Information:
https://acornhealth.com
credentialing@kidsspotrehab.com

and
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
credentialing@kidsspotrehab.com

and
8660 West Flagler Street
STE 121
Miami, FL 33144
(305) 600-4774
Digital Contact Information:
credentialing@kidsspotrehab.com

and
1900 Southwest 22nd Street
#205
Miami, FL 33145
(305) 648-7212
Digital Contact Information:
credentialing@kidsspotrehab.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia Lara, Mabel, MBS, BCBA ■
2500 SW 107TH AVE
42
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
luciano@mymbcinc.com

and
9560 SW 107th Ave
Ste 106
Miami, FL 33176
(786) 899-0308
Digital Contact Information:
luciano@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Lauren, MED, LMHC ■
2212 Northwest 91st Street
4058
Miami, FL 33147
(341) 888-7637
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
lauren.garcia371@gmail.com

Garcia, Leonel, BA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(305) 846-9807
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

and
7275 Southwest 90th Way
507 507
Kendall, FL 33156
(305) 970-8117
Digital Contact Information:
providerenrollment@acornhealth.com

Garcia, Lisette, MC, LMHC ■

12030 Southwest 129th Court
Suite 211
Miami, FL 33186
(305) 639-8760
Digital Contact Information:
http://www.believeandtrusttcm.com
info@believeandtrusttcm.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia Lorenzo, Rachel, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 701-9079
Digital Contact Information:
rachel.garcia1515@gmail.com

and

12968 Southwest 133rd Court
Miami, FL 33186
(786) 701-9079
Digital Contact Information:
http://www.brighterpathservices.com
rachel.garcia1515@gmail.com

Garcia Marchante, Kamila, MS, BCBA, LBA ■
14645 Northwest 77th Avenue
Suite 105
Miami Lakes, FL 33014
(202) 420-8359
Digital Contact Information:
http://www.littleleaves.org
info@littleleaves.org

Garcia, Maria, MS, LMHC ■
15715 S Dixie Hwy
Ste 403
Miami, FL 33157
(305) 707-5966
Digital Contact Information:
movingtowardagape@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Maria J, MS, LMFT ■
8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-2822
Digital Contact Information:
tashaneb@4kids.us

and

17801 Northwest 2nd Avenue
202
Miami, FL 33169
(954) 979-7911
Digital Contact Information:
tashaneb@4kids.us
Other Languages Spoken by Provider or Office Staff
English, Spanish

Garcia, Maria T, BA, LBA ■
3901 Northwest 79th Avenue
Suite 246
Doral, FL 33166
(786) 418-5400
Digital Contact Information:
http://www.stepsmiami.com
behaviorconsultantsfl@gmail.com

and

11980 Southwest 144th Court
Suite #210
Miami, FL 33186
(305) 640-8918
Digital Contact Information:
behaviorconsultantsfl@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Mario, MDIV, LMHC ■
12280 Southwest 100th Street
Miami, FL 33186
(305) 480-5800
Digital Contact Information:
http://www.neurostrategiccoach.com
drmario@neurostrategiccoach.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia Mendiola, Niurka, MS, BCBA ■
Home Based Services Only
Hialeah, FL 33013
(786) 592-6680
Digital Contact Information:
mendiola6812@gmail.com

and

5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
http://kidsspotrehab.com
mendiola6812@gmail.com

and

8475 Southwest 43rd Street
Miami, FL 33155
(786) 804-9405
Digital Contact Information:
mendiola6812@gmail.com

and

9415 Southwest 72nd Street
SUITE 175
Miami, FL 33173
(786) 406-4353
Digital Contact Information:
mendiola6812@gmail.com

and

13383 Southwest 42nd Street
Miami, FL 33175
(305) 305-7121
Digital Contact Information:
mendiola6812@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Mirtha M, BA, BCABA ■
2550 Northwest 72nd Avenue
115
Miami, FL 33122
(786) 536-2012
Digital Contact Information:
http://sunshinebehaviorhc.com
sunshinebehaviorhealthcare@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia Mitchell, Daniel, PHD, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 467-7006
Digital Contact Information:
possibilitiesbs@gmail.com

and

4471 Northwest 36th Street
suite 200-2
Miami Springs, FL 33166
(787) 403-8420
Digital Contact Information:
possibilitiesbs@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia Morejon, Ailyn, MS, BCABA ■
16657 Southwest 81st Terrace
Miami, FL 33193
(786) 426-1166
Digital Contact Information:
pathwaysaba@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Garcia, Niurka, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 587-0424
Digital Contact Information:
niurkagarcia93@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Orlando, MMFT, LMFT ■
FL
(202) 410-5972
(786) 260-3985
Digital Contact Information:
http://www.choosingtherapy.com
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
English, Spanish

Garcia Paja, Yanaydis, BS, BCBA ■
Home Based Services Only
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
mpmcmhc@miamipersonalmanagement.com

Garcia Pedraja, Miguel H, EDD, BCBA ■
18901 Southwest 106th Avenue
229
Miami, FL 33157
(786) 506-9008
Digital Contact Information:
advancecommservices@gmail.com

Garcia Perez, Wendy, MA, BCBA ■
1180 North Krome Avenue
Homestead, FL 33030
(786) 349-4700
Digital Contact Information:
mleon@mykidtherapycenter.com

and

49 NW 17th St
Homestead, FL 33030
(786) 349-4700
Digital Contact Information:
http://mykidtherapycenter.com
mleon@mykidtherapycenter.com

and

14425 Country Walk Drive
Miami, FL 33186
(786) 349-4700
Digital Contact Information:
mleon@mykidtherapycenter.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia Ramos, Idelvys, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 832-6630
Digital Contact Information:
mohit@bikhamhealthcare.com

and

1425 SW 27th Ave
Miami, FL 33145
(305) 619-3202
Digital Contact Information:
mohit@bikhamhealthcare.com

Garcia Rangel, Annay, MS, BCBA ■
175 Fontainebleau Boulevard
Miami, FL 33172
(305) 551-6373
Digital Contact Information:
annayg.rangel@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia Ribbi, Claudia, MS, LMHC ■
1401 Southwest 1st Street
#209
Miami, FL 33135
(305) 902-3880
Digital Contact Information:
claudia@ribbiwellness.com

and

1401 Southwest 1st Street
FL 2
Miami, FL 33135
(786) 361-7787
Digital Contact Information:
claudia@ribbiwellness.com

and

8353 Southwest 124th Street
207
Miami, FL 33156
(786) 320-1677
Digital Contact Information:
claudia@ribbiwellness.com

and

12030 Southwest 129th Court
Suite 103
Miami, FL 33186
(786) 701-8892
Digital Contact Information:
claudia@ribbiwellness.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia Rodriguez, Mailyn, MBS, BCBA ■
8333 NW 53rd St
Ste 450
Miami, FL 33166
(786) 432-7113
Digital Contact Information:
yetiem.bello@professionalhbservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Rossely N, MA, BCBA ■
18451 Northeast 27th Place
Aventura, FL 33160
(786) 683-2398
Digital Contact Information:
info@appliedabc.com

Garcia Sanchez, Lilian I, MS, ABA, LMHC ■
30392 Old Dixie Highway
Homestead, FL 33030
(786) 283-0175
Digital Contact Information:
behaviorplusservices@gmail.com

and

30350 SW 156th Ave
Homestead, FL 33033
(786) 481-9833
Digital Contact Information:
behaviorplusservices@gmail.com

and

1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
behaviorplusservices@gmail.com

and

8300 NW 53rd St
Ste 350
Miami, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com

and

12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
behaviorplusservices@gmail.com

and

27132 South Dixie Highway
Naranja, FL 33032
(786) 283-0175
Digital Contact Information:
behaviorplusservices@gmail.com

and

Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com

Garcia, Sively, MS, BCBA ■
10300 Southwest 72nd Street
250b
Miami, FL 33173
(305) 939-6878
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Garcia, Solange C, MBS, BCBA ■
11980 Southwest 144th Court
Suite #210
Miami, FL 33186
(305) 640-8918
Digital Contact Information:
https://www.floridabehaviorhealthgroup.com/
behaviorconsultantfl@gmail.com

Garcia, Vanessa J, MS, LBA ■
10143 Costa Del Sol Boulevard
Doral, FL 33178
(917) 284-9393
Digital Contact Information:
info@abaastepatatimecare.com

and

64 Northwest 54th Street
103
Miami, FL 33127
(305) 767-1924
Digital Contact Information:
http://www.autismspecialtygroup.com
info@abaastepatatimecare.com

Garcia Vazquez, Claudia, MS, BCBA ■
11890 Southwest 8th Street
STE 309
Miami, FL 331841710
(305) 220-6060
Digital Contact Information:
iregalado@growingsmilesaba.com
Other Languages Spoken by

Provider or Office Staff
Spanish

Garcia, Victoria, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

and
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
providerenrollment@acornhealth.com

Garcia, Yamirka, MS, BCBA ■
7235 Southwest 24th Street
204
Miami, FL 33155
(786) 452-0257
Digital Contact Information:
jcabrera@mymbcinc.com

and
Home Based Services Only
Opa-locka, FL 33054
(786) 919-3784
Digital Contact Information:
jcabrera@mymbcinc.com

Garcia, Yeney, MBS, BCBA, LMHC ■
7900 Oak Ln
400
Hialeah, FL 33016
(786) 622-5743
Digital Contact Information:
ymbehavioralhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Yunaysis E, MPSY, LMHC ■
15413 Southwest 137th Avenue
Miami, FL 33177
(305) 964-5594
Digital Contact Information:
solutiondrivenconsulting@gmail.com

Garcia-Vilasuso, Teresita, MS, LMHC ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
dr.ingridroman1@gmail.com

and
5455 Southwest 8th Street
230
Miami, FL 33134
(786) 629-8836
Digital Contact Information:
dr.ingridroman1@gmail.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
http://appliedbhs.com
dr.ingridroman1@gmail.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
dr.ingridroman1@gmail.com

Garciga, Orlando, MSED, BCBA ■
7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
info@bmmaba.com

and
Home Based Services Only
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
info@bmmaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gardey, Alison, MMFT, LMFT ■
FL
(916) 402-4254
Digital Contact Information:
http://alisongardey.com
alisongardey@gmail.com

Gargallo Dominguez, Arys L, MPSY, BCBA ■
5050 Northwest 74th Avenue
107
Miami, FL 33166
(305) 640-8280
Digital Contact Information:
arysleyda@gmail.com

and
14221 Southwest 120th Street
Suite 214
Miami, FL 33186
(786) 452-1185
Digital Contact Information:
arysleyda@gmail.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 640-8280
Digital Contact Information:
arysleyda@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garibay Esparza, Manuel, MA, BCBA ■
7925 Northwest 12th Street
130 130
Doral, FL 33126
(786) 870-5090
Digital Contact Information:
http://www.limitlesslearningaba.com
adminabc@abcbehavior.live

and
2947 Coconut Avenue
2 2
Miami, FL 33133
(786) 541-5735
Digital Contact Information:
adminabc@abcbehavior.live

Garkavchenko, Oxana, MED, LMHC ■
8550 West Flagler Street
Suite 113
Miami, FL 33144
(786) 486-6766
Digital Contact Information:
xtherapyart@gmail.com

and
FL
(786) 486-6766
Digital Contact Information:
xtherapyart@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garrido Garcia, Miguel, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 713-0982
Digital Contact Information:
sunnybehavior@gmail.com

Garrote, Lazaro J, MA, BCBA ■
7990 Southwest 117th Avenue
Suite 134
Kendall, FL 33183
(305) 741-2218
Digital Contact Information:
lgarrote@buildablocktherapy.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 741-2218
Digital Contact Information:
lgarrote@buildablocktherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garzon, Diane, MA, LBA ■
1120 Northwest 14th Street
RM 1213
Miami, FL 331362107
(305) 243-6660
Digital Contact Information:
Not Available

Gatliff, Benjamin, MS, BCBA, LMHC, LPC ■
66 W Flagler St
900
Miami, FL 33130
(610) 306-2618
Digital Contact Information:
delegation@psychplus.com

and
777 Brickell Ave
Ste 500
Miami, FL 33131
(786) 490-2181
Digital Contact Information:
http://rockerhealth.org
delegation@psychplus.com

and
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(561) 289-7995
Digital Contact Information:
http://pandatherapycircle.com
delegation@psychplus.com

Gavidia, Gesell, MS, BCBA ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(954) 757-7790
Digital Contact Information:
http://www.behavior-analysis.org
rhulsey@behavior-analysis.org

Gawriluk, Morgan, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Gaz, Tzipora, MED, LBA ■
1000 Brickell Avenue
Miami, FL 33131
(347) 893-1266
Digital Contact Information:
licensedbaps@gmail.com
Other Languages Spoken by Provider or Office Staff
Hebrew, Russian, Yiddish, Spanish

Gbadamosi, Adebisi, MC, LMHC ■
1000 Brickell Avenue
Miami, FL 33131
(848) 241-0860
Digital Contact Information:
contact@prevailandprogress.com

Gedeum, Mikerlande, MED, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
lisette@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Geimer, Eric, MED, BCBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
credentialing@alpacahealth.io

Gener, Yahumara, MA, BCBA ■
10689 N Kendall Dr
Ste 314
Miami, FL 33176
(786) 603-6567
Digital Contact Information:
enrollpriv@bikhamhealthcare.com

Georgescu, Luisa R, MPSY, BCBA ■
2500 Northwest 79th Avenue
295
Doral, FL 33122
(305) 896-8161
Digital Contact Information:
info@newlifeaba.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(786) 622-5743
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gerber, Melanie A, MC, LCMHC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Gerecht, Joseph, EDM, BCBA, LBA ■
1688 Meridian Avenue
600 & 700
Miami Beach, FL 33139
(786) 655-8200
Digital Contact Information:
licensedbaps@gmail.com
Other Languages Spoken by Provider or Office Staff
Hebrew, Russian, Yiddish, Spanish

Ghold, Naiylla J, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 991-3213
Digital Contact Information:
kristina@amrextherapypm.com

Gibala, Virginia, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@refreshmentalhealth.com

Gibbons, Denise, MC, LMHC ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
info@hupcfl.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
info@hupcfl.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
info@hupcfl.com

Giblin, Jennifer, MA, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole, Spanish

Gil, Elida E, MS, BCBA ■
9560 SW 107th Ave
Ste 106
Miami, FL 33176
(786) 899-0308
Digital Contact Information:
mortega@tlhproject.com

and
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
mortega@tlhproject.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gil, Lissette, MC, LMHC ■
1000 Brickell Avenue
Miami, FL 33131
(305) 903-3505
Digital Contact Information:
glorialissettegil@gmail.com

and
10661 North Kendall Drive
Suite 228
Miami, FL 33176
(305) 595-5485
Digital Contact Information:
glorialissettegil@gmail.com

and
10691 Southwest 88th Street
Suite 110
Miami, FL 33176
(305) 595-5485
Digital Contact Information:
glorialissettegil@gmail.com

and
12150 Southwest 128th Court
Suite 233
Miami, FL 33186
(786) 238-7666
Digital Contact Information:
glorialissettegil@gmail.com

and
12485 Southwest 137th Avenue
STE 109
Miami, FL 33186
(786) 592-2748
Digital Contact Information:
glorialissettegil@gmail.com

and
8765 Southwest 165th Avenue
203
Miami, FL 33193
(786) 238-7666
Digital Contact Information:
glorialissettegil@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gil, Orianna A, MC, BCBA ■
8353 Southwest 124th Street
102
Miami, FL 33156
(305) 902-6435
Digital Contact Information:
http://abamiami.com
oriannagil0@gmail.com

and
8603 South Dixie Highway
303
Pinecrest, FL 33156
(305) 902-6435
Digital Contact Information:
http://abamiami.com
oriannagil0@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gilbert, Monica D, PSYD, LMHC, LP ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 317-4478
Digital Contact Information:
https://crystalabatherapy.com/
monicagilbert09@yahoo.com

and
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 317-4478
Digital Contact Information:
https://crystalabatherapy.com/
monicagilbert09@yahoo.com
Other Languages Spoken by Provider or Office Staff Sign Lang Amer

Giles, Caitlin, MS, BCBA ■
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
https://stepforwardaba.com/
info@stepforwardaba.com

Gineman, Ashley, BCBA, LBA, MPSY ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(410) 538-2574
Digital Contact Information:
care@tillytherapy.com

Giobio, Agostina L, MPSY, LMHC ■
22790 SW 112th Ave
Miami, FL 33170
(305) 235-2616
Digital Contact Information:
http://www.theagapenetwork.org
Other Languages Spoken by Provider or Office Staff
Spanish

Giron, Yamilet, BA, BCBA ■
30350 SW 156th Ave
Homestead, FL 33033
(786) 481-9833
Digital Contact Information:
admin@specialwayaba.com

and
Home Based Services Only
Homestead, FL 33034
(786) 612-9793
Digital Contact Information:
admin@specialwayaba.com

and
6175 Northwest 153rd Street
STE 215
Miami Lakes, FL 33014
(305) 200-3326
Digital Contact Information:
http://asmtherapy.com
admin@specialwayaba.com

and
27132 South Dixie Highway
Naranja, FL 33032
(786) 283-0175
Digital Contact Information:
admin@specialwayaba.com

Giu Zaldivar, Yurima, MS, BCBA ■
2240 Palm Beach Lakes Blvd Ste 400e
Hialeah, FL 33016
(954) 734-4708
Digital Contact Information:
wingsabaservice@gmail.com

and
6121 West 24th Avenue
209 209
Hialeah, FL 33016
(954) 734-4708
Digital Contact Information:
wingsabaservice@gmail.com

and
18901 Southwest 106th Avenue
229
Miami, FL 33157
(786) 506-9008
Digital Contact Information:
wingsabaservice@gmail.com

and
Home Based Services Only
Miami Lakes, FL 33016
(954) 734-4708
Digital Contact Information:
wingsabaservice@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Glasgow, Carla D, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@simplibill.io

Glazer, Caleigh M, MA, LMHC ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
info@riviamind.com

Glover, Ashley R, MS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
lisette@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
German, Haitian Creole, Haitian, Spanish, Vietnamese

Godoy Duran, Karina, MS, LMFT ■
879 East 28th Street
Hialeah, FL 33013
(786) 326-2260
Digital Contact Information:
innerwellnessaba@gmail.com

and
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
innerwellnessaba@gmail.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(786) 580-2204
Digital Contact Information:
innerwellnessaba@gmail.com

and
13590 Southwest 134th Avenue
104
Miami, FL 33186
(305) 896-8161
Digital Contact Information:
innerwellnessaba@gmail.com

Goicoechea, Alejandro, MPSY, LMHC ■
15190 SW 136th St
Ste 25
Miami, FL 33196
(786) 626-3970
Digital Contact Information:
https://www.evernorth.com/behavioral-care
alegoicoe@yahoo.com

Goldberg, Miriam B, MED, LBA ■
1000 Brickell Avenue
Miami, FL 33131
(347) 893-1266
Digital Contact Information:
sjakoubek@gchmoinc.com

and
633 Northeast 167th Street
FL 8 # 829
Miami, FL 33162
(305) 930-5648
Digital Contact Information:
http://precisionfamilytherapy.com
sjakoubek@gchmoinc.com

and
633 Northeast 167th Street
fl 8 # 829
Miami, FL 33162
(305) 930-5648
Digital Contact Information:
http://precisionfamilytherapy.com
sjakoubek@gchmoinc.com

and
1042 Northeast 179th Terrace
North Miami Beach, FL 33162
(646) 431-6994
Digital Contact Information:
sjakoubek@gchmoinc.com

Goldman, Gabriella D, MC, LMHC ■
9245 Southwest 157th Street
Suite 203
Miami, FL 33157
(305) 642-7600
Digital Contact Information:
http://www.regishouse.org
referrals@regishouse.org

Gomez, Alexander, MS, BCBA ■
659 Northeast 125th Street
North Miami, FL 33161
(305) 454-9885
Digital Contact Information:
aylahmedicaid@northacademynmb.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gomez, Amelia, MBS, BCBA ■
2500 SW 107TH AVE
42
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
info@abcsfl.com

and
FL
(786) 615-3334
Digital Contact Information:
info@abcsfl.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gomez, Anggy, MACP, BCBA ■
Home Based Services Only
Hialeah, FL 33012
(305) 425-1338
Digital Contact Information:
magicbehavioralcare@gmail.com

and
7815 Coral Way
101
Miami, FL 33155
(786) 615-4879
Digital Contact Information:
magicbehavioralcare@gmail.com

Gomez, Angi D, MBS, BCBA ■
10700 Caribbean Boulevard
UNIT 203
Cutler Bay, FL 33189
(786) 786-4674
Digital Contact Information:
infopositivemindful@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gomez, Christie, MC, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
payors@emorahealth.com

and
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
payors@emorahealth.com

Gomez, Claudia, MC, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
lifetherapycoach@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gomez, Gabriela G, MA, BCBA ■
9415 SW 72nd St
Ste 131
Miami, FL 33173
(305) 662-6448
Digital Contact Information:
http://www.miamibehaviortherapy.com
gabrielagriveron@gmail.com

and
9415 Southwest 72nd Street
101
Miami, FL 33173
(305) 662-6448
Digital Contact Information:
http://www.miamibehaviortherapy.com
gabrielagriveron@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gomez Garcia, Daylen, MEQ, BCBA ■
11478 Southwest 237th Terrace
Homestead, FL 33032
(551) 323-8077
Digital Contact Information:
daylengomezbacb@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gomez Garcia, Victor E, MS, LMHC ■
12030 Southwest 129th Court
Suite 211
Miami, FL 33186
(305) 639-8760
Digital Contact Information:
http://www.believeandtrusttcm.com
admin@believeandtrusttcm.com

Gomez Hernandez, Mario, MBS, BCBA ■
9555 Southwest 175th Terrace
Suite 223
Palmetto Bay, FL 33157
(786) 370-4198
Digital Contact Information:

everlastingachievements@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gomez, Kelly R, MS, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
credentialing@banyanhealth.org

Gomez, Lissette, MA, LMFT ■
2500 SW 107TH AVE
42
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
info@abcsfl.com

and
FL
(786) 615-3334
Digital Contact Information:
info@abcsfl.com
Other Languages Spoken by Provider or Office Staff
English, Creole, Spanish

Gomez Machado, Olga S, MED, BCBA ■
18901 Southwest 106th Avenue
229
Miami, FL 33157
(786) 808-6575
Digital Contact Information:
advancecommservices@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gomez, Mayling, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(305) 846-9807
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

and
6055 Northwest 104th Avenue
Suite 2
Doral, FL 33178
(786) 476-5155
Digital Contact Information:
http://dstherapies.com
providerenrollment@acornhealth.com

Gomez Molina, Andy, MA, BCBA ■
3833 Southwest 8th Street
Coral Gables, FL 33134
(786) 254-5372
Digital Contact Information:
office@smartbatherapy.com

and
306 Westward Dr
Miami Springs, FL 33166
(786) 588-7894
Digital Contact Information:
http://www.smartbatherapy.com
office@smartbatherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gomez, Odalys, MSS, BCBA ■
2500 Southwest 107th Avenue
41
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
info@abcsfl.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
info@abcsfl.com

and
Home Based Services Only
Miami Gardens, FL 33014
(305) 640-5739
Digital Contact Information:
info@abcsfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gomez Quintana, Arquelys, MPSY, BCBA ■
10700 Caribbean Boulevard
UNIT 203
Cutler Bay, FL 33189
(305) 299-8005
Digital Contact Information:
infopositivemindful@gmail.com

Gomez, Yilianna, BCBA, MS ■
7875 Northwest 12th Street
118
Miami, FL 33126
(786) 505-4449
Digital Contact Information:
info@southfloridabehavior.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzales Rocca, Patricia U, MA, LMFT ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gonzalez, Adria, MSED, BCBA ■
600 Northeast 22nd Terrace
205
Homestead, FL 33033
(786) 650-2779
Digital Contact Information:
elasabaservicesinc@gmail.com

and
650 Northeast 22nd Terrace
202 09
Homestead, FL 33033
(305) 877-3886
Digital Contact Information:
elasabaservicesinc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Alejandro, MA, BCBA ■
64 Northwest 54th Street
103
Miami, FL 33127
(305) 767-1924
Digital Contact Information:
http://www.autismspecialtygroup.com
raquel.ronacher@autismspecialtygroup.com

Gonzalez, Alexandra, MS, BCBA ■
1550 Madruga Avenue
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
agonzalez14@outlook.com

and
4374 Southwest 164th Court
Miami, FL 33185
(786) 351-7052
Digital Contact Information:
agonzalez14@outlook.com

and
13416 Southwest 128th Street
Miami, FL 33186
(786) 732-0247
Digital Contact Information:
agonzalez14@outlook.com

Gonzalez, Alyssa, MS, BCBA ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(305) 273-3773
Digital Contact Information:
http://www.behavior-analysis.org
rhulsey@behavior-analysis.org

Gonzalez, Angela, MS, BCBA ■
8051 West 24th Avenue
Suite 12
Hialeah, FL 33016
(305) 733-5918
Digital Contact Information:
agonz0170@aol.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 204-8290
Digital Contact Information:
agonz0170@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Aniamarien, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 778-9646
Digital Contact Information:
amhbehavioralservices@gmail.com

Gonzalez Arman, Jesus M, MA, BCBA ■
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
https://stepforwardaba.com/
info@stepforwardaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez Bejar, Carmen L, BA, BCABA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
http://www.appliedbhs.com
dabs@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com

and
10300 Southwest 72nd Street
#354
Miami, FL 33173
(305) 787-2924
Digital Contact Information:
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Brittany, MA, BCBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
credentialing@alpacahealth.io

Gonzalez, Dayani, MS, BCBA ■
13683 Southwest 278th Terrace
Homestead, FL 33032
(786) 886-6446
Digital Contact Information:
vanessa@amromed.com

and
15924 SW 92nd Ave
Miami, FL 33157
(786) 636-1303
Digital Contact Information:
vanessa@amromed.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
vanessa@amromed.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gonzalez, Deynelis, MS, BCBA ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
yavila@avilahealthgroup.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
yavila@avilahealthgroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Elizabeth, MPSY, LMHC ●
FL
(727) 712-7014
Digital Contact Information:
elizabethahcf@gmail.com

Gonzalez, Ernesto, MPH, BCBA ■
17324 Northwest 63rd Avenue
Hialeah, FL 33015
(786) 879-2117
Digital Contact Information:
dchsbehavioranalysis@gmail.com

Gonzalez, Eva C, MS, LMHC ■
1430 South Dixie Highway
STE 204
Coral Gables, FL 33146
(305) 856-9442
Digital Contact Information:
admin@ampmentalhealth.com

and
1411 Coral Way
Miami, FL 33145
(305) 204-9355
Digital Contact Information:
admin@ampmentalhealth.com

and
2464 Southwest 22nd Street
Miami, FL 33145
(305) 204-9355
Digital Contact Information:
http://ampmentalhealth.com
admin@ampmentalhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez Feria, Ana I, MPSY, BCBA ■
12001 Southwest 128th Court
Suite Suite 104
Miami, FL 33186
(786) 868-0505
Digital Contact Information:
agency@juntosbmb.com

and
13301 Southwest 132nd Avenue
209 209
Miami, FL 33186
(786) 713-5553
Digital Contact Information:
agency@juntosbmb.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gonzalez Forte, Ariadna, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 695-8672
Digital Contact Information:
abaproinfo@gmail.com

and
4155 Southwest 130th Avenue
108
Miami, FL 33175
(786) 695-8672
Digital Contact Information:

abaproinfo@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, German, French, Spanish

Gonzalez, Francisca, MS, LMHC ■
777 E 25th St
Ste 212
Hialeah, FL 33013
(786) 409-7329
Digital Contact Information:
laluzmentalhealthservices@gmail.com

and
5911 Northwest 173rd Drive
6 6
Hialeah, FL 33015
(786) 380-9229
Digital Contact Information:
laluzmentalhealthservices@gmail.com

and
6187 Northwest 167th Street
STE H26
Hialeah, FL 33015
(305) 705-5666
Digital Contact Information:
laluzmentalhealthservices@gmail.com

and
11401 Southwest 40th Street
#345
Miami, FL 33165
(305) 603-7063
Digital Contact Information:
http://bridgeofcaregroup.com
laluzmentalhealthservices@gmail.com

and
5600 Southwest 135th Avenue
100
Miami, FL 33183
(305) 603-9104
Digital Contact Information:
laluzmentalhealthservices@gmail.com

and
12311 Southwest 133rd Court
23
Miami, FL 33186
(786) 257-7423
Digital Contact Information:
laluzmentalhealthservices@gmail.com

and
12700 Southwest 128th Street
STE 108
Miami, FL 33186
(786) 732-0865
Digital Contact Information:
laluzmentalhealthservices@gmail.com

and
13416 Southwest 128th Street
Miami, FL 33186
(786) 732-0247
Digital Contact Information:
laluzmentalhealthservices@gmail.com

and
5391 Northwest 36th Street
Miami Springs, FL 33166
(305) 418-0580
Digital Contact Information:
laluzmentalhealthservices@gmail.com

and
7500 Sw A St # 203
West Miami, FL 33144
(786) 542-5244
Digital Contact Information:
laluzmentalhealthservices@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gonzalez Gil, Manuel, MSCC, LMHC ■
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Glenda O, MS, BCBA ■
8601 Southwest 199th Street
Cutler Bay, FL 33189
(305) 908-2999
Digital Contact Information:
contact@mghomecare.com

and
10200 NW 25th St
Ste 114
Doral, FL 33172
(305) 280-2480
Digital Contact Information:
contact@mghomecare.com

and
40 Northwest 8th Street
Homestead, FL 33030
(305) 908-2999
Digital Contact Information:
contact@mghomecare.com

and
Home Based Services Only
Miami, FL 33142
(305) 280-2480
Digital Contact Information:
contact@mghomecare.com

and
9380 Sunset Drive
b165
Miami, FL 33173
(786) 337-0585
Digital Contact Information:
contact@mghomecare.com

Gonzalez, Gloria, PHD, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
professional_counseling@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez Guevara, Magyulis, EDM, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 536-7470
Digital Contact Information:
enrollpriv@bikhamhealthcare.com

and
10689 N Kendall Dr
Ste 314
Miami, FL 33176
(786) 603-6567
Digital Contact Information:
enrollpriv@bikhamhealthcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Hector P, MBS, BCBA ■
12150 Southwest 128th Court
222
Miami, FL 33186
(786) 701-8164
Digital Contact Information:
http://www.kendallbehavior.com
office@kendallbehavior.com

Gonzalez Ibarra, Maria L, MS, LMHC ■
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
http://www.hscflorida.com
credentialing@hcsflorida.com

and
4090 Northwest 97th Avenue
300
Doral, FL 33178
(786) 332-4705
Digital Contact Information:
credentialing@hcsflorida.com

and
900 East 9th Street
Hialeah, FL 33010
(305) 381-5294
Digital Contact Information:
credentialing@hcsflorida.com

and
8001 West 26th Avenue
6 6
Hialeah, FL 33016
(786) 372-3262
Digital Contact Information:
credentialing@hcsflorida.com

and
7392 Northwest 35th Terrace
301
Miami, FL 33122
(786) 666-0475
Digital Contact Information:
credentialing@hcsflorida.com

and
7392 Northwest 35th Terrace
Suite 302
Miami, FL 33122
(786) 353-2792
Digital Contact Information:
credentialing@hcsflorida.com

and
1800 Southwest 27th Avenue
505
Miami, FL 33145
(786) 542-9914
Digital Contact Information:
credentialing@hcsflorida.com

and
9350 SW 72nd St
Ste 116
Miami, FL 33173
(305) 992-9768
Digital Contact Information:
credentialing@hcsflorida.com

and
7500 Sw A St # 203
West Miami, FL 33144
(786) 542-5244
Digital Contact Information:
credentialing@hcsflorida.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Ileana, BS ■
1601 NW 12th Ave
Fl 2
Miami, FL 33136
(305) 243-3669
Digital Contact Information:
Not Available

Gonzalez, Jamie, MMH, LMHC ■
17801 Northwest 2nd Avenue
202
Miami, FL 33169
(954) 979-7911
Digital Contact Information:
Not Available

Gonzalez Jaramillo, Suleida, MS, BCBA ■
1801 Southwest 22nd Street
328
Miami, FL 33145
(786) 536-7694
Digital Contact Information:
leadthewaybehavioralservices@gmail.com

and
HOME BASED SERVICES ONLY
Miami, FL 33178
(305) 280-5732
Digital Contact Information:
leadthewaybehavioralservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Juan Carlos, MMFT, LMFT ■
7765 SW 87th Ave
Ste 104
Miami, FL 33173
(786) 229-2614
Digital Contact Information:
jc@jcgcounseling.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Julianne, MA, BCBA, LBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(888) 501-8540
Digital Contact Information:
https://acornhealth.com
lburns@cdaintensivelearning.com

and
11025 SW 84th St
Ste 8
Miami, FL 33173
(833) 971-1230
Digital Contact Information:
lburns@cdaintensivelearning.com

and
12985 Southwest 130th Court
204 204
Miami, FL 33186
(305) 735-3878
Digital Contact Information:
lburns@cdaintensivelearning.com

Gonzalez, Kirenia, MA, BCBA ■
9600 Northwest 25th Street
STE 5E
Miami, FL 33172
(888) 527-8037
Digital Contact Information:
info@behaviordg.com

and
12750 Northwest 17th Street
216 216
Miami, FL 33182
(888) 527-8037
Digital Contact Information:
http://www.brightstartpossibility.com
info@behaviordg.com

Gonzalez Lastre, Yamilet L, MS, BCBA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
dabs.credentialing@appliedbhs.com

and
8040 Northwest 95th Street
217
Hialeah Gardens, FL 33016
(786) 655-3929
Digital Contact Information:
dabs.credentialing@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
http://appliedbhs.com
dabs.credentialing@appliedbhs.com

Gonzalez, Lisbet, MS, BCBA ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
http://universalcommunityservices.com
admin@universalcommunityservices.com

Gonzalez Llanes, Nancy, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 538-9758
Digital Contact Information:
silkglovestherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez Lopez, Yenis, MBS, BCBA ■
8950 Southwest 152nd Street
112
Palmetto Bay, FL 33157
(786) 432-0829
Digital Contact Information:
https://www.bluehorizonaba.com/
hr@bluehorizonaba.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gonzalez, Maria, MA, BCBA ■
1500 S Douglas Rd

230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Gonzalez, Maria, MS, LMFT ■
2020 Ponce de Leon
Suite 1201
Miami, FL 33134
(305) 917-5414
Digital Contact Information:
http://www.psychologybeyond.com
mariatgonzalez.lmft@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Maria C, DMFT, LMFT ■
306 Alcazar Avenue
200
Coral Gables, FL 33134
(305) 967-8725
Digital Contact Information:
cristalchcl1@gmail.com

and
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
cristalchcl1@gmail.com

and
8245 Northwest 36th Street
#3
Doral, FL 33166
(786) 326-6308
Digital Contact Information:
cristalchcl1@gmail.com

and
1840 W 49th St
Ste 607
Hialeah, FL 33012
(305) 828-9980
Digital Contact Information:
cristalchcl1@gmail.com

and
2100 West 76th Street
#209
Hialeah, FL 33016
(786) 201-1088
Digital Contact Information:
cristalchcl1@gmail.com

and
5353 Southwest 8th Street
Miami, FL 33134
(786) 452-0149
Digital Contact Information:
cristalchcl1@gmail.com

and
8080 West Flagler Street
1a
Miami, FL 33144
(786) 615-2640
Digital Contact Information:
cristalchcl1@gmail.com

and
8500 West Flagler Street
Office 107A
Miami, FL 33144
(786) 907-5141
Digital Contact Information:
cristalchcl1@gmail.com

and
7420 Southwest 48th Street
a
Miami, FL 33155
(786) 362-5981
Digital Contact Information:
cristalchcl1@gmail.com

and
10300 Southwest 72nd Street
414
Miami, FL 33173
(813) 468-7905
Digital Contact Information:
cristalchcl1@gmail.com

and
11890 Southwest 8th Street
Suite 207
Miami, FL 33184
(786) 362-5981
Digital Contact Information:
cristalchcl1@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Maria E, MBS, BCBA ■
10691 North Kendall Drive
#202
Miami, FL 33176
(754) 400-7702
Digital Contact Information:
clinicare23@outlook.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
clinicare23@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Maribel, BA, BCABA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
abaandbeyond20@gmail.com

and
12150 Southwest 128th Court
118
Miami, FL 33186
(786) 319-8882
Digital Contact Information:
abaandbeyond20@gmail.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
abaandbeyond20@gmail.com
Other Languages Spoken by Provider or Office Staff English

Gonzalez, Marinel, MPSY, LMFT ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
http://www.dgphealthandwellness.com
info@dgphealthandwellness.com

and
7900 Oak Lane
464
Hialeah, FL 33016
(786) 542-9915
Digital Contact Information:
info@dgphealthandwellness.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Maylin, MS, LMHC, LPC ■
1550 Madruga Ave
Ste 509
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
kenia.romero@abc4s.com

and
4649 Ponce de Leon
STE 404
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
kenia.romero@abc4s.com

and
1150 Northwest 72nd Avenue
640
Miami, FL 33126
(786) 497-3444
Digital Contact Information:
kenia.romero@abc4s.com

and
15715 South Dixie Highway
Suite 320
Miami, FL 33157
(786) 761-1709
Digital Contact Information:
http://www.strongmindmh.com
kenia.romero@abc4s.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Melisa, MS, BCBA ■
2520 Coral Way
2 19
Miami, FL 33145
(855) 832-6727
Digital Contact Information:
evernorth@teampbs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Misleydis, MC, LMHC ■
215 Westward Dr
Miami Springs, FL 33166
(305) 887-4494
Digital Contact Information:
genesisconsultingservices39@gmail.com

Gonzalez, Neyli, MA, BCBA ■
7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
info@bmmaba.com

Gonzalez Orta, Carlos, MS, BCBA ■
1840 West 49th Street
Suite 723
Hialeah, FL 33012
(786) 333-4275
Digital Contact Information:
http://helpinghandstc.com
info@brightfuturebehavioral.com

Gonzalez, Osvaldo, MS, BCABA ■
Home Based Services Only
Miami Gardens, FL 33014
(305) 640-5739
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gonzalez Otano, Gipsia, MA, BCBA ■
9010 SW 137th Ave
Ste 212
Miami, FL 33186
(786) 762-2474
Digital Contact Information:
gipsia@goodbehaviorbeginnings.net
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Pierre A, MC, LMHC ■
901 East 10th Avenue
39
Hialeah, FL 33010
(305) 637-6400
Digital Contact Information:
jtchc@hcnetwork.org

Gonzalez Rivera, Ariel, MA, BCBA ■
730 Northwest 107th Avenue
104
Miami, FL 33172
(305) 504-1749
Digital Contact Information:
dreamingtogether22@gmail.com

and
9010 SW 137th Ave
Ste 212
Miami, FL 33186
(786) 762-2474
Digital Contact Information:
dreamingtogether22@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gonzalez Robaina, Emigdia, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 456-6002
Digital Contact Information:
tampa@littlebluebeesbehaviortherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez Rodriguez, Dianelys, MS, BCBA ■
2500 Northwest 79th Avenue
268
Doral, FL 33122
(786) 208-2907
Digital Contact Information:
info@wbehavioralservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez Rodriguez, Mileisy, MSCC, LMHC ■
26027 South Dixie Highway
Homestead, FL 33032
(786) 601-7344
Digital Contact Information:
vitaly.credentialing@gmail.com

and
7805 Coral Way
Ste 131
Miami, FL 33155
(786) 307-2066
Digital Contact Information:
vitaly.credentialing@gmail.com

and
7811 SW 24th St
Ste 120
Miami, FL 33155
(305) 916-4310
Digital Contact Information:
vitaly.credentialing@gmail.com

and
FL
(786) 970-6385
Digital Contact Information:
vitaly.credentialing@gmail.com

and
10300 Southwest 72nd Street
414
Miami, FL 33173
(786) 483-7535
Digital Contact Information:
http://www.happydreamsofkids.com
vitaly.credentialing@gmail.com

and
10300 Southwest 72nd Street
300
Miami, FL 33173
(786) 418-9730
Digital Contact Information:
http://www.happydreamsofkids.com
vitaly.credentialing@gmail.com

and
14471 S Dixie Hwy
Miami, FL 33176
(786) 803-8826
Digital Contact Information:
http://www.amorementalhealthcorp.com
vitaly.credentialing@gmail.com

and
9010 Southwest 137th Avenue
101
Miami, FL 33186
(786) 803-8826
Digital Contact Information:
http://amorementalhealthcorp.com
vitaly.credentialing@gmail.com

and
11285 Southwest 211 Street
207
Miami, FL 33189
(786) 217-8510
Digital Contact Information:
vitaly.credentialing@gmail.com

Gonzalez, Sadis, MS, BCABA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 263-0207
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
13301 Southwest 132nd Avenue
112 112
Miami, FL 33186
(305) 640-8342
Digital Contact Information:
https://yamtherapyservices.com
info@newlifeaba.com

Gonzalez, Samantha, MPSY, BCBA ■
2520 Coral Way
2 19
Miami, FL 33145
(855) 832-6727
Digital Contact Information:
evernorth@teampbs.com

Gonzalez Santana, Gleidys, MS, LMHC ■

142 E 49th St
Hialeah, FL 33013
(305) 333-9166
Digital Contact Information:
gleidysgs80@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0429
Digital Contact Information:
gleidysgs80@gmail.com

and
10691 North Kendall Drive
312
Miami, FL 33176
(786) 592-8470
Digital Contact Information:
gleidysgs80@gmail.com

and
11272 Southwest 137th Avenue
Miami, FL 33186
(786) 600-4809
Digital Contact Information:
http://www.generalmhs.com
gleidysgs80@gmail.com

and
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
gleidysgs80@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gonzalez Santana, Mariolys, MS, BCBA ■
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
credentialing@southbillcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Sarah, BCBA, MA ■
13300 Southwest 128th Street
Miami, FL 33186
(786) 250-3451
Digital Contact Information:
Not Available

Gonzalez, Sheila, MA, BCBA ■
3170 Coral Way
1608 1608
Coral Gables, FL 33145
(786) 577-7228
Digital Contact Information:
http://behavior-evolution.com
contact@behavior-evolution.com

and
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
contact@behavior-evolution.com

and
10964 Southwest 182nd Lane
Miami, FL 33157
(786) 577-7228
Digital Contact Information:
http://behavior-evolution.com
contact@behavior-evolution.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez Valdes, Yarobys, MPSY, BCBA ■
8180 Northwest 36th Street
225
Doral, FL 33166
(786) 817-4129
Digital Contact Information:
https://amazingkiddosbehavior.com
bcba.ygv86@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 537-7016
Digital Contact Information:
bcba.ygv86@gmail.com

Gonzalez Varela, Janet, MS, BCBA ■
10691 North Kendall Drive
207
Miami, FL 33176
(305) 640-8342
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
13301 Southwest 132nd Avenue
112 112
Miami, FL 33186
(305) 640-8342
Digital Contact Information:
https://yamtherapyservices.com
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Yailen, MBS, BCBA ■
5901 Miami Gardens Drive
207
Hialeah, FL 33015
(786) 560-3178
Digital Contact Information:
childrendreamsaba@gmail.com

and
909 North Miami Beach Boulevard
STE 301
North Miami Beach, FL 33162
(305) 822-7202
Digital Contact Information:
childrendreamsaba@gmail.com

Gonzalez, Yanet, MA, BCBA ■
Home Based Services Only
Hialeah, FL 33012
(305) 570-0775
Digital Contact Information:
info@sunnydaybehavioral.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Yanetsi S, MS, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Yelina, MS, BCBA ■
30908 Southwest 192nd Avenue
Homestead, FL 33030
(786) 404-3148
Digital Contact Information:
stepstherapycenter@gmail.com

and
HOME BASED SERVICES ONLY
Miami, FL 33178
(305) 280-5732
Digital Contact Information:
stepstherapycenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Yolanda, MS, LMHC ■
7221 SW 24th St
Ste 206
Miami, FL 33155
(786) 648-4447
Digital Contact Information:
http://www.fmhpllc.com
yoly@fmhpllc.com

and
7221 SW 24th St
Ste 213
Miami, FL 33155
(786) 239-4405
Digital Contact Information:
http://www.fmhpllc.com
yoly@fmhpllc.com

Gonzalez, Yxis, MS, LMHC ■
1000 Brickell Avenue
Miami, FL 33131
(305) 822-7202
Digital Contact Information:
kim@appliedbehavior.net

and
909 North Miami Beach Boulevard
STE 301
North Miami Beach, FL 33162
(305) 822-7202
Digital Contact Information:
https://appliedbehavior.net/
kim@appliedbehavior.net

and
FL
(305) 822-7202
Digital Contact Information:
https://appliedbehavior.net/
kim@appliedbehavior.net
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez-Chi, Yanet, MS, BCBA ■
306 Westward Dr
Miami Springs, FL 33166
(786) 588-7894
Digital Contact Information:
http://www.smartbatherapy.com
office@smartbatherapy.com

Goodrich, Kenny, MC, LMHC ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
perla.delosrios@dadefamily.com

Goodrow, Courtney, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-1008
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole, Haitian, Spanish

Goodwin, Mia, MA, BCBA ■
14645 Northwest 77th Avenue
Suite 105
Miami Lakes, FL 33014
(202) 420-8359
Digital Contact Information:
billing@littleleaves.org

Goolkasian, Alexis, MC, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Gordillo, Dorelys, MPSY, LMHC ■
3741 Northwest 11th Street
Miami, FL 33126
(305) 927-5422
Digital Contact Information:
http://palomamentalhealth.com
info@palomamentalhealth.com

and
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
info@palomamentalhealth.com

and
9745 Southwest 184th Street
Palmetto Bay, FL 33157
(305) 927-5422
Digital Contact Information:
info@palomamentalhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gordillo, Gabriela, BA, BCBA ■
Home Based Services Only
Aventura, FL 33180
(305) 283-0442
Digital Contact Information:
gordillogabrielabm@yahoo.com

and
8323 Northwest 12th Street
Suite 216
Doral, FL 33126
(305) 224-1929
Digital Contact Information:
gordillogabrielabm@yahoo.com

and
FL
(305) 224-1929
(305) 283-0442
Digital Contact Information:
gordillogabrielabm@yahoo.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
gordillogabrielabm@yahoo.com

and
6761 Southwest 6th Street
Miami, FL 33144
(305) 283-0442
Digital Contact Information:
gordillogabrielabm@yahoo.com

and
15715 South Dixie Highway
318
Miami, FL 33157
(786) 343-9391
Digital Contact Information:
gordillogabrielabm@yahoo.com

and
Home Based Services Only
Opa-locka, FL 33054
(305) 283-0442
Digital Contact Information:
gordillogabrielabm@yahoo.com

and
Home Based Services Only
West Miami, FL 33144
(305) 283-0442
Digital Contact Information:
gordillogabrielabm@yahoo.com

Gordon, Natalie, MSW, LCSW, LMFT ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
melissa1amaya@yahoo.com

Gordon, Stephen, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(772) 266-8727
Digital Contact Information:
https://acornhealth.com
info@acornhealth.com

Gordon-Battle, Belinda M, MS, LMHC ■
FL
(240) 472-3486
Digital Contact Information:
bgordonbattle@gmail.com

Gorham, Tania, MMFT, LMFT ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
gorhamtania@gmail.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
gorhamtania@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gorman, Douglas P, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@thriveworks.com

Goss, Jerron, MSCC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
http://www.wellnite.com
admin@blkhaven.com

Gosset, Stephanie M, MS, LMHC ■
2600 S Douglas Rd
Ste 1003
Coral Gables, FL 33134
(305) 445-0477
Digital Contact Information:
niegosset@gmail.com
Other Languages Spoken by Provider or Office Staff

Spanish

Gotthold, Bessie, MS, LMHC ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
westmiamicmhc@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Graham, Whitney, MA, BCBA ■
9425 Southwest 72nd Street
164
Miami, FL 33173
(305) 279-2286
Digital Contact Information:
whitney@amadoorbehaviorco.com

Granado, Omar, MA, BCBA ■
Home Based Services Only
Doral, FL 33126
(407) 800-6086
Digital Contact Information:
opusmentalhealthcenter@gmail.com
and
930 Hialeah Drive
Hialeah, FL 33010
(786) 398-1509
Digital Contact Information:
opusmentalhealthcenter@gmail.com
and
12855 Southwest 136th Avenue
104
Miami, FL 33186
(305) 467-8879
Digital Contact Information:
opusmentalhealthcenter@gmail.com
and
1350 Southwest 57th Avenue
West Miami, FL 33144
(786) 404-1017
Digital Contact Information:
opusmentalhealthcenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Granado Perez, Mayelin, MSED, BCBA ■
110 West 17th Street
Hialeah, FL 33010
(786) 267-8467
Digital Contact Information:
kdbehaviorservices@gmail.com

Granja, Karen, MS, LMHC ■
5805 Blue Lagoon Dr
Ste 440
Miami, FL 33126
(800) 767-4411
Digital Contact Information:
Not Available

Grava, Lilian, MS, LMFT ■
385 Alhambra Circle
suite c
Coral Gables, FL 33134
(305) 445-9554
Digital Contact Information:
http://wearemindtherapy.com
info@behavioralaid.com
and
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
http://www.behavioralaid.com
info@behavioralaid.com
and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
info@behavioralaid.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Green, Gwendolyn P, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(877) 644-6008
Digital Contact Information:
https://appointment.wellnite.com
insurance@wellnite.com

Green, Lindolyn, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Green, Nikole, MC, LCPC, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Green, Sari, MS, LCMHC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Green-Scott, Alicia, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
allygreen66@aol.com

Green-Scott, Dashima, MSED, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Greenblatt, Jodi, MS, LMFT ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
acc@advancedclientcare.org
Other Languages Spoken by Provider or Office Staff
Afrikaans

Greenhaw, Rhonda J, MBS, BCBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(410) 538-2574
Digital Contact Information:
https://tillytherapy.com/
rosie@equanimitytherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Griffith, Tina, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com

Grigorova, Marina, MS, LMHC ■
FL
(646) 453-6777
Digital Contact Information:
marinag2804@gmail.com
Other Languages Spoken by Provider or Office Staff
Bulgarian

Grille, Nicole J, MA, BCBA ■
7925 Northwest 12th Street
130 130
Doral, FL 33126
(786) 870-5090
Digital Contact Information:
http://www.limitlesslearningaba.com
nicole@limitlesslearningaba.com
and
7925 Northwest 12th Street
Unit 130
Doral, FL 33126
(786) 870-5090
Digital Contact Information:
http://www.limitlesslearningaba.com
nicole@limitlesslearningaba.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Grillo-Santiago, Nichole, MA, BCBA ■
2520 Coral Way
2 19
Miami, FL 33145
(855) 832-6727
Digital Contact Information:
evernorth@teampbs.com
Other Languages Spoken by Provider or Office Staff English

Grossfeld, Brooke L, MMH, LMHC ■
FL
(305) 501-1674
Digital Contact Information:
https://www.psychologytoday.com/us/therapists/broo
brookegtherapy@gmail.com

Grueiro, Eliani, BS, BCABA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 588-7894
Digital Contact Information:
info@newlifeaba.com
and
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
info@newlifeaba.com
and
306 Westward Dr
Miami Springs, FL 33166
(786) 588-7894
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Grunglasse, Maria E, MS, LCPC ■
FL
(207) 210-2672
Digital Contact Information:
esmeraldagrunglasse@yahoo.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Guadagnino, Jeanette, MPSY, LMHC ■
848 Brickell Avenue
5
Miami, FL 33131
(904) 765-0665
Digital Contact Information:
gscounseling@outlook.com

Guardo, Estela, MSCC, LMHC ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
perla.delosrios@dadefamily.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Guareschi, Paola, MS, BCBA ■
7000 Southwest 62nd Avenue
STE 407
South Miami, FL 33143
(305) 586-2953
Digital Contact Information:
maveninbehavior305@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Guas, Valeria, MS, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com
and
11890 Southwest 8th Street
STE 309
Miami, FL 331841710
(305) 220-6060
Digital Contact Information:
http://www.blueangelcare.net
credentialing@happierliving.com

Guedes, Sabrina, MA, BCBA ■
7801 Northwest 37th Street
Lp-201
Doral, FL 33195
(305) 468-9899
Digital Contact Information:
vivianaicare@gmail.com
and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
vivianaicare@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Creole, Spanish

Guemez, Maidember, MMH, LMHC ■
13335 Southwest 124th Street
Suite 212
Miami, FL 33186
(786) 515-4569
Digital Contact Information:
mguemez@sfcounselinggroup.org
and
13590 Southwest 134th Avenue
STE 202
Miami, FL 33186
(786) 515-4569
Digital Contact Information:
mguemez@sfcounselinggroup.org
Other Languages Spoken by Provider or Office Staff
Spanish

Gueron, Orly, MSED, LMFT ■
2999 NE 191st St
Ste 705
Miami, FL 33180
(305) 924-6555
Digital Contact Information:
orly@orlygueron.com
Other Languages Spoken by Provider or Office Staff
Hebrew

Guerra, Estrella, MS, BCBA ■
6405 Northwest 36th Street
Virginia Gardens, FL 33166
(786) 238-2008
Digital Contact Information:
Not Available

Guerra, Evelin, MA, BCABA ■
8300 West Flagler Street
170
Miami, FL 33144
(786) 633-5171
Digital Contact Information:
olympushcs@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Guerra, Evelyn, MS, LMHC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com
and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
credentialing@behavioralaid.com
and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com
Other Languages Spoken by Provider or Office Staff
Spanish

Guerra Garcia, Yaney, MS, BCBA ■
7900 Oak Ln
400
Hialeah, FL 33016
(786) 622-5743
Digital Contact Information:
ymbehavioralhealth@gmail.com
and

14505 Commerce Way
Ste 750
Miami Lakes, FL 33016
(305) 362-9989
Digital Contact Information:
ymbehavioralhealth@gmail.com

Guerra, Lisandra, MS, BCBA ■
12150 Southwest 128th Court
125
Miami, FL 33186
(305) 964-5191
Digital Contact Information:
jcabrera@mymbcinc.com

Guerra, Marcelo H, MA, BCBA ■
10200 Northwest 25th Street
STE 204
Doral, FL 33172
(305) 406-3689
Digital Contact Information:
dadebehavioralservices@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 536-7470
Digital Contact Information:
dadebehavioralservices@gmail.com

and
4560 Southwest 128th Avenue
Miami, FL 33175
(786) 973-7474
Digital Contact Information:
dadebehavioralservices@gmail.com

Guerra Mayedo, Geidy, MS, BCBA ■
Home Based Services Only
Virginia Gardens, FL 33166
(786) 328-4688
Digital Contact Information:
ggmtherapyservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Guerra Raillo, Rosiris Y, MS, BCBA ■
6625 Miami Lakes Drive
231
Miami Lakes, FL 33014
(786) 322-9323
Digital Contact Information:
goldenkidscare@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Guerra, Yoel, MA, BCBA ■
Home Based Services Only
Doral, FL 33122
(561) 643-7643
Digital Contact Information:
brightstepsaba@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 263-0207
Digital Contact Information:
brightstepsaba@gmail.com

and
9600 Northwest 25th Street
STE 5E
Miami, FL 33172
(888) 527-8037
Digital Contact Information:
brightstepsaba@gmail.com

and
9299 SW 152nd St
Ste 200
Palmetto Bay, FL 33157
(305) 964-5356
Digital Contact Information:
brightstepsaba@gmail.com

Guerrelus, Elange, MC, LMHC ■
2801 Northeast 213th Street
Suite 1215
Aventura, FL 33180
(833) 769-3524
Digital Contact Information:
fl-credentialing@lifestance.com
Other Languages Spoken by Provider or Office Staff
English, French

Guerrero, Claudia P, MPSY, BCBA ■
13866 Southwest 56th Street
Miami, FL 33175
(786) 953-4446
Digital Contact Information:
btherapyconsultants@gmail.com

Guerrero, Cristina, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 277-1571
Digital Contact Information:
cristina@alternative-behavior.com

and
15715 South Dixie Highway
410
Miami, FL 33157
(786) 277-1571
Digital Contact Information:
http://www.alternative-behavior.com
cristina@alternative-behavior.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Guerrero, Lisa A, MED, BCBA ■
14645 Northwest 77th Avenue
Suite 105
Miami Lakes, FL 33014
(754) 812-8700
Digital Contact Information:
http://www.littleleaves.org
trisha.sprekelmeyer@littleleaves.org
Other Languages Spoken by Provider or Office Staff
Spanish

Guevara Alfayate, Lourdes, MED, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 536-7470
Digital Contact Information:
dadebehavioralservices@gmail.com

Guevara, Heidi, MC, LMHC ■
250 Catalonia Avenue
Suite 702
Coral Gables, FL 33134
(321) 405-2805
Digital Contact Information:
https://harvestingjoypsychologicalservices.com
harvestingjoypsyservices@gmail.com

and
250 Catalonia Avenue
suite 403
Coral Gables, FL 33134
(321) 405-2805
Digital Contact Information:
https://harvestingjoypsychologicalservices.com
harvestingjoypsyservices@gmail.com

and
3833 Southwest 8th Street
Coral Gables, FL 33134
(321) 405-2805
Digital Contact Information:
harvestingjoypsyservices@gmail.com

and
5901 Northwest 183rd Street
120a
Hialeah, FL 33015
(786) 409-4872
Digital Contact Information:
http://onesoulcmh.com
harvestingjoypsyservices@gmail.com

and
5901 Northwest 183rd Street
Suite 128
Hialeah, FL 33015
(786) 409-4872
Digital Contact Information:
http://onesoulcmh.com
harvestingjoypsyservices@gmail.com

Guevara, Nancy, MS, BCBA ■
30392 Old Dixie Highway
Homestead, FL 33030
(786) 283-0175
Digital Contact Information:
info@nnrtherapycenter.com

and
14204 Southwest 289th Terrace
Homestead, FL 33033
(305) 878-1255
Digital Contact Information:
info@nnrtherapycenter.com

and
3201 Northwest 24th Street Road
301
Miami, FL 33142
(305) 846-1804
Digital Contact Information:
info@nnrtherapycenter.com

and
17363 Southwest 137th Place
Miami, FL 33177
(305) 905-0877
Digital Contact Information:
info@nnrtherapycenter.com

and
27132 South Dixie Highway
Naranja, FL 33032
(786) 283-0175
Digital Contact Information:
info@nnrtherapycenter.com
Other Languages Spoken by Provider or Office Staff
Spanish

Guevara, Niurvis, MS, BCBA ■
5201 Blue Lagoon Dr
Fl 8
Miami, FL 33126
(786) 857-1195
Digital Contact Information:
info@nnrtherapycenter.com

and
3201 Northwest 24th Street Road
301
Miami, FL 33142
(305) 846-1804
Digital Contact Information:
info@nnrtherapycenter.com

and
17363 Southwest 137th Place
Miami, FL 33177
(786) 857-1195
Digital Contact Information:
info@nnrtherapycenter.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Guevara, Orlando, MS, BCBA ■
Home Based Services Only
Doral, FL 33122
(305) 603-8747
Digital Contact Information:
withoutlimitstherapy@gmail.com

and
7801 Northwest 37th Street
Lp-201
Doral, FL 33195
(305) 468-9899
Digital Contact Information:
withoutlimitstherapy@gmail.com

and
15884 Southwest 137th Avenue
Miami, FL 33177
(305) 456-6002
Digital Contact Information:
withoutlimitstherapy@gmail.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
withoutlimitstherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Creole, Spanish

Guevara, Yadira, BS, BCABA ■
13831 Southwest 59th Street
Suite 200
Miami, FL 33183
(786) 536-2361
Digital Contact Information:
http://www.inclusivenest.com
info@inclusivenest.com
Other Languages Spoken by Provider or Office Staff
Spanish

Guibert Reyes, Wilfredo, MS, BCBA ■
8300 NW 53rd St
Ste 350
Miami, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Guijarro, Danay, BA, BCBA ■
1486 West 84th Street
Hialeah, FL 33014
(305) 828-5276
Digital Contact Information:
danay.guijarro@gmail.com

and
15165 Northwest 77th Avenue
Hialeah, FL 33014
(305) 828-5276
Digital Contact Information:
http://angelsreach.org/
danay.guijarro@gmail.com

Guilbe, Angelika, MSCC, LMHC ■
FL
(754) 307-6860
Digital Contact Information:
http://www.solrivercounseling.com
angie_guilbe@yahoo.com

Guillen, Wendy, MA, BCBA ■
Home Based Services Only
Doral, FL 33126
(305) 433-5489
Digital Contact Information:
sasha@mestre-behavior.com

Guinaldo, Berenice D, MBS, BCBA ■
13155 SW 134th St
Ste 207
Miami, FL 33186
(785) 358-6559
Digital Contact Information:
http://www.superherospeechtherapy.com
jennifer.horta@superherospeechtherapy.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gurris, Aliana A, BS, BCABA ■
15190 Southwest 136th Street
UNIT 26
Miami, FL 33196
(786) 925-5617
Digital Contact Information:
luciano@mymbcinc.com

Gutierrez, Azucena R, MC, LMHC ■
12039 Southwest 132nd Court
4 4
Miami, FL 33186
(754) 281-3662
Digital Contact Information:
nicanoragent83@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gutierrez, Damian, MC, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
credentialing@banyanhealth.org

Gutierrez De Leon, Yanaiky C, MBS, BCBA ■
10300 Southwest 72nd Street
300
Miami, FL 33173
(786) 418-9730

Digital Contact Information:
http://www.happydreamsofkids.com
littlebluebeesbehaviortherapy2@gmail.com

and
9485 Sunset Drive
A-258
Miami, FL 33173
(786) 812-0705
Digital Contact Information:
littlebluebeesbehaviortherapy2@gmail.com

and
15884 Southwest 137th Avenue
Miami, FL 33177
(305) 456-6002
Digital Contact Information:
https://www.littlebluebeesbehaviortherapy.com/
littlebluebeesbehaviortherapy2@gmail.com

Gutierrez, Helen, MS, BCBA ■
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
credentialing@creativekidstherapyinc.com

Gutierrez, Marilyn S, MS, BCBA ■
FL
(305) 204-8745
Digital Contact Information:
https://www.wowabatherapy.com/
insurance@wowabatherapy.com
Other Languages Spoken by Provider or Office Staff Spanish

Gutierrez, Maritery, MBS, BCBA ■
13155 Southwest 42nd Street
STE 204
Miami, FL 33175
(786) 486-9756
Digital Contact Information:
loveinservicesinc@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Gutierrez, Marta, MS, BCBA ■
13055 Southwest 42nd Street
205
Miami, FL 33175
(305) 846-9079
Digital Contact Information:
eandgtherapycorp@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Gutierrez, Rina L, MS, LMFT ■
10229 Northwest 9th Street Circle
204 204
Miami, FL 33172
(786) 457-9963
Digital Contact Information:
http://rinagutierrez.com
lic.rinagutierrez@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Gutierrez Santana, Nidia, MS, BCBA ■
1275 West 47th Place
314
Hialeah, FL 33012
(786) 401-7586
Digital Contact Information:
wecareautismservices@gmail.com

and
Home Based Services Only
Hialeah, FL 33012
(786) 401-7586
Digital Contact Information:
wecareautismservices@gmail.com

Gutierrez-Rodriguez, Lorena, MS, BCBA ■
9240 Southwest 158th Lane
Palmetto Bay, FL 33157
(305) 788-2849
Digital Contact Information:
eibs@eibscorp.com
Other Languages Spoken by Provider or Office Staff Spanish

Guzman, Jennifer, MED, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
paige@daybreakhealth.com

Guzman, Marlene D, BA, CPC ■
1601 NW 12th Ave
Miami, FL 33136
(305) 243-3669
Digital Contact Information:
Not Available

and
1120 Northwest 14th Street
RM 1213
Miami, FL 331362107
(305) 243-6660
Digital Contact Information:
Not Available

Guzman, Natasha, BA, BCBA ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 317-4478
Digital Contact Information:
https://crystalabatherapy.com/
natasha-guzman@hotmail.com

and
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 317-4478
Digital Contact Information:
https://crystalabatherapy.com/
natasha-guzman@hotmail.com

and
2095 SW 1st St
Miami, FL 33135
(305) 971-1230
Digital Contact Information:
natasha-guzman@hotmail.com

and
11025 SW 84th St
Ste 8
Miami, FL 33173
(305) 971-1230
Digital Contact Information:
natasha-guzman@hotmail.com

Guzman Seijas, Nivaldo, MA, BCBA ■
2100 West 76th Street
407
Hialeah, FL 33016
(305) 804-3478
Digital Contact Information:
abacenter2022@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Haber, Alberto H, MHS, LMHC ■
1045 Kane Concourse
207-208
Bay Harbor Islands, FL 33154
(305) 866-3866
Digital Contact Information:
ahaberlmhc@aol.com

and
1045 Kane Concourse
207
Bay Harbor Islands, FL 33154
(305) 866-3866
Digital Contact Information:
ahaberlmhc@aol.com
Other Languages Spoken by Provider or Office Staff Portuguese, Spanish

Hagstrom, Morgan, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Haider, Shamshad, MED, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff Farsi, Urdu, Arabic, Hindi

Hakiel-Calcaterra, Judy, MA, LMHC ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
jhctherapy@gmail.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
jhctherapy@gmail.com

Halim, Anjelica J, MS, BCBA ■
7990 Southwest 117th Avenue
Suite 134
Kendall, FL 33183
(305) 741-2218
Digital Contact Information:
ajacome@buildablocktherapy.com

Halliday, Anna, MED, LMHC ■
3580 Mystic Pointe Drive
Suite 108
Aventura, FL 33180
(305) 205-3810
Digital Contact Information:
support@hstherapycollective.com

and
820 Northeast 143rd Street
North Miami, FL 33161
(305) 205-3810
Digital Contact Information:
http://hstherapycollective.com
support@hstherapycollective.com

Hamilton, Andrea, MC, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
help@joinuplift.co

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Hammerstrom, Ashlyn, MA, BCBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
therapy@kidsspotrehab.com

and
12456 Southwest 127th Avenue
101
Miami, FL 33186
(786) 953-8500
Digital Contact Information:
http://kidsspotrehab.com
therapy@kidsspotrehab.com

Hansard, Tahsha, MS, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Hanson, Jaitesha, MS, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com

Hardanian, Shahnawz, MS, BCBA ■
14645 Northwest 77th Avenue
Suite 105
Miami Lakes, FL 33014
(202) 420-8359
Digital Contact Information:
info@littleleaves.org

Harker, Kim Kimberly, MPSY, LAC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
grant@soulful-recovery.com

Harmon, Portia, MC, LMHC, LPCC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Harper, Marcus B, MA, BCBA ■
9600 Northwest 25th Street
STE 5E
Miami, FL 33172
(305) 984-4343
Digital Contact Information:
info@brigthstartllc.com

and
10691 North Kendall Drive
211
Miami, FL 33176
(305) 984-4343
Digital Contact Information:
info@brigthstartllc.com

Harris, Brian, MA, LMHC ■
FL
(786) 733-6422
Digital Contact Information:
http://www.elliementalhealth.com
fl-credentialing@lifestance.com

Harris, Teresa Q, MA, LPC ■
FL
(650) 761-9770
Digital Contact Information:
psychoanalyst42@protonmail.com

Harrison, Doris, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Harrison, Michelle, MS, LMHC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
http://www.bebravehealth.com
start@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Hart, Phyllis, EDD, LMHC, MA ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Harvey, Hope, MC, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
hello@jwrgrp.com

Hasboun, Alexandra, MSED, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
hello@talkiatry.com
Other Languages Spoken by Provider or Office Staff Haitian Creole

Hasbun, Rene, MSED, LMHC ■

7000 Southwest 70th Avenue
600
Miami, FL 33143
(305) 284-7577
Digital Contact Information:
rhasbun@larkinhospital.com

Hashmi, Abia, MA, LCPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
abia@talktherpaywithabia.com
Other Languages Spoken by Provider or Office Staff Urdu

Hass, Natasha, MA, LMFT ■
FL
(305) 345-3385
Digital Contact Information:
natasha.hass7@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Havemann, Katherine, MA, LMHC ■
5805 Blue Lagoon Dr
Ste 440
Miami, FL 33126
(800) 767-4411
Digital Contact Information:
Not Available

Hayes, Elisabeth, MA, BCBA ■
936 SW 1st Ave
Miami, FL 33130
(805) 252-7770
Digital Contact Information:
elisabeth@lanternlearning.org

and
1000 Brickell Avenue
Miami, FL 33131
(805) 252-7770
Digital Contact Information:
elisabeth@lanternlearning.org
Other Languages Spoken by Provider or Office Staff
Spanish

Hayes, Lakisha, MA, LPC ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(503) 427-8094
Digital Contact Information:
info@findbestself.com

Hazan, Jack, MC, LMHC ■
1504 Bay Road
2003
Miami Beach, FL 33139
(917) 453-9306
Digital Contact Information:
clientcae@moderntherapygroup.com
Other Languages Spoken by Provider or Office Staff English

Hebra, Nancy, BS, BCABA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 964-5356
Digital Contact Information:
abacentersolutions@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hechavarria, Lianet, MPSY, BCBA ■
Home Based Services Only
Miami Gardens, FL 33014
(305) 640-5739
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Hecker, Jillanne K, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
arscredentialing@advancedrecoverysystems.com

Heinz, Valentina, MS, LMHC ■
1601 NW 12th Ave
Miami, FL 33136
(305) 243-3669
Digital Contact Information:
Not Available

and
1120 Northwest 14th Street
RM 1213
Miami, FL 331362107
(305) 243-6660
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Henderson, Davetta A, EDD, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
insurance@wellnite.com

Hendricks-Marx, Donna H, MS, LMHC ■
1175 Northeast 125th Street
320
Miami, FL 33161
(954) 372-0423
Digital Contact Information:
http://www.marriagefamilyservices.com
donnamarx@yahoo.com

Hennessy, Carrie, MA, BCBA, LBA ■
1065 Southwest 8th Street
1459
Miami, FL 33130
(855) 853-0228
Digital Contact Information:
julie.mangine@joinsproutherapy.com

Hennings, Sydne, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Henriquez, Violet, MA, BCBA ■
1030 Northeast 36th Avenue
Homestead, FL 33033
(305) 799-4542
Digital Contact Information:
credentialing@maxmedicalbilling.com

and
2520 Coral Way
2 19
Miami, FL 33145
(855) 832-6727
Digital Contact Information:
credentialing@maxmedicalbilling.com

Henry, Reed F, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Henry, Sheryl, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Henson, Dayren S, MS, LBA ■
FL
(833) 458-0386
Digital Contact Information:
https://tillytherapy.com/
referrals@centriahealthcare.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(410) 538-2574
Digital Contact Information:
https://tillytherapy.com/
referrals@centriahealthcare.com

Herbert, Queenesha G, MA, LCPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
credentialing@wellnite.com

Heredia Gonzalez, Laura, MS, BCBA ■
Home Based Services Only
Hialeah, FL 33012
(305) 200-3326
Digital Contact Information:
asmtherapy@gmail.com

and
12150 Southwest 128th Court
125
Miami, FL 33186
(305) 964-5191
Digital Contact Information:
asmtherapy@gmail.com

and
6175 Northwest 153rd Street
STE 215
Miami Lakes, FL 33014
(305) 200-3326
Digital Contact Information:
asmtherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Heretoiu, Luminita D, MC, LMHC ■
2650 Biscayne Blvd
Miami, FL 33137
(954) 639-9873
Digital Contact Information:
http://www.artoftalktherapy.com
lthouriee@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Hernandez, Ada, MS, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Alexandria, MS, BCBA, LBA ■
9241 Southwest 212th Terrace
Cutler Bay, FL 33189
(786) 447-0022
Digital Contact Information:
aly.hernandez86@gmail.com

Hernandez, Alfredo, MS, LMHC ■
7700 North Kendall Drive
807
Miami, FL 33156
(415) 941-4109
Digital Contact Information:
nicholas@md-access.net

Hernandez, Alhena, MSED, BCBA ■
14204 Southwest 289th Terrace
Homestead, FL 33033
(305) 878-1255
Digital Contact Information:
abatoday7@gmail.com

and
21505 Southwest 177th Avenue
Miami, FL 33187
(786) 226-2816
Digital Contact Information:
http://www.abatodayinc.com
abatoday7@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Ana, BA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(954) 400-3251
Digital Contact Information:
info@abacustherapies.com

and
1500 North Bayshore Drive
1a 122
Miami, FL 33132
(786) 290-8101
Digital Contact Information:
http://www.abacustherapies.com
info@abacustherapies.com

Hernandez, Anabelle, MMFT, LMFT ■
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
annabellehernandez@brightsyhealthfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Ania, MS, BCBA ■
12060 Southwest 129th Court
Suite 205
Miami, FL 33186
(786) 864-9113
Digital Contact Information:
Not Available

Hernandez, Annalie, MBS, BCBA ■
13831 Southwest 59th Street
Suite 200
Miami, FL 33183
(786) 536-2361
Digital Contact Information:
http://www.inclusivenest.com
info@inclusivenest.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Belkis, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
office@cartwheelcare.org

Hernandez, Bianca F, MS, BCBA ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
admin@aspirebehavioral.org

and
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
admin@aspirebehavioral.org

and
333 West 41st Street
Suite 324
Miami, FL 33140
(786) 673-9355
Digital Contact Information:
https://stepforwardaba.com/
admin@aspirebehavioral.org

Hernandez Blondin, William, MS, BCBA ■
306 Westward Dr
Miami Springs, FL 33166
(786) 588-7894
Digital Contact Information:
office@smartbatherapy.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
office@smartbatherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez Carballo, Jane, MA, BCBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(305) 244-5299
Digital Contact Information:
https://rainbowbehavioralservices.com
rainbowbehavioralservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Diana, MC, LMHC ■
2500 Southwest 107th Avenue
41
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
info@abcsfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Edgar, LCMHC, MMH ■
2828 Coral Way
560
Coral Gables, FL 33145
(786) 238-7298
Digital Contact Information:
Not Available

Hernandez Escajadillo, Gloria, MS, LMHC ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(415) 941-4109
Digital Contact Information:
http://www.azzurrahcc.com
hdezescajadillo@yahoo.com

Hernandez Flores, Olideisy, MBS, BCBA ■
15884 Southwest 137th Avenue
Miami, FL 33177
(305) 456-6002
Digital Contact Information:
cloverbehaviorservices@gmail.com

and
12150 Southwest 128th Court
Suite 226
Miami, FL 33186
(786) 429-1005
Digital Contact Information:
cloverbehaviorservices@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Hernandez Gamboa, Marbelia, MS, BCBA ■
10515 Southwest 40th Street
Miami, FL 33165
(786) 615-2208
Digital Contact Information:
miamimental@gmail.com

Hernandez Gonzalez, Evelyn, MA, BCBA ■
12905 Southwest 132nd Street
Ste 8
Miami, FL 33186
(786) 338-0188
Digital Contact Information:
http://www.learningwithaba.com
administration@learningwithaba.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Hernandez, Greter, MSCC, LMHC ■
361 West Park Drive
2 2
Miami, FL 33172
(786) 543-0406
Digital Contact Information:
greaterh305@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Hernandez, Guillermo, MS, BCBA ■
1150 Northwest 72nd Avenue
ph 2
Miami, FL 33126
(786) 542-5043
Digital Contact Information:
http://1stcarecms.com
info@newlifeaba.com

and
13055 Southwest 42nd Street
STE 104
Miami, FL 33175
(305) 480-7839
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(305) 480-7839
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Hernandez Hernandez, Antonio, MS, BCBA ■
18901 Southwest 106th Avenue
a 227
Cutler Bay, FL 33157
(786) 732-7516
Digital Contact Information:
info@newlifeaba.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez Izquierdo, Dianelys, BS, BCABA ■
7500 Northwest 25th Street
Suite 254
Miami, FL 33122
(786) 391-8613
Digital Contact Information:
amecaprovider@gmail.com

Hernandez, Janet, MA, LPC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
birches@withassured.com

Hernandez, Jesenia M, MS, LMHC ■
10700 Southwest 46th Street
Miami, FL 33165
(786) 907-4925
Digital Contact Information:
office@bluehopetherapyservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Jimmy, MS, BCBA ■
12150 Southwest 128th Court
#201
Miami, FL 33186
(786) 697-1966
Digital Contact Information:
brightbeginningservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Juan D, MED, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
contracting@confidanthealth.com

Hernandez, Julia, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 450-2918
Digital Contact Information:
glowingmindsaba@gmail.com

and
10300 Southwest 72nd Street
250b
Miami, FL 33173
(305) 939-6878
Digital Contact Information:
glowingmindsaba@gmail.com
Other Languages Spoken by Provider or Office Staff Sign Lang Amer, Spanish

Hernandez, Karla P, MS, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
info@mindworkstx.com
Other Languages Spoken by Provider or Office Staff English

Hernandez Lauzardo, Ana N, MA, BCBA ■
15924 SW 92nd Ave
Miami, FL 33157
(786) 636-1303
Digital Contact Information:
maria.aviles@hhfcfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Lazaro, MA, BCBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
info@inbloomautism.com

Hernandez, Lecsy, MA, BCBA, LMHC ■
770 Ponce de Leon
307
Coral Gables, FL 33134
(786) 344-8757
Digital Contact Information:
mtherapy@hushmail.com

and
770 Ponce de Leon
Ste 305
Coral Gables, FL 33134
(786) 344-8757
Digital Contact Information:
mtherapy@hushmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 695-8672
Digital Contact Information:
mtherapy@hushmail.com

and
4155 Southwest 130th Avenue
108
Miami, FL 33175
(786) 695-8672
Digital Contact Information:
mtherapy@hushmail.com

Hernandez, Leidy L, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 964-7927
Digital Contact Information:
credentialing@tillytherapy.com

and
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
credentialing@tillytherapy.com

and
12970 Southwest 133rd Court
a
Miami, FL 33186
(786) 445-5607
Digital Contact Information:
http://specialneedscareinc.com
credentialing@tillytherapy.com

and
FL
(786) 352-7621
(833) 458-0386
Digital Contact Information:
credentialing@tillytherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Lenay, MS, BCBA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

Hernandez, Liliana, MS, BCBA, LBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 475-5732
Digital Contact Information:
mfrancisco@exceptionalbillingservices.llc
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez Lopez, Yusday D, BS, BCBA ■
3300 West 84th Street
Unit 10
Hialeah, FL 33018
(305) 335-0407
Digital Contact Information:
http://www.childgardens.com
privateinsurancechildgarden@gmail.com
Other Languages Spoken by Provider or Office Staff Creole, Spanish

Hernandez, Madeline, PHD, LMHC ■
3408 W 84th St
Ste 317
Hialeah, FL 33018
(305) 822-6772
Digital Contact Information:
mhernandezpsyd@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Magalys, BS, BCABA ■
13501 Southwest 128th Street
Suite 106
Miami, FL 33186
(786) 731-3919
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Maria, MC, LMHC ■
4649 Ponce de Leon
STE 404
Coral Gables, FL 33146
(786) 653-3719
Digital Contact Information:
kenia.romero@abc4s.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Hernandez, Maria, MMH, LMHC ■
3901 Northwest 79th Avenue
STE 120
Doral, FL 33166
(786) 310-4480
Digital Contact Information:
truelifebehavioral@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Maria, MC, LMHC ■
3498 Northwest 7th Street
Miami, FL 33125
(786) 653-3719
Digital Contact Information:
kenia.romero@abc4s.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Hernandez, Maria, MMH, LMHC ■
13500 North Kendall Drive
STE 129
Miami, FL 33186
(786) 628-2530
Digital Contact Information:
truelifebehavioral@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Maria, MC, LMHC ■
Home Based Services Only
South Miami, FL 33146
(786) 536-9714
Digital Contact Information:
kenia.romero@abc4s.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Hernandez, Mariah C, MA, BCBA ■
13155 SW 134th St
Ste 207
Miami, FL 33186
(785) 358-6559
Digital Contact Information:
http://www.superherospeechtherapy.com
jennifer.horta@superherospeechtherapy.com
Other Languages Spoken by

Provider or Office Staff
Spanish

Hernandez, Marian D, MPSY, BCBA ■
10200 Northwest 25th Street
STE 204
Doral, FL 33172
Digital Contact Information:
info@foundartacademy.org
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Marilin, MS, BCABA ■
13501 Southwest 128th Street
Suite 106
Miami, FL 33186
(786) 731-3919
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez Montero, Yoswliany E, MS, BCBA ■
100 Northeast 15th Street
203
Homestead, FL 33030
(786) 404-3075
Digital Contact Information:
maria.aviles@hhfcfl.com

and
15924 SW 92nd Ave
Miami, FL 33157
(786) 636-1303
Digital Contact Information:
maria.aviles@hhfcfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Nayelys, MA, BCBA ■
1180 North Krome Avenue
Homestead, FL 33030
(786) 349-4700
Digital Contact Information:
mleon@mykidtherapycenter.com

and
49 NW 17th St
Homestead, FL 33030
(786) 349-4700
Digital Contact Information:
mleon@mykidtherapycenter.com

and
14425 Country Walk Drive
Miami, FL 33186
(786) 349-4700
Digital Contact Information:
mleon@mykidtherapycenter.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Hernandez, Nick, BA, BCBA ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(305) 273-3773
Digital Contact Information:
http://www.behavior-analysis.org
jalvarez@behavior-analysis.org
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Niurvict, MBS, BCBA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
http://appliedbhs.com
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Osmany, MSW, BCBA ■
14221 Southwest 120th Street
227
Miami, FL 33186
(305) 300-3004
Digital Contact Information:
abamasterpro@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez Quesada, Olga, MS, BCBA ■
100 Northeast 15th Street
203
Homestead, FL 33030
(786) 404-3075
Digital Contact Information:
professionalbaskills@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez Regalado, Marta I, MBS, BCBA ■
8001 West 26th Avenue
2 2
Hialeah, FL 33016
(786) 666-0475
Digital Contact Information:
safebehaviorcare@gmail.com

and
7392 Northwest 35th Terrace
301
Miami, FL 33122
(786) 666-0475
Digital Contact Information:
safebehaviorcare@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez Rodriguez, Dailen, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 402-2267
Digital Contact Information:
elcbehavior21@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez Ruiz, Katiana E, MS, LMHC ■
5901 Southwest 74th Street
Suite 201
South Miami, FL 33143
(786) 638-9074
Digital Contact Information:
hummingmindsmia@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Tomas H, MS, LMHC ■
1840 W 49th St
Ste 607
Hialeah, FL 33012
(305) 828-9980
Digital Contact Information:
thhemail@yahoo.com

and
15260 SW 280th St
Ste 205
Homestead, FL 33032
(305) 707-7237
Digital Contact Information:
http://www.familybehaviorservices.org
thhemail@yahoo.com

and
7225 Northwest 25th Street
311
Miami, FL 33122
(786) 709-5683
Digital Contact Information:
thhemail@yahoo.com

Hernandez, Victor J, MS, BCBA ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
info@bhavioralcorporation.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Yandy, MMH, LMHC ■
1250 Southwest 27th Avenue
207
Miami, FL 33135
(786) 522-7203
Digital Contact Information:
cabehavior@gmail.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(786) 522-7203
Digital Contact Information:
cabehavior@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Yolexy, MACP, BCBA ■
1150 Northwest 72nd Avenue
ph 2
Miami, FL 33126
(786) 542-5043
Digital Contact Information:
http://1stcarecms.com
genesisconsultingservices39@gmail.com

and
18951 Southwest 106th Avenue
105 106
Miami, FL 33157
(305) 233-4448
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
10300 Southwest 72nd Street
250b
Miami, FL 33173
(305) 939-6878
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Hernandez-Cuevas, Maria, MS, LMHC ■
10691 Southwest 88th Street
Suite 110
Miami, FL 33176
(305) 595-5485
Digital Contact Information:
mariahcuevas@gmail.com

Hernandez-Pereira, Gabriela, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
credentialingaba@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Hernando-Valdes, Carmen, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole, Haitian, Spanish

Herrera, Asiel, MA, BCBA ■
2898 Northwest 79th Avenue
Doral, FL 33122
(305) 597-3861
Digital Contact Information:
cary.merida@newwaydayservices.org

Herrera, Carolina, MA, LMHC ■
FL
(786) 770-0618
(315) 873-2936
Digital Contact Information:
cherrera@youremotionsmatter.org
Other Languages Spoken by Provider or Office Staff
Spanish

Herrera, Gregory, MS, BCBA ■
7990 Southwest 117th Avenue
Suite 134
Kendall, FL 33183
(305) 741-2218
Digital Contact Information:
gherrera@buildablocktherapy.com

Herrera, Isabella M, MA, LMHC ■
3625 Northwest 82nd Avenue
400
Doral, FL 33166
(954) 372-7584
Digital Contact Information:
http://isabellaherrera.com
isabellaherreramg@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Herrera, Jacqueline, MA, BCBA ■
1470 Northwest 107th Avenue
STE 19R
Miami, FL 33172
(305) 220-3382
Digital Contact Information:
http://www.risenconsultants.com
jcabrera@mymbcinc.com

and
7001 Southwest 97th Avenue
104
Miami, FL 33173
(786) 772-1577
Digital Contact Information:
jcabrera@mymbcinc.com

and
14050 Southwest 84th Street
201
Miami, FL 33183
(305) 209-1095
Digital Contact Information:
http://angelesaba.com
jcabrera@mymbcinc.com

and
8785 SW 165th Ave
Ste 104
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
jcabrera@mymbcinc.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Herrera, Korina, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Herrera, Laura, MS, BCBA ■
7875 Northwest 12th Street
120
Doral, FL 33126
(786) 505-4449
Digital Contact Information:
http://southfloridabehavior.com
lherrera@southfloridabehavior.com

and
7875 Northwest 12th Street
118
Miami, FL 33126
(786) 505-4449
Digital Contact Information:
http://southfloridabehavior.com
lherrera@southfloridabehavior.com

Herrera, Lourdes L, PSYD, LMHC ■
9370 Southwest 72nd Street
240
Miami, FL 33173
(305) 968-8640
Digital Contact Information:
lourdesherrera180@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Herrera, Natalie, BA, BCABA ■
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/

services@cmnbtherapy.com

Herrera Oro, Soley, BA, BCABA ■
13301 Southwest 132nd Avenue
209 209
Miami, FL 33186
(786) 713-5553
Digital Contact Information:
info@behaviorassociates.org
Other Languages Spoken by Provider or Office Staff
Spanish

Herrera, Sandra, MBS, BCBA ■
2500 Northwest 79th Avenue
Suite 211
Doral, FL 33122
(786) 675-8650
Digital Contact Information:
info@bmmaba.com

and
7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
info@bmmaba.com

Hershman, Kelley P, MA, LMHC ■
14211 Southwest 120th Street
107
Miami, FL 33186
(917) 592-2345
Digital Contact Information:
khershman@thesohocenter.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hester, Karina, MS, LMFT ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Hevel, Brianna, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Hidalgo, Ana H, MA, BCBA ■
9379 West 32nd Lane
Hialeah, FL 33018
(954) 812-1642
Digital Contact Information:
rebecca@stepforwardaba.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Hidalgo Anias, Niurka M, MS, BCBA ■
4410 West 16th Avenue
unit 41
Hialeah, FL 33012
(786) 267-2830
Digital Contact Information:
http://www.abastarbehavioral.com
behaviorplusservices@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
behaviorplusservices@gmail.com

and
8300 NW 53rd St
Ste 350
Miami, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
behaviorplusservices@gmail.com

Hidalgo Moner, Isis M, MPSY, BCBA ■
Home Based Services Only
Miami Gardens, FL 33014
(954) 451-0148
Digital Contact Information:
heightservicespro@gmail.com

Higginbottom, Lawonna M V, MS, LPCC ■
FL
(216) 354-5355
Digital Contact Information:
rightfocused@gmail.com

Hill, Amanda J, MS, LPC ■
FL
(305) 902-6347
Digital Contact Information:
start@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Hill, Denise, CAP, MA ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
Not Available

Hill, Felicia M, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@lifestance.com

Hill, Marcell L, EDM, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
hmossaba@fullspectrumaba.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
hmossaba@fullspectrumaba.com

Hill, Marchita, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@happierliving.com

Hmidan, Vanessa, BCBA, MS ■
FL
(833) 458-0386
Digital Contact Information:
care@tillytherapy.com

Ho, Kalai, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com

Hodge, Maggie, MC, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
mburns@cfs-saginaw.org

Hodgson, Sidney, MS, LMHC ■
10300 Southwest 72nd Street
#123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
myschoolpsychologist@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hoffmann, Adriana, MC, LMHC ■
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
http://www.miamipersonalmanagement.com
klopez@miamipersonalmanagement.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hohnstock, Jason, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
providerenrollment@acornhealth.com

Holtzman, Jenna, MA, BCBA ■
9350 SW 72nd St
Ste 100
Miami, FL 33173
(305) 279-2286
Digital Contact Information:
miriam@doubledigitbilling.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Hood, Linda, PHD, LMHC ■
1351 Meridian Avenue
Miami Beach, FL 33139
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
ebcg-support@findoctave.com

Hooks, Sylvia, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Hope, Maria M, MS, LMHC ■
13054 Southwest 133rd Court
FL 2
Miami, FL 33186
(305) 407-8165
Digital Contact Information:
mercyb.familytherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Horrach, Yenny, MS, BCBA ■
10300 Southwest 72nd Street
300
Miami, FL 33173
(786) 418-9730
Digital Contact Information:
http://www.happydreamsofkids.com
manager@happydreamsofkids.com

Hoyos, Julieth, MS, LMHC ■
1175 Northeast 125th Street
320
Miami, FL 33161
(786) 842-0444
Digital Contact Information:
http://www.marriagefamilyservices.com
marriagefamilyservices@comcast.net

Hoyos, Natalie, MS, BCBA ■
9600 Northwest 25th Street
STE 5E
Miami, FL 33172
(888) 527-8037
Digital Contact Information:
info@brightstartllc.com

and
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
info@brightstartllc.com

Huberman, Milagros, MS, LMHC ■
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(305) 562-9585
Digital Contact Information:
lmhcnccpa@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Huerta Perez, Ketty M, MS, BCBA ■
18901 Southwest 106th Avenue
a227
Cutler Bay, FL 33157
(786) 732-7516
Digital Contact Information:
familylovebehavioral@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 732-7516
Digital Contact Information:
familylovebehavioral@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Huff, Jessica, MS, LMHC ■
FL
(305) 902-6347
(315) 873-2936
Digital Contact Information:
credentialing@bebravehealth.com

Hunt, Edith, MC, LPC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Hunt, Jennifer L, MS, LMHC ■
1 Alhambra Plaza
Miami, FL 33134
(888) 588-8995
Digital Contact Information:
billing@regionalpsychiatry.com

Hunt, Megan, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Hunter, Hayley, MA, BCBA, LBA ■
64 Northwest 54th Street
103
Miami, FL 33127
(305) 767-1924
Digital Contact Information:
http://www.autismspecialtygroup.com
credentialing@bi-aba.com

Hurtado Perez, Gilberto, MPSY, BCBA ■
10675 Southwest 190th Street
1207
Cutler Bay, FL 33157
(305) 219-0423
Digital Contact Information:
littlebeebehavior@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 255-6203
Digital Contact Information:
littlebeebehavior@gmail.com

and
6001 Northwest 153rd Street
Suite 160
Miami Lakes, FL 33014
(786) 384-4990
Digital Contact Information:
littlebeebehavior@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hurtado Riera, Jenny, MBS, BCBA ■
10700 Southwest 46th Street
Miami, FL 33165
(786) 907-4925
Digital Contact Information:
http://www.bluehopetherapyservices.com
office@bluehopetherapyservices.com

and
5600 Southwest 135th Avenue
202b
Miami, FL 33183
(786) 856-4499
Digital Contact Information:
office@bluehopetherapyservices.com
Other Languages Spoken by Provider or Office Staff

Spanish

Huss, Margaret R, MC, LCMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
credentialing@thriveworks.com

Hussain, Jasmine, MA, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Hutchings, Ryan, MA, LMFT ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
hello@handspringhealth.com

Hutchinson, Shamarla, MA, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
credentialing@tillytherapy.com

Hutchinson, Tracey-Ann, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Hutson, Kai, MA, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
help@joinuplift.co

Iannicelli, Arlette, MS, BCBA ■
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
arlette@therapycareservices.com

and
306 Westward Dr
Miami Springs, FL 33166
(786) 588-7894
Digital Contact Information:
http://www.smartbatherapy.com
arlette@therapycareservices.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(786) 522-7203
Digital Contact Information:
arlette@therapycareservices.com

Ibanez Gutierrez, Darlys, MS, BCBA ■
FL
(305) 602-5151
Digital Contact Information:
info@abagoldenrule.com

and
12360 Southwest 132nd Court
STE 205
Miami, FL 33186
(786) 429-3738
Digital Contact Information:
info@abagoldenrule.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ibanez Mostajo, Estela, MA, BCBA ■
14645 Northwest 77th Avenue
Suite 105
Miami Lakes, FL 33014
(202) 420-8359
Digital Contact Information:
info@littleleaves.org

Ibarra, Melissa J, MS, LMHC ■
9220 Sunset Drive
104
Miami, FL 33173
(786) 724-4224
Digital Contact Information:
admin@vita-cog.com

and
FL
(786) 497-3375
Digital Contact Information:
https://www.srfhealinghelp.net/
admin@vita-cog.com
Other Languages Spoken by Provider or Office Staff English

Ibarra, Odet, MA, BCBA ■
2500 Northwest 79th Avenue
295
Doral, FL 33122
(305) 280-5732
Digital Contact Information:
aplusbehavioral@gmail.com

and
HOME BASED SERVICES ONLY
Miami, FL 33178
(305) 280-5732
Digital Contact Information:
aplusbehavioral@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ibarra, Teresita, MS, BCBA, LMFT ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
http://www.appliedbhs.com
kairoscounselinggroup@gmail.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
http://appliedbhs.com
kairoscounselinggroup@gmail.com

and
8707 Southwest 159th Path
Miami, FL 33193
(786) 444-6433
Digital Contact Information:
kairoscounselinggroup@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Igheldane, Chahinaz, MS, BCBA ■
Home Based Services Only
Aventura, FL 33180
(786) 612-5077
Digital Contact Information:
info@abatogether.com

and
Home Based Services Only
Golden Beach, FL 33160
(786) 612-5077
Digital Contact Information:
info@abatogether.com

and
Home Based Services Only
Homestead, FL 33033
(786) 612-5077
Digital Contact Information:
info@abatogether.com

and
Home Based Services Only
Homestead, FL 33034
(786) 612-5077
Digital Contact Information:
info@abatogether.com

and
Home Based Services Only
Key Biscayne, FL 33149
(786) 612-5077
Digital Contact Information:
info@abatogether.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 612-5077
Digital Contact Information:
info@abatogether.com

and
Home Based Services Only
Miami, FL 33142
(786) 612-5077
Digital Contact Information:
info@abatogether.com

and
Home Based Services Only
Miami, FL 33147
(786) 612-5077
Digital Contact Information:
info@abatogether.com

and
Home Based Services Only
Miami, FL 33155
(786) 612-5077
Digital Contact Information:
info@abatogether.com

and
13195 Southwest 134th Street
Miami, FL 33186
(786) 206-6500
Digital Contact Information:
info@abatogether.com

and
8785 SW 165th Ave
Ste 104
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
info@abatogether.com

and
Home Based Services Only
Miami Beach, FL 33154
(786) 612-5077
Digital Contact Information:
info@abatogether.com

and
Home Based Services Only
Miami Gardens, FL 33015
(786) 612-5077
Digital Contact Information:
info@abatogether.com

and
Home Based Services Only
Miami Gardens, FL 33055
(786) 612-5077
Digital Contact Information:
info@abatogether.com

and
Home Based Services Only
Miami Lakes, FL 33016
(786) 612-5077
Digital Contact Information:
info@abatogether.com

and
Home Based Services Only
Naranja, FL 33032
(786) 612-5077
Digital Contact Information:
info@abatogether.com

and
Home Based Services Only
Opa-locka, FL 33054
(786) 612-5077
Digital Contact Information:
info@abatogether.com

and
Home Based Services Only
Pinecrest, FL 33156
(786) 612-5077
Digital Contact Information:
info@abatogether.com

and
Home Based Services Only
Quail Heights, FL 33187
(786) 612-5077
Digital Contact Information:
info@abatogether.com

and
Home Based Services Only
South Miami, FL 33143
(786) 612-5077
Digital Contact Information:
info@abatogether.com

and
Home Based Services Only
South Miami, FL 33146
(786) 612-5077
Digital Contact Information:
info@abatogether.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(786) 612-5077
Digital Contact Information:
info@abatogether.com
Other Languages Spoken by Provider or Office Staff
Spanish

Iglesias, Claudia O, MA, LMHC ■
1401 SW 1st St
100
Miami, FL 33135
(305) 400-8998
Digital Contact Information:
ciglesias@cif-counseling.com

Iglesias, Icela, MPSY, BCBA ■
8601 Southwest 199th Street
Cutler Bay, FL 33189
(305) 908-2999
Digital Contact Information:
yordanka@mghomecare.com

and
10200 NW 25th St
Ste 114
Doral, FL 33172
(305) 908-2999
Digital Contact Information:
http://www.mghomecare.com
yordanka@mghomecare.com

Iglesias, Marta, MS, LMHC ■
3081 Salzedo Street
Suite 202
Coral Gables, FL 33134
(786) 294-5624
Digital Contact Information:
http://www.mi-counselor.com
lyam@credentialingconsultants.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Iglesias Ruano, Dianeibis, MS, BCBA ■
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
abaintake@creativekidstherapyinc.com

Ihekona, Steve, MS, LPC ■
FL
(305) 902-6347
Digital Contact Information:
https://www.bebravehealth.com

Incera, Cesar B, MPSY, LMHC ■
9485 SW 72nd St
Ste A202
Miami, FL 33173
(305) 670-0204
Digital Contact Information:
cince3@aol.com
Other Languages Spoken by Provider or Office Staff
French, Spanish

Inclan, Leonardo, MS, BCBA ■
FL
(305) 720-3464
Digital Contact Information:
cary@nwds-staff.com

and
13195 Southwest 134th Street
Ste. 201
Miami, FL 33186
(786) 206-6500
Digital Contact Information:
cary@nwds-staff.com

Infante Fuentes, Glenda, MS, BCBA ■
8660 West Flagler Street
STE 121
Miami, FL 33144
(305) 600-4774
Digital Contact Information:
jcabrera@mymbcinc.com

and
FL
(305) 600-4774
Digital Contact Information:
jcabrera@mymbcinc.com

and
13301 Southwest 132nd Avenue
203 203
Miami, FL 33186
(786) 632-9993
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Inguanzo, Yelena, MS, LMHC ■
7745 Northwest 146th Street
F1
Miami Lakes, FL 33016

(786) 633-5992
Digital Contact Information:
vidamentalhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Insua, Marco, MS, BCABA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

Iriarte, Rebecca M, MS, BCBA ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(305) 273-3773
Digital Contact Information:
http://www.behavior-analysis.org
aillobre@behavior-analysis.org
Other Languages Spoken by Provider or Office Staff
Spanish

Isakharova, Susana, MSED, BCBA ■
13301 Southwest 132nd Avenue
209 209
Miami, FL 33186
(786) 713-5553
Digital Contact Information:
info@behavior123.com
Other Languages Spoken by Provider or Office Staff
Hebrew, English, German, Ukrainian, Russian, Yiddish, Spanish, Polish

Isea, Genessys M, MA, BCABA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(888) 501-8540
Digital Contact Information:
https://acornhealth.com
superherospeechinfo@gmail.com

and
333 West 41st Street
Suite 324
Miami, FL 33140
(786) 673-9355
Digital Contact Information:
https://stepforwardaba.com/
superherospeechinfo@gmail.com

and
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
https://stepforwardaba.com/
superherospeechinfo@gmail.com

Isma, Laguerda, MS, LMHC ●
1001 North Miami Beach Boulevard
North Miami Beach, FL 33162
(786) 320-5559
Digital Contact Information:
kimberly@growthcounselingandtherapy.com

Iturrizaga, Tancy M, MA, BCBA ■
13195 Southwest 134th Street
Suite 106
Miami, FL 33186
(786) 250-3220
Digital Contact Information:
billing@peaktherapycenter.com

and
13195 Sw 13th St Ste 106
Miami, FL 33186
(786) 250-3220
Digital Contact Information:
billing@peaktherapycenter.com

and
13501 Southwest 136th Street
STE 205
Miami, FL 33186
(305) 209-4321
Digital Contact Information:
http://sunshinespectrumaba.com
billing@peaktherapycenter.com

and
14629 Southwest 104th Street
505
Miami, FL 33186
(786) 226-0835
Digital Contact Information:
billing@peaktherapycenter.com

Ivanchuk, Igor, MA, BCBA ■
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
crystal@mmabasolutions.com

Izaguirre, Cathy, BCBA, MS ■
2898 Northwest 79th Avenue
Doral, FL 33122
(305) 597-3861
Digital Contact Information:
cary@nwds-staff.com

Izquierdo, Carlos, MS, LMHC ■
901 East 10th Avenue
39
Hialeah, FL 33010
(305) 637-6400
Digital Contact Information:
Not Available

and
FL
(305) 637-6400
Digital Contact Information:
Not Available

and
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
Not Available

and
FL
(305) 637-6400
Digital Contact Information:
Not Available

and
20612 Northwest 27th Avenue
Miami Gardens, FL 33056
(305) 637-6400
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Izquierdo, Isabella, MACP, BCBA ■
9350 SW 72nd St
Ste 100
Miami, FL 33173
(305) 279-2286
Digital Contact Information:
isaizquierdo20@gmail.com

Izquierdo, Sharon R, BS, BCBA ■
Home Based Services Only
Doral, FL 33126
(407) 800-6086
Digital Contact Information:
prokidzabatherapy@yahoo.com

and
123 N Krome Ave
Ste 104
Homestead, FL 33030
(786) 349-4559
Digital Contact Information:
prokidzabatherapy@yahoo.com

and
131 Northeast 8th Street
Homestead, FL 33030
(786) 291-3979
Digital Contact Information:
prokidzabatherapy@yahoo.com

and
14204 Southwest 289th Terrace
Homestead, FL 33033
(305) 878-1255
Digital Contact Information:
prokidzabatherapy@yahoo.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 445-9554
Digital Contact Information:
prokidzabatherapy@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Jabrayan, Marine W, MA, BCBA ■
13195 Southwest 134th Street
Ste. 201
Miami, FL 33186
(561) 421-5111
Digital Contact Information:
marine@behavioralfamilysolutions.com

and
8785 SW 165th Ave
Ste 104
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
https://behavioralfamilysolutions.com/
marine@behavioralfamilysolutions.com
Other Languages Spoken by Provider or Office Staff
Spanish

Jackson, Candice, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Jackson, Clarissa, MA, BCBA ■
FL
(909) 255-0195
Digital Contact Information:
http://bxhub.org
admin@bxhub.org

Jackson, Jaimera, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
info@acornhealth.com

Jackson, Jessica, BA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Jackson, Karla, MS, LCMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
payors@emorahealth.com

James, Stephanie, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
Haitian Creole, Haitian, Spanish

Jaramillo, Kate M, MMFT, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@joinuplift.co

Jaramillo Mangia, Mary, MMH, LMHC ■
4302 Alton Rd
Ste 500
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Jas, Jackeline, MS, BCBA ■
13195 Southwest 134th Street
Suite 106
Miami, FL 33186
(786) 250-3220
Digital Contact Information:
jackeline.jas@gmail.com

and
13195 Sw 13th St Ste 106
Miami, FL 33186
(305) 539-9777
Digital Contact Information:
jackeline.jas@gmail.com

and
13501 Southwest 136th Street
STE 205
Miami, FL 33186
(305) 209-4321
Digital Contact Information:
http://sunshinespectrumaba.com
jackeline.jas@gmail.com

and
14629 Southwest 104th Street
505
Miami, FL 33186
(786) 226-0835
Digital Contact Information:
jackeline.jas@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Jasper, Wesley, MED, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Jean, Ange-Fennie, MS, LMFT ■
14645 Northwest 77th Avenue
101
Miami Lakes, FL 33014
(833) 769-3524
Digital Contact Information:
http://lifestance.com
fl-credentialing@lifestance.com
Other Languages Spoken by Provider or Office Staff
Creole, Haitian

Jean Baptiste, Anastasia E, MS, BCBA ■
10200 Northwest 25th Street
STE 204
Doral, FL 33172
(305) 406-3689
Digital Contact Information:
http://www.foundartacademy.org
thelighthousetherapycenter@gmail.com

Jean, Gessica, MA, LMFT ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
Haitian Creole, Haitian, Spanish

Jeniffer, Escalona Cervantes, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
admissions@abaalliancecareservices.com

Jenkins, Helena, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(347) 893-1266
Digital Contact Information:
helena@growwellaba.com

and
FL
(305) 930-5648
(347) 893-1266
Digital Contact Information:
helena@growwellaba.com

Jerez Morales, Nadienka, MED, BCBA ■
3401 Northwest 82nd Avenue
105e
Doral, FL 33122
(786) 614-3121
Digital Contact Information:
freddie.maxwell@amromed.com

and
Home Based Services Only
Doral, FL 33122
(786) 614-3121
Digital Contact Information:
freddie.maxwell@amromed.com

and
1916 Northwest 84th Avenue
Doral, FL 33126
(305) 224-1929

Digital Contact Information:
freddie.maxwell@amromed.com

and
27132 South Dixie Highway
Naranja, FL 33032
(786) 481-9833
Digital Contact Information:
freddie.maxwell@amromed.com

Jerez, Samir G, MMH, LMHC ■
17225 South Dixie Highway
STE 203
Palmetto Bay, FL 33157
(786) 601-2608
Digital Contact Information:
lifestarcmhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Jerez, Tatiana, MA, BCBA ■
1900 Southwest 22nd Street
#205
Miami, FL 33145
(305) 648-7212
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Jerome-Saintil, Magdala, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, French

Jerry, Trondi, MC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
anewyou86@gmail.com

Jessica, Mata, BA, BCABA ■
4800 Northwest 167th Street
Miami Gardens, FL 33014
(305) 515-2726
Digital Contact Information:
http://www.lightingbehavior.com
lightingbehaviorservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Jha, Lynnette, MS, BCBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
https://tillytherapy.com/
myaballc@gmail.com

Jimenez, Claudia, MS, BCBA ■
70 NW 6th St
Homestead, FL 33030
(305) 318-8370
Digital Contact Information:
thelighthousetherapycenter@gmail.com

and
13930 SW 47th St
Ste 203
Miami, FL 33175
(786) 534-7127
Digital Contact Information:
thelighthousetherapycenter@gmail.com

and
15777 Southwest 75th Terrace
Miami, FL 33193
(305) 318-8370
Digital Contact Information:
thelighthousetherapycenter@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Jimenez Clavijo, Aylen, BA, BCABA ■
3750 West 16th Avenue
218
Hialeah, FL 33012
(954) 840-6701
Digital Contact Information:
proactivehealthcare2016@gmail.com

and
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
proactivehealthcare2016@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Jimenez, Giselle L, MS, LMFT ■
11890 Southwest 8th Street
STE 309
Miami, FL 331841710
(305) 220-6060
Digital Contact Information:
http://www.blueangelcare.net
info@blueangelcare.net

Jimenez, Graciela, MMFT, LMFT ■
7400 SW 87th Ave
260
Miami, FL 33173
(786) 595-8040
Digital Contact Information:
managedcarecredentialing@baptisthealth.net

Jimenez Herrera, Alex, MPSY, BCBA ■
12985 Southwest 130th Court
209 209
Miami, FL 33186
(786) 363-0171
Digital Contact Information:
contact@bmbafl.com

and
16931 Southwest 152nd Avenue
Miami, FL 33187
(786) 262-9997
Digital Contact Information:
contact@bmbafl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Jimenez Jorge, Marisleydi, MA, BCBA ■
1022 East 8th Avenue
Hialeah, FL 33010
(786) 615-7829
Digital Contact Information:
ddrehabbeacon@gmail.com

and
3412 West 84th Street
e106
Hialeah, FL 33018
(305) 827-7344
Digital Contact Information:
ddrehabbeacon@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Jimenez, Liana, MED, BCBA ■
9710 East Indigo Street
Suite 201
Palmetto Bay, FL 33157
(786) 277-6210
Digital Contact Information:
admin@twoheartsaba.com

Jimenez, Pablo A, MS, BCABA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
sseastcoast22@gmail.com

and
13055 Southwest 42nd Street
STE 104
Miami, FL 33175
(305) 480-7839
Digital Contact Information:
sseastcoast22@gmail.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
sseastcoast22@gmail.com

Jimenez, Rene, MS, BCBA ■
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
Not Available

Jimenez, Yadira, MS, BCABA ■
7235 Southwest 24th Street
204
Miami, FL 33155
(786) 452-0257
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Jimenez, Yousy, MC, LMHC ■
22790 SW 112th Ave
Miami, FL 33170
(305) 235-2616
Digital Contact Information:
http://www.theagapenetwork.org
hcncredentialingcoordinators@hcnetwork.org
Other Languages Spoken by Provider or Office Staff
Spanish

Jit, Jamie, MC, LPCC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
counseling@connectionchurch.net

Johannes, Izabella A, MS, BCBA ■
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
admin@stepforwardaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

John, Seleena, MA, BCBA ■
13195 Southwest 134th Street
Ste. 201
Miami, FL 33186
(786) 206-6500
Digital Contact Information:
evernorth@teampbs.com

and
FL
(786) 206-6500
Digital Contact Information:
evernorth@teampbs.com

and
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
evernorth@teampbs.com

Johnson, Ashley, MPSY, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
steven.smith@mangalaminfotech.com

Johnson, Chermora, MS, LCPC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff English

Johnson, Keisha H, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
gaelbyron@gmail.com

Johnson, Lisa A, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Johnson, Rhonda, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
contact@secounselingservices.com

Johnson, Shatiria, MS, LMHC ■
2125 Biscayne Boulevard
275
Miami, FL 33137
(415) 941-4109
Digital Contact Information:
ebcg-support@findoctave.com

and
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 507-8220
Digital Contact Information:
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff English

Johnson, Sherika, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Johnson, Zoe, MA, BCBA ■
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
office@sparkabatherapy.com

Johny, Geethu, MS, LMHC ■
1951 Northwest 7th Avenue
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
legacycommunityc@gmail.com

and
FL
(305) 902-6347
Digital Contact Information:
legacycommunityc@gmail.com

Jones, Ingrid, MED, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
https://tillytherapy.com/
crd@autismhomesupport.com

Jones, Markayla, BA, BCABA ■
12750 Northwest 17th Street
216 216
Miami, FL 33182
(888) 527-8037
Digital Contact Information:
http://brightstartpossibility.com
info@brightstartllc.com

Jones, Tala, MA, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
https://tillytherapy.com/
credentialing@tillytherapy.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
credentialing@tillytherapy.com

and
1951 NW 7th Ave
Ste 600
Miami, FL 33136
(929) 384-7193
Digital Contact Information:
credentialing@tillytherapy.com

Jordonne, Nathalie G, MS, BCBA ■
8660 West Flagler Street
STE 121
Miami, FL 33144

(305) 600-4774
Digital Contact Information:
info@childrenslove.care

Jorge, Ada, MED, BCBA ■
3383 Northwest 7th Street
313
Miami, FL 33125
(786) 558-9474
Digital Contact Information:
trudy@medvaultconsultants.com

Jorge, Yohanna, MA, BCBA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
credentialing.dpt@gmail.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
http://appliedbhs.com
credentialing.dpt@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Joshi, Sarika, MA, BCBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
https://tillytherapy.com/
info@behaviordg.com

Joubert Collazo, Leslie, MMH, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
ultrahealth86@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Juan, Lenon, MBS, LMHC ■
901 E 10th Ave
Ste 39
Hialeah, FL 33010
(305) 637-6400
Digital Contact Information:
https://www.jtchs.org/
algarcia@jtchs.org

and
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
https://www.jtchs.org/
algarcia@jtchs.org

and
5607 NW 27th Ave
1
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
algarcia@jtchs.org

and
1100 NW 71st St
Miami, FL 33150
(305) 637-6400
Digital Contact Information:
https://www.jtchs.org/
algarcia@jtchs.org

and
1190 NW 95th St
Ste 100
Miami, FL 33150
(305) 637-6400
Digital Contact Information:
https://www.jtchs.org/
algarcia@jtchs.org

and
20612 Northwest 27th Avenue
Miami Gardens, FL 33056
(305) 637-6400
Digital Contact Information:
https://www.jtchs.org/
algarcia@jtchs.org

Juantorena Alen, Yunit, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
info@newlifeaba.com

and
13055 Southwest 42nd Street
STE 104
Miami, FL 33175
(305) 480-7839
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

Jump, Allison, MPSY, BCBA ■
15165 Northwest 77th Avenue
Hialeah, FL 33014
(305) 828-5276
Digital Contact Information:
http://angelsreach.org/
jennifer.schwartz@angelsreach.org

Jurado, Mariella, MA, BCBA ■
7900 Oak Ln
400
Hialeah, FL 33016
(786) 622-5743
Digital Contact Information:
ymbehavioralhealth@gmail.com

Kalos, Shira, MS, LMHC ■
357 West 46th Street
Miami Beach, FL 33140
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
ebcg-support@findoctave.com

Kamara, Edward, MA, LBA ■
1065 Southwest 8th Street
1459
Miami, FL 33130
(855) 853-0228
Digital Contact Information:
edwardkamarachildrensmilestone@gmail.com

Karkour, Raquel, MS, BCBA ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(305) 273-3773
Digital Contact Information:
http://www.behavior-analysis.org
rhulsey@behavior-analysis.org

Karla, Jordan Martinez, MED, BCBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
kwelch@kidsspotrehab.com

Karolewicz, Hannah N, MS, LMHC, LPC, LPCC ■
15715 South Dixie Highway
Suite 320
Miami, FL 33157
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
taniaperez@lightofhopebehavior.com

Karoub, Arielle E, MS, LCMHC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Kastris, Tina, MS, BCBA ■
Home Based Services Only
Hialeah, FL 33013
(786) 592-6680
Digital Contact Information:
ababillingservices@gmail.com

Katz, Lauren, MA, BCBA ■
11025 SW 84th St
Ste 8
Miami, FL 33173
(833) 971-1230
Digital Contact Information:
info@cdaintensivelearning.com
Other Languages Spoken by Provider or Office Staff Spanish

Katz, Zachary R, MS, LMHC ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com

Kburg, Regina I, PSYD, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
office@pasadenaclinicalgroup.com
Other Languages Spoken by Provider or Office Staff Spanish

Keane, Edward M, MC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
edwardmkeane@gmail.com

Keaton, Latanya B, MED, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Kelly, Claudine, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Creole, Haitian, Spanish

Kelso, Tracy, MA, CAP, LMHC ■
1951 NW 7th Ave
Fl 3
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
kelsot@bebravehealth.com

Keltgen, Joan, MED, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Kember, Santiago, MMH, LMHC ■
9245 Southwest 157th Street
Suite 203
Miami, FL 33157
(305) 642-7600
Digital Contact Information:
http://www.regishouse.org
credentialing@regishouse.org

Kennedy, Bonnie K, MS, LMHC ■
22790 SW 112th Ave
Miami, FL 33170
(305) 235-2616
Digital Contact Information:
rgrossmiller@hcnetwork.org

Khachatryan, Sunny, PHD, LMHC, LPCC ■
1001 Brickell Bay Dr
2701
Miami, FL 33131
(305) 742-5429
Digital Contact Information:
appointments@meetmarvin.com

Khan, Saira, MA, BCBA ■
13195 Southwest 134th Street
Suite 106
Miami, FL 33186
(786) 250-3220
Digital Contact Information:
saira.khan.nunez@gmail.com

and
13501 Southwest 136th Street
STE 205
Miami, FL 33186
(305) 209-4321
Digital Contact Information:
http://sunshinespectrumaba.com
saira.khan.nunez@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Kibbe, Charles, MA, LPC ■
FL
(305) 902-6347
Digital Contact Information:
http://www.bebravehealth.com

Kifer, Koyt B, MC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff Sign Lang Amer

Kinney, Shane, MA, LMHC ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(305) 587-7737
Digital Contact Information:
fl-credentialing@lifestance.com

and
2332 Galiano Street
Coral Gables, FL 33134
(305) 587-7737
Digital Contact Information:
fl-credentialing@lifestance.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(305) 587-7737
Digital Contact Information:
fl-credentialing@lifestance.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(305) 587-7737
Digital Contact Information:
fl-credentialing@lifestance.com

and
3350 Virginia Street
Miami, FL 33133
(305) 587-7737
Digital Contact Information:
fl-credentialing@lifestance.com

and
7700 North Kendall Drive
601
Miami, FL 33156
(305) 587-7737
Digital Contact Information:
fl-credentialing@lifestance.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(305) 587-7737
Digital Contact Information:
fl-credentialing@lifestance.com

and
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
fl-credentialing@lifestance.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(305) 587-7737
Digital Contact Information:
fl-credentialing@lifestance.com

Kissenberth, Morgan T, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
info@acornhealth.com

Klaskala, Marta C, MS, LMHC, LPCC ■
11890 Southwest 8th Street
STE 309
Miami, FL 331841710
(305) 964-5236
Digital Contact Information:
http://www.blueangelcare.net
jxross12@gmail.com

Klee, Savannah K, MED, LMHC ■
12550 Biscayne Boulevard
STE 507
North Miami, FL 33181
(305) 204-1209
Digital Contact Information:
amontgomery@emds.com

Kleiman, Nicole R, MS, LMHC ■
66 W Flagler St
900
Miami, FL 33130
(407) 875-3700
Digital Contact Information:
onboarding@growtherapy.com

Klein, Sylvia, MMH, LMHC ■
FL
(508) 202-1011
Digital Contact Information:
https://www.sevenstarling.com
support@sevenstarling.com

Klingberg, Natalie, MA, BCBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
matt.potak@behavioranalysissolutions.com

Kniess, Lorinda, MED, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/payors@emorahealth.com

Knight, Myah, MED, LCPC, LMHC, LPC, LPCC ■
FL
(561) 730-2398
(508) 202-1011
Digital Contact Information:
hello@lbeehealth.com

Knopp, Melissa D, MSED, BCBA ■
6865 Bay Drive
21 21
Miami, FL 33141
(845) 275-0697
Digital Contact Information:
credentialing@corticacare.com

and
FL
(845) 275-0697
Digital Contact Information:
credentialing@corticacare.com

Knowles, Madison, MS, LCMHC, LCPC, LMHC, LPC, LPCC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
mbknowles772@aim.com

Knuth, John, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Ko, Soo, MS, BCBA ■
777 Brickell Ave
Ste 500
Miami, FL 33131
(305) 330-4660
Digital Contact Information:
ajlba@mbhpays.com

and
2520 Coral Way
2 19
Miami, FL 33145
(855) 832-6727
Digital Contact Information:
ajlba@mbhpays.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Kockler, Lucas, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Kolb-Jackson, Elizabeth, MED, BCBA ■
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
lsantiago@camenbehavioral.org

Konicki, Emily, MS, LMFT ■
1175 Northeast 125th Street
320
Miami, FL 33161
(786) 842-0444
Digital Contact Information:
http://www.marriagefamilyservices.com
marriagefamilyservices@comcast.net

Konovalova, Allison, MMFT, LMFT ■
1125 Northeast 125th Street
501
North Miami, FL 33161
(305) 900-7146
Digital Contact Information:
blumcounselinggroup@gmail.com

Korner, Jacqueline, MS, BCBA ■
1400 Northeast Miami Gardens Drive
Ste 211
Miami, FL 33179
(786) 274-7777
Digital Contact Information:
http://www.positivebehaviortreatment.com
pbtinc@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Kovacs, Jamie, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/credentialing@bebravehealth.com

Kramer, Kimberly M, EDM, LBA ■
1065 Southwest 8th Street
1459
Miami, FL 33130
(855) 853-0228
Digital Contact Information:
kkramerchildrensmilestone@gmail.com

Kristelle Malval, Marie S, EDS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
lisette@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Kroes, Hendrik, MS, BCBA ■
18443 Southwest 87th Place
Cutler Bay, FL 33157
(305) 699-3241
Digital Contact Information:
http://www.luxabatherapy.com
info@luxabatherapy.com

and
10625 Southwest 112th Avenue
201 201
Miami, FL 33176
(305) 699-3241
Digital Contact Information:
info@luxabatherapy.com

and
10625 Southwest 112th Avenue
APT 201
Miami, FL 33176
(786) 367-5726
Digital Contact Information:
info@luxabatherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Kromke, Dana, MA, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole, Spanish

Kruszel, Liliana B, MA, LMHC ■
782 NW Le Jeune Rd
Ste 533
Miami, FL 33126
(305) 558-7400
Digital Contact Information:
daliamer@aol.com

and
6175 NW 153rd St
Ste 404
Miami Lakes, FL 33014
(305) 558-7400
Digital Contact Information:
daliamer@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Krywinski, Steven E, MA, LMHC ■
1550 Madruga Avenue
STE 410
Coral Gables, FL 33146
(786) 355-4051
Digital Contact Information:
https://besttherapy4me.clientsecure.me/drstevenkrywinski@gmail.com

and
1550 Madruga Avenue
Suite 406
Coral Gables, FL 33146
(786) 355-4051
Digital Contact Information:
https://besttherapy4me.clientsecure.me/drstevenkrywinski@gmail.com

and
9010 SW 137th Ave
Miami, FL 33186
(786) 355-4051
Digital Contact Information:
https://besttherapy4me.clientsecure.me/drstevenkrywinski@gmail.com

and
9020 SW 137th Ave
Ste 200
Miami, FL 33186
(786) 355-4051
Digital Contact Information:
drstevenkrywinski@gmail.com

Kudolo, Diane, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
dmk.lpc2011@gmail.com

Kuppers, Alan, MS, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
Not Available

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
3850 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
http://banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

Kushner, David, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Kushnir, Sharone, LMHC, PSYD ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Kutsukos, Joann, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
llasick@advancedrecoverysystems.com

Kwarchak, Matthew, MS, LMHC ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
credentialing@vitaehealthportal.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
credentialing@vitaehealthportal.com

Kyger-Skidgel, Brenda, MED, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
members@wellnite.com

Kyles, Miranda, MA, BCBA, LBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 991-3213
Digital Contact Information:
kristina@texacute.com

La Banca, Karina V, MC, LMHC ■
747 Ponce de Leon
Coral Gables, FL 33134
(786) 254-7394
Digital Contact Information:
healthy.solutions@att.net

and
135 San Lorenzo Ave
Ste 100
Coral Gables, FL 33146
(305) 502-3760
Digital Contact Information:
healthy.solutions@att.net

and
1200 Northwest 78th Avenue
210
Doral, FL 33126
(786) 285-3438
Digital Contact Information:
healthy.solutions@att.net

and

6329 Southwest 23rd Street
Miami, FL 33155
(786) 355-7541
Digital Contact Information:
healthy.solutions@att.net

and
7951 Southwest 40th Street
suite 200-a
Miami, FL 33155
(786) 244-9911
Digital Contact Information:
healthy.solutions@att.net

and
FL
(786) 244-9911
Digital Contact Information:
healthy.solutions@att.net

and
175 Fontainebleau Boulevard
Miami, FL 33172
(305) 343-0673
Digital Contact Information:
healthy.solutions@att.net

La O, Marielis, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 536-7470
Digital Contact Information:
camiamibehavior@gmail.com

and
1250 Southwest 27th Avenue
207
Miami, FL 33135
(305) 305-0279
Digital Contact Information:
camiamibehavior@gmail.com

and
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
camiamibehavior@gmail.com

and
9010 Southwest 137th Avenue
213
Miami, FL 33186
(305) 305-0279
Digital Contact Information:
camiamibehavior@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

La Rosa, Maydelin, MS, BCBA ■
5881 Northwest 151st Street
127
Miami Lakes, FL 330142450
(786) 905-2262
Digital Contact Information:
http://sweetchildbehavior.com
tcmfl2018@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Labat, Cassandra, MS, BCBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
oklahoma@thebxchange.com

and
FL
(786) 352-7621
Digital Contact Information:
oklahoma@thebxchange.com
Other Languages Spoken by Provider or Office Staff
Spanish

Laborda, Nevenka, EDS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 536-7470
Digital Contact Information:
dadebehavioralservices@gmail.com

and
8950 SW 74th Ct
Ste 2201
Miami, FL 33156
(305) 479-5983
Digital Contact Information:
dadebehavioralservices@gmail.com

and
12135 Northeast 8th Avenue
North Miami, FL 33161
(954) 292-8645
Digital Contact Information:
https://riosplace.com/
dadebehavioralservices@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Labrada, Linet, MA, BCBA ■
20774 West Dixie Highway
b
Miami, FL 33180
(305) 549-8665
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lacayo, Irma A, MS, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
perla.delosrios@dadefamily.com

and
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
perla.delosrios@dadefamily.com

Lacayo, Kassandra, MMFT, LMFT ■
7400 Southwest 50th Terrace
STE 303
Miami, FL 33155
(786) 738-4045
Digital Contact Information:
http://psychcarecenter.com/
psychcarecc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lacosta, Lisette, MS, BCBA ■
657 South Drive
Miami Springs, FL 33166
(786) 860-5161
Digital Contact Information:
lisette@lacostatherapy.com

and
657 South Drive
#403
Miami Springs, FL 33166
(786) 860-5161
Digital Contact Information:
lisette@lacostatherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ladron De Guevara, Edey, MBS, BCBA ■
6215 West 20th Avenue
409 409
Hialeah, FL 33012
(786) 810-3656
Digital Contact Information:
ddrehabbeacon@gmail.com

and
Home Based Services Only
Hialeah, FL 33012
(786) 810-3656
Digital Contact Information:
ddrehabbeacon@gmail.com

Lafontaine, Zenayda A, MSED, BCBA ■
9241 Southwest 212th Terrace
Cutler Bay, FL 33189
(786) 447-0022
Digital Contact Information:
http://www.abdbehavior.com
zlafontaine@abdbehavior.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lago, Mercedes M, MMH, LMHC ■
4800 West Flagler Street
215
Coral Gables, FL 33134
(954) 368-4786
Digital Contact Information:
mercedeslago7@gmail.com

and
4689 Ponce de Leon Boulevard
Suite 200
Coral Gables, FL 33146
(786) 803-8025
Digital Contact Information:
mercedeslago7@gmail.com

and
1840 West 49th Street
606 606
Hialeah, FL 33012
(305) 846-9727
Digital Contact Information:
mercedeslago7@gmail.com

and
17670 Northwest 78th Avenue
STE 113
Hialeah, FL 33015
(716) 558-4565
Digital Contact Information:
mercedeslago7@gmail.com

and
9827 Southwest 40th Street
Miami, FL 33165
(786) 762-2922
Digital Contact Information:
mercedeslago7@gmail.com

and
6955 Northwest 77th Avenue
407
Miami, FL 33166
(786) 615-2306
Digital Contact Information:
mercedeslago7@gmail.com

and
14722 Southwest 56th Street
Miami, FL 33185
(305) 456-0572
Digital Contact Information:
mercedeslago7@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lagravere, Rose Mary, MSCC, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
acc@advancedclientcare.org

Lake, Laverne, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Lake, Michelle, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
frontdesk@insighttherapy.us

Lalama, Christina, MMH, LMHC ■
7875 SW 104th St
Ste 101
Miami, FL 33156
(305) 576-6550
Digital Contact Information:
http://www.jcsfl.org
insurance@jcsfl.org

Lalinde, Kendra, MS, BCBA ■
8785 SW 165th Ave
Ste 103
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
info@behavioralfamilysolutions.com

Lam, Maria, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Lamazares, Mary, MS, LMHC ■
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
morecounseling@gmail.com

and
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
morecounseling@gmail.com

and
9125 SW 87th Ave
Miami, FL 33176
(305) 735-3919
Digital Contact Information:
morecounseling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lamour, Carolyn, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

Lampkin, Craig, MS, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Lance, Katherine M, MA, LPC, LPCC, PC ■
1 Alhambra Plaza
Miami, FL 33134
(888) 588-8995
Digital Contact Information:
ciga-office@foresightmentalhealth.com

Landa, Alexis L, MA, LMHC ■
1601 NW 12th Ave
Miami, FL 33136
(305) 243-9225
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
English, Spanish

Landa, Rosario, MS, LMHC ■
8353 SW 124th St
Ste 204E
Miami, FL 33156
(305) 283-7039
Digital Contact Information:
youthedmiami@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Landes, Debra M, MED, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
landeslmhc@gmail.com

Lane, Tisha J, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
soundmindstherapy@gmail.com

Langan, Alexandria M, MS, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
cred@cubetherapybilling.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
cred@cubetherapybilling.com

and
1951 NW 7th Ave
Ste 600
Miami, FL 33136
(929) 384-7193
Digital Contact Information:
cred@cubetherapybilling.com

Langford, Stephanie, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Lann, Brian F, MA, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Lara, Stephanie, MSCC, LMHC ■
12750 Southwest 128th Street
Suite #201
Miami, FL 33186
(786) 592-2051
Digital Contact Information:
http://www.behavioraccservices.com
office@behavioraccservices.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Lara, Xiomara, MMH, LMHC ■
FL
(305) 303-0581
Digital Contact Information:
conflict62@hotmail.com

and
11055 Southwest 186th Street
#101
Miami, FL 33157
(305) 342-4893
Digital Contact Information:
conflict62@hotmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lartey, Claudia, MC, LMFT ■
FL
(470) 235-4041
Digital Contact Information:
helllo@janelledawsey.com

Lathan, Lennard D, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(800) 647-2905
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ldlathan@tcmcgpllc.com

Laudo, Alicia M, MPSY, BCBA ■
Home Based Services Only
Doral, FL 33122
(305) 591-7898
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Lauren, Pena Gonzalez, MA, BCBA ■
1180 North Krome Avenue
Homestead, FL 33030
(786) 349-4700
Digital Contact Information:
http://mykidtherapycenter.com
lpena@mykidtherapycenter.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lauvince, Woodline, MS, BCBA ■
FL
(561) 560-0064
(833) 458-0386
Digital Contact Information:
http://kokorocare.org
support@modbehavioraba.com

Lauzurique Tenorio, Grace, MA, BCBA ■
15260 SW 280th St
Ste 205
Homestead, FL 33032
(305) 707-7237
Digital Contact Information:
http://www.familybehaviorservices.org
admin@familybehavioralservices.org

and
Home Based Services Only
Miami Gardens, FL 33014
(786) 919-3784
Digital Contact Information:
admin@familybehavioralservices.org

Lavandera, Yadira, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
office@tlhproject.com

and
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
office@tlhproject.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lawrence, Andre, MS, LMHC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/

Lazenberry, Nokomis, MBS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
nlazenberry@arcsj.org

Lazo, Dunia, MED, BCBA, LMHC ■
13301 Southwest 132nd Avenue
Suite 210
Miami, FL 33186
(305) 964-7983
Digital Contact Information:
http://www.brighthealingservices.com
info@brighthealingservices.com

Lazo, Nara, MS, BCBA ■
2828 Coral Way
560
Coral Gables, FL 33145
(786) 238-7298
Digital Contact Information:
info@brightfuturebehavioral.com

and
Home Based Services Only
Hialeah, FL 33012
(561) 460-0284
Digital Contact Information:
info@brightfuturebehavioral.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lazor, Brittney, MS, BCBA ■
14645 Northwest 77th Avenue
Suite 105
Miami Lakes, FL 33014
(202) 420-8359
Digital Contact Information:
http://www.littleleaves.org
craley@littleleaves.org

Leal, Eduardo, MS, BCBA ■
1031 Ives Dairy Road
STE 240
Miami, FL 33179
(786) 306-5534
Digital Contact Information:
mortega@tlhproject.com
Other Languages Spoken by Provider or Office Staff
Spanish

Leal, Julio O, MS, LMHC ■
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
la.herrera@lifestance.com

Lebeau, Marcia, LMHC, MS ■
1951 Northwest 7th Avenue
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com

Lebredo, Heidi, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 817-2356
Digital Contact Information:
lebredobehavioranalysiservices@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ledo, Damaris, MA, BCBA ■
8500 SW 92nd Street
206
Miami, FL 33156
(768) 899-0500
Digital Contact Information:
contact@peaktherapycenter.com

and
13195 Southwest 134th Street
Suite 106
Miami, FL 33186
(786) 250-3220
Digital Contact Information:
contact@peaktherapycenter.com

Ledon, Nicolas I, MS, LMHC ■
4300 Biscayne Boulevard
STE 203
Miami, FL 33137
(786) 514-6362
Digital Contact Information:
http://www.baypoint-therapy.com
nledon@baypoint-therapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lee, Karmelyn, MS, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
alintanallc@gmail.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
alintanallc@gmail.com

and
1951 NW 7th Ave
Ste 600
Miami, FL 33136
(929) 384-7193
Digital Contact Information:
alintanallc@gmail.com

Legra, Bertha V, MS, LMHC ■
419 W 49th St
Ste 210
Hialeah, FL 33012
(954) 404-7052
Digital Contact Information:
credentialing@psychiatrist4u.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Lehardy, Robert, MA, BCBA ■
107 Antilla Avenue
Coral Gables, FL 331343301
(305) 567-5881
Digital Contact Information:
info@cagables.com

Lehman, Helen G, MED, PCC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ben.lehman@feaad.org

Lemos, Yigsy M, MS, BCBA ■
3542 W 93rd Pl
Hialeah, FL 33018
(786) 281-2421
Digital Contact Information:
yigsy.lemos@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Lemus Rodriguez, Elida, MBS, BCBA ■
10711 Southwest 216th Street
103 103
Goulds, FL 33170
(305) 965-9682
Digital Contact Information:
hopestaraba@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 732-2139
Digital Contact Information:
hopestaraba@gmail.com

and
6001 Northwest 153rd Street
Suite 160
Miami Lakes, FL 33014
(786) 384-4990
Digital Contact Information:
hopestaraba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lemus, Taylor, MS, LMHC ■
1000 Brickell Avenue
Miami, FL 33131
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com

and
9016 Southwest 152nd Street
Palmetto Bay, FL 33157
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
ebcg-support@findoctave.com

Lemus, Vivian, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(305) 846-9807
Digital Contact Information:
https://acornhealth.com
info@acornhealth.com

and
6405 Northwest 36th Street
Virginia Gardens, FL 33166
(786) 238-2008
Digital Contact Information:
info@acornhealth.com

Lemus-Dominguez, Olianys, MS, BCBA ■
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
credentialing@southbillcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lenok, Michael, MC, LMHC ■
150 Southeast 2nd Avenue
STE 1010
Miami, FL 33131
(786) 733-0700
Digital Contact Information:
http://www.gia.miami
info@giahealthcare.com

Lensch, Carolyn, MS, LCPC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Leon, Carlina D, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.

app
ksanders@statmedcaresolutions.com

Leon, Damary, MS, LMHC ■
13028 SW 120th St
9
Miami, FL 33186
(305) 490-7178
Digital Contact Information:
dleonwellness@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Leon, Enrique, MA, BCBA ■
18901 Southwest 106th Avenue
229
Miami, FL 33157
(786) 808-6575
Digital Contact Information:
maximumachieversllc@gmail.com

Leon, Euselis, MS, BCABA ■
13501 Southwest 128th Street
Suite 106
Miami, FL 33186
(786) 731-3919
Digital Contact Information:
jcabrera@mymbcinc.com

Leon Infante, Yadely, PSYD, BCBA, LMHC, LP ■
12060 Southwest 129th Court
104
Miami, FL 33186
(786) 615-3349
Digital Contact Information:
yadelyleoninfante@gmail.com

and
12060 Southwest 129th Court
201
Miami, FL 33186
(786) 615-3349
Digital Contact Information:
yadelyleoninfante@gmail.com

Leon, Kelly, MS, BCBA ■
2520 Coral Way
2 19
Miami, FL 33145
(855) 832-6727
Digital Contact Information:
https://www.teampbs.com/
evernorth@teampbs.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Leon, Onel, MHS, BCBA ■
Home Based Services Only
Doral, FL 33126
(305) 433-5489
Digital Contact Information:
tcmfl2018@gmail.com

and
5881 Northwest 151st Street
127
Miami Lakes, FL 330142450
(305) 433-5489
Digital Contact Information:
tcmfl2018@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Leon, Reina, MS, BCABA ■
1414 Northwest 107th Avenue
204
Doral, FL 33172
(305) 225-8711
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Leon Vega, Diego M, MPSY, LMHC ■
13590 Southwest 134th Avenue
STE 202
Miami, FL 33186
(786) 515-4569
Digital Contact Information:
luther.blisset123@gmail.com

and
FL
(305) 588-4988
(786) 515-4569
Digital Contact Information:
luther.blisset123@gmail.com

Leonce-James, Hyacynthia M, PSYD, LMHC ■
FL
(305) 219-9861
Digital Contact Information:
hleonce@yahoo.com

Leonor, Camila, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Lerma, Diley, BA, BCABA ■
9010 SW 137th Ave
Ste 212
Miami, FL 33186
(786) 762-2474
Digital Contact Information:
gipsia@goodbehaviorbeginnings.net
Other Languages Spoken by Provider or Office Staff
English, Spanish

Letlow, Janielle, MED, BCBA ■
14125 Northwest 80th Avenue
304
Miami Lakes, FL 33016
(786) 305-7222
Digital Contact Information:
haley.hounchell@yourmissingpiece.com

Leuschner, Siobhon, MA, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
sleuschner@kaaficounseling.com

Leveille, Dominique C, PHD, LMFT ■
15715 South Dixie Highway
STE 325
Miami, FL 33157
(305) 922-3436
Digital Contact Information:
http://blisstherapy.me
dr.dominique@blisstherapy.me
Other Languages Spoken by Provider or Office Staff
English, Creole, French

Levine, Elexis, MA, BCBA ■
9350 Sunset Drive
Suite 175
Miami, FL 33173
(786) 673-9355
Digital Contact Information:
http://www.stepforwardaba.com
admin@stepforwardaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Levy, Allison T, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(888) 501-8540
Digital Contact Information:
https://acornhealth.com
info@sproutbehavioralservices.com

Levy, Jessica, MA, BCBA ■
2520 Coral Way
2 19
Miami, FL 33145
(855) 832-6727
Digital Contact Information:
cary@nwds-staff.com

Lewis, Crystal, MC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Lewis, Sharon, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Lewis, Tammara, MS, LMHC ●
1175 Northeast 125th Street
320
Miami, FL 33161
(786) 842-0444
Digital Contact Information:
http://www.marriagefamilyservices.com
mariposawakeningtherapysvcs@gmail.com

Lewis, Tyree, MHS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Lewis, Tyrone, CAP, LMHC, MSW ■
10689 N Kendall Dr
Ste 306
Miami, FL 33176
(305) 558-7400
Digital Contact Information:
Not Available

and
10689 N Kendall Dr
Ste 314
Miami, FL 33176
(305) 558-7400
Digital Contact Information:
Not Available

Lewis-Allen, Edith, MS, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Lewis-Payton, Tomecia, MS, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Leyva, Celio, BA, BCABA ■
18901 Southwest 106th Avenue
a 227
Cutler Bay, FL 33157
(786) 732-7516
Digital Contact Information:
goodbehavior.as@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 732-7516
Digital Contact Information:
goodbehavior.as@gmail.com

and
15715 South Dixie Highway
330
Miami, FL 33157
(786) 732-0842
Digital Contact Information:
goodbehavior.as@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Leyva Gomez, Miguel A, EDM, BCBA ■
12985 Southwest 130th Court
108 1
Miami, FL 33186
(786) 537-2758
Digital Contact Information:
leyvasbehavioraltherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Leyva Queija, Yunaida, MS, BCBA ■
1500 Northwest 89th Court
Ste 117
Doral, FL 33172
(305) 431-6410
Digital Contact Information:
info@newlifeaba.com

and
5753 West 15th Court
Hialeah, FL 33012
(786) 712-4963
Digital Contact Information:
info@newlifeaba.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
13424 Southwest 90th Terrace
Miami, FL 33186
(786) 308-6353
Digital Contact Information:
info@newlifeaba.com

and
8100 Northwest 155th Street
200
Miami Lakes, FL 33016
(786) 479-0029
Digital Contact Information:
info@newlifeaba.com

and
8100 Northwest 155th Street
201
Miami Lakes, FL 33016
(786) 539-2181
Digital Contact Information:
info@newlifeaba.com

and
Home Based Services Only
Miami Lakes, FL 33016
(561) 764-7093
Digital Contact Information:
info@newlifeaba.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(786) 416-3576
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Leyva, Renan, PHD, BCBA ■
7801 Northwest 37th Street
Lp-201
Doral, FL 33195
(305) 468-9899
Digital Contact Information:
vivianaicare@gmail.com

and
13301 Southwest 132nd Avenue
112 112
Miami, FL 33186
(305) 640-8342
Digital Contact Information:
https://yamtherapyservices.com
vivianaicare@gmail.com

and
6405 Northwest 36th Street
Virginia Gardens, FL 33166
(786) 238-2008
Digital Contact Information:
vivianaicare@gmail.com

and
6405 Northwest 36th Street
#123
Virginia Gardens, FL 33166
(786) 872-4325
Digital Contact Information:
vivianaicare@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Leyva Rosales, Idalmis, MPSY, LMHC ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
idalmis@neurobehavioral.health

and
12060 SW 129th Ct
Miami, FL 33186
(786) 615-3349
Digital Contact Information:
idalmis@neurobehavioral.health
Other Languages Spoken by Provider or Office Staff
Spanish

Lezcano, Rolando, MA, BCBA ■
30392 Old Dixie Highway
Homestead, FL 33030
(786) 283-0175
Digital Contact Information:
info@btserviceslittlegiants.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423

Digital Contact Information:
info@btserviceslittlegiants.com

and
27132 South Dixie Highway
Naranja, FL 33032
(786) 283-0175
Digital Contact Information:
info@btserviceslittlegiants.com
Other Languages Spoken by Provider or Office Staff
Spanish

Libby, Melody, MED, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
providerrelations@williscc.com
Other Languages Spoken by Provider or Office Staff English

Lichtfuss, Susan, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Lieberman, Brett, MS, LMFT ■
66 W Flagler St
900
Miami, FL 33130
(786) 244-7690
Digital Contact Information:
windsongwellness@hotmail.com

Lima, Olivia, MS, LMHC ●
15715 S Dixie Hwy
Ste 403
Miami, FL 33157
(305) 707-5966
Digital Contact Information:
http://movingtowardagape.com
movingtowardagape@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lima, Ruben, MMH, LMHC ■
1000 Brickell Avenue
Miami, FL 33131
(305) 389-9509
Digital Contact Information:
credentialing@premedsys.com

and
FL
(305) 934-9411
Digital Contact Information:
credentialing@premedsys.com

and
8000 W Flagler St
Ste 201
Miami, FL 33144
(786) 805-3021
Digital Contact Information:
credentialing@premedsys.com
Other Languages Spoken by Provider or Office Staff
French, Spanish

Limas De La Paz, David, MS, BCBA ■
1414 Northwest 107th Avenue
204
Doral, FL 33172
(305) 225-8711
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Limia, Ana C, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(888) 501-8540
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Linden, Kerry, MA, LMHC, LPC, LPCC ■
FL
(305) 902-6347
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff English

Liriano, Brianne, MBS, BCBA ■
9425 Southwest 72nd Street
164
Miami, FL 33173
(305) 279-2286
Digital Contact Information:
taylor@freshstartsnow.com
Other Languages Spoken by Provider or Office Staff
Spanish

Little, Gina M, MA, BCBA ■
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
services@cmnbtherapy.com

and
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
services@cmnbtherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Little, Jacinta L, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Little, Lisa M, MC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
counselorlisalittle@gmail.com

Llama Figueredo, Leticia, MPSY, BCBA ■
Home Based Services Only
Miami Lakes, FL 33016
(561) 764-7093
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Llanes Basulto, Yasmani, MA, BCBA ■
8601 Southwest 199th Street
Cutler Bay, FL 33189
(305) 908-2999
Digital Contact Information:
viviangonzalezdiaz@gmail.com

and
10200 NW 25th St
Ste 114
Doral, FL 33172
(305) 908-2999
Digital Contact Information:
viviangonzalezdiaz@gmail.com

and
3271 NW 7th St
Ste 203
Miami, FL 33125
(786) 220-6902
Digital Contact Information:
http://www.outpatientpsycare.com
viviangonzalezdiaz@gmail.com

and
15924 SW 92nd Ave
Miami, FL 33157
(786) 636-1303
Digital Contact Information:
viviangonzalezdiaz@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Llanes Hernandez, Vanessa, MSED, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
info@newlifeaba.com

and
Home Based Services Only
Miami, FL 33155
(786) 747-4949
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 747-4949
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Llanes, Maday, BCABA, BS ■
9600 Northwest 25th Street
STE 5E
Miami, FL 33172
(888) 527-8037
Digital Contact Information:
info@brightstartllc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Llanes Torna, Ana Sarai, MS, BCBA ■
8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-2822
Digital Contact Information:
http://www.mgmbehavioral.com
accuratebehaviorsolutions@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 964-7695
Digital Contact Information:
accuratebehaviorsolutions@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lledo Rodriguez, Laura, MED, BCBA ■
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
credentialing@southbillcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Llewellyn, Stephonia, MS, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
tracy@caringtherapistsofbroward.com

Lobaina Fernandez Rubio, Giselle, MS, BCBA ■
100 NE 15th St
Homestead, FL 33030
(786) 370-2216
Digital Contact Information:
thvegainsurances23@gmail.com

and
3222 Southeast 5th Street
Homestead, FL 33033
(786) 370-2216
Digital Contact Information:
https://myabaschool.com/
thvegainsurances23@gmail.com

and
Home Based Services Only
Homestead, FL 33033
(786) 370-2216
Digital Contact Information:
thvegainsurances23@gmail.com

and
29485 Southwest 177th Court
Homestead, FL 33034
(786) 486-0165
Digital Contact Information:
thvegainsurances23@gmail.com

Lobo, Douglass, MC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Loftus, Stacy, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Long, Brian L, MA, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
ebcg-support@findoctave.com

Long, Thelma, MA, LMHC ■
909 North Miami Beach Boulevard
STE 301
North Miami Beach, FL 33162
(305) 822-7202
Digital Contact Information:
http://www.appliedbehavior.net
insurance@appliedbehavior.net

Longa, Alexandra, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Alexis, MS, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Lopez, Allison, MS, BCBA ■
14645 Northwest 77th Avenue
Suite 105
Miami Lakes, FL 33014
(202) 420-8359
Digital Contact Information:
info@littleleaves.org

Lopez, Angel, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Camille T, MED, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 810-8002
Digital Contact Information:
bebrightservicesadm@gmail.com

and
1321 Southwest 126th Place
Miami, FL 33184
(786) 860-5161
Digital Contact Information:
bebrightservicesadm@gmail.com

and
657 South Drive
Miami Springs, FL 33166
(786) 860-5161
Digital Contact Information:
bebrightservicesadm@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Carlos, MS, BCBA ■
14645 Northwest 77th Avenue

Suite 105
Miami Lakes, FL 33014
(202) 420-8359
Digital Contact Information:
info@littleleaves.org

Lopez Castellanos, Liuba M, MS, BCBA ■
1275 West 47th Place
#449
Hialeah, FL 33012
(305) 425-1338
Digital Contact Information:
magicbehavioralcare@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Diana, MA, BCBA ■
Home Based Services Only
Hialeah, FL 33012
(305) 570-0775
Digital Contact Information:
credentialing@creativekidstherapyinc.com

and
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
credentialing@creativekidstherapyinc.com

Lopez Fernandez, Laura, MS, BCBA ■
Home Based Services Only
Naranja, FL 33032
(407) 800-6086
Digital Contact Information:
support@abc4s.com
Other Languages Spoken by Provider or Office Staff
German, French, Spanish

Lopez Fustes, Rebeca, MPSY, BCABA ■
13404 Southwest 128th Street
Miami, FL 33186
(305) 433-0897
Digital Contact Information:
bluelifetherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Hector, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
zairad29@yahoo.com

and
13424 Southwest 90th Terrace
Miami, FL 33186
(786) 308-6353
Digital Contact Information:
zairad29@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Lopez, Jacqueline M, BA, BCBA ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
services@cmnbtherapy.com

and
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
services@cmnbtherapy.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Creole, Japanese, French, Italian

Lopez, Jennifer, MA, LMFT ■
3750 West 16th Avenue
232u
Hialeah, FL 33012
(786) 332-3396
Digital Contact Information:
jennylmft@gmail.com

and
10671 North Kendall Drive
5d
Miami, FL 33176
(786) 474-6469
Digital Contact Information:
jennylmft@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Juan C, MS, LMFT ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
perla@dadefamily.com

and
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
perla@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla@dadefamily.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
http://www.dadefamily.com
perla@dadefamily.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Lopez, Kety, MS, LMHC ■
2730 Southwest 3rd Avenue
Suite 202 O
Miami, FL 33129
(786) 244-3520
Digital Contact Information:
http://www.psychblossom.com
info@psychblossom.com

and
FL
(786) 244-3520
Digital Contact Information:
http://www.psychblossom.com
info@psychblossom.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Liliana, MA, LMHC ■
7270 Northwest 12th Street
810
Miami, FL 33126
(786) 718-2390
Digital Contact Information:
http://www.globalrehab.com
yjwexcellentcare@yahoo.com

and
7270 Northwest 12th Street
870 870
Miami, FL 33126
(786) 206-1040
Digital Contact Information:
http://www.globalrehab.com
yjwexcellentcare@yahoo.com

and
10300 Southwest 72nd Street
Suite 350
Miami, FL 33173
(786) 963-0121
Digital Contact Information:
yjwexcellentcare@yahoo.com

and
13205 Southwest 137th Avenue
suite 126
Miami, FL 33186
(786) 713-0383
Digital Contact Information:
http://dominguezcommunitycenter.com
yjwexcellentcare@yahoo.com

and
13255 Southwest 137th Avenue
SUITE 215
Miami, FL 33186
(786) 713-0383
Digital Contact Information:
http://dominguezcommunitycenter.com
yjwexcellentcare@yahoo.com

and
13590 Southwest 134th Avenue
201
Miami, FL 33186
(786) 227-6258
Digital Contact Information:
yjwexcellentcare@yahoo.com

and
13205 Southwest 137th Avenue
STE 132
Miami, FL 331865334
(786) 478-6369
Digital Contact Information:
http://dominguezcommunitycenter.com
yjwexcellentcare@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Lopez, Lisel, MS, BCBA ■
1570 West 38th Place
12 12
Hialeah, FL 33012
(786) 615-2514
Digital Contact Information:
solutions@cobohomehealthservices.com

and
1900 Southwest 22nd Street
#205
Miami, FL 33145
(305) 648-7212
Digital Contact Information:
solutions@cobohomehealthservices.com

and
20774 West Dixie Highway
b
Miami, FL 33180
(305) 549-8665
Digital Contact Information:
solutions@cobohomehealthservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez Machandi, Dayanna, MS, BCBA ■
12460 Southwest 8th Street
Miami, FL 33184
(786) 801-0944
Digital Contact Information:
dynamicsandbehaviorservicesinc@gmail.com

and
12460 Southwest 8th Street
2024
Miami, FL 33184
(786) 801-0944
Digital Contact Information:
dynamicsandbehaviorservicesinc@gmail.com

Lopez, Maria Elena, EDS, LMHC ■
7600 Southwest 57th Avenue
302
South Miami, FL 33143
(305) 255-6362
Digital Contact Information:
travel925@aol.com
Other Languages Spoken by Provider or Office Staff
Portuguese, French, Italian, Spanish

Lopez, Mariafernanda, MS, LMHC ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
mlopezlmhc@gmail.com

and
175 SW 7th St
Ste 1100
Miami, FL 33130
(305) 908-1115
Digital Contact Information:
http://www.elevatepsychiatry.com
mlopezlmhc@gmail.com

and
175 SW 7th St
Ste 2108
Miami, FL 33130
(305) 908-1115
Digital Contact Information:
http://www.elevatepsychiatry.com
mlopezlmhc@gmail.com

and
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
http://www.elevatepsychiatry.com
mlopezlmhc@gmail.com

Lopez Medrano, Ana M, MS, LMHC, LPC ■
3408 W 84th St
Ste 305
Hialeah, FL 33018
(786) 663-3983
Digital Contact Information:
https://mentalia.us
care@thepeacefulmindfactory.com

and
FL
(786) 663-3983
Digital Contact Information:
https://mentalia.us
care@thepeacefulmindfactory.com

and
13590 Southwest 134th Avenue
210
Miami, FL 33186
(786) 663-3983
Digital Contact Information:
care@thepeacefulmindfactory.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Melissa, MS, BCBA ■
1840 West 49th Street
Suite 723
Hialeah, FL 33012
(786) 333-4275
Digital Contact Information:
http://helpinghandstc.com
info@brightfuturebehavioral.com

and
Home Based Services Only
Hialeah, FL 33012
(561) 460-0284
Digital Contact Information:
info@brightfuturebehavioral.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
info@brightfuturebehavioral.com

Lopez, Oxanna, BS, BCABA ■
3750 Northeast 169th Street
Apartment 306
North Miami Beach, FL 33160
(786) 873-0298
Digital Contact Information:
jcabrera@mymbcinc.com

Lopez Reyna, Cindy, MS, BCABA ■
1250 Southwest 27th Avenue
207
Miami, FL 33135
(786) 502-3137
Digital Contact Information:
mortega@tlhproject.com

and
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
mortega@tlhproject.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Themis, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 204-8290
Digital Contact Information:
themislopez28@gmail.com

and
2520 Coral Way
2 19
Miami, FL 33145
(855) 832-6727
Digital Contact Information:
themislopez28@gmail.com

and
5767 Northwest 151st Street
b
Miami Lakes, FL 33014
(786) 431-5801
Digital Contact Information:
themislopez28@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Loredo, Ana, MS, BCBA ■
12855 Southwest 136th Avenue
104
Miami, FL 33186
(305) 467-8879
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Lorenzen, Erin, MS, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
payors@emorahealth.com

Lorenzen, Lynette T, EDD, LMHC ■
2655 South Le Jeune Road
534
Coral Gables, FL 33134
(305) 450-1454
Digital Contact Information:
drllorenzen@yahoo.com

Lorenzo, Alexander, MS, BCBA ■
12985 Southwest 130th Court
204 204
Miami, FL 33186
(305) 735-3878
Digital Contact Information:
http://www.abasquad.com
credentialing@animatebehavior.com
Other Languages Spoken by Provider or Office Staff Spanish

Lorenzo Caballeria, Yenisei, MS, BCBA ■
4599 Northwest 7th Street
Miami, FL 33126
(786) 230-6860
Digital Contact Information:
luciano@mymbcinc.com

and
8660 West Flagler Street
STE 121
Miami, FL 33144
(305) 600-4774
Digital Contact Information:
luciano@mymbcinc.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Lorenzo Chavez, Kenia, MS, BCBA ■
7392 Northwest 35th Terrace
301
Miami, FL 33122
(786) 666-0475
Digital Contact Information:
gomezclinic583@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 542-4690
Digital Contact Information:
gomezclinic583@gmail.com

and
Home Based Services Only
Miami, FL 33155
(786) 747-4949
Digital Contact Information:
gomezclinic583@gmail.com

and
13055 Southwest 42nd Street
STE 104
Miami, FL 33175
(305) 480-7839
Digital Contact Information:
gomezclinic583@gmail.com

and
8950 Southwest 152nd Street
110
Palmetto Bay, FL 33157
(786) 542-4690
Digital Contact Information:
gomezclinic583@gmail.com

and
9555 Southwest 175th Terrace
610
Palmetto Bay, FL 33157
(786) 859-0979
Digital Contact Information:
gomezclinic583@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Lorenzo, Marisol, MS, BCBA ■
8300 West Flagler Street
170
Miami, FL 33144
(786) 633-5171
Digital Contact Information:
olympushcs@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Lorenzo Perez, Adilec, MPSY, BCBA ■
1400 Northwest 107th Avenue
306
Miami, FL 33172
(786) 817-7444
Digital Contact Information:
genesisconsultingservices39@gmail.com

Lorenzo, Yanaisa, MA, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff English, Haitian Creole, Sign Lang Amer, Spanish

Losanto Broceta, Meysser, MS, BCBA ■
1840 West 49th Street
#714
Hialeah, FL 33012
(305) 699-8388
Digital Contact Information:
credentialing@southbillcare.com
Other Languages Spoken by Provider or Office Staff Spanish

Louis, Meagan, MA, LMHC ■
8325 Northeast 2nd Avenue
316
Miami, FL 33138
(305) 503-5758
Digital Contact Information:
i@thejourneytwcc.org
Other Languages Spoken by Provider or Office Staff Portuguese

Louis XVI, Roseline, MCAP, CAP ■
9526 Northeast 2nd Avenue
202d
Miami Shores, FL 33138
(305) 754-5701
Digital Contact Information:
http://www.communityrightfulcenter.org
rlouisxvi@communityrightfulcenter.org
Other Languages Spoken by Provider or Office Staff Creole, French

Louwagie Gordon, Alissa M, MS, LMHC ■
FL
(786) 615-3334
Digital Contact Information:
info@abcsfl.com

Lozada, Jeremy A, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
admin@lifehealthsystem.org
Other Languages Spoken by Provider or Office Staff Portuguese, Spanish

Lozada, Wimar, MMH, LMHC ■
175 Fontainebleau Boulevard
Miami, FL 33172
(407) 749-3580
Digital Contact Information:
http://www.elitemindsfl.com
eliteminds.services@gmail.com

Lozano, Annabelle, MS, BCBA ■
12855 Southwest 132nd Street
Suite 102
Miami, FL 33186
(305) 964-5777
Digital Contact Information:
http://www.pbpbehavior.com
alozano@pbpbehavior.com
Other Languages Spoken by Provider or Office Staff Spanish

Lozzi-Toscano, Bettina, PHD, LMHC ■
3625 Northwest 82nd Avenue
400
Doral, FL 33166
(305) 814-2981
Digital Contact Information:
intake.metmorph@gmail.com

and
FL
(305) 814-2981
Digital Contact Information:
intake.metmorph@gmail.com

and
13200 SW 128th St
Ste F2
Miami, FL 33186
(305) 964-7598
Digital Contact Information:
intake.metmorph@gmail.com

and
13205 Southwest 137th Avenue
suite 126
Miami, FL 33186
(786) 478-6688
Digital Contact Information:
intake.metmorph@gmail.com
Other Languages Spoken by Provider or Office Staff Italian, Spanish

Lucena, Williams, MS, LMHC ■
3446 Southwest 8th Street
217
Miami, FL 33135
(786) 769-5046
Digital Contact Information:
wjlusa11@gmail.com

and
1801 Coral Way
Ste 327
Miami, FL 33145
(786) 227-6020
Digital Contact Information:
http://www.bbisf.com
wjlusa11@gmail.com

and
1801 Coral Way
Ste 405
Miami, FL 33145
(786) 866-5914
Digital Contact Information:
http://www.bbisf.com
wjlusa11@gmail.com

and
12900 Southwest 128th Street
204b
Miami, FL 33186
(786) 227-6020
Digital Contact Information:
wjlusa11@gmail.com

and
13335 Southwest 124th Street
STE 103
Miami, FL 33186
(786) 831-1348
Digital Contact Information:
wjlusa11@gmail.com

and
14100 Palmetto Frontage Road
Ste 112
Miami Lakes, FL 33016
(786) 837-3540
Digital Contact Information:
wjlusa11@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Luckhoo, Gajendranath, MS, LMHC, LPC ■
FL
(305) 902-6347
(202) 410-5972
Digital Contact Information:
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff English

Ludman Rojzman, Gisela, MS, LMFT ■
975 Arthur Godfrey Rd
Ste 301
Miami Beach, FL 33140
(786) 315-0387
Digital Contact Information:
fernandoschutt@hotmail.com

and
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
fernandoschutt@hotmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Lueje Garcia, Arletty, BA, BCABA ■
2520 Coral Way
2 19
Miami, FL 33145
(855) 832-6727
Digital Contact Information:
claudia@healtheworld.net

and
11420 N Kendall Dr
Ste 112
Miami, FL 33176
(855) 832-6727
Digital Contact Information:
claudia@healtheworld.net
Other Languages Spoken by Provider or Office Staff English, Spanish

Luis, Cinthya, MA, BCBA ■
Home Based Services Only
Miami Gardens, FL 33014
(305) 640-5739
Digital Contact Information:
helpinghandsbfs@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Luis, Jeanne, MA, BCBA ■
12973 Southwest 112th Street
151
Miami, FL 33186
(305) 204-7037
Digital Contact Information:
info@onebehavior.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Luisa, Michelle, MA, BCBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
https://tillytherapy.com/
credentialing@csd.me

Luker, Carey, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
evelazquez@tchsonline.org

Luna, Ahirelys, MSED, BCBA ■
2300 West 84th Street
406
Hialeah, FL 33016
(786) 960-6767
Digital Contact Information:
nymbehavioral@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Luna, Cindy, MS, BCBA ■
580 Northwest 183rd Street
Miami Gardens, FL 33169
(305) 400-1589
Digital Contact Information:
jfuentes@jumpstartdevelopmentalservices.com

and
5767 Northwest 151st Street
b
Miami Lakes, FL 33014
(786) 431-5801
Digital Contact Information:
https://jumpstartdevelopmentalservices.com/
jfuentes@jumpstartdevelopmentalservices.com

Luna, Jessica, BA, BCABA ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
services@cmnbtherapy.com

and

7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
services@cmnbtherapy.com

and

Home Based Services Only
Doral, FL 33126
(786) 382-6959
Digital Contact Information:
services@cmnbtherapy.com

Luther, Jasmine M, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
fl-credentialing@lifestance.com
Other Languages Spoken by Provider or Office Staff English

Luttrell, Stefanie, MA, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
infosa@stmha.com

Lutzow, Bree, MS, BCBA, LBA ■
11276 SW 232nd St
Miami, FL 33170
(305) 912-8399
Digital Contact Information:
chris.johnson@actionbehavior.com

Lyell, Edward, MA, LMHC, LPCC ■
FL
(305) 902-6347
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff English

Lyn, Robyn, MA, BCBA ■
4175 W 20th Ave
Hialeah, FL 33012
(305) 825-0300
Digital Contact Information:
rklyn@aol.com

and

1645 Southwest 107th Avenue
Ste 114A
Miami, FL 33165
(786) 209-2140
Digital Contact Information:
rklyn@aol.com

MAc-Guffie, Nathalie, MMH, LMHC ■
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
nathaliemg@me.com

and

FL
(202) 410-5972
(754) 816-2311
(305) 637-6400
Digital Contact Information:
nathaliemg@me.com

MacAulay, Alexa, MS, BCBA ■
11373 West Flagler Street
202
Miami, FL 33174
(786) 302-7909
Digital Contact Information:
jcabrera@mymbcinc.com

Maceda, Shakira, MS, BCABA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Machado, Jose, BCBA, MEQ ■
2020 Ponce de Leon
Suite 1201
Miami, FL 33134
(305) 917-5414
Digital Contact Information:
healthofmind@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Machado, Nikolette M, MMH, LMHC ■
9220 Sunset Drive
104
Miami, FL 33173
(786) 724-4224
Digital Contact Information:
nmachado@elliementalhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Machado, Roberto, BA, BCABA ■
15715 South Dixie Highway
330
Miami, FL 33157
(786) 732-0842
Digital Contact Information:
goodbehavior.as@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Machado Rodriguez, Heyler, MS, BCBA ■
Home Based Services Only
Miami Gardens, FL 33015
(305) 705-5666
Digital Contact Information:
info@safehavenmedicalcenter.com
Other Languages Spoken by Provider or Office Staff
Spanish

Machado, Teresita, MHS, BCABA ■
13501 Southwest 128th Street
Suite 106
Miami, FL 33186
(786) 731-3919
Digital Contact Information:
jcabrera@mymbcinc.com

and

Home Based Services Only
West Miami, FL 33144
(786) 404-1017
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Machado Torres, Maylen, MS, BCBA ■
Home Based Services Only
Miami Gardens, FL 33014
(305) 200-3326
Digital Contact Information:
asmtherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Machado, Yadira, MA, BCBA ■
Home Based Services Only
Hialeah, FL 33013
(786) 592-6680
Digital Contact Information:
info@kidsbehavioral.com

Machado-Gonzalez, Yanivis, PHD, BCBA, LMHC ■
11925 Southwest 72nd Street
Miami, FL 33183
(305) 562-4683
Digital Contact Information:
yanivisgonzalez@gmail.com

and

12240 Southwest 128th Court
110
Miami, FL 33186
(305) 562-4683
Digital Contact Information:
yanivisgonzalez@gmail.com

Machin, Marianny, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

and

12973 Southwest 112th Street
151
Miami, FL 33186
(305) 204-7037
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

and

5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(305) 204-7037
Digital Contact Information:
credentialing@behavioralfamilysolutions.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Machuca, Jose R, PHD, LMHC ■
11300 Northeast 2nd Avenue
Miami Shores, FL 33168
(504) 388-5981
Digital Contact Information:
rmachuca@barry.edu
Other Languages Spoken by Provider or Office Staff
Portuguese, English, Spanish

Madden, Eileen, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
maddenei@bc.edu

Maderal, Aileen, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(888) 501-8540
Digital Contact Information:
https://acornhealth.com
maderalaileen@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mahany-Schunk, Carolyn, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Maidique Rojas, Katherine, MS, BCBA ■
16160 Southwest 304th Street
Homestead, FL 33033
(786) 616-9903
Digital Contact Information:
advancedmedicalh@bellsouth.net

and

13055 Southwest 42nd Street
STE 104
Miami, FL 33175
(305) 480-7839
Digital Contact Information:
advancedmedicalh@bellsouth.net

Majeski, Metal, MSED, BCBA ■
1380 Northeast Miami Gardens Drive
Suite 255
Miami, FL 33179
(954) 651-2969
Digital Contact Information:
info@appliedabc.com
Other Languages Spoken by Provider or Office Staff English

Major, Marlea, MS, CAC, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
contact@majormhm.com

Makintubee, Susana, MA, LPC ■
FL
(305) 902-6347
Digital Contact Information:
Not Available

Malagon Hernandez, Mario J, DED, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and

13155 Southwest 42nd Street
STE 204
Miami, FL 33175
(786) 486-9756
Digital Contact Information:
info@newlifeaba.com

and

13469 Southwest 29th Street
Miami, FL 33175
(786) 486-9756
Digital Contact Information:
info@newlifeaba.com

Maldonado, Alejandro, MS, BCBA ■
10691 North Kendall Drive
211
Miami, FL 33176
(305) 984-4343
Digital Contact Information:
credentialing@butterflyeffects.com

and

13205 Southwest 137th Avenue
#212
Miami, FL 33186
(786) 732-6298
Digital Contact Information:
credentialing@butterflyeffects.com

Maldonado, Alexandra, BA, BCABA ■
12240 Southwest 128th Court
110
Miami, FL 33186
(305) 562-4683
Digital Contact Information:
info@shapingacademy.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Haitian Creole, Japanese, Italian, Spanish

Maldonado, Milagros R, MS, LMHC ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
info@avilahealthgroup.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Mallett, Tracy, PSYD, LMFT, LP ■
FL
(800) 567-5433
Digital Contact Information:
https://totallife.com/
providerenrollment@mcrhs.org

Manfredi, Andrea, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(954) 399-5700
Digital Contact Information:
tbraecklein@aitkids.com

and

995 Northwest 119th Street
681858
North Miami, FL 33168
(954) 399-5700
Digital Contact Information:
http://www.bmcmiami.com
tbraecklein@aitkids.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Manning, April, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Manresa, Alexandra M, MA, BCBA ■
7875 Northwest 12th Street
118
Miami, FL 33126
(385) 213-5586
Digital Contact Information:
info@southfloridabehavior.com
Other Languages Spoken by Provider or Office Staff English

Manrique, Alisandra, MA, BCBA ■
8300 Northwest 53rd Street
Suite 102
Doral, FL 33166
(786) 769-5222
Digital Contact Information:
genesisconsultingservices39@gmail.com

Manrique, Nejani, BCABA, BS ■
12700 Southwest 122nd Avenue
108 110
Miami, FL 33186
(786) 227-6008
Digital Contact Information:
indese@indese.net
Other Languages Spoken by Provider or Office Staff
Spanish

Manso, Krystyna I, MPS, LMHC ■
5040 NW 7th St
Ste 100
Miami, FL 33126
(305) 438-2348
Digital Contact Information:
Not Available

and
100 NE 38th St
Ste 5
Miami, FL 33137
(305) 576-1599
Digital Contact Information:
Not Available

and
3000 Biscayne Blvd
Fl 5
Miami, FL 33137
(305) 576-6611
Digital Contact Information:
Not Available

Manso, Yomarys, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 707-7308
Digital Contact Information:
noneoperations@spectrumtherapycare.com

Mansur, Said, MS, BCBA ■
15715 South Dixie Highway
314
Miami, FL 33157
(305) 588-7039
Digital Contact Information:
saidmansur23@gmail.com

and
14505 Commerce Way
Ste 750
Miami Lakes, FL 33016
(305) 362-9989
Digital Contact Information:
saidmansur23@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Marante, Amanda, MS, BCBA ■
Home Based Services Only
Virginia Gardens, FL 33166
(305) 781-4385
Digital Contact Information:
admin@catalystgrowthaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Marante, Kevin, BA, BCABA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
http://www.appliedbhs.com
dabs@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Marcano, Arianne, MS, BCBA, LBA ■
9415 Southwest 72nd Street
101
Miami, FL 33173
(305) 662-6448
Digital Contact Information:
credentialing@mindcolorautism.com

and
13205 Southwest 137th Avenue
#212
Miami, FL 33186
(786) 732-6298
Digital Contact Information:
credentialing@mindcolorautism.com

and
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
credentialing@mindcolorautism.com

Marcelin, Jeannie P, MS, LMFT, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
jeanniemarcelin@protonmail.com

Marcellus, Chizoba L, MS, LMHC ■
536 Northeast 206th Lane
Miami, FL 33179
(305) 761-9584
Digital Contact Information:
http://www.therapyislove.com
info@therapyislove.com

March, Madelaine, BS, BCABA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
sseastcoast22@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Marcuello, Dailyn, MA, BCBA ■
Home Based Services Only
Hialeah, FL 33012
(305) 570-0775
Digital Contact Information:
cristina@creativekidstherapyinc.com

and
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
cristina@creativekidstherapyinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Marcus, Phyllis C, MC, LMFT ■
540 Northwest 165th Street
114
Miami, FL 33169
(786) 648-6550
Digital Contact Information:
horebhealthclinic@gmail.com

and
540 Northwest 165th Street
STE 110
Miami, FL 33169
(786) 648-6550
Digital Contact Information:
horebhealthclinic@gmail.com

Mariani, Anna, MA, BCBA ■
10855 Southwest 72nd Street
& 16
Miami, FL 33173
(305) 720-2166
Digital Contact Information:
jcabrera@mymbcinc.com

and
10855 Southwest 72nd Street
UNIT 1-5
Miami, FL 33173
(305) 720-2166
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Marichal, Betsy, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 817-2356
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
1900 Southwest 22nd Street
#205
Miami, FL 33145
(305) 648-7212
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Marin, Adrian, MMH, LMHC ■
7875 SW 104th St
Ste 101
Miami, FL 33156
(305) 899-1587
Digital Contact Information:
http://www.jcsfl.org

and
12000 Biscayne Boulevard
609
Miami, FL 33181
(305) 899-1587
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff Creole, Spanish

Marin, Alina, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 587-0424
Digital Contact Information:
alinamarinsuarez@gmail.com

Marin, Dayra, MPSY, BCBA ■
7500 Northwest 25th Street
STE 200
Miami, FL 33122
(305) 909-4872
Digital Contact Information:
improvedbehaviortherapy@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0429
Digital Contact Information:
improvedbehaviortherapy@gmail.com

Marin, Judith, ED, BCABA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Marin, Leonardo, MSCC, LMHC ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
mariafields@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
mariafields@dadefamily.com

Marino, Nancy, MS, BCBA ■
7580 Northwest 186th Street
202 202
Hialeah, FL 33015
(786) 385-5347
Digital Contact Information:
newbeginningbehavior@yahoo.com

Marino Nunez, Adrian, MSED, BCBA ■
1550 Madruga Avenue
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
http://www.abc4s.com
miamicognitive@gmail.com

and
1701 W Flagler St
Ste 310
Miami, FL 33135
(786) 467-7006
Digital Contact Information:
miamicognitive@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mark, Nichole, MA, BCBA ■
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
cristina@creativekidstherapyinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Marmol, Claudia, MA, BCBA ■
11420 N Kendall Dr
Ste 112
Miami, FL 33176
(305) 279-1999
Digital Contact Information:
claudia@healtheworld.net
Other Languages Spoken by Provider or Office Staff
Spanish

Marmol Ocana, Leon, MD, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
tcmfl2018@gmail.com

and
5881 Northwest 151st Street
127
Miami Lakes, FL 330142450
(786) 321-1400
Digital Contact Information:
http://sweetchildbehavior.com
tcmfl2018@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Maron, Tali, MS, BCBA ■
909 North Miami Beach Boulevard
STE 301
North Miami Beach, FL 33162
(305) 822-7202
Digital Contact Information:
tmaron@hotmail.com

Marquez Figueroa, Nathalie, MS, BCBA ■
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
info@stepforwardaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Marquez, Joaquin F, PSYD, BCBA ■
9555 Southwest 175th Terrace
Palmetto Bay, FL 33157
(786) 458-9535
Digital Contact Information:
bmbchildrentherapies@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Marquez, Maidelin, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(888) 501-8540
Digital Contact Information:
https://acornhealth.com
info@sproutbehavioralservices.com

and
8785 SW 165th Ave
Ste 103
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
info@sproutbehavioralservices.com

and
8785 SW 165th Ave
Ste 104
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
info@sproutbehavioralservices.com

and
Home Based Services Only
Miami Gardens, FL 33014
(786) 254-7637
Digital Contact Information:
info@sproutbehavioralservices.com

Marquez, Martha, MS, CAP, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff
Spanish

Marrero Moreno, Annelisse, MS, BCBA ■
Home Based Services Only
Aventura, FL 33180
(305) 283-0442
Digital Contact Information:
dreamingtogether22@gmail.com

and
6761 Southwest 6th Street
Miami, FL 33144
(305) 283-0442
Digital Contact Information:
dreamingtogether22@gmail.com

and
730 Northwest 107th Avenue
104
Miami, FL 33172
(305) 504-1749
Digital Contact Information:
dreamingtogether22@gmail.com

and
Home Based Services Only
Opa-locka, FL 33054
(305) 283-0442
Digital Contact Information:
dreamingtogether22@gmail.com

and
Home Based Services Only
West Miami, FL 33144
(305) 283-0442
Digital Contact Information:
dreamingtogether22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Marrero Rigau, Ana, MS, BCBA ■
7235 Southwest 24th Street
204
Miami, FL 33155
(786) 452-0257
Digital Contact Information:
jcabrera@mymbcinc.com

and
15715 South Dixie Highway
226
Miami, FL 33157
(305) 849-4186
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Marrero, Vanessa, MS, BCBA ■
9425 Southwest 72nd Street
164
Miami, FL 33173
(305) 279-2286
Digital Contact Information:
vonmmarrero1996@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Marshall, Justin, MC, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Marti Padron, Mauricio, MA, BCBA ■
7900 Oak Ln
400
Hialeah, FL 33016
(786) 482-0495
Digital Contact Information:
martibehavioral@yahoo.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 482-0495
Digital Contact Information:
martibehavioral@yahoo.com

and
4180 Southwest 74th Court
204
Miami, FL 33155
(786) 401-7327
Digital Contact Information:
martibehavioral@yahoo.com

and
18951 Southwest 106th Avenue
105 106
Miami, FL 33157
(305) 233-4448
Digital Contact Information:
martibehavioral@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Martin, Jessica, LMHC, MA, MS ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
info@behavioralaid.com

and
17021 Southwest 120th Court
Miami, FL 33177
(786) 319-1657
Digital Contact Information:
info@behavioralaid.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martin, Jocelyn, MS, BCBA ■
12150 SW 128th Ct
Ste 208
Miami, FL 33186
(305) 300-4673
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martin, Kimberly, PHD, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
credentialing@tillytherapy.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
credentialing@tillytherapy.com

and
1951 NW 7th Ave
Ste 600
Miami, FL 33136
(929) 384-7193
Digital Contact Information:
credentialing@tillytherapy.com

Martin, Latoya, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Martin, Lawanda, MPSY, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
engeditherapy@gmail.com

Martin, Leidys, MS, BCBA ■
18951 Southwest 106th Avenue
105 106
Miami, FL 33157
(305) 233-4448
Digital Contact Information:
milestonesaba2023@gmail.com

and
13416 Southwest 128th Street
Miami, FL 33186
(786) 732-0247
Digital Contact Information:
http://milestones-aba.org
milestonesaba2023@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Martin, Manuel, MA, BCBA ■
Home Based Services Only
Doral, FL 33122
(305) 591-7898
Digital Contact Information:
heartwellhomecare@att.net

and
9555 Southwest 175th Terrace
610
Palmetto Bay, FL 33157
(786) 859-0979
Digital Contact Information:
heartwellhomecare@att.net
Other Languages Spoken by Provider or Office Staff
English, Spanish

Martin, Maristella, EDM, LBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 854-1116
Digital Contact Information:
https://acornhealth.com
info@acornhealth.com

Martin, Mayte, MS, BCBA ■
15884 Southwest 137th Avenue
Miami, FL 33177
(305) 456-6002
Digital Contact Information:
credentialing@southbillcare.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
credentialing@southbillcare.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Martin, Mercy, MS, BCBA ■
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
r.karpen@mbhpays.com

and
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
http://kidsspotrehab.com
r.karpen@mbhpays.com

Martin, Noemi, MBS, BCBA ■
11980 Southwest 144th Court
Suite #210
Miami, FL 33186
(786) 429-3738
Digital Contact Information:
behaviorconsultantfl@gmail.com

and
12360 Southwest 132nd Court
STE 205
Miami, FL 33186
(786) 429-3738
Digital Contact Information:
behaviorconsultantfl@gmail.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
behaviorconsultantfl@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Martin Torres, Yuliet, MPSY, BCBA ■
5190 Northwest 167th Street
Hialeah, FL 33014
(305) 990-0863
Digital Contact Information:
ymtbehavior@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martin, Yaisel, MA, BCBA ■
13301 Southwest 132nd Avenue
201 201
Miami, FL 33186
(305) 509-5537
Digital Contact Information:
canibehaviormanagement@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Adriana, MS, BCBA ■
18522 Southwest 136th Court
Miami, FL 33177
(305) 416-8189
Digital Contact Information:
info@cornerstone-cba.com

Martinez, Alexis J, MA, BCBA ■
Home Based Services Only
Aventura, FL 33180
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Golden Beach, FL 33160
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
342 West 37th Street
Hialeah, FL 33012
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Homestead, FL 33030
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Homestead, FL 33033
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Key Biscayne, FL 33149
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Miami, FL 33142
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Miami, FL 33147
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Miami, FL 33155
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Miami Beach, FL 33154
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Miami Gardens, FL 33015
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and

Home Based Services Only
Miami Gardens, FL 33055
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Miami Lakes, FL 33016
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Naranja, FL 33032
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Opa-locka, FL 33054
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Pinecrest, FL 33156
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Quail Heights, FL 33187
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
South Miami, FL 33143
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
South Miami, FL 33146
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Ariadna, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 955-6224
Digital Contact Information:
vzayas@brightstartllc.com

and
16201 Northeast 13th Avenue
North Miami Beach, FL 33162
(786) 955-6224
Digital Contact Information:
http://www.superkidsaba.com
vzayas@brightstartllc.com

and
17121 Northeast 6th Avenue
North Miami Beach, FL 33162
(305) 952-3161
Digital Contact Information:
vzayas@brightstartllc.com

and
FL
(786) 955-6224
Digital Contact Information:
vzayas@brightstartllc.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Martinez, Beatriz, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 536-7470
Digital Contact Information:
dadebehavioralservices@gmail.com

and
8900 Southwest 117th Avenue
c101
Miami, FL 33186
(786) 568-1259
Digital Contact Information:
dadebehavioralservices@gmail.com

Martinez Camarero, Claudia, MBS, BCBA ■
631 Northwest 45th Avenue
100
Miami, FL 33126
(786) 343-8890
Digital Contact Information:
info@milestones-aba.org

and
1000 Brickell Avenue
Miami, FL 33131
(305) 964-7927
Digital Contact Information:
info@milestones-aba.org

and
15715 South Dixie Highway
330
Miami, FL 33157
(786) 732-0842
Digital Contact Information:
info@milestones-aba.org

and
15884 Southwest 137th Avenue
Miami, FL 33177
(305) 456-6002
Digital Contact Information:
info@milestones-aba.org

and
13416 Southwest 128th Street
Miami, FL 33186
(786) 732-0247
Digital Contact Information:
http://milestones-aba.org
info@milestones-aba.org
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Danny, MS, BCBA ■
3625 Northwest 82nd Avenue
101
Doral, FL 33166
(786) 401-6113
Digital Contact Information:
http://www.neuralinkhealth.com
earlyinterventionclinic1@gmail.com

and
1414 Northwest 107th Avenue
204
Doral, FL 33172
(305) 225-8711
Digital Contact Information:
earlyinterventionclinic1@gmail.com

and
1275 West 47th Place
#449
Hialeah, FL 33012
(305) 425-1338
Digital Contact Information:
earlyinterventionclinic1@gmail.com

and
10691 North Kendall Drive
207
Miami, FL 33176
(786) 401-6113
Digital Contact Information:
earlyinterventionclinic1@gmail.com

and
Home Based Services Only
Miami Gardens, FL 33014
(305) 640-5739
Digital Contact Information:
earlyinterventionclinic1@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Dayris, MS, BCBA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
dabs.credentialing@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
http://appliedbhs.com
dabs.credentialing@appliedbhs.com

Martinez, Elisa, MS, BCBA ■
633 North Krome Avenue
Suite 6
Homestead, FL 33030
(786) 525-9926
Digital Contact Information:
dabs.credentialing@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Eric, BA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(888) 501-8540
Digital Contact Information:
https://acornhealth.com
cary.merida@newwaydayservices.org
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Gabriella, MC, LMHC ■
999 Ponce de Leon
1120
Coral Gables, FL 33134
(305) 605-5683
Digital Contact Information:
support@anytimecredentialing.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Martinez Garcia, Barbara, MBS, BCBA ■
12150 Southwest 128th Court
118
Miami, FL 33186
(786) 319-8882
Digital Contact Information:
abaandbeyond20@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez Gonzalez, Danny, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 536-7470
Digital Contact Information:
info@newlifeaba.com

and
13813 Southwest 32nd Street
Miami, FL 33175
(786) 597-3813
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez Grillo, Alexis, MBS, BCBA ■
FL
(786) 439-7098
Digital Contact Information:
info@britobehaviorservices.com

Martinez, Ivy, MS, LMHC ■
301 Almeria Avenue
245
Coral Gables, FL 33134
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff English

Martinez Izquierdo, Marielys, BSN, BCABA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

Martinez, Julia, MS, LMHC ■
6262 Sunset Drive
Suite 500
Miami, FL 33143
(305) 669-6503
Digital Contact Information:
payer.credentialing@nicklaushealth.org

and
11521 S Dixie Hwy
Pinecrest, FL 33156
(305) 663-8439
Digital Contact Information:
payer.credentialing@nicklaushealth.org
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Leyti, MS, BCBA ■
13590 Southwest 134th Avenue
104
Miami, FL 33186
(305) 896-8161
Digital Contact Information:
genesisconsultingservices39@gmail.com

Martinez, Lidia A, DMFT, LMHC ■
FL
(786) 565-6916
Digital Contact Information:
http://www.drlidiamartinez.com
info@drlidiamartinez.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Ligia, MS, BCBA ■
13195 Southwest 134th Street
Ste. 201
Miami, FL 33186
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

and
8785 SW 165th Ave
Ste 103
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

and
8785 SW 165th Ave
Ste 104
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

Martinez, Liliam, BS, BCBA ■
13404 Southwest 128th Street
Miami, FL 33186
(305) 433-0897
Digital Contact Information:
http://www.bluelifetherapy.com
bluelifetherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Maria M, BS, BCBA ■
5801 Northwest 151st Street
STE 200B
Hialeah, FL 33014
(786) 376-2651
Digital Contact Information:
marocha@brightstartllc.com

and
Home Based Services Only
Miami, FL 33155
(786) 262-5559
Digital Contact Information:
marocha@brightstartllc.com

and
15715 South Dixie Highway
314
Miami, FL 33157
(305) 588-7039
Digital Contact Information:
marocha@brightstartllc.com

and
12430 Southwest 188th Street
Miami, FL 33177
(305) 209-1095
Digital Contact Information:
http://angelesaba.com
marocha@brightstartllc.com

and
12750 Northwest 17th Street
216 216
Miami, FL 33182
(888) 527-8037
Digital Contact Information:
http://www.brightstartpossibility.com
marocha@brightstartllc.com

and
14050 Southwest 84th Street
201
Miami, FL 33183
(305) 209-1095
Digital Contact Information:
http://angelesaba.com
marocha@brightstartllc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Mayelin O, BS, BCABA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
dabs.credentialing@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
http://appliedbhs.com
dabs.credentialing@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Martinez, Milagros, BA, BCBA ■
3833 Southwest 8th Street
Coral Gables, FL 33134
(305) 393-7623
Digital Contact Information:
milagros.martinez@cultivatebhe.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 393-7623
Digital Contact Information:
milagros.martinez@cultivatebhe.com

and
Home Based Services Only
Miami, FL 33155
(305) 393-7623
Digital Contact Information:
milagros.martinez@cultivatebhe.com

and
13195 Southwest 134th Street
Ste. 201
Miami, FL 33186
(786) 206-6500
Digital Contact Information:
milagros.martinez@cultivatebhe.com

and
FL
(786) 206-6500
(305) 393-7623
Digital Contact Information:
milagros.martinez@cultivatebhe.com

and
Home Based Services Only
South Miami, FL 33143
(305) 393-7623
Digital Contact Information:
milagros.martinez@cultivatebhe.com

and
Home Based Services Only
West Miami, FL 33144
(305) 393-7623
Digital Contact Information:
milagros.martinez@cultivatebhe.com

Martinez Mirabal, Katherine, MS, BCBA ■
1250 Southwest 27th Avenue
207
Miami, FL 33135
(786) 391-4113
Digital Contact Information:
cabehavior@gmail.com

and
8550 West Flagler Street
STE 118
Miami, FL 33144
(786) 391-4113
Digital Contact Information:
cabehavior@gmail.com

Martinez, Mitzi, MA, LMHC ■
2020 Ponce de Leon
Suite 1201
Miami, FL 33134
(305) 917-5414
Digital Contact Information:
http://www.psychologybeyond.com
mitzim.therapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Niurka, BS, BCABA ■
1400 Northwest 107th Avenue
306
Miami, FL 33172
(786) 817-7444
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Olga, MS, BCBA ■
1900 Southwest 22nd Street
#205
Miami, FL 33145
(305) 648-7212
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Ovidio, MA, BCBA ■
13416 Southwest 128th Street
Miami, FL 33186
(786) 732-0247
Digital Contact Information:
http://milestones-aba.org
loriwilliams57@hotmail.com

Martinez Pedrera, Gisselle, MA, BCBA ■
8601 Southwest 199th Street
Cutler Bay, FL 33189
(305) 908-2999
Digital Contact Information:
freddie.maxwell@amromed.com

and
10200 Northwest 25th Street
STE 114
Doral, FL 33172
(305) 908-2999
Digital Contact Information:
freddie.maxwell@amromed.com

and
40 Northwest 8th Street
Homestead, FL 33030
(305) 908-2999
Digital Contact Information:
freddie.maxwell@amromed.com

and
30350 SW 156th Ave
Homestead, FL 33033
(786) 283-0175
Digital Contact Information:
freddie.maxwell@amromed.com

and
27132 South Dixie Highway
Naranja, FL 33032
(786) 481-9833
Digital Contact Information:
freddie.maxwell@amromed.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Martinez Tacoronte, Anet, MS, BCBA ■
1500 Northwest 89th Court
Ste 117
Doral, FL 33172
(786) 535-9785
Digital Contact Information:
credentialing@spectrumababill.com
Other Languages Spoken by Provider or Office Staff English

Martinez Vera, Yaquelyn, MA, LMHC ■
2300 West 84th Street
STE 304
Hialeah, FL 33016
(786) 201-5718
Digital Contact Information:
carmonalinda07@gmail.com

and
2121 Southwest 3rd Avenue
205
Miami, FL 33129
(786) 660-1301
Digital Contact Information:
carmonalinda07@gmail.com

and
3191 Southwest 22nd Street
406
Miami, FL 33145
(786) 660-1301
Digital Contact Information:
carmonalinda07@gmail.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
carmonalinda07@gmail.com

and
10300 SW 72nd St
Ste 230
Miami, FL 33173
(786) 536-5710
Digital Contact Information:
carmonalinda07@gmail.com

and
14100 Palmetto Frontage Road
Ste 108
Miami Lakes, FL 33016
(305) 640-8342
Digital Contact Information:
carmonalinda07@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Martinez, Yaitee, MS, BCBA ■
2020 Ponce de Leon
Suite 1201
Miami, FL 33134
(305) 917-5414
Digital Contact Information:
healthofmind@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Yanet, MS, BCBA ■
9600 Northwest 25th Street
STE 5E
Miami, FL 33172
(305) 896-8161
Digital Contact Information:
info@brightstartllc.com

Martinez, Yelenis, MS, BCBA ■
15260 SW 280th St
Ste 205
Homestead, FL 33032
(305) 707-7237
Digital Contact Information:
http://www.familybehaviorservices.org
ymartinez.abaservices@gmail.com

and
8660 West Flagler Street
STE 121
Miami, FL 33144
(305) 600-4774
Digital Contact Information:
ymartinez.abaservices@gmail.com

and
10691 North Kendall Drive
211
Miami, FL 33176
(305) 984-4343
Digital Contact Information:
ymartinez.abaservices@gmail.com

and
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
ymartinez.abaservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Marvin, Andrew, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
providerenrollment@acornhealth.com

Marvin, Jennifer, MA, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
akfilson@aol.com

Mas, Alexandra, MS, LMFT ■
3970 West Flagler Street
204
Coral Gables, FL 33134
(786) 953-5978
Digital Contact Information:
lasagradafamiliacenter@gmail.com

and
9600 Northwest 25th Street
3C
Doral, FL 33172
(786) 615-2843
Digital Contact Information:
http://lasagradafamiliacenter.com
lasagradafamiliacenter@gmail.com

and
4896 Northwest 7th Street
Unit S
Miami, FL 33126
(786) 534-2023
Digital Contact Information:
lasagradafamiliacenter@gmail.com

and
5950 Southwest 40th Street
Miami, FL 33155
(786) 633-5960
Digital Contact Information:
lasagradafamiliacenter@gmail.com

and
7340 Southwest 48th Street
107
Miami, FL 33155
(305) 846-9775
Digital Contact Information:
lasagradafamiliacenter@gmail.com

and
13055 Southwest 42nd Street
STE 104
Miami, FL 33175
(305) 480-7839
Digital Contact Information:
lasagradafamiliacenter@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Mas Gonzalez, Marisol, MS, BCABA ■
13501 Southwest 128th Street
Suite 106
Miami, FL 33186
(786) 731-3919
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mas, Oscar, DSW, LMHC ■
3971 Southwest 8th Street
STE 206
Coral Gables, FL 33134
(786) 633-5960
Digital Contact Information:
psychiatry@intergratedhealthcare.group

and
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
psychiatry@intergratedhealthcare.group

and
900 West 49th Street
STE 512
Hialeah, FL 33012
(786) 536-1701
Digital Contact Information:
http://www.integratedhealthcare.group
psychiatry@intergratedhealthcare.group

and
351 NW 42nd Ave
Ste 406
Miami, FL 33126
(786) 536-1710
Digital Contact Information:
http://www.integratedhealthcare.group
psychiatry@intergratedhealthcare.group

and
1890 Southwest 57th Avenue
SUITE 106
Miami, FL 33155
(786) 536-1701
Digital Contact Information:
psychiatry@intergratedhealthcare.group

and
13055 Southwest 42nd Street
STE 104
Miami, FL 33175
(305) 480-7839
Digital Contact Information:

psychiatry@intergratedhealthcare.group

and

13701 Southwest 88th Street
306
Miami, FL 33186
(786) 842-1489
Digital Contact Information:
psychiatry@intergratedhealthcare.group
Other Languages Spoken by Provider or Office Staff
Spanish

Mason Alexander, Gage, BS, BCBA ■
12750 Northwest 17th Street
216 216
Miami, FL 33182
(888) 527-8037
Digital Contact Information:
http://www.brightstartpossibility.com
info@brightstartllc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mason, Kayla, MA, BCBA, LBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
info@appliedabc.com

Mason, Melissa, MS, BCBA ■
64 Northwest 54th Street
103
Miami, FL 33127
(305) 767-1924
Digital Contact Information:
http://www.autismspecialtygroup.com
melissacassidy8@gmail.com

Massana, Yosmara, MPSY, BCBA ■
Home Based Services Only
Hialeah, FL 33013
(786) 592-6680
Digital Contact Information:
info@mistherapy.com

and

2459 West 70th Street
Hialeah, FL 33016
(786) 571-0939
Digital Contact Information:
info@mistherapy.com

and

1000 Brickell Avenue
Miami, FL 33131
(305) 204-8290
Digital Contact Information:
info@mistherapy.com

and

Home Based Services Only
Miami Gardens, FL 33014
(786) 606-7766
Digital Contact Information:
info@mistherapy.com

Masson Boucourt, Miler, MPSY, BCBA ■
10711 Southwest 216th Street
103 103
Goulds, FL 33170
(305) 965-9682
Digital Contact Information:
credentialing@southbillcare.com

and

12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
credentialing@southbillcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Massop, Franklyn, MPSY, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 275-8860
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Matarelli, Ashley, MA, BCABA, LBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(888) 501-8540
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Mateo, Ana, MS, LMHC ■
10700 Caribbean Boulevard
UNIT 203
Cutler Bay, FL 33189
(305) 299-8005
Digital Contact Information:
hr.saludablemente@gmail.com

and

8180 Northwest 36th Street
Suite 100J
Doral, FL 33166
(305) 985-6488
Digital Contact Information:
hr.saludablemente@gmail.com

and

FL
(786) 267-2798
Digital Contact Information:
hr.saludablemente@gmail.com
Other Languages Spoken by Provider or Office Staff English

Matos Morales, Guillermo, MED, BCBA ■
730 Northwest 107th Avenue
104
Miami, FL 33172
(305) 504-1749
Digital Contact Information:
credentialing@southbillcare.com

and

12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
credentialing@southbillcare.com

Matos, Rebecca, MA, BCBA ■
107 Antilla Avenue
Coral Gables, FL 331343301
(305) 567-5881
Digital Contact Information:
mgarcia@cagables.com
Other Languages Spoken by Provider or Office Staff
Spanish

Matowe, Dorcas, MS, LMFT ■
FL
(888) 823-7428
Digital Contact Information:
http://www.africulturecounselingcenter.com
dorcas@africulturecounselingcenter.com

Matson, Sharon, MS, LMFT ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
admin@lotuscounseling.com

and

2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
admin@lotuscounseling.com

Matthews, Benjamin, MA, BCBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
evernorth@teampbs.com

Matthews, Quentessa, MPSY, BCBA, LBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
chris.johnson@actionbehavior.com
Other Languages Spoken by Provider or Office Staff English

Maurice, Sabra R, MA, LCPC, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@thirdeyetherapychicago.com

and

2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
info@thirdeyetherapychicago.com

Maury, Michelle, MBS, BCBA ■
1414 Northwest 107th Avenue
204
Doral, FL 33172
(305) 225-8711
Digital Contact Information:
esperanzagroup@espgrp.net

and

13195 Southwest 134th Street
101
Miami, FL 33186
(786) 227-6830
Digital Contact Information:
http://esperanzagroup.net
esperanzagroup@espgrp.net
Other Languages Spoken by Provider or Office Staff
English, Spanish

May, Ashley, MC, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

May, Shelby, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
providerenrollment@acornhealth.com

Mayabb, Laura, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Mayers, Darlene, MS, LMFT ■
66 W Flagler St
900
Miami, FL 33130
(786) 244-7711
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff English

Mayo, Dania, MA, BCBA ■
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
http://appliedbhs.com
goldenkidscareinc@gmail.com

and

6625 Miami Lakes Drive
231
Miami Lakes, FL 33014
(786) 322-9323
Digital Contact Information:
goldenkidscareinc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mayor, Jennifer, MS, BCBA ■
FL
(786) 501-1153
Digital Contact Information:
kidsrusbehavioraltherapyllc@gmail.com

Mayoral Machado, Oden, MPSY, BCBA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and

13200 Southwest 128th Street
Suite E2
Miami, FL 33186
(813) 252-0825
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mayoral, Odelys, MS, BCBA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and

13200 Southwest 128th Street
Suite E2
Miami, FL 33186
(813) 252-0825
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mazzarella, Chris J, MA, BCBA ■
12360 SW 132nd Ct
Ste 201
Miami, FL 33186
(786) 701-9605
Digital Contact Information:
aba-ojtcorp@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mazzotti, Lisa, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

McBay, Emily, MS, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

McCarthy, Khadija M, BA, BCBA ■
13195 Southwest 134th Street
Suite 106
Miami, FL 33186
(786) 250-3220
Digital Contact Information:
http://www.peaktherapycenter.com
khadijamccarthy@gmail.com

and

13501 Southwest 136th Street
STE 205
Miami, FL 33186
(305) 209-4321
Digital Contact Information:
http://sunshinespectrumaba.com
khadijamccarthy@gmail.com

and

8785 SW 165th Ave
Ste 104
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
khadijamccarthy@gmail.com

McCoy, Brittney, MMH, LMHC ■
8971 Southwest 142nd Avenue
11 37
Miami, FL 33186
(786) 244-7690
Digital Contact Information:
worcounselingservices@gmail.com

McCready, Lori J, MC, LPCC, PC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@lifestance.com

McDevitt, Omayra, MA, LPC ■
FL
(305) 902-6347
Digital Contact Information:
start@bebravehealth.com

McDonald, Margaret S, EDS, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
marscounselingservices@gmail.com

McGrady, Ursula, MS, BCBA ■
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
http://www.miamipersonalmanagement.com
mpmcmhc@miamipersonalmanagement.com

and
14707 South Dixie Highway
Suite 200
Miami, FL 33176
(305) 321-5177
Digital Contact Information:
mpmcmhc@miamipersonalmanagement.com
Other Languages Spoken by Provider or Office Staff Spanish

McIntosh, Donna, MS, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
support@anytimecredentialing.com
Other Languages Spoken by Provider or Office Staff English, Spanish

McKee, Ronit, MS, BCBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(410) 538-2574
Digital Contact Information:
credentialing@tbh.com

McKenzie-Plez, Antwan, MA, LCMHC ■
1620 Northeast 148th Street
Miami, FL 33181
(954) 412-9698
Digital Contact Information:
kelly@credentialingconsultants.com

McLean, Herman, MS, LMHC ■
760 Northwest 53rd Street
Miami, FL 33127
(786) 277-2552
Digital Contact Information:
mcleanherman@gmail.com

and
17121 Northwest 9th Place
Miami, FL 33169
(786) 277-2552
Digital Contact Information:
mcleanherman@gmail.com

McLean, Jodi-Ann, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 964-7927
Digital Contact Information:
maveninbehavior305@gmail.com

and
12150 Southwest 128th Court
Suite 224
Miami, FL 33186
(305) 964-7927
Digital Contact Information:
maveninbehavior305@gmail.com

and
7701 Southwest 62nd Avenue
STE 200
South Miami, FL 33143
(305) 586-2953
Digital Contact Information:
http://www.maveninbehavior.com
maveninbehavior305@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

McLeod, Karla, MS, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
providers@empathyhealthclinic.com

McMillon, Karlysse, MA, LMHC ■
1 Alhambra Plaza
Miami, FL 33134
(888) 588-8995
Digital Contact Information:
creds@foresightmentalhealth.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
creds@foresightmentalhealth.com
Other Languages Spoken by Provider or Office Staff English

McNeal, Natasha, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

McPhail, Cheryl L, MS, BCBA, LBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
info@appliedabc.com

and
12456 Southwest 127th Avenue
Miami, FL 33186
(786) 953-8500
Digital Contact Information:
info@appliedabc.com
Other Languages Spoken by Provider or Office Staff English

McVan, Melissa, MS, LMHC ■
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(561) 289-7995
Digital Contact Information:
http://pandatherapycircle.com
pandatherapycircle@gmail.com

and
FL
(561) 289-7995
Digital Contact Information:
http://pandatherapycircle.com
pandatherapycircle@gmail.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
pandatherapycircle@gmail.com

Meadowlark, Cheri A, MA, LMFT ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
credentialing@joinuplift.co
Other Languages Spoken by Provider or Office Staff English

Mechling, Sarah, MA, BCBA ■
11601 Biscayne Boulevard
Miami, FL 33181
(786) 206-4151
Digital Contact Information:
srmechling@gmail.com

Mederos Cardenas, Mylena, MS, BCBA ■
1840 West 49th Street
#714
Hialeah, FL 33012
(305) 699-8388
Digital Contact Information:
credentialing@southbillcare.com
Other Languages Spoken by Provider or Office Staff Spanish

Mederos, Elaine, MA, BCBA ■
2520 Coral Way
2 19
Miami, FL 33145
(855) 832-6727
Digital Contact Information:
evernorth@teampbs.com

Medici, April, MSED, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
aprilmedici@yahoo.com

Medina, Cristina, MS, BCBA ■
7232 Southwest 39th Terrace
Miami, FL 33155
(305) 431-7224
Digital Contact Information:
http://www.hopefortomorrowtherapy.com
hopefortomorrowtherapy@yahoo.com
Other Languages Spoken by Provider or Office Staff Spanish

Medina, Jennilee, MS, BCBA ■
13300 Southwest 128th Street
Miami, FL 33186
(786) 250-3451
Digital Contact Information:
jmedina@firststepsint.com

Medina, Maria E, MS, LMHC ■
5881 Northwest 151st Street
Suite: 103
Miami Lakes, FL 33014
(786) 703-4154
Digital Contact Information:
peaceofmindmhs@hotmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Medina Martin, Damary, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 558-7248
Digital Contact Information:
lightingbehaviorservices@gmail.com

and
2721 SW 137th Ave
Ste 113
Miami, FL 33175
(786) 558-7248
Digital Contact Information:
lightingbehaviorservices@gmail.com

and
4800 Northwest 167th Street
Miami Gardens, FL 33014
(305) 515-2726
Digital Contact Information:
http://www.lightingbehavior.com
lightingbehaviorservices@gmail.com

and
15291 Northwest 60th Avenue
Suite 107
Miami Lakes, FL 33014
(786) 608-1805
Digital Contact Information:
lightingbehaviorservices@gmail.com

and
183 Sw 153pl
Richmond West, FL 33187
(786) 343-9391
Digital Contact Information:
lightingbehaviorservices@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Medina, Michelle, MED, BCBA ■
657 South Drive
Miami Springs, FL 33166
(786) 860-5161
Digital Contact Information:
thebehaviorists@ababuildingblocks.com

Medina, Nancy M, MBS, BCBA ■
8950 Southwest 152nd Street
106a
Palmetto Bay, FL 33157
(786) 398-2965
Digital Contact Information:
hr@kindermindsaba.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Medina, Nicole, BS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(305) 846-9807
Digital Contact Information:
https://acornhealth.com
info@acornhealth.com

Mejia, Maria A, MA, BCBA ■
9240 Southwest 158th Lane
18th
Palmetto Bay, FL 33157
(305) 788-2849
Digital Contact Information:
http://eibscorp.com
info@eibscorp.com
Other Languages Spoken by Provider or Office Staff Italian, Spanish

Mejias, Lizette M, MA, BCBA ■
5455 Southwest 8th Street
230
Miami, FL 33134
(786) 629-8836
Digital Contact Information:
info@vidacounselinggroup.com
Other Languages Spoken by Provider or Office Staff Spanish

Melendez, Anabel M, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
Not Available

Melgar, Liza, MS, LMHC ■
4445 West 16th Avenue
STE 405
Hialeah, FL 33012
(786) 233-6721
Digital Contact Information:
http://www.managedmentalhealthllc.com
info@managedmentalhealth.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Mellado, Claudia, MSCC, LMHC ■
1380 Northeast Miami Gardens Drive
Suite 220 A
North Miami Beach, FL 33179
(305) 302-7819
Digital Contact Information:
http://www.emotionalcare.us
claumell001@gmail.com
Other Languages Spoken by Provider or Office Staff Portuguese, Spanish

Melman, Angela J, MMH, LMHC ■
FL
(786) 805-7098
Digital Contact Information:
angelamelman1@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Melo, Evelyn, MA, LMHC ■
8785 SW 165th Ave
Ste 200
Miami, FL 33193
(786) 587-9656
Digital Contact Information:
melopsych@yahoo.com
Other Languages Spoken by Provider or Office Staff Spanish

Melo, Ranses, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 536-7470
Digital Contact Information:
dadebehavioralservices@gmail.com

Mena, Humberto, MS, BCBA ■
12955 Southwest 132nd Street
Suite 205
Miami, FL 33186
(305) 220-3382

Digital Contact Information:
http://www.risenconsultants.com
mhum29@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mena, Rebekah, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
admin@lifehealthsystem.org
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Mena, Yaima M, MMH, LMHC ■
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
sseacoast22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Menard Clinton, Cynthia, MS, LMHC ■
FL
(484) 808-5908
Digital Contact Information:
cynthiamenardclinton@hotmail.com

Mendez Blancart, Rosa M, MA, BCBA ■
30392 Old Dixie Highway
Homestead, FL 33030
(786) 283-0175
Digital Contact Information:
myhungrycaterpillar@gmail.com

and
27132 South Dixie Highway
Naranja, FL 33032
(786) 283-0175
Digital Contact Information:
myhungrycaterpillar@gmail.com

Mendez, Christian, MA, BCBA ■
Salzedo Street
Miami, FL 33134
(786) 310-2352
Digital Contact Information:
cmendez@icds-miami.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mendez, Dayana, MC, LMHC ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
iqmedicalcenter@gmail.com

and
7811 Coral Way
103
Miami, FL 33155
(305) 484-8371
Digital Contact Information:
https://www.iq-medical-center.com/
iqmedicalcenter@gmail.com

and
13416 Southwest 128th Street
Miami, FL 33186
(786) 732-0247
Digital Contact Information:
iqmedicalcenter@gmail.com

and
FL
(786) 359-4027
Digital Contact Information:
iqmedicalcenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mendez, Gigi, MBS, BCBA ■
3750 Northwest 87th Avenue
744
Miami, FL 33178
(786) 689-6517
Digital Contact Information:
genesisconsultingservices39@gmail.com

Mendez, Gitged, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Mendez, Janette, MS, LMHC ■
2307 Douglas Road
400
Miami, FL 33145
(305) 699-0688
Digital Contact Information:
help@joinuplift.co

Mendez, Jeily, BA, BCABA ■
10300 Southwest 72nd Street
300
Miami, FL 33173
(786) 418-9730
Digital Contact Information:
manager@happydreamsofkids.com

Mendez, Lianet, MS, LMHC ■
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
counseling@lianetmendez.com

and
9125 SW 87th Ave
Miami, FL 33176
(305) 735-3919
Digital Contact Information:
counseling@lianetmendez.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mendez, Lizbey, MA, BCBA ■
18901 Southwest 106th Avenue
229 230
Cutler Bay, FL 33157
(786) 808-6575
Digital Contact Information:
advancebehavior71@gmail.com

and
15715 South Dixie Highway
226
Miami, FL 33157
(305) 849-4186
Digital Contact Information:
advancebehavior71@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mendez, Manuel, MC, LMHC ■
705 East 8th Avenue
201
Hialeah, FL 33010
(786) 655-0774
Digital Contact Information:
healingtouchinc@msn.com

and
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
2387 West 68th Street
301
Hialeah, FL 33016
(786) 655-0774
Digital Contact Information:
healingtouchinc@msn.com

and
3383 Northwest 7th Street
312
Miami, FL 33125
(786) 703-8965
Digital Contact Information:
healingtouchinc@msn.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 695-8672
Digital Contact Information:
healingtouchinc@msn.com

and
3817 West Flagler Street
Miami, FL 33134
(305) 456-2776
Digital Contact Information:
healingtouchinc@msn.com

and
7299 West Flagler Street
Miami, FL 33144
(786) 953-4698
Digital Contact Information:
healingtouchinc@msn.com

and
7360 Southwest 24th Street
17a
Miami, FL 33155
(786) 570-3130
Digital Contact Information:
healingtouchinc@msn.com

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
4155 Southwest 130th Avenue
108
Miami, FL 33175
(786) 695-8672
Digital Contact Information:
healingtouchinc@msn.com

and
14875 Northwest 77th Avenue
Suite 204
Miami Lakes, FL 33014
(786) 321-1400
Digital Contact Information:
healingtouchinc@msn.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mendez, Mayloren, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 285-0394
Digital Contact Information:
maylorenotr@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Mendez, Melonie, EDS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 275-8860
Digital Contact Information:
http://www.abctestingservices.com
frontdesk@abctestingservices.com

Mendez Tamayo, Cynthia M, MS, LMFT ■
7100 SW 99th Ave
Ste 203
Miami, FL 33173
(305) 720-4774
Digital Contact Information:
cynmendez8@gmail.com

and
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
cynmendez8@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mendez, Wendy, MS, BCBA ■
Home Based Services Only
Naranja, FL 33032
(407) 800-6086
Digital Contact Information:
prokidzabatherapy@yahoo.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
prokidzabatherapy@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mendoza Bermudez, Jessabel, MA, BCBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(305) 549-8665
Digital Contact Information:
https://rainbowbehavioralservices.com
rainbowbehavioralservices@gmail.com

and
1900 Southwest 22nd Street
#205
Miami, FL 33145
(305) 648-7212
Digital Contact Information:
rainbowbehavioralservices@gmail.com

and
20774 West Dixie Highway
b
Miami, FL 33180
(305) 549-8665
Digital Contact Information:
rainbowbehavioralservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mendoza Moya, Yudith, MSED, BCABA ■
8660 West Flagler Street
STE 121
Miami, FL 33144
(305) 600-4774
Digital Contact Information:
info@brightfuturebehavioral.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mendoza, Saira V, BA, BCABA ■
Home Based Services Only
Miami Gardens, FL 33014
(305) 640-5739
Digital Contact Information:
info@abahealthpb.com
Other Languages Spoken by Provider or Office Staff
Spanish

Menendez, Helen, BS, BCABA ■
15715 South Dixie Highway
330
Miami, FL 33157
(786) 732-0842
Digital Contact Information:
goodbehavior.as@gmail.com

Menendez Huergo, Maribel, BS, BCABA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Menendez, Jorge L, MS, BCBA ■
21505 Southwest 177th Avenue
Miami, FL 33187
(786) 226-2816
Digital Contact Information:
http://www.abatodayinc.com
jmene006@fiu.edu
Other Languages Spoken by Provider or Office Staff
Spanish

Menendez, Liliam, MS, BCBA ■
11077 Biscayne Boulevard
Suite 211
Miami, FL 33161
(305) 974-5388
Digital Contact Information:
http://www.beaconbehavioraltherapy.com
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Meneses, Maria V, MED, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 955-6224
Digital Contact Information:
mariavalentina@alldayaba.com

and
7791 Northwest 46th Street
206
Miami, FL 33166
(305) 525-8162
Digital Contact Information:

mariavalentina@alldayaba.com

and
16201 Northeast 13th Avenue
North Miami Beach, FL 33162
(786) 955-6224
Digital Contact Information:
http://www.superkidsaba.com
mariavalentina@alldayaba.com

and
17121 Northeast 6th Avenue
North Miami Beach, FL 33162
(305) 952-3161
Digital Contact Information:
mariavalentina@alldayaba.com

and
FL
(786) 955-6224
Digital Contact Information:
mariavalentina@alldayaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Meneses, Yanela, MS, BCBA ■
Home Based Services Only
Miami Shores, FL 33161
(786) 709-8403
Digital Contact Information:
info@cameroarnp.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mengana, Lazaro W, MA, BCBA ■
8900 Southwest 107th Avenue
201
Miami, FL 33176
(786) 401-6152
Digital Contact Information:
admin@wmbehavior.com

Merayo, Maria, MS, BCBA ■
Home Based Services Only
Virginia Gardens, FL 33166
(786) 254-5372
Digital Contact Information:
office@behaviorandwellnesscorp.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Merenfeld, Ronit, MPSY, LMHC ■
2801 Northeast 213th Street
Suite 1215
Aventura, FL 33180
(833) 769-3524
Digital Contact Information:
fl-credentialing@lifestance.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mesa, Catalina, MS, BCBA ■
7875 Northwest 12th Street
118
Miami, FL 33126
(786) 505-4449
Digital Contact Information:
cmesa005@gmail.com

and
12973 Southwest 112th Street
151
Miami, FL 33186
(305) 204-7037
Digital Contact Information:
cmesa005@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Mesa Hernandez, Adis, MBS, BCBA ■
5901 Miami Gardens Drive
207
Hialeah, FL 33015
(786) 560-3178
Digital Contact Information:
hopestaraba@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Mesa Labrada, Jose, BA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 440-9092
Digital Contact Information:
jmabaservices@gmail.com

and
12460 Southwest 8th Street
2024
Miami, FL 33184
(786) 801-0944
Digital Contact Information:
jmabaservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mesa, Leonel E, PSYD, LMHC ■
FL
(786) 208-4831
Digital Contact Information:
drmesa@neurofeedbackofml.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Mesa, Omar, MS, BCBA ■
Home Based Services Only
Doral, FL 33122
(561) 643-7643
Digital Contact Information:
brightstepsaba@gmail.com

and
110 West 17th Street
Hialeah, FL 33010
(786) 267-8467
Digital Contact Information:
brightstepsaba@gmail.com

and
Home Based Services Only
Hialeah, FL 33010
(786) 267-8467
Digital Contact Information:
brightstepsaba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mestre, Ashley M, MS, BCBA ■
11060 SW 88th St
Miami, FL 33176
(305) 668-8644
Digital Contact Information:
ashley@mestre-behavior.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Meyer, Sean P, PHD, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
information@flces.com
Other Languages Spoken by Provider or Office Staff
German

Mezawi, Yordanka, MSED, BCBA ■
3833 Southwest 8th Street
Coral Gables, FL 33134
(786) 202-1701
Digital Contact Information:
info@ababuddies.com

and
2901 Southwest 7th Street
a
Miami, FL 33125
(786) 202-1701
Digital Contact Information:
info@ababuddies.com
Other Languages Spoken by Provider or Office Staff
Spanish

Miceli Padilla, Stephanie L, MS, BCBA ■
7875 Northwest 12th Street
118
Miami, FL 33126
(786) 505-4449
Digital Contact Information:
info@southfloridabehavior.com

Michael, Shemise, MC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
shemise@ssmcounselinggroup.com

Middlebrooks, Quilette, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Mieses, Yuberilys, MSCC, LMHC ■
9010 Southwest 137th Avenue
232
Miami, FL 33186
(305) 482-3516
Digital Contact Information:
yuberilys.mieses@yahoo.com

and
9010 Southwest 137th Avenue
Suite 241
Miami, FL 33186
(305) 482-3516
Digital Contact Information:
yuberilys.mieses@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Migoyo, Zulaymis, MS, LMHC ■
19001 Southwest 106th Avenue
c103
Miami, FL 33157
(786) 523-2352
Digital Contact Information:
jpabehavior@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Mikhaylova, Tatiana, MSED, BCBA ■
3530 Mystic Pointe Drive
608 608
Aventura, FL 33180
(786) 540-0458
Digital Contact Information:
tatiana@mistherapy.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(929) 617-6362
Digital Contact Information:
tatiana@mistherapy.com

Milan, Paola K, MS, BCBA ■
13590 Southwest 134th Avenue
104
Miami, FL 33186
(305) 896-8161
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Miles, Cayley, MED, BCBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
clinical@getanswersnow.com

and
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
clinical@getanswersnow.com

and
12456 Southwest 127th Avenue
Miami, FL 33186
(786) 953-8500
Digital Contact Information:
clinical@getanswersnow.com

Milian, Monica, MS, LMHC ■
5901 SW 74th St
Ste 412
Miami, FL 33143
(786) 717-5028
Digital Contact Information:
http://www.gablespsychology.com
monica.milian@comcast.net

and
15715 S Dixie Hwy
Ste 303
Miami, FL 33157
(786) 380-5084
Digital Contact Information:
monica.milian@comcast.net

and
9260 Sunset Dr
Ste 201
Miami, FL 33173
(786) 380-5084
Digital Contact Information:
monica.milian@comcast.net

and
9380 Sunset Dr
Ste B238
Miami, FL 33173
(786) 380-5084
Digital Contact Information:
monica.milian@comcast.net

and
10691 Southwest 88th Street
Suite 110
Miami, FL 33176
(786) 380-5084
Digital Contact Information:
monica.milian@comcast.net
Other Languages Spoken by Provider or Office Staff
Spanish

Mill, Dayneris, MS, BCBA ■
1900 Southwest 22nd Street
#205
Miami, FL 33145
(305) 648-7212
Digital Contact Information:
eberthsbehavioral@gmail.com

and
6780 Coral Way
Miami, FL 33155
(305) 648-7212
Digital Contact Information:
eberthsbehavioral@gmail.com

and
20774 West Dixie Highway
b
Miami, FL 33180
(305) 549-8665
Digital Contact Information:
eberthsbehavioral@gmail.com

Millar, Jennifer, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
hello@talkiatry.com

Millares, Giselle, MPSY, LMHC ■
9010 SW 137th Ave
Ste 233
Miami, FL 33186
(786) 236-1323
Digital Contact Information:
gmillares@hcnetwork.org

and
9010 Southwest 137th Avenue
231
Miami, FL 33186
(415) 941-4109
Digital Contact Information:
gmillares@hcnetwork.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

Miller, Carmen F, MMFT, LMFT ■
15600 Northwest 67th Avenue
204 208
Hialeah, FL 33014
(786) 542-6127
Digital Contact Information:
credentialing@chrysalishealth.com

and
640 W Palm Dr
Ste D
Homestead, FL 33034
(786) 601-7757
Digital Contact Information:
credentialing@chrysalishealth.com

and
640 West Palm Drive
c
Homestead, FL 33034
(305) 793-4701
Digital Contact Information:
credentialing@chrysalishealth.com

and
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com

and
10250 Southwest 56th Street
C202

Miami, FL 33165
(754) 816-5001
Digital Contact Information:
credentialing@chrysalishealth.com

and
10511 Southwest 88th Street
c103
Miami, FL 33176
(786) 530-7427
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Miller, Mark M, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
aycmarc@mail.com

Miller, Teal, BCBA, MS ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
care@tillytherapy.com

Mills, Krystel, MS, BCBA ■
14707 South Dixie Highway
Suite 200
Miami, FL 33176
(786) 592-1574
Digital Contact Information:
http://www.familybehaviortherapy.com
administration@familybehaviortherapy.com

and
12985 Southwest 130th Court
204 204
Miami, FL 33186
(305) 735-3878
Digital Contact Information:
administration@familybehaviortherapy.com

and
FL
(305) 735-3878
Digital Contact Information:
administration@familybehaviortherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Minnella, Michael E, MA, LCPC ●
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
admin@growingclaritycounseling.com

Mirabal Lopez, Elias, MS, BCBA ■
7801 Northwest 37th Street
Lp-201
Doral, FL 33195
(305) 468-9899
Digital Contact Information:
vivianaicare@gmail.com

and
Home Based Services Only
Miami Lakes, FL 33018
(786) 536-7908
Digital Contact Information:
vivianaicare@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Creole, Spanish

Miramontes, Sandra, MC, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Miranda, Ivania, MS, LMHC ■
717 Ponce de Leon Boulevard
Suite 209
Coral Gables, FL 33134
(305) 381-0839
Digital Contact Information:
https://www.winglessangelsbs.com/
yamile@behavioralfamilysolutions.com

and
8785 SW 165th Ave
Ste 104
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
yamile@behavioralfamilysolutions.com

Miranda, Kelly M, MBS, BCBA ■
12150 Southwest 128th Court
222
Miami, FL 33186
(786) 701-8164
Digital Contact Information:
http://www.kendallbehavior.com
office@kendallbehavior.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Miranda Loyola, Patricia, MSED, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
insuranceoperations@360bhmail.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
insuranceoperations@360bhmail.com

and
1951 NW 7th Ave
Ste 600
Miami, FL 33136
(929) 384-7193
Digital Contact Information:
insuranceoperations@360bhmail.com

Miro Rivera, Chelimer, MA, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
payors@emorahealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mitchell, Cheryl L, MC, LPCC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@lionrockrecovery.com

and
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
https://www.emorahealth.com/
info@lionrockrecovery.com
Other Languages Spoken by Provider or Office Staff English

Mitchell, Kendall, MS, LMHC ■
4300 Biscayne Boulevard
STE 203
Miami, FL 33137
(727) 732-4305
Digital Contact Information:
billing@tbacgroup.com

Mizrahi, David, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Moas, Ayellet, MSED, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(440) 320-6543
Digital Contact Information:
goldencarega@mbhpays.com

Moenck, Karina, MA, LMHC ■
1601 Northwest 12th Avenue
2047
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
Not Available

Moise, Danica, MA, BCBA ■
7925 Northwest 12th Street
130 130
Doral, FL 33126
(833) 458-0386
Digital Contact Information:
admin@limitlesslearningaba.com

and
7925 Northwest 12th Street
Unit 130
Doral, FL 33126
(786) 870-5090
Digital Contact Information:
admin@limitlesslearningaba.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
https://tillytherapy.com/
admin@limitlesslearningaba.com

and
2947 Coconut Avenue
2 2
Miami, FL 33133
(786) 541-5735
Digital Contact Information:
admin@limitlesslearningaba.com

Moise, Phonselor, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(347) 893-1266
Digital Contact Information:
evernorth@teampbs.com

Molina, Jacquelyn, BS, BCBA ■
10200 Northwest 25th Street
211
Doral, FL 33172
(786) 269-3502
Digital Contact Information:
services@cmnbtherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Molina Jimenez, Magalys, MBS, BCBA ■
1700 Southwest 57th Avenue
209
Miami, FL 33155
(786) 558-4981
Digital Contact Information:
jcabrera@mymbcinc.com

and
15160 Southwest 136th Street
15 15
Miami, FL 33196
(786) 558-4981
Digital Contact Information:
jcabrera@mymbcinc.com

Molina, Judith, MS, LMHC ●
11200 Southwest 8th Street
Miami, FL 33174
(305) 348-0477
Digital Contact Information:
fiucred@fiu.edu

Molina, Sonia, MS, BCBA ■
7500 Northwest 25th Street
STE 200
Miami, FL 33122
(305) 909-4872
Digital Contact Information:
https://www.miasupreme.com/
soniadelatorre1@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mollinedo, Karla, MS, BCBA ■
2020 Ponce de Leon
Suite 1201
Miami, FL 33134
(305) 917-5414
Digital Contact Information:
mirta@psychologybeyond.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mompoint, Guy-Claude, MPS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 275-8860
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
English, Haitian

Monahan, Shannon, BA, BCBA, LBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
info@interventionsunlimited.com
Other Languages Spoken by Provider or Office Staff English

Mondragon, Michelle, MS, BCBA ■
1380 Northeast Miami Gardens Drive
Suite 255
Miami, FL 33179
(954) 651-2969
Digital Contact Information:
info@mysunshinetherapy.com

Moner Garcia, Maria, EDM, BCBA ■
8180 Northwest 36th Street
209
Doral, FL 33166
(786) 334-6946
Digital Contact Information:
heightservicespro@gmail.com

and
Home Based Services Only
Miami Gardens, FL 33014
(954) 451-0148
Digital Contact Information:
heightservicespro@gmail.com

Monette Roulhac, Kareta, MS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 275-8860
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Monner Lopez, Elizabeth, MS, BCBA ■
10515 Southwest 40th Street
Miami, FL 33165
(786) 615-2208
Digital Contact Information:
miamimental@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Montano, Daniel, MA, LBA ■
27132 South Dixie Highway
Naranja, FL 33032
(786) 283-0175
Digital Contact Information:
myhungrycaterpillar@gmail.com

Montano Silva, Madelen, MS, BCBA ■
3750 West 16th Avenue
218
Hialeah, FL 33012
(786) 409-3231
Digital Contact Information:
jcabrera@mymbcinc.com

and
1250 SW 27th Ave
Ste 402
Miami, FL 33135
(305) 619-9231
Digital Contact Information:
jcabrera@mymbcinc.com

and
9380 Southwest 72nd Street
250
Miami, FL 33173
(786) 409-3231
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Montes, Amanda, MS, BCBA ■

2520 Coral Way
2 19
Miami, FL 33145
(855) 832-6727
Digital Contact Information:
https://www.teampbs.com/
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Montes De Oca, Yelenis, MS, BCABA ■
10300 Southwest 72nd Street
300
Miami, FL 33173
(786) 418-9730
Digital Contact Information:
http://www.happydreamsofkids.com
manager@happydreamsofkids.com

Montes De Oca, Yilian, MS, LCMHC, LCPC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ymontesy@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Montes, Jose, MMH, LMHC ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
http://universalcommunityservices.com
admin@universalcommunityservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Montesino Pinera, Gerardo, MS, BCBA ■
200 East 4th Street
204 204
Hialeah, FL 33010
(305) 414-3719
Digital Contact Information:
montesino2012@yahoo.com

Montgomery, Karon, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
titancbh@gmail.com

Montiel, Greysel, BS, BCBA ■
13550 Southwest 88th Street
STE 270B
Miami, FL 331861513
(786) 447-3228
Digital Contact Information:
marvelousdreamservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Montilla, Claudia A, MS, LMHC ■
8450 Northwest 102nd Avenue
210
Doral, FL 33178
(305) 495-4075
Digital Contact Information:
info@paradisehealthgroup.com

and
5901 Northwest 183rd Street
Suite 264
Hialeah, FL 33015
(786) 418-9790
Digital Contact Information:
https://oasismentalhealthcenter.com
info@paradisehealthgroup.com

and
8591 Northwest South River Drive
Medley, FL 33166
(305) 456-3000
Digital Contact Information:
info@paradisehealthgroup.com

and
4905 Northwest 72nd Avenue
5
Miami, FL 33166
(786) 391-3816
Digital Contact Information:
http://paradisehealthgroup.com
info@paradisehealthgroup.com

and
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
info@paradisehealthgroup.com

and
9125 SW 87th Ave
Miami, FL 33176
(305) 735-3919
Digital Contact Information:
info@paradisehealthgroup.com

and
13335 Southwest 124th Street
STE 101
Miami, FL 33186
(786) 842-3635
Digital Contact Information:
info@paradisehealthgroup.com

and
8100 Northwest 155th Street
100
Miami Lakes, FL 33016
(786) 615-2531
Digital Contact Information:
info@paradisehealthgroup.com

Montoya, Karla, MPSY, BCBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
info@irockbehavior.com

and
12456 Southwest 127th Avenue
Miami, FL 33186
(786) 953-8500
Digital Contact Information:
info@irockbehavior.com
Other Languages Spoken by Provider or Office Staff
Spanish

Montoya, Veronica, MS, LMHC ■
3150 Southwest 38th Avenue
Suite: 1309
Coral Gables, FL 33133
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
vmontoya@insideouttherapycenter.com

and
3150 Southwest 38th Avenue
Suite 1307
Miami, FL 33146
(786) 768-8014
Digital Contact Information:
http://insideouttherapycenter.com
vmontoya@insideouttherapycenter.com
Other Languages Spoken by Provider or Office Staff English

Montpellier, Olga, MMH, LMHC ■
306 Alcazar Avenue
200
Coral Gables, FL 33134
(305) 967-8725
Digital Contact Information:
http://www.ajmmedicalcenter.com
eternitylives24@gmail.com

and
2100 West 76th Street
STE 201
Hialeah, FL 33016
(786) 353-2324
Digital Contact Information:
eternitylives24@gmail.com

and
FL
(786) 353-2324
Digital Contact Information:
eternitylives24@gmail.com

and
7811 Coral Way
103
Miami, FL 33155
(305) 484-8371
Digital Contact Information:
http://www.iq-medical-center.com
eternitylives24@gmail.com

and
3421 SW 107th Ave
Miami, FL 33165
(305) 392-1774
Digital Contact Information:
eternitylives24@gmail.com

and
12955 Southwest 42nd Street
STE 2
Miami, FL 33175
(305) 364-5711
Digital Contact Information:
eternitylives24@gmail.com

and
9010 Southwest 137th Avenue
suite 116
Miami, FL 33186
(305) 639-8685
Digital Contact Information:
eternitylives24@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Monzon, Grethel C, MBS, BCABA ■
10482 Northwest 31st Terrace
STE 2A
Doral, FL 33172
(786) 765-7550
Digital Contact Information:
info@newlifeaba.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Monzon Lage, Barbara C, MPSY, BCBA ■
7001 Southwest 97th Avenue
104
Miami, FL 33173
(786) 772-1577
Digital Contact Information:
bmbchildrentherapies@gmail.com

and
Home Based Services Only
West Miami, FL 33144
(786) 458-9535
Digital Contact Information:
bmbchildrentherapies@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Monzon, Mercede, MMH, LMHC ■
14850 Southwest 26th Street
STE 207
Miami, FL 33185
(786) 263-3949
Digital Contact Information:
jvictores@merceyole.com

Moore, Aareon C, MA, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
hello@emorahealth.com

Moore, Audrea, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
3amcounselingservices@gmail.com

Moore, Brandi, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/payors@emorahealth.com

Moore, Monique, MC, LMHC ■
1951 Northwest 7th Avenue
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
moniquem.lmhc@gmail.com

and
FL
(305) 902-6347
(904) 960-3119
Digital Contact Information:
moniquem.lmhc@gmail.com

Moore, Shauntae, MC, LPC ■
FL
(508) 202-1011
Digital Contact Information:
https://www.ehomebehavioralcare.com/scheduling@ehomegroup.com

Mora, Brenda, MS, LMHC ■
FL
(786) 488-8103
Digital Contact Information:
http://www.sfacounseling.org
info@sfacounseling.org
Other Languages Spoken by Provider or Office Staff
Spanish

Morales, Amor, MMH, BCBA ■
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
opusmentalhealthcenter@gmail.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(786) 580-2204
Digital Contact Information:
opusmentalhealthcenter@gmail.com

and
Home Based Services Only
West Miami, FL 33144
(786) 404-1017
Digital Contact Information:
opusmentalhealthcenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Morales, Antonio, MED, BCBA ■
10300 Southwest 72nd Street
250b
Miami, FL 33173
(305) 939-6878
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Morales, Beatriz, MS, LMHC, LPC ■
975 Arthur Godfrey Rd
Ste 301
Miami Beach, FL 33140
(786) 315-0387
Digital Contact Information:
bmorales@ibhflorida.com

and
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
http://www.ibhflorida.com
bmorales@ibhflorida.com

and
FL
(305) 816-6300
Digital Contact Information:
http://www.ibhflorida.com
bmorales@ibhflorida.com
Other Languages Spoken by Provider or Office Staff
Spanish

Morales, Dagoberto, LPC, MD ■
5725 NW 186th St
Hialeah, FL 33015
(847) 289-5727
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Morales, Dayma, MS, BCBA ■
Home Based Services Only
Hialeah, FL 33012

(561) 460-0284
Digital Contact Information:
info@brightfuturebehavioral.com
Other Languages Spoken by Provider or Office Staff
Spanish

Morales Fraginals, Elaine, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 616-4689
Digital Contact Information:
skillsflorida@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Morales, Jilem C, MS, LMHC ■
11890 Southwest 8th Street
STE 309
Miami, FL 331841710
(305) 220-6060
Digital Contact Information:
http://www.blueangelcare.net
wmustelier@aol.com

Morales, Jimmy, MS, BCBA ■
1486 West 84th Street
Hialeah, FL 33014
(305) 828-5276
Digital Contact Information:
jim.mor328@gmail.com

Morales, Judith M, MS, LMFT ■
12360 SW 132nd Ct
Ste 201
Miami, FL 33186
(786) 701-9605
Digital Contact Information:
aba-ojtcorp@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Morales, Lisset, MS, LMHC ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 661-5511
Digital Contact Information:
lissetmr@bellsouth.net

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
http://appliedbhs.com
lissetmr@bellsouth.net
Other Languages Spoken by Provider or Office Staff
English, Spanish

Morales, Marta D, MS, BCABA ■
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
mpmcmhc@miamipersonalmanagement.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
mpmcmhc@miamipersonalmanagement.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
mpmcmhc@miamipersonalmanagement.com

Morales, Maryabel, MA, BCBA ■
Home Based Services Only
Doral, FL 33122
(561) 643-7643
Digital Contact Information:
springhealthusa@gmail.com

Morales, Natasha, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com
Other Languages Spoken by Provider or Office Staff Creole

Morales Navarro, Ivon, MPSY, BCBA ■
10491 Southwest 200th Terrace
Cutler Bay, FL 33189
(786) 230-5158
Digital Contact Information:
mlcbehavior@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 740-9707
Digital Contact Information:
mlcbehavior@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Morales Obando, Virginia N, MS, BCBA ■
10515 Southwest 40th Street
Miami, FL 33165
(786) 615-2208
Digital Contact Information:
miamimental@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Morales, Odelkys, MS, LMHC ■
151 NW 11th St
Ste W201
Homestead, FL 33030
(786) 521-5925
Digital Contact Information:
http://www.monarchallhealth.com
monarchallhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Morales Rodriguez, Odalys, MA, BCABA ■
5455 Southwest 8th Street
230
Miami, FL 33134
(786) 629-8836
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 629-8836
Digital Contact Information:
info@newlifeaba.com

Morano, Daniela, MA, BCBA ■
10447 SW 108th Ave
Apt E278
Miami, FL 33176
(305) 597-3861
Digital Contact Information:
dani_morano@hotmail.com

Morassi, Merceydes, MS, BCBA, LMHC ■
1000 Brickell Avenue
Miami, FL 33131
(954) 325-8558
Digital Contact Information:
help@comprehensivecounselor.org
Other Languages Spoken by Provider or Office Staff
Spanish

Morejon, Isaelis, MS, BCBA ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
yavila@avilahealthgroup.com

and
8785 Southwest 165th Avenue
307
Miami, FL 33193
(786) 956-7480
Digital Contact Information:
http://abamelioragroup.com
yavila@avilahealthgroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Morejon, Maelys C, MS, BCBA ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
admin@brighterworldfl.com

and
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
admin@brighterworldfl.com

and
12750 Northwest 17th Street
216 216
Miami, FL 33182
(888) 527-8037
Digital Contact Information:
admin@brighterworldfl.com

Moreno, Jesus E, MS, LMHC ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
perla@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla@dadefamily.com

Moreno Marrero, Adriana, MED, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
11410 North Kendall Drive
105
Miami, FL 33176
(786) 257-6349
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
genesisconsultingservices39@gmail.com

Moreno, Nicole, MA, LMHC ■
7400 SW 87th Ave
260
Miami, FL 33173
(786) 595-8040
Digital Contact Information:
managedcarecredentialing@baptisthealth.net

Morgado Gandia, Monica, MS, BCBA ■
8203 Southwest 124th Street
Pinecrest, FL 33156
(786) 533-3846
Digital Contact Information:
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Morgan, Jennifer, MC, LMHC ■
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
wavespsychotherapybilling@gmail.com

and
19300 West Dixie Highway
2 2
Miami, FL 33180
(786) 396-0359
Digital Contact Information:
wavespsychotherapybilling@gmail.com

Morin, Petra M, MA, BCBA ■
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
office@smartbatherapy.com

and
306 Westward Dr
Miami Springs, FL 33166
(786) 588-7894
Digital Contact Information:
http://www.smartbatherapy.com
office@smartbatherapy.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(786) 522-7203
Digital Contact Information:
office@smartbatherapy.com

Morina Garcia, Lilianne, MA, BCBA ■
11925 Southwest 72nd Street
Miami, FL 33183
(305) 562-4683
Digital Contact Information:
providerenrollment@acornhealth.com

Morley, Chanrika, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
fl-credentialing@lifestance.com

Morris, Alison R, MS, LMFT ■
17501 Biscayne Boulevard
450
Aventura, FL 33160
(754) 246-4363
Digital Contact Information:
alizoneingroup@gmail.com

Morris, Amy, MED, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Morris, Elaine, MA, LMHC ■
1038 NE 215th St
Miami, FL 33179
(954) 804-6119
Digital Contact Information:
morrise14@gmail.com

Morris, Shezetta, MA, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
jenny.silverio@lifehealthsystem.org

Moses, Lia E, MS, LMHC ■
7600 Red Road
102
South Miami, FL 33143
(305) 456-1014
Digital Contact Information:
http://www.mindandsoultherapy.org
liamoses@yahoo.com

and
FL
(305) 456-1014
Digital Contact Information:
http://www.mindandsoultherapy.org
liamoses@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Moss, Erin M, MMH, LMHC ■
1688 Meridian Avenue
608
Miami Beach, FL 33139
(716) 507-1124
Digital Contact Information:
http://www.erinmmoss.com
erinmmossprivatepractice@gmail.com

Moure Rodriguez, Patricia, MPSY, BCBA ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
paul@ericasbillingservices.com

and
30350 SW 156th Ave
Homestead, FL 33033
(786) 283-0175
Digital Contact Information:
paul@ericasbillingservices.com

and
7392 Northwest 35th Terrace
301
Miami, FL 33122
(786) 666-0475
Digital Contact Information:
paul@ericasbillingservices.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
(305) 255-6203
Digital Contact Information:
paul@ericasbillingservices.com

and
13055 Southwest 42nd Street
STE 104
Miami, FL 33175
(305) 480-7839
Digital Contact Information:
paul@ericasbillingservices.com

and
4310 Southwest 164th Court
Miami, FL 33185
(305) 803-6663
Digital Contact Information:
paul@ericasbillingservices.com

and
27132 South Dixie Highway
Naranja, FL 33032
(786) 283-0175
(786) 481-9833
Digital Contact Information:
paul@ericasbillingservices.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
paul@ericasbillingservices.com

Mourino, Mayte S, MS, BCBA ■
13590 Southwest 134th Avenue
104
Miami, FL 33186
(305) 896-8161
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Mouyal, Gabriel I, MC, LMHC ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
help@joinuplift.co

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff Spanish

Moya Menas, Yuliet, MA, BCBA ■
10675 Southwest 190th Street
STE 1202
Cutler Bay, FL 33157
(786) 227-6262
Digital Contact Information:
kenia.rodriguez@ffmhs.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 255-6203
Digital Contact Information:
kenia.rodriguez@ffmhs.com

and
15924 SW 92nd Ave
Miami, FL 33157
(786) 636-1303
Digital Contact Information:
kenia.rodriguez@ffmhs.com

and
10300 Southwest 72nd Street
250b
Miami, FL 33173
(305) 939-6878
Digital Contact Information:
kenia.rodriguez@ffmhs.com

and
8950 Southwest 152nd Street
116
Palmetto Bay, FL 33157
(786) 669-2619
Digital Contact Information:
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff Spanish

Mrla, Tiffany, MS, BCBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
holly.renshaw@yourmissingpiece.com

and
12456 Southwest 127th Avenue
Miami, FL 33186
(786) 953-8500
Digital Contact Information:
holly.renshaw@yourmissingpiece.com

Muffett, Stephanie, MSED, LMHC ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Muggli, Tina M, MA, LMFT ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
arscredentialing@advancedrecoverysystems.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Mugica, Niurka, BS, BCBA ■
15924 SW 92nd Ave
Miami, FL 33157
(786) 636-1303
Digital Contact Information:
behaviorplusservices@gmail.com

and
8300 NW 53rd St
Ste 350
Miami, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com

and
9570 Southwest 107th Avenue
104c
Miami, FL 33176
(786) 267-2830
Digital Contact Information:
behaviorplusservices@gmail.com

Mullen, Cindy Cynthia, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
cindytbroker@outlook.com
Other Languages Spoken by Provider or Office Staff English

Mundt, Eric T, MA, LMFT ■
1175 Northeast 125th Street
320
Miami, FL 33161
(954) 372-0423
Digital Contact Information:
http://www.marriagefamilyservices.com
fodiving@comcast.net

Mungo, Amani Amanda, MA, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
amungoppcc@gmail.com

Mungur, Vyata, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff French

Muniz Garcia, Gretta E, MS, BCBA ■
FL
(786) 257-8485
Digital Contact Information:
http://www.gabehaviortherapy.com
admissions@abaalliancecareservices.com

and
7500 Northwest 25th Street
Suite 254
Miami, FL 33122
(786) 391-8613
Digital Contact Information:
admissions@abaalliancecareservices.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 254-1033
Digital Contact Information:
admissions@abaalliancecareservices.com

and
14081 Southwest 168th Lane
Miami, FL 33177
(786) 254-1033
Digital Contact Information:
admissions@abaalliancecareservices.com
Other Languages Spoken by Provider or Office Staff Spanish

Muniz, Ivis, MS, BCBA ■
10975 SW 91st St
Miami, FL 33176
(786) 261-8116
Digital Contact Information:
imuniz07@aol.com

and
7260 SW 117th Ave
Miami, FL 33183
(786) 294-0537
Digital Contact Information:
imuniz07@aol.com

and
8266 Mills Drive
Miami, FL 33283
(786) 261-8116
Digital Contact Information:
imuniz07@aol.com
Other Languages Spoken by Provider or Office Staff Spanish

Muniz, Laura, MBS, BCBA ■
107 Antilla Avenue
Coral Gables, FL 331343301
(305) 567-5881
Digital Contact Information:
mgarcia@cagables.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Muniz, Lissette, MA, LMHC ■
1 Alhambra Plaza
PH # 1451
Miami, FL 33134
(888) 588-8995
Digital Contact Information:
http://www.foresightmentalhealth.com
lm.becomingwellness@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Munk, Rut, MED, LBA ■
1000 Brickell Avenue
Miami, FL 33131
(347) 893-1266
Digital Contact Information:
licensedbaps@gmail.com
Other Languages Spoken by Provider or Office Staff Hebrew, Russian, Yiddish, Spanish

Munoz, Fabiola, MS, BCBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
http://kidsspotrehab.com
therapy@kidsspotrehab.com
Other Languages Spoken by Provider or Office Staff Spanish

Munoz Guerra, Tatiana, MA, BCBA ■
10261 Southwest 72nd Street
Miami, FL 33173
(786) 773-3654
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 773-3654
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff Spanish

Munoz, Luis, MA, BCBA ■
14707 S Dixie Hwy
Ste 211
Miami, FL 33176
(305) 586-1142
Digital Contact Information:
abaallstars01@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Munoz Madrazo, Maylen, MA, BCBA ■
107 Antilla Avenue
Coral Gables, FL 331343301
(305) 567-5881
Digital Contact Information:
http://crystalacademycg.com
developmentaltherapiesbeyond@gmail.com

and
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 317-4478
Digital Contact Information:
developmentaltherapiesbeyond@gmail.com

and
7625 SW 21st St
Miami, FL 33155
(888) 527-8037
Digital Contact Information:
developmentaltherapiesbeyond@gmail.com

and
8785 SW 165th Ave
Ste 104
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
developmentaltherapiesbeyond@gmail.com

Munoz Millares, Dayami, MS, BCBA ■
13590 Southwest 134th Avenue
104
Miami, FL 33186
(305) 896-8161
Digital Contact Information:
asmtherapy@gmail.com

and
Home Based Services Only
Miami Gardens, FL 33014
(305) 200-3326
Digital Contact Information:
asmtherapy@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Munoz Pang, Yamile, MA, BCBA ■
8100 Northwest 155th Street
200
Miami Lakes, FL 33016
(786) 479-0029
Digital Contact Information:
littlestepsbehavioral@gmail.com

and
8100 Northwest 155th Street
201
Miami Lakes, FL 33016
(786) 539-2181
Digital Contact Information:
littlestepsbehavioral@gmail.com

Munroe, Marsha P, MS, BCBA ■
9485 Sunset Drive
A-258
Miami, FL 33173
(786) 812-0705
Digital Contact Information:
services@cmnbtherapy.co

and
18220 Southwest 97th Avenue
Palmetto Bay, FL 33157
(786) 592-1574
Digital Contact Information:
services@cmnbtherapy.co
Other Languages Spoken by Provider or Office Staff Portuguese, Turkish, Haitian, Japanese, French, Russian, Italian, Egyptian, Vietnamese

Munson, Jillian, MC, LMHC ■
999 Ponce de Leon
1120
Coral Gables, FL 33134
(305) 605-5683
Digital Contact Information:
http://lovediscovery.org
jwill2007@yahoo.com

Murphy, Cassandra, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff English, Haitian Creole, Spanish

Mursuli, Diego A, BA, BCBA ■
8160 Geneva Court
311
Doral, FL 33166
(786) 925-7633
Digital Contact Information:
dmursuli@gmail.com

and
8160 Geneva Court
311 311
Doral, FL 33166
(786) 925-7633
Digital Contact Information:
dmursuli@gmail.com

and
8160 Jeneva Ct Ste 311
Miami, FL 33166
(786) 925-7633
Digital Contact Information:
dmursuli@gmail.com

and
12485 SW 9th Ter
Miami, FL 33184
(786) 223-7310
Digital Contact Information:
dmursuli@gmail.com

Musykanski, Perla S, MPSY, LMHC ■
3580 Mystic Pointe Drive
Aventura, FL 33180
(305) 343-2878
Digital Contact Information:
brendan.phillips@credentialing.com

and
1045 Kane Concourse
207-208
Bay Harbor Islands, FL 33154
(305) 343-2878
Digital Contact Information:
brendan.phillips@credentialing.com

and
1045 Kane Concourse
207
Bay Harbor Islands, FL 33154
(305) 343-2878
Digital Contact Information:
brendan.phillips@credentialing.com

Myer, Sharon M, PHD, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
drsmyer@gmail.com

Myers, Katrina F, MA, LMFT, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Mynatt, Maggie M, MS, LMHC ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
ehoyos@lotuscounseling.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
http://www.lotuscounseling.com
ehoyos@lotuscounseling.com

Nagel, Alexandra, MA, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@mhrcflorida.com

Naghvi, Marjan, PHD, LMHC ■
1065 Southwest 8th Street
570
Miami, FL 33130
(888) 903-5505
Digital Contact Information:
credentialing@extendedhealthservices.us

Nagy, Betsy, MC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Nahrstedt, Thomas R, MS, LMHC ■
1550 Madruga Avenue
suite 329
Coral Gables, FL 33146
(305) 860-6435
Digital Contact Information:
tom@tjpgrove.com
Other Languages Spoken by Provider or Office Staff English

Naimoli, Dawn, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(386) 254-8788
Digital Contact Information:
g.leep@tf1aba.com

Nammur, Sarai, MC, LMHC ■
15325 Northwest 60th Avenue
#105
Miami Lakes, FL 33014
(305) 512-5388
Digital Contact Information:
sarai@sarainammur.com
Other Languages Spoken by Provider or Office Staff Spanish

Napoles, Maria C, MS, BCBA ■
2020 Ponce de Leon
Suite 1201
Miami, FL 33134
(305) 917-5414
Digital Contact Information:
mirta@psychologybeyond.com
Other Languages Spoken by Provider or Office Staff Spanish

Narvaez, Teresa, PHD, LMHC ■
10637 N Kendall Dr
Ste 7K
Miami, FL 33176
(786) 205-2470
Digital Contact Information:
tetena@bellsouth.net
Other Languages Spoken by Provider or Office Staff English, Spanish

Nasai, Ayasha N, MS, BCBA ■
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
info@stepforwardaba.com
Other Languages Spoken by Provider or Office Staff Spanish

Nasr, Tarek, MED, BCBA ■
382 Northeast 191st Street
Miami, FL 33179
(561) 537-6153
Digital Contact Information:
evernorth@teampbs.com

Natalia Marino, Mariela, MS, BCBA ■
7900 Oak Ln
400
Hialeah, FL 33016
(786) 622-5743
Digital Contact Information:
myhungrycaterpillar@gmail.com

and
27132 South Dixie Highway
Naranja, FL 33032
(786) 283-0175
Digital Contact Information:
myhungrycaterpillar@gmail.com

Nau, Natalie, MS, BCBA ■
9415 Southwest 72nd Street
101
Miami, FL 33173
(305) 662-6448
Digital Contact Information:
http://www.miamibehaviortherapy.com
info@miamibehaviortherapy.com

Naulles, Grisell, MS, BCBA ■
13501 Southwest 128th Street
Suite 106
Miami, FL 33186
(786) 731-3919
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Navarrete, Thais, MMFT, LMFT ●
12150 Southwest 128th Court
136
Miami, FL 33186
(305) 562-8804
Digital Contact Information:
thais@thaisnavarrete.com
Other Languages Spoken by Provider or Office Staff Spanish

Navarro, Chavelys V, MS, BCBA ■
12150 Southwest 128th Court
#201
Miami, FL 33186
(786) 697-1966
Digital Contact Information:
brightbeginningservices@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Navarro, Isabel, BS, BCABA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 586-5762
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(305) 586-5762
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff Spanish

Navarro, Leticia, MA, BCBA ■
10300 Southwest 72nd Street
250b
Miami, FL 33173
(305) 939-6878
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
Home Based Services Only
Miami Gardens, FL 33014
(305) 417-1535
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Nawabi, Mariam, MA, BCBA ■
777 Brickell Ave
Ste 500
Miami, FL 33131
(305) 330-4660
Digital Contact Information:
http://www.lotusbehavior.com
info@lotusbehavior.org
Other Languages Spoken by Provider or Office Staff Farsi, Sign Lang Amer

Nazario Cervantes, Ernesto, MS, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Nazon, Marc, MA, LMFT ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Nazzaro, Karline R, MSED, BCBA ■
9425 Southwest 72nd Street
164
Miami, FL 33173
(305) 279-2286
Digital Contact Information:
k.nazzaro@protonmail.com

Nedock, Shirley, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Neff, Christina, MA, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Neira, Mirtha, MS, BCBA ■
9010 Southwest 137th Avenue
213
Miami, FL 33186
(305) 305-0279
Digital Contact Information:
jorgitodj.cabrera@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Nekhankin, Alexandra, MA, BCBA ■
Home Based Services Only
Doral, FL 33126
(305) 433-5489
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Nelson, Tracy L, MS, BCBA, LBA ■
6303 Blue Lagoon Dr
Ste 400

Miami, FL 33126
(410) 538-2574
Digital Contact Information:
discoveryaba@mbhpays.com

Nercess, Erika, BA, BCBA ■
11060 N Kendall Dr
Miami, FL 33176
(305) 668-8644
Digital Contact Information:
jenny@mestrebehavior.com

Neri, Joshua, MA, LMHC ■
17670 Northwest 78th Avenue
STE 113
Hialeah, FL 33015
(716) 558-4565
Digital Contact Information:
empoweredcommunitysolutons@gmail.com

and
15715 South Dixie Highway
226
Miami, FL 33157
(305) 849-4186
Digital Contact Information:
empoweredcommunitysolutons@gmail.com

and
5600 Southwest 135th Avenue
STE 203
Miami, FL 33183
(786) 953-4962
Digital Contact Information:
empoweredcommunitysolutons@gmail.com

and
12595 Southwest 137th Avenue
STE 201
Miami, FL 33186
(786) 770-4832
Digital Contact Information:
empoweredcommunitysolutons@gmail.com

and
13205 Southwest 137th Avenue
130
Miami, FL 33186
(786) 773-4191
Digital Contact Information:
empoweredcommunitysolutons@gmail.com

and
13335 SW 124th St
Ste 106
Miami, FL 33186
(786) 842-3964
Digital Contact Information:
empoweredcommunitysolutons@gmail.com

and
13590 Southwest 134th Avenue
205c
Miami, FL 33186
(786) 754-6474
Digital Contact Information:
empoweredcommunitysolutons@gmail.com

and
FL
(786) 773-4191
(727) 455-9330
Digital Contact Information:
empoweredcommunitysolutons@gmail.com

and
975 Arthur Godfrey Road
Suite 308
Miami Beach, FL 33140
(305) 456-1014
Digital Contact Information:
http://www.mindandsoultherapy.org
empoweredcommunitysolutons@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Nesic, Natasha, MC, LMHC ■
951 Northeast 167th Street
102c
North Miami Beach, FL 33162
(786) 333-9097
Digital Contact Information:
info@mentalhealthandarttherapy.com
Other Languages Spoken by Provider or Office Staff
English, Croatian, Bosnian, Serbian

Nesterenko, Yulia, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com

Neves, Tirza, MS, LMHC ■
975 Arthur Godfrey Road
Suite 308
Miami Beach, FL 33140
(305) 456-1014
Digital Contact Information:
administration@mindandsoultherapy.com

and
7600 Red Road
102
South Miami, FL 33143
(305) 456-1014
Digital Contact Information:
administration@mindandsoultherapy.com

and
7600 Southwest 57th Avenue
102
South Miami, FL 33143
(305) 456-1014
Digital Contact Information:
administration@mindandsoultherapy.com
Other Languages Spoken by Provider or Office Staff
Portuguese, English, Spanish

Nevius, Lauren A, MS, BCBA, LBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
lauren.dempsey95@yahoo.com

Newbold, Portia J, MSCC, LMHC ■
1469 NW 36th St
Miami, FL 33142
(305) 635-7444
Digital Contact Information:
mstoker@nhcmhc.org

Nguyen, Jennifer, MS, BCBA ■
10200 Northwest 25th Street
STE 204
Doral, FL 33172
(305) 406-3689
Digital Contact Information:
http://www.foundartacademy.org
thelighthousetherapycenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Urdu, Spanish, Hindi

Nicholas, Nichelle, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Nieves, Jakeline, MA, BCBA ■
3750 Northwest 87th Avenue
744
Miami, FL 33178
(786) 689-6517
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Nino, Amanda, MA, BCBA ■
2898 Northwest 79th Avenue
Doral, FL 33122
(305) 597-3861
Digital Contact Information:
anino@nwds-staff.com
Other Languages Spoken by Provider or Office Staff
Spanish

Nji-Mbah, Comfort, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
help@joinuplift.co

Noa, Vanessa, MBS, BCABA ■
13195 Southwest 134th Street
101
Miami, FL 33186
(786) 227-6830
Digital Contact Information:
http://esperanzagroup.net
esperanzagroup@espgrp.net
Other Languages Spoken by Provider or Office Staff
English, Spanish

Noda Rodriguez, Leyanis N, MS, BCBA ■
11401 Southwest 40th Street
465
Miami, FL 33165
(786) 580-4609
Digital Contact Information:
laaroffice@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, English, Spanish

Nodal, Idalmis, MC, LMHC ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
tmedina@hbccmhc.com
Other Languages Spoken by Provider or Office Staff English

Nodarse Cortinas, Maria B, MED, BCBA ■
8100 Northwest 155th Street
200
Miami Lakes, FL 33016
(786) 479-0029
Digital Contact Information:
belkysnodarse@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Nodarse, Linette, MPSY, LMHC ■
6625 Miami Lakes Drive
448
Miami Lakes, FL 33014
(305) 779-8565
Digital Contact Information:
http://www.comprehensive-assessment.com
lnodarselmhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Noel, Natacha, EDS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
lisette@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Noguera Mujica, Marihelena, MS, LMHC ■
17670 Northwest 78th Avenue
STE 113
Hialeah, FL 33015
(716) 558-4565
Digital Contact Information:
ebcg-support@findoctave.com

Nolan, Robert, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Nord-Roseau, Rachell, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Noriega, Hilda M, MS, BCBA ■
10700 Caribbean Boulevard
Suite 101
Cutler Bay, FL 33189
(305) 777-3883
Digital Contact Information:
essentialhealingofsouthflorida@gmail.com

and
1022 East 8th Avenue
Hialeah, FL 33010
(786) 615-7829
Digital Contact Information:
essentialhealingofsouthflorida@gmail.com

and
3412 West 84th Street
e106
Hialeah, FL 33018
(305) 827-7344
Digital Contact Information:
essentialhealingofsouthflorida@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Novak, Mark, MS, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
acc@advancedclientcare.org

Novak, Oliver D, MS, BCBA ■
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
onovak@buildablocktherapy.com

Novales, Rosabel, MS, LMHC ■
2500 Northwest 79th Avenue
Suite 211
Doral, FL 33122
(786) 675-8650
Digital Contact Information:
ymbehavioralhealth@gmail.com

and
Home Based Services Only
Doral, FL 33122
(786) 675-8650
Digital Contact Information:
ymbehavioralhealth@gmail.com

and
782 Northwest 42nd Avenue
Suite 4
Miami, FL 33126
(786) 337-0885
Digital Contact Information:
ymbehavioralhealth@gmail.com

and
Home Based Services Only
Miami Lakes, FL 33016
(786) 622-5743
Digital Contact Information:
ymbehavioralhealth@gmail.com

Novoa, Dafne, EDM, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 536-7470
Digital Contact Information:
info@bmmaba.com

and
7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
info@bmmaba.com

Novoa, Laura, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 467-8879
Digital Contact Information:
premabehavioralsinc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Novoa, Trilce, MSCC, LMHC ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
solutiondrivenconsulting@gmail.com

Nowels, Karin, BA, BCABA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
karinagua75@yahoo.com

and
10920 Southwest 184th Street
Miami, FL 33157
(305) 378-5775
Digital Contact Information:
karinagua75@yahoo.com

Noya Ontivero, Danny, MBS, BCBA ■
220 Washington Avenue
Homestead, FL 33030
(305) 704-0313
Digital Contact Information:
https://www.cleverkidstherapy.com/
noya1982@hotmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Nunes Caprara, Gabriela, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Nunes, Fernanda U, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(407) 618-0493
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Nunez Arguelles, Dunia, MBS, BCBA ■
731 Northeast 2nd Place
Hialeah, FL 33010
(786) 955-4435
Digital Contact Information:
bluelifebehaviortherapy@gmail.com

and
20774 West Dixie Highway
b
Miami, FL 33180
(305) 549-8665
Digital Contact Information:
bluelifebehaviortherapy@gmail.com

and
13404 Southwest 128th Street
Miami, FL 33186
(305) 433-0897
Digital Contact Information:
bluelifebehaviortherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Nunez, Chanel E, MA, BCBA ■
20325 Old Cutler Road
Cutler Bay, FL 33189
(305) 321-5177
Digital Contact Information:
cnune017@fiu.edu

and
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 317-4478
Digital Contact Information:
https://crystalabatherapy.com/
cnune017@fiu.edu

and
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 317-4478
Digital Contact Information:
https://crystalabatherapy.com/
cnune017@fiu.edu

and
Home Based Services Only
Doral, FL 33126
(786) 382-6959
Digital Contact Information:
cnune017@fiu.edu

and
333 West 41st Street
Suite 324
Miami, FL 33140
(786) 673-9355
Digital Contact Information:
https://stepforwardaba.com/
cnune017@fiu.edu

and
9350 Sunset Drive
Suite 175
Miami, FL 33173
(786) 673-9355
Digital Contact Information:
cnune017@fiu.edu

and
18220 Southwest 97th Avenue
Palmetto Bay, FL 33157
(786) 592-1574
Digital Contact Information:
cnune017@fiu.edu

Nunez, Cristina, MS, BCBA ■
55 Southeast 6th Street
3307 3307
Miami, FL 33131
(786) 301-7706
Digital Contact Information:
info@llminds.com

and
FL
(786) 301-7706
Digital Contact Information:
http://www.llminds.com
info@llminds.com

Nunez Dominguez, Silvia Y, EDM, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 568-7565
Digital Contact Information:
sndprofessionalservicesllc@gmail.com

Nunez, Karina, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(561) 385-0085
Digital Contact Information:
info@newlifeaba.com

Nunez, Patricia V, MS, LMHC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com
Other Languages Spoken by Provider or Office Staff
Spanish

Nunez, Shannon, MA, LMHC ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
arscredentialing@advancedrecoverysystems.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Nunez, Yanelis, MPSY, BCBA ■
5600 Southwest 135th Avenue
STE 211
Miami, FL 33183
(305) 746-4507
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
12855 Southwest 136th Avenue
104
Miami, FL 33186
(305) 467-8879
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

O'Farrill-Berges, Betsy, MS, LMFT ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

O'Leary, Moya, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Obregon, Stephanie, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
ennifer.horta@superherospeechtherapy.com

Occean, Andrelita, MMH, LCMHC ■
7950 W Flagler St
Ste 106
Miami, FL 33144
(305) 269-3900
Digital Contact Information:
drgmartinez.psychologist@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Creole, French

Ochoa Basulto, Anett, MPSY, LMHC ■
9260 Southwest 72nd Street
103 bldg 6
Miami, FL 33173
(786) 359-4448
Digital Contact Information:
anettochoa2015@gmail.com

and
13335 Southwest 124th Street
STE 211
Miami, FL 33186
(786) 551-8253
Digital Contact Information:
anettochoa2015@gmail.com

Ochoa, Sharon, MS, BCBA ■
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
info@stepforwardaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ochoteco Hurtado, Jose, MS, BCBA ■
800 Northeast 95th Street
Miami Shores, FL 33138
(305) 798-6784
Digital Contact Information:
jochoteco@embracingchallenges.com
Other Languages Spoken by Provider or Office Staff
Spanish

Octa, Christina, MC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
tocta.me@gmail.com

Odio, Natalie, MA, BCBA, LABA ■
10200 Northwest 25th Street
211
Doral, FL 33172
(786) 269-3502
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Portuguese, Haitian Creole, Japanese, Spanish

Odum, Lesli S, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
leslie.odum@gmail.com

Ogrodnik, Patrick A, MS, BCBA ■
13155 SW 134th St
Ste 207
Miami, FL 33186
(785) 358-6559
Digital Contact Information:
https://www.superherospeechtherapy.com/
jennifer.horta@superherospeechtherapy.com

Okolo Miles, Sada, MA, LMHC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
s.n.okolo_associates@outlook.com

Olcsvay, Gwen, MSW, CAC, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
German

Oliva Villar, Lizett, MS, BCBA ■
FL
(305) 437-8080
Digital Contact Information:
olivalizett@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Oliva-Garcia, Isbell, MS, ABA, LMHC ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
FL
(305) 303-6631
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Olive, Tania, MS, BCBA ■
717 Ponce de Leon Boulevard
Suite 209
Coral Gables, FL 33134
(305) 381-0839
Digital Contact Information:
https://www.winglessangelsbs.com/
alfay.behavioralservices@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 779-9475
Digital Contact Information:
alfay.behavioralservices@gmail.com

and
14875 Northwest 77th Avenue
Suite 204
Miami Lakes, FL 33014
(786) 321-1400
Digital Contact Information:
alfay.behavioralservices@gmail.com

and
5881 Northwest 151st Street
127
Miami Lakes, FL 330142450
(786) 905-2262
Digital Contact Information:
http://sweetchildbehavior.com
alfay.behavioralservices@gmail.com
Other Languages Spoken by Provider or Office Staff

Spanish

Oliver, Claudia, MS, BCBA ■
2520 Coral Way
2 19
Miami, FL 33145
(855) 832-6727
Digital Contact Information:
evernorth@teampbs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Oliver, Natasha, MC, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
safespace@therapyterrace.com

Oliveros, Nilian, MA, BCBA ■
1275 West 47th Place
#449
Hialeah, FL 33012
(305) 425-1338
Digital Contact Information:
magicbehavioralcare@gmail.com

and
Home Based Services Only
Miami Gardens, FL 33014
(305) 640-5739
Digital Contact Information:
magicbehavioralcare@gmail.com

Olszanski, Leandro, EDM, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
lolszanski@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ombach, Sadie, MA, LBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
affinity@affinitytreatment.com

Onibudo, Jennifer, MED, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Onusuru, Vitus M, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ca-credentialing@lifestance.com

Orama, Henry, MA, BCBA ■
Home Based Services Only
Hialeah, FL 33013
(786) 592-6680
Digital Contact Information:
henryorama07@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Oran, Michelle, MS, BCBA ■
13195 Southwest 134th Street
134
Miami, FL 33186
(305) 794-8353
Digital Contact Information:
ali@mestrebehavior.com

and
13195 Southwest 134th Street
Ste. 201
Miami, FL 33186
(305) 794-8353
Digital Contact Information:
ali@mestrebehavior.com

and
8785 SW 165th Ave
Ste 104
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
ali@mestrebehavior.com

Orellana, Katherine, MBS, BCBA ■
7779 Northwest 146th Street
Hialeah, FL 33016
(786) 702-6868
Digital Contact Information:
dayami@childrenbehavioraltherapy.com

Orin, Ramon S, MA, LMHC ■
12030 Southwest 129th Court
Suite 211
Miami, FL 33186
(305) 639-8760
Digital Contact Information:
rorin31@bellsouth.net

and
12360 Southwest 132nd Court
STE 202
Miami, FL 33186
(786) 250-3396
Digital Contact Information:
rorin31@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Ornelas, Evelyn, MA, BCBA ■
7800 Southwest 57th Avenue
205
South Miami, FL 33143
(732) 423-1616
Digital Contact Information:
http://www.kidstherapyconnection.com
yiliam@kidstherapyconnection.com
Other Languages Spoken by Provider or Office Staff
Spanish

Orofino, Karina, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(888) 501-8540
Digital Contact Information:
https://acornhealth.com
karinaorofino@me.com

Orozco, Amanda, MA, LMHC ■
9220 Sunset Drive
104
Miami, FL 33173
(786) 724-4224
Digital Contact Information:
https://www.vita-cog.com/
admin@vita-cog.com

Orozco, Daniella, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 955-6224
Digital Contact Information:
abcdevelopcenter@gmail.com

and
1900 Sans Souci Boulevard
330 330
North Miami, FL 33181
(786) 631-1370
Digital Contact Information:
abcdevelopcenter@gmail.com

and
16201 Northeast 13th Avenue
North Miami Beach, FL 33162
(786) 955-6224
Digital Contact Information:
abcdevelopcenter@gmail.com

and
17121 Northeast 6th Avenue
North Miami Beach, FL 33162
(305) 952-3161
Digital Contact Information:
abcdevelopcenter@gmail.com

and
FL
(786) 955-6224
Digital Contact Information:
abcdevelopcenter@gmail.com

Orozco, Stephanie, MS, BCBA ■
909 North Miami Beach Boulevard
STE 301
North Miami Beach, FL 33162
(305) 822-7202
Digital Contact Information:
aplusbehavioral@gmail.com

Orr, Christiana, MA, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
credentialing@thriveworks.com
Other Languages Spoken by Provider or Office Staff Sign Lang Amer

Orsini, Analyn, MS, BCBA ■
7500 Northwest 25th Street
STE 200
Miami, FL 33122
(305) 909-4872
Digital Contact Information:
info@bmmaba.com

and
7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
info@bmmaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Orta Martinez, Midamys, MBS, LBA ■
10675 Southwest 190th Street
STE 1202
Cutler Bay, FL 33157
(786) 227-6262
Digital Contact Information:
lovelykids@myyahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ortega Chicuri, Xuchitl, BS, BCABA ■
30908 Southwest 192nd Avenue
Homestead, FL 33030
(786) 404-3148
Digital Contact Information:
allstaraba22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ortega, Laura R, MS, LMFT ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
contact@elevatepsychiatry.com

and
1711 W 38th Pl
Ste 1207
Hialeah, FL 33012
(786) 592-0940
Digital Contact Information:
contact@elevatepsychiatry.com

and
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
contact@elevatepsychiatry.com

and
16201 SW 95th Ave
Ste 101
Miami, FL 33157
(786) 592-0940
Digital Contact Information:
contact@elevatepsychiatry.com

Ortega, Leticia, MS, BCBA ■
5600 SW 135th Ave
Ste 112
Miami, FL 33183
(305) 746-4507
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
12855 Southwest 136th Avenue
104
Miami, FL 33186
(305) 467-8879
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ortega, Marlyn, MS, BCBA ■
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
mortega@tlhproject.com

and
306 Westward Dr
Miami Springs, FL 33166
(786) 588-7894
Digital Contact Information:
http://www.smartbatherapy.com
mortega@tlhproject.com

and
FL
(786) 522-7203
Digital Contact Information:
mortega@tlhproject.com

Ortega, Melissa, MPSY, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
melissaortegams@gmail.com

and
12485 Southwest 137th Avenue
STE 212
Miami, FL 33186
(305) 998-8060
Digital Contact Information:
melissaortegams@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ortega, Orlando, MED, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 800-4916
Digital Contact Information:
aba@confidentmindsllc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ortega, Patricia L, MSED, LMHC ■
9010 Southwest 137th Avenue
Ste 216
Miami, FL 33186
(305) 794-7078
Digital Contact Information:
p.ortegalmhc@gmail.com

Ortega Vazquez, Frank, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
credentialingaba@gmail.com

and
13590 Southwest 134th Avenue
104
Miami, FL 33186
(305) 896-8161
Digital Contact Information:
credentialingaba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ortiz Abella, Mirelis, MS, BCBA ■
7815 Coral Way
101
Miami, FL 33155
(786) 615-4879
Digital Contact Information:
behaviorplusservices@gmail.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ortiz, Alexa, MSW, BCBA, LCSW ■
13195 Southwest 134th Street
Ste. 201
Miami, FL 33186
(786) 206-6500
Digital Contact Information:
http://behavioralfamilysolutions.com
alexa@behavioralfamilysolutions.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ortiz, Cindy-Joy, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:

https://www.emorahealth.com/
payors@emorahealth.com

Ortiz, Madiana, MS, BCBA ■
9999 Northeast 2nd Avenue
219
Miami Shores, FL 33138
(954) 871-1119
Digital Contact Information:
mdohemsi@gmail.com
Other Languages Spoken by Provider or Office Staff English

Ortiz, Tania E, BA, BCABA ■
800 Northeast 95th Street
Miami Shores, FL 33138
(305) 798-6784
Digital Contact Information:
admin@aspirebehavioral.org
Other Languages Spoken by Provider or Office Staff
Spanish

Ortiz Villegas, Yenitza I, MS, LMHC ■
2828 Coral Way
560
Coral Gables, FL 33145
(786) 238-7298
Digital Contact Information:
yortizlmhc@gmail.com

and
3785 Northwest 82nd Avenue
117
Doral, FL 33166
(786) 238-7321
(786) 238-7298
Digital Contact Information:
yortizlmhc@gmail.com

and
FL
(786) 238-7321
(786) 238-7298
Digital Contact Information:
yortizlmhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ortuzar, Ashley, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Orue, Isis, CD, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Osborne, Michael, BA, CADC-II ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
kjohnson@tanner.org

and
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
https://www.emorahealth.com/
kjohnson@tanner.org

Osorio, Lina, MS, LMHC ■
FL
(415) 992-6155
(786) 337-3808
Digital Contact Information:
http://www.mindcounselinggroup.com
kelli@daybreakhealth.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Osorio, Yanira, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
tori@paxhealth.net

Ospina, Ana, MA, BCBA ■
6055 Northwest 104th Avenue
Suite 2
Doral, FL 33178
(786) 476-5155
Digital Contact Information:
http://dstherapies.com
ana.ospina@dstherapies.com
Other Languages Spoken by Provider or Office Staff
Spanish

Otano, Gladys, DPH, BCBA ■
20200 Southwest 320th Street
Homestead, FL 33030
(305) 450-4219
Digital Contact Information:
butterflybehavior22@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 450-4219
Digital Contact Information:
butterflybehavior22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Otero Desantiago, Luis A, MMH, LMHC ■
FL
(954) 850-1859
Digital Contact Information:
luis@ctraumacare.com

Overholt, Kristen P, MSCC, LMHC ■
2600 S Douglas Rd
Ste 1003
Coral Gables, FL 33134
(305) 445-0477
Digital Contact Information:
ana@coralgablescounseling.com

Owen, Adrian B, MA, LMHC, LPCC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
birches@withassured.com

Owens, Anju R, MC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Ozuna Catalan, Karla, MS, BCBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
contracting@bluesprigpediatrics.com

Pace, Caroline, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Pacheco, Danae K, MBS, BCBA ■
8660 West Flagler Street
STE 121
Miami, FL 33144
(305) 600-4774
Digital Contact Information:
dkpbehavior@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pacheco, Sandra, MS, LMHC ■
1801 Northeast 123rd Street
303
North Miami, FL 33181
(305) 510-0912
Digital Contact Information:
spachecolmhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pacheco Vega, Diana, MS, BCBA ■
Home Based Services Only
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
gperez@hbccmhc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Padilla, Eliany, EDM, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
credentialing@tillytherapy.com

Padilla Moya, Leticia, MS, BCBA ■
8300 NW 53rd St
Ste 350
Miami, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com

and
10261 Southwest 72nd Street
Miami, FL 33173
(786) 773-3654
Digital Contact Information:
behaviorplusservices@gmail.com

and
7975 Northwest 154th Street
230
Miami Lakes, FL 33016
(305) 874-7245
Digital Contact Information:
behaviorplusservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Padilla, Pedro A, MS, BCBA ■
Home Based Services Only
Doral, FL 33122
(305) 603-8747
Digital Contact Information:
behaviorpedestal@gmail.com

and
730 Northwest 107th Avenue
110
Miami, FL 33172
(305) 249-1183
Digital Contact Information:
behaviorpedestal@gmail.com

and
1380 Northeast Miami Gardens Drive
220f
Miami, FL 33179
(786) 523-3249
Digital Contact Information:
https://behaviorpedestal.com/
behaviorpedestal@gmail.com

and
5881 Northwest 151st Street
Suite: 103
Miami Lakes, FL 33014
(786) 703-4154
Digital Contact Information:
behaviorpedestal@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Padilla Rojas, Hasel, MED, BCBA ■
Home Based Services Only
Hialeah, FL 33010
(786) 919-3784
Digital Contact Information:
admissions@abaalliancecareservices.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 919-3784
Digital Contact Information:
admissions@abaalliancecareservices.com

and
12150 Southwest 128th Court
222
Miami, FL 33186
(786) 701-8164
Digital Contact Information:
admissions@abaalliancecareservices.com

and
12855 Southwest 132nd Street
STE 207
Miami, FL 33186
(786) 587-0424
Digital Contact Information:
admissions@abaalliancecareservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Padilla, Vicki, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Padron, Adis E, MS, LMHC ■
1840 West 49th Street
304
Hialeah, FL 33012
(786) 803-8596
Digital Contact Information:
fl-credentialing@lifestance.com

and
13205 Southwest 137th Avenue
206 208
Miami, FL 33186
(786) 592-2063
Digital Contact Information:
fl-credentialing@lifestance.com

and
14645 Northwest 77th Avenue
101
Miami Lakes, FL 33014
(833) 769-3524
Digital Contact Information:
http://lifestance.com
fl-credentialing@lifestance.com
Other Languages Spoken by Provider or Office Staff
Spanish

Padron, Barbara, MS, LMFT ■
1575 West 53rd Street
Hialeah, FL 33012
(305) 707-5966
Digital Contact Information:
movingtowardagape@gmail.com

and
15715 S Dixie Hwy
Ste 403
Miami, FL 33157
(305) 707-5966
Digital Contact Information:
movingtowardagape@gmail.com

Padron, Dyana, MA, BCBA ■
2898 Northwest 79th Avenue
Doral, FL 33122
(305) 597-3861
Digital Contact Information:
dpadron01@koalaaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Padron, Felix O, PSYD, LMHC ■
Catalonia Avenue
Coral Gables, FL 33134
(305) 448-6000
Digital Contact Information:
doctorpadron@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Padron Llanes, Anadaris, BA, BCABA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Padron, Solangel, PSYD, BCBA ■
3025 Northwest 11th Street
Miami, FL 33125
(786) 715-3175
Digital Contact Information:
http://brightsidebehavioralcenter.com
padronsolangel@gmail.com

and

1000 Brickell Avenue
Miami, FL 33131
(786) 715-3175
Digital Contact Information:
padronsolangel@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Padura, Amelia, MS, BCBA ■
8200 Northwest 41st Street
269
Doral, FL 33166
(305) 763-4196
Digital Contact Information:
jcabrera@mymbcinc.com

Page Stone, Kimberly, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
info@healingplaceccc.org

Paifer, Ibis, BS, BCBA ■
1570 West 38th Place
12 12
Hialeah, FL 33012
(786) 615-2514
Digital Contact Information:
abcbehaviorhelp@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 263-0207
Digital Contact Information:
abcbehaviorhelp@gmail.com

and
10691 North Kendall Drive
211
Miami, FL 33176
(305) 984-4343
Digital Contact Information:
abcbehaviorhelp@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pakiela, Adam, MA, BCBA ■
9600 Northwest 25th Street
STE 5E
Miami, FL 33172
(888) 527-8037
Digital Contact Information:
outreach@appliedabc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Palacio-Perez, Candice, MC, BCBA ■
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
credentialing@creativekidstherapyinc.com

Palacios, Valeria, MS, BCBA ■
3050 Southwest 37th Avenue
Miami, FL 33133
(954) 682-6521
Digital Contact Information:
valeriapalacios366@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Palaez, Alexandra, MS, LMFT ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
draida@mpsmentalhealth.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
draida@mpsmentalhealth.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
draida@mpsmentalhealth.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
draida@mpsmentalhealth.com
Other Languages Spoken by Provider or Office Staff
French, Russian, Spanish

Palanas, Stephanie, MA, LBA ■
1380 Northeast Miami Gardens Drive
Suite 255
Miami, FL 33179
(954) 651-2969
Digital Contact Information:
wvigo@aokservices.org
Other Languages Spoken by Provider or Office Staff
Cebuano, Tagalog, Russian, Spanish

Palatianos-Sifakis, Stacie M, MS, LMHC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
info@dadefamily.com

and
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

Palau, Barbara K, MSS, LMHC ■
12970 SW 133rd Ct
Miami, FL 33186
(786) 263-3676
Digital Contact Information:
bkpalau@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Palenzuela Hernandez, Pedro, BS, BCABA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Palenzuela, Joanne, MA, LMHC ■
1601 NW 12th Ave
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
Not Available

Palma, Desiree P, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

and
13195 Southwest 134th Street
Suite 106
Miami, FL 33186
(786) 250-3220
Digital Contact Information:
http://behavioralfamilysolutions.com
credentialing@behavioralfamilysolutions.com

and
13501 Southwest 136th Street
STE 205
Miami, FL 33186
(305) 209-4321
Digital Contact Information:
http://sunshinespectrumaba.com
credentialing@behavioralfamilysolutions.com

Palmero, Magdalena, MMFT, LMFT ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
laurap@azzurrahcc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Palomino Cajide, Adis B, MA, BCBA ■
13205 Southwest 137th Avenue
#212
Miami, FL 33186
(786) 732-6298
Digital Contact Information:
info@bwoaba.com

Palomino, Mariaelena, MSED, LMFT ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
info@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
info@behavioralaid.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pamphile, Stacy, MS, BCBA ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(954) 577-7790
Digital Contact Information:
http://www.behavior-analysis.org
billing@thehelmaba.com

Pandini, Heli, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
credentialing@thriveworks.com

Pando, Ana M, PHD, LMHC, LSP ■
3400 Coral Way
Ste 401
Miami, FL 33145
(305) 567-1155
Digital Contact Information:
asharedvision@bellsouth.net

and
3400 Coral Way
Ste 402
Miami, FL 33145
(305) 567-1155
Digital Contact Information:
asharedvision@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Paneca, Yordany, MS, BCBA ■
1916 Northwest 84th Avenue
Doral, FL 33126
(305) 433-5489
Digital Contact Information:
http://a1ahealth.com
team@a1ahealth.com

and
Home Based Services Only
Doral, FL 33126
(305) 433-5489
Digital Contact Information:
team@a1ahealth.com

and
15715 South Dixie Highway
330
Miami, FL 33157
(786) 732-0842
Digital Contact Information:
team@a1ahealth.com

Pantano, Lisa, MC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
leigh.pantano@gmail.com

Pantoja Jaraba, Eloisa, MPSY, BCBA ■
20325 Old Cutler Road
Cutler Bay, FL 33189
(305) 321-5177
Digital Contact Information:
pantojaeloisa@gmail.com

and
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 317-4478
Digital Contact Information:
https://crystalabatherapy.com/
pantojaeloisa@gmail.com

and
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 317-4478
Digital Contact Information:
https://crystalabatherapy.com/
pantojaeloisa@gmail.com

and
Home Based Services Only
Doral, FL 33126
(786) 382-6959
Digital Contact Information:
pantojaeloisa@gmail.com

and
10045 Northwest 28th Terrace
Doral, FL 33172
(786) 447-2175
Digital Contact Information:
pantojaeloisa@gmail.com

Papini, Rosemary, MS, BCBA ■
4224 Southwest 6th Street
Coral Gables, FL 33134
(786) 399-4799
Digital Contact Information:
torrestherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese

Papirno, Naomi, MSED, LMFT ■
1951 NW 17th Ave
Miami, FL 33125
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

Pardillo, Jacqueline, MS, LMHC ■
10030 Southwest 40th Street
A
Miami, FL 33165
(305) 400-8899
Digital Contact Information:
jackie@miamipsychological.com

and
FL
(305) 400-8899
Digital Contact Information:
jackie@miamipsychological.com

and
8200 Northwest 41st Street
Suite 200
Miami, FL 33166
(305) 721-3128
Digital Contact Information:
jackie@miamipsychological.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Pardo, Diana, MPSY, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
genesisconsultingservices39@

gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Paredes, Dinaibys, MBS, BCBA ■
99 Northwest 183rd Street
suite: 241E
Miami Gardens, FL 33169
(786) 899-3042
Digital Contact Information:
https://suarezbehavioral.wixsite.com/mysite
suarezbehavioral@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pareras, Aixa, MC, LMHC ■
14225 SW 42nd St
Miami, FL 33175
(305) 221-8200
Digital Contact Information:
http://www.drvidalzas.com
melbag.avzcounseling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Paris, Emilia, MC, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Parkhurst, Chelsea, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
inquiries@learning-leaps.com

Parnes, Tanya, MS, LMHC ■
FL
(305) 570-7695
Digital Contact Information:
matterofmindcounseling@gmail.com

Parodi, Laura, MPSY, LMFT ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
bravosmentalhealthcare@gmail.com

and
2100 West 76th Street
#209
Hialeah, FL 33016
(786) 201-1088
Digital Contact Information:
bravosmentalhealthcare@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Parra, Gisela, MSED, BCBA ■
Home Based Services Only
Doral, FL 33126
(305) 433-5489
Digital Contact Information:
abasupport@dacare.net
Other Languages Spoken by Provider or Office Staff
Spanish

Patel-Steingart, Gita M, MA, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@elitedna.com

Patino, Ginna, MED, BCBA ■
7875 Northwest 12th Street
118
Miami, FL 33126
(786) 505-4449
Digital Contact Information:
info@southfloridabehavio.com
Other Languages Spoken by Provider or Office Staff
Spanish

Patsicostas, Susan, MS, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
strive@strivementalhealthllc.com

Patton, Jacquelyn, MACP, LMHC ●
8500 SW 92nd Street
206
Miami, FL 33156
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
billing@livewelltherapygroup.com

and
7600 Southwest 57th Avenue
suite 334
South Miami, FL 33143
(786) 332-4478
Digital Contact Information:
billing@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Payne, Kurt, CD, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Paz Quintero, Leslie, MS, BCBA, LMFT ■
Home Based Services Only
Hialeah, FL 33010
(305) 280-5730
Digital Contact Information:
sucel.tejeda@abaofswf.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 280-5730
Digital Contact Information:
sucel.tejeda@abaofswf.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pazos, Flora, MA, CSW, LMHC ■
3785 Northwest 82nd Avenue
307
Doral, FL 33166
(239) 491-2753
Digital Contact Information:
peacefulprogressmiami@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pazos, Vivian, MS, LMFT ■
4005 Northwest 114th Avenue
22 22
Doral, FL 33178
(305) 260-6913
Digital Contact Information:
ebcg-support@findoctave.com

and
1469 NW 36th St
Miami, FL 33142
(305) 635-7444
Digital Contact Information:
ebcg-support@findoctave.com

Peana, Ana M, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Pedraza Duran, Lismary, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
9502 Southwest 166th Court
Miami, FL 33196
(754) 234-0643
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pedraza Rodriguez, Paloma, MS, BCBA ■
13300 Southwest 128th Street
Miami, FL 33186
(786) 250-3451
Digital Contact Information:
jmedina@firststepsint.com
Other Languages Spoken by Provider or Office Staff Sign Lang Amer, Spanish

Pedroso Montesino, Barbara, MS, BCBA ■
930 Hialeah Drive
Hialeah, FL 33010
(786) 398-1509
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Peguero Novo, Maite, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(754) 234-0643
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
9502 Southwest 166th Court
Miami, FL 33196
(754) 234-0643
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Peicher De Fleischer, Clara, MS, LMHC ■
12000 Biscayne Boulevard
303
Miami, FL 33181
(305) 933-9820
Digital Contact Information:
http://www.jcsfl.org

and
12000 Biscayne Boulevard
609
Miami, FL 33181
(305) 933-9820
Digital Contact Information:
http://www.jcsfl.org

Pekier, Tehila, MA, BCBA, LBA ■
1000 Brickell Avenue
Miami, FL 33131
(347) 893-1266
Digital Contact Information:
info@appliedabc.com

Pellot, Gladys J, MS, LMHC ■
31 N Krome Ave
Homestead, FL 33030
(786) 481-5909
Digital Contact Information:
http://www.infinitecompletecare.com
info@infinitecc.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

Pena, Adara, MS, BCBA ■
30350 SW 156th Ave
Homestead, FL 33033
(786) 283-0175
Digital Contact Information:
jcabrera@mymbcinc.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
jcabrera@mymbcinc.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
jcabrera@mymbcinc.com

Pena, Edgar, MS, LMHC ■
1354 Washington Avenue
221
Miami Beach, FL 33139
(305) 766-8064
Digital Contact Information:
http://www.mbbehavioralhealth.com
mbbehavioralhealth1@yahoo.com

and
15495 Eagle Nest Lane
STE 215
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
mbbehavioralhealth1@yahoo.com

and
6600 Cow Pen Road
250
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
mbbehavioralhealth1@yahoo.com

and
215 Westward Dr
Miami Springs, FL 33166
(305) 887-4494
Digital Contact Information:
mbbehavioralhealth1@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pena, Elsie, MC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
help@joinuplift.co

Pena, Francisco, MMH, LMHC ■
FL
(786) 536-9714
Digital Contact Information:
http://www.abc4s.com
admin@abc4s.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pena, Gabriela, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 707-7308
Digital Contact Information:
arianna@mistherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pena, Marcos, MA, BCBA ■
1250 Southwest 27th Avenue
207
Miami, FL 33135
(786) 502-3137
Digital Contact Information:
esperanzagroup@espgrp.net

and
13195 Southwest 134th Street
101
Miami, FL 33186
(786) 227-6830
Digital Contact Information:
http://esperanzagroup.net
esperanzagroup@espgrp.net

Pena, Maureen, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 255-6203
Digital Contact Information:
therapy110@gmail.com

and
18951 Southwest 106th Avenue
105 106
Miami, FL 33157
(305) 233-4448
Digital Contact Information:

therapy110@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pena, Mayra M, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 894-9121
Digital Contact Information:
info@brightfuturebehavioral.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pena Perez, Astrid E, MC, LMHC ■
FL
(786) 975-9866
Digital Contact Information:
astridpena.mhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pena Trejo, Elizabeth, MS, BCBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
credentialing@kyocare.com

Penaranda, Yohan, MS, LMHC ■
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
http://brightsyhealthfl.com
brightsyhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Penate, Aurora, MS, LMHC ■
2550 Douglas Road
Ste #301
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
http://www.mindandsoultherapy.org
daylen.ponce@nicklaushealth.org

and

3100 SW 62nd Ave
Miami, FL 33155
(305) 663-8439
Digital Contact Information:
daylen.ponce@nicklaushealth.org
Other Languages Spoken by Provider or Office Staff
Spanish

Penate, Hervey, MPSY, BCBA ■
3750 West 16th Avenue
218
Hialeah, FL 33012
(786) 409-3231
Digital Contact Information:
proactivehealthcare2016@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Penate Juviel, Melvys, MPSY, BCBA ■
2100 West 76th Street
407
Hialeah, FL 33016
(305) 804-3478
Digital Contact Information:
abacenter2022@gmail.com

Pendas Salgado, Yelena, MS, BCBA ■
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
mortega@tlhproject.com

and

306 Westward Dr
Miami Springs, FL 33166
(786) 588-7894
Digital Contact Information:
http://www.smartbatherapy.com
mortega@tlhproject.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Penichet, Ana R, MBS, BCBA ■
Home Based Services Only
Doral, FL 33122
(305) 603-8747
Digital Contact Information:
withoutlimitstherapy@gmail.com

and

7801 Northwest 37th Street
Lp-201
Doral, FL 33195
(305) 468-9899
Digital Contact Information:
withoutlimitstherapy@gmail.com

and

12855 Southwest 132nd Street
STE 207
Miami, FL 33186
(786) 587-0424
Digital Contact Information:
withoutlimitstherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Creole, Spanish

Pennington, Laurel, BS, BCBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
managecare@surpassbh.com

Peral, Nikita R, MS, LMHC ●
3081 Salzedo Street
Suite 202 -S
Coral Gables, FL 33134
(786) 254-1443
Digital Contact Information:
rootedwellnessmiami@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Peralta, Yelynel, MED, BCBA, LBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 854-1116
Digital Contact Information:
https://acornhealth.com
faisalabatherapy@gmail.com

and

1916 Northwest 84th Avenue
Doral, FL 33126
(305) 224-1929
Digital Contact Information:
faisalabatherapy@gmail.com

Peraza, Jose A, MS, BCBA ■
10711 Southwest 216th Street
103 103
Goulds, FL 33170
(305) 965-9682
Digital Contact Information:
imetherapyservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perdomo, Julissa, MA, LBA ■
3833 Southwest 8th Street
Coral Gables, FL 33134
(786) 440-1176
Digital Contact Information:
clinical@getanswersnow.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perdomo, Marlen, MS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Perdomo Matheu, Adrian, MS, BCBA ■
9600 Northwest 25th Street
STE 5E
Miami, FL 33172
(888) 527-8037
Digital Contact Information:
http://brightstartpossibility.com
info@brightstartllc.com

Perdomo Morente, Liliana, MS, BCBA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(239) 431-2629
Digital Contact Information:
info@newlifeaba.com

and

8203 Southwest 124th Street
Pinecrest, FL 33156
(561) 564-1466
Digital Contact Information:
info@newlifeaba.com

and

Home Based Services Only
West Miami, FL 33144
(786) 404-1017
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perea, Pamela, MED, BCBA ■
13195 Southwest 134th Street
Ste. 201
Miami, FL 33186
(786) 206-6500
Digital Contact Information:
http://behavioralfamilysolutions.com
credentialing@behavioralfamilysolutions.com

Pereda, Raquel, MS, LMHC, LPCC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Peredo, Carolina, MPSY, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and

140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and

3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and

3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org

and

10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
credentialing@banyanhealth.org

Perera, Leanette, MS, LMHC ■
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
info@btpmentalhealth.com

Perez, Adrian, MS, BCBA ■
Home Based Services Only
Hialeah, FL 33012
(561) 460-0284
Digital Contact Information:
info@brightfuturebehavioral.com

Perez Angel, Alicia A, MBS, BCBA ■
6405 Northwest 36th Street
#123
Virginia Gardens, FL 33166
(786) 872-4325
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Arlines, MS, BCBA ■
14722 Southwest 56th Street
Miami, FL 33185
(305) 456-0572
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Perez, Ayleme, MS, BCBA ■
27132 South Dixie Highway
Naranja, FL 33032
(786) 283-0175
Digital Contact Information:
mericakidshopeservices@gmail.com

Perez, Beatriz, MA, BCBA ■
580 Northwest 183rd Street
Miami Gardens, FL 33169
(305) 400-1589
Digital Contact Information:
dasilva.jennifer@superherokiddosabacenter.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Perez, Belkis, MS, BCBA ■
1840 West 49th Street
302
Hialeah, FL 33012
(786) 391-2275
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez Cardenas, Laura, MS, BCBA ■
3220 Southwest 107th Court
Miami, FL 33165
(786) 246-5462
Digital Contact Information:
adrianbluetherapy@gmail.com

and

FL
(786) 246-5462
Digital Contact Information:
adrianbluetherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Perez Castro, Yissel, MS, BCBA ■
10691 North Kendall Drive
207
Miami, FL 33176
(786) 401-6113
Digital Contact Information:
enrollpriv@bikhamhealthcare.com

and

FL
(786) 603-6567
Digital Contact Information:
enrollpriv@bikhamhealthcare.com

Perez, Claudia, MMH, BCBA ■
Home Based Services Only
Miami, FL 33155
(786) 262-5559
Digital Contact Information:
namastebehaviortherapy@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Perez Contreras, Janet, BA, BCABA ■
9600 Northwest 25th Street
STE 5E
Miami, FL 33172
(888) 527-8037
Digital Contact Information:
csuarez@brightstartllc.com

Perez, Diana, MSED, BCBA ■
12360 SW 132nd Ct
Ste 201
Miami, FL 33186
(786) 701-9605
Digital Contact Information:
dmp08c@me.com

and

15230 SW 146th Ter
Miami, FL 33196
(786) 223-6905

Digital Contact Information:
dmp08c@me.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Elisaul, MS, LMHC ■
FL
(305) 399-5900
Digital Contact Information:
therapeutic.taps@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Elizabeth, MS, BCBA ■
13195 Southwest 134th Street
Ste. 201
Miami, FL 33186
(786) 206-6500
Digital Contact Information:
info@brightstartllc.com

and
8785 SW 165th Ave
Ste 103
Miami, FL 33193
(786) 206-2500
Digital Contact Information:
http://www.behavioralfamilysolutions.com
info@brightstartllc.com

and
8785 SW 165th Ave
Ste 104
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
http://www.behavioralfamilysolutions.com
info@brightstartllc.com

Perez Falco, Maritza, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0429
Digital Contact Information:
cabehavior@gmail.com

and
1250 Southwest 27th Avenue
207
Miami, FL 33135
(786) 238-2008
Digital Contact Information:
cabehavior@gmail.com

and
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
cabehavior@gmail.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(786) 580-2204
Digital Contact Information:
cabehavior@gmail.com

Perez, Freddy F, MPSY, BCABA ■
3833 Southwest 8th Street
Coral Gables, FL 33134
(786) 580-1165
Digital Contact Information:
hr@winglessangelsbs.com

and
717 Ponce de Leon Boulevard
Suite 209
Coral Gables, FL 33134
(305) 381-0839
Digital Contact Information:
https://www.winglessangelsbs.com/
hr@winglessangelsbs.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Perez Garcia, Patricia, MA, BCBA ■
1022 East 8th Avenue
Hialeah, FL 33010
(786) 615-7829
Digital Contact Information:
haileyg@ababilling.net

and
3412 West 84th Street
e106
Hialeah, FL 33018
(305) 827-7344
Digital Contact Information:
haileyg@ababilling.net

and
9344 Southwest 170th Lane
Palmetto Bay, FL 33157
(305) 710-0029
Digital Contact Information:
haileyg@ababilling.net
Other Languages Spoken by Provider or Office Staff
Spanish

Perez Gonzalez, Madeleyvi F, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 224-1645
Digital Contact Information:
info@btserviceslittlegiants.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez Gonzalez, Nancy, MED, BCBA ■
13155 Southwest 42nd Street
STE 204
Miami, FL 33175
(786) 486-9756
Digital Contact Information:
loveinservicesprivate@gmail.com

and
13469 Southwest 29th Street
Miami, FL 33175
(786) 486-9756
Digital Contact Information:
loveinservicesprivate@gmail.com

and
Home Based Services Only
Miami Gardens, FL 33014
(305) 640-5739
Digital Contact Information:
loveinservicesprivate@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Guadalupe, MS, LMHC ■
7875 SW 104th St
Ste 101
Miami, FL 33156
(305) 899-1587
Digital Contact Information:
http://www.jcsfl.org
help@joinuplift.co

and
11890 Southwest 8th Street
Suite 204
Miami, FL 33184
(415) 941-4109
(786) 683-9840
Digital Contact Information:
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Igmar, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 695-8672
Digital Contact Information:
abaproinfo@gmail.com

and
4155 Southwest 130th Avenue
108
Miami, FL 33175
(786) 695-8672
Digital Contact Information:
abaproinfo@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, German, French, Spanish

Perez, Isabel M, EDS, LMHC ■
8672 Bird Rd
Ste 214
Miami, FL 33155
(305) 505-3714
Digital Contact Information:
psychologicalawakenings.ip@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Lazaro, MS, BCBA ■
1801 Southwest 22nd Street
328
Miami, FL 33145
(786) 536-7694
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Lester A, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 238-7237
Digital Contact Information:
info@epossibilitiesllc.com

and
8785 Southwest 165th Avenue
308
Miami, FL 33193
(786) 238-7237
Digital Contact Information:
info@epossibilitiesllc.com

Perez, Lorena, MC, LMHC ■
1603 Northeast 7th Avenue
Miami, FL 33137
(305) 374-1065
Digital Contact Information:
http://camillus.org
alexo@camillus.org
Other Languages Spoken by Provider or Office Staff
Spanish

Perez Lorenzo, Elizabet, MA, BCBA ■
Home Based Services Only
Miami Shores, FL 33161
(786) 709-8403
Digital Contact Information:
info@cameroarnp.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Lourdes, MMFT, LMFT ■
9240 Sunset Dr
Ste 202
Miami, FL 33173
(305) 763-3965
Digital Contact Information:
nextchaptercounseling18@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Perez Lugo, Yaima, BS, BCABA, BCBA ■
18844 Southwest 319th Street
Homestead, FL 33030
(786) 641-1962
Digital Contact Information:
Not Available

and
175 Fontainebleau Boulevard
Miami, FL 33172
(786) 558-8246
Digital Contact Information:
Not Available

Perez, Luisa, MSED, BCBA ■
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
support@modbehavioraba.com

Perez Lujan, Dalgys, MC, LMHC ■
2500 Northwest 79th Avenue
233
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
gandgmedicalcenter@gmail.com

and
3785 Northwest 82nd Avenue
307
Doral, FL 33166
(305) 898-5420
Digital Contact Information:
gandgmedicalcenter@gmail.com

and
1165 West 49th Street
suite 207
Hialeah, FL 33012
(305) 703-3386
Digital Contact Information:
gandgmedicalcenter@gmail.com

and
15935 Northwest 57th Avenue
Hialeah, FL 33014
(786) 953-5506
Digital Contact Information:
gandgmedicalcenter@gmail.com

and
7392 Northwest 35th Terrace
Suite 302
Miami, FL 33122
(786) 353-2792
Digital Contact Information:
gandgmedicalcenter@gmail.com

and
9900 Southwest 107th Avenue
STE 101
Miami, FL 33176
(305) 964-5381
Digital Contact Information:
gandgmedicalcenter@gmail.com

and
FL
(786) 703-9779
(305) 703-3386
Digital Contact Information:
https://www.gandgmedicalcenter.com
gandgmedicalcenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez Machado, Lenia, MA, BCBA ■
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
office@smartbatherapy.com

and
306 Westward Dr
Miami Springs, FL 33166
(786) 558-7894
Digital Contact Information:
office@smartbatherapy.com

Perez, Madalys, MA, BCABA ■
30908 Southwest 192nd Avenue
Homestead, FL 33030
(786) 404-3148
Digital Contact Information:
allstaraba22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Madiane, MACP, LMHC ■
12150 Southwest 128th Court
Suite 108
Miami, FL 33186
(786) 732-0607
Digital Contact Information:
madiane@mpbehavioral.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Magalys D, PHD, LMFT ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
info@myschoolpsychologistinc.com
Other Languages Spoken by Provider or Office Staff English

Perez, Maria C, MED, BCABA ■
13404 Southwest 128th Street
Miami, FL 33186
(305) 433-0897
Digital Contact Information:
http://www.bluelifetherapy.com
bluelifetherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Mariela, MS, BCABA ■
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
http://www.miamipersonalmanagement.com
mpmcmhc@miamipersonalmanagement.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Mario, MS, LMHC ■
3733 W Flagler St

Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
http://banyanhealth.org
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
credentialing@banyanhealth.org

Perez, Marlene, MS, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Marta, BS, BCABA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(239) 431-2629
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Melanie, MS, BCBA ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
admin@universalcommunityservices.com

and
13195 Southwest 134th Street
101
Miami, FL 33186
(786) 227-6830
Digital Contact Information:
http://esperanzagroup.net
admin@universalcommunityservices.com

Perez, Milena J, MBS, LMHC ■
782 Northwest 42nd Avenue
suite 329
Miami, FL 33126
(305) 766-3159
Digital Contact Information:
mjpatherapy@gmail.com

and
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
mjpatherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Perez, Nelson M, MS, LMHC ■
2500 Northwest 79th Avenue
Suite 227
Doral, FL 33122
(305) 456-9396
Digital Contact Information:
info@jagcommunityhealth.com

and
10200 Northwest 25th Street
211
Doral, FL 33172
(305) 381-0346
Digital Contact Information:
info@jagcommunityhealth.com

and
1840 West 49th Street
Ste 408
Hialeah, FL 33012
(305) 603-9202
Digital Contact Information:
info@jagcommunityhealth.com

and
10300 Southwest 72nd Street
250b
Miami, FL 33173
(787) 433-7751
Digital Contact Information:
info@jagcommunityhealth.com

and
9350 Southwest 72nd Street
105
Miami, FL 33173
(786) 401-7579
Digital Contact Information:
info@jagcommunityhealth.com

and
FL
(786) 607-2257
Digital Contact Information:
http://www.harmonyhealth.com
info@jagcommunityhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez Pino, Roseli, BS, BCABA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 587-0424
Digital Contact Information:
roseli.pp89@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Perez Quinonez, Angel A, MBS, BCBA ■
659 Northeast 125th Street
North Miami, FL 33161
(305) 454-9885
Digital Contact Information:
aylahmedicaid@northacademynmb.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Perez Quintana, Ovis, MHS, BCBA ■
FL
(786) 357-0619
Digital Contact Information:
stepwisebs@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Rosmery, MS, BCBA ■
6625 Miami Lakes Drive
231
Miami Lakes, FL 33014
(786) 322-9323
Digital Contact Information:
goldenkidscareinc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez Sanchez, Deniss, MA, BCBA, LMHC ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 854-1116
Digital Contact Information:
cary@nwds-staff.com

and
FL
(786) 738-6468
Digital Contact Information:
cary@nwds-staff.com

Perez Sanchez, Yaleidy, MS, BCBA ■
900 East 9th Street
Hialeah, FL 33010
(305) 381-5294
Digital Contact Information:
info@newlifeaba.com

and
7392 Northwest 35th Terrace
301
Miami, FL 33122
(786) 666-0475
Digital Contact Information:
info@newlifeaba.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
info@newlifeaba.com

and
10300 Southwest 72nd Street
250b
Miami, FL 33173
(305) 939-6878
Digital Contact Information:
info@newlifeaba.com

and
9485 Sunset Drive
A-258
Miami, FL 33173
(786) 812-0705
Digital Contact Information:
info@newlifeaba.com

and
14722 Southwest 56th Street
Miami, FL 33185
(305) 456-0572
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez Santana, Sisley, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
admissions@abaalliancecareservices.com

and
306 Westward Dr
Miami Springs, FL 33166
(786) 588-7894
Digital Contact Information:
admissions@abaalliancecareservices.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(786) 522-7203
Digital Contact Information:
admissions@abaalliancecareservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Sonnia B, MS, BCABA ■
650 Northeast 22nd Terrace
212 214
Homestead, FL 33033
(786) 312-4478
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez Sosa, Mailin, MPSY, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
providerenrollment@acornhealth.com

and
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
providerenrollment@acornhealth.com

Perez Sotolongo, Anabel, MBS, BCBA ■
24 East 5th Street
1a
Hialeah, FL 33010
(786) 506-2646
Digital Contact Information:
bluehopebehavioral@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez Tabares, Maritza, MBS, BCBA ■
2550 Northwest 72nd Avenue
#218
Miami, FL 33122
(786) 536-2009
Digital Contact Information:
porrerobcba@gmail.com

and
1150 Northwest 72nd Avenue
ph 2
Miami, FL 33126
(786) 542-5043
Digital Contact Information:
http://1stcarecms.com
porrerobcba@gmail.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
porrerobcba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Veronica, MS, LMHC ■
7600 Red Road
102
South Miami, FL 33143
(305) 456-1014
Digital Contact Information:
http://www.mindandsoultherapy.org
administration@mindandsoultherapy.com

Perez, Yanitza, MS, BCBA ■
1250 Southwest 27th Avenue
207
Miami, FL 33135
(305) 220-6060
Digital Contact Information:
cabehavior@gmail.com

and
11890 Southwest 8th Street
STE 309
Miami, FL 331841710
(305) 220-6060
Digital Contact Information:
http://www.blueangelcare.net
cabehavior@gmail.com

Perez-Delgado, Julio C, MBS, BCBA, LMHC ■
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(786) 592-2323
Digital Contact Information:
contact@emphourinc.com

and
2000 S Dixie Hwy
Ste 104
Miami, FL 33133
(786) 592-2323
Digital Contact Information:
https://www.evernorth.com/behavioral-care
contact@emphourinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez-Estevez, Misty R, MA, BCBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
mpevss@outlook.com
Other Languages Spoken by Provider or Office Staff Sign Lang Amer

Perez-Ritter, Massiel, MS, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
massielps23@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perrin, Miriam, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
redentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Petraki, Mariela, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 715-8511
Digital Contact Information:
nickmegalos@yahoo.com

and
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
nickmegalos@yahoo.com

Petrosky, Michael, MAT, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
help@joinuplift.co

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff Spanish

Pettus, Tenisha, PHD, LMFT ■
FL
(786) 724-4224
Digital Contact Information:
admin@vita-cog.com

Phelan, Colton S, MA, BCBA, LBA ■
FL
(833) 458-0386
Digital Contact Information:
credentialing@tillytherapy.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
credentialing@tillytherapy.com

Phelan, Sean M, MS, LMHC ■
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
fl-credentialing@lifestance.com

and
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
fl-credentialing@lifestance.com

Phelps, Jennifer, MS, BCBA, LBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
sunshine-advantage@mbhpays.com

Phelps, Sharion, MS, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Philippe, Emmerson, MED, LBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
tarakhailsaid@gmail.com

Phillips, Kasi L, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@thriveworks.com

and
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
credentialing@thriveworks.com

Pichardo, Alejandro, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(516) 787-0992
Digital Contact Information:
ahamza3761@gmail.com

and
1380 Northeast Miami Gardens Drive
Suite 255
Miami, FL 33179
(954) 651-2969
Digital Contact Information:
ahamza3761@gmail.com

Pie, Nathalie, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(888) 501-8540
Digital Contact Information:
https://acornhealth.com
abaswfl@gmail.com

and
8785 SW 165th Ave
Ste 103
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
abaswfl@gmail.com

and
8785 SW 165th Ave
Ste 104
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
abaswfl@gmail.com

Piernik, Nancelina, MC, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
payors@emorahealth.com

Pierral, Julimar J, MMH, LMHC ■
3850 SW 87th Ave
Ste 102
Miami, FL 33165
(786) 615-4443
Digital Contact Information:
floridapsychotherapygroup@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Pierre, Ashley, PHD, BCBA ■
945 Southwest 122nd Avenue
Miami, FL 33184
(786) 536-4807
Digital Contact Information:
behavioranalysis@barebehavior.com
Other Languages Spoken by Provider or Office Staff Creole, French, Spanish

Pierre-Louis, Nicole, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Pillow, Bailey, MED, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Pimentel, Rismary, MBS, BCBA ■
Home Based Services Only
Doral, FL 33122
(786) 536-2012
Digital Contact Information:
sunshinebehaviorhealthcare@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Pinedo, Caridad, MA, BCBA ■
9600 Northwest 25th Street
Doral, FL 33172
(888) 527-8037
Digital Contact Information:
http://brightstartpossibility.com
info@brightstartllc.com

Pinedo, Christina, MS, BCBA ■
415 Southwest 72nd Street
101
Coral Gables, FL 33143
(305) 662-6448
Digital Contact Information:
http://www.miamibehaviortherapy.com
christinafern18@gmail.com

and
FL
(305) 662-6448
Digital Contact Information:
http://www.miamibehaviortherapy.com
christinafern18@gmail.com

and
11251 SW 240th Ln
Homestead, FL 33032
(305) 912-8399
Digital Contact Information:
christinafern18@gmail.com

and
9415 SW 72nd St
Ste 131
Miami, FL 33173
(305) 662-6448
Digital Contact Information:
http://www.miamibehaviortherapy.com
christinafern18@gmail.com

and
9415 Southwest 72nd Street
101
Miami, FL 33173
(305) 662-6448
Digital Contact Information:
http://www.miamibehaviortherapy.com
christinafern18@gmail.com

and
13501 Southwest 136th Street
STE 205
Miami, FL 33186
(305) 209-4321
Digital Contact Information:
http://sunshinespectrumaba.com
christinafern18@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Pinedo, Jorge, MS, BCBA ■
1180 North Krome Avenue
Homestead, FL 33030
(786) 349-4700
Digital Contact Information:
luciano@mymbcinc.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 904-4219
Digital Contact Information:
luciano@mymbcinc.com

and
10250 Southwest 56th Street
A202
Miami, FL 33165
(888) 527-8037
Digital Contact Information:
http://brightstartpossibility.com/
luciano@mymbcinc.com

and
15371 Southwest 77th Lane
Miami, FL 33193
(305) 904-4219
Digital Contact Information:
luciano@mymbcinc.com

and
8785 SW 165th Ave
Ste 101
Miami, FL 33193
(786) 409-2646
Digital Contact Information:
luciano@mymbcinc.com

Pineiro, Carmen, MS, LMHC ■
100 NE 38th St
Ste 5
Miami, FL 33137
(305) 576-1599
Digital Contact Information:
cbolivar@borinquenhealth.org

Pineiro, Sandra, MC, BCBA ■
1900 Southwest 22nd Street
#205
Miami, FL 33145
(305) 648-7212
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
20774 West Dixie Highway
b
Miami, FL 33180
(305) 549-8665
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
12855 Southwest 136th Avenue
104
Miami, FL 33186
(305) 467-8879
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Pinera Carmona, Danaisy, MS, BCBA ■
1140 West 50th Street
SUITE 304
Hialeah, FL 33012
(786) 267-2830
Digital Contact Information:
behaviorplusservices@gmail.com

and
4410 West 16th Avenue
unit 41
Hialeah, FL 33012
(786) 267-2830
Digital Contact Information:
http://www.abastarbehavioral.com
behaviorplusservices@gmail.com

and
8300 NW 53rd St
Ste 350
Miami, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Pinero De La Rosa, Yeledys, MSSW, BCBA ■
9502 Southwest 166th Court
Miami, FL 33196
(754) 234-0643
Digital Contact Information:
abagrowthandconnection@gmail.com

Pinero, Heydi, MA, BCBA ■
10200 Northwest 25th Street
STE 204
Doral, FL 33172
(305) 406-3689
Digital Contact Information:
http://www.foundartacademy.org
nfo@foundartacademy.org

and
1022 East 8th Avenue
Hialeah, FL 33010
(786) 615-7829
Digital Contact Information:
nfo@foundartacademy.org

and
3412 West 84th Street
e106
Hialeah, FL 33018
(305) 827-7344
Digital Contact Information:
nfo@foundartacademy.org

and
8950 SW 74th Ct
Ste 2201
Miami, FL 33156
(800) 368-2143
Digital Contact Information:
nfo@foundartacademy.org
Other Languages Spoken by Provider or Office Staff
Spanish

Pinero, Pablo, MED, BCBA ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
services@cmnbtherapy.com

and
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
services@cmnbtherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pineyro, Cindy, MC, LMHC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
http://www.behavioralaid.com
info@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
info@behavioralaid.com

Pino Alfonso, Yadeisys, MS, BCBA ■
8785 Southwest 165th Avenue
307
Miami, FL 33193
(786) 956-7480
Digital Contact Information:
http://abamelioragroup.com
info@abameliora.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pino, Elizabeth, MS, BCBA ■
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
office@tlhproject.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pino, Leydis, PSYD, BCBA, LCP ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 317-4478
Digital Contact Information:
https://crystalabatherapy.com/
services@cmnbtherapy.com

and
1000 Brickell Avenue
Miami, FL 33131
(754) 234-0643
Digital Contact Information:
services@cmnbtherapy.com

and
9502 Southwest 166th Court
Miami, FL 33196
(754) 234-0643
Digital Contact Information:
services@cmnbtherapy.com

Pino, Mariela, MS, BCBA ■
7900 Northwest 155th Street
304
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
mortega@tlhproject.com

and
7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
mortega@tlhproject.com

and
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
mortega@tlhproject.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pino Paez, Marielys, MC, LMHC ■
1665 West 68th Street
208
Hialeah, FL 33014
(305) 519-2546
Digital Contact Information:
childrensbehavioralint@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pinzon-Nino, Maria, MC, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Piquera, Guillermo, MS, BCABA ■
1400 Northwest 107th Avenue
306
Miami, FL 33172
(786) 817-7444
Digital Contact Information:
milestonesaba2023@gmail.com

and
13416 Southwest 128th Street
Miami, FL 33186
(786) 732-0247
Digital Contact Information:
http://milestones-aba.org
milestonesaba2023@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pita Lopez, Arlene, MS, BCBA ■
18951 Southwest 106th Avenue
105 106
Miami, FL 33157
(305) 233-4448
Digital Contact Information:
therapy110@gmail.com

and
12821 Southwest 134th Court
11 11
Miami, FL 33186
(305) 256-1653
Digital Contact Information:
therapy110@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pitaluga, Iris, MS, LMHC ■
1360 South Dixie Highway
355
Coral Gables, FL 33146
(305) 648-9344
Digital Contact Information:
alternatives1@msn.com

and
1360 South Dixie Highway
350
Coral Gables, FL 33146
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/
behavioral-care
alternatives1@msn.com
Other Languages Spoken by Provider or Office Staff English

Pittman, June, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Creole, Haitian, Spanish

Pizarro Lopez, Amy, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 365-2155
Digital Contact Information:
info@miabehavior.com

and
12973 Southwest 112th Street
151
Miami, FL 33186
(305) 204-7037
Digital Contact Information:
info@miabehavior.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Plasencia Perez, Marelys, DED, BCABA ■
27132 South Dixie Highway
Naranja, FL 33032
(786) 283-0175
Digital Contact Information:
vanessa@amromed.com

Plaza, Jonathan, MA, BCBA ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 317-4478
Digital Contact Information:
https://crystalabatherapy.com/
info@hebxtherapy.com

and
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
info@hebxtherapy.com

and
14618 Southwest 38th Street
2 2
Miami, FL 33175
(786) 302-9710
Digital Contact Information:
http://www.higherbx.com
info@hebxtherapy.com

Pokallus, Kristin, MS, BCBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
credentialing@songbirdcare.com

Ponce, Jessica M, MC, LMHC ■
2601 SW 37th Ave
Ste 904
Miami, FL 33133
(800) 457-4573
Digital Contact Information:
http://www.hupcfl.com
info@hupcfl.com

Ponce, Paula L, MA, LMHC ■
FL
(305) 798-3389
Digital Contact Information:
paulaponce@bellsouth.net

Ponce, Raul, MS, BCBA ■
14707 South Dixie Highway
Suite 200
Miami, FL 33176
(305) 321-5177
Digital Contact Information:
http://familybehaviortherapy.com
administration@
familybehaviortherapy.com

Poole, Jennifer, MC, LMHC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
christina@credentialingconsultants.
com

Poole-Parks, Clarissa, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.
app
insurance@wellnite.com

Poritz, Stacie, MSED, BCBA ■
13195 Southwest 134th Street
Ste. 201
Miami, FL 33186
(786) 206-6500
Digital Contact Information:
stacie@behavioralfamilysolutions.
com

Porras, Maria, MS, LMHC ■
6175 NW 153rd St
Ste 404
Miami Lakes, FL 33014
(305) 558-7400
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Porrero, Liset, MBS, BCBA ■
2550 Northwest 72nd Avenue
#218
Miami, FL 33122
(786) 536-2009
Digital Contact Information:
porrerobcba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Portales, Mariana, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
info@sparking-change.com
Other Languages Spoken by Provider or Office Staff
Spanish

Portales, Rocio A, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.
app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
Spanish

Portales, Sandra M, MS, BCBA ■
13590 Southwest 134th Avenue
104
Miami, FL 33186
(305) 896-8161
Digital Contact Information:
genesisconsultingservices39@
gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Porter, J'Briel E, MSW, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.
app
admin@itsofok.com
Other Languages Spoken by Provider or Office Staff
Chinese, Urdu, Spanish, Hindi

Porter, Judy, BCBA, MS ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
evernorth@teampbs.com

Portillo, Cimelitza, MMH, LMHC ■
9425 SW 72nd St
Ste 265
Miami, FL 33173
(305) 279-8400
Digital Contact Information:
safeharbormha@att.net

Portuondo, Maria, MA, BCBA ■
18951 Southwest 106th Avenue
105 106
Miami, FL 33157

(305) 233-4448
Digital Contact Information:
therapy110@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Posada, Stephanie, MMH, LMHC ■
2500 Southwest 107th Avenue
41
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
lgomez@abcsfl.com

and

FL
(786) 615-3334
Digital Contact Information:
lgomez@abcsfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pose, Ashley, MA, BCBA ■
6405 Northwest 36th Street
Virginia Gardens, FL 33166
(786) 953-8500
Digital Contact Information:
credentialing@kidsspotrehab.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Posner, Annette, MA, BCBA ■
2500 Northwest 107th Avenue
200
Doral, FL 33172
(305) 597-3861
Digital Contact Information:
annette@kidskonnecttherapy.net

Potwin, Tiffany, MC, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Pou Lago, Maria C, LMHC ■
1840 West 49th Street
Suite 723
Hialeah, FL 33012
(786) 333-4275
Digital Contact Information:
http://helpinghandstc.com

and

2300 West 84th Street
STE 104
Hialeah, FL 33016
(305) 903-3168
Digital Contact Information:
Not Available

and

15600 Southwest 288th Street
Suite 407
Homestead, FL 33033
(786) 601-7682
Digital Contact Information:
Not Available

and

FL
(786) 601-7682
Digital Contact Information:
Not Available

and

789 Northwest 27th Avenue
Miami, FL 33125
(772) 241-9222
Digital Contact Information:
Not Available

and

1495 NW 54th St
Miami, FL 33142
(305) 205-4328
Digital Contact Information:
Not Available

Poulton, Nigel G, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@psychplus.com

Powell, Brooke, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Pozo, Iraida, MS, LMHC ■
85 Grand Canal Drive
UNIT 203
Miami, FL 33144
(786) 536-7816
Digital Contact Information:
uwhealth2019@gmail.com

and

7805 Coral Way
Ste 131
Miami, FL 33155
(786) 307-2066
Digital Contact Information:
uwhealth2019@gmail.com

and

7815 Coral Way
Ste 108
Miami, FL 33155
(305) 264-1344
Digital Contact Information:
uwhealth2019@gmail.com

and

5600 Southwest 135th Avenue
100
Miami, FL 33183
(305) 603-9104
Digital Contact Information:
uwhealth2019@gmail.com

Pramanik, Aloke, MS, BCBA ■
Home Based Services Only
Doral, FL 33122
(305) 603-8747
Digital Contact Information:
withoutlimitstherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Prebble, Christine, MS, LPC ■
FL
(929) 209-6109
Digital Contact Information:
harry.williams@gettrucare.com

Preciado, Charlene, MBS, LBA ■
717 Ponce de Leon Boulevard
Suite 209
Coral Gables, FL 33134
(305) 381-0839
Digital Contact Information:
aptusaba.edinburg@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Presken, Gessica, MS, LMHC ■
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
admin@lotuscounseling.com

and

FL
(831) 920-7907
Digital Contact Information:
http://www.mammha.com
admin@lotuscounseling.com

and

2999 NE 191st St
Miami, FL 33180
(305) 915-5748
Digital Contact Information:
admin@lotuscounseling.com

Presswood, William K, LPC ■
151 NW 11th St
Ste W201
Homestead, FL 33030
(786) 521-5925
Digital Contact Information:
http://www.monarchallhealth.com
monarchallhealth@gmail.com

Preval, Falicia, MC, LMHC ■
1031 Ives Dairy Rd
Ste 228
Miami, FL 33179
(786) 320-5559
Digital Contact Information:
faliciap@aol.com

and

1031 Ives Dairy Road
Miami, FL 33179
(786) 627-3321
Digital Contact Information:
faliciap@aol.com

and

1001 North Miami Beach Boulevard
North Miami Beach, FL 33162
(786) 320-5559
Digital Contact Information:
faliciap@aol.com

Preval, Herve, MS, LPC, LPCC ■
11890 Southwest 8th Street
STE 309
Miami, FL 331841710
(786) 281-3935
Digital Contact Information:
http://www.blueangelcare.net
hpreval@prevalandassociates.net

and

FL
(786) 281-3935
Digital Contact Information:
http://www.prevalandassociates.net
hpreval@prevalandassociates.net
Other Languages Spoken by Provider or Office Staff
English, Creole, French

Prevost, Daniella, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Price, Tushanna N, MA, LMFT ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Priedes Rodriguez, Yusiet, MA, BCBA ■
8950 Southwest 74th Court
2299
Kendall, FL 33156
(786) 363-0171
Digital Contact Information:
info@abawithpassion.com

and

16931 Southwest 152nd Avenue
Miami, FL 33187
(786) 262-9997
Digital Contact Information:
info@abawithpassion.com

Prieges, Sabrina, BA, BCBA ■
1180 North Krome Avenue
Homestead, FL 33030
(786) 349-4700
Digital Contact Information:
info@mykidtherapycenter.com

and

49 NW 17th St
Homestead, FL 33030
(786) 349-4700
Digital Contact Information:
http://mykidtherapycenter.com
info@mykidtherapycenter.com

and

14425 Country Walk Drive
Miami, FL 33186
(786) 349-4700
Digital Contact Information:
info@mykidtherapycenter.com
Other Languages Spoken by Provider or Office Staff
Spanish

Prieto, Aymee, MPSY, BCABA ■
Home Based Services Only
West Miami, FL 33144
(786) 404-1017
Digital Contact Information:
opusmentalhealthcenter@gmail.com

Prieto, Glenn C, MS, LMHC ■
10994 Southwest 184th Street
Cutler Bay, FL 33157
(305) 964-5530
Digital Contact Information:
kinitrohealth@gmail.com

and

FL
(305) 964-5530
Digital Contact Information:
kinitrohealth@gmail.com

Prieto, Iliana, MMFT, LMFT ■
5190 Northwest 167th Street
201
Hialeah, FL 33014
(305) 705-4289
Digital Contact Information:
http://livelinessinc.com
livelinessinc@gmail.com

and

Home Based Services Only
Miami Gardens, FL 33014
(305) 640-5739
Digital Contact Information:
livelinessinc@gmail.com

Probst, Weston, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Proenza, Magda, MS, BCBA ■
2721 SW 137th Ave
Ste 113
Miami, FL 33175
(786) 558-7248
Digital Contact Information:
http://pensandoconvargas.com
info@thinkingwithvargas.com
Other Languages Spoken by Provider or Office Staff
Spanish

Prophete, Alyssa, MS, BCBA ■
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
info@kidcenteredtherapy.com

Proulx, Margaret, MS, LMHC, LPC, LPCMH ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Puebla, Teresa, MS, BCBA ■
13195 Southwest 134th Street
Ste. 201
Miami, FL 33186
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

Puech, Andrea, MS, LMHC ■
5001 SW 74th Ct
Ste 104
Miami, FL 33155
(305) 663-0013
Digital Contact Information:
http://www.anagapsychotherapy.com
puech5@gmail.com

and

6955 NW 77th Ave
Ste 401
Miami, FL 33166
(305) 663-0013
Digital Contact Information:
puech5@gmail.com
Other Languages Spoken by Provider or Office Staff
English, French, Spanish

Puentes, Katheryne, PHD, LMFT ■
21301 Northeast 26th Avenue
Miami, FL 33180
(305) 981-6362
Digital Contact Information:
theluminescentmindllc@gmail.com

Pujals, Jessica, MS, LMHC, LPC ●
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
jessicapujals@yahoo.com

and

4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297

Digital Contact Information:
http://www.miamipersonalmanagement.com
jessicapujals@yahoo.com

and
3621 SW 107th Ave
Miami, FL 33165
(786) 534-8366
Digital Contact Information:
http://serenitycommunitycenter.com
jessicapujals@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pujol Figueredo, Dayana, MS, BCBA ■
13195 Southwest 134th Street
101
Miami, FL 33186
(786) 227-6830
Digital Contact Information:
http://esperanzagroup.net
esperanzagroup@espgrp.net
Other Languages Spoken by Provider or Office Staff
Spanish

Pujula, Yolanda, MS, LMFT ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
westmiamicmhc@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Pupo Padilla, Yaneixi, MBS, BCBA ■
14100 Palmetto Frontage Road
UNIT 101
Hialeah, FL 33016
(305) 318-9443
Digital Contact Information:
yuly@abaruslic.com
Other Languages Spoken by Provider or Office Staff
Spanish

Purcell, William, MA, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
info@brightstartllc.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(410) 538-2574
Digital Contact Information:
info@brightstartllc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pyritz, Beth, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/credentialing@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Quallo, Shania, MS, BCBA ■
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
insurance@mindfulsproutsaba.com

Quam, Jessica, MS, BCBA ■
995 Northwest 119th Street
681858
North Miami, FL 33168
(954) 399-5700
Digital Contact Information:
https://www.bmcmiami.com/
info@bmcmiami.com

Quann, Aaron, MS, LMHC ■
FL
(305) 902-6347
(909) 442-0618
(202) 410-5972
Digital Contact Information:
http://www.joinuplift.co
help@joinuplift.co

Queija Leyva, Milma, MA, BCBA ■
Home Based Services Only
Miami Lakes, FL 33016
(561) 764-7093
Digital Contact Information:
robel@roarcbt.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(786) 416-3576
Digital Contact Information:
robel@roarcbt.com

Quesada, Jennifer, MS, BCBA ■
8300 West Flagler Street
170
Miami, FL 33144
(786) 633-5171
Digital Contact Information:
olympushcs@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Quevedo, Elizabeth, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
admissions@abaalliancecareservices.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Quevedo, Lauren, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 695-8672
Digital Contact Information:
abaproinfo@gmail.com

and
4155 Southwest 130th Avenue
108
Miami, FL 33175
(786) 695-8672
Digital Contact Information:
abaproinfo@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Quijano, Tiffany, MC, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/payors@emorahealth.com

Quinones, Annarella, MS, BCBA ■
13590 Southwest 134th Avenue
104
Miami, FL 33186
(305) 896-8161
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Quinones, Ever, PHD, BCBA, LBA ■
8950 SW 74th Ct
Ste 2201
Miami, FL 33156
(800) 368-2143
Digital Contact Information:
info@behaviorassociates.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

Quinones, Gabriela, MPSY, BCBA ■
Home Based Services Only
Doral, FL 33122
(305) 394-8251
Digital Contact Information:
info@bmmaba.com

and
7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
info@bmmaba.com

Quinones, Zahily, MS, BCBA ■
930 Hialeah Drive
Hialeah, FL 33010
(786) 398-1509
Digital Contact Information:
jcabrera@mymbcinc.com

Quinonez Zambrano, Ana L, MS, BCBA ■
2898 Northwest 79th Avenue
Doral, FL 33122
(305) 597-3861
Digital Contact Information:
credentialing@koalaaba.com

Quintana, Claudia A, BA, BCBA ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 317-4478
Digital Contact Information:
https://crystalabatherapy.com/cquin018@fiu.edu

and
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 317-4478
Digital Contact Information:
https://crystalabatherapy.com/cquin018@fiu.edu

Quintana, Elizabeth, MS, BCBA ■
1900 Southwest 22nd Street
#205
Miami, FL 33145
(305) 648-7212
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
10691 North Kendall Drive
207
Miami, FL 33176
(786) 401-6113
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Quintana Fernandez, Aleymis, MS, BCBA ■
2520 Coral Way
2 19
Miami, FL 33145
(855) 832-6727
Digital Contact Information:
evernorth@teampbs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Quintana, Keily, MA, BCBA ■
5600 SW 135th Ave
Ste 112
Miami, FL 33183
(305) 746-4507
Digital Contact Information:
myhungrycaterpillar@gmail.com

and
27132 South Dixie Highway
Naranja, FL 33032
(786) 283-0175
Digital Contact Information:
myhungrycaterpillar@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Quintana, Noelia M, MD, LMHC ■
8725 Northwest 18th Terrace
Suite 202
Doral, FL 33172
(305) 487-2532
Digital Contact Information:
office@mitierramedicalgroup.com

and
3750 West 16th Avenue
104
Hialeah, FL 33012
(305) 200-5648
Digital Contact Information:
office@mitierramedicalgroup.com

and
1150 Northwest 72nd Avenue
350
Miami, FL 33126
(786) 228-7801
Digital Contact Information:
office@mitierramedicalgroup.com

and
1150 Northwest 72nd Avenue
540
Miami, FL 33126
(786) 228-7801
Digital Contact Information:
office@mitierramedicalgroup.com

and
14201 Southwest 120th Street
suite 110
Miami, FL 33186
(786) 238-7492
Digital Contact Information:
https://mitierramedicalgroup.com
office@mitierramedicalgroup.com

and
14221 Southwest 120th Street
223
Miami, FL 33186
(786) 690-2296
Digital Contact Information:
office@mitierramedicalgroup.com

and
14261 Southwest 120th Street
Suite #113
Miami, FL 33186
(786) 558-4169
Digital Contact Information:
https://mitierramedicalgroup.com
office@mitierramedicalgroup.com
Other Languages Spoken by Provider or Office Staff English

Quintana, Tania, MA, BCBA ■
4730 Northwest 3rd Street
Miami, FL 33126
(786) 487-8655
Digital Contact Information:
taniamederoz24@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0429
Digital Contact Information:
taniamederoz24@gmail.com

Quintana, Yanexi, MS, LMHC ■
FL
(305) 520-9686
Digital Contact Information:
healthymindscounselingllc13@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Quintanilla, Claudia, MS, LMHC ■
FL
(786) 258-8499
Digital Contact Information:
http://www.virtual-counseling.com
service@virtual-counseling.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Quintela Lozano, Jenisse, MA, BCBA ■
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
office@smartbatherapy.com

and
306 Westward Dr
Miami Springs, FL 33166
(786) 588-7894
Digital Contact Information:
http://www.smartbatherapy.com
office@smartbatherapy.com

and
1990 Northeast 163rd Street
Suite 220
North Miami Beach, FL 33162
(305) 301-6530
Digital Contact Information:
office@smartbatherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Quintero, Rosaly, MMH, LMHC ■
5001 SW 74th Ct
Ste 104
Miami, FL 33155
(305) 663-0013
Digital Contact Information:
anagabilling@gmail.com

and
6955 NW 77th Ave
Ste 401

Miami, FL 33166
(305) 663-0013
Digital Contact Information:
anagabilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Quintero, Yissel, MS, BCBA ■
Home Based Services Only
Hialeah, FL 33012
(561) 460-0284
Digital Contact Information:
info@brightfuturebehavioral.com
Other Languages Spoken by Provider or Office Staff
Spanish

Quirch, Deborah, MED, BCBA ■
7500 Northwest 25th Street
STE 200
Miami, FL 33122
(305) 909-4872
Digital Contact Information:
ylbmillchaningbehavior@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 255-6203
Digital Contact Information:
ylbmillchaningbehavior@gmail.com

and
1900 Southwest 22nd Street
#205
Miami, FL 33145
(305) 648-7212
Digital Contact Information:
ylbmillchaningbehavior@gmail.com

Quirino, Maria Eushela, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
providerenrollment@acornhealth.com

Rabatin, Stephanie, MED, LPCC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/payors@emorahealth.com

Rabinowitz, Carla, MMFT, LMFT ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
soflotherapygroup@gmail.com

and
13205 Southwest 137th Avenue
STE 132
Miami, FL 331865334
(754) 269-5304
Digital Contact Information:
http://dominguezcommunitycenter.com
soflotherapygroup@gmail.com

and
975 Arthur Godfrey Rd
Ste 301
Miami Beach, FL 33140
(786) 315-0387
Digital Contact Information:
soflotherapygroup@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rabkin-Turner, Jodi, MS, LMHC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
bellaneph@yahoo.com

Rachuig, Marie K, MA, BCBA ■
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
https://stepforwardaba.com/
info@stepforwardaba.com

Rader, Lisa, MA, ABA, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
lrader@emeraldcoastkidstherapy.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
lrader@emeraldcoastkidstherapy.com

and
1951 NW 7th Ave
Ste 600
Miami, FL 33136
(929) 384-7193
Digital Contact Information:
lrader@emeraldcoastkidstherapy.com

Rahming, Devonne, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Raiford, Sally T, MACP, LMFT ■
150 Alhambra Circle
Floor 10
Coral Gables, FL 33134
(786) 800-3374
Digital Contact Information:
sallie354@yahoo.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
sallie354@yahoo.com

Raimundo, Marcia, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 713-0982
Digital Contact Information:
sunnybehavior@gmail.com

Rainuzzo, Silvana L, MC, LMHC ■
FL
(954) 682-0264
Digital Contact Information:
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ramdin, Priya, BS, BCABA ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/clinical.coordinator@cmnbtherapy.com

and
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/clinical.coordinator@cmnbtherapy.com

Ramirez, Adriana, MS, BCBA ■
7875 Northwest 12th Street
110
Doral, FL 33126
(305) 846-9346
Digital Contact Information:
https://crystalabatherapy.com/services@cmnbtherapy.com

Ramirez, Ariadna, MS, BCBA ■
6804 Southwest 83rd Court
Miami, FL 33143
(786) 432-5099
Digital Contact Information:
http://sunnyhorizonstherapies.com
lburns@cdaintensivelearning.com

and
10300 SW 72nd St
Ste 114
Miami, FL 33173
(855) 832-6727
Digital Contact Information:
lburns@cdaintensivelearning.com

and
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
lburns@cdaintensivelearning.com

and
Home Based Services Only
South Miami, FL 33143
(786) 370-5237
Digital Contact Information:
lburns@cdaintensivelearning.com

Ramirez Capestany, Yinet, MS, BCBA ■
30350 SW 156th Ave
Homestead, FL 33033
(561) 283-7181
Digital Contact Information:
freddie.maxwell@amromed.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
freddie.maxwell@amromed.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
freddie.maxwell@amromed.com

and
27132 South Dixie Highway
Naranja, FL 33032
(786) 481-9833
Digital Contact Information:
freddie.maxwell@amromed.com

Ramirez, Evelin, MS, BCBA ■
13831 Southwest 59th Street
Suite 200
Miami, FL 33183
(786) 536-2361
Digital Contact Information:
info@inclusivenest.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ramirez, Laritza, MA, BCBA ■
15924 SW 92nd Ave
Miami, FL 33157
(786) 636-1303
Digital Contact Information:
kenia.rodriguez@ffmhs.com

and
6405 Northwest 36th Street
#123
Virginia Gardens, FL 33166
(786) 872-4325
Digital Contact Information:
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ramirez, Leidy, MS, LMHC ●
7950 Northwest 53rd Street
STE 237
Doral, FL 33166
(786) 536-4420
Digital Contact Information:
emilie@credentialingconsultants.com

and
5979 Northwest 151st Street
STE 120
Hialeah, FL 33014
(786) 536-4420
Digital Contact Information:
emilie@credentialingconsultants.com

Ramirez, Lisandra, MMH, LMHC ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
primementalcare24@gmail.com

and
15260 Southwest 280th Street
113 114
Homestead, FL 33032
(305) 998-7885
Digital Contact Information:
primementalcare24@gmail.com

and
3446 Southwest 8th Street
217
Miami, FL 33135
(786) 769-5046
Digital Contact Information:
primementalcare24@gmail.com

and
2915 Biscayne Boulevard
Suite 300-4
Miami, FL 33137
(786) 398-4747
Digital Contact Information:
primementalcare24@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ramirez Machin, Aylen, MS, BCBA ■
1275 West 47th Place
#449
Hialeah, FL 33012
(305) 425-1338
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ramirez, Martha, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 329-9993
Digital Contact Information:
koodollc4@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ramirez, Melina S, BS, BCABA ■
13404 Southwest 128th Street
Miami, FL 33186
(305) 433-0897
Digital Contact Information:
http://www.bluelifetherapy.com
bluelifetherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ramirez, Nivia, MBS, BCBA ■
1140 West 50th Street
STE 303
Hialeah, FL 330123411
(305) 231-3371
Digital Contact Information:
https://kidscaretherapycenterinc.net/
niviaramirez55@hotmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 875-7812
Digital Contact Information:
niviaramirez55@hotmail.com

Ramirez Ordaz, Yanelis, MPSY, BCBA, LBA ■
27132 South Dixie Highway
Naranja, FL 33032
(786) 481-9833
Digital Contact Information:
info@turningpointtherapyservices.org

Ramirez Pupo, Yenisbel, MED, BCBA ■
3908 West 12th Avenue
Hialeah, FL 33012

(305) 400-8904
Digital Contact Information:
osmany@littleheartsbehaviorsupport.com

and
3800 Northwest 201st Terrace
Miami Gardens, FL 33055
(786) 378-9197
Digital Contact Information:
osmany@littleheartsbehaviorsupport.com

Ramirez, Reiner, MS, BCBA ■
13590 Southwest 134th Avenue
104
Miami, FL 33186
(305) 896-8161
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ramirez-Velasquez, Karla D, MS, LMHC ■
3785 Northwest 82nd Avenue
117
Doral, FL 33166
(786) 238-7321
Digital Contact Information:
http://www.kydsmiamitherapy.com
kramirezpsychotherapy@gmail.com

and
FL
(786) 238-7321
Digital Contact Information:
http://www.kydsmiamitherapy.com
kramirezpsychotherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ramlall, Niyama, MED, LMFT ■
7600 South Red Road
200
South Miami, FL 33143
(786) 508-2207
Digital Contact Information:
http://www.lunapsychology.com
angelo@lunapsychology.com

Ramon Del Risco, Andres, MBS, BCBA ■
730 Northwest 107th Avenue
110
Miami, FL 33172
(305) 249-1183
Digital Contact Information:
palmbehavioral2@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ramon, Laura, MS, BCBA ■
Home Based Services Only
Doral, FL 33122
(305) 394-8251
Digital Contact Information:
lauralore1216@gmail.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(786) 622-5743
Digital Contact Information:
lauralore1216@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 204-8290
Digital Contact Information:
lauralore1216@gmail.com

and
5767 Northwest 151st Street
b
Miami Lakes, FL 33014
(786) 431-5801
Digital Contact Information:
lauralore1216@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ramos, Alfredo, MSW, LMHC ■
10700 Caribbean Boulevard
UNIT 203
Cutler Bay, FL 33189
(305) 299-8005
Digital Contact Information:
http://www.positivemindful.com
positivemindful@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ramos, Berenice, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 707-7308
Digital Contact Information:
genesisconsultingservices39@gmail.com

Ramos, Catherine, MS, BCBA ■
8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-2822
Digital Contact Information:
albaladejoabatherapy@gmail.com

and
13301 Southwest 132nd Avenue
209 209
Miami, FL 33186
(786) 713-5553
Digital Contact Information:
albaladejoabatherapy@gmail.com

Ramos, Cristina, MSED, LBA ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
sunshine-advantage@mbhpays.com

Ramos, Cristina, MA, LMFT, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
admin@wellmindedcounseling.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ramos, Cristina, MSED, LBA ■
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
sunshine-advantage@mbhpays.com

and
306 Westward Dr
Miami Springs, FL 33166
(786) 588-7894
Digital Contact Information:
http://www.smartbatherapy.com
sunshine-advantage@mbhpays.com

Ramos, Halia, MA, BCBA ■
14707 South Dixie Highway
303
Miami, FL 33176
(786) 333-3207
Digital Contact Information:
sucel.tejeda@abaofswf.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ramos, Idenio, MBS, BCBA ■
14100 Palmetto Frontage Road
UNIT 101
Hialeah, FL 33016
(305) 318-9443
Digital Contact Information:
yuly@abarusllc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ramos, Iraisys, MS, BCBA ■
8300 Northwest 53rd Street
Suite 102
Doral, FL 33166
(786) 769-5222
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 558-8246
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
3750 Northwest 87th Avenue
744
Miami, FL 33178
(786) 689-6517
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ramos Linares, Amarilys, MACP, BCBA, LMHC ■
Home Based Services Only
Miami, FL 33142
(305) 280-2480
Digital Contact Information:
ever@foundartacademy.org

and
9380 Sunset Drive
b165
Miami, FL 33173
(786) 337-0585
Digital Contact Information:
ever@foundartacademy.org
Other Languages Spoken by Provider or Office Staff
Spanish

Ramos, Malena, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 536-7470
Digital Contact Information:
mabelingrid@yahoo.com

and
7625 SW 21 St
Miami, FL 33155
(888) 527-8037
Digital Contact Information:
mabelingrid@yahoo.com

and
13490 Southwest 134th Avenue
207
Miami, FL 33186
(305) 263-0207
Digital Contact Information:
mabelingrid@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ramos, Melanie, MS, BCBA ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
yavila@avilahealthgroup.com

and
64 Northwest 54th Street
103
Miami, FL 33127
(305) 767-1924
Digital Contact Information:
http://www.autismspecialtygroup.com
yavila@avilahealthgroup.com

Ramos, Melanie, BS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 558-7248
Digital Contact Information:
yuniertv@thinkingwithvargas.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ramos, Natalie, MS, BCBA ■
330 Southwest 27th Avenue
STE 301
Miami, FL 33135
(786) 868-1331
Digital Contact Information:
http://www.counselingsociety.com
counselingsocietymiami@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ramos, Paola, MC, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com

Ramos Perez, Milena, MPSY, BCBA ■
8180 Northwest 36th Street
225
Doral, FL 33166
(786) 817-4129
Digital Contact Information:
https://amazingkiddosbehavior.com
lightingbehaviorservices@gmail.com

and
29485 Southwest 177th Court
Homestead, FL 33034
(786) 486-0165
Digital Contact Information:
lightingbehaviorservices@gmail.com

and
14722 Southwest 56th Street
Miami, FL 33185
(305) 456-0572
Digital Contact Information:
lightingbehaviorservices@gmail.com

and
4800 Northwest 167th Street
Miami Gardens, FL 33014
(305) 515-2726
Digital Contact Information:
http://www.lightingbehavior.com
lightingbehaviorservices@gmail.com

and
Home Based Services Only
Miami Gardens, FL 33014
(786) 606-7766
Digital Contact Information:
lightingbehaviorservices@gmail.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(786) 287-4039
Digital Contact Information:
lightingbehaviorservices@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ramos-Elvir, Diana, MC, LMHC ■
4975 Northwest 167th Street
Miami Gardens, FL 33055
(786) 367-9709
Digital Contact Information:
ebcg-support@findoctave.com

Rampersad, Tricia, MC, LPC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
care@forthealth.com

Rapp, Katja M, MC, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
members@wellnite.com
Other Languages Spoken by Provider or Office Staff
German

Rashid, Rokshana, MC, LMHC ■
FL
(786) 233-6721
Digital Contact Information:
info@managedmentalhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Raters, Jennifer, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Rawden, Shaylin, MED, LBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(410) 538-2574
Digital Contact Information:
brianna.bonomo@elemy.com

Ray, Jeffrey L, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993

Digital Contact Information:
https://www.emorahealth.com/
jraylmhc@icloud.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
jraylmhc@icloud.com

Ray, Taylor, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Raymond, Lisa, MS, BCBA ■
8200 Northwest 41st Street
Suite 200
Miami, FL 33166
(305) 317-5516
Digital Contact Information:
http://childrensbehaviortherapy.com
vanessa@childrensbehaviortherapy.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 317-5516
Digital Contact Information:
vanessa@childrensbehaviortherapy.com

Recio, Daily, MA, BCBA ■
10711 Southwest 216th Street
100 100
Goulds, FL 33170
(786) 222-6129
Digital Contact Information:
http://www.sunflowerabaservices.com
sunflowerabaservices@gmail.com

Reece, Danielle E, MS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
lisette@abctestingservices.com

Reeves, Margaret, PHD, LMHC ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
mreeves2005@aol.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
mreeves2005@aol.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
mreeves2005@aol.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
mreeves2005@aol.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
mreeves2005@aol.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
mreeves2005@aol.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
mreeves2005@aol.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
mreeves2005@aol.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
mreeves2005@aol.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
mreeves2005@aol.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Regalado, Alejandra, MPSY, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com

Regalado Rodriguez, Ivet, MS, BCBA ■
8900 Southwest 117th Avenue
c101
Miami, FL 33186
(786) 568-1259
Digital Contact Information:
icrtherapy1@gmail.com

Reichard, Michelle, MS, LMHC ■
14400 Northwest 77th Court
#100
Miami Lakes, FL 33016
(786) 916-6073
Digital Contact Information:
http://www.arcmentalhealth.com
yisabel@arcmentalhealth.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Reinoso Vega, Marah, MA, BCBA ■
2020 Ponce de Leon
Suite 1201
Miami, FL 33134
(305) 917-5414
Digital Contact Information:
mirta@psychologybeyond.vom
Other Languages Spoken by Provider or Office Staff
Spanish

Reis, Maria, MC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Reitkopf, Thalia, MMH, LMHC ■
FL
(510) 842-5421
Digital Contact Information:
https://growthegarden.wixsite.com/grow
thaliareitkopf@gmail.com

Remsen, Caitlyn, MSW, LMHC ■
8500 SW 92nd Street
206
Miami, FL 33156
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
info@livewelltherapygroup.com

and
7600 Southwest 57th Avenue
suite 334
South Miami, FL 33143
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
info@livewelltherapygroup.com

Rendler, Yitta, MS, BCBA ■
6405 Northwest 36th Street
Virginia Gardens, FL 33166
(786) 238-2008
Digital Contact Information:
therapy@kidsspotrehab.com

Renner, Mikaela, MS, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/credentialing@bebravehealth.com

Rente, Sofia, MBS, BCBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
mmmbehavior@gmail.com

Renucci, Robin, MC, LPC ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(503) 427-8094
Digital Contact Information:
help@joinuplift.co

Repiso, Katy, MA, BCBA ■
2300 West 84th Street
404a
Hialeah, FL 33016
(305) 992-0160
Digital Contact Information:
springhealthusa@gmail.com

and
15260 SW 280th St
Ste 205
Homestead, FL 33032
(305) 707-7237
Digital Contact Information:
http://www.familybehaviorservices.org
springhealthusa@gmail.com

Resnik, Susan, MED, LMHC ■
1065 Southwest 8th Street
1109
Miami, FL 33130
(786) 651-4198
Digital Contact Information:
http://www.perfectmatchcouplecounseling.com
oxfordcounselingservices@gmail.com

and
1000 5th St
Ste 207
Miami Beach, FL 33139
(786) 651-4198
Digital Contact Information:
oxfordcounselingservices@gmail.com

Restrepo, Lisette D, PSYD, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 275-8860
Digital Contact Information:
http://www.abctestingservices.com
lisette@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Reuis, Laura, MA, BCBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
haley.hounchell@yourmissingpiece.com

Reves Oquendo, Delaine, MA, BCBA ■
15260 SW 280th St
Ste 205
Homestead, FL 33032
(305) 707-7237
Digital Contact Information:
http://www.familybehaviorservices.org
admin@familybehavioralservices.org
Other Languages Spoken by Provider or Office Staff
Spanish

Rey, Jennifer, BA, BCBA ■
2898 Northwest 79th Avenue
Doral, FL 33122
(305) 597-3861
Digital Contact Information:
cary@nwds-staff.com

Reyes, Daime, MS, BCBA ■
18451 Northeast 27th Place
Aventura, FL 33160
(786) 683-2398
Digital Contact Information:
sseastcoast22@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
sseastcoast22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Reyes, Glanel, MS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
lisette@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Reyes, Karen A, MS, BCBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
kreyesbcba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Reyes Leiva, Roberto, MS, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
genesisconsultingservices39@gmail.com

Reyes, Madeline B, MPSY, LMHC ■
5941 Northwest 173rd Drive
6 6
Hialeah, FL 33015
(786) 360-4328
Digital Contact Information:
blueparadisemedicalcenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Reyes Ortega, Isabel, MA, BCBA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
http://www.appliedbhs.com
dabs@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Reyes Rodriguez, Raudel, MBS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 875-7812
Digital Contact Information:
clinical@spbsolutions.org

Reyes, Tania, MBS, BCBA ■
1541 Southeast 12th Avenue
Suite 4
Homestead, FL 33034
(786) 214-0041
Digital Contact Information:
info@abcsfl.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 214-0041
Digital Contact Information:
info@abcsfl.com

and
FL
(786) 615-3334
Digital Contact Information:
info@abcsfl.com

Reyes, William, MS, LMHC ■
2264 SW 7th St
Miami, FL 33135
(305) 338-9798
Digital Contact Information:
mytherapistwr@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Reynolds, Stacy, MA, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
ebcg-support@findoctave.com

Reynoso, Sharon R, MS, BCBA ■
9240 Southwest 158th Lane
18th
Palmetto Bay, FL 33157
(305) 788-2849
Digital Contact Information:
http://eibscorp.com
sharonreynoso22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Reza, Kerrie, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
providerenrollment@acornhealth.com

Rhone, Traci, MS, LMHC ■
FL
(305) 333-6769
Digital Contact Information:
rhonetraci@gmail.com

Riandez Gimeno, Yanisleydis A, BA, BCABA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0429
Digital Contact Information:
improvedbehaviortherapy@gmail.com
Other Languages Spoken by Provider or Office Staff English

Ricci, Jason B, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Rice, Jeffrey, MS, LMHC ■
1005 N Krome Ave
Ste 121
Homestead, FL 33030
(305) 423-6385
Digital Contact Information:
jillian@thriveworks.com

Richburg, Elizabeth, MC, LPC ■
FL
(508) 202-1011
Digital Contact Information:
https://www.sevenstarling.com
support@sevenstarling.com

Richmond, Laquana, EDS, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
lrichmond@assuredcs.org

Rico, Sandra, MS, LMHC ■
10689 SW 88th St
Ste 305
Miami, FL 33176
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
Spanish

Riddle, Shirley, MS, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
https://tillytherapy.com/
credentialing@tillytherapy.com

Ridgeley, Connie, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Rife, Tammy, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Rigual Yumar, Maida, BS, BCABA ■
7235 Southwest 24th Street
204
Miami, FL 33155
(786) 452-0257
Digital Contact Information:
jcabrera@mymbcinc.com

and
15715 South Dixie Highway
226
Miami, FL 33157
(305) 849-4186
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rikard, Deborra C, MED, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
intake@healecounseling.com

Riley, Taneisha, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Rincon, Erika, MS, BCBA ■
8200 Northwest 41st Street
269
Doral, FL 33166
(305) 763-4196
Digital Contact Information:
jcabrera@mymbcinc.com

and
2450 Southwest 137th Avenue
232
Miami, FL 33175
(786) 360-6496
Digital Contact Information:
jcabrera@mymbcinc.com

Riojas, Johanna, PSYD, LP ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
333 Southeast 2nd Avenue
Suite 2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

and
3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

Rion, Eric, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Rios, Amy, BA, BCABA ■
10691 North Kendall Drive
211
Miami, FL 33176
(305) 984-4343
Digital Contact Information:
info@brightstartllc.com

and
12750 Northwest 17th Street
216 216
Miami, FL 33182
(888) 527-8037
Digital Contact Information:
http://brightstartpossibility.com
info@brightstartllc.com

Rios, Stephanie, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
smrios1979@gmail.com

Rios, Tyra, MA, LMFT ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Rivas, Daniel A, MA, BCBA ■
13810 Southwest 112th Street
103 103
Miami, FL 33186
(716) 969-3653
Digital Contact Information:
daniel@dartherapyaba.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rivas, Dominique, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
providerenrollment@acornhealth.com

Rivera, Audrey, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Rivera Borrero, Olga, MS, BCBA ■
1250 Southwest 27th Avenue
207
Miami, FL 33135
(786) 502-3137
Digital Contact Information:
cabehavior@gmail.com

and
8950 Southwest 152nd Street
116
Palmetto Bay, FL 33157
(786) 669-2619
Digital Contact Information:
cabehavior@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rivera, Destiny, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Rivera, Eva, MC, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rivera, Frances, MMFT, LMFT ■
FL
(888) 339-9404
Digital Contact Information:
referral@1800healthpartners.com

Rivera, Gretel, MS, LMHC ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com

and
10300 Sunset Drive
Suite 114
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com
Other Languages Spoken by Provider or Office Staff
French, Spanish

Rivera, Ian, MSW, CAC, LCSW ■
FL
(909) 442-0618
(800) 567-5433
(202) 410-5972
Digital Contact Information:
https://totallife.com/
help@joinuplift.co

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Other Languages Spoken by Provider or Office Staff English

Rivera, Isabela, MS, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
evernorth@teampbs.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(410) 538-2574
Digital Contact Information:
evernorth@teampbs.com

and
2520 Coral Way
2 19
Miami, FL 33145
(855) 832-6727
Digital Contact Information:
https://www.teampbs.com/
evernorth@teampbs.com

and
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
evernorth@teampbs.com

Rivera Quinones, Elizabeth A, MA, LMHC ■
1 Alhambra Plaza
PH # 1451
Miami, FL 33134
(888) 588-8995
Digital Contact Information:
http://www.foresightmentalhealth.com
ciga-office@foresightmentalhealth.com

Rivera-Fernandez, Fabiola M, BA, BCABA ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
services@cmnbtherapy.com

and
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
services@cmnbtherapy.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Japanese, French, Italian, Spanish

Rivero, Anisleidy, MS, LMHC ■
FL
(786) 254-1211
Digital Contact Information:
http://www.healingmindcounseling.com
ani.rivero@healingmindcounseling.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rivero, Edelis, MS, BCBA ■
7001 Southwest 97th Avenue
104
Miami, FL 33173
(786) 772-1577
Digital Contact Information:
edelis.r14@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rivero, Maribel, BA, BCABA ■
5881 Northwest 151st Street
127
Miami Lakes, FL 330142450
(786) 905-2262
Digital Contact Information:
http://sweetchildbehavior.com
tcmfl2018@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rivero, Saimary, MS, BCBA ■
8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-2822
Digital Contact Information:
http://www.mgmbehavioral.com
sairivero@mgmbehavioral.com
Other Languages Spoken by Provider or Office Staff
Spanish

Riveron Sanchez, Zenia, MS, BCBA ■
10300 Southwest 72nd Street
250b
Miami, FL 33173
(305) 939-6878
Digital Contact Information:
dynamicsandbehaviorservicesinc@gmail.com

and
12460 Southwest 8th Street
2024
Miami, FL 33184
(786) 801-0944
Digital Contact Information:
dynamicsandbehaviorservicesinc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Riveron, Yenisey, BA, BCBA ■
13404 Southwest 128th Street
Miami, FL 33186
(305) 433-0897
Digital Contact Information:
yaneiro@sunshinemindsbehavior.com

Rivers, Arisleidy, MED, BCBA ■
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
credentialing@southbillcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rizo, Naylin, MMH, LMHC ■
1840 West 49th Street
709
Hialeah, FL 33012
(786) 393-0315
Digital Contact Information:
flnewvision@gmail.com

and
2100 West 76th Street
STE 408
Hialeah, FL 33016
(786) 542-5056
Digital Contact Information:
flnewvision@gmail.com

and
730 Northwest 107th Avenue
104
Miami, FL 33172
(305) 504-1749
Digital Contact Information:
flnewvision@gmail.com

and
730 Northwest 107th Avenue
110
Miami, FL 33172
(305) 249-1183
Digital Contact Information:
flnewvision@gmail.com

and
12150 Southwest 128th Court
Ste 228
Miami, FL 33186
(786) 227-6314
Digital Contact Information:
flnewvision@gmail.com

and
12150 Southwest 128th Court
Suite 233
Miami, FL 33186
(786) 238-7666
Digital Contact Information:
flnewvision@gmail.com

and
13701 Southwest 88th Street
306
Miami, FL 33186
(786) 842-1489
Digital Contact Information:
flnewvision@gmail.com

and
15305 Northwest 60th Avenue
Ste 100
Miami Lakes, FL 33014
(786) 536-7561
Digital Contact Information:
flnewvision@gmail.com

and
5803 Northwest 151st Street
STE 206
Miami Lakes, FL 33014
(305) 504-1749
Digital Contact Information:
flnewvision@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rizzo, Nicole, MMFT, LMFT ■
Home Based Services Only
Doral, FL 33122
(305) 591-7898
Digital Contact Information:
goodchoicemhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Robaina, Niubis, MPSY, LMHC ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
yavila@avilahealthgroup.com

Robayna, Niady, MS, BCBA ■
3785 Northwest 82nd Avenue
STE 408
Doral, FL 33166
(305) 310-7907
Digital Contact Information:
evernorth@teampbs.com

and
2520 Coral Way
2 19
Miami, FL 33145
(855) 832-6727
Digital Contact Information:
evernorth@teampbs.com

and
14225 SW 42nd St
Miami, FL 33175
(305) 221-8200
Digital Contact Information:
evernorth@teampbs.com

Roberts, Jazmin, MS, LCMHC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@growtherapy.com

Roberts, Kimberly, MED, LMHC ■
1031 Ives Dairy Road
rm 239
Miami, FL 33179
(786) 589-7248
Digital Contact Information:
kimberly@growthcounselingandtherapy.com

and
1001 North Miami Beach Boulevard
North Miami Beach, FL 33162
(786) 320-5559
Digital Contact Information:
kimberly@growthcounselingandtherapy.com

Roberts, Ryan, MS, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
ryanrobertslpc@gmail.com

and
FL
(305) 902-6347
Digital Contact Information:
ryanrobertslpc@gmail.com

Roberts, Stephanie, MA, LMHC ■
FL
(508) 202-1011
Digital Contact Information:
support@sevenstarling.com

Robinson, Ashley, MS, LCPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
hello@emorahealth.com

Robinson, Diana E, MS, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Robinson, Jade, MS, LMHC ■
FL
(786) 488-8103
Digital Contact Information:
http://www.sfacounseling.org
info@sfacounseling.org

Robinson, Kent A, MA, LPC ■
10311 Northwest 58th Street
Doral, FL 33178
(800) 438-1772
Digital Contact Information:
lrangel@wlcfs.org

Robles, Heidi, BA, BCBA ■
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
services@cmnbtherapy.com

Rocha, Leslie, MS, LMHC ■
8500 SW 92nd Street
206
Miami, FL 33156
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
billing@livewelltherapygroup.com

and
7600 Southwest 57th Avenue
suite 334
South Miami, FL 33143
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
billing@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Roche, Michelle, MS, LMHC ■
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
http://brightsyhealthfl.com
brightsyhealth@gmail.com

and
1031 Ives Dairy Rd
Ste 228
Miami, FL 33179
(786) 320-5559
Digital Contact Information:
brightsyhealth@gmail.com

and
1001 North Miami Beach Boulevard
North Miami Beach, FL 33162
(786) 320-5559
Digital Contact Information:
brightsyhealth@gmail.com

Rochetto, Alexandria, MA, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
andreaburks@bayouwellness.life

Rocker, Jeff, MMH, LMHC ■
777 Brickell Ave
Ste 500
Miami, FL 33131
(786) 490-2181
Digital Contact Information:
askjeffrocker@gmail.com

Rockman, Isatta, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.

app
insurance@wellnite.com

Rodriguez Abreu, Elizabeth, EDM, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 536-7470
Digital Contact Information:
dadebehavioralservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Abril, EDM, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 964-7695
Digital Contact Information:
behaviorconsultantfl@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Alecia, PHD, LMFT ■
9555 Southwest 175th Terrace
Suite 227
Miami, FL 33157
(888) 241-8802
Digital Contact Information:
contact@myuniquetherapy.com

and
FL
(888) 241-8802
Digital Contact Information:
https://myuniquetherapy.com
contact@myuniquetherapy.com

Rodriguez, Alexandria, MA, BCBA ■
11025 SW 84th St
Ste 8
Miami, FL 33173
(833) 971-1230
Digital Contact Information:
evernorth@teampbs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Alfonso, Adrian, MS, BCBA ■
8300 NW 53rd St
Ste 350
Miami, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com

and
4155 Southwest 130th Avenue
108
Miami, FL 33175
(786) 695-8672
Digital Contact Information:
behaviorplusservices@gmail.com

Rodriguez, Alissa, MC, LMHC ■
3081 Salzedo Street
202u
Coral Gables, FL 33134
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com

and
3081 Salzedo Street
Suite 202
Coral Gables, FL 33134
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com

and
3625 Northwest 82nd Avenue
Doral, FL 33166
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com

and
3625 Northwest 82nd Avenue
400
Doral, FL 33166
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com

and
1911 Southwest 87th Avenue
Miami, FL 33165
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com

and
FL
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com

and
9016 Southwest 152nd Street
Palmetto Bay, FL 33157
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Andrea, MS, BCBA ■
1550 Madruga Avenue
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
progressivebehavioranalyst@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Andrea, MC, LMHC ■
8500 SW 92nd Street
203
Miami, FL 33156
(786) 332-4478
Digital Contact Information:
billing@livewelltherapygroup.com

and
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
billing@livewelltherapygroup.com

and
11050 Southwest 88th Street
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
billing@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Andrea, MS, BCBA ■
9010 Southwest 137th Avenue
213
Miami, FL 33186
(305) 305-0279
Digital Contact Information:
progressivebehavioranalyst@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Anibelle, MA, BCBA ■
2898 Northwest 79th Avenue
Doral, FL 33122
(786) 646-9250
Digital Contact Information:
careers@koalaaba.com

Rodriguez, Annabel, MMH, BCBA, LMHC ■
10200 Northwest 25th Street
STE 205
Miami, FL 33172
(305) 602-8074
Digital Contact Information:
admin@denalibehaviorcrt.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rodriguez, Annmarie, MC, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/payors@emorahealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Arana, Jessica, MS, BCBA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Audrey E, MS, BCBA ■
Home Based Services Only
Miami Lakes, FL 33016
(561) 764-7093
Digital Contact Information:
Not Available

Rodriguez, Belkis, BS, BCABA ■
14707 South Dixie Highway
303
Miami, FL 33176
(786) 333-3207
Digital Contact Information:
leap.behavior@gmail.com

and
1380 Northeast Miami Gardens Drive
220f
Miami, FL 33179
(786) 523-3249
Digital Contact Information:
leap.behavior@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Camila, MS, BCBA ■
7801 Northwest 37th Street
Lp-201
Doral, FL 33195
(305) 468-9899
Digital Contact Information:
vivianaicare@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Creole, Spanish

Rodriguez Cespedez, Jany, MS, BCBA ■
Home Based Services Only
Doral, FL 33122
(305) 591-7898
Digital Contact Information:
heartwellhomecare@att.net

and
9555 Southwest 175th Terrace
610
Palmetto Bay, FL 33157
(786) 859-0979
Digital Contact Information:
heartwellhomecare@att.net
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rodriguez Chaviano, Mayrelis, MS, BCBA ■
100 Northeast 15th Street
203
Homestead, FL 33030
(786) 404-3075
Digital Contact Information:
admin2@twoheartsaba.com

and
9710 East Indigo Street
Suite 201
Palmetto Bay, FL 33157
(786) 277-6210
Digital Contact Information:
admin2@twoheartsaba.com

Rodriguez, Cheyla, MPSY, BCBA ■
9710 East Indigo Street
Suite 201
Palmetto Bay, FL 33157
(786) 277-6210
Digital Contact Information:
admin@twoheartsaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Christina, MS, BCBA ■
7000 Southwest 62nd Avenue
STE 407
South Miami, FL 33143
(305) 586-2953
Digital Contact Information:
maveninbehavior305@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Correa, Sandy, MSCC, LMHC ■
427 Washington Ave
Miami Beach, FL 33139
(305) 514-0813
Digital Contact Information:
credentialing@cancommunityhealth.org

Rodriguez, Danelia, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 779-9475
Digital Contact Information:
alfay.behavioralservices@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rodriguez, Danitza, MA, BCBA ■
10691 North Kendall Drive
207
Miami, FL 33176
(786) 401-6113
Digital Contact Information:
enrollpriv@bikhamhealthcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, David, MS, BCBA ■
Home Based Services Only
Miami, FL 33155
(786) 755-2615
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
5600 SW 135th Ave
Ste 112
Miami, FL 33183
(305) 746-4507
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Del Rey, Meylin, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
2450 Southwest 137th Avenue
232
Miami, FL 33175
(786) 360-6496
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 452-1185
Digital Contact Information:
info@newlifeaba.com

and
13424 Southwest 90th Terrace
Miami, FL 33186
(786) 308-6353
Digital Contact Information:
info@newlifeaba.com

and
14221 Southwest 120th Street
Suite 214
Miami, FL 33186
(786) 452-1185
Digital Contact Information:
http://www.jandatherapy.com
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rodriguez Delgado, Isvel, MS, BCBA ■
Home Based Services Only
Doral, FL 33126
(407) 800-6086
Digital Contact Information:
prokidzabatherapy@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Diaz, Gema, MED, BCBA ■
12485 Southwest 137th Avenue
Suite 106

Miami, FL 33186
(786) 250-4423
Digital Contact Information:
credentialing@southbillcare.com

Rodriguez Diaz, Geyma, MBS, BCBA ■
13301 Southwest 132nd Avenue
201 201
Miami, FL 33186
(305) 509-5537
Digital Contact Information:
info@newlifeaba.com

and
27132 South Dixie Highway
Naranja, FL 33032
(786) 283-0175
Digital Contact Information:
info@newlifeaba.com

Rodriguez, Diva, MA, BCBA ■
Home Based Services Only
Miami Gardens, FL 33055
(305) 301-5971
Digital Contact Information:
hashtagtherapyinc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Domingo, Adlih, BA, BCABA ■
585 East 49th Street
11
Hialeah, FL 33013
(305) 970-9165
Digital Contact Information:
admin@mbinstitute.org
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Elaine A, MS, BCBA ■
8210 SW 38th St
Miami, FL 33155
(305) 469-6745
Digital Contact Information:
elainerod@littlesproutsbehavior.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Elizabeth M, MS, LBA ■
8353 Southwest 124th Street
102
Miami, FL 33156
(305) 902-6435
Digital Contact Information:
http://www.abamiami.com
ocuevas@ctac1.com

and
8603 South Dixie Highway
303
Pinecrest, FL 33156
(305) 902-6435
Digital Contact Information:
http://www.abamiami.com
ocuevas@ctac1.com

Rodriguez, Erika, MA, BCBA ■
12456 Southwest 127th Avenue
Miami, FL 33186
(786) 953-8500
Digital Contact Information:
http://kidsspotrehab.com
ajlba@mbhpays.com

Rodriguez, Gabriel L, MS, BCBA, LMHC ■
7875 Northwest 12th Street
120
Doral, FL 33126
(786) 505-4449
Digital Contact Information:
http://southfloridabehavior.com
info@southfloridabehavior.com

and
7875 Northwest 12th Street
118
Miami, FL 33126
(786) 505-4449
Digital Contact Information:
http://southfloridabehavior.com
info@southfloridabehavior.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
info@southfloridabehavior.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rodriguez Garcia, Carlos E, MS, LMHC ■
7392 Northwest 35th Terrace
Suite 302
Miami, FL 33122
(786) 353-2792
Digital Contact Information:
shalompsychotherapycenter@gmail.com

Rodriguez Garcia, Daniel, MC, LMHC ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
lifetimesolutionsagency@gmail.com

and
5757 Waterford District Drive
Unit 172
Miami, FL 33126
(786) 524-2880
Digital Contact Information:
http://www.lifetimesolutionsagency.com
lifetimesolutionsagency@gmail.com

and
Monterey Street
Miami, FL 33134
(786) 803-8306
Digital Contact Information:
lifetimesolutionsagency@gmail.com

and
14471 S Dixie Hwy
Miami, FL 33176
(786) 803-8826
Digital Contact Information:
http://www.amorementalhealthcorp.com
lifetimesolutionsagency@gmail.com

and
9010 Southwest 137th Avenue
101
Miami, FL 33186
(786) 803-8826
Digital Contact Information:
http://amorementalhealthcorp.com
lifetimesolutionsagency@gmail.com

and
8785 SW 165th Ave
Ste 104
Miami, FL 33193
(786) 703-1538
Digital Contact Information:
lifetimesolutionsagency@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Gonzalez, Rocio, MS, BCBA ■
49 NW 17th St
Homestead, FL 33030
(786) 349-4700
Digital Contact Information:
http://mykidtherapycenter.com
lfernandez@mykidtherapycenter.com

and
14425 Country Walk Drive
Miami, FL 33186
(786) 349-4700
Digital Contact Information:
lfernandez@mykidtherapycenter.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Greysi, BCBA, MS ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
http://universalcommunityservices.com
happytimebehavioral2020@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 224-1645
Digital Contact Information:
happytimebehavioral2020@gmail.com

and
8203 Southwest 124th Street
Pinecrest, FL 33156
(786) 533-3846
Digital Contact Information:
happytimebehavioral2020@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Harrison, Yirina, MS, BCBA ■
9010 Southwest 137th Avenue
213
Miami, FL 33186
(305) 305-0279
Digital Contact Information:
jcabrera@mymbcinc.com

and
9344 Southwest 170th Lane
Palmetto Bay, FL 33157
(305) 710-0029
Digital Contact Information:
jcabrera@mymbcinc.com

Rodriguez, Irina, MMFT, LMFT ■
2157 Southwest 13th Avenue
3
Miami, FL 33145
(786) 878-1331
Digital Contact Information:
i.rodriguezlmft@gmail.com

and
FL
(786) 254-1572
Digital Contact Information:
i.rodriguezlmft@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Isis, MED, BCBA ■
1665 West 68th Street
208
Hialeah, FL 33014
(305) 519-2546
Digital Contact Information:
ir.becerra@yahoo.com

and
1801 Coral Way
Ste 405
Miami, FL 33145
(786) 866-5914
Digital Contact Information:
ir.becerra@yahoo.com

and
8614 Southwest 147th Court
419
Miami, FL 33193
(786) 378-0033
Digital Contact Information:
ir.becerra@yahoo.com

Rodriguez, Jan, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
admin@lifehealthsystem.org
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Janelle, MPSY, BCBA ■
657 South Drive
Miami Springs, FL 33166
(786) 860-5161
Digital Contact Information:
thebehaviorists@ababuildingblocks.com

Rodriguez, Jazmine, MS, BCBA ■
Home Based Services Only
Doral, FL 33126
(305) 433-5489
Digital Contact Information:
jrodriguez.bcba@gmail.com

and
Home Based Services Only
Hialeah, FL 33013
(786) 592-6680
Digital Contact Information:
jrodriguez.bcba@gmail.com

and
8323 Northwest 12th Avenue
Miami, FL 33150
(305) 224-1929
Digital Contact Information:
jrodriguez.bcba@gmail.com

and
14653 Southwest 56th Street
Miami, FL 33175
(786) 205-9733
Digital Contact Information:
jrodriguez.bcba@gmail.com

Rodriguez, Jenna, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(888) 501-8540
Digital Contact Information:
https://acornhealth.com
evernorth@teampbs.com

Rodriguez, Jennicke, MC, LMHC ■
151 NW 11th St
Ste W201
Homestead, FL 33030
(786) 521-5925
Digital Contact Information:
monarchallhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Jessica M, MBS, BCBA ■
9241 Southwest 212th Terrace
Cutler Bay, FL 33189
(786) 447-0022
Digital Contact Information:
http://www.abdbehavior.com
zlafontaine@abdbehavior.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 447-0022
Digital Contact Information:
zlafontaine@abdbehavior.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Jose A, BA, BCABA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 534-7172
Digital Contact Information:
clinicare23@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Josue H, MSED, LBA ■
1275 W 47th Pl
Ste 407
Hialeah, FL 33012
(786) 409-3231
Digital Contact Information:
luciano@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Karla, BA, BCBA ■
30392 Old Dixie Highway
Homestead, FL 33030
(786) 481-9833
Digital Contact Information:
freddie.maxwell@amromed.com
Other Languages Spoken by Provider or Office Staff English

Rodriguez, Karla, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

Rodriguez, Karla, BA, BCBA ■
27132 South Dixie Highway
Naranja, FL 33032
(786) 481-9833
Digital Contact Information:
freddie.maxwell@amromed.com
Other Languages Spoken by Provider or Office Staff English

Rodriguez, Kathleen, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.

app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Keyla, MC, LMHC ■
10700 Caribbean Boulevard
203 203
Cutler Bay, FL 33189
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
ebcg-support@findoctave.com

Rodriguez, Keyla, MBS, BCBA ■
3105 Northwest 107th Avenue
Ste 405
Doral, FL 33172
(305) 385-9919
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 299-7782
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
7815 Coral Way
101
Miami, FL 33155
(786) 615-4879
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
9710 East Indigo Street
Suite 201
Palmetto Bay, FL 33157
(786) 277-6210
Digital Contact Information:
genesisconsultingservices39@gmail.com

Rodriguez, Kimberley, MS, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
pandatherapycircle@gmail.com

Rodriguez, Lesly, MMH, BCBA ■
1350 Southwest 57th Avenue
313
West Miami, FL 33144
(786) 404-1017
Digital Contact Information:
sseastcoast22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Linda M, MC, LMHC ■
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
fl-intake@lifestance.com

Rodriguez, Lisandra, MPSY, BCBA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
bmbchildrentherapies@gmail.com

and
5455 Southwest 8th Street
230
Miami, FL 33134
(786) 629-8836
Digital Contact Information:
bmbchildrentherapies@gmail.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
http://appliedbhs.com
bmbchildrentherapies@gmail.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
bmbchildrentherapies@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Lisandra B, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
fl-credentialing@lifestance.com

Rodriguez, Lissa E, BS, BCABA ■
9245 Southwest 158th Lane
FL 3
Miami, FL 33157
(786) 587-5599
Digital Contact Information:
https://brightsuntherapy.com
brightsuntherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rodriguez, Lisset, MBS, BCBA ■
13424 Southwest 90th Terrace
Miami, FL 33186
(786) 308-6353
Digital Contact Information:
zairad29@yahoo.com

Rodriguez, Lourdes, MMH, BCABA ■
Home Based Services Only
West Miami, FL 33144
(786) 404-1017
Digital Contact Information:
opusmentalhealthcenter@gmail.com

Rodriguez Luaces, Lidia M, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(754) 542-5096
Digital Contact Information:
behavioralfamilyservices@gmail.com

and
1250 Southwest 27th Avenue
207
Miami, FL 33135
(786) 502-3137
Digital Contact Information:
behavioralfamilyservices@gmail.com

and
15291 Northwest 60th Avenue
Suite 107
Miami Lakes, FL 33014
(786) 608-1805
Digital Contact Information:
behavioralfamilyservices@gmail.com

and
6405 Northwest 36th Street
#123
Virginia Gardens, FL 33166
(786) 872-4325
Digital Contact Information:
behavioralfamilyservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Luann, MS, LMFT ■
18901 Southwest 106th Avenue
Suite #108
Miami, FL 33157
(786) 231-0910
Digital Contact Information:
luann.rodriguezlmft@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Mabel, MMH, LMHC ■
12159 Southwest 132nd Court
100
Miami, FL 33186
(786) 422-2073
Digital Contact Information:
comprehensivecounseling86@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Manuel, MS, BCBA ■
11960 Southwest 184th Street
Miami, FL 33177
(786) 765-8232
Digital Contact Information:
sunshineabaservices@gmail.com

and
6405 Northwest 36th Street
Virginia Gardens, FL 33166
(786) 238-2008
Digital Contact Information:
sunshineabaservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Maria E, MED, BCBA ■
8950 Southwest 74th Court
2299
Kendall, FL 33156
(786) 363-0171
Digital Contact Information:
info@abawithpassion.com

and
2500 Southwest 107th Avenue
41
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
info@abawithpassion.com

and
12905 Southwest 132nd Street
Ste 8
Miami, FL 33186
(786) 338-0188
Digital Contact Information:
info@abawithpassion.com

and
16931 Southwest 152nd Avenue
Miami, FL 33187
(786) 262-9997
Digital Contact Information:
info@abawithpassion.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rodriguez, Maria T, PHD, LMHC ■
7815 Coral Way
101
Miami, FL 33155
(786) 615-4879
Digital Contact Information:
youworth24@gmail.com

and
7821 Coral Way
100
Miami, FL 33155
(786) 615-4879
Digital Contact Information:
youworth24@gmail.com

and
10250 Southwest 56th Street
C202
Miami, FL 33165
(754) 816-5001
Digital Contact Information:
youworth24@gmail.com

and
1470 Northwest 107th Avenue
M
Miami, FL 33172
(786) 238-7282
Digital Contact Information:
youworth24@gmail.com

and
1470 Northwest 107th Avenue
h
Miami, FL 33172
(305) 262-1335
Digital Contact Information:
youworth24@gmail.com

and
9600 SW 8th St
Ste 16
Miami, FL 33174
(786) 536-7588
Digital Contact Information:
youworth24@gmail.com

and
13226 SW 8th St
Miami, FL 33184
(786) 518-3353
Digital Contact Information:
youworth24@gmail.com

and
4471 Northwest 36th Street
SUITE #230
Miami Springs, FL 33166
(786) 238-7335
Digital Contact Information:
youworth24@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rodriguez, Marian, MA, BCBA ■
8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-2822
Digital Contact Information:
http://www.mgmbehavioral.com
mgmbehavioral@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Martinez, Ariadna, MS, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
info@foundartacademy.org

and
1000 Brickell Avenue
Miami, FL 33131
(786) 695-8672
Digital Contact Information:
info@foundartacademy.org

and
7001 Southwest 97th Avenue
104
Miami, FL 33173
(786) 772-1577
Digital Contact Information:
info@foundartacademy.org

and
4155 Southwest 130th Avenue
108
Miami, FL 33175
(786) 695-8672
Digital Contact Information:
info@foundartacademy.org
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Martinez, Iliana, MS, BCBA ■
10711 Southwest 216th Street
103 103
Goulds, FL 33170
(305) 965-9682
Digital Contact Information:
imetherapyservices@gmail.com

Rodriguez Mas, Julieta, BA, BCABA ■
600 Northeast 22nd Terrace
205
Homestead, FL 33033
(786) 332-1530
Digital Contact Information:
elasabaservicesinc@gmail.com

Rodriguez Mauri, Lusy, MS, BCBA ■
1250 Southwest 27th Avenue
207
Miami, FL 33135
(786) 502-3137
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rodriguez, Migdalia G, MS, LMHC ■

1901 West Flagler Street
7
Miami, FL 33135
(786) 612-5973
Digital Contact Information:
spectrumcmh@gmail.com

and
13205 Southwest 137th Avenue
130
Miami, FL 33186
(786) 773-4191
Digital Contact Information:
spectrumcmh@gmail.com

and
FL
(786) 773-4191
(315) 873-2936
Digital Contact Information:
spectrumcmh@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Miguel, Galina, MPSY, ABA ■
10691 North Kendall Drive
#202
Miami, FL 33176
(786) 534-7172
Digital Contact Information:
admin@excellentmc.com

and
12448 Southwest 127th Avenue
Miami, FL 33186
(786) 864-1030
Digital Contact Information:
admin@excellentmc.com

and
9020 Southwest 137th Avenue
210
Miami, FL 33186
(786) 558-5042
Digital Contact Information:
admin@excellentmc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Milagros, MA, BCABA ■
18901 Southwest 106th Avenue
229 230
Cutler Bay, FL 33157
(786) 808-6575
Digital Contact Information:
advancebehavior71@gmail.com

Rodriguez, Miriam, MS, LMHC ■
216 Catalonia Avenue
105
Coral Gables, FL 33134
(786) 236-1323
Digital Contact Information:
mrodriguez@healing-recovery.com

and
9010 SW 137th Ave
Ste 233
Miami, FL 33186
(786) 236-1323
Digital Contact Information:
mrodriguez@healing-recovery.com

and
9010 Southwest 137th Avenue
232
Miami, FL 33186
(415) 941-4109
Digital Contact Information:
mrodriguez@healing-recovery.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Novo, Adaisis, MPSY, BCBA ■
18901 Southwest 106th Avenue
229
Miami, FL 33157
(786) 506-9008
Digital Contact Information:
adaisisrodriguez@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Pablo R, MPSY, LMHC ■
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
http://novacommunityservice.com
info@novacshealth.com
Other Languages Spoken by Provider or Office Staff
German, Spanish

Rodriguez Perez, Jacnery, MPSY, LMFT ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
Not Available

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
http://banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
Not Available

Rodriguez Porrino, Jenniffer, MA, BCBA ■
2520 Coral Way
2 19
Miami, FL 33145
(855) 832-6727
Digital Contact Information:
evernorth@teampbs.com

Rodriguez, Rachel, MED, BCBA ■
9600 Northwest 25th Street
Doral, FL 33172
(305) 597-3861
Digital Contact Information:
http://newwaydayservices.org
credentialing@newwaydyaservices.org

Rodriguez, Reggy, BA, BCABA ■
585 East 49th Street
11
Hialeah, FL 33013
(305) 970-9165
Digital Contact Information:
admin@mbinstitute.org
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Reina, Caridad, MBS, BCBA ■
10700 Southwest 46th Street
Miami, FL 33165
(786) 907-4925
Digital Contact Information:
http://www.bluehopetherapyservices.com
office@bluehopetherapyservices.com

and
5600 Southwest 135th Avenue
202b
Miami, FL 33183
(786) 856-4499
Digital Contact Information:
office@bluehopetherapyservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Rodriguez, Nemesio, BS, BCBA ■
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
credentialing@southbillcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Rojas, Lupe, MS, LMHC ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Romy, MMH, LMHC ■
8200 Northwest 41st Street
Suite 200
Miami, FL 33166
(786) 241-7695
Digital Contact Information:
drgmartinez.psychologist@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Royo, Yenia, MA, BCBA ■
8900 Southwest 107th Avenue
201
Miami, FL 33176
(786) 401-6152
Digital Contact Information:
admin@wmbehavior.com

Rodriguez, Sabrina A, MS, BCBA ■
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
services@cmnbtherapy.com

and
8660 West Flagler Street
STE 121
Miami, FL 33144
(305) 600-4774
Digital Contact Information:
services@cmnbtherapy.com

Rodriguez Sanchez, Alina, MPSY, LMHC ■
224 Washington Avenue
STE 1
Homestead, FL 33030
(786) 340-5214
Digital Contact Information:
maxbehaviorsolutions@gmail.com

Rodriguez, Sunem, BA, BCBA ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
services@cmnbtherapy.com

and
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
services@cmnbtherapy.com

and
12970 Southwest 133rd Court
a
Miami, FL 33186
(786) 445-5607
Digital Contact Information:
services@cmnbtherapy.com
Other Languages Spoken by Provider or Office Staff
Hebrew, Portuguese, Haitian Creole, Japanese, French, Russian, Italian, Vietnamese

Rodriguez Valdez, Yeniffer, BA, BCABA ■
4800 Northwest 167th Street
Miami Gardens, FL 33014
(305) 515-2726
Digital Contact Information:
http://www.lightingbehavior.com
lightingbehaviorservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Vargas, Odet, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 747-6489
Digital Contact Information:
mvargas@caresmatter.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Xuxa, MS, BCBA ■
Home Based Services Only
Aventura, FL 33180
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Golden Beach, FL 33160
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Homestead, FL 33030
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Homestead, FL 33033
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Key Biscayne, FL 33149
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Miami, FL 33142
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Miami, FL 33147
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Miami, FL 33155
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Miami Beach, FL 33154
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Miami Gardens, FL 33015
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Miami Gardens, FL 33055
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Miami Lakes, FL 33016
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Naranja, FL 33032
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Opa-locka, FL 33054
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Pinecrest, FL 33156

(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Quail Heights, FL 33187
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
South Miami, FL 33143
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
South Miami, FL 33146
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Yanely, MS, BCBA ■
Home Based Services Only
Miami Gardens, FL 33014
(786) 606-7766
Digital Contact Information:
info@mistherapy.com

Rodriguez, Yesenia, MS, LMHC ●
11200 Southwest 8th Street
Miami, FL 33174
(305) 348-0477
Digital Contact Information:
fiucred@fiu.edu
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Yoslania, MBS, BCBA ■
2300 West 84th Street
STE 104
Hialeah, FL 33016
(305) 903-3168
Digital Contact Information:
amhscorp@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Yusmary, MPSY, BCBA ■
1414 Northwest 107th Avenue
204
Doral, FL 33172
(305) 225-8711
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
1900 Southwest 22nd Street
#205
Miami, FL 33145
(305) 549-8665
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
20774 West Dixie Highway
b
Miami, FL 33180
(305) 549-8665
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez-Cambas, Ailyn, MPSY, LMHC ■
11009 Southwest 186th Street
Cutler Bay, FL 33157
(786) 732-7979
Digital Contact Information:
circleoflifementalhealth@gmail.com

and
2100 Southwest 22nd Street
502
Miami, FL 33145
(786) 963-0128
Digital Contact Information:
circleoflifementalhealth@gmail.com

and
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
circleoflifementalhealth@gmail.com

and
10031 Southwest 40th Street
Miami, FL 33165
(786) 442-9628
Digital Contact Information:
circleoflifementalhealth@gmail.com

and
5600 Southwest 135th Avenue
100
Miami, FL 33183
(305) 603-9104
Digital Contact Information:
circleoflifementalhealth@gmail.com

Rodriguez-Hevia, Victoria, MC, LMHC ■
1450 Madruga Avenue
STE 302
Coral Gables, FL 33146
(305) 333-0181
Digital Contact Information:
theintuitivecouncelingcenter@gmail.com

Rodriguez-Prada, Margarita, MSCC, LMHC ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
tmedina@hbccmhc.com

Rodriguez-Ruiz, Franchesca, MA, LMFT ■
770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
5201 Blue Lagoon Dr
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(305) 395-5978
Digital Contact Information:
credentialing@happierliving.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Rogers, Jordan, MPSY, BCBA ■
FL
(786) 569-6783
(732) 685-2991
Digital Contact Information:
http://www.achievebehaviorcenters.com
team@achievebehaviorcenters.com

Rojas Branas, Danayqui, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 303-0147
Digital Contact Information:
orrmirey14@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rojas, Joanna, MS, BCBA ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(305) 273-3773
Digital Contact Information:
http://www.behavior-analysis.org
rhulsey@behavior-analysis.com

Rojas, Jonathan, MS, LMFT ■
14221 Southwest 120th Street
suite 207
Miami, FL 33186
(786) 247-1308
Digital Contact Information:
ksmedicalbilling1@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rojas, Juan, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(888) 501-8540
Digital Contact Information:
https://acornhealth.com
credentialing@invohealthcare.com

Rojas, Paola, MC, LMHC ■
3081 Salzedo Street
Suite 202
Coral Gables, FL 33134
(415) 941-4109
Digital Contact Information:
ebcg-support@findoctave.com

Rojas, Yamile, MS, LMHC ■
4302 Alton Rd
Ste 500
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
hpreval@prevalandassociates.net

and
FL
(786) 281-3935
Digital Contact Information:
hpreval@prevalandassociates.net
Other Languages Spoken by Provider or Office Staff
Spanish

Rojas, Yendy, BS, BCABA ■
12750 Northwest 17th Street
216 216
Miami, FL 33182
(888) 527-8037
Digital Contact Information:
http://www.brightstartpossibility.com
info@brightstartllc.com

Rollman, Kristen, MA, LBA ■
340 SE 3rd St
Apt 3109
Miami, FL 33131
(914) 500-5532
Digital Contact Information:
Not Available

Roman, Carla, MS, LMHC ■
FL
(786) 485-3932
Digital Contact Information:
swflmedicalgroupllc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Roman, Dhanarys, MBS, BCBA ■
9245 Southwest 158th Lane
FL 3
Miami, FL 33157
(786) 587-5599
Digital Contact Information:
https://brightsuntherapy.com
brightsuntherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Roman, Orialys L, MS, BCBA ■
3300 West 84th Street
Unit 10
Hialeah, FL 33018
(305) 335-0407
Digital Contact Information:
privateinsurancechildgarden@gmail.com

and
3271 NW 7th St
Ste 203
Miami, FL 33125
(786) 220-6902
Digital Contact Information:
privateinsurancechildgarden@gmail.com
Other Languages Spoken by Provider or Office Staff Creole, Spanish

Romero, Claudia, MA, BCBA ■
15715 South Dixie Highway
226
Miami, FL 33157
(305) 849-4186
Digital Contact Information:
jsmqv2020@gmail.com

Romero Gonzalez, Kirenia, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
abaswfl@gmail.com

Romero, Jerrika M, MSED, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 336-5381
Digital Contact Information:
info@mysunshinetherapy.com

and
1380 Northeast Miami Gardens Drive
Suite 255
Miami, FL 33179
(954) 651-2969
Digital Contact Information:
info@mysunshinetherapy.com

Romero, Karen, MS, LMHC ■
1200 Northwest 78th Avenue
210
Doral, FL 33126
(786) 285-3438
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
5190 Northwest 167th Street
201
Hialeah, FL 33014
(305) 705-4289
Digital Contact Information:
http://livelinessinc.com
genesisconsultingservices39@gmail.com

and
2720 Southwest 97th Avenue
c 104
Miami, FL 33165
(305) 705-4289
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
4995 Northwest 72nd Avenue

209
Miami, FL 33166
(786) 651-4190
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
13195 Southwest 134th Street
102
Miami, FL 33186
(305) 964-5236
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Romero, Kenia, MA, BCBA ■
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
info@evolvingmindstogether.com

Romero, Loris, MA, BCBA ■
3833 Southwest 8th Street
Coral Gables, FL 33134
(786) 254-5372
Digital Contact Information:
credentialing@southbillcare.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
credentialing@southbillcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Romero, Odalis, MS, LMHC ■
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff English

Romero Quintana, Yamela, MMH, BCBA ■
1840 W 49th St
Ste 420
Hialeah, FL 33012
(786) 553-3150
Digital Contact Information:
magic.path.ins24@gmail.com

and
8040 Northwest 95th Street
217
Hialeah Gardens, FL 33016
(786) 655-3929
Digital Contact Information:
magic.path.ins24@gmail.com

Romero, Sophia, MS, LMFT ■
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
https://www.chgpsychiatry.com/
coastalhcbilling@gmail.com

Ronacher, Christoph H, MS, BCBA, LBA ■
64 Northwest 54th Street
103
Miami, FL 33127
(305) 767-1924
Digital Contact Information:
http://www.autismspecialtygroup.com
raquel.ronacher@autismspecialtygroup.com
Other Languages Spoken by Provider or Office Staff
German

Rondon, Anna, MS, LMHC ■
15495 Eagle Nest Lane
STE 215
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
credentialing@springsdr.com

and
6600 Cow Pen Road
250
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
credentialing@springsdr.com

and
215 Westward Dr
Miami Springs, FL 33166
(305) 887-4494
Digital Contact Information:
credentialing@springsdr.com
Other Languages Spoken by Provider or Office Staff
Spanish

Roque, Alicia, MS, LMHC ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
newbeginnignbehavior@yahoo.com

and
7580 Northwest 186th Street
202 202
Hialeah, FL 33015
(786) 385-5347
Digital Contact Information:
newbeginnignbehavior@yahoo.com

and
5455 Southwest 8th Street
230
Miami, FL 33134
(786) 629-8836
Digital Contact Information:
newbeginnignbehavior@yahoo.com

and
11890 Southwest 8th Street
403
Miami, FL 33184
(786) 362-5981
Digital Contact Information:
newbeginnignbehavior@yahoo.com

Roque, Yamisela, MS, BCBA ■
10675 Southwest 190th Street
1207
Cutler Bay, FL 33157
(305) 219-0423
Digital Contact Information:
info@nexoaba.com

and
2550 Northwest 72nd Avenue
115
Miami, FL 33122
(786) 536-2012
Digital Contact Information:
info@nexoaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rosa, Jonelli, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

Rosa, Stephanie M, BS, BCBA ■
3833 Southwest 8th Street
Coral Gables, FL 33134
(786) 440-1176
Digital Contact Information:
info@breakthroughbehavior.com
Other Languages Spoken by Provider or Office Staff Sign Lang Amer, Spanish

Rosales, Isabel C, MS, LBA ■
12973 Southwest 112th Street
151
Miami, FL 33186
(305) 204-7037
Digital Contact Information:
jeanne@onebehavior.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rosario, Tamara, MS, LMHC ■
11077 Biscayne Boulevard
410
Miami, FL 33161
(888) 494-0808
Digital Contact Information:
https://tamara-rosario.clientsecure.me
office@sbhss.net
Other Languages Spoken by Provider or Office Staff
Spanish

Rosario Tejada, Francine, MS, BCBA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(305) 480-7839
Digital Contact Information:
info@newlifeaba.com

Rosario-Rosa, Junisa, MA, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
lisette@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rosas, Jacqueline, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com
Other Languages Spoken by Provider or Office Staff English

Rosas, Nataly, MA, BCBA ■
Home Based Services Only
Doral, FL 33122
(786) 614-3121
Digital Contact Information:
maria.aviles@hhfcfl.com

and
15924 SW 92nd Ave
Miami, FL 33157
(786) 636-1303
Digital Contact Information:
maria.aviles@hhfcfl.com

and
13416 Southwest 128th Street
Miami, FL 33186
(786) 732-0247
Digital Contact Information:
maria.aviles@hhfcfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rose, Barbara Krystal, MS, LMHC ■
1065 NE 125th St
Ste 206
North Miami, FL 33161
(888) 852-6672
Digital Contact Information:
http://www.compasshealthsystems.com
credentialing@compass.md

and
1065 NE 125th St
Ste 409
North Miami, FL 33161
(888) 852-6672
Digital Contact Information:
http://www.compasshealthsystems.com
credentialing@compass.md

and
FL
(888) 852-6672
Digital Contact Information:
http://www.compasshealthsystems.com
credentialing@compass.md

Rose, Yakima, MS, BCBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
yrose@vivoaba.com

Rosell, Edeli, BA, BCBA ■
18901 Southwest 106th Avenue
229 230
Cutler Bay, FL 33157
(786) 506-9008
Digital Contact Information:
advancecommunity71@gmail.com

and
Home Based Services Only
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
advancecommunity71@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rosen, Tanya, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ar@growthandtransitionscounseling.com

Rosenberg, Mercedes E, PSYD, LMHC, LP ■
11110 N Kendall Dr
Ste 200
Miami, FL 33176
(305) 596-3335
Digital Contact Information:
mrosenberg12@bellsouth.net
Other Languages Spoken by Provider or Office Staff
French, Spanish

Rosenson, Robert, EDD, LMHC ■
2000 S Dixie Hwy
Ste 104
Miami, FL 33133
(305) 562-2873
Digital Contact Information:
reachdrrosenson@gmail.com

Ross-Copes, Stephanie N, MC, LCPC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
shreekanth.k@bikhamhealthcare.com
Other Languages Spoken by Provider or Office Staff English

Roth, Jennifer, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Roth, Samantha, MC, LMHC ■
3580 Mystic Pointe Drive
Suite #112
Aventura, FL 33180
(786) 472-2324
Digital Contact Information:
samantha@dailyvictoriescounseling.com

Rouse, Kerrie, PHD, LMHC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
network@bircheshealth.com

Rowe, Davin, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Rozos Costales, Aysbell, MS, BCABA ■
12900 Southwest 128th Street
Suite 107

Miami, FL 33186
(786) 312-2665
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ruano, Edgar O, MC, LMHC, LPCC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Rubin, Kay, PHD, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
acc@advancedclientcare.org

Rubio Fernandez, Lizbet, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 695-8672
Digital Contact Information:
abaproinfo@gmail.com

and
4155 Southwest 130th Avenue
108
Miami, FL 33175
(786) 695-8672
Digital Contact Information:
abaproinfo@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, English, German, French, Spanish

Rubio, Isabel, MC, LMHC ■
6001 Northwest 153rd Street
201
Miami Lakes, FL 33014
(786) 390-6192
Digital Contact Information:
rubiopsychcare@gmailc.om

Rugama Leiva, Amanda, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 766-3097
Digital Contact Information:
thrivebehaviortherapy@gmail.com

and
1400 Northwest 107th Avenue
306
Miami, FL 33172
(786) 817-7444
Digital Contact Information:
thrivebehaviortherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ruhi, Sheila M, MS, BCBA ■
5915 Ponce de Leon
STE 64
Coral Gables, FL 33146
(305) 397-8679
Digital Contact Information:
http://www.blossombehaviortherapy.com
sheilamicheller@gmail.com

and
10200 Northwest 25th Street
211
Doral, FL 33172
(786) 269-3502
Digital Contact Information:
sheilamicheller@gmail.com

and
7241 Southwest 63rd Avenue
STE 101A
South Miami, FL 331434838
(305) 397-8679
Digital Contact Information:
sheilamicheller@gmail.com

Ruiz, Anaysi, MS, BCBA ■
3833 Southwest 8th Street
Coral Gables, FL 33134
(786) 254-5372
Digital Contact Information:
office@behaviorandwellnesscorp.com

Ruiz, Britney A, MS, BCBA ■
Home Based Services Only
Doral, FL 33126
(407) 800-6086
Digital Contact Information:
prokidzabatherapy@yahoo.com

and
12750 Northwest 17th Street
216 216
Miami, FL 33182
(888) 527-8037
Digital Contact Information:
prokidzabatherapy@yahoo.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
prokidzabatherapy@yahoo.com
Other Languages Spoken by Provider or Office Staff
German, French, Spanish

Ruiz, Rosmeri, MA, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
genesisconsultingservices39@gmail.com

Ruiz, Roxana, MS, BCBA ■
15600 Southwest 288th Street
306
Homestead, FL 33033
(786) 650-2299
Digital Contact Information:
jcabrera@mymbcinc.com

and
12900 Southwest 128th Street
Suite 107
Miami, FL 33186
(786) 312-2665
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ruiz, Tatiana, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
info@ffmhs.com

Ruiz, Teresa, MS, BCBA ■
13501 Southwest 128th Street
Suite 106
Miami, FL 33186
(786) 731-3919
Digital Contact Information:
abcchildrenbehavior@gmail.com

Ruiz Urra, Isis M, MS, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
intouchcommunityserv@gmail.com

Ruiz, Vanessa, MS, BCBA ■
16201 Northeast 13th Avenue
North Miami Beach, FL 33162
(786) 955-6224
Digital Contact Information:
http://www.superkidsaba.com
evernorth@teampbs.com

and
17121 Northeast 6th Avenue
North Miami Beach, FL 33162
(305) 952-3161
Digital Contact Information:
evernorth@teampbs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Russo, Danielle, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
providerenrollment@acornhealth.com

Ryan, Melanie, MS, LMHC ■
2124 Northeast 123rd Street
STE 220
North Miami, FL 33181
(786) 828-0947
Digital Contact Information:
https://blossomfl.com
info@blossomfl.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Saathoff, Tommy, MA, LMHC, LPC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
sowinghopecounseling@gmail.com

Saavedra, Briana, MC, LMHC ■
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
http://www.btpmentalhealth.com
info@btpmentalhealth.com

Saibu, Mariam, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@happierliving.com

Sainz Riveron, Camila, MED, BCBA ■
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
credentialing@southbillcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Salama, Sarine, MS, LMHC ■
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
sarine@serenitycounselingsolutions.org
Other Languages Spoken by Provider or Office Staff
Spanish

Salas, Aldo Y, MMFT, LMFT ■
15946 Southwest 147th Lane
Miami, FL 33196
(786) 205-4058
Digital Contact Information:
http://www.headway.com
therapyaldosalas@gmail.com

Salas Alfonso, Jennie, MS, BCBA ■
8601 Southwest 199th Street
Cutler Bay, FL 33189
(305) 908-2999
Digital Contact Information:
yordanka@mghomecare.com

and
10200 Northwest 25th Street
STE 114
Doral, FL 33172
(305) 280-2480
Digital Contact Information:
yordanka@mghomecare.com

and
40 Northwest 8th Street
Homestead, FL 33030
(305) 908-2999
Digital Contact Information:
yordanka@mghomecare.com

and
Home Based Services Only
Miami, FL 33142
(305) 280-2480
Digital Contact Information:
yordanka@mghomecare.com

and
9380 Sunset Drive
b165
Miami, FL 33173
(786) 337-0585
Digital Contact Information:
yordanka@mghomecare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Salas, Julia S, MA, LMHC ■
7900 Oak Ln
400
Hialeah, FL 33016
(786) 617-8078
Digital Contact Information:
http://www.miamilakescounseling.com
hello@miamilakescounseling.com

Salazar, Ana, MS, LMHC ■
2500 Northwest 107th Avenue
Suite 102
Doral, FL 33172
(786) 605-9400
Digital Contact Information:
hello@reachlink.com

Salazar Costales, Ildelisa, MBS, BCABA ■
8350 Northwest 52nd Terrace
Suite 301
Doral, FL 33166
(786) 992-1151
Digital Contact Information:
info@beatoncareservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Salazar, Jennifer, MA, BCBA ■
9350 SW 72nd St
Ste 100
Miami, FL 33173
(305) 279-2286
Digital Contact Information:
jennifer@freshstartsnow.com

and
9425 Southwest 72nd Street
164
Miami, FL 33173
(305) 279-2286
Digital Contact Information:
jennifer@freshstartsnow.com
Other Languages Spoken by Provider or Office Staff
Spanish

Salazar, Ofelia, PHD, BCBA ■
6761 Southwest 7th Street
Miami, FL 33144
(305) 905-4429
Digital Contact Information:
loveagles67@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Saldana, Stephanie, MBS, BCBA ■
11980 Southwest 144th Court
Suite #210
Miami, FL 33186
(305) 640-8918
Digital Contact Information:
behaviorconsultantfl@gmail.com

and
12360 Southwest 132nd Court
STE 205
Miami, FL 33186
(786) 429-3738
Digital Contact Information:
behaviorconsultantfl@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Saldarriaga, Natalia, MC, LMHC ●
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
https://behavioralaid.com/
nataliasaldarriaga@rocketmail.com

Sales, Catherine, MA, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Sign Lang Amer, Spanish

Salgado, Dalgis, MA, BCBA ■
10700 Caribbean Boulevard
Suite 101
Cutler Bay, FL 33189
(305) 777-3883
Digital Contact Information:

admin@coralbehavioral.com

and
10200 Northwest 25th Street
STE 204
Doral, FL 33172
(305) 406-3689
Digital Contact Information:
admin@coralbehavioral.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(786) 622-5743
Digital Contact Information:
admin@coralbehavioral.com

and
Home Based Services Only
Miami Gardens, FL 33014
(305) 777-3883
Digital Contact Information:
admin@coralbehavioral.com

and
6625 Miami Lakes Drive
#374
Miami Lakes, FL 33014
(305) 777-3883
Digital Contact Information:
admin@coralbehavioral.com
Other Languages Spoken by Provider or Office Staff
Spanish

Salgado Gutierrez, Marisol, MS, BCBA ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
info@avilahealthgroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Salgado, Patricia, MS, LMHC ■
3625 Northwest 82nd Avenue
400 3
Doral, FL 33166
(305) 209-6399
Digital Contact Information:
leticia@alvarezconsultant.com

and
16191 Northwest 57th Avenue
Miami Gardens, FL 33014
(305) 740-5319
Digital Contact Information:
leticia@alvarezconsultant.com

and
1125 Northeast 125th Street
112
North Miami, FL 33161
(305) 209-6399
Digital Contact Information:
http://mindsetsolutionsctc.com/
leticia@alvarezconsultant.com

Salgado, Yaima, CD, BCBA ■
1900 Southwest 22nd Street
#205
Miami, FL 33145
(305) 648-7212
Digital Contact Information:
stepstherapycenter@gmail.com

and
20774 West Dixie Highway
b
Miami, FL 33180
(305) 549-8665
Digital Contact Information:
stepstherapycenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Salgueiro, Brenda, BCBA, MS ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(954) 577-7790
Digital Contact Information:
info@behavior-analysis.org
Other Languages Spoken by Provider or Office Staff
Spanish

Salva, Sasha R, MS, LMHC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com
Other Languages Spoken by Provider or Office Staff
Spanish

Salvador, Nicole, MC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
fivestarlearningc@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Salzman, Amy, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 955-6224
Digital Contact Information:
crystalkidscenter@gmail.com

and
16201 Northeast 13th Avenue
North Miami Beach, FL 33162
(786) 955-6224
Digital Contact Information:
http://www.superkidsaba.com
crystalkidscenter@gmail.com

and
17121 Northeast 6th Avenue
North Miami Beach, FL 33162
(305) 952-3161
Digital Contact Information:
crystalkidscenter@gmail.com

and
FL
(786) 955-6224
Digital Contact Information:
crystalkidscenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Hebrew, English

Sam, Pedro D, MS, LMHC ■
3000 Biscayne Boulevard
Suite 210C
Miami, FL 33137
(239) 999-1029
Digital Contact Information:
support@thriveworks.com

Samaniego, Sophia, MS, BCBA ■
9379 West 32nd Lane
Hialeah, FL 33018
(954) 812-1642
Digital Contact Information:
sophiafernandezbcba@gmail.com

and
333 West 41st Street
Suite 324
Miami, FL 33140
(954) 812-1642
Digital Contact Information:
https://stepforwardaba.com/
sophiafernandezbcba@gmail.com

and
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
https://stepforwardaba.com/
sophiafernandezbcba@gmail.com

Samitier, Carolina, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(888) 501-8540
Digital Contact Information:
https://acornhealth.com
olympushcs@gmail.com

and
3625 Northwest 82nd Avenue
101
Doral, FL 33166
(786) 583-8663
Digital Contact Information:
olympushcs@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

San Blas Garcia, Jessabell, BA, BCABA ■
11025 SW 84th St
Ste 8
Miami, FL 33173
(833) 971-1230
Digital Contact Information:
http://carpediemacademy.org
lburns@cdaintensivelearning.com
Other Languages Spoken by Provider or Office Staff
Spanish

San Juan, Yudelkys, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
office@smartbatherapy.com

and
5246 Southwest 8th Street
208d
Miami, FL 33134
(786) 366-1273
Digital Contact Information:
office@smartbatherapy.com

and
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
http://kidsspotrehab.com
office@smartbatherapy.com

and
175 Fontainebleau Boulevard
Miami, FL 33172
(786) 366-1273
Digital Contact Information:
office@smartbatherapy.com

and
Home Based Services Only
Miami Lakes, FL 33018
(786) 366-1273
Digital Contact Information:
office@smartbatherapy.com

and
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
office@smartbatherapy.com

and
306 Westward Dr
Miami Springs, FL 33166
(786) 588-7894
Digital Contact Information:
http://www.smartbatherapy.com
office@smartbatherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

San Martin, Jimmy, MS, LMFT ■
3625 Northwest 82nd Avenue
400 3
Doral, FL 33166
(305) 209-6399
Digital Contact Information:
luke@revive-rcm.com

and
1125 Northeast 125th Street
112
North Miami, FL 33161
(305) 209-6399
Digital Contact Information:
http://mindsetsolutionsctc.com/
luke@revive-rcm.com

San Miguel, Anniela, MS, LBA ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(954) 577-7790
Digital Contact Information:
credentialing@autismfirstus.com

San Salvador, Donna, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Sanabria, Alyssa K, MA, BCBA ■
9350 Sunset Drive
Suite 175
Miami, FL 33173
(786) 673-9355
Digital Contact Information:
asanabria@buildablocktherapy.com

and
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
asanabria@buildablocktherapy.com

Sanchez Alfonso, Julio R, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 558-8246
Digital Contact Information:
jrsanalf@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sanchez, Alina, MS, BCBA ■
14471 S Dixie Hwy
Miami, FL 33176
(786) 803-8826
Digital Contact Information:
amorebhc@gmail.com

and
9010 Southwest 137th Avenue
101
Miami, FL 33186
(786) 803-8826
Digital Contact Information:
http://amorementalhealthcorp.com
amorebhc@gmail.com

Sanchez Cardona, Danay, MS, LMHC ■
600 Northwest 35th Avenue
202 203
Miami, FL 33125
(786) 907-4984
Digital Contact Information:
yny.behavioralservices@gmail.com

and
1150 Northwest 72nd Avenue
640
Miami, FL 33126
(786) 497-3444
Digital Contact Information:
yny.behavioralservices@gmail.com

and
1495 NW 54th St
Miami, FL 33142
(786) 931-1881
Digital Contact Information:
yny.behavioralservices@gmail.com

and
6801 Northwest 77th Avenue
107
Miami, FL 33166
(786) 536-2364
Digital Contact Information:
yny.behavioralservices@gmail.com

and
790 Northwest 107th Avenue
Suite 110
Miami, FL 33172
(305) 964-5426
Digital Contact Information:
yny.behavioralservices@gmail.com

and
13226 SW 8th St
Miami, FL 33184
(305) 506-1786
Digital Contact Information:
yny.behavioralservices@gmail.com

and
Home Based Services Only
West Miami, FL 33144
(305) 262-8282
Digital Contact Information:
yny.behavioralservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sanchez, Daymar, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 713-0982
Digital Contact Information:
sunnybehavior@gmail.com

Sanchez, Daymara, MBS, BCABA ■
15160 Southwest 136th Street
Unit 15
Miami, FL 33196

(786) 701-9656
Digital Contact Information:
mvcaringtherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sanchez, Emely M, MPSY, BCBA ■
1180 North Krome Avenue
Homestead, FL 33030
(786) 349-4700
Digital Contact Information:
http://mykidtherapycenter.com
emelys.0627@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sanchez, Enrique A, MS, CAP, LMHC ■
3625 Northwest 82nd Avenue
400
Doral, FL 33166
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Sanchez, Geiser, MPSY, BCBA ■
3750 West 16th Avenue
218
Hialeah, FL 33012
(786) 409-3231
Digital Contact Information:
roactivehealthcare2016@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sanchez, Jennife, MA, BCBA ■
Home Based Services Only
Hialeah, FL 33013
(786) 592-6680
Digital Contact Information:
info@kidsbehavioral.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sanchez, Johana, MS, LMHC ■
FL
(305) 302-0087
Digital Contact Information:
http://divine-wellness.net
johanaq0217@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sanchez, Julio J, MBS, BCBA ■
8900 Southwest 117th Avenue
c206
Miami, FL 33186
(305) 224-0014
Digital Contact Information:
http://n/a
vbghealth@gmail.com

Sanchez, Kevin, BA, BCBA ■
658 Southwest 5th Avenue
7
Miami, FL 33130
(786) 603-1491
Digital Contact Information:
kss5@hotmail.com

Sanchez, Miguel, MS, BCBA ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
http://universalcommunityservices.com
admin@universalcommunityservices.com

and
941 Southwest 87th Avenue
Suite A
Miami, FL 33174
(786) 873-9392
Digital Contact Information:
admin@universalcommunityservices.com

Sanchez, Nathaly, MS, LMHC ■
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
https://www.chgpsychiatry.com/
coastalhcbilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sanchez, Onaida, MS, BCBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
http://kidsspotrehab.com
therapy@kidsspotrehab.com

Sanchez, Rosa M, MS, LMHC ■
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
morecounseling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sanchez, Sonia, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 991-3213
Digital Contact Information:
info@abaunus.com

Sanchez, Taylor, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com
Other Languages Spoken by Provider or Office Staff English

Sanchez, Yanaika, BS, BCABA ■
30908 Southwest 192nd Avenue
Homestead, FL 33030
(786) 404-3148
Digital Contact Information:
allstaraba22@gmail.com

Sanders, Alexandria, MA, LCPC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
http://www.bebravehealth.com
start@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Sanfiel, Emily C, MS, LMHC ■
5915 Ponce de Leon
48
Coral Gables, FL 33146
(786) 273-7630
Digital Contact Information:
Not Available

and
7700 N Kendall Dr
Ste 415
Miami, FL 33156
(786) 359-4161
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Sanfiel, Ida N, MS, LMHC ■
5915 Ponce de Leon
48
Coral Gables, FL 33146
(786) 325-3285
Digital Contact Information:
isanfiel@gmail.com

and
2500 Northwest 107th Avenue
Suite 102
Doral, FL 33172
(786) 605-9400
Digital Contact Information:
isanfiel@gmail.com

and
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
isanfiel@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Sanfiel, Patrick, MS, LMHC ■
FL
(786) 474-4980
Digital Contact Information:
http://redwheelbarrowtherapy.com
patrick@redwheelbarrowtherapy.com

Sanmiguel, Maria T, MMH, LMHC ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
westmiamicmhc@bellsouth.net

Santa, Dorilee, MS, LCMHC, LMHC ■
250 Catalonia Avenue
Suite 702
Coral Gables, FL 33134
(786) 237-8501
(415) 941-4109
Digital Contact Information:
http://healinggrowththerapy.com
service@virtual-counseling.com

and
FL
(786) 258-8499
(786) 237-8501
(415) 941-4109
Digital Contact Information:
http://healinggrowththerapy.com
service@virtual-counseling.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Santamaria Ramos, Rosaly, MS, BCBA ■
Home Based Services Only
Miami Lakes, FL 33018
(786) 536-7908
Digital Contact Information:
prokidzabatherapy@yahoo.com

and
Home Based Services Only
Naranja, FL 33032
(407) 800-6086
Digital Contact Information:
prokidzabatherapy@yahoo.com
Other Languages Spoken by Provider or Office Staff
German, French, Spanish

Santana, Ashley M, MS, BCBA ■
13155 SW 134th St
Ste 207
Miami, FL 33186
(786) 842-3624
Digital Contact Information:
http://www.superherospeechtherapy.com
santana2694@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Santana, Janeiris, MS, BCBA ■
1840 West 49th Street
#714
Hialeah, FL 33012
(305) 699-8388
Digital Contact Information:
credentialing@southbillcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Santana, Jessica, MS, LMHC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 648-4447
Digital Contact Information:
credentialing@behavioralaid.com

and
7221 SW 24th St
Ste 206
Miami, FL 33155
(786) 648-4447
Digital Contact Information:
credentialing@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com

Santana Pedrero, Aleymi, MA, BCBA ■
2020 Ponce de Leon
Suite 1201
Miami, FL 33134
(305) 917-5414
Digital Contact Information:
http://healthofmind.net
mirta@psychologybeyond.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Santana, Zaira, EDM, BCBA ■
7875 Northwest 12th Street
120
Doral, FL 33126
(786) 505-4449
Digital Contact Information:
http://southfloridabehavior.com
mcastanos@southfloridabehavior.com

and
7875 Northwest 12th Street
118
Miami, FL 33126
(786) 505-4449
Digital Contact Information:
http://southfloridabehavior.com
mcastanos@southfloridabehavior.com

and
10855 Southwest 72nd Street
UNIT 1-5
Miami, FL 33173
(305) 720-2166
Digital Contact Information:
mcastanos@southfloridabehavior.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
mcastanos@southfloridabehavior.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Santander Luis, Yainet, MS, BCBA ■
10631 Southwest 88th Street
135
Miami, FL 33176
(786) 603-6567
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
10691 North Kendall Drive
207
Miami, FL 33176
(786) 603-6567
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Santiago Acevedo, Adriana, MPSY, LMHC ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
perla@dadefaily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla@dadefaily.com

Santiago, Joshua, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by

Provider or Office Staff English

Santiago, Melissa, MA, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Santiago, Wildelia, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
English, Spanish

Santiesteban, Carolina, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

Santos, Christian, MS, LMHC ●
701 Southeast 8th Place
Hialeah, FL 33010
(305) 528-1256
Digital Contact Information:
browardtherapists@gmail.com

Santos, Marina, MMFT, LMFT ■
8180 Northwest 36th Street
100c
Doral, FL 33166
(305) 773-3335
Digital Contact Information:
marinamsantos@yahoo.com

and
8180 Northwest 36th Street
100d
Doral, FL 33166
(305) 773-3335
Digital Contact Information:
marinamsantos@yahoo.com

Santos-Lopez, Isael, BA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(888) 501-8540
Digital Contact Information:
https://acornhealth.com
info@acornhealth.com

Sarandrea, Jillian M, MA, LMHC ■
1 Alhambra Plaza
1451
Miami, FL 33134
(888) 588-8995
Digital Contact Information:
scheduling@foresightmentalhealth.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
scheduling@foresightmentalhealth.com
Other Languages Spoken by Provider or Office Staff English

Saranova Lara, Luz Maria, BS, BCABA ■
30908 Southwest 192nd Avenue
Homestead, FL 33030
(786) 404-3148
Digital Contact Information:
allstaraba22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sardinas, Maricruz, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
admin@lifehealthsystem.org
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Sarduy, Idelys, MSED, BCBA ■
14505 Commerce Way
Ste 750
Miami Lakes, FL 33016
(305) 362-9989
Digital Contact Information:
diamondhealth@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Sarduy, Yerling, MS, BCBA ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
info@avilahealthgroup.com

and
7580 Northwest 186th Street
202 202
Hialeah, FL 33015
(786) 385-5347
Digital Contact Information:
info@avilahealthgroup.com

and
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
info@avilahealthgroup.com

Sarmiento, Lourdes, MS, BCABA ■
14722 Southwest 56th Street
Miami, FL 33185
(305) 456-0572
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Sarpoolaki, Yasamin I, MS, BCBA ■
20405 Southwest 326th Street
Homestead, FL 33030
(321) 413-3366
Digital Contact Information:
admin@positivestepsaba.com

Sarria, Joana, MSED, BCBA ■
3901 Northwest 79th Avenue
Suite 246
Doral, FL 33166
(786) 418-5400
Digital Contact Information:
http://www.stepsmiami.com
info@stepsmiami.com

and
18901 Southwest 106th Avenue
229
Miami, FL 33157
(786) 506-9008
Digital Contact Information:
info@stepsmiami.com

and
7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
info@stepsmiami.com
Other Languages Spoken by Provider or Office Staff
Spanish

Satchell-Ward, Christal, MA, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Satter, Jessica, EDS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
lisette@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Saunders, Lauren, MS, BCBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
http://kidsspotrehab.com
therapy@kidsspotrehab.com

and
12456 Southwest 127th Avenue
Miami, FL 33186
(786) 953-8500
Digital Contact Information:
therapy@kidsspotrehab.com

Savino, Katerina, BCBA, MA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
info@actionbehavior.com

Sawh, Prateema, MC, LMHC ■
111 NW 183rd St
Ste 404
Miami, FL 33169
(786) 524-4001
Digital Contact Information:
http://www.inspire4purpose.com
info@inspire4purpose.com

Sawyer, Robert, MMH, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com

and
3191 Coral Way
Ste 602
Miami, FL 33145
(305) 799-0620
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Sawyers, Althea, MMFT, LMFT ■
FL
(202) 410-5972
(833) 322-0977
(786) 277-5563
Digital Contact Information:
http://www.quality-therapy.com
asawyers.biz@gmail.com

Scaglia, Fiorella, MS, BCBA ■
7925 Northwest 12th Street
130 130
Doral, FL 33126
(786) 870-5090
Digital Contact Information:
fiorellascaglia@abcbehavior.live

and
2947 Coconut Avenue
2 2
Miami, FL 33133
(786) 541-5735
Digital Contact Information:
fiorellascaglia@abcbehavior.live
Other Languages Spoken by Provider or Office Staff
Spanish

Scales, Ari'Ton, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Schad, Natalie T, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(954) 400-3251
Digital Contact Information:
kate@abacustherapies.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(954) 400-3251
Digital Contact Information:
kate@abacustherapies.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(954) 400-3251
Digital Contact Information:
kate@abacustherapies.com
Other Languages Spoken by Provider or Office Staff
Spanish

Schaffer, Diana, MED, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Schewe, Ivey, MA, LBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
rogers@joybridgekids.com

Schindler, Alina, MC, LMFT ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
rebekah@lscounseling.com
Other Languages Spoken by Provider or Office Staff English

Schmid, Cecilia A, MPSY, LMHC ■
9380 SW 72nd St
Ste 238
Miami, FL 33173
(305) 632-2322
Digital Contact Information:
ceciliaschmid@hotmail.com

and
10691 N Kendall Dr
Ste 110
Miami, FL 33176
(305) 632-2322
Digital Contact Information:
ceciliaschmid@hotmail.com

Schnabel, Jenell, MA, BCBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
rurbano@autismspectrumalliance.com

Schroeder, Donald A, MA, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
schroederdn@gmail.com

Schueg, Rachel, MA, BCBA ■
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
credentialing@creativekidstherapyinc.com
Other Languages Spoken by Provider or Office Staff English

Schutt, Horacio, MPSY, LMHC ■
20900 Northeast 30th Avenue
200 17
Aventura, FL 33180
(786) 315-0387
Digital Contact Information:
http://www.miamipsychoanalysis.net
floridapsychotherapygroup@gmail.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
floridapsychotherapygroup@gmail.com
Other Languages Spoken by

Provider or Office Staff Spanish

Schwartz, Erin L, MA, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff English

Scott, Deborah, MC, LMHC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
credentialing@growtherapy.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@growtherapy.com

Scott, Heather, MS, LMHC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Scott, Heather N, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(888) 501-8540
Digital Contact Information:
heather.scott@everysteptogether.org

Scotto, Maria, MS, LMHC ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(305) 396-9010
Digital Contact Information:
sasha@livewelltherapygroup.com

and
2875 Northeast 191st Street
Suite 500
Aventura, FL 33180
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
sasha@livewelltherapygroup.com

and
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
sasha@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff English

Scotto, Nicole M, MC, LMHC ■
2875 Northeast 191st Street
528
Aventura, FL 33180
(305) 396-9010
Digital Contact Information:
https://balancedlifetherapygroup.com/
help@joinuplift.co

and
2875 Northeast 191st Street
Suite 500
Aventura, FL 33180
(415) 941-4109
Digital Contact Information:
https://balancedlifetherapygroup.com/
help@joinuplift.co

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff English

Scutti, Janea, MS, BCBA ■
20801 Biscayne Boulevard
409 449
Miami, FL 33180
(561) 931-3837
Digital Contact Information:
info@performanceaba.com

Seals, Latoya, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@bestselfwny.org

Searight, Joyel D, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
fl-credentialing@lifestance.com

Segall, Ytamar, MA, BCBA, LBA ■
Home Based Services Only
Miami Beach, FL 33154
(702) 374-7148
Digital Contact Information:
ysegall1@gmail.com

Segovia, Miriam, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 742-3093
Digital Contact Information:
carmelasegovia@hotmail.com

and
12750 Southwest 128th Street
Suite #201
Miami, FL 33186
(786) 592-2051
Digital Contact Information:
carmelasegovia@hotmail.com

Segura Perez, Jennifer M, MPSY, BCBA ■
13383 Southwest 42nd Street
Miami, FL 33175
(305) 305-7121
Digital Contact Information:
seguraj77@hotmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Segura, Serguey, MSED, BCBA ■
Home Based Services Only
Virginia Gardens, FL 33166
(786) 416-3576
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Seijas Pazos, Maylin, BA, BCABA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
13055 Southwest 42nd Street
STE 104
Miami, FL 33175
(305) 480-7839
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff Spanish

Seivane Cespedes, Randolph, MS, BCABA, BCBA ■
2020 Ponce de Leon
Suite 1201
Miami, FL 33134
(305) 917-5414
Digital Contact Information:
mirta@psychologybeyond.com
Other Languages Spoken by Provider or Office Staff Spanish

Selesky, Jaika, MS, LMHC ■
7600 South Red Road
200
South Miami, FL 33143
(786) 508-2207
Digital Contact Information:
angelo@lunapsychology.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Sequeira Gonzalez, Joshua, MA, BCBA ■
11925 Southwest 72nd Street
Miami, FL 33183
(305) 562-4683
Digital Contact Information:
evernorth@teampbs.com
Other Languages Spoken by Provider or Office Staff Spanish

Sequeiros, Rosa, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Seraphin, Valerie, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(561) 808-5201
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

Serio, Daily, BA, BCBA ■
12240 Southwest 128th Court
110
Miami, FL 33186
(305) 562-4683
Digital Contact Information:
http://www.shapingacademy.com
info@shapingacademy.com
Other Languages Spoken by Provider or Office Staff Spanish

Serna, Juanita, BCBA, MS ■
7875 Northwest 12th Street
118
Miami, FL 33126
(786) 505-4449
Digital Contact Information:
info@southfloridabehavior.com
Other Languages Spoken by Provider or Office Staff Spanish

Serra, Maria T, MMFT, LMFT ■
12001 Southwest 128th Court
Suite Suite 104
Miami, FL 33186
(786) 868-0505
Digital Contact Information:
agency@juntosbmb.com

and
15305 Northwest 60th Avenue
Ste 100
Miami Lakes, FL 33014
(786) 536-7561
Digital Contact Information:
agency@juntosbmb.com
Other Languages Spoken by Provider or Office Staff Spanish

Serrano Patten, Ana, MBS, BCBA ■
7580 Northwest 186th Street
202 202
Hialeah, FL 33015
(786) 385-5347
Digital Contact Information:
newbeginningbehavior@yahoo.com

and
11890 Southwest 8th Street
405
Miami, FL 33184
(786) 439-7098
Digital Contact Information:
newbeginningbehavior@yahoo.com
Other Languages Spoken by Provider or Office Staff Spanish

Severins, Alicia, MSED, LCPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/payors@emorahealth.com

Shah, Tanvi, MED, BCBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
tanvishah3003@gmail.com

and
12456 Southwest 127th Avenue
Miami, FL 33186
(786) 953-8500
Digital Contact Information:
tanvishah3003@gmail.com

Shaheed, Alycia, MS, LMHC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
http://www.behavioralaid.com
info@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
info@behavioralaid.com
Other Languages Spoken by Provider or Office Staff Spanish

Sharma, Manoj Kumar, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
credentialing@wellnite.com
Other Languages Spoken by Provider or Office Staff Marathi, Hindi

Sharp, Katherine, MS, LMHC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Shasha, Noah, MS, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
Not Available

Shaw, Brittney, MC, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/payors@emorahealth.com

Sherrill, Jenniffer, PHD, LMHC ■
FL
(786) 258-8499
(786) 309-8667
Digital Contact Information:
http://www.virtual-counseling.com
drsherill@transcendingtraumatherapy.com

Shervington, Dinora T, MS, LMFT ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
thecouples1@gmail.com

and
12150 Southwest 128th Court
Suite 105
Miami, FL 33186
(305) 338-2231
Digital Contact Information:
thecouples1@gmail.com

and
13383 SW 142nd Ter
Miami, FL 33186
(786) 362-5981
Digital Contact Information:
thecouples1@gmail.com

Shlackman, Jed, MS, LMHC ■

12965 Southwest 112th Avenue
Miami, FL 33176
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff English

Shoumaker, Douglas, MS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 275-8860
Digital Contact Information:
http://www.abctestingservices.com
lisette@abctestingservices.com

Show, Christiana, MS, BCBA, LBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(866) 583-6003
Digital Contact Information:
https://acornhealth.com

Shrader, Josie, MA, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
payors@emorahealth.com

Siegel, Sammi L, PHD, LMHC ■
5900 Southwest 73rd Street
207
South Miami, FL 33143
(305) 613-1101
Digital Contact Information:
siegelcounseling@gmail.com

Sierra, Ashely, BA, BCABA ■
Home Based Services Only
Doral, FL 33122
(305) 591-7898
Digital Contact Information:
vzayas@brightstartllc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sifran, Susana E, MA, LMHC ■
2040 Northeast 163rd Street
305
North Miami Beach, FL 33162
(786) 553-6038
Digital Contact Information:
susanasifran@hotmail.com
Other Languages Spoken by Provider or Office Staff
Hebrew, Spanish

Sigler, Yaditza, MS, BCBA ■
15160 Southwest 136th Street
Unit 15
Miami, FL 33196
(786) 701-9656
Digital Contact Information:
jcabrera@mymbcinc.com

Sijo, Yusimi, PSYD, LMHC ■
5901 SW 74th St
Ste 412
Miami, FL 33143
(786) 717-5028
Digital Contact Information:
castroj@bellsouth.net

and

2307 Douglas Road
400
Miami, FL 33145
(305) 205-1965
Digital Contact Information:
castroj@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Silber, Anita, MS, LMHC ■
6175 NW 153rd St
Ste 404
Miami Lakes, FL 33014
(305) 558-7400
Digital Contact Information:
credentialing@wellnite.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Sile, Amanda, MS, BCBA, LBA ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(954) 577-7790
Digital Contact Information:
fvaldes@acornhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Silebi, Candice, MSED, LMHC ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
westmiamicmhc@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Silva, Erik, MS, LMHC ■
8323 Northwest 12th Street
Ste 206
Doral, FL 33126
(305) 373-3424
Digital Contact Information:
info@themind-gym.com

and

FL
(754) 400-1539
Digital Contact Information:
info@themind-gym.com

and

15660 Southwest 72nd Street
Miami, FL 33193
(786) 697-1150
Digital Contact Information:
info@themind-gym.com

Silva, Gabriela, MS, BCBA ■
11925 Southwest 72nd Street
Miami, FL 33183
(305) 562-4683
Digital Contact Information:
info@shapingacademy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Silva, Paola, MA, BCBA ■
8200 Northwest 41st Street
Suite 200
Miami, FL 33166
(786) 774-7729
Digital Contact Information:
http://www.integrativemethods.com
info@integrativemethods.com
Other Languages Spoken by Provider or Office Staff
Spanish

Silva-Anderson, Christina, MA, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Silva-Machado, Lucianne, MPSY, LMFT ■
8955 SW 87th Ct
Ste 212
Miami, FL 33176
(786) 840-3454
Digital Contact Information:
lsilva@blisshealth.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Silvente Araujo, Carlos A, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
credentialingaba@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Silverio, Jenny, PSYD, LMHC, LP ■
12360 Southwest 132nd Court
113 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
lifecenterhg@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Silverman, Lillian, MS, LMHC ■
2801 Northeast 213th Street
Suite 1215
Aventura, FL 33180
(833) 769-3524
Digital Contact Information:
http://lifestance.com
fl-credentialing@lifestance.com

Silvia, Diana, MA, BCBA ■
7990 Southwest 117th Avenue
Suite 134
Kendall, FL 33183
(305) 741-2218
Digital Contact Information:
info@pbstherapy.com

and

8355 West Flagler Street
239
Miami, FL 33126
(305) 741-2218
Digital Contact Information:
info@pbstherapy.com

Simmons, Jennifer, MA, LMHC, LPC ■
FL
(508) 202-1011
Digital Contact Information:
support@sevenstarling.com

Simon, Vania M, MMH, LMHC ■
9425 Sunset Drive
Ste F251
Miami, FL 33173
(786) 310-6004
Digital Contact Information:
http://www.mindingthegap.net
vania@mindingthegap.net

and

FL
(786) 310-6004
Digital Contact Information:
http://www.mindingthegap.net
vania@mindingthegap.net

and

8181 Northwest 154th Street
STE 112
Miami Lakes, FL 33016
(407) 572-8053
Digital Contact Information:
vania@mindingthegap.net

and

1190 Northwest 95th Street
307
Miami Shores, FL 33150
(407) 572-8053
Digital Contact Information:
vania@mindingthegap.net

Simpson, Zilla, MPSY, LMHC ■
18951 Southwest 106th Avenue
105 106
Miami, FL 33157
(305) 233-4448
Digital Contact Information:
stepstherapycenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sims, Bridgett, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@red-rock.com

Singh, Natasha, MA, BCABA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
chastity.stroud@yourmissingpiece.com

Siracusa, Shannon, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Sisti, Gina, MA, BCBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
providerenrollment@acornhealth.com

Sitko, Stephanie, MA, BCBA ■
FL
(786) 206-6500
Digital Contact Information:
http://behavioralfamilysolutions.com
credentialing@behavioralfamilysolutions.com

and

5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

Sjostrom, Lady, LMHC, MA, MS ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
info@dadefamily.com

and

9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
info@dadefamily.com
Other Languages Spoken by Provider or Office Staff
Spanish

Slaughter, Kimberly, MED, LMHC, LPCC ■
FL
(305) 902-6347
Digital Contact Information:
http://www.bebravehealth.com
start@bebravehealth.com

Slusar, Angie, MED, BCBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
kwelch@kidsspotrehab.com

Smith, Ceasha, MS, BCBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(929) 617-6362
Digital Contact Information:
behaviorbutterflyaba@gmail.com

Smith, Erika, MC, LMHC ■
4302 Alton Rd
Ste 500
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Smith, Heather, MA, LMFT ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Smith, Kasey, BS, BCABA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
rhonda@jkpba.com

Smith, Mica, MC, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Smith, Ronny, MS, LPC ■

FL
(305) 902-6347
Digital Contact Information:
msabree@sabreets.com

Smith, Shannon, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Smith, Shatema, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Smith, Virginia L, MS, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@growtherapy.com
Other Languages Spoken by Provider or Office Staff English

Smith-Young, Adia E, MA, LMHC ■
15715 S Dixie Hwy
Ste 406
Miami, FL 33157
(786) 269-3728
Digital Contact Information:
adia33@gmail.com
Other Languages Spoken by Provider or Office Staff English

Snyder, Yvette, MA, BCBA ■
9425 Southwest 72nd Street
164
Miami, FL 33173
(305) 279-2286
Digital Contact Information:
yvette@freshstartsnow.com
Other Languages Spoken by Provider or Office Staff Spanish

Sochaczewski, Isaac, MS, LMHC ■
17071 West Dixie Highway
103 103
North Miami Beach, FL 33160
(305) 505-4284
Digital Contact Information:
isaacsoch@gmail.com

Sockol, Jamie K, MS, LMHC ■
111 NW 183rd St
Ste 404
Miami, FL 33169
(786) 524-4001
Digital Contact Information:
info@selfcarecounselingofsouthflorida.com
Other Languages Spoken by Provider or Office Staff English

Sola-Castellanos, Mailyn, MC, LMHC ■
3625 Northwest 82nd Avenue
400 3
Doral, FL 33166
(305) 209-6399
Digital Contact Information:
julie.berger@drcred.com

and
1125 Northeast 125th Street
112
North Miami, FL 33161
(305) 209-6399
Digital Contact Information:
http://mindsetsolutionsctc.com/
julie.berger@drcred.com

Solares, Nani E, MA, LMHC ■
9240 Sunset Dr
Ste 202
Miami, FL 33173
(786) 803-7922
Digital Contact Information:
http://www.nanisolares.com
nanisolareslmhc@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Solis Sikaffy, Bianca, BS ■
750 Northwest 15th Street
Miami, FL 33136
(305) 243-0052
Digital Contact Information:
Not Available

Solitaire, Bianca, MC, LMHC, LPCC ■
FL
(786) 882-4532
Digital Contact Information:
https://fearlessfocusmentalhealth.com/
counselingwithbianca@gmail.com
Other Languages Spoken by Provider or Office Staff English

Solivan Matta, Paola, MMH, LMHC ■
5941 Northwest 173rd Drive
2 2
Hialeah, FL 33015
(754) 701-0221
Digital Contact Information:
http://www.abhealth.care
info@abhealth.care
Other Languages Spoken by Provider or Office Staff Spanish

Soloker, Heather, MA, LMHC, LPCC ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com

Soluto, Linet, BA, BCBA ■
13195 Southwest 134th Street
Ste. 201
Miami, FL 33186
(561) 421-5111
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

and
8785 SW 165th Ave
Ste 104
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
http://www.behavioralfamilysolutions.com/
credentialing@behavioralfamilysolutions.com

Sonora Duran, Yanet, BS, BCBA ■
14204 Southwest 289th Terrace
Homestead, FL 33033
(305) 878-1255
Digital Contact Information:
brightbehaviorserv@gmail.com

and
18951 Southwest 106th Avenue
105 106
Miami, FL 33157
(305) 233-4448
Digital Contact Information:
brightbehaviorserv@gmail.com

and
12460 Southwest 8th Street
2024
Miami, FL 33184
(786) 801-0944
Digital Contact Information:
brightbehaviorserv@gmail.com

and
14204 Southwest 8th Street
Miami, FL 33184
(305) 878-1255
Digital Contact Information:
brightbehaviorserv@gmail.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
brightbehaviorserv@gmail.com

Sordo Sanchez, Idalia, MS, BCBA ■
1275 West 47th Place
#449
Hialeah, FL 33012
(305) 425-1338
Digital Contact Information:
magicbehavioral@gmail.com

and
8660 West Flagler Street
STE 121
Miami, FL 33144
(305) 600-4774
Digital Contact Information:
magicbehavioral@gmail.com

and
9010 Southwest 137th Avenue
213
Miami, FL 33186
(305) 305-0279
Digital Contact Information:
magicbehavioral@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Soris, Maylen, BS, BCABA ■
7500 Northwest 25th Street
Suite 254
Miami, FL 33122
(786) 391-8613
Digital Contact Information:
maylensoris@gmail.com

and
10250 Southwest 56th Street
A202
Miami, FL 33165
(888) 527-8037
Digital Contact Information:
http://brightstartpossibility.com
maylensoris@gmail.com

Sosa, Amanda V, MBS, BCBA ■
1486 West 84th Street
Hialeah, FL 33014
(305) 828-5276
Digital Contact Information:
jen.schwartz@comcast.net

and
15165 Northwest 77th Avenue
Hialeah, FL 33014
(305) 828-5276
Digital Contact Information:
http://angelsreach.org/
jen.schwartz@comcast.net

and
17840 Northwest 59th Avenue
104 104
Hialeah, FL 33015
(305) 828-5276
Digital Contact Information:
jen.schwartz@comcast.net

Sosa, Mariluz, EDM, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 536-7470
Digital Contact Information:
dadebehavioralservices@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Sosa Martinez, Misleny, MS, BCBA, LMHC ■
4810 Southwest 8th Street
suite 103
Coral Gables, FL 33134
(786) 353-2616
Digital Contact Information:
https://vdzleading.com/
genesisconsultingservices39@gmail.com

and
801 Monterey Street
202
Coral Gables, FL 33134
(305) 591-7898
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
Home Based Services Only
Doral, FL 33122
(305) 591-7898
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
1200 Northwest 78th Avenue
210
Doral, FL 33126
(786) 285-3438
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
5590 West 20th Avenue
200 201
Hialeah, FL 33016
(305) 557-1555
Digital Contact Information:
http://lifestarwellnesscenter.com
genesisconsultingservices39@gmail.com

and
2050 West 56th Street
SUITE 15-16
Hialeah, FL 330162601
(305) 557-1555
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
3414 West 84th Street
Suite D110
Hialeah, FL 33018
(305) 825-4320
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
3416 West 84th Street
C-108
Hialeah, FL 33018
(305) 557-1555
Digital Contact Information:
http://lifestarwellnesscenter.com
genesisconsultingservices39@gmail.com

and
5757 Waterford District Drive
Unit 172
Miami, FL 33126
(786) 524-2880
Digital Contact Information:
http://www.lifetimesolutionsagency.com
genesisconsultingservices39@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
12002 Southwest 128th Court
203
Miami, FL 33186
(786) 713-0851
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
8950 Southwest 152nd Street
110
Palmetto Bay, FL 33157
(786) 542-4690
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
9555 Southwest 175th Terrace
610
Palmetto Bay, FL 33157
(786) 859-0979
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Soto, Israel, BA, BCABA ■
2898 Northwest 79th Avenue
Doral, FL 33122
(305) 597-3861
Digital Contact Information:
cary@nwds-staff.com

Soto, Lugannys M, MS, LMHC ■
6601 Southwest 80th Street
STE 121
South Miami, FL 33143
(305) 453-4833
Digital Contact Information:
http://www.themodernpsychology.com
admin@themodernpsychology.com
Other Languages Spoken by Provider or Office Staff Spanish

Soto Mantilla, Tania, MC, BCBA ■
16650 North Kendall Drive
210
Miami, FL 33196
(305) 916-4870
Digital Contact Information:

luciano@mymbcinc.com

and
8950 Southwest 152nd Street
106a
Palmetto Bay, FL 33157
(786) 398-2965
Digital Contact Information:
luciano@mymbcinc.com

and
8950 Southwest 152nd Street
112
Palmetto Bay, FL 33157
(786) 432-0829
Digital Contact Information:
luciano@mymbcinc.com

and
8950 Southwest 152nd Street
116
Palmetto Bay, FL 33157
(786) 669-2619
Digital Contact Information:
luciano@mymbcinc.com

and
9555 Southwest 175th Terrace
Suite 209
Palmetto Bay, FL 33157
(786) 365-4001
Digital Contact Information:
luciano@mymbcinc.com

Soto, Maria P, MC, BCBA ■
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
info@appliedabc.com
Other Languages Spoken by Provider or Office Staff English

Soto Medina, Ana M, MBS, BCBA ■
18901 Southwest 106th Avenue
a 227
Cutler Bay, FL 33157
(786) 732-7516
Digital Contact Information:
goodbehavior.as@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 732-0842
Digital Contact Information:
goodbehavior.as@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Sotolongo, Jennifer, MS, LMHC ■
14740 Southwest 26th Street
Miami, FL 33185
(786) 464-5981
Digital Contact Information:
info@flcfd.org

Sotolongo, Niurka, MSW, LMHC ■
3955 SW 59th Ave
Miami, FL 33155
(954) 624-6016
Digital Contact Information:
niurkasotolongo@yahoo.com

Sotomayor Perez, Xiomara, BS, BCABA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
Home Based Services Only
West Miami, FL 33144
(786) 404-1017
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Soutien, Kimberly, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Souto, Miyelis, MA, BCBA ■
175 Fontainebleau Boulevard
Miami, FL 33172
(786) 366-1273
Digital Contact Information:
cred@kidsspotrehab.com

and
6405 Northwest 36th Street
Virginia Gardens, FL 33166
(786) 238-2008
Digital Contact Information:
cred@kidsspotrehab.com
Other Languages Spoken by Provider or Office Staff
Spanish

Spalding, Gwenevere, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
gwen.lifecenter@gmail.com

Spall, Christopher, MA, CAP, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Spasic, Marija, MS, LMHC ■
7600 West 20th Avenue
213
Hialeah, FL 33016
(786) 471-6887
Digital Contact Information:
http://marijaspasic.com
srcetherapy@gmail.com

Spencer, Lilliana, MS, BCBA ■
13300 Southwest 128th Street
Miami, FL 33186
(786) 250-3451
Digital Contact Information:
http://www.firststepsinterventions.com
lspencer@firststepsint.com
Other Languages Spoken by Provider or Office Staff
Spanish

Spencer, Marcia, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
jane.mohammad@daybreakhealth.com

Spencer Rose, Sharon, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Spitzer, Nancy, MS, LMFT ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
birches@withassured.com
Other Languages Spoken by Provider or Office Staff English

Springer, Shawndel, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
gethelp@wellqor.com

St Louis, Adrienne, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(347) 893-1266
Digital Contact Information:
4rezilience@gmail.com

and
633 Northeast 167th Street
Suite 1125
North Miami Beach, FL 33162
(305) 749-5454
Digital Contact Information:
4rezilience@gmail.com

St Phard, Nancy V, MSW, LMHC ■
12700 Biscayne Boulevard
301
North Miami, FL 33181
(305) 467-4597
Digital Contact Information:
dr.daino@aol.com

St Pierre, Breanna, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
holly.renshaw@yourmissingpiece.com

Stallworth, Janell, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
hello@wellnite.com

Stano, Jacki, MED, BCBA, LBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
credentialing@kyocare.com

Stavrinos, Nina, MS, BCBA ■
777 Brickell Ave
Ste 500
Miami, FL 33131
(305) 330-4660
Digital Contact Information:
http://www.lotusbehavior.com
lotusbehavior@gmail.com

Steele, Paul, MED, LMHC, LPC ■
FL
(305) 902-6347
(202) 410-5972
Digital Contact Information:
support@joinhopscotch.com
Other Languages Spoken by Provider or Office Staff English

Steele, Theresa, MS, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Steelman, Erin, MS, BCBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
info@gatewaylg.com

Steen, Tamarie, MMH, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Stephens, David M, MS, BCBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
info@happyheartsaba.com

Stevenson, Thalia, MS, LCMHC ■
FL
(786) 530-5410
Digital Contact Information:
http://actservicellc.com
actservices2023@gmail.com

Stewart, Audrey, MA, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Sign Lang Amer, Spanish

Stewart, Laura L, MED, LMHC ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
lstewart@cfdfl.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
lstewart@cfdfl.com

Stewart, Tannisha, MC, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
tannishastewart@starzjourneyinc.onmicrosoft.com

Stockhausen, Dana, MS, LCMHC, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Stoerger, Alexandra, MA, LBA ■
1120 Northwest 14th Street
RM 1213
Miami, FL 331362107
(305) 243-6660
Digital Contact Information:
Not Available

Stoian, Mihaela, MS, LMHC ■
FL
(954) 834-3570
Digital Contact Information:
http://grieftree.com
mstoian1217@gmail.com
Other Languages Spoken by Provider or Office Staff
Romanian

Stone, Margaret, MS, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
support@joinhopscotch.com
Other Languages Spoken by Provider or Office Staff English

Stubbs, Marcie D, MA, LMHC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@lifestance.com

Suarez, Cindy, MS, LMFT ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@joinuplift.co
Other Languages Spoken by Provider or Office Staff English

Suarez, Lazaro N, MED, LMHC ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(305) 244-5299
Digital Contact Information:

https://rainbowbehavioralservices.com
rainbowbehavioralservices@gmail.com

and
11055 Southwest 186th Street
#101
Miami, FL 33157
(305) 342-4893
Digital Contact Information:
rainbowbehavioralservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Suarez, Lilianne, MA, BCBA ■
9600 Northwest 25th Street
STE 5E
Miami, FL 33172
(888) 527-8037
Digital Contact Information:
info@brightstartllc.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Suarez, Magdielis, MS, BCBA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
http://www.appliedbhs.com
dabs@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com

Suarez, Mercy, MA, LMHC ■
66 Valencia Avenue
402 402
Coral Gables, FL 33134
(305) 439-5939
Digital Contact Information:
mercysuarezeds@gmail.com

and
66 Valencia Avenue
903 903
Coral Gables, FL 33134
(305) 439-5939
Digital Contact Information:
mercysuarezeds@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Suarez, Miriam, MS, LMHC ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and
7221 SW 24th St
Ste 206
Miami, FL 33155
(786) 648-4447
Digital Contact Information:
http://www.fmhpllc.com
info@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

Suarez Rosa, Rosana, MS, LMHC ■
385 Alhambra Circle
suite c
Coral Gables, FL 33134
(305) 445-9554
Digital Contact Information:
info@mindpromanagement.com

and
FL
(305) 445-9554
Digital Contact Information:
info@mindpromanagement.com
Other Languages Spoken by Provider or Office Staff
Spanish

Suarez Sanchez, Zulema Y, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(239) 328-2561
Digital Contact Information:
abcbehaviorhelp@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Suarez Vega, Rosaily, MS, BCBA ■
8300 NW 53rd St
Ste 350
Miami, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com

and
12150 Southwest 128th Court
Suite # 230
Miami, FL 33186
(786) 720-3368
Digital Contact Information:
behaviorplusservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Suarez Vistorte, Jose I, MS, BCBA ■
10200 Northwest 25th Street
211
Doral, FL 33172
(305) 381-0346
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

Suarez, Xiomara, MS, LMHC ■
3100 SW 62nd Ave
Miami, FL 33155
(305) 669-6503
Digital Contact Information:
payer.credentialing@nicklaushealth.org
Other Languages Spoken by Provider or Office Staff
Spanish

Suarez, Yania, MS, BCBA ■
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
credentialing@southbillcare.com

Suarez, Yenny, MBS, BCBA ■
99 Northwest 183rd Street
suite: 241E
Miami Gardens, FL 33169
(786) 899-3042
Digital Contact Information:
https://suarezbehavioral.wixsite.com/mysite
suarezbehavioral@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Suarez-Aviles, Audrey S, MA, BCBA ■
117 Northeast 1st Avenue
Floor 9
Miami, FL 33132
(786) 340-5830
Digital Contact Information:
http://www.beehaviorabatherapy.com
kimmarie.watson@rethinkbilling.com
Other Languages Spoken by Provider or Office Staff
Spanish

Suchanic, Joseph B, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
jsuchanic@elliementalhealth.com

Sue Logan, Casey, MC, LMHC, LPCC ■
FL
(859) 517-4633
Digital Contact Information:
https://divinesoultherapy.clientsecure.me
caseyjameslpc@gmail.com

Sueiro, Danaya, MS, BCBA ■
8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-2822
Digital Contact Information:
info@newlifeaba.com

and
10691 North Kendall Drive
207
Miami, FL 33176
(786) 401-6113
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Suero, Michelle, MC, LMHC ■
FL
(508) 202-1011
Digital Contact Information:
https://www.sevenstarling.com
support@sevenstarling.com

Suna, Elise, LMFT, MA, MSED ■
1390 South Dixie Highway
#1307
Coral Gables, FL 33146
(305) 204-2601
Digital Contact Information:
elise.suna@gmail.com

Sveinsson, Bjorn, MS, LMHC ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
gina@lotuscounseling.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
gina@lotuscounseling.com

Swain, Cieria D, MC, LCSW, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
appointments@meetmarvin.com
Other Languages Spoken by Provider or Office Staff English

Sweeney, Jessica, MS, ABA ■
1065 Southwest 8th Street
1459
Miami, FL 33130
(855) 853-0228
Digital Contact Information:
credentialing@joinsproutherapy.com
Other Languages Spoken by Provider or Office Staff English

Swick, Haylee, MS, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/credentialing@bebravehealth.com
Other Languages Spoken by Provider or Office Staff
English, Sign Lang Amer

Tabla, Yoel F, MPSY, BCBA ■
8335 Southwest 72nd Avenue
218d 218d
Miami, FL 33143
(786) 354-8613
Digital Contact Information:
yoeltabla@yahoo.com

and
10300 Southwest 72nd Street
300
Miami, FL 33173
(786) 418-9730
Digital Contact Information:
http://www.happydreamsofkids.com
yoeltabla@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Taliancich, Mark, PHD, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
kelli@daybreakhealth.com

Talley, Kendra, MS, LMHC ■
111 NW 183rd St
Ste 404
Miami, FL 33169
(786) 524-4001
Digital Contact Information:
enrollment@welterhp.com

Tamayo, Anakarla, MC, LMHC ■
FL
(786) 344-8757
Digital Contact Information:
mtherapy@hushmail.com

Tamayo, Giselle, MA, BCBA ■
13195 Southwest 134th Street
Ste. 201
Miami, FL 33186
(786) 206-6500
Digital Contact Information:
giselle@behavioralfamilysolutions.com

and
8785 SW 165th Ave
Ste 103
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
giselle@behavioralfamilysolutions.com

Tamayo, Marcela, MA, BCBA ■
10482 Northwest 31st Terrace
STE 2A
Doral, FL 33172
(786) 765-7550
Digital Contact Information:
dleonintegritybehaviorservice@gmail.com

Tanner, Keisha, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
keishatannerlpc@gmail.com

Tanquero Llano, Liset, MS, BCBA ■
30392 Old Dixie Highway
Homestead, FL 33030
(786) 283-0175
Digital Contact Information:
myhungrycaterpillar@gmail.com

and
27132 South Dixie Highway
Naranja, FL 33032
(786) 283-0175
Digital Contact Information:
myhungrycaterpillar@gmail.com

Tapanes Morejon, Elaine, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
abagrowthandconnection@gmail.com

and
9502 Southwest 166th Court
Miami, FL 33196
(754) 234-0643
Digital Contact Information:
abagrowthandconnection@gmail.com

Tapia, Daniel, MS, BCBA ■
2898 Northwest 79th Avenue
Doral, FL 33122
(786) 646-9250
Digital Contact Information:
tjou@koalaaba.com

and
Home Based Services Only
Hialeah, FL 33010

(305) 280-5730
Digital Contact Information:
tjou@koalaaba.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 280-5730
Digital Contact Information:
tjou@koalaaba.com

Taque, Jose C, MS, LMHC ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
ehoyos@lotuscounseling.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
http://www.lotuscounseling.com
ehoyos@lotuscounseling.com
Other Languages Spoken by Provider or Office Staff Italian, Spanish

Tarajano, Jesus, MS, LMHC ■
22790 SW 112th Ave
Miami, FL 33170
(305) 235-2616
Digital Contact Information:
http://www.theagapenetwork.org

Tarrero, Addis, MPSY, BCBA ■
7344 Southwest 48th Street
103
Miami, FL 33155
(786) 210-2765
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
12150 Southwest 128th Court
#201
Miami, FL 33186
(786) 697-1966
Digital Contact Information:
genesisconsultingservices39@gmail.com

Tarver, Jillisa, MPSY, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
jillisa.tarver@jtbehavioral.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
jillisa.tarver@jtbehavioral.com

Tatte Herrera, Yamila, MA, BCBA ■
100 Northeast 15th Street
203
Homestead, FL 33030
(786) 404-3075
Digital Contact Information:
allstaraba22@gmail.com

and
30908 Southwest 192nd Avenue
Homestead, FL 33030
(786) 404-3148
Digital Contact Information:
allstaraba22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Tatum, Audrey, MS, BCBA ■
1201 Northeast 200th Street
Miami, FL 33179
(954) 599-2260
Digital Contact Information:
info@behavioralfamilysolutions.com

Tatum, Michelle, MS, LMHC, LPCC ■
FL
(786) 281-3935
Digital Contact Information:
http://www.prevalandassociates.net
hpreval@prevalandassociates.net

Taveras, Adam, MA, LMFT ■
FL
(305) 981-6068
Digital Contact Information:
adam.brighterdays@gmail.com

and
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
adam.brighterdays@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Taveras, Madelin, MC, LMHC, PC ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
westmiamicmhc@bellsouth.net
Other Languages Spoken by Provider or Office Staff
English, Spanish

Tawfiq, Safia, MPSY, BCBA ■
2550 Northwest 72nd Avenue
115
Miami, FL 33122
(786) 536-2012
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 695-8672
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
Home Based Services Only
Miami, FL 33155
(786) 262-5559
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
4155 Southwest 130th Avenue
108
Miami, FL 33175
(786) 695-8672
Digital Contact Information:
genesisconsultingservices39@gmail.com

Taylor, Alina, MS, LMHC ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
ataylor@therecoveryvillage.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
ataylor@therecoveryvillage.com

Taylor, Jasmine, MA, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com

Taylor, Nicole A, PSYD, LMHC ■
20295 Northwest 2nd Avenue
Suite 110
Miami Gardens, FL 33169
(305) 974-4426
Digital Contact Information:
olympusbillingkevinp@gmail.com

Taylor, Samantha D, MBS, BCBA ■
5801 Northwest 151st Street
STE 200B
Hialeah, FL 33014
(786) 376-2651
Digital Contact Information:
angelesesperan@gmail.com

and
20200 Southwest 320th Street
Homestead, FL 33030
(305) 450-4219
Digital Contact Information:
angelesesperan@gmail.com

and
12430 Southwest 188th Street
Miami, FL 33177
(305) 209-1095
Digital Contact Information:
http://angelesaba.com
angelesesperan@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Temple, Philyce, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
info@behaviordg.com

Tenenbaum, Karina, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Tenorio, Jaclyn, MS, LMHC, LPC ●
FL
(678) 259-9298
Digital Contact Information:
http://www.trust2change.com
info@trust2change.com
Other Languages Spoken by Provider or Office Staff
Spanish

Tenorio, Jose, BS, BCABA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
sseastcoast22@gmail.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
sseastcoast22@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Teran, Samantha, MA, BCBA ■
10300 Southwest 72nd Street
300
Miami, FL 33173
(786) 418-9730
Digital Contact Information:
http://www.happydreamsofkids.com
steran1230@gmail.com

and
14125 Northwest 80th Avenue
304
Miami Lakes, FL 33016
(786) 305-7222
Digital Contact Information:
steran1230@gmail.com

and
2100 Sans Souci Boulevard
1207 1207
North Miami, FL 33181
(786) 756-6063
Digital Contact Information:
steran1230@gmail.com

and
FL
(786) 756-6063
Digital Contact Information:
steran1230@gmail.com

Terra Pupo, Yurilis, MED, BCBA ■
3105 Northwest 107th Avenue
Ste 405
Doral, FL 33172
(786) 401-6113
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 299-7782
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
7235 Southwest 24th Street
204
Miami, FL 33155
(786) 452-0257
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
10689 N Kendall Dr
Ste 314
Miami, FL 33176
(786) 603-6567
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
10691 North Kendall Drive
207
Miami, FL 33176
(786) 401-6113
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
5881 Northwest 151st Street
Suite: 103
Miami Lakes, FL 33014
(786) 703-4154
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Terrell, Charlotte R, MS, LMFT ■
FL
(305) 596-7547
Digital Contact Information:
chaterrell@aol.com

Terron, Rochely, MC, LMHC ■
815 North Homestead Boulevard
228
Homestead, FL 33030
(305) 783-8181
Digital Contact Information:
rochelyterron@gmail.com

Testar, Ana G, MS, BCABA ■
930 Hialeah Drive
Hialeah, FL 33010
(786) 398-1509
Digital Contact Information:
jcabrera@mymbcinc.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 537-7016
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Theoc, Phonia, MS, LMHC ●
FL
(786) 644-5248
Digital Contact Information:
transformingmindsandlives@gmail.com

Thomas, Douglas A, MED, LMHC, LPC ■
1951 Northwest 7th Avenue
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff English

Thomas, Marie, MA, BCBA ■
657 South Drive
Miami Springs, FL 33166
(845) 458-8755
Digital Contact Information:
hello@the-behaviorists.com

Thompson, Elena, BA, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
jnickell@abahelps.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
jnickell@abahelps.com

and
1951 NW 7th Ave
Ste 600
Miami, FL 33136
(929) 384-7193
Digital Contact Information:
jnickell@abahelps.com

Thompson, Emily, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Thompson, Marsha M, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 991-3213
Digital Contact Information:
credentialing@flautism.com
Other Languages Spoken by Provider or Office Staff English

Thompson, Miquia, MPSY, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Thompson, Shannon R, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@lifestance.com

Thweatt, Nicole M, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
help@joinuplift.co

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Tice, Darius, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 822-7202
Digital Contact Information:
kim@appliedbehavior.net

and
909 North Miami Beach Boulevard
STE 301
North Miami Beach, FL 33162
(305) 822-7202
Digital Contact Information:
https://appliedbehavior.net/
kim@appliedbehavior.net

Timerman Barbosa Da Silva, Patricia, PHD, LMFT, LMHC ■
FL
(305) 204-7764
Digital Contact Information:
info@advocate2create.com

and
3625 Northwest 82nd Avenue
400
Doral, FL 33166
(305) 204-7764
Digital Contact Information:
info@advocate2create.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Timoteo, Milton M, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
miltontimoteo@yahoo.com

Tinsley, Genee, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
referrals@chrysalishealth.com

Tippit, Pamela L, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
info@blissbh.com

Tirado Rodriguez, Tania, MS, BCBA ■
10300 Southwest 72nd Street
300
Miami, FL 33173
(786) 418-9730
Digital Contact Information:
manager@happydreamsofkids.com

Toevs, Alexa, MED, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
providerenrollment@acornhealth.com

Tokar, Ephraim, MA, LMFT ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
birches@withassured.com
Other Languages Spoken by Provider or Office Staff English

Tola, Noel, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
Spanish

Tolbert, Kristen, EDD, LMHC, LPC ■
FL
(877) 799-1506
Digital Contact Information:
kristentolbert@gmail.com

and
18117 Biscayne Boulevard
2052
Miami, FL 33160
(954) 591-8526
Digital Contact Information:
kristentolbert@gmail.com

Tolman, Matthew, PSYD, LP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Tomczak, Kristin, MA, LMHC ■
936 Southwest 1st Avenue
106
Miami, FL 33130
(786) 936-4085
Digital Contact Information:
credentialing@resilientmbs.com

and
1010 Brickell Avenue
Unit 1806
Miami, FL 33131
(786) 936-4085
Digital Contact Information:
https://cignathn.my.salesforce-sites.com/cbus/inde
credentialing@resilientmbs.com

Tomic, Anita, BS, BCBA ■
1756 North Bayshore Drive
22c 22c
Miami, FL 33132
(786) 642-2149
Digital Contact Information:
anita@sparkabatherapy.com

Toney, Diann, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com

Topalian, Sona, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff
Armenian

Tormo, Jesus W, MC, LMHC ■
22790 SW 112th Ave
Miami, FL 33170
(305) 235-2616
Digital Contact Information:
http://www.theagapenetwork.org
rgrossmiller@hcnetwork.org

Torna Perez, Keidy, ED, BCBA ■
110 West 17th Street
Hialeah, FL 33010
(786) 267-8467
Digital Contact Information:
info@newlifeaba.com

and
Home Based Services Only
Hialeah, FL 33010
(786) 267-8467
Digital Contact Information:
info@newlifeaba.com

and
2300 West 84th Street
404a
Hialeah, FL 33016
(786) 681-8494
Digital Contact Information:
info@newlifeaba.com

and
2459 West 70th Street
Hialeah, FL 33016
(786) 571-0939
Digital Contact Information:
info@newlifeaba.com

and
30392 Old Dixie Highway
Homestead, FL 33030
(786) 481-9833
Digital Contact Information:
info@newlifeaba.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
27132 South Dixie Highway
Naranja, FL 33032
(786) 481-9833
Digital Contact Information:
info@newlifeaba.com

Toro, Juan, MC, BCBA ■
7580 Northwest 186th Street
202 202
Hialeah, FL 33015
(786) 385-5347
Digital Contact Information:
Not Available

and
2901 Southwest 7th Street
a
Miami, FL 33125
(786) 202-1701
Digital Contact Information:
Not Available

and
6405 Northwest 36th Street
Virginia Gardens, FL 33166
(786) 238-2008
Digital Contact Information:
Not Available

Torra, Lizet, MS, LMHC ■
11440 North Kendall Drive
e208
Miami, FL 33176
(305) 898-0849
Digital Contact Information:
billing@callisiahealthgroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Torras Ceballos, Gabriela, MSCC, BCBA, LMHC ■
8300 West Flagler Street
STE 258C
Miami, FL 331446002
(786) 633-5171
Digital Contact Information:
counselingsocietymiami@gmail.com

and
2157 Southwest 13th Avenue
3
Miami, FL 33145
(786) 878-1331
Digital Contact Information:
http://www.counselingsociety.com
counselingsocietymiami@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Torre, Emilia, MD, LMHC ■
1022 East 8th Avenue
Hialeah, FL 33010
(786) 615-7829
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
2100 West 76th Street
STE 408
Hialeah, FL 33016
(786) 615-7829
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
3412 West 84th Street
e106
Hialeah, FL 33018
(305) 827-7344
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Torrecillas, Andres A, MS, BCABA, BCBA ■
2020 Ponce de Leon
Suite 1201
Miami, FL 33134
(305) 917-5414
Digital Contact Information:
torrecillas0711@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Torrente, Luz M, MBS, BCBA ■
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
wellbehaved.corp@gmail.com

Torres, Amanda G, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
credentialing@joinuplift.co
Other Languages Spoken by Provider or Office Staff English

Torres, Cherylyn, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Torres Guerra, Sandra M, MBS, BCBA ■
1665 West 68th Street
208
Hialeah, FL 33014
(305) 519-2546
Digital Contact Information:
childrensbehavioralint@gmail.com

and
2400 NW 54th St
Miami, FL 33142
(305) 213-0496
Digital Contact Information:
childrensbehavioralint@gmail.com

and
15715 South Dixie Highway
412
Miami, FL 33157
(786) 316-7186
Digital Contact Information:
childrensbehavioralint@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Torres, Irina C, MS, BCBA ■
175 Fontainebleau Boulevard
Miami, FL 33172
(305) 590-1085
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Torres, Lilibeth, MS, BCBA ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(954) 577-7790
Digital Contact Information:
http://www.behavior-analysis.org
baicredentialing@behavior-analysis.org
Other Languages Spoken by Provider or Office Staff
Spanish

Torres, Maritza, MS, BCBA ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/services@behavioralspark.com

and
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/services@behavioralspark.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 473-6153
Digital Contact Information:
services@behavioralspark.com

and
10373 Southwest 2nd Street
Miami, FL 33174
(305) 984-8908
Digital Contact Information:
services@behavioralspark.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, French, Italian, Spanish

Torres, Natalie, MA, BCBA ■
9300 Fontainebleau Boulevard
209 209
Miami, FL 33172
(786) 879-9331
Digital Contact Information:
ntorres@kindsidetherapy.com

Torres, Sergio, LMHC, MSCC ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
Not Available

Torres, Shanika D, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
deltorresbhw@gmail.com

Torres, Tatiana, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(305) 846-9807
Digital Contact Information:
torrestherapy@gmail.com

and
3833 Southwest 8th Street
Coral Gables, FL 33134
(786) 399-4799
Digital Contact Information:
torrestherapy@gmail.com

and
7340 Southwest 48th Street
#106
Miami, FL 33155
(305) 501-1513
Digital Contact Information:
torrestherapy@gmail.com

and
Home Based Services Only
Miami, FL 33155
(305) 469-6745
Digital Contact Information:
torrestherapy@gmail.com

Torres, Yiset, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 329-9993
Digital Contact Information:
koodollc4@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Torres, Yuri G, MMFT, LMFT ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
info@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
info@behavioralaid.com
Other Languages Spoken by Provider or Office Staff
Spanish

Toth, Jennifer, MPSY, LBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
candace@tlccredandconsulting.com

Totten, Renee, MA, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
khaase@focusedsolution.net

Toussaint, Lory, MS, LMHC, LPC ■
4445 West 16th Avenue
STE 405
Hialeah, FL 33012
(954) 666-5942
Digital Contact Information:
credentialing@cerebral.com

Trabazo, Amelia E, MA, LBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(305) 846-9807
Digital Contact Information:
https://acornhealth.com
info@acornhealth.com

and
11601 Biscayne Boulevard
Miami, FL 33181
(786) 206-4151
Digital Contact Information:
info@acornhealth.com

Tramel, Ahlicia, MA, LMHC ■
FL
(888) 282-3444
Digital Contact Information:
http://empathiclee.com
ahliciab08@yahoo.com
Other Languages Spoken by Provider or Office Staff English

Trana-Felipes, Silvia, MS, ABA, LMHC ■
2001 Northwest 107th Avenue
412
Doral, FL 33172
(786) 548-8322
Digital Contact Information:
empathybhsbilling@gmail.com

and
7959 NW 2nd St
Miami, FL 33126
(305) 267-6060
Digital Contact Information:
empathybhsbilling@gmail.com

and
1818 West Flagler Street
Miami, FL 33135
(786) 755-2897
Digital Contact Information:
empathybhsbilling@gmail.com

and
7315 Northwest 36th Street
Miami, FL 33166
(786) 345-7734
Digital Contact Information:
empathybhsbilling@gmail.com

and
10661 North Kendall Drive
216
Miami, FL 33176
(786) 631-4158
Digital Contact Information:
empathybhsbilling@gmail.com

and
1134 NW 136th Ave
Miami, FL 33182
(786) 631-4158
Digital Contact Information:
empathybhsbilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Travieso, Dalgis, MS, BCBA ■
11251 SW 240th Ln
Homestead, FL 33032
(305) 912-8399
Digital Contact Information:
weareuniqueaba@gmail.com

and
11276 SW 232nd St
Miami, FL 33170
(305) 912-8399
Digital Contact Information:
weareuniqueaba@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Trejo, Ana, MMH, LMHC ■
FL
(786) 361-9784
Digital Contact Information:
loveandabundance2020@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Trenker, Brittany L, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Treston, Sandra, MA, LMHC ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
arscredentialing@advancedrecoverysystems.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Trimikliniotis, Georgia, MSED, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Trombly, Theresa N, MSCC, LMHC ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
jrunyan@orlandorecovery.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
jrunyan@orlandorecovery.com

Trujillo, Eimi, MS, BCBA ■
10200 Northwest 25th Street
211
Doral, FL 33172
(786) 269-3502
Digital Contact Information:
clinical.coordinator@cmnbtherapy.com

and
1535 N Goldeneye Ln
Homestead, FL 33035
(786) 212-5530
Digital Contact Information:
clinical.coordinator@cmnbtherapy.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 475-5732
Digital Contact Information:
clinical.coordinator@cmnbtherapy.com

and
12920 Southwest 133rd Court
Miami, FL 33186
(786) 475-5732
Digital Contact Information:
http://cornerstone-cba.com
clinical.coordinator@cmnbtherapy.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Haitian Creole, Japanese, Italian, Spanish

Trujillo, Robert A, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
robert@roberttrujillocounseling.com
Other Languages Spoken by Provider or Office Staff English

Tsirigotis, Elizabeth L, MC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
http://www.bebravehealth.com
start@bebravehealth.com

Tucholski-Dekeles, Yvette, MS, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
ytucholskidekeles@gmail.com

Tucker-Lewis, Apollonia, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian

Creole, Spanish

Tuckler, Steven, MA, BCBA ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(305) 273-3773
Digital Contact Information:
http://www.behavior-analysis.org
tvargas@behavior-analysis.org

Tull, Michele R, MC, BCBA ■
2300 West 84th Street
404a
Hialeah, FL 33016
(786) 681-8494
Digital Contact Information:
mrtully@me.com

Tura, Mariela, MA, BCBA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
harmonybehaviorprivate@gmail.com

and
1840 West 49th Street
#714
Hialeah, FL 33012
(305) 699-8388
Digital Contact Information:
harmonybehaviorprivate@gmail.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
http://appliedbhs.com
harmonybehaviorprivate@gmail.com

and
15291 Northwest 60th Avenue
Suite 107
Miami Lakes, FL 33014
(786) 608-1805
Digital Contact Information:
harmonybehaviorprivate@gmail.com

Turino, Berkis, MA, LMHC ■
2500 Northwest 79th Avenue
Suite 227
Doral, FL 33122
(305) 456-9396
Digital Contact Information:
healingtouchinc@msn.com

and
FL
(305) 824-0637
Digital Contact Information:
healingtouchinc@msn.com

and
5590 West 20th Avenue
200 201
Hialeah, FL 33016
(305) 557-1555
Digital Contact Information:
healingtouchinc@msn.com

and
3414 West 84th Street
Suite D110
Hialeah, FL 33018
(305) 825-4320
Digital Contact Information:
healingtouchinc@msn.com

and
3416 West 84th Street
C-108
Hialeah, FL 33018
(305) 557-1555
Digital Contact Information:
http://lifestarwellnesscenter.com
healingtouchinc@msn.com

Turner, Angela D, PHD, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
fl-credentialing@lifestance.com
Other Languages Spoken by Provider or Office Staff
Spanish

Turner, Delores E, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Tyson, Darcel P, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Ubfal, Fabiana S, MMH, LMHC ■
16375 Northeast 18th Avenue
206
North Miami Beach, FL 33162
(786) 246-4050
Digital Contact Information:
fabianamiami27@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ucciferri, Veronica, MS, LCMHC, LMHC, LPC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
veronicaucciferri@gmail.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
veronicaucciferri@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Urdaneta, Hany D, MMH, LMHC ■
12651 South Dixie Highway
304
Miami, FL 33156
(415) 941-4109
Digital Contact Information:
http://compassmentalhealthservices.com
hurdaneta@compassmentalhealthservices.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Uriostegui, Donna, MS, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
donna.uriostegui.aba@gmail.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
donna.uriostegui.aba@gmail.com

Urquiola, Dalaine, MED, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 817-2356
Digital Contact Information:
dalaine23@hotmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Urrutia, Anaisy, MS, BCBA ■
14471 S Dixie Hwy
Miami, FL 33176
(786) 803-8826
Digital Contact Information:
http://www.amorementalhealthcorp.com
tcmfl2018@gmail.com

and
9010 Southwest 137th Avenue
101
Miami, FL 33186
(786) 803-8826
Digital Contact Information:
http://amorementalhealthcorp.com
tcmfl2018@gmail.com

and
6001 Northwest 153rd Street
Suite 160
Miami Lakes, FL 33014
(786) 384-4990
Digital Contact Information:
tcmfl2018@gmail.com

and
5881 Northwest 151st Street
127
Miami Lakes, FL 330142450
(786) 219-8907
Digital Contact Information:
http://sweetchildbehavior.com
tcmfl2018@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Usategui Guilarte, Alana, MA, BCBA ■
7000 Southwest 62nd Avenue
STE 407
South Miami, FL 33143
(305) 586-2953
Digital Contact Information:
akusategui310@gmail.com

Ustariz, Reinel, MA, BCBA ■
Home Based Services Only
Hialeah, FL 33012
(561) 460-0284
Digital Contact Information:
info@brightfuturebehavioral.com

and
123 North Krome Avenue
suite 104
Homestead, FL 33030
Digital Contact Information:
info@brightfuturebehavioral.com

and
8080 West Flagler Street
2a
Miami, FL 33144
(786) 615-2640
Digital Contact Information:
info@brightfuturebehavioral.com

and
7815 Coral Way
101
Miami, FL 33155
(786) 615-4879
Digital Contact Information:
info@brightfuturebehavioral.com

and
10691 North Kendall Drive
207
Miami, FL 33176
(786) 401-6113
Digital Contact Information:
info@brightfuturebehavioral.com

Utrera, Tahlia, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
admin@lifehealthsystem.org
Other Languages Spoken by Provider or Office Staff
Spanish

Uzcategui, Doris, MA, BCBA ■
20774 West Dixie Highway
b
Miami, FL 33180
(305) 549-8665
Digital Contact Information:
dorisuzcategui2@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valdes Castillo, Naomy, MA, BCBA ■
10691 North Kendall Drive
207
Miami, FL 33176
(786) 401-6113
Digital Contact Information:
nvald1221@gmail.com

and
13205 Southwest 137th Avenue
#212
Miami, FL 33186
(786) 732-6298
Digital Contact Information:
nvald1221@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valdes, Christina, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
info@acornhealth.com

Valdes Gonzalez, Diana, MS, BCBA ■
8200 Northwest 41st Street
269
Doral, FL 33166
(305) 763-4196
Digital Contact Information:
jcabrera@mymbcinc.com

Valdes, Hany, MS, BCBA ■
Home Based Services Only
Miami, FL 33155
(786) 262-5559
Digital Contact Information:
genesisconsultingservices39@gmail.com

Valdes, Katherine, MS, BCBA ■
8200 Northwest 41st Street
269
Doral, FL 33166
(305) 763-4196
Digital Contact Information:
jcabrera@mymbcinc.com

Valdes Lopez, Yudith, MBS, BCBA ■
12150 Southwest 128th Court
Suite 226
Miami, FL 33186
(786) 429-1005
Digital Contact Information:
cloverbehaviorservices@gmail.com

Valdes, Luis, MS, BCBA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
http://appliedbhs.com
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valdes, Massiel, BS, BCBA ■
FL
(786) 337-0585
Digital Contact Information:
massielvaldes@hotmail.com

and
9380 Sunset Drive
b165
Miami, FL 33173
(786) 337-0585
Digital Contact Information:
massielvaldes@hotmail.com

and
9380 Sunset Drive
suite b211
Miami, FL 33173
(786) 337-0585
Digital Contact Information:
massielvaldes@hotmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valdes Ramos, Jazmin, MS, BCBA ■
1414 Northwest 107th Avenue
204
Doral, FL 33172
(305) 225-8711
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Valdes, Ricardo, MS, BCBA ■
7875 Northwest 12th Street
118
Miami, FL 33126
(786) 505-4449
Digital Contact Information:
info@southfloridabehavior.com
Other Languages Spoken by

Provider or Office Staff
Spanish

Valdespino, Ruben, MS, BCBA ■
18901 Southwest 106th Avenue
229
Miami, FL 33157
(786) 808-6575
Digital Contact Information:
jcabrera@mymbcinc.com

and
8743 Southwest 9th Terrace
2
Miami, FL 33174
(786) 534-6915
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Valdez, Aileen, MSCC, LMHC ●
1550 Madruga Ave
Ste 509
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
https://www.abc4s.com/
inf0@abc4s.com

and
FL
(786) 536-9714
Digital Contact Information:
https://www.abc4s.com/
inf0@abc4s.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valdez, Lu'Chang, MBS, BCBA ■
1180 North Krome Avenue
Homestead, FL 33030
(786) 349-4700
Digital Contact Information:
mykidtherapycenter@gmail.com

and
49 NW 17th St
Homestead, FL 33030
(786) 349-4700
Digital Contact Information:
http://mykidtherapycenter.com
mykidtherapycenter@gmail.com

and
14425 Country Walk Drive
Miami, FL 33186
(786) 349-4700
Digital Contact Information:
mykidtherapycenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vale, Delmis, MA, BCBA ■
100 NE 15th St
Ste 101
Homestead, FL 33030
(786) 370-2216
Digital Contact Information:
camidel1227@gmail.com

and
183 Sw 153pl
Richmond West, FL 33187
(786) 343-9391
Digital Contact Information:
camidel1227@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valladares, Christina, MS, LMFT ■
FL
(786) 803-2595
Digital Contact Information:
cmvalladares16@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valladares, Jose A, MS, BCBA ■
3731 Northwest 207th Street
Miami Gardens, FL 33055
(786) 357-0753
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Valle Baez, Lianet, MA, BCBA ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
http://universalcommunityservices.com
admin@universalcommunityservices.com

and
20774 West Dixie Highway
b
Miami, FL 33180
(305) 549-8665
Digital Contact Information:
admin@universalcommunityservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valle, Martha, MMH, LMHC ■
Home Based Services Only
Miami Gardens, FL 33014
(305) 777-3883
Digital Contact Information:
acebehavioral2@gmail.com

Valle, Yaditsa, MS, BCBA ■
1250 Southwest 27th Avenue
207
Miami, FL 33135
(786) 502-3137
Digital Contact Information:
mortega@tlhproject.com

and
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
mortega@tlhproject.com

and
306 Westward Dr
Miami Springs, FL 33166
(786) 588-7894
Digital Contact Information:
http://www.smartbatherapy.com
mortega@tlhproject.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valle Yarandi, Fidel, MS, BCBA ■
Home Based Services Only
Miami Shores, FL 33161
(786) 709-8403
Digital Contact Information:
info@cameroarnp.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vallejo, Siomara, MA, BCBA ■
7355 Southwest 87th Avenue
300
Miami, FL 33173
(305) 854-2462
Digital Contact Information:
http://www.shinebrighttherapy.com
cred@cubetherapybilling.com

and
15120 Southwest 28th Street
Miami, FL 33185
(786) 470-0004
Digital Contact Information:
cred@cubetherapybilling.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valmy Estivens, Vinia, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Valverde, Deborah, MA, LMHC ■
2300 West 84th Street
Ste 601
Hialeah, FL 33016
(305) 363-4001
Digital Contact Information:
dgp.healthandwellness@gmail.com

and
12030 Southwest 129th Court
Suite 211
Miami, FL 33186
(305) 639-8760
Digital Contact Information:
dgp.healthandwellness@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Valverde, Hany, MA, BCBA ■
10691 North Kendall Drive
207
Miami, FL 33176
(786) 401-6113
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vanbenschoten, Mary E, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Vance, Melissa, MS, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
pandatherapycircle@gmail.com

Vandhuynslager, Marci, MS, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
milly.cintron@marirecovery.com
Other Languages Spoken by Provider or Office Staff English

Vantrease, Deven, MS, BCBA ■
2898 Northwest 79th Avenue
Doral, FL 33122
(786) 646-9250
Digital Contact Information:
littleleafin@mbhpays.com

Varela, Chily, MMH, LMHC ■
3081 Salzedo Street
202 202
Coral Gables, FL 33134
(786) 327-4840
Digital Contact Information:
cvarelalmhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vargas Fernandez, Yuniert M, MPSY, BCBA, LMFT ■
2721 SW 137th Ave
Ste 113
Miami, FL 33175
(786) 558-7248
Digital Contact Information:
yuniertv@thinkingwithvargas.com

Vargas, Leonardo, MA, BCBA ■
15924 SW 92nd Ave
Miami, FL 33157
(786) 636-1303
Digital Contact Information:
loriwilliams57@hotmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Varona, Evaristo, MS, BCBA ■
7500 Northwest 25th Street
STE 200
Miami, FL 33122
(305) 909-4872
Digital Contact Information:
Not Available

Varona, Monica, PSYD, LMHC ■
3625 Northwest 82nd Avenue
400 3
Doral, FL 33166
(305) 209-6399
Digital Contact Information:
mindsetsolutionsctc@gmail.com

and
900 W 49th St
Ste 522
Hialeah, FL 33012
(305) 698-7525
Digital Contact Information:
mindsetsolutionsctc@gmail.com

and
1125 Northeast 125th Street
112
North Miami, FL 33161
(305) 209-6399
Digital Contact Information:
http://mindsetsolutionsctc.com/
mindsetsolutionsctc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vasquez, Clara S, MPSY, BCBA ■
2500 Northwest 79th Avenue
295
Doral, FL 33122
(786) 637-5168
Digital Contact Information:
apluschildbcorp@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vasquez, Janet, MS, BCBA, LBA ■
12985 Southwest 130th Court
204 204
Miami, FL 33186
(305) 735-3878
Digital Contact Information:
http://www.abasquad.com
info@abasquad.com

Vaughan, Mary E, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Vazquez, Carmene, MA, LMHC ■
2801 Northeast 183rd Street
216 216
Aventura, FL 33160
(305) 931-3845
Digital Contact Information:
vazquezcarmene450@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vazquez, Christian, MS, LMHC ■
7950 Northwest 53rd Street
STE 237
Doral, FL 33166
(786) 536-4420
Digital Contact Information:
trey@credentialingconsultants.com

and
5979 Northwest 151st Street
STE 120
Hialeah, FL 33014
(786) 536-4420
Digital Contact Information:
trey@credentialingconsultants.com

and
5979 Northwest 151st Street
111
Miami Lakes, FL 33014
(786) 536-4420
Digital Contact Information:
trey@credentialingconsultants.com

Vazquez De Miguel, Tatiana, MC, LMHC ■
13390 West Dixie Highway
North Miami, FL 33161
(305) 403-0664
Digital Contact Information:
http://www.dgcmhc.org
yrodriguez@dgcmhc.org
Other Languages Spoken by Provider or Office Staff
Russian, Spanish

Vazquez Garcia, Yaimara, MC, LMHC ■
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:

http://brightsyhealthfl.com
brightsyhealth@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Vazquez Gonzalez, Ludys, MS, LMHC ■
FL
(786) 860-5104
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com
Other Languages Spoken by Provider or Office Staff Spanish

Vazquez, Jose A, BA, BCABA ■
15715 South Dixie Highway
314
Miami, FL 33157
(305) 588-7039
Digital Contact Information:
marocha@brightstartllc.com

and
9600 Northwest 25th Street
STE 5E
Miami, FL 33172
(888) 527-8037
Digital Contact Information:
marocha@brightstartllc.com

Vazquez, Josh I, MS, LMHC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com

and
15715 S Dixie Hwy
Ste 403
Miami, FL 33157
(305) 707-5966
Digital Contact Information:
http://movingtowardagape.com
credentialing@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com

Vazquez, Karina, MA, BCBA ■
Home Based Services Only
Hialeah, FL 33012
(786) 536-5854
Digital Contact Information:
karinavg33@yahoo.es
Other Languages Spoken by Provider or Office Staff Spanish

Vazquez, Lianis, MS, BCBA ■
3833 Southwest 8th Street
Coral Gables, FL 33134
(786) 254-5372
Digital Contact Information:
office@behaviorandwellnesscorp.com

Vazquez Morales, Daneida, MBS, BCBA ■
633 North Krome Avenue
Suite 6
Homestead, FL 33030
(786) 525-9926
Digital Contact Information:
danemanoli05@gmail.com

and
14707 South Dixie Highway
303
Miami, FL 33176
(786) 333-3207
Digital Contact Information:
danemanoli05@gmail.com

and
14331 Southwest 120th Street
Suite 202
Miami, FL 33186
(305) 812-8048
Digital Contact Information:
danemanoli05@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Vazquez, Rahimil, MS, BCBA, LBA ■
8300 NW 53rd St
Ste 350
Miami, FL 33166
(305) 776-0728
Digital Contact Information:
billing@ventecgroup.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
billing@ventecgroup.com
Other Languages Spoken by Provider or Office Staff Spanish

Vazquez Valdes, Belkis, MBS, BCBA ■
2550 Northwest 72nd Avenue
#218
Miami, FL 33122
(786) 536-2009
Digital Contact Information:
porrerobcba@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Vega Cancio, Ayle, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
admissions@abaalliancecareservices.com

Vega Diaz, Maria T, EDM, BCBA ■
3300 West 84th Street
Hialeah, FL 33018
(305) 335-0407
Digital Contact Information:
childgardens.us@gmail.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Spanish

Vega, Herman, PHD, CAP, LMHC ■
14411 Commerce Way
315
Hialeah, FL 33016
(305) 644-7294
Digital Contact Information:
info@totalrehabservices.com

and
14505 Commerce Way
Ste 511
Miami Lakes, FL 33016
(305) 644-7294
Digital Contact Information:
info@totalrehabservices.com
Other Languages Spoken by Provider or Office Staff Spanish

Vega Hernandez, Sheila, MS, BCBA ■
100 NE 15th St
Ste 101
Homestead, FL 33030
(786) 370-2216
Digital Contact Information:
thvegainsurances23@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Vega, Monica, MA, LMHC ■
2500 Northwest 79th Avenue
233
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
angelcmhcorp@gmail.com

and
2500 Northwest 79th Avenue
Suite 189
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
angelcmhcorp@gmail.com

and
10300 Southwest 72nd Street
300
Miami, FL 33173
(786) 418-9730
Digital Contact Information:
http://www.happydreamsofkids.com
angelcmhcorp@gmail.com

and
17325 Northwest 27th Avenue
206 207
Miami Gardens, FL 33056
(786) 822-7270
Digital Contact Information:
angelcmhcorp@gmail.com

Vega Rodriguez, Yusleimy, MS, BCABA ■
8900 Southwest 117th Avenue
c101
Miami, FL 33186
(786) 568-1259
Digital Contact Information:
icrtherapy1@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Vega Roman, Fanmy, MS, BCBA ■
Home Based Services Only
Doral, FL 33126
(305) 433-5489
Digital Contact Information:
mabelingrid@yahoo.com
Other Languages Spoken by Provider or Office Staff Spanish

Vega, Stephania, MA, BCBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(833) 543-7768
Digital Contact Information:
therapy@kidsspotrehab.com

and
12456 Southwest 127th Avenue
Miami, FL 33186
(786) 953-8500
Digital Contact Information:
therapy@kidsspotrehab.com

Vega Yanes, Yuliet, MBS, BCBA ■
10700 Caribbean Boulevard
UNIT 203
Cutler Bay, FL 33189
(305) 299-8005
Digital Contact Information:
infopositivemindful@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Veiga, Marnie, MBS, BCBA ■
1275 W 47th Pl
Ste 407
Hialeah, FL 33012
(786) 409-3231
Digital Contact Information:
luciano@mymbcinc.com
Other Languages Spoken by Provider or Office Staff Spanish

Vejerano, Marilin, MA, BCBA ■
18901 Southwest 106th Avenue
229 230
Cutler Bay, FL 33157
(786) 808-6575
Digital Contact Information:
advancebehavior71@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Velasco-Quintero, Dania, MA, LMHC ■
7590 Northwest 186th Street
109
Hialeah, FL 33015
(305) 688-1700
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
10651 North Kendall Drive
suite 120
Miami, FL 33176
(786) 963-9087
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Velazco Rafael, Ania, MS, BCBA ■
2721 SW 137th Ave
Ste 113
Miami, FL 33175
(786) 558-7248
Digital Contact Information:
http://pensandoconvargas.com
info@thinkingwithvargas.com
Other Languages Spoken by Provider or Office Staff Spanish

Velazquez, Isabella, MS, BCBA ■
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
https://stepforwardaba.com/
admin@stepforwardaba.com
Other Languages Spoken by Provider or Office Staff Spanish

Velazquez, Taimari, MS, BCBA ■
1900 N Bayshore Dr
1A-122
Miami, FL 33132
(954) 400-3251
Digital Contact Information:
http://www.abacustherapies.com
roberta@abacustherapies.com

and
6405 Northwest 36th Street
Virginia Gardens, FL 33166
(786) 238-2008
Digital Contact Information:
roberta@abacustherapies.com

Velez, Brenda, MED, LMHC, PC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff Spanish

Velez, Keysha, MA, BCBA ■
7925 Northwest 12th Street
130 130
Doral, FL 33126
(786) 870-5090
Digital Contact Information:
http://www.limitlesslearningaba.com
admin@limitlesslearningaba.com

and
7925 Northwest 12th Street
Unit 130
Doral, FL 33126
(786) 870-5090
Digital Contact Information:
http://www.limitlesslearningaba.com
admin@limitlesslearningaba.com
Other Languages Spoken by Provider or Office Staff Spanish

Ventura Combarro, Erlys, MBS, BCBA ■
1900 Southwest 22nd Street
#205
Miami, FL 33145
(305) 648-7212
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Ventura, Rene E, MC, LMHC ■
16650 North Kendall Drive
Unit# 204
Miami, FL 33196
(786) 327-6209
Digital Contact Information:
https://www.nrhpg.com
info@nrhpg.com
Other Languages Spoken by Provider or Office Staff Spanish

Ventura, Yilena, MA, BCBA ■
1900 Southwest 22nd Street
#205
Miami, FL 33145
(786) 250-4423
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
genesisconsultingservices39@gmail.com

Vera, Emma, MS, BCBA ■
3625 Northwest 82nd Avenue
101
Doral, FL 33166
(786) 583-8663
Digital Contact Information:
sseastcoast22@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 263-0207
Digital Contact Information:
sseastcoast22@gmail.com

and
13424 Southwest 90th Terrace
Miami, FL 33186
(786) 308-6353
Digital Contact Information:
sseastcoast22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Verdin, Javier, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Vergara Gamez, Yoel, MS, BCABA ■
9600 Northwest 25th Street
STE 5E
Miami, FL 33172
(888) 527-8037
Digital Contact Information:
vzayas@brightstartllc.com

and
10261 Southwest 72nd Street
Miami, FL 33173
(786) 773-3654
Digital Contact Information:
vzayas@brightstartllc.com

Vergara Toro, Valentina, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
admissions@abaalliancecareservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vergara, Yanaika, MA, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com

Verneus, Jean K, MS, LMFT ■
1825 Northwest 167th Street
SUITE 102
Opa-locka, FL 330564838
(305) 624-7450
Digital Contact Information:
http://www.cfcecares.org
jverneus@connectionpointtherapy.com
Other Languages Spoken by Provider or Office Staff
Creole

Vethencourt, Viviana, MS, LMHC ■
FL
(786) 285-0741
(954) 534-6744
Digital Contact Information:
vethencourt.viviana@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vicente Prado, Yamina, MA, BCBA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
http://www.appliedbhs.com
dabs@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Victori, Maritza O, DED, BCBA ■
7801 Northwest 37th Street
Lp-201
Doral, FL 33195
(305) 468-9899
Digital Contact Information:
rosa.kuchling@pbhd.health

and
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
rosa.kuchling@pbhd.health
Other Languages Spoken by Provider or Office Staff
Haitian Creole, Spanish

Vidas, Elizabeth, MA, BCABA ■
FL
(833) 458-0386
Digital Contact Information:
https://tillytherapy.com/
credentialing@tillytherapy.com

Viedma, Paula, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
Haitian Creole, Haitian, Spanish

Vieira, Caroline, MC, LMHC, PC ■
2212 Northwest 91st Street
Miami, FL 33147
(341) 888-7637
Digital Contact Information:
contact@quelinbilling.com
Other Languages Spoken by Provider or Office Staff
Portuguese

Vila-Gonzalez, Yaquelin, BCBA, MS ■
9600 Northwest 25th Street
Doral, FL 33172
(305) 597-3861
Digital Contact Information:
cary@nwds-staff.com

and
9600 Northwest 25th Street
STE 5E
Miami, FL 33172
(888) 527-8037
Digital Contact Information:
cary@nwds-staff.com

Villa Livesay, Natasha, MMH, LMHC ■
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
tashavilla88@gmail.com

and
13640 North Kendall Drive
1005
Miami, FL 33186
(305) 859-4522
Digital Contact Information:
tashavilla88@gmail.com

and
FL
(305) 859-4522
Digital Contact Information:
tashavilla88@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Villa, Veronica, MSCC, LMHC ■
FL
(786) 443-8532
Digital Contact Information:
http://cptftl.square.side
vfvilla72@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Villalobos, Yolianys C, MPSY, LMHC ■
2801 Northwest 79th Avenue
Doral, FL 33122
(786) 466-1000
Digital Contact Information:
Not Available

and
1150 NW 14th St
Miami, FL 33136
(305) 243-3100
Digital Contact Information:
Not Available

and
1150 NW 14th St
Ste 410
Miami, FL 33136
(305) 243-3100
Digital Contact Information:
Not Available

and
9333 SW 152nd St
Palmetto Bay, FL 33157
(305) 251-2500
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Villar, Sandra, MA, BCBA ■
Home Based Services Only
Hialeah, FL 33013
(786) 592-6680
Digital Contact Information:
info@kidsbehavioral.com

and
5455 Southwest 8th Street
230
Miami, FL 33134
(786) 629-8836
Digital Contact Information:
info@kidsbehavioral.com

and
8080 West Flagler Street
2a
Miami, FL 33144
(786) 615-2640
Digital Contact Information:
info@kidsbehavioral.com
Other Languages Spoken by Provider or Office Staff
Spanish

Viltre Garcia, Yanelys, MS, BCBA ■
5201 Blue Lagoon Dr
Ste 800
Miami, FL 33126
(305) 632-8577
Digital Contact Information:
management@truecarehomeservicesinc.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
management@truecarehomeservicesinc.com

and
2500 SW 107TH AVE
42
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
management@truecarehomeservicesinc.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Viltz, Leslie R, MED, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@talbertsmedical.com

Vinas, Kristina, MA, BCBA ■
9425 Southwest 72nd Street
164
Miami, FL 33173
(305) 279-2286
Digital Contact Information:
taylor@freshstartsnow.com
Other Languages Spoken by Provider or Office Staff
Spanish

Virdo, Andrea, MS, LMHC, LPC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Visco, Lauren L, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
https://acornhealth.com
info@breakthroughbehavior.com

Vivas, Deidre, EDM, BCBA ■
HOME BASED SERVICES ONLY
Miami, FL 33178
(786) 942-4099
Digital Contact Information:
advancedmedicalh@bellsouth.net

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
advancedmedicalh@bellsouth.net
Other Languages Spoken by Provider or Office Staff
English, Spanish

Vizcaino, Patria Q, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
lightingbehaviorservices@gmail.com

and
8950 SW 74th Ct
Ste 2201
Miami, FL 33156
(800) 368-2143
Digital Contact Information:
lightingbehaviorservices@gmail.com

and
9560 SW 107th Ave
Ste 106
Miami, FL 33176
(786) 899-0308
Digital Contact Information:
lightingbehaviorservices@gmail.com

and
4800 Northwest 167th Street
Miami Gardens, FL 33014
(305) 515-2726
Digital Contact Information:
lightingbehaviorservices@gmail.com

Von Schirach, Alicia, PHD, LMHC ■
2655 S Le Jeune Rd
Fl 5
Miami, FL 33134
(305) 993-9413
Digital Contact Information:
dravonschirach@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Wachholder, Hara, MS, LMHC ■
10700 Caribbean Boulevard
UNIT 203
Cutler Bay, FL 33189
(305) 299-8005
Digital Contact Information:
hara.wachholder@gmail.com

Wack, Stephanie, MA, LBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
credentialing@autismlearningpartners.com

Waddell, Mashonda, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Wahid, Rebecca, MC, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Waldie, Amy M, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ncscd@comcast.net

Walker, Audi, MMH, LMHC ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
westmiamicmhc@bellsouth.net

Walker, Lanesha, BA, BCABA ■
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
cristina@creativekidstherapyinc.com

Wallace, Henry H, MS, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Wallace, Nicole J, MED, LCMHC ■
22027 Southwest 112th Avenue
a
Miami, FL 33170
(786) 957-2988
Digital Contact Information:
http://www.transformcc10.com
transformationcc10@gmail.com

Wallace-Collins, Sharaya, MA, LMHC, LPC, LPCMH ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
info@forthealth.com

Wallis, Brittany L, MC, LMFT ■
101 Majorca Avenue
Coral Gables, FL 33134
(786) 618-2627
Digital Contact Information:
blswallis@gmail.com

and
FL
(786) 618-2627
Digital Contact Information:
blswallis@gmail.com

Wallman, Mark, MA, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
help@joinuplift.co

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Walls, Ashley, MA, BCBA ■
3833 Southwest 8th Street
Coral Gables, FL 33134
(754) 312-0781
Digital Contact Information:
ashleywalls.contact@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(754) 312-0781
Digital Contact Information:
ashleywalls.contact@gmail.com

and
Home Based Services Only
Pinecrest, FL 33156
(754) 312-0781
Digital Contact Information:
ashleywalls.contact@gmail.com

and
Home Based Services Only
South Miami, FL 33143
(754) 312-0781
Digital Contact Information:
ashleywalls.contact@gmail.com

and
Home Based Services Only
South Miami, FL 33146
(754) 312-0781
Digital Contact Information:
ashleywalls.contact@gmail.com

Walsh, Maricel, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 707-7308
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

Walton, Diamesha, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Ware, Laverne, MC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Warren, Ashley, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
providerenrollment@acornhealth.com

Warring, Joelle B, MMFT, LMFT ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
referrals@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Wasmer, Denise, MS, LMHC, LPC ■
1221 Brickell Avenue
ste 900
Miami, FL 33131
(786) 244-7690
Digital Contact Information:
denisewasmer@gmail.com

and
15225 SW 68th Ave
Miami, FL 33157
(786) 244-7690
Digital Contact Information:
denisewasmer@gmail.com

Wasserman, Yocheved, MS, BCBA ■
1688 Meridian Avenue
600 & 700
Miami Beach, FL 33139
(786) 655-8200
Digital Contact Information:
admin@inspireabagroup.com
Other Languages Spoken by Provider or Office Staff
Hebrew, Farsi, Arabic, Russian, Spanish

Watson, Rebecca, LMHC, LPC, MS ■
333 Southeast 2nd Avenue
Suite 2000
Miami, FL 33131
(323) 545-3659
Digital Contact Information:
flowly@withassured.com

Waugh, Odalys J, PHD, LMHC ■
5201 Waterford District Drive
888
Miami, FL 33126
(305) 321-7226
Digital Contact Information:
morecounseling@gmail.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
morecounseling@gmail.com

and
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
morecounseling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Weaver, Timothy L, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
lildecor01@gmail.com

Webb, Ophelia, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
tish.demedici@bmcjax.com
Other Languages Spoken by Provider or Office Staff
English, Creole

Weiss, Ziona, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
info@hupcfl.com

Wells, Jacqueline, MA, LMHC ■
2801 Northeast 213th Street
Suite 1215
Aventura, FL 33180
(833) 769-3524
Digital Contact Information:
http://lifestance.com
fl-credentialing@lifestance.com
Other Languages Spoken by Provider or Office Staff English

Wendling, Alina, MBS, BCBA ■
10045 Northwest 28th Terrace
Doral, FL 33172
(786) 447-2175
Digital Contact Information:
info@southfloridabehavior.com

Werner, Andrew, EDS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
lisette@abctestingservices.com

Wesson, Amanda, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(786) 868-0931
Digital Contact Information:
https://acornhealth.com
providerenrollment@acornhealth.com

West, Tenesha, MS, BCBA ■
FL
(561) 223-8076
(833) 458-0386
Digital Contact Information:
credentialing@modbehavioraba.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
credentialing@modbehavioraba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Whiley, Jazmene, MA, BCBA ■
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
https://stepforwardaba.com/
admin@stepforwardaba.com

White, Emma, MC, LMHC ■
3081 Salzedo Street
Suite 202
Coral Gables, FL 33134
(305) 330-0588
Digital Contact Information:
griff_pysch@yahoo.com

and
3625 Northwest 82nd Avenue
400
Doral, FL 33166
(305) 330-0588
Digital Contact Information:
griff_pysch@yahoo.com

White, Samantha, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
frontdesk@highersightscounseling.com

Whiteside, Deon D, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@thriveworks.com

Whittington, Brittany N, MS, LMHC ■
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
http://www.crystalabatherapy.com
info@cmpsclinical.com

Wijesinghe, Timali, MED, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
tampabehavioral@maxhealth.com

Wilcoxon, Kaffie G, MA, LMHC, LPC ■
1 Alhambra Plaza
1451
Miami, FL 33134
(888) 588-8995
Digital Contact Information:
credentialing@thriveworks.com
Other Languages Spoken by Provider or Office Staff
English, Sign Lang Amer

Wilkie, Heather, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Williams, Betty, MC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147

(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Williams Dauphin, Jinia, MS, LMHC ■
540 Northwest 165th Street
114
Miami, FL 33169
(786) 648-6550
Digital Contact Information:
jiniaw@msn.com

and
12555 Biscayne Boulevard
1001
North Miami, FL 33181
(786) 925-4656
Digital Contact Information:
http://adatherapyccc.com
jiniaw@msn.com

and
FL
(786) 925-4657
Digital Contact Information:
jiniaw@msn.com

Williams, Diamond T, MS, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
info@maraslighthouse.com
Other Languages Spoken by Provider or Office Staff English

Williams, Kabrena, MS, BCBA, LBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(410) 538-2574
Digital Contact Information:
info@appliedabc.com
Other Languages Spoken by Provider or Office Staff English

Williams, Kinya N, MC, LMHC, LPC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@growtherapy.com

Williams, Melissa D, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
drmissywilliams@gmail.com

Williams, Morgan, MS, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
insurance@wellnite.com

Williams, Richard, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Williams, Tracy, MS, BCBA ■
10300 SW 72nd St
Ste 114
Miami, FL 33173
(855) 832-6727
Digital Contact Information:
lisa@behavioralinterventionforautism.com

Williams, Whitney, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Williams-Jeanty, Miesha N, MED, LMHC ■
FL
(305) 306-7409
Digital Contact Information:
admin@nzingasplace.com

Willis, Toni, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Wilson, Andrea, MS, BCBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
credentialing@kidsspotrehab.com

and
12456 Southwest 127th Avenue
Miami, FL 33186
(786) 953-8500
Digital Contact Information:
credentialing@kidsspotrehab.com

Wilson, Kisha, MED, BCBA, LBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
payors@zinniahealth.com

Wilson, Kristian M, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
aspirationsjax@gmail.com

Wilson, Mia R, EDD, CAP, LMHC ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(866) 478-3978
Digital Contact Information:
miarwilson@aol.com

Wilson, Shane W, MS, LMHC ■
3625 Northwest 82nd Avenue
Suite 309
Doral, FL 33166
(415) 941-4109
Digital Contact Information:
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff English

Winstrom, Jeanie M, MC, LMHC, LPC ■
1065 Southwest 8th Street
570
Miami, FL 33130
(888) 903-5505
Digital Contact Information:
credentialing@happierliving.com

Winters, Heather, MED, LMHC ■
3625 Northwest 82nd Avenue
400 3
Doral, FL 33166
(305) 209-6399
Digital Contact Information:
luke@revive-rcm.com

and
1125 Northeast 125th Street
112
North Miami, FL 33161
(305) 209-6399
Digital Contact Information:
luke@revive-rcm.com

Wirshing, Nicole, MS, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
info@shapingacademy.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
info@shapingacademy.com

and
1951 NW 7th Ave
Ste 600
Miami, FL 33136
(929) 384-7193
Digital Contact Information:
info@shapingacademy.com

and
11925 Southwest 72nd Street
Miami, FL 33183
(305) 562-4683
Digital Contact Information:
http://www.shapingacademy.com
info@shapingacademy.com

and
16304 Southwest 61st Lane
Miami, FL 33193
(786) 247-7125
Digital Contact Information:
info@shapingacademy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Wise, Shaquila, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Wojcik, Maria, MSED, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 663-9051
Digital Contact Information:
jcabrera@mymbcinc.com

and
1840 Coral Way
215
Miami, FL 33145
(786) 663-9051
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Wolcott, Jennifer, MS, BCBA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
http://www.appliedbhs.com
dabs@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Wolford-Ward, Stephenie J, MA, LCMHC, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
stepheniewolfordlmt@gmail.com

Wonesh, Bria, MED, LMHC ■
1175 Northeast 125th Street
320
Miami, FL 33161
(786) 842-0444
Digital Contact Information:
http://www.marriagefamilyservices.com
marriagefamilyservices@comcast.net

Wong, Siu M, MSW, BCBA ■
20325 Old Cutler Road
Cutler Bay, FL 33189
(305) 321-5177
Digital Contact Information:
http://familybehaviortherapy.com
amazingbehchanges@gmail.com

and
500 W 12th Pl
Hialeah, FL 33010
(305) 793-1421
Digital Contact Information:
amazingbehchanges@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 793-1421
Digital Contact Information:
amazingbehchanges@gmail.com

and
14707 South Dixie Highway
Suite 200
Miami, FL 33176
(786) 592-1574
Digital Contact Information:
http://www.familybehaviortherapy.com
amazingbehchanges@gmail.com

and
1684 SW 151st Pl
Miami, FL 33185
(305) 793-1421
Digital Contact Information:
amazingbehchanges@gmail.com
Other Languages Spoken by Provider or Office Staff
Chinese, Cantonese, Mandarin

Wong, Yilian, MSED, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 536-7470
Digital Contact Information:
behaviorplusservices@gmail.com

and
18951 Southwest 106th Avenue
105 106
Miami, FL 33157
(305) 233-4448
Digital Contact Information:
behaviorplusservices@gmail.com

and
13416 Southwest 128th Street
Miami, FL 33186
(786) 732-0247
Digital Contact Information:
behaviorplusservices@gmail.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Woodall, Shandria, MC, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
help@joinuplift.co

Wooden, Johneisha, MA, LMHC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@thriveworks.com

Woolery, Kimberly, MS, BCBA ■
777 Brickell Ave
Ste 500
Miami, FL 33131
(305) 330-4660
Digital Contact Information:
r.karpen@mbhpays.com

and
10250 SW 56th St
Ste D201
Miami, FL 33165
(888) 527-8037
Digital Contact Information:
r.karpen@mbhpays.com

and
10250 Southwest 56th Street
A202
Miami, FL 33165
(888) 527-8037
Digital Contact Information:
r.karpen@mbhpays.com

and
7905 SW 105th Ave
Miami, FL 33173
(786) 397-2761
Digital Contact Information:
r.karpen@mbhpays.com

and
12985 Southwest 130th Court

204 204
Miami, FL 33186
(305) 735-3878
Digital Contact Information:
r.karpen@mbhpays.com

and
FL
(305) 735-3878
Digital Contact Information:
r.karpen@mbhpays.com

Wray, Hayley, MED, LBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
contracting@bluesprigpediatrics.com

Wright, Sonya, MA, LMHC ■
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
info@thejourneytwcc.org
Other Languages Spoken by Provider or Office Staff Creole, Spanish

Wright, Terrence, MS, LPCMH ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
angela@credentialingconsultants.com

Wynn, Frednica A, MA, BCBA ■
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
https://stepforwardaba.com/
info@stepforwardaba.com

Wyss, Isabel, MS, LMHC ■
9220 Sunset Drive
104
Miami, FL 33173
(786) 724-4224
Digital Contact Information:
https://www.vita-cog.com/
admin@vita-cog.com

Xavier, Elisabeth, MED, LMHC ■
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(714) 274-7577
Digital Contact Information:
https://sensiblecare.com/
contact@sensiblecare.com

Yasin, Aleyah R, PHD, LMFT ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
credentialing@banyanhealth.org

Yebra, Carmen, MS, BCBA ■
12800 SW 8th St
Miami, FL 33184
(786) 319-2980
Digital Contact Information:
http://aworld4kids.com
jhaigballard@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Yedzihiak, William K, MED, LBA ■
1065 Southwest 8th Street
1459
Miami, FL 33130
(855) 853-0228
Digital Contact Information:
williamybcba@childrensmilestone.org

Yepez, Maria, MS, LMHC ■
2020 Ponce de Leon
Suite 1201
Miami, FL 33134
(305) 917-5414
Digital Contact Information:
http://www.psychologybeyond.com
mariay.therapy@gmail.com

Yera-Abad, Natalia, MA, LMHC ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
arscredentialing@advancedrecoverysystems.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Yero, Emily, BA, BCABA ■
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
services@cmnbtherapy.com

Yglesias, Marianela, MPSY, BCBA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff Spanish

Ynirio, Alice M, MPSY, BCBA ■
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
https://crystalabatherapy.com/
mike.wood@bellmedex.com

and
14554 SW 143rd Pl
Miami, FL 33186
(786) 523-2414
Digital Contact Information:
mike.wood@bellmedex.com

and
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
mike.wood@bellmedex.com

Yorker, Erin, MPSY, LMHC ■
1065 Southwest 8th Street
1136
Miami, FL 33130
(703) 772-5097
Digital Contact Information:
https://www.postpartumwell.com
office@postpartumwell.org

Young, Megan, MA, LMHC ■
FL
(305) 902-6347
(202) 410-5972
Digital Contact Information:
https://bebravehealth.com/
help@joinuplift.co

Young-Buitrago, Daniella, MA, BCBA ■
Home Based Services Only
Doral, FL 33122
(305) 603-8747
Digital Contact Information:
db.bx.consultant@gmail.com

Yzquierdo, Roxana, BCBA, MS ■
8353 Southwest 124th Street
102
Miami, FL 33156
(305) 902-6435
Digital Contact Information:
Not Available

and
8603 South Dixie Highway
303
Pinecrest, FL 33156
(305) 902-6435
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Zak, Ashley, MS, BCBA, LBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
outreach@appliedabc.com

Zalcberg, Natalia, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Zaldivar, Mirza, MS, BCBA ■
650 Northeast 22nd Terrace
202-9
Homestead, FL 33033
(786) 312-4478
Digital Contact Information:
http://opendoorbehavioralservices.com
embracinghopebes@gmail.com

and
650 Northeast 22nd Terrace
212 214
Homestead, FL 33033
(786) 312-4478
Digital Contact Information:
http://opendoorbehavioralservices.com
embracinghopebes@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Zambrano, Andrea Y, BS, BCBA ■
3508 Northwest 114th Avenue
ste 101
Doral, FL 33178
(954) 608-6767
Digital Contact Information:
floridaintegratedtherapy@gmail.com

Zambrano, Maria C, MED, BCBA ■
8353 Southwest 124th Street
102
Miami, FL 33156
(305) 902-6435
Digital Contact Information:
http://www.abamiami.com
maria@abamiami.com
Other Languages Spoken by Provider or Office Staff
Spanish

Zamora, Caridad R, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
13813 Southwest 32nd Street
Miami, FL 33175
(786) 597-3813
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Zamora, Danae, MC, LMHC ■
15190 SW 136th St
Ste 25
Miami, FL 33196
(786) 365-5916
Digital Contact Information:
healingtalkscounseling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Zapatha, Susan, MC, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Zarza Molina, Maydel, MS, BCBA ■
70 NW 6th St
Homestead, FL 33030
(786) 410-8922
Digital Contact Information:
http://brighttherapy.com
maydelzarza71@gmail.com

and
14572 Southwest 155th Place
Miami, FL 33196
(786) 294-8270
Digital Contact Information:
maydelzarza71@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Zauss, Mark, MA, CAP, LMHC, LPC ■
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(646) 961-3553
Digital Contact Information:
http://www.joinmonument.com
insurance@joinmonument.com

Zayas, Eduardo, BA, BCABA ■
2898 Northwest 79th Avenue
Doral, FL 33122
(305) 597-3861
Digital Contact Information:
zayaseddie@aol.com

Zayas Fernandez, Blanca I, MSED, BCBA ■
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Zeledon Aguilar, Yulinda, MA, BCBA ■
15260 SW 280th St
Ste 205
Homestead, FL 33032
(305) 707-7237
Digital Contact Information:
http://www.familybehaviorservices.org
genesisconsultingservices39@gmail.com

and
10300 Southwest 72nd Street
250b
Miami, FL 33173
(305) 939-6878
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff

Spanish

Zelinger-Kaufman, Bascha, MED, BCBA ■
1380 Northeast Miami Gardens Drive
Suite 255
Miami, FL 33179
(954) 651-2969
Digital Contact Information:
info@appliedabc.com
Other Languages Spoken by Provider or Office Staff English

Zerpa, Arelys, MS, LMHC ■
789 Northwest 27th Avenue
Miami, FL 33125
(772) 241-9222
Digital Contact Information:
goldenyearsmedicalcenter@gmail.com

and
10030 Southwest 40th Street
A
Miami, FL 33165
(305) 400-8899
Digital Contact Information:
goldenyearsmedicalcenter@gmail.com

and
9380 Southwest 72nd Street
245
Miami, FL 33173
(305) 381-5434
Digital Contact Information:
goldenyearsmedicalcenter@gmail.com

and
10651 North Kendall Drive
suite 120
Miami, FL 33176
(786) 963-9087
Digital Contact Information:
goldenyearsmedicalcenter@gmail.com

and
13501 Southwest 128th Street
Suite 112
Miami, FL 33186
(786) 732-2383
Digital Contact Information:
goldenyearsmedicalcenter@gmail.com

and
FL
(786) 338-8999
(305) 400-8899
Digital Contact Information:
goldenyearsmedicalcenter@gmail.com

and
8181 Northwest 154th Street
STE 112
Miami Lakes, FL 33016
(407) 572-8053
Digital Contact Information:
goldenyearsmedicalcenter@gmail.com

and
1190 Northwest 95th Street
307
Miami Shores, FL 33150
(407) 572-8053
Digital Contact Information:
goldenyearsmedicalcenter@gmail.com

and
12651 South Dixie Highway
Pinecrest, FL 33156
(305) 554-0808
Digital Contact Information:
goldenyearsmedicalcenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Zimerman, Veronica, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Zuccolotto Lombardi, Janeth K, BS, BCABA ■
18441 Northwest 2nd Avenue
Suite 100
Miami Gardens, FL 33169
(305) 400-1589
Digital Contact Information:
info@skorlando.net
Other Languages Spoken by Provider or Office Staff
Spanish

Zuluaga, Adriana D, MA, BCBA ■
21417 Southwest 109th Court
Cutler Bay, FL 33189
(305) 417-3577
Digital Contact Information:
http://www.bamboobehavior.com
info@bamboobehavior.com

and
8660 West Flagler Street
STE 121
Miami, FL 33144
(305) 600-4774
Digital Contact Information:
info@bamboobehavior.com
Other Languages Spoken by Provider or Office Staff
Spanish

Zumar, Lorraine M, MC, LMHC, LPC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Zuniga, Susana, MS, BCBA ■
100 Northeast 15th Street
203
Homestead, FL 33030
(786) 404-3075
Digital Contact Information:
allstaraba22@gmail.com

and
30908 Southwest 192nd Avenue
Homestead, FL 33030
(786) 404-3148
Digital Contact Information:
allstaraba22@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Zurbaran, Marjorie, MS, LMHC ■
195 Giralda Avenue
h
Coral Gables, FL 33134
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
administration@mindandsoultherapy.com

and
2550 Douglas Road
Ste #301
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
http://www.mindandsoultherapy.org
administration@mindandsoultherapy.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

COUNSELING FOR HEALTHCARE PROFESSIONALS

Abreu, Rebecca P, MS, LMHC ■
777 E 25th St
Ste 306
Hialeah, FL 33013
(786) 838-6092
Digital Contact Information:
pouabreu@gmail.com

and
2121 Southwest 3rd Avenue
205
Miami, FL 33129
(786) 660-1301
Digital Contact Information:
pouabreu@gmail.com

and
3191 Southwest 22nd Street
406
Miami, FL 33145
(786) 660-1301
Digital Contact Information:
pouabreu@gmail.com

and
1021 Ives Dairy Road
216
Miami, FL 33179
(305) 497-2473
Digital Contact Information:
pouabreu@gmail.com

and
FL
(786) 818-7169
(315) 873-2936
Digital Contact Information:
pouabreu@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Acevedo, Glory A, MMH, LMHC ■
800 Crandon Blvd
Ste 201
Key Biscayne, FL 33149
(786) 239-3055
Digital Contact Information:
keybiscaynecounseling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Acosta Heredia, Erick, MD ■
11272 Southwest 137th Avenue
Miami, FL 33186
(786) 792-4928
Digital Contact Information:
http://www.generalmhs.com
erickacostah79@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Acosta, Liza M, MMFT, LMFT ■
3970 West Flagler Street
203 204
Miami, FL 33134
(786) 953-5978
Digital Contact Information:
healchoicecorp2019@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Acosta Romero, Diana, MSN, APRN ■
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
info@cbhwestcoast.com

and
8323 Northwest 12th Street
108
Doral, FL 33126
(305) 400-8511
Digital Contact Information:
http://www.cbhwestcoast.com
info@cbhwestcoast.com

and
FL
(305) 400-8511
Digital Contact Information:
info@cbhwestcoast.com
Other Languages Spoken by Provider or Office Staff
Spanish

Acuna, Nancy M, MSN, APRN ■
10031 Southwest 40th Street
Miami, FL 33165
(786) 442-9628
Digital Contact Information:
encantohealthcommunityservices@gmail.com

and
9732 SW 24th St
Miami, FL 33165
(305) 221-0660
Digital Contact Information:
encantohealthcommunityservices@gmail.com

and
11430 North Kendall Drive
106
Miami, FL 33176
(786) 703-1605
Digital Contact Information:
encantohealthcommunityservices@gmail.com

Aday, Reyna, PHD, LMHC ■
7990 Southwest 117th Avenue
Ste 215
Kendall, FL 33183
(786) 963-9770
Digital Contact Information:
http://www.wholeisticcg.com
wholeisticpsychiatry@gmail.com

and
FL
(786) 583-4725
(786) 963-9770
Digital Contact Information:
http://www.reynaaday.com
wholeisticpsychiatry@gmail.com

and
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
http://www.wholeisticcg.com
wholeisticpsychiatry@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Aguiar, Heloisa G, MA, LMHC ■
8547 Southwest 214th Lane
Cutler Bay, FL 33189
(305) 775-3105
Digital Contact Information:
lola0211@email.com

and
2000 S Dixie Hwy
Ste 104
Miami, FL 33133
(305) 775-3105
Digital Contact Information:
lola0211@email.com

and
13499 Biscayne Blvd
Ste 208
North Miami, FL 33181
(305) 775-3105
Digital Contact Information:
lola0211@email.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Aguilar, Jose G, MSN, CNP, NP ■
8846 Southwest 6th Street
Miami, FL 33144
(746) 486-8000
Digital Contact Information:
patti@clearviewcounselinggroup.org
Other Languages Spoken by Provider or Office Staff
Spanish

Algarroba, Paula, MSN, APRN, CNP ■
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
credentialing@health.saisostems.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
credentialing@health.saisostems.com

and
3000 Biscayne Boulevard
Suite 216
Miami, FL 33137
(786) 220-1969
Digital Contact Information:
http://www.envisionmcare.com
credentialing@health.saisostems.com

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
credentialing@health.saisostems.com

and
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
credentialing@health.saisostems.

com
Other Languages Spoken by Provider or Office Staff English

Alvarez, Arlinnes, MMH, LMHC ■
FL
(305) 804-9121
Digital Contact Information:
http://www.sfacounseling.org
arlinnes@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Creole, Spanish

Alvarez, Idolidia, MS, BCBA, LMHC ■
941 Southwest 87th Avenue
Suite A
Miami, FL 33174
(786) 873-9392
Digital Contact Information:
dmbehavioralsolutions@gmail.com

and
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 522-3900
Digital Contact Information:
dmbehavioralsolutions@gmail.com

and
6405 Northwest 36th Street
Virginia Gardens, FL 33166
(786) 238-2008
Digital Contact Information:
dmbehavioralsolutions@gmail.com
Other Languages Spoken by Provider or Office Staff English

Alvarez, Jose, MD ■
8000 W Flagler St
Ste 201
Miami, FL 33144
(786) 805-3021
Digital Contact Information:
stephanie.arce-rivera@osceolahealthcare.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

Alvarez, Mayelin, MSN, APRN ■
8300 West Flagler Street
STE 258C
Miami, FL 331446002
(786) 633-5171
Digital Contact Information:
olympushcs@gmail.com

Alvino, Evelyn C, MHS, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
fl-credentialing@lifestance.com

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
fl-credentialing@lifestance.com

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
fl-credentialing@lifestance.com

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
fl-credentialing@lifestance.com

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
fl-credentialing@lifestance.com

and
14645 Northwest 77th Avenue
101
Miami Lakes, FL 33014
(833) 769-3524
Digital Contact Information:
fl-credentialing@lifestance.com

Anias, Carlos, MSN, APRN ■
2000 Northwest 87th Avenue
Suite 201
Doral, FL 33172
(954) 561-6222
Digital Contact Information:
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Arango, Alejandra J, MS, LMHC ■
FL
(786) 556-4040
Digital Contact Information:
aarango505@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arroyo, Linda M, MC, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
lindaarroyo.mft@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arvon, Coral, PHD, LCSW, LMFT ■
2627 Northeast 203rd Street
118
Aventura, FL 33180
(305) 936-8000
Digital Contact Information:
http://arvonandassociates.com
drarvon@arvonandassociates.com

and
6919 Southwest 18th Street
219
Miami, FL 33175
(305) 936-8000
Digital Contact Information:
http://arvonandassociates.com
drarvon@arvonandassociates.com

Avila, Corrieann M, MSW, LCSW ■
5335 Northwest 87th Avenue
c109
Doral, FL 33178
(786) 551-9550
Digital Contact Information:
corrie@monarchcounselinggroup.com

Avila, Yurinia, MSN, APRN ■
13195 Southwest 134th Street
101
Miami, FL 33186
(786) 227-6830
Digital Contact Information:
http://esperanzagroup.net
esperanzagroup@espgrp.net
Other Languages Spoken by Provider or Office Staff
English, Spanish

Bailey, Sara, MSN, CNP ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@harbor.org

Barreto, Lourdes A, MSSW, LCSW ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
referrals@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barros, Sandra J, MSW, LCSW ■
9920 Southwest 115th Avenue
Miami, FL 33176
(305) 457-9131
Digital Contact Information:
sandrajbarros@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barroso, Alina, MD, LMHC ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Barroso, Rosa M, MC, LMHC ■
8004 Northwest 154th Street
418
Hialeah, FL 33016
(305) 530-8119
Digital Contact Information:
r@rbarrosolmhc.com

and
FL
(305) 530-8119
(305) 239-7725
Digital Contact Information:
r@rbarrosolmhc.com

and
7950 West Flagler Street
Suite 101
Miami, FL 33144
(305) 239-7725
Digital Contact Information:
r@rbarrosolmhc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bates, Colana, MA, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Batista, Maylin, PHD, LMHC ■
6001 Northwest 153rd Street
157
Miami Lakes, FL 33014
(415) 941-4109
Digital Contact Information:
http://www.intent-therapy.com
intenttherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Bauza Estrada, Mirtha E, MN, APRN ■
12448 Southwest 127th Avenue
Miami, FL 33186
(786) 864-1030
Digital Contact Information:
excellentmccontracting@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Beaubrun, Lucika, MA, LMHC ■
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(561) 289-7995
Digital Contact Information:
pandatherapycircle@gmail.com

Belcher, Briana, MS, LMHC ■
3625 Northwest 82nd Avenue
400 3
Doral, FL 33166
(305) 209-6399
Digital Contact Information:
briana@mindfuldirectionscc.com

and
9822 Northeast 2nd Avenue
2
Miami Shores, FL 33138
(786) 350-1567
Digital Contact Information:
http://www.mindfuldirectionscc.com
briana@mindfuldirectionscc.com

and
1125 Northeast 125th Street
112
North Miami, FL 33161
(305) 209-6399
Digital Contact Information:
http://mindsetsolutionsctc.com/
briana@mindfuldirectionscc.com

Belfort, Elsie P, MSN, CNP, NP ■
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing@orendapsych.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, French

Beltran Montalvo, Felipe, MSN, APRN ■
1165 West 49th Street
suite 207
Hialeah, FL 33012
(305) 703-3386
Digital Contact Information:
appointmens@compass.md

and
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
http://www.compasshealthsystems.com
appointmens@compass.md

and
FL
(305) 891-0050
(305) 279-5535
(954) 771-7743
(954) 447-0010
(888) 852-6672
Digital Contact Information:
http://www.compasshealthsystems.com
appointmens@compass.md

and
5245 Northwest 36th Street
Unit 209
Miami Springs, FL 33166
(786) 453-6812
Digital Contact Information:
appointmens@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
appointmens@compass.md

Benayoun, Micaela S, MC, LMFT ■
2500 Northwest 79th Avenue
233
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
credentialing@pmcen.com

and
7855 Northwest 12th Street
221
Doral, FL 33126
(305) 648-7174
Digital Contact Information:
credentialing@pmcen.com

and
1414 Northwest 107th Avenue
410
Doral, FL 33172
(305) 560-5742
Digital Contact Information:
credentialing@pmcen.com

and
1490 West 49th Place
suite 309
Hialeah, FL 33012
(305) 846-9333
Digital Contact Information:
credentialing@pmcen.com

and
1840 W 49th St
Ste 515
Hialeah, FL 33012
(305) 603-9202
Digital Contact Information:
credentialing@pmcen.com

and
1840 West 49th Street
304
Hialeah, FL 33012
(786) 803-8596
Digital Contact Information:
credentialing@pmcen.com

and
7614 Northwest 186th Street
Hialeah, FL 33015
(786) 534-3457
Digital Contact Information:
credentialing@pmcen.com

and
14411 Commerce Way
330
Hialeah, FL 33016
(786) 701-8416
Digital Contact Information:
http://nossmedicalcorp.com/

credentialing@pmcen.com

and
15600 Southwest 288th Street
Suite 405
Homestead, FL 33033
(786) 334-3515
Digital Contact Information:
credentialing@pmcen.com

and
10379 Southwest 186th Street
Miami, FL 33157
(720) 314-4727
Digital Contact Information:
credentialing@pmcen.com

and
11055 Southwest 186th Street
#101
Miami, FL 33157
(305) 342-4893
Digital Contact Information:
credentialing@pmcen.com

and
9380 Southwest 72nd Street
245
Miami, FL 33173
(305) 381-5434
Digital Contact Information:
credentialing@pmcen.com

and
931 Southwest 122nd Avenue
Miami, FL 33184
(305) 603-9235
Digital Contact Information:
credentialing@pmcen.com

and
12001 SW 128th Ct
Ste 102
Miami, FL 33186
(786) 971-7920
Digital Contact Information:
credentialing@pmcen.com

and
12255 Southwest 132nd Court
Miami, FL 33186
(305) 964-5157
Digital Contact Information:
credentialing@pmcen.com

and
12595 Southwest 137th Avenue
STE 110
Miami, FL 33186
(305) 648-7174
Digital Contact Information:
credentialing@pmcen.com

and
12595 Southwest 137th Avenue
STE 201
Miami, FL 33186
(786) 770-4832
Digital Contact Information:
credentialing@pmcen.com

and
13335 SW 124th St
Ste 106
Miami, FL 33186
(786) 842-3964
Digital Contact Information:
credentialing@pmcen.com

and
13590 Southwest 134th Avenue
205c
Miami, FL 33186
(786) 754-6474
Digital Contact Information:
credentialing@pmcen.com

Benjamin, Andrene, MSN, PMHNP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
admin@transcendcf.com

Bennett, Lemoya, MSN, NP, PMHNP ■
3000 Biscayne Boulevard
Suite 216
Miami, FL 33137
(786) 220-1969
Digital Contact Information:
nikita@austinfamilymentalhealth.com

and
602 Northeast 36th Street
19
Miami, FL 33137
(786) 220-1969
Digital Contact Information:
nikita@austinfamilymentalhealth.com

Benzaquen, Melissa, MSED, LMHC ■
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
http://www.ibhflorida.com
osaker@ibhflorida.com

Bermudez, Jose, PSYD, LP ■
9425 SW 72nd St
Ste 267
Miami, FL 33173
(305) 981-6806
Digital Contact Information:
jbpsyd@gmail.com

Bermudez Toth, Silvia P, PHD, LP ■
10691 N Kendall Dr
Ste 105
Miami, FL 33176
(305) 668-6018
Digital Contact Information:
cartayagroup@gmail.com

Bernard, Courtney, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
courtneyl@cwcrecovery.com

Besada, Laura A, MSN, APRN ■
299 Alhambra Circle
STE 210
Coral Gables, FL 33134
(786) 558-5729
Digital Contact Information:
polyclinichcbilling@gmail.com

and
7959 NW 2nd St
Miami, FL 33126
(305) 267-6060
Digital Contact Information:
polyclinichcbilling@gmail.com

and
15495 Eagle Nest Lane
STE 215
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
polyclinichcbilling@gmail.com

and
6600 Cow Pen Road
250
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
polyclinichcbilling@gmail.com

and
215 Westward Dr
Miami Springs, FL 33166
(305) 887-4494
Digital Contact Information:
polyclinichcbilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bhatia, Padam, MD ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
credentialing@elevatepsychiatry.com

and
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
credentialing@elevatepsychiatry.com

Bianchi, Fiorella, MSW, LCSW ■
2555 Northwest 102nd Avenue
STE 205
Doral, FL 33172
(786) 372-6788
Digital Contact Information:
http://www.holisticmindscollective.org
bianchisw@gmail.com

and
7000 West 12th Avenue
15
Hialeah, FL 33014
(305) 395-4919
Digital Contact Information:
bianchisw@gmail.com

and
FL
(305) 395-4919
Digital Contact Information:
bianchisw@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Biggs, Morgan, MD ■
18591 South Dixie Highway
1120
Cutler Bay, FL 33157
(727) 213-3416
Digital Contact Information:
morganbiggs2@gmail.com

and
20825 Southwest 85th Court
Cutler Bay, FL 33189
(727) 213-3416
Digital Contact Information:
morganbiggs2@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 551-8253
Digital Contact Information:
morganbiggs2@gmail.com

and
12955 Southwest 42nd Street
STE 2
Miami, FL 33175
(786) 491-4947
Digital Contact Information:
morganbiggs2@gmail.com

and
12001 SW 128th Ct
Ste 102
Miami, FL 33186
(786) 971-7920
Digital Contact Information:
morganbiggs2@gmail.com

and
13501 Southwest 128th Street
STE 114
Miami, FL 33186
(786) 250-3440
Digital Contact Information:
morganbiggs2@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Blair, Caryn, DNP, APRN ■
2999 NE 191st St
Ste 705
Miami, FL 33180
(305) 721-0748
Digital Contact Information:
mphealth4145@gmail.com

and
FL
(305) 721-0748
Digital Contact Information:
mphealth4145@gmail.com

Blanco, Mercy, MD ■
4175 W 20th Ave
Hialeah, FL 33012
(786) 631-4158
Digital Contact Information:
info@blancomedicalcenter.com

and
1645 Southwest 107th Avenue
Ste 114A
Miami, FL 33165
(786) 631-4158
Digital Contact Information:
info@blancomedicalcenter.com

and
10661 North Kendall Drive
216
Miami, FL 33176
(786) 631-4158
Digital Contact Information:
info@blancomedicalcenter.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Bloise, Gabriela, MS, LMHC ■
Home Based Services Only
Miami Gardens, FL 33014
(305) 777-3883
Digital Contact Information:
acebehavioral2@gmail.com

and
5881 Northwest 151st Street
Suite: 103
Miami Lakes, FL 33014
(786) 703-4154
Digital Contact Information:
acebehavioral2@gmail.com

Bloom, Audrey, PHD, LP ■
14707 South Dixie Highway
107
Miami, FL 33176
(305) 301-8251
Digital Contact Information:
audreybloom@bellsouth.net

Boland, Teresa M, MS, ARNP, LMFT ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
totalhealthsolutions@protonmail.com

Bolden, Simone K, MSW, LCSW ■
FL
(800) 567-5433
Digital Contact Information:
https://totallife.com/
asands@claritynwi.com

Borges, Edward L, MSW, LCSW ■
3625 Northwest 82nd Avenue
Suite 408
Doral, FL 33166
(305) 939-6877
Digital Contact Information:
help@joinuplift.co

and
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
help@joinuplift.co

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
Spanish

Borrego, Priscilla M, MD ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
credentialing@banyanhealth.org
Other Languages Spoken by Provider or Office Staff
Spanish

Botero, Maria, MSN, PMHNP ■
12 Southeast 7th Street
705
Miami, FL 33130
(786) 220-1969
Digital Contact Information:
credentialing@practolytics.com

Brazzini, Mijanou, MPSY, LMHC ■
13205 Southwest 137th Avenue

suite 126
Miami, FL 33186
(786) 713-0383
Digital Contact Information:
http://yjwcare.com
mbrazzini61@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Brignoni, Candace I, MS, LMHC ■
10689 N Kendall Dr
Ste 314
Miami, FL 33176
(305) 558-7400
Digital Contact Information:
tifftflo@aol.com

Brock, Hannah, DO ●
3081 Salzedo Street
Suite 202
Coral Gables, FL 33134
(786) 250-6240
Digital Contact Information:
http://www.sunflowerpsychiatry.com
sunflowerpsychiatry@gmail.com

Brown, Kameka L, PHD, APN, APRNCNP, ARNP ■
FL
(508) 202-1011
Digital Contact Information:
office@cartwheelcare.org

Bugaj, Erika L, MSW, LICSW ■
FL
(202) 531-5385
Digital Contact Information:
hello@dandelioncounselingcare.com

Buigas, Kristen, PSYD, LP ■
11645 Biscayne Boulevard
STE 408
Miami, FL 33181
(305) 538-8835
Digital Contact Information:
https://mbchc.org/
lvgonzalez@hcnetwork.org

and
710 Alton Rd
Miami Beach, FL 33139
(305) 538-8835
Digital Contact Information:
lvgonzalez@hcnetwork.org

and
1221 71st St
Miami Beach, FL 33141
(305) 538-8835
Digital Contact Information:
https://mbchc.org/
lvgonzalez@hcnetwork.org
Other Languages Spoken by Provider or Office Staff
Spanish

Bussey-Martin, Shantara L, MSW, LCSW ■
FL
(786) 751-1565
Digital Contact Information:
https://www.teatimets.com/
sbusseymartin@teatimets.com

Bustillo, Eduardo, DNP, APRN ■
12060 Southwest 129th Court
201
Miami, FL 33186
(786) 615-3349
Digital Contact Information:
office@neurobehavioral.health

and
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
office@neurobehavioral.health

and
8900 Southwest 117th Avenue
Building C SUITE 205
Miami, FL 33186
(305) 640-8600
Digital Contact Information:
http://totustuushealth.com
office@neurobehavioral.health

and
FL
(305) 640-8600
Digital Contact Information:
http://totustuushealth.com
office@neurobehavioral.health
Other Languages Spoken by Provider or Office Staff
Spanish

Byrd, Michele, MSN, APRN ■
FL
(786) 885-4885
Digital Contact Information:
mbyrd08@icloud.com

Caballero De Pina, Nallyvis, MSN, APRN ■
13170 Southwest 128th Street
200
Miami, FL 33186
(786) 852-5198
Digital Contact Information:
clarityhealth@approachteam.com

Cabrera, Stephanie M, MSN, APRN ■
16969 Northwest 67th Avenue
Suite 205
Miami Gardens, FL 33015
(786) 860-8844
Digital Contact Information:
info@southfloridamedgroup.com

and
FL
(786) 860-8844
Digital Contact Information:
info@southfloridamedgroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Caceres, Daniris, MMH, LMHC ■
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
morecounseling@gmail.com

Cagigas, Ariel, MSN, APRN ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
http://banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
Other Languages Spoken by Provider or Office Staff
Spanish

Calderin, Claudia, MSN, APRN ■
12001 Southwest 128th Court
Suite Suite 104
Miami, FL 33186
(786) 868-0505
Digital Contact Information:
clarityhealth@approachteam.com

and
13170 Southwest 128th Street
200
Miami, FL 33186
(786) 852-5198
Digital Contact Information:
https://clarityapproach.com/
clarityhealth@approachteam.com

and
14201 Southwest 120th Street
suite 110
Miami, FL 33186
(786) 238-7492
Digital Contact Information:
clarityhealth@approachteam.com

and
14221 Southwest 120th Street
223
Miami, FL 33186
(786) 690-2296
Digital Contact Information:
clarityhealth@approachteam.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cancemi, Alexis, PHD, LMHC ■
FL
(754) 201-4741
Digital Contact Information:
http://www.alexismentalhealth.com
acancemi7099@yahoo.com

Cancio, Jose A, MSN, APRN ■
12550 Biscayne Boulevard
STE 507
North Miami, FL 33181
(305) 204-1209
Digital Contact Information:
jac-pmhnp@assertivecare.net
Other Languages Spoken by Provider or Office Staff
English, Spanish

Cardenas, Carlos, MSED, LMFT ■
10689 SW 88th St
Ste 305
Miami, FL 33176
(305) 975-9449
Digital Contact Information:
mgme.cc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Carney-Paine, Victoria, MSW, LCSW ■
255 University Drive
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
info@coralgablescounseling.com

and
2550 Douglas Road
Ste #301
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
info@coralgablescounseling.com

and
2600 S Douglas Rd
Ste 1003
Coral Gables, FL 33134
(305) 445-0477
Digital Contact Information:
http://www.coralgablescounseling.com
info@coralgablescounseling.com

and
FL
(561) 567-8795
Digital Contact Information:
info@coralgablescounseling.com

Carroza, Mirna H, MPSY, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff Italian, Spanish

Cartaya, Andres, PSYD, LP ■
10691 N Kendall Dr
Ste 105
Miami, FL 33176
(305) 668-6018
Digital Contact Information:
cartayagroup@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Carter, Carol, MSW, LCSW ■
FL
(305) 400-8511
Digital Contact Information:
http://www.cbhwestcoast.com
credentialing@hcsflorida.com
Other Languages Spoken by Provider or Office Staff English

Carvajal Bermejo, Marcos, MSN, APRN ■
142 E 49th St
Hialeah, FL 33013
(305) 333-9166
Digital Contact Information:
carvajal.marcosj@bluediamondmc.com

and
1850 Southwest 8th Street
suite 209
Miami, FL 33135
(786) 953-7516
Digital Contact Information:
carvajal.marcosj@bluediamondmc.com

and
15305 Northwest 60th Avenue
Ste 100
Miami Lakes, FL 33014
(786) 536-7561
Digital Contact Information:
carvajal.marcosj@bluediamondmc.com

and
16430 Northwest 59th Avenue
suite 202
Miami Lakes, FL 33014
(305) 456-0148
Digital Contact Information:
carvajal.marcosj@bluediamondmc.com

Casiano, Ada L, MS, LMFT ■
7765 SW 87th Ave
Ste 104
Miami, FL 33173
(305) 494-0956
Digital Contact Information:
acasiano@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Castillo, Fiorella Paola, MC, LMHC ●
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
info@elevatepsychiatry.com

and
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
info@elevatepsychiatry.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Castillo, Karina, MA, LMHC ■
FL
(786) 258-8499
Digital Contact Information:
http://www.virtual-counseling.com
service@virtual-counseling.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Castillo, Sandra, PSYD, LP ■
3081 Salzedo Street
Suite 202
Coral Gables, FL 33134
(786) 567-8160
Digital Contact Information:
castillo043@gmail.com

and
11385 Southwest 32nd Street
Miami, FL 33165
(786) 567-8160
Digital Contact Information:
castillo043@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Castillo-Benitez, Beatriz, MSN, APRN ■
FL
(305) 549-0094
Digital Contact Information:
beatrizcastillob2018@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cendan, Tianny, MC, LMHC ■
22790 SW 112th Ave
Miami, FL 33170
(305) 235-6178
Digital Contact Information:
http://www.theagapenetwork.org
rgrossmiller@hcnetwork.org

Chambre, Karen F, MSW, LCSW ■

2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
wardchambre@gmail.com
Other Languages Spoken by Provider or Office Staff Afar

Chappell, Theotis, MSN, APRN ■
2820 Northeast 214th Street
Ste 801
Aventura, FL 33180
(256) 500-8688
Digital Contact Information:
blossom@withassured.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
blossom@withassured.com

Chemerinsky, Graciela, MPSY, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com

and
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Chinea, Marianela, MSN, APRN ■
3971 Southwest 8th Street
STE 206
Coral Gables, FL 33134
(786) 633-5960
Digital Contact Information:
agauna@bmsbill.com

and
FL
(786) 980-7496
Digital Contact Information:
http://www.vidahealthcarenetworks.com
agauna@bmsbill.com

and
13590 Southwest 134th Avenue
201
Miami, FL 33186
(786) 227-6258
Digital Contact Information:
agauna@bmsbill.com

Chipollini, Ana, MSN, APRN ■
5911 Northwest 173rd Drive
6
Hialeah, FL 33015
(786) 380-9229
Digital Contact Information:
admin@believeandtrustcm.com

and
12030 Southwest 129th Court
Suite 211
Miami, FL 33186
(786) 380-9229
Digital Contact Information:
http://www.believeandtrusttcm.com
admin@believeandtrustcm.com

Cicetti, Lisa, PSYD, LMHC, LP ■
1100 Southwest 57th Avenue
Suite 100
Miami, FL 33144
(786) 556-7688
Digital Contact Information:
lisacicetti@yahoo.com

Ciliezar, Alicia M, MSN, APRN ■
FL
(561) 270-5330
Digital Contact Information:
billingheritagewellness@gmail.com

Cintra Marin, Andres, MSN, APRN ■
4090 Northwest 97th Avenue
300
Doral, FL 33178
(786) 332-4705
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
395 Northwest 14th Avenue
2
Homestead, FL 33030
(786) 349-4350
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
1800 Southwest 27th Avenue
505
Miami, FL 33145
(786) 542-9914
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
7821 Coral Way
100
Miami, FL 33155
(786) 409-5690
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
15715 South Dixie Highway
332
Miami, FL 33157
(786) 323-7228
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Coleman, Lora A, DSW, LCSW ■
10750 Caribbean Boulevard
203
Cutler Bay, FL 33189
(305) 298-6561
Digital Contact Information:
lcinnervisions@aol.com
Other Languages Spoken by Provider or Office Staff English

Collazo-Amador, Aylem, MS, LMHC ■
306 Alcazar Avenue
200
Coral Gables, FL 33134
(305) 967-8725
Digital Contact Information:
http://www.ajmmedicalcenter.com
sunshine-advantage@mbhpays.com

and
8500 West Flagler Street
Office 107A
Miami, FL 33144
(786) 907-5141
Digital Contact Information:
sunshine-advantage@mbhpays.com

and
13301 Southwest 132nd Avenue
209 209
Miami, FL 33186
(786) 713-5553
Digital Contact Information:
sunshine-advantage@mbhpays.com

and
FL
(305) 632-3892
Digital Contact Information:
sunshine-advantage@mbhpays.com
Other Languages Spoken by Provider or Office Staff
Spanish

Colon Del Toro, Cristina, MD ■
8001 West 26th Avenue
2 2
Hialeah, FL 33016
(786) 360-2630
Digital Contact Information:
vanessa@livingcaretherapy.com

and
8001 West 26th Avenue
6 6
Hialeah, FL 33016
(786) 372-3262
Digital Contact Information:
vanessa@livingcaretherapy.com

and
5080 Northwest 74th Avenue
Miami, FL 33166
(786) 372-3262
Digital Contact Information:
vanessa@livingcaretherapy.com

and
10511 Southwest 88th Street
c103
Miami, FL 33176
(786) 530-7427
Digital Contact Information:
vanessa@livingcaretherapy.com

and
5600 Southwest 135th Avenue
STE 216
Miami, FL 33183
(786) 536-6196
Digital Contact Information:
vanessa@livingcaretherapy.com

and
14221 Southwest 120th Street
223
Miami, FL 33186
(786) 690-2296
Digital Contact Information:
vanessa@livingcaretherapy.com

Colson, Carrie, MSN, APRNCNP, APRNPMH ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
ccolson@wbma.cc
Other Languages Spoken by Provider or Office Staff
Spanish

Colunga, Eduardo, MSN, APRN ■
900 East 9th Street
Hialeah, FL 33010
(305) 381-5294
Digital Contact Information:
info@cbhwestcoast.com
Other Languages Spoken by Provider or Office Staff
Spanish

Commella, Noreen, PSYD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@healthyyoungminds.com

Cooper, Courtney, MS, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
acc@advancedclientcare.org

Cordero, David, MSN, APRN ■
8700 North Kendall Drive
201
Miami, FL 33176
(786) 464-5496
Digital Contact Information:
http://amcpsychiatricservices.com
info@amcpsychiatricservices.com

Corniffe, Khadine, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
pandatherapycircle@gmail.com

Correa, Larisa A, MSW, CSW, LCSW, LICSW, LISW-CP ■
FL
(561) 567-8795
(347) 738-1199
(315) 873-2936
Digital Contact Information:
http://www.joinuplift.co
mpowercounselingpllc@gmail.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
mpowercounselingpllc@gmail.com

and
FL
(561) 567-8795
(347) 738-1199
(315) 873-2936
Digital Contact Information:
http://www.joinuplift.co
mpowercounselingpllc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Corzo, Samantha R, MS, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
credentialing@banyanhealth.org

Crespo, Johanna, MSN, APRN ■
1221 Brickell Avenue
ste 900
Miami, FL 33131
(833) 377-2526
Digital Contact Information:
http://www.healthandpsychiatry.com
billing101@healthandpsychiatry.com

and
FL
(833) 377-2526
Digital Contact Information:
http://www.healthandpsychiatry.com
billing101@healthandpsychiatry.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(833) 377-2526
Digital Contact Information:
http://www.healthandpsychiatry.com
billing101@healthandpsychiatry.com

and
1688 Meridian Avenue
STE 600
Miami Beach, FL 33139
(833) 377-2526
Digital Contact Information:
http://www.healthandpsychiatry.com
billing101@healthandpsychiatry.com

Cross, Kamilah, MSW, LCSW ■
1425 Northwest 193rd Terrace
Miami Gardens, FL 33169
(954) 825-8500
Digital Contact Information:
yourworthllc@gmail.com

Cue, Zandra, MPSY, LMHC ■
3191 Coral Way
Ste 402
Miami, FL 33145
(786) 218-4039
Digital Contact Information:
zandracue@yahoo.com

Cuervo, Mario, MD ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400

Digital Contact Information:
credentialing@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
credentialing@banyanhealth.org

and
15305 Northwest 60th Avenue
Ste 100
Miami Lakes, FL 33014
(786) 536-7561
Digital Contact Information:
credentialing@banyanhealth.org
Other Languages Spoken by Provider or Office Staff
Spanish

Cuevas, Nardelis, MPSY, LMFT ■
4982 Palm Avenue
Hialeah, FL 33012
(305) 479-3262
Digital Contact Information:
admin@kcm.health

and
215 Westward Dr
Miami Springs, FL 33166
(305) 887-4494
Digital Contact Information:
admin@kcm.health
Other Languages Spoken by Provider or Office Staff
Spanish

Curbelo, Luis, MSN, APRN ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
infinitywellnessgroup21@gmail.com

and
14471 S Dixie Hwy
Miami, FL 33176
(786) 803-8826
Digital Contact Information:
http://www.amorementalhealthcorp.com
infinitywellnessgroup21@gmail.com

and
13701 Southwest 88th Street
306
Miami, FL 33186
(786) 842-1489
Digital Contact Information:
infinitywellnessgroup21@gmail.com

and
9010 Southwest 137th Avenue
101
Miami, FL 33186
(786) 803-8826
Digital Contact Information:
http://amorementalhealthcorp.com
infinitywellnessgroup21@gmail.com

Daino, Giamarie, PSYD, LP ■
12700 Biscayne Boulevard
301
North Miami, FL 33181
(305) 467-4597
Digital Contact Information:
https://www.drdainotherapy.com/
drdaino@protonmail.com

Danauy Del Toro, Yesmin, MN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
office@myrtleridge.us
Other Languages Spoken by Provider or Office Staff
Spanish

Dangla, Marjorie, MSW, LCSW ■
Doral
Doral, FL 33178
(305) 926-6106
Digital Contact Information:
blissfulsoultherapy01@gmail.com

Dashevsky, Jessica, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff
Russian

De La Nuez, Laura, PSYD, LP ■
2100 Ponce de Leon
STE 1015
Coral Gables, FL 33134
(786) 797-7788
Digital Contact Information:
lauradelanuez@bellsouth.net

De Souza, Vacir, MA, LMHC ■
7900 Oak Ln
400
Hialeah, FL 33016
(786) 622-5743
Digital Contact Information:
palmbehavioral2@gmail.com

Dehaut, Yves, MN, APRN ●
20760 Northeast 4th Court
APT 106
Miami, FL 33179
(305) 331-8695
Digital Contact Information:
chanmedicalbilling@gmail.com
Other Languages Spoken by Provider or Office Staff Creole

Delgado Alvarez, Guadalupe, MS, APRN ■
4300 Biscayne Boulevard
STE 203
Miami, FL 33137
(877) 400-0540
Digital Contact Information:
globalbehavioralhealthgroup@gmail.com

and
7951 Southwest 40th Street
suite 200-a
Miami, FL 33155
(305) 876-6960
Digital Contact Information:
globalbehavioralhealthgroup@gmail.com

Delgado, Beatriz, MSSW, LCSW ■
1550 Madruga Ave
Ste 509
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
http://www.abc4s.com
admin@abc4s.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Delva, Shirley, PHD, LP ■
2020 Northeast 163rd Street
300f
North Miami Beach, FL 33162
(305) 209-1014
Digital Contact Information:
http://behavioralsolutionsmiami.com
sdelva92@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Creole, Haitian

Desantis, Danielle L, PSYD, LMFT, LP ■
FL
(401) 371-0223
Digital Contact Information:
http://www.drdanielledesantis.com
drdanielledesantis@gmail.com

Desarmes, Michelle, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
finn.garrison@bellmedex.com

Dey, Joel P, MD ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
credentialing@yacoubmd.com

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
credentialing@yacoubmd.com

Diaz, Ibrahim, MSN, APRN ■
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
kenia.rodriguez@ffmhs.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com

Diaz Olivera, Dayana, MN, APRN ■
2000 Northwest 87th Avenue
Suite 201
Doral, FL 33172
(954) 561-6222
Digital Contact Information:
credentialer@gmail.com

and
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
credentialer@gmail.com

Diaz Palmero, Yuranis, MPSY, LMHC ■
3785 Northwest 82nd Avenue
307
Doral, FL 33166
(305) 266-2949
Digital Contact Information:
info@oasismentalhealthcenter.com

and
Northwest 92nd Avenue
Doral, FL 33172
(305) 266-2949
Digital Contact Information:
info@oasismentalhealthcenter.com

and
5901 Northwest 183rd Street
310
Hialeah, FL 33015
(786) 418-9790
Digital Contact Information:
https://oasismentalhealthcenter.com
info@oasismentalhealthcenter.com

and
1250 Southwest 27th Avenue
Suite 506
Miami, FL 33135
(786) 536-9278
Digital Contact Information:
info@oasismentalhealthcenter.com

and
330 Southwest 27th Avenue
STE 609
Miami, FL 33135
(786) 743-0801
Digital Contact Information:
info@oasismentalhealthcenter.com

and
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
info@oasismentalhealthcenter.com

and
9125 SW 87th Ave
Miami, FL 33176
(305) 735-3919
Digital Contact Information:
info@oasismentalhealthcenter.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz Vivo, Yandi, MSN, APRN ■
8332 Southwest 8th Street
Miami, FL 33144
(305) 262-8282
Digital Contact Information:
garciahealthbilling@gmail.com

and
261 Westward Drive
suite 108-109
Miami, FL 33166
(305) 200-5176
Digital Contact Information:
garciahealthbilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz-Amaran, Yosvel, MSW, LCSW ■
3901 Northwest 79th Avenue
STE 120
Doral, FL 33166
(786) 310-4480
Digital Contact Information:
yosveld@yahoo.es

and
640 W Palm Dr
Ste D
Homestead, FL 33034
(786) 601-7757
Digital Contact Information:
yosveld@yahoo.es

and
640 West Palm Drive
c
Homestead, FL 33034
(305) 793-4701
Digital Contact Information:
yosveld@yahoo.es

and
1150 Northwest 72nd Avenue
220
Miami, FL 33126
(786) 558-4899
Digital Contact Information:
yosveld@yahoo.es

and
1150 Northwest 72nd Avenue
350
Miami, FL 33126
(786) 228-7801
Digital Contact Information:
yosveld@yahoo.es

and
1150 Northwest 72nd Avenue
540
Miami, FL 33126
(786) 228-7801
Digital Contact Information:
yosveld@yahoo.es

and
7805 Coral Way
Ste 131
Miami, FL 33155
(786) 307-2066
Digital Contact Information:
yosveld@yahoo.es

and
7811 Coral Way
Ste 130
Miami, FL 33155
(786) 307-2066
Digital Contact Information:
yosveld@yahoo.es

and
280 Westward Drive
Miami Springs, FL 33166
(786) 391-0744
Digital Contact Information:
http://www.rosswellnesscenters.com
yosveld@yahoo.es

and
Home Based Services Only
Naranja, FL 33032
(786) 953-3599
Digital Contact Information:
yosveld@yahoo.es
Other Languages Spoken by Provider or Office Staff
Spanish

Dieppa, Jessica B, MS, LMHC ●
10815 Southwest 145th Place
Miami, FL 33186
(305) 989-0493
Digital Contact Information:
http://www.guidedpathstherapy.com
jessica.dieppa22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Dixon, Passion, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
ortiz4professionalservicesllc@gmail.com

Dominguez, Arturo, MMH, LMHC ■
FL
(305) 967-9201
(786) 233-6127
Digital Contact Information:
rossconsultingandcredentialing@gmail.com
and
8551 Northwest South River Drive
Medley, FL 33166
(305) 603-9344
Digital Contact Information:
rossconsultingandcredentialing@gmail.com
and
8660 West Flagler Street
209
Miami, FL 33144
(305) 603-9985
Digital Contact Information:
http://www.newhealthrehab.com
rossconsultingandcredentialing@gmail.com
and
15715 South Dixie Highway
226
Miami, FL 33157
(305) 849-4186
Digital Contact Information:
rossconsultingandcredentialing@gmail.com
and
10300 Sunset Drive
Suite 310
Miami, FL 33173
(786) 238-7063
Digital Contact Information:
rossconsultingandcredentialing@gmail.com
and
5600 Southwest 135th Avenue
STE 216
Miami, FL 33183
(786) 536-6196
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

Dominguez, Ashley, MS, LMHC ■
FL
(305) 497-4998
Digital Contact Information:
https://thecounselorcare.com
ashley@thecounselorcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Doyley-Green, Natalie S, MSN, APRN, NP ■
2820 Northeast 214th Street
Aventura, FL 33180
(256) 500-8688
Digital Contact Information:
hello@joinblossomhealth.com
and
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
http://happierliving.com
hello@joinblossomhealth.com
and
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com
and
255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com
and
370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com
and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://happierliving.com
hello@joinblossomhealth.com
and
333 Southeast 2nd Avenue
Suite #2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
hello@joinblossomhealth.com
and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
hello@joinblossomhealth.com
and
3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
http://happierliving.com
hello@joinblossomhealth.com
and
350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com
and
429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com
and
323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com

Dumenigo, Bianca, MSN, APRN ■
7951 Southwest 40th Street
suite 200-a
Miami, FL 33155
(786) 244-9911
Digital Contact Information:
global@medviz.ai

Duran, Gladys A, MSW, LCSW ●
FL
(305) 321-9998
Digital Contact Information:
http://pivotalbeginnings.com
gduran@pivotalbeginnings.com
Other Languages Spoken by Provider or Office Staff
Spanish

Durand, Tekisha, MSW, LCSW ■
FL
(305) 833-3203
Digital Contact Information:
https://headway.co/providers/tekisha-durand
yourswagteam@gmail.com
Other Languages Spoken by Provider or Office Staff Creole

Duvalier, Leanne J, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ljdtherapy@ljdtherapy.onmicrosoft.com

Echemendia, Maikel, MSN, APRN ■
1111 Northwest 22nd Avenue
Miami, FL 33125
(305) 530-8164
Digital Contact Information:
jgonzalez@fdgmso.com
and
10371 Southwest 60th Street
Miami, FL 33173
(305) 799-7676
Digital Contact Information:
jgonzalez@fdgmso.com
Other Languages Spoken by Provider or Office Staff
Spanish

Edouard, Christopher, MSN, APRN ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
admin@vita-cog.com
and
9220 Sunset Drive
104
Miami, FL 33173
(786) 724-4224
Digital Contact Information:
admin@vita-cog.com
and
FL
(786) 724-4224
Digital Contact Information:
admin@vita-cog.com

Edwards, Shanica, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/comptherapeutic@gmail.com

Ehrentreu, Dana, MSW, LCSW ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
nj-patientaccess@harmonybaywellness.com

Elder, Carol, MS, LMFT ■
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(561) 609-2996
Digital Contact Information:
http://www.pandatherapycircle.com/
pandatherapycircle@gmail.com

Emmerich, Eva-Mae, MMFT, LMFT ■
804 Northwest 21st Terrace
Suite 203
Miami, FL 33127
(612) 568-0868
Digital Contact Information:
https://www.heartandsoulwellnessmn.com/evaemmerich@heartandsoulwellnessmn.com
and
FL
(612) 568-0868
Digital Contact Information:
https://www.heartandsoulwellnessmn.com/evaemmerich@heartandsoulwellnessmn.com

Enamorado, Lizaida, MSN, APNP, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
info@kaiwellhealth.com
and
111 Northeast 1st Street
FL 8
Miami, FL 33132
(602) 562-7383
Digital Contact Information:
info@kaiwellhealth.com
and
15321 South Dixie Highway
Suite 203
Miami, FL 33157
(786) 707-4934
Digital Contact Information:
info@kaiwellhealth.com
and
12985 Southwest 130th Court
102-2
Miami, FL 33186
(786) 707-4934
Digital Contact Information:
http://www.kaiwellhealth.com
info@kaiwellhealth.com
and
FL
(602) 562-7383
(305) 707-4394
(786) 707-4934
Digital Contact Information:
http://www.kaiwellhealth.com
info@kaiwellhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Escalona, Ana, MMH, LMHC ■
10700 Caribbean Boulevard
Suite 101
Cutler Bay, FL 33189
(305) 777-3883
Digital Contact Information:
escalonalmhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Essen, Laura A, MSW, LCSW ■
401 Miracle Mile Ste 204
Miami, FL 33134
(305) 823-3438
Digital Contact Information:
laura@lauraessen.com
and
6460 Main St Apt 110
110
Miami Gardens, FL 33014
(305) 823-3438
Digital Contact Information:
laura@lauraessen.com
and
15485 Eagle Nest Lane
#130
Miami Lakes, FL 33014
(305) 823-3438
Digital Contact Information:
laura@lauraessen.com

Estupinan, Monica V, MSN, APRN ■
9220 Sunset Drive
104
Miami, FL 33173
(786) 724-4224
Digital Contact Information:
admin@vita-cog.com
and
12595 Southwest 137th Avenue
STE 110
Miami, FL 33186
(305) 465-9379
Digital Contact Information:
admin@vita-cog.com

Ettienne, Genesis D, MSCC, LMHC ■
7925 Northwest 12th Street
405
Miami, FL 33126
(786) 401-7278
Digital Contact Information:
fenixmentalhealthgroup@gmail.com
and
129 Southwest 42nd Avenue
9
Miami, FL 33134
(786) 542-9914
Digital Contact Information:
fenixmentalhealthgroup@gmail.com
and
1800 Southwest 27th Avenue
505
Miami, FL 33145
(786) 542-9914
Digital Contact Information:
fenixmentalhealthgroup@gmail.com
Other Languages Spoken by Provider or Office Staff

Spanish

Exume-Noel, Estherline, DNP, APRN, PMHNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@crossfunctionalcare.com

Factor, Edie, MSW, LCSW ■
3231 McDonald Street
Miami, FL 33133
(305) 318-2231
Digital Contact Information:
edifac305@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Isabel, MSN, APRN ■
15450 New Barn Road
200
Miami Lakes, FL 33014
(305) 900-3970
Digital Contact Information:
http://www.neurozenpsychiatry.com
isabelfernandezrn@gmail.com

and
FL
(305) 900-3970
Digital Contact Information:
http://www.neurozenpsychiatry.com
isabelfernandezrn@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Lianny, MPSY, LMHC ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
yavila@avilahealthgroup.com

and
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
yavila@avilahealthgroup.com

and
306 Westward Dr
Miami Springs, FL 33166
(786) 588-7894
Digital Contact Information:
yavila@avilahealthgroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez-Guzman, Natasha V, MMH, LMHC ■
15715 South Dixie Highway
Suite 320
Miami, FL 33157
(786) 475-2309
Digital Contact Information:
natashafdez@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ferrari, Taiane, MD ■
FL
(212) 498-8970
Digital Contact Information:
http://www.mybiopsych.com
eric.tate@medibillmd.com

Ferrer Martinez, Yannier, MD ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
yny.behavioralservices@gmail.com

and
731 East 9th Street
Hialeah, FL 33010
(305) 863-2067
Digital Contact Information:
yny.behavioralservices@gmail.com

and
600 Northwest 35th Avenue
202 203
Miami, FL 33125
(786) 907-4984
Digital Contact Information:
yny.behavioralservices@gmail.com

and
1150 Northwest 72nd Avenue
350
Miami, FL 33126
(786) 228-7801
Digital Contact Information:
yny.behavioralservices@gmail.com

and
1150 Northwest 72nd Avenue
540
Miami, FL 33126
(786) 228-7801
Digital Contact Information:
yny.behavioralservices@gmail.com

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
yny.behavioralservices@gmail.com

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
yny.behavioralservices@gmail.com

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
yny.behavioralservices@gmail.com

and
1850 Southwest 8th Street
suite 209
Miami, FL 33135
(786) 953-7516
Digital Contact Information:
yny.behavioralservices@gmail.com

and
790 Northwest 107th Avenue
Suite 110
Miami, FL 33172
(305) 964-5426
Digital Contact Information:
yny.behavioralservices@gmail.com

and
9020 Southwest 137th Avenue
210
Miami, FL 33186
(786) 558-5042
Digital Contact Information:
yny.behavioralservices@gmail.com

and
9020 Southwest 137th Avenue
STE 250
Miami, FL 33186
(786) 536-7588
Digital Contact Information:
yny.behavioralservices@gmail.com

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
yny.behavioralservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ferro, Maria J, MSW, CEAP, LCSW, LMFT ■
9370 Southwest 72nd Street
Suite #A-213
Miami, FL 33173
(305) 205-4244
Digital Contact Information:
http://psychologytoday.com
psychotherapy@humanpotentialinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fields, Maria, MA, LCSW, LICSW ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
mariafields@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
mariafields@dadefamily.com

and
10691 N Candle Dr # 110
Miami, FL 33176
(305) 774-9570
Digital Contact Information:
mariafields@dadefamily.com

and
10691 N Kendall Dr
Ste 110
Miami, FL 33176
(305) 774-9570
Digital Contact Information:
mariafields@dadefamily.com
Other Languages Spoken by Provider or Office Staff
Spanish, Greek

Fishberger, Andrea J, MSW, LCSW ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
andreafishberger@me.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
andreafishberger@me.com

and
FL
(914) 924-4827
Digital Contact Information:
andreafishberger@me.com

Fitzgerald, Caitlyn, MD ■
10540 Northwest 26th Street
STE G201
Doral, FL 33172
(786) 879-8040
Digital Contact Information:
advancedcaresfl@outlook.com

and
33497 South Dixie Highway
103b
Florida City, FL 33034
(786) 444-6003
Digital Contact Information:
advancedcaresfl@outlook.com

and
FL
(786) 444-6003
Digital Contact Information:
advancedcaresfl@outlook.com

and
777 E 25th St
Ste 306
Hialeah, FL 33013
(786) 838-6092
Digital Contact Information:
advancedcaresfl@outlook.com

and
1401 Northwest 17th Avenue
Miami, FL 33125
(813) 816-8075
Digital Contact Information:
advancedcaresfl@outlook.com

and
2100 Southwest 22nd Street
502
Miami, FL 33145
(786) 963-0128
Digital Contact Information:
advancedcaresfl@outlook.com

and
13195 Southwest 134th Street
102
Miami, FL 33186
(305) 964-5236
Digital Contact Information:
advancedcaresfl@outlook.com

and
8785 SW 165th Ave
Ste 104
Miami, FL 33193
(786) 703-1538
Digital Contact Information:
advancedcaresfl@outlook.com

Fitzpatrick, Panayiota, MED, LMHC ■
360 Northwest 27th Street
Miami, FL 33127
(929) 209-6109
Digital Contact Information:
fl-patientaccess@harmonybaywellness.com

Flores, Aida A, MS, LMHC ■
FL
(305) 494-9791
Digital Contact Information:
aflores@kaaficounseling.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fonseca, Joanna, MS, LMHC ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

Font Garcia, Luis E, MN, APRN ■
15536 Northwest 77th Court
Hialeah, FL 33016
(305) 621-8051
Digital Contact Information:
dreduardo305@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Forero, Michelle, MPSY, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@behavioralaid.com
Other Languages Spoken by Provider or Office Staff
Spanish

Forman, Bruce D, PHD, LP ■
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(415) 840-8911
Digital Contact Information:
rise@withassured.com

Fraguela-Lam, Mayren, MSSW, LCSW ■
10691 North Kendall Drive
312
Miami, FL 33176
(786) 592-8470
Digital Contact Information:
bmhealthserv@gmail.com

and
FL
(786) 592-8470
Digital Contact Information:
bmhealthserv@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Frank, Randi, MC, LMHC ■
9822 Northeast 2nd Avenue
2
Miami Shores, FL 33138
(786) 505-7502
Digital Contact Information:
http://www.mindfuldirectionscc.com
randi@mindfuldirectionscc.com

Friedlander, Christopher, MSN, APRN ■
4601 Ponce De Leon Blvd
Ste 100
Coral Gables, FL 33146
(786) 758-3875
Digital Contact Information:
http://www.greenbrooktms.com
greenbrook@sutherlandglobal.com

Froehler, Luisa V, MMH, LMHC ■
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
http://www.miamipersonalmanagement.com
klopez@miamipersonalmanagement.com

Gainza Mayo, Mariela D, MSN, APRN ■
7971 Bird Road
15
Miami, FL 33155
(786) 504-5620
Digital Contact Information:
kenia.rodriguez@ffmhs.com

and
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Gertrudis, MMFT, LMFT ■
1414 Northwest 107th Avenue
204
Doral, FL 33172
(305) 225-8711
Digital Contact Information:
toplifecaresolutions@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 536-7470
Digital Contact Information:
toplifecaresolutions@gmail.com

and
175 Fontainebleau Boulevard
Miami, FL 33172
(305) 960-7124
Digital Contact Information:
toplifecaresolutions@gmail.com

and
10677 North Kendall Drive
ste 5-a
Miami, FL 33176
(305) 225-8711
Digital Contact Information:
http://toplifecaresolutions.com
toplifecaresolutions@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Garcia, James, MSW, LCSW ■
4689 Ponce de Leon Boulevard
Suite 200
Coral Gables, FL 33146
(786) 803-8025
Digital Contact Information:
jamesgarcia2013@fau.edu

and
10700 Caribbean Boulevard
Suite 214
Cutler Bay, FL 33189
(786) 740-0516
Digital Contact Information:
http://www.genesiswellnesscorp.com
jamesgarcia2013@fau.edu

and
5901 Northwest 183rd Street
310
Hialeah, FL 33015
(786) 803-2664
Digital Contact Information:
jamesgarcia2013@fau.edu

and
1480 Northwest North River Drive
2010
Miami, FL 33125
(786) 375-7882
Digital Contact Information:
jamesgarcia2013@fau.edu

and
2311 Northwest 7th Street
Miami, FL 33125
(786) 706-2246
Digital Contact Information:
jamesgarcia2013@fau.edu

and
8390 West Flagler Street
220
Miami, FL 33144
(305) 402-4835
Digital Contact Information:
http://newmooncmhc.com
jamesgarcia2013@fau.edu

and
10379 Southwest 186th Street
Miami, FL 33157
(720) 314-4727
Digital Contact Information:
jamesgarcia2013@fau.edu

and
790 Northwest 107th Avenue
Suite 303
Miami, FL 33172
(786) 605-1660
Digital Contact Information:
jamesgarcia2013@fau.edu

and
FL
(786) 605-1660
Digital Contact Information:
jamesgarcia2013@fau.edu

and
9600 SW 8th St
Ste 16
Miami, FL 33174
(786) 803-8827
Digital Contact Information:
jamesgarcia2013@fau.edu

and
12150 Southwest 128th Court
Suite 233
Miami, FL 33186
(786) 238-7666
Digital Contact Information:
jamesgarcia2013@fau.edu
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Lauren, MED, LMHC ■
2212 Northwest 91st Street
4058
Miami, FL 33147
(341) 888-7637
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
lauren.garcia371@gmail.com

Garcia, Mario, MDIV, LMHC ■
12280 Southwest 100th Street
Miami, FL 33186
(305) 480-5800
Digital Contact Information:
http://www.neurostrategiccoach.com
drmario@neurostrategiccoach.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia Ribbi, Claudia, MS, LMHC ■
1401 Southwest 1st Street
#209
Miami, FL 33135
(305) 902-3880
Digital Contact Information:
claudia@ribbiwellness.com

and
1401 Southwest 1st Street
FL 2
Miami, FL 33135
(786) 361-7787
Digital Contact Information:
claudia@ribbiwellness.com

and
8353 Southwest 124th Street
207
Miami, FL 33156
(786) 320-1677
Digital Contact Information:
claudia@ribbiwellness.com

and
12030 Southwest 129th Court
Suite 103
Miami, FL 33186
(786) 701-8892
Digital Contact Information:
claudia@ribbiwellness.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Tiffany, MN, PMHNP ■
2650 Southwest 27th Avenue
Suite 305
Miami, FL 33133
(786) 353-9812
Digital Contact Information:
billingheritagewellness@gmail.com

and
20824 W Dixie Hwy
Miami, FL 33180
(407) 851-5121
Digital Contact Information:
billingheritagewellness@gmail.com

Garcia, Veronica, MSSW, LCSW ■
8340 Southwest 30th Street
Miami, FL 33155
(305) 710-3088
Digital Contact Information:
vgarciaele@gmail.com

and
7520 Southwest 57th Avenue
d
South Miami, FL 33143
(786) 244-5040
Digital Contact Information:
vgarciaele@gmail.com

Georgescu, Manuela, MD ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
Not Available

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
http://banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
Other Languages Spoken by Provider or Office Staff
Spanish

Gil, Margarita I, PHD, LP ■
419 W 49th St
Ste 218
Hialeah, FL 33012
(786) 277-9565
Digital Contact Information:
psychology@drmargaritagil.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gil, Yanelis, MSN, APRN ■
13195 Southwest 134th Street
102
Miami, FL 33186
(305) 964-5236
Digital Contact Information:
advancedcaresfl@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gillespie, Marjorie, PHD, APRN ■
64 W 63rd St
B202
Hialeah, FL 33012
(954) 431-7676
Digital Contact Information:
dr.gillespie@hotmail.com

and
16400 NW 2nd Ave
Ste 100
Miami, FL 33169
(954) 431-7676
Digital Contact Information:
dr.gillespie@hotmail.com

Goitia, Ariel J, MD ■
4475 Southwest 8th Street
Coral Gables, FL 33134
(786) 536-2872
Digital Contact Information:
general@floridashs.com

and
4810 Southwest 8th Street
Suite 103/104
Coral Gables, FL 33134
(786) 803-8306
Digital Contact Information:
general@floridashs.com

and
3625 Northwest 82nd Avenue
Suite 408
Doral, FL 33166
(786) 217-8510
Digital Contact Information:
general@floridashs.com

and
705 East 8th Avenue
201
Hialeah, FL 33010
(786) 655-0774
Digital Contact Information:
general@floridashs.com

and
15600 Northwest 67th Avenue
204 208
Hialeah, FL 33014
(786) 542-6127
Digital Contact Information:
general@floridashs.com

and
5911 Northwest 173rd Drive
6 6
Hialeah, FL 33015
(786) 380-9229
Digital Contact Information:
general@floridashs.com

and
395 Northwest 14th Avenue
2
Homestead, FL 33030
(786) 349-4350
Digital Contact Information:
general@floridashs.com

and
15260 Southwest 280th Street
113 114
Homestead, FL 33032
(305) 998-7885
Digital Contact Information:
general@floridashs.com

and
5757 Waterford District Drive
Unit 172
Miami, FL 33126
(786) 353-2616
Digital Contact Information:
general@floridashs.com

and
13012 Southwest 85th Avenue Road
Miami, FL 33156
(305) 456-1549
Digital Contact Information:
general@floridashs.com

and
15715 South Dixie Highway
226
Miami, FL 33157
(305) 849-4186
Digital Contact Information:
general@floridashs.com

and
790 Northwest 107th Avenue
Suite 110
Miami, FL 33172
(305) 964-5426
Digital Contact Information:
general@floridashs.com

and
790 Northwest 107th Avenue
Suite 303
Miami, FL 33172
(786) 605-1660
Digital Contact Information:
general@floridashs.com

and
FL
(786) 980-7496
(786) 605-1660
Digital Contact Information:
general@floridashs.com

and
10300 Southwest 72nd Street
250b
Miami, FL 33173
(787) 433-7751
Digital Contact Information:
general@floridashs.com

and
10511 Southwest 88th Street
c103
Miami, FL 33176
(786) 530-7427
Digital Contact Information:
general@floridashs.com

and
14740 Southwest 26th Street
STE 107
Miami, FL 33185
(305) 388-1118
Digital Contact Information:
general@floridashs.com

and
12448 Southwest 127th Avenue
Miami, FL 33186
(786) 864-1030
Digital Contact Information:
general@floridashs.com

and
11285 Southwest 211 Street
207
Miami, FL 33189
(786) 217-8510
Digital Contact Information:
general@floridashs.com

and
11285 Southwest 211 Street
305
Miami, FL 33189
(786) 980-7496
Digital Contact Information:
general@floridashs.com

Gomez, Claudia, MC, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
lifetherapycoach@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gomez, Lissette, MA, LMFT ■
2500 SW 107TH AVE
42
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
info@abcsfl.com

and
FL
(786) 615-3334
Digital Contact Information:
info@abcsfl.com
Other Languages Spoken by Provider or Office Staff
English, Creole, Spanish

Gomez-Abrue, Carmen B, MSW, LCSW ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and
7400 Southwest 88th Street
Miami, FL 33156
(786) 414-6666
Digital Contact Information:
http://www.memorytrainingflorida.com
info@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and
14505 Commerce Way
Ste 750
Miami Lakes, FL 33016
(305) 362-9989
Digital Contact Information:
info@dadefamily.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez Buigas, Nubia, DNP, APRN ■
1454 Southwest 1st Street
Suite #130
Miami, FL 33135
(786) 353-2872
Digital Contact Information:
nubiagonzalez2002@yahoo.com

and
6724 West Flagler Street
Suite B
Miami, FL 33144
(786) 353-2872
Digital Contact Information:
https://psiquiatriajungiana.com
nubiagonzalez2002@yahoo.com

and
FL
(786) 353-2872
Digital Contact Information:
https://psiquiatriajungiana.com
nubiagonzalez2002@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Gloria, PHD, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
professional_counseling@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Jacqueline, MSSW, LCSW ■
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
sasha@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gonzalez, Luis, DNP, APRN ■
8725 Northwest 18th Terrace
Suite 202
Doral, FL 33172
(305) 487-2532
Digital Contact Information:
eternitylives24@gmail.com

and
7270 Northwest 12th Street
430
Miami, FL 33126
(786) 615-2843
Digital Contact Information:
eternitylives24@gmail.com

and
12001 Southwest 128th Court
Suite Suite 104
Miami, FL 33186
(786) 868-0505
Digital Contact Information:
eternitylives24@gmail.com

and
13170 Southwest 128th Street
200
Miami, FL 33186
(786) 852-5198
Digital Contact Information:
eternitylives24@gmail.com

and
9010 Southwest 137th Avenue
101
Miami, FL 33186
(786) 803-8826
Digital Contact Information:
http://amorementalhealthcorp.com
eternitylives24@gmail.com

Gonzalez Rodriguez, Mileisy, MSCC, LMHC ■
26027 South Dixie Highway
Homestead, FL 33032
(786) 601-7344
Digital Contact Information:
vitaly.credentialing@gmail.com

and
7805 Coral Way
Ste 131
Miami, FL 33155
(786) 307-2066
Digital Contact Information:
vitaly.credentialing@gmail.com

and
7811 SW 24th St
Ste 120
Miami, FL 33155
(305) 916-4310
Digital Contact Information:
vitaly.credentialing@gmail.com

and
FL
(786) 970-6385
Digital Contact Information:
vitaly.credentialing@gmail.com

and
10300 Southwest 72nd Street
414
Miami, FL 33173
(786) 483-7535
Digital Contact Information:
http://www.happydreamsofkids.com
vitaly.credentialing@gmail.com

and
10300 Southwest 72nd Street
300
Miami, FL 33173
(786) 418-9730
Digital Contact Information:
http://www.happydreamsofkids.com
vitaly.credentialing@gmail.com

and
14471 S Dixie Hwy
Miami, FL 33176
(786) 803-8826
Digital Contact Information:
http://www.amorementalhealthcorp.com
vitaly.credentialing@gmail.com

and
9010 Southwest 137th Avenue
101
Miami, FL 33186
(786) 803-8826
Digital Contact Information:
http://amorementalhealthcorp.com
vitaly.credentialing@gmail.com

and
11285 Southwest 211 Street
207
Miami, FL 33189
(786) 217-8510
Digital Contact Information:
vitaly.credentialing@gmail.com

Green-Scott, Alicia, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
allygreen66@aol.com

Groobman, Yanelis, MSN, APRN ■
13195 Southwest 134th Street
102
Miami, FL 33186
(305) 964-5236
Digital Contact Information:
advancedcaresfl@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Guardo, Estela, MSCC, LMHC ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
perla.delosrios@dadefamily.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Guedes, Jordan, MSW, LCSW ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
http://banyanhealth.org
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
credentialing@banyanhealth.org

Guerra, Evelyn, MS, LMHC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
credentialing@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com
Other Languages Spoken by Provider or Office Staff
Spanish

Guiribitey-Rodriguez, Patricia, MD ■
2601 SW 37th Ave
Ste 903
Miami, FL 33133
(305) 204-9799
Digital Contact Information:
trudy@medvaultconsultants.com

Guskovict, Kristen, MSW, LCSW ■
FL
(917) 628-6231
Digital Contact Information:
kguskovict@heartofaidwork.com

Gutierrez, Beatriz, MSN, APRN ■
FL
(954) 765-6505
Digital Contact Information:
https://optimalmindandwellness.com/our-focus
beatriz@optimalmindandwellness.com

Gutierrez, Damian, MC, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
credentialing@banyanhealth.org

Gutierrez, Giselle E, PSYD, LP ■
10691 N Kendall Dr
Ste 105
Miami, FL 33176
(305) 668-6018
Digital Contact Information:
cartayagroup@gmail.com

Haramboure, Yuliet, MSN, APRN ■
12030 Southwest 129th Court
Suite 211
Miami, FL 33186
(305) 639-8760
Digital Contact Information:
http://www.believeandtrusttcm.com
admin@believeandtrusttcm.com

Hart, Monique, MSW, LCSW, LICSW ■
FL
(508) 202-1011
Digital Contact Information:
http://orendapsych.com
mohart@3qhartcounseling.com

and
2212 Northwest 91st Street

Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
mohart@3qhartcounseling.com

Hassan, Hamlet R, MD ■
4475 Southwest 8th Street
Coral Gables, FL 33134
(786) 536-2872
Digital Contact Information:
bcd.ahcs@outlook.com

and
3146 Coral Way
FL 2
Coral Gables, FL 33145
(786) 953-8874
Digital Contact Information:
bcd.ahcs@outlook.com

and
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
bcd.ahcs@outlook.com

and
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
bcd.ahcs@outlook.com

and
664 E 25th St
Hialeah, FL 33013
(786) 409-2651
Digital Contact Information:
bcd.ahcs@outlook.com

and
664 East 25th Street
102
Hialeah, FL 33013
(786) 409-5361
Digital Contact Information:
bcd.ahcs@outlook.com

and
7490 Southwest 23rd Street
201
Miami, FL 33155
(786) 953-8221
Digital Contact Information:
bcd.ahcs@outlook.com

and
760 Northwest 107th Avenue
110
Miami, FL 33172
(786) 409-3800
Digital Contact Information:
bcd.ahcs@outlook.com

and
10511 North Kendall Drive
c201
Miami, FL 33176
(305) 274-5319
Digital Contact Information:
bcd.ahcs@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hayes, Lakisha, MA, LPC ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(503) 427-8094
Digital Contact Information:
info@findbestself.com

Hendricks-Marx, Donna H, MS, LMHC ■
1175 Northeast 125th Street
320
Miami, FL 33161
(954) 372-0423
Digital Contact Information:
http://www.marriagefamilyservices.com
donnamarx@yahoo.com

Hernandez Ruiz, Katiana E, MS, LMHC ■
5901 Southwest 74th Street
Suite 201
South Miami, FL 33143
(786) 638-9074
Digital Contact Information:
hummingmindsmia@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Yanet, MSN, APRN ■
FL
(239) 244-2022
(786) 440-0904
Digital Contact Information:
http://www.mdpsclinic.com
consulting@fdgmso.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Hernandez-Cuevas, Maria, MS, LMHC ■
10691 Southwest 88th Street
Suite 110
Miami, FL 33176
(305) 595-5485
Digital Contact Information:
mariahcuevas@gmail.com

Herrera, Isabella M, MA, LMHC ■
3625 Northwest 82nd Avenue
400
Doral, FL 33166
(954) 372-7584
Digital Contact Information:
http://isabellaherrera.com
isabellaherreramg@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hoffmann, Adriana, MC, LMHC ■
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
http://www.miamipersonalmanagement.com
klopez@miamipersonalmanagement.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hope, Maria M, MS, LMHC ■
13054 Southwest 133rd Court
FL 2
Miami, FL 33186
(305) 407-8165
Digital Contact Information:
mercyb.familytherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Horning, Lori A, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
credentialing@elemy.com

Hoyos, Julieth, MS, LMHC ■
1175 Northeast 125th Street
320
Miami, FL 33161
(786) 842-0444
Digital Contact Information:
http://www.marriagefamilyservices.com
marriagefamilyservices@comcast.net

Hutchings, Ryan, MA, LMFT ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
hello@handspringhealth.com

Infante Lobaina, Ruth, PSYD, LP ■
5200 NE 2nd Ave
Miami, FL 33137
(305) 762-1450
Digital Contact Information:
iruth95@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Isla Sanchez, Andres, MSN, APRN ■
5801 Northwest 151st Street
Suite 207
Miami Lakes, FL 33014
(786) 558-5748
Digital Contact Information:
ymartin@fc-ms.com
Other Languages Spoken by Provider or Office Staff
Spanish

Jackson, Clarissa, MA, BCBA ■
FL
(909) 255-0195
Digital Contact Information:
http://bxhub.org
admin@bxhub.org

James, Amanda K, MSN, APRN, NP ●
3100 SW 62nd Ave
Miami, FL 33155
(305) 663-8439
Digital Contact Information:
payer.credentialing@nicklaushealth.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

Jimenez, Jason, PSYD, LP ■
1900 North Bayshore Drive
108
Miami, FL 33132
(954) 362-8677
Digital Contact Information:
credentialing@hgdoctors.com

Jones, Rashan, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
admin@completedimensons.org

Joseph, Marie I, MSN, APRN ■
111 Northwest 183rd Street
Suite 203
Miami, FL 33169
(786) 809-4101
Digital Contact Information:
heavenlysoulscare@gmail.com
Other Languages Spoken by Provider or Office Staff Creole

Kanenbley, Melissa, MSW, LCSW ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
acc@advancedclientcare.org

Kburg, Regina I, PSYD, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
office@pasadenaclinicalgroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Kennedy, Bonnie K, MS, LMHC ■
22790 SW 112th Ave
Miami, FL 33170
(305) 235-2616
Digital Contact Information:
rgrossmiller@hcnetwork.org

Kepley, Gabriela, MSSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
colgate5326@gmail.com

Kessler, David S, MSW, LCSW ■
245 Northeast 14th Street
Ste. 209
Miami, FL 33132
(305) 987-1748
Digital Contact Information:
http://www.davidskessler.com
david@davidskessler.com
Other Languages Spoken by Provider or Office Staff
Spanish

Killackey, Debra, MMH, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
professional_counseling@yahoo.com

and
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
professional_counseling@yahoo.com

Kochen, Adriana, MSW, LCSW ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
http://www.behavioralaid.com
credentialing@behavioralaid.com

and
7811 Coral Way
106
Miami, FL 33155
(305) 412-0138
Digital Contact Information:
credentialing@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com
Other Languages Spoken by Provider or Office Staff
Spanish

Konicki, Emily, MS, LMFT ■
1175 Northeast 125th Street
320
Miami, FL 33161
(786) 842-0444
Digital Contact Information:
http://www.marriagefamilyservices.com
marriagefamilyservices@comcast.net

Kreisberg, Gary J, PHD, LP ■
9260 Sunset Dr
Ste 203
Miami, FL 33173
(305) 279-3640
Digital Contact Information:
gjkphd@aol.com

Kruszel, Liliana B, MA, LMHC ■
782 NW Le Jeune Rd
Ste 533
Miami, FL 33126
(305) 558-7400
Digital Contact Information:
daliamer@aol.com

and
6175 NW 153rd St
Ste 404
Miami Lakes, FL 33014
(305) 558-7400
Digital Contact Information:
daliamer@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lagar, Maria R, MSW, LCSW ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com

Lago, Mercedes M, MMH, LMHC ■
4800 West Flagler Street
215
Coral Gables, FL 33134
(954) 368-4786
Digital Contact Information:

mercedeslago7@gmail.com

and
4689 Ponce de Leon Boulevard
Suite 200
Coral Gables, FL 33146
(786) 803-8025
Digital Contact Information:
mercedeslago7@gmail.com

and
1840 West 49th Street
606 606
Hialeah, FL 33012
(305) 846-9727
Digital Contact Information:
mercedeslago7@gmail.com

and
17670 Northwest 78th Avenue
STE 113
Hialeah, FL 33015
(716) 558-4565
Digital Contact Information:
mercedeslago7@gmail.com

and
9827 Southwest 40th Street
Miami, FL 33165
(786) 762-2922
Digital Contact Information:
mercedeslago7@gmail.com

and
6955 Northwest 77th Avenue
407
Miami, FL 33166
(786) 615-2306
Digital Contact Information:
mercedeslago7@gmail.com

and
14722 Southwest 56th Street
Miami, FL 33185
(305) 456-0572
Digital Contact Information:
mercedeslago7@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lamazares, Mary, MS, LMHC ■
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
morecounseling@gmail.com

and
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
morecounseling@gmail.com

and
9125 SW 87th Ave
Miami, FL 33176
(305) 735-3919
Digital Contact Information:
morecounseling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lamons, Jackie D, DSW, LCSW ■
FL
(954) 348-5230
Digital Contact Information:
https://www.blueoasis.online/
jackielamonsdsw@gmail.com

Landes, Debra M, MED, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
landeslmhc@gmail.com

Lankenau, Diana J, MN, APRN, PMHNP ■
South Red Road
Miami, FL 33155
(305) 297-7014
Digital Contact Information:
credentialing@orendapsych.com

and
FL
(305) 297-7014
Digital Contact Information:
credentialing@orendapsych.com

Lazaro, Paulo G, MSW, LCSW ■
13499 Biscayne Blvd
Ste 208
North Miami, FL 33181
(305) 206-2899
Digital Contact Information:
paulolazarolcsw@gmail.com

and
13499 Biscayne Boulevard
218
North Miami, FL 33181
(305) 206-2899
Digital Contact Information:
paulolazarolcsw@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Lebron Ginorio, Michelle, MD ■
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
rehabcenterag@gmail.com

and
10300 Southwest 72nd Street
300
Miami, FL 33173
(786) 418-9730
Digital Contact Information:
http://www.happydreamsofkids.com
rehabcenterag@gmail.com

and
12150 Southwest 128th Court
Suite 233
Miami, FL 33186
(786) 238-7666
Digital Contact Information:
rehabcenterag@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lequerica Ziemba, Adriana, PSYD, LP ●
6175 NW 153rd St
Ste 205
Miami Lakes, FL 33014
(305) 502-9589
Digital Contact Information:
http://thrivepsychological.com
admin@thrivepsychological.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lewis, Mariah, MSW, LCSW ■
FL
(850) 305-1894
Digital Contact Information:
http://www.tpttherapy.org
mariahlewis@tpttherapy.org

Lewis, Tammara, MS, LMHC ●
1175 Northeast 125th Street
320
Miami, FL 33161
(786) 842-0444
Digital Contact Information:
http://www.marriagefamilyservices.com
mariposawakeningtherapysvcs@gmail.com

Leydig, Tammie, MSN, APRN, CNP ■
FL
(305) 902-6347
Digital Contact Information:
sid@instic.health

Lieberman, Brett, MS, LMFT ■
66 W Flagler St
900
Miami, FL 33130
(786) 244-7690
Digital Contact Information:
windsongwellness@hotmail.com

Livermore, Alexis N, MSN, APRN ■
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
swashburn@compass.md

Llanes Perez, Yanel, MSN, APRN ■
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
http://novacommunityservice.com
administration@novacommunityservice.com
Other Languages Spoken by Provider or Office Staff
Spanish

Llenin, Mercedes, PHD, LMHC, LP ■
7791 Northwest 46th Street
Suite 221
Doral, FL 33166
(786) 910-9670
Digital Contact Information:
Not Available

and
6262 Bird Rd
Ste 2F
Miami, FL 33155
(305) 387-7850
Digital Contact Information:
Not Available

and
13930 SW 47th St
Ste 202
Miami, FL 33175
(305) 387-7850
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Lo, Lorinda, MSN, APRN ■
2464 Southwest 22nd Street
Miami, FL 33145
(305) 204-9355
Digital Contact Information:
http://www.ampmentalhealth.com
admin@ampmentalhealth.com
Other Languages Spoken by Provider or Office Staff
Cantonese, Spanish

Lopez, Idalmis, MSN, APRN ■
13170 Southwest 128th Street
200
Miami, FL 33186
(786) 852-5198
Digital Contact Information:
https://clarityapproach.com/
clarityhealth@approachteam.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Jason, MD ■
18305 Biscayne Boulevard
205
Aventura, FL 33160
(786) 991-2602
Digital Contact Information:
youworth24@gmail.com

and
2925 Northeast 199th Street
Suite 302
Aventura, FL 33180
(786) 991-2600
Digital Contact Information:
youworth24@gmail.com

and
3625 Northwest 82nd Avenue
Doral, FL 33166
(786) 991-2600
Digital Contact Information:
youworth24@gmail.com

and
5190 Northwest 167th Street
201
Hialeah, FL 33014
(305) 705-4289
Digital Contact Information:
http://livelinessinc.com
youworth24@gmail.com

and
27 Northwest 13th Street
Homestead, FL 33030
(786) 339-8824
Digital Contact Information:
http://sfmhr.com
youworth24@gmail.com

and
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
youworth24@gmail.com

and
3446 Southwest 8th Street
217
Miami, FL 33135
(786) 769-5046
Digital Contact Information:
youworth24@gmail.com

and
1800 Southwest 27th Avenue
505
Miami, FL 33145
(786) 542-9914
Digital Contact Information:
youworth24@gmail.com

and
10250 Southwest 56th Street
C202
Miami, FL 33165
(754) 816-5001
Digital Contact Information:
youworth24@gmail.com

and
11401 Southwest 40th Street
#345
Miami, FL 33165
(305) 603-7063
Digital Contact Information:
http://bridgeofcaregroup.com
youworth24@gmail.com

and
2720 Southwest 97th Avenue
c 104
Miami, FL 33165
(305) 705-4289
Digital Contact Information:
youworth24@gmail.com

and
1460 Northwest 107th Avenue
41n
Miami, FL 33172
(754) 263-2050
Digital Contact Information:
youworth24@gmail.com

and
1470 Northwest 107th Avenue
M
Miami, FL 33172
(786) 238-7282
Digital Contact Information:
youworth24@gmail.com

and
13168 SW 188th St
Miami, FL 33177
(303) 812-8815
Digital Contact Information:
youworth24@gmail.com

and
20774 West Dixie Highway
b
Miami, FL 33180
(305) 549-8665
Digital Contact Information:
youworth24@gmail.com

and
12540 Southwest 8th Street
Miami, FL 33184
(305) 705-6840
Digital Contact Information:
youworth24@gmail.com

and
13195 Southwest 134th Street
101
Miami, FL 33186
(786) 227-6830
Digital Contact Information:
http://esperanzagroup.net
youworth24@gmail.com

and
9020 Southwest 137th Avenue
210
Miami, FL 33186
(786) 558-5042
Digital Contact Information:
youworth24@gmail.com

and
9020 Southwest 137th Avenue
STE 250
Miami, FL 33186
(786) 536-7588
Digital Contact Information:
youworth24@gmail.com

and
14400 Northwest 77th Court
#100
Miami Lakes, FL 33016
(786) 916-6073
Digital Contact Information:
http://www.arcmentalhealth.com
youworth24@gmail.com

and
9999 Northeast 2nd Avenue
203
Miami Shores, FL 33138
(786) 580-5131
Digital Contact Information:
youworth24@gmail.com

Lopez, Josue, MD ■
15260 Southwest 280th Street
203
Homestead, FL 33032
(786) 601-7491
Digital Contact Information:
lrodriguezllbs@gmail.com

and
7270 Northwest 12th Street
430
Miami, FL 33126
(786) 615-2843
Digital Contact Information:
https://www.lasagradafamiliacenter.com
lrodriguezllbs@gmail.com

and
2141 Southwest 1st Street
201
Miami, FL 33135
(786) 920-9137
Digital Contact Information:
lrodriguezllbs@gmail.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
lrodriguezllbs@gmail.com

and
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
lrodriguezllbs@gmail.com

and
7001 SW 97th Ave
Ste 206
Miami, FL 33173
(786) 294-0123
Digital Contact Information:
https://www.chgpsychiatry.com/
lrodriguezllbs@gmail.com

and
2424 Southwest 137th Avenue
Miami, FL 331756311
(786) 655-0831
Digital Contact Information:
http://www.miamihealthmedicalcenter.us
lrodriguezllbs@gmail.com

and
9125 SW 87th Ave
Miami, FL 33176
(305) 735-3919
Digital Contact Information:
lrodriguezllbs@gmail.com

and
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
lrodriguezllbs@gmail.com

and
13155 Southwest 134th Street
221
Miami, FL 33186
(786) 652-9880
Digital Contact Information:
lrodriguezllbs@gmail.com

and
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
lrodriguezllbs@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Lopez, Liliana, MA, LMHC ■
7270 Northwest 12th Street
810
Miami, FL 33126
(786) 718-2390
Digital Contact Information:
http://www.globalrehab.com
yjwexcellentcare@yahoo.com

and
7270 Northwest 12th Street
870 870
Miami, FL 33126
(786) 206-1040
Digital Contact Information:
http://www.globalrehab.com
yjwexcellentcare@yahoo.com

and
10300 Southwest 72nd Street
Suite 350
Miami, FL 33173
(786) 963-0121
Digital Contact Information:
yjwexcellentcare@yahoo.com

and
13205 Southwest 137th Avenue
suite 126
Miami, FL 33186
(786) 713-0383
Digital Contact Information:
http://dominguezcommunitycenter.com
yjwexcellentcare@yahoo.com

and
13255 Southwest 137th Avenue
SUITE 215
Miami, FL 33186
(786) 713-0383
Digital Contact Information:
http://dominguezcommunitycenter.com
yjwexcellentcare@yahoo.com

and
13590 Southwest 134th Avenue
201
Miami, FL 33186
(786) 227-6258
Digital Contact Information:
yjwexcellentcare@yahoo.com

and
13205 Southwest 137th Avenue
STE 132
Miami, FL 331865334
(786) 478-6369
Digital Contact Information:
http://dominguezcommunitycenter.com
yjwexcellentcare@yahoo.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Lopez, Widlyne, MSW, LCSW ■
FL
(954) 281-2958
Digital Contact Information:
http://www.breakthroughcrc.com
widlynel@breakthroughcrc.org
Other Languages Spoken by Provider or Office Staff Haitian Creole

Lorenzo, Janet, MSN, APRN ■
12963 West Okeechobee Road
1a
Hialeah Gardens, FL 33018
(786) 450-9918
Digital Contact Information:
gardensmedicalcenters@gmail.com

and
12963 West Okeechobee Road
Unit 1
Hialeah Gardens, FL 33018
(786) 536-9329
Digital Contact Information:
gardensmedicalcenters@gmail.com

and
1150 Northwest 72nd Avenue
ph 2
Miami, FL 33126
(786) 542-5043
Digital Contact Information:
gardensmedicalcenters@gmail.com

and
13701 SW 88th St
Ste 305
Miami, FL 33186
(786) 471-6268
Digital Contact Information:
gardensmedicalcenters@gmail.com

and
16464 Southwest 99th Lane
Miami, FL 33196
(786) 471-6268
Digital Contact Information:
gardensmedicalcenters@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Louis XVI, Roseline, MCAP, CAP ■
9526 Northeast 2nd Avenue
202d
Miami Shores, FL 33138
(305) 754-5701
Digital Contact Information:
http://www.communityrightfulcenter.org
rlouisxvi@communityrightfulcenter.org
Other Languages Spoken by Provider or Office Staff Creole, French

Louwagie Gordon, Alissa M, MS, LMHC ■
FL
(786) 615-3334
Digital Contact Information:
info@abcsfl.com

Lugaro Vidal, Jacquenine M, MSW, LCSW ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
perla.delosrios@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Luna Delaurier, Yalemni, PSYD, LP ■
7600 South Red Road
200
South Miami, FL 33143
(786) 508-2207
Digital Contact Information:
http://www.lunapsychology.com
angelo@lunapsychology.com
Other Languages Spoken by Provider or Office Staff Spanish

Magarino, Sheyla, MSN, APRN ■
12595 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 701-9992
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Manresa, Viviana, MSN, APRN ■
261 Westward Drive
suite 108-109
Miami, FL 33166
(305) 200-5176
Digital Contact Information:
vmanresapmhnp@outlook.com
Other Languages Spoken by Provider or Office Staff Spanish

Marcus, Phyllis C, MC, LMFT ■
540 Northwest 165th Street
114
Miami, FL 33169
(786) 648-6550
Digital Contact Information:
horebhealthclinic@gmail.com

and
540 Northwest 165th Street
STE 110
Miami, FL 33169
(786) 648-6550
Digital Contact Information:
horebhealthclinic@gmail.com

Mare, Nicole, MSW, LCSW ■
FL
(786) 309-5635
Digital Contact Information:
innerbloom_psychotherapy@outlook.com
Other Languages Spoken by Provider or Office Staff Spanish

Marin, Leonardo, MSCC, LMHC ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
mariafields@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
mariafields@dadefamily.com

Martin, Jessica, LMHC, MA, MS ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
info@behavioralaid.com

and
17021 Southwest 120th Court
Miami, FL 33177
(786) 319-1657
Digital Contact Information:
info@behavioralaid.com
Other Languages Spoken by Provider or Office Staff Spanish

Martinez, Alexis J, MA, BCBA ■
Home Based Services Only
Aventura, FL 33180
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Golden Beach, FL 33160
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
342 West 37th Street
Hialeah, FL 33012
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Homestead, FL 33030
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Homestead, FL 33033
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Key Biscayne, FL 33149
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Miami, FL 33142
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Miami, FL 33147
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Miami, FL 33155
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Miami Beach, FL 33154
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Miami Gardens, FL 33015
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Miami Gardens, FL 33055
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Miami Lakes, FL 33016
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Naranja, FL 33032
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Opa-locka, FL 33054
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Pinecrest, FL 33156
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Quail Heights, FL 33187
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
South Miami, FL 33143
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
South Miami, FL 33146
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(786) 612-5077
Digital Contact Information:
back2basicsbm@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Daniel, PSYD, CP ■
1900 North Bayshore Drive
108
Miami, FL 33132
(954) 362-8677
Digital Contact Information:
info@hgdoctors.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Martinez, Grettel, PSYD, LP ■
7950 W Flagler St
Ste 106
Miami, FL 33144
(305) 269-3900
Digital Contact Information:
grettelmartinez@me.com

and
7950 West Flagler Street
Suite 101
Miami, FL 33144
(305) 239-7725
Digital Contact Information:
grettelmartinez@me.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Lidia A, DMFT, LMHC ■
FL
(786) 565-6916
Digital Contact Information:
http://www.drlidiamartinez.com
info@drlidiamartinez.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez Soto, Yaneisy, APRN ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
info@ffmhs.com

Mathai, David, MD ■
4601 Ponce De Leon Blvd
Ste 100
Coral Gables, FL 33146
(786) 758-3875
Digital Contact Information:
admin@tristarwell.com

and
FL
(305) 604-9595
Digital Contact Information:
http://www.tristarwell.com
admin@tristarwell.com

Maurice, Sabra R, MA, LCPC, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@thirdeyetherapychicago.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
info@thirdeyetherapychicago.com

Mazzella, Kathryn L, MSN, APN, APNP, APRN, APRNPMH, NP ■
150 Alhambra Circle
Floor 10
Coral Gables, FL 33134
(786) 800-3374
Digital Contact Information:
billing101@healthandpsychiatry.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
billing101@healthandpsychiatry.com

McDevitt, Omayra, MA, LPC ■
FL
(305) 902-6347
Digital Contact Information:
start@bebravehealth.com

Medina, Muriel, MSW, LCSW ■
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
info@aimergency.org

Medina Ramirez, Yuritza, DNP, APRN ■
FL
(786) 398-1326
Digital Contact Information:
admin@onestoppsych.com

and
261 Westward Drive
suite 108-109
Miami, FL 33166
(305) 200-5176
Digital Contact Information:
admin@onestoppsych.com

and
13195 Southwest 134th Street
101
Miami, FL 33186
(786) 227-6830
Digital Contact Information:
http://esperanzagroup.net
admin@onestoppsych.com

and
15660 Southwest 72nd Street
Miami, FL 33193
(786) 697-1150
Digital Contact Information:
admin@onestoppsych.com
Other Languages Spoken by Provider or Office Staff
Spanish

Medina Rojo, Raul, MSN, APRN ■
4445 West 16th Avenue
STE 405
Hialeah, FL 33012
(786) 233-6721
Digital Contact Information:
office@myrtleridge.us

and
1000 Brickell Avenue
Miami, FL 33131
(786) 701-9211
Digital Contact Information:
office@myrtleridge.us

and
9299 SW 152nd St
Ste 206
Palmetto Bay, FL 33157
(786) 883-0339
Digital Contact Information:
office@myrtleridge.us
Other Languages Spoken by Provider or Office Staff
English, Spanish

Medvin, Nadeen B, PHD, LP ■
1550 Madruga Avenue
STE 304
Coral Gables, FL 33146
(305) 815-1129
Digital Contact Information:
http://www.drnadeenmedvin.org
drnadeenmedvin@aol.com

and
2000 S Dixie Hwy
Ste 103
Miami, FL 33133
(305) 815-1129
Digital Contact Information:
drnadeenmedvin@aol.com

Mejia, Alejandra, MSW, LCSW ■
14645 Northwest 77th Avenue
101
Miami Lakes, FL 33014
(833) 769-3524
Digital Contact Information:
http://lifestance.com
dougblessington@gmail.com

Melo, Evelyn, MA, LMHC ■
8785 SW 165th Ave
Ste 200
Miami, FL 33193
(786) 587-9656
Digital Contact Information:
melopsych@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mendez, Iraisy, MSN, APRN ■
3971 Southwest 8th Street
STE 206
Coral Gables, FL 33134
(786) 633-5960
Digital Contact Information:
iraisymendez@gmail.com

and
4896 Northwest 7th Street
Unit S
Miami, FL 33126
(786) 534-2023
Digital Contact Information:
iraisymendez@gmail.com

and
5950 Southwest 40th Street
Miami, FL 33155
(786) 633-5960
Digital Contact Information:
iraisymendez@gmail.com

and
7700 North Kendall Drive
807
Miami, FL 33156
(786) 332-9540
Digital Contact Information:
iraisymendez@gmail.com

and
22339 Southwest 112th Avenue
Miami, FL 33170
(786) 332-9540
Digital Contact Information:
iraisymendez@gmail.com

and
7600 Southwest 57th Avenue
102
South Miami, FL 33143
(305) 275-8573
Digital Contact Information:
https://mindandsoultherapy.org/
iraisymendez@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mendez Luaces, Luis E, DNP, APRN ■
330 Southwest 27th Avenue
#701
Miami, FL 33135
(305) 363-1880
Digital Contact Information:
http://empowerpsychiatry.net
info@empowerpsychiatry.med
Other Languages Spoken by Provider or Office Staff
Spanish

Mendez, Maria Y, MSN, APRN ■
2650 Southwest 27th Avenue
Suite 305
Miami, FL 33133
(786) 353-9812
Digital Contact Information:
http://www.harmonyatthegablesclinic.com
info@harmonyatthegables.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mesa, Leonel E, PSYD, LMHC ■
FL
(786) 208-4831
Digital Contact Information:
drmesa@neurofeedbackofml.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Meyer, Sean P, PHD, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
information@flces.com
Other Languages Spoken by Provider or Office Staff
German

Molina Paz, Ania K, MSN, APRN ■
FL
(561) 707-7607
Digital Contact Information:
ania_98@yahoo.es
Other Languages Spoken by Provider or Office Staff
Spanish

Moore, Siobhan T, MS, APRN ■
2464 Southwest 22nd Street
Miami, FL 33145
(305) 204-9355
Digital Contact Information:
http://www.ampmentalhealth.com
admin@ampmentalhealth.com

Mora, Brenda, MS, LMHC ■
FL
(786) 488-8103
Digital Contact Information:
http://www.sfacounseling.org
info@sfacounseling.org
Other Languages Spoken by Provider or Office Staff
Spanish

Mora, Joseph J, PHD, LP ■
10621 North Kendall Drive
Suite #203
Miami, FL 33176
(305) 456-6976
Digital Contact Information:
davalos.credentialing@novitams.com

Morales, Beatriz, MS, LMHC, LPC ■
975 Arthur Godfrey Rd
Ste 301
Miami Beach, FL 33140
(786) 315-0387
Digital Contact Information:
bmorales@ibhflorida.com

and
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
http://www.ibhflorida.com
bmorales@ibhflorida.com

and
FL
(305) 816-6300
Digital Contact Information:
http://www.ibhflorida.com
bmorales@ibhflorida.com

Other Languages Spoken by Provider or Office Staff
Spanish

Morales, Edelis, MSN, APRN ■
7951 Southwest 40th Street
suite 200-a
Miami, FL 33155
(786) 244-9911
Digital Contact Information:
lfortun@keraltybh.com

and
FL
(786) 244-9911
Digital Contact Information:
lfortun@keraltybh.com
Other Languages Spoken by Provider or Office Staff
German, Spanish

Morales, Marielsie, MSW, LCSW ■
8950 Southwest 74th Court
Suite 2201
Miami, FL 33156
(786) 306-8200
Digital Contact Information:
http://www.onyiamind.com
info@onyiamind.com
Other Languages Spoken by Provider or Office Staff
Spanish

More, Iris, MSW, LCSW ■
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
morecounseling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Morgan, Christina R, PSYD, LP ■
15715 S Dixie Hwy
Ste 222
Miami, FL 33157
(786) 469-8973
Digital Contact Information:
drcmorgan@instituteofwellnessandlearning.com

and
FL
(210) 617-3443
Digital Contact Information:
http://www.adgcares.com
drcmorgan@instituteofwellnessandlearning.com

Moriyon, Milko, MN, APRN ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
yavila@avilahealthgroup.com

and
664 East 25th Street
102
Hialeah, FL 33013
(786) 409-5361
Digital Contact Information:
yavila@avilahealthgroup.com

Moses, Lia E, MS, LMHC ■
7600 Red Road
102
South Miami, FL 33143
(305) 456-1014
Digital Contact Information:
http://www.mindandsoultherapy.org
liamoses@yahoo.com

and
FL
(305) 456-1014
Digital Contact Information:
http://www.mindandsoultherapy.org
liamoses@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mosquera, Aracelis, MSW, LCSW ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
info@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and
10691 N Kendall Dr
Ste 110
Miami, FL 33176
(786) 548-1022
Digital Contact Information:
info@dadefamily.com

Moss, Erin M, MMH, LMHC ■
1688 Meridian Avenue
608
Miami Beach, FL 33139
(716) 507-1124
Digital Contact Information:
http://www.erinmmoss.com
erinmmossprivatepractice@gmail.com

Mueller-Schrader, Karla A, PHD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
help@prosperhealth.io

Muffett, Stephanie, MSED, LMHC ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Muldrow, Edward J, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
emuldrow3@aol.com

Mundt, Eric T, MA, LMFT ■
1175 Northeast 125th Street
320
Miami, FL 33161
(954) 372-0423
Digital Contact Information:
http://www.marriagefamilyservices.com
fodiving@comcast.net

Muniz, Jose, MSN, APRN ■
6141 Sunset Drive
402
South Miami, FL 33143
(786) 507-8300
Digital Contact Information:
lauraine@linofernandezmd.com
Other Languages Spoken by Provider or Office Staff
Spanish

Nammur, Sarai, MC, LMHC ■
15325 Northwest 60th Avenue
#105
Miami Lakes, FL 33014
(305) 512-5388
Digital Contact Information:
sarai@sarainammur.com
Other Languages Spoken by Provider or Office Staff
Spanish

Nava Urdaneta, Mariangela, PSYD, LP ■
7600 South Red Road
127
South Miami, FL 33143
(786) 508-2207
Digital Contact Information:
http://www.lunapsychology.com
angelo@lunapsychology.com

and
7600 South Red Road
200
South Miami, FL 33143
(786) 508-2207
Digital Contact Information:
http://www.lunapsychology.com
angelo@lunapsychology.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Nedock, Shirley, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Nieves, D'Elia, MD ■
4300 Biscayne Boulevard
STE 203
Miami, FL 33137
(877) 400-0540
Digital Contact Information:
https://forallmentalhealth.com
administration@mindandsoultherapy.com

and
975 Arthur Godfrey Road
Suite 308
Miami Beach, FL 33140
(305) 456-1014
Digital Contact Information:
http://www.mindandsoultherapy.org
administration@mindandsoultherapy.com

and
9299 SW 152nd St
Palmetto Bay, FL 33157
(305) 479-6538
Digital Contact Information:
administration@mindandsoultherapy.com

and
FL
(305) 479-6538
(877) 400-0540
Digital Contact Information:
administration@mindandsoultherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Nisar, Mohammad A, MD ■
1603 Northeast 7th Avenue
Miami, FL 33137
(305) 374-1065
Digital Contact Information:
bgray@symplr.com

Nunez, Aixa, MSW, LCSW ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 334-8099
Digital Contact Information:
credentialing@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com

and
12030 Southwest 129th Court
206
Miami, FL 33186
(305) 432-4032
Digital Contact Information:
credentialing@behavioralaid.com

Nunez, Patricia V, MS, LMHC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com
Other Languages Spoken by Provider or Office Staff
Spanish

Nunez, Sandra, MSW, LCSW ■
13205 Southwest 137th Avenue
Miami, FL 33186
(786) 290-9192
Digital Contact Information:
pcecofmiami@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Occean, Andrelita, MMH, LCMHC ■
7950 W Flagler St
Ste 106
Miami, FL 33144
(305) 269-3900
Digital Contact Information:
drgmartinez.psychologist@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Creole, French

Odum, Lesli S, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
leslie.odum@gmail.com

Oliva, Ivan, MSN, APRN ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
olivaob91@gmail.com

Orin, Ramon S, MA, LMHC ■
12030 Southwest 129th Court
Suite 211
Miami, FL 33186
(305) 639-8760
Digital Contact Information:
rorin31@bellsouth.net

and
12360 Southwest 132nd Court
STE 202
Miami, FL 33186
(786) 250-3396
Digital Contact Information:
rorin31@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Otero Desantiago, Luis A, MMH, LMHC ■
FL
(954) 850-1859
Digital Contact Information:
luis@ctraumacare.com

Oubadji, Michelle, MSW, LCSW ■
FL
(415) 941-4109
(754) 444-8004
Digital Contact Information:
http://www.bundletherapy.com
admin@bundletherapy.com

and
1400 Northeast Miami Gardens Drive
212
Miami, FL 33179
(415) 941-4109
(754) 444-8004
Digital Contact Information:
http://www.bundletherapy.com
admin@bundletherapy.com
Other Languages Spoken by Provider or Office Staff
Portuguese, English, Spanish

Padilla, Eduardo, MSN, APRN ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3800 West Flagler Street

Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
credentialing@banyanhealth.org

Padro, Mariela T, MD ■
975 Arthur Godfrey Road
Ste 302
Miami Beach, FL 33140
(305) 456-1014
Digital Contact Information:
http://www.mindandsoultherapy.org
padromd@mindandsoultherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Padron, Felix O, PSYD, LMHC ■
Catalonia Avenue
Coral Gables, FL 33134
(305) 448-6000
Digital Contact Information:
doctorpadron@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Palamara, Sherry A, PSYD, LP ■
3105 Northwest 107th Avenue
Suite: 400
Doral, FL 33172
(305) 920-3921
Digital Contact Information:
shpalamara@aol.com

and
10305 NW 41st St
Ste 205
Doral, FL 33178
(305) 994-7420
Digital Contact Information:
shpalamara@aol.com

and
407 Lincoln Rd
Ste 6L
Miami Beach, FL 33139
(305) 994-7420
Digital Contact Information:
shpalamara@aol.com

Palermo, Brittany, MSN, APNP, APRN, APRNCNP, CRNP, NP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
brittany.palermo@chenaltherapy.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com
Other Languages Spoken by Provider or Office Staff English

Papirno, Naomi, MSED, LMFT ■
1951 NW 17th Ave
Miami, FL 33125
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

Paris, Emilia, MC, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Parnes, Tanya, MS, LMHC ■
FL
(305) 570-7695
Digital Contact Information:
matterofmindcounseling@gmail.com

Parodi, Laura, MPSY, LMFT ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
bravosmentalhealthcare@gmail.com

and
2100 West 76th Street
#209
Hialeah, FL 33016
(786) 201-1088
Digital Contact Information:
bravosmentalhealthcare@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Parra, Jenny, MD ■
3785 Northwest 82nd Avenue
307
Doral, FL 33166
(305) 898-5420
Digital Contact Information:
jenparrahmb@outlook.com

and
5701 Southwest 107th Avenue
203
Miami, FL 33173
(305) 315-4170
Digital Contact Information:
jenparrahmb@outlook.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Patel, Leila M, MSN, APRN ■
FL
(786) 250-6240
Digital Contact Information:
info@thepractice.co

Patsicostas, Susan, MS, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
strive@strivementalhealthllc.com

Paula Jorge, Lynette D, MSN, APRN ■
8323 Northwest 12th Street
108
Doral, FL 33126
(305) 400-8511
Digital Contact Information:
http://www.cbhwestcoast.com
info@cbhwestcoast.com

Pena, Edgar, MS, LMHC ■
1354 Washington Avenue
221
Miami Beach, FL 33139
(305) 766-8064
Digital Contact Information:
http://www.mbbehavioralhealth.com
mbbehavioralhealth1@yahoo.com

and
15495 Eagle Nest Lane
STE 215
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
mbbehavioralhealth1@yahoo.com

and
6600 Cow Pen Road
250
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
mbbehavioralhealth1@yahoo.com

and
215 Westward Dr
Miami Springs, FL 33166
(305) 887-4494
Digital Contact Information:
mbbehavioralhealth1@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pena Pacheco, Nariel, MSN, APRN ■
18901 Southwest 106th Avenue
229
Miami, FL 33157
(786) 506-9008
Digital Contact Information:
advancecommunity71@gmail.com

and
10031 Southwest 40th Street
Miami, FL 33165
(786) 442-9628
Digital Contact Information:
advancecommunity71@gmail.com

Pena Perez, Astrid E, MC, LMHC ■
FL
(786) 975-9866
Digital Contact Information:
astridpena.mhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perera, Mirbelys, MD ■
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Dania, MSN, APRN ■
4155 Southwest 130th Avenue
Suite 114B
Miami, FL 33175
(305) 546-9013
Digital Contact Information:
nicanoragent83@gmail.com

and
FL
(305) 546-9013
Digital Contact Information:
nicanoragent83@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Guadalupe, MS, LMHC ■
7875 SW 104th St
Ste 101
Miami, FL 33156
(305) 899-1587
Digital Contact Information:
http://www.jcsfl.org
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
Spanish

Perez Lujan, Dalgys, MC, LMHC ■
2500 Northwest 79th Avenue
233
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
gandgmedicalcenter@gmail.com

and
3785 Northwest 82nd Avenue
307
Doral, FL 33166
(305) 898-5420
Digital Contact Information:
gandgmedicalcenter@gmail.com

and
1165 West 49th Street
suite 207
Hialeah, FL 33012
(305) 703-3386
Digital Contact Information:
gandgmedicalcenter@gmail.com

and
15935 Northwest 57th Avenue
Hialeah, FL 33014
(786) 953-5506
Digital Contact Information:
gandgmedicalcenter@gmail.com

and
7392 Northwest 35th Terrace
Suite 302
Miami, FL 33122
(786) 353-2792
Digital Contact Information:
gandgmedicalcenter@gmail.com

and
9900 Southwest 107th Avenue
STE 101
Miami, FL 33176
(305) 964-5381
Digital Contact Information:
gandgmedicalcenter@gmail.com

and
FL
(786) 703-9779
(305) 703-3386
Digital Contact Information:
https://www.gandgmedicalcenter.com
gandgmedicalcenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Mario, MS, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and

140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
http://banyanhealth.org
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
credentialing@banyanhealth.org

Perez, Rosbel, MSN, APRN ■
8532 Southwest 8th Street
STE 290
Miami, FL 33144
(786) 927-8048
Digital Contact Information:
http://www.icaremh.com
dovebehavioralhealth@gmail.com

Perlata Pena, Junior, MSN, APRN ■
5705 West 12th Lane
Hialeah, FL 33012
(786) 682-6393
Digital Contact Information:
rcarmona@rcpsychiatryim.net
Other Languages Spoken by Provider or Office Staff English

Petty, Regina, MSN, APN, APRN, APRNCNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@tb3llc.com

Pierre, Nikelson, MSN, APRN ■
22790 SW 112th Ave
Miami, FL 33170
(305) 235-2616
Digital Contact Information:
http://www.theagapenetwork.org
hcncredentialingcoordinators@hcnetwork.org
Other Languages Spoken by Provider or Office Staff Spanish

Pierre, Urmene, DNP, APRN ■
510 Northwest 98th Street
Miami, FL 33150
(754) 266-5509
Digital Contact Information:
info.goodshepherd20@gmail.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, French

Plasencia, Belkis, MSN, APRN ■
7921 Bird Rd
Ste 41
Miami, FL 33155
(305) 425-1393
Digital Contact Information:
ynhcsaba@gmail.com

and
7971 Bird Road
39
Miami, FL 33155
(786) 910-7179
Digital Contact Information:
ynhcsaba@gmail.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
ynhcsaba@gmail.com

and
7001 SW 97th Ave
Ste 206
Miami, FL 33173
(786) 294-0123
Digital Contact Information:
https://www.chgpsychiatry.com/
ynhcsaba@gmail.com

and
9425 Southwest 72nd Street
Suite 251
Miami, FL 33173
(305) 305-6573
Digital Contact Information:
ynhcsaba@gmail.com

and
13706 Southwest 56th Street
STE 105-106
Miami, FL 331756036
(786) 523-4289
Digital Contact Information:
ynhcsaba@gmail.com

and
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
ynhcsaba@gmail.com

and
13335 Southwest 124th Street
STE 101
Miami, FL 33186
(786) 842-3635
Digital Contact Information:
ynhcsaba@gmail.com

and
13501 Southwest 128th Street
STE 114
Miami, FL 33186
(786) 250-3440
Digital Contact Information:
ynhcsaba@gmail.com

and
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
ynhcsaba@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Podkulski, Melissa E, PA, PA_C ■
801 Brickell Avenue
8
Miami, FL 33131
(516) 505-7200
Digital Contact Information:
https://mindful.care/
richard.benson@avernuscorp.com
Other Languages Spoken by Provider or Office Staff English

Pokallus, Kristin, MS, BCBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
credentialing@songbirdcare.com

Polites, Nancy, MSW, LCSW ■
55 Miracle Mile
Miami, FL 33134
(772) 486-4417
Digital Contact Information:
nancyelsie@gmail.com

Pollas, Landy F, MSN, APRN, NP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
lgoswami@essenmed.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
lgoswami@essenmed.com

Porres Milian, Aleksander, MSN, APRN ■
4726 West Flagler Street
Miami, FL 33134
(305) 446-9155
Digital Contact Information:
aporresfamilymedicine@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Posada, Stephanie, MMH, LMHC ■
2500 Southwest 107th Avenue
41
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
lgomez@abcsfl.com

and
FL
(786) 615-3334
Digital Contact Information:
lgomez@abcsfl.com
Other Languages Spoken by Provider or Office Staff Spanish

Prado, Haydee, PSYD, LP ■
8550 W Flagler St
Ste 105
Miami, FL 33144
(305) 551-5787
Digital Contact Information:
haydeeprado@yahoo.com
Other Languages Spoken by Provider or Office Staff Spanish

Preval, Herve, MS, LPC, LPCC ■
11890 Southwest 8th Street
STE 309
Miami, FL 331841710
(786) 281-3935
Digital Contact Information:
http://www.blueangelcare.net
hpreval@prevalandassociates.net

and
FL
(786) 281-3935
Digital Contact Information:
http://www.prevalandassociates.net
hpreval@prevalandassociates.net
Other Languages Spoken by Provider or Office Staff English, Creole, French

Prevor, Ruth C, PHD, LP ■
2020 Northeast 163rd Street
OFFICE 300P
North Miami Beach, FL 33162
(305) 680-9544
Digital Contact Information:
ruthprevor@msn.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Purdy, Sarah, PA, PA_C ■
777 Brickell Avenue
Miami, FL 33131
(800) 951-8257
Digital Contact Information:
sarahgracepurdy@yahoo.com

Quesada Carvajal, Luannys, MS, APRN ■
14400 Northwest 77th Court
#100
Miami Lakes, FL 33016
(786) 916-6073
Digital Contact Information:
contact@arcmentalhealth.com
Other Languages Spoken by Provider or Office Staff Spanish

Quintana, Amauri A, DNP, APRN ■
1000 Brickell Avenue
Miami, FL 33131
(786) 238-7364
Digital Contact Information:
abdullah@sixequation.com

and
1 NE 167th St
Miami, FL 33162
(305) 947-7133
Digital Contact Information:
abdullah@sixequation.com

and
2646 Southwest 87th Avenue
Miami, FL 33165
(305) 947-7133
Digital Contact Information:
abdullah@sixequation.com

Quintanilla, Claudia, MS, LMHC ■
FL
(786) 258-8499
Digital Contact Information:
http://www.virtual-counseling.com
service@virtual-counseling.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Quintero, Lari J, MSN, APRN, PMHNP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
info@bloommhw.com

Rainuzzo, Silvana L, MC, LMHC ■
FL
(954) 682-0264
Digital Contact Information:
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Rako, Andrea L, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
brittany.irwin@livewellcounselingllc.com

Rankovic, Alecia, DNP, APRN, APRNCNP ■
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(239) 380-8220
Digital Contact Information:
infodesk@bregmanmedicalgroup.com

Regalado, Alejandra, MPSY, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com

Reichard, Michelle, MS, LMHC ■
14400 Northwest 77th Court
#100
Miami Lakes, FL 33016
(786) 916-6073
Digital Contact Information:
http://www.arcmentalhealth.com
yisabel@arcmentalhealth.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Reisdorf, Sonia, DNP, APN, ARNP ■
2820 Northeast 214th Street
Ste 801
Aventura, FL 33180
(256) 500-8688
Digital Contact Information:
sreisdorf1@gmail.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
sreisdorf1@gmail.com

Reyes Soto, Ibis, MSN, APRN ■
14221 Southwest 120th Street
Suite 125
Miami, FL 33186
(305) 482-1452
Digital Contact Information:
yisabel@arcmentalhealth.com

and
FL
(305) 482-1452
Digital Contact Information:
yisabel@arcmentalhealth.com

and
14400 Northwest 77th Court
#100
Miami Lakes, FL 33016
(786) 916-6073

Digital Contact Information:
http://www.arcmentalhealth.com
yisabel@arcmentalhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rhone, Traci, MS, LMHC ■
FL
(305) 333-6769
Digital Contact Information:
rhonetraci@gmail.com

Riche, Amy, MSN, APRN ■
602 Northeast 36th Street
19
Miami, FL 33137
(786) 220-1969
Digital Contact Information:
credentialing@practolytics.com

Rico, Sandra, MS, LMHC ■
10689 SW 88th St
Ste 305
Miami, FL 33176
(415) 941-4109
Digital Contact Information:
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
Spanish

Rieumont, Miriela, MSN, APRN ■
15190 Southwest 136th Street
11
Miami, FL 33196
(786) 701-8416
Digital Contact Information:
masvidamedicalcenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ripoll, Carlos, MN, APRN ■
1450 Madruga Avenue
405
Coral Gables, FL 33146
(786) 356-3715
Digital Contact Information:
supervisor@newsinrisecm.com

and
1840 West 49th Street
Suite 727
Hialeah, FL 33012
(786) 715-3086
Digital Contact Information:
supervisor@newsinrisecm.com

and
17670 Northwest 78th Avenue
STE 113
Hialeah, FL 33015
(716) 558-4565
Digital Contact Information:
supervisor@newsinrisecm.com

and
7392 Northwest 35th Terrace
207
Miami, FL 33122
(786) 353-2329
Digital Contact Information:
supervisor@newsinrisecm.com

and
2311 Northwest 7th Street
Miami, FL 33125
(786) 706-2246
Digital Contact Information:
supervisor@newsinrisecm.com

and
7950 West Flagler Street
Suite 101
Miami, FL 33144
(305) 239-7725
Digital Contact Information:
supervisor@newsinrisecm.com

and
4180 Southwest 74th Court
204
Miami, FL 33155
(786) 432-0107
Digital Contact Information:
supervisor@newsinrisecm.com

and
19001 Southwest 106th Avenue
c103
Miami, FL 33157
(786) 523-2352
Digital Contact Information:
supervisor@newsinrisecm.com

and
22133 South Dixie Highway
Miami, FL 33170
(786) 504-3119
Digital Contact Information:
supervisor@newsinrisecm.com

and
790 Northwest 107th Avenue
Suite 303
Miami, FL 33172
(786) 605-1660
Digital Contact Information:
supervisor@newsinrisecm.com

and
FL
(305) 239-7725
(786) 605-1660
Digital Contact Information:
supervisor@newsinrisecm.com

and
9900 Southwest 107th Avenue
STE 101
Miami, FL 33176
(305) 964-5381
Digital Contact Information:
supervisor@newsinrisecm.com

and
13155 Southwest 134th Street
202
Miami, FL 33186
(786) 504-3119
Digital Contact Information:
http://esperanzagroup.net
supervisor@newsinrisecm.com

and
13195 Southwest 134th Street
101
Miami, FL 33186
(786) 227-6830
Digital Contact Information:
http://esperanzagroup.net
supervisor@newsinrisecm.com

and
9745 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 701-2401
Digital Contact Information:
supervisor@newsinrisecm.com

Rivero Fundora, Liliam, MN, APRN ■
640 W Palm Dr
Ste D
Homestead, FL 33034
(786) 601-7757
Digital Contact Information:
socialadv18@gmail.com

Robaina, Niubis, MPSY, LMHC ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
yavila@avilahealthgroup.com

Roberson, Cranesha E, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@truhealingreality.com

and
111 NW 183rd St
Ste 404
Miami, FL 33169
(786) 524-4001
Digital Contact Information:
info@truhealingreality.com

Roberts, Jazmin, MS, LCMHC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@growtherapy.com

Roberts, Nicole, MSN, APN, APRN, CNP, CNS, NP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
billing101@healthandpsychiatry.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
billing101@healthandpsychiatry.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
billing101@healthandpsychiatry.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
billing101@healthandpsychiatry.com

Roche, Michelle, MS, LMHC ■
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
http://brightsyhealthfl.com
brightsyhealth@gmail.com

and
1031 Ives Dairy Rd
Ste 228
Miami, FL 33179
(786) 320-5559
Digital Contact Information:
brightsyhealth@gmail.com

and
1001 North Miami Beach Boulevard
North Miami Beach, FL 33162
(786) 320-5559
Digital Contact Information:
brightsyhealth@gmail.com

Rochetto, Alexandria, MA, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
andreaburks@bayouwellness.life

Rodil, Maria A, MD ■
801 Northwest 37th Avenue
212
Miami, FL 33125
(305) 544-6131
Digital Contact Information:
monicafuentes@peaceofmindmh.com

and
1350 Southwest 57th Avenue
313
West Miami, FL 33144
(786) 404-1017
Digital Contact Information:
monicafuentes@peaceofmindmh.com

and
Home Based Services Only
West Miami, FL 33144
(786) 404-1017
Digital Contact Information:
monicafuentes@peaceofmindmh.com

Rodriguez, Alecia, PHD, LMFT ■
9555 Southwest 175th Terrace
Suite 227
Miami, FL 33157
(888) 241-8802
Digital Contact Information:
contact@myuniquetherapy.com

and
FL
(888) 241-8802
Digital Contact Information:
https://myuniquetherapy.com
contact@myuniquetherapy.com

Rodriguez, Dianelys, MN, APRN ■
3000 Biscayne Boulevard
Suite 216
Miami, FL 33137
(786) 220-1969
Digital Contact Information:
credentialing@practolytics.com

and
602 Northeast 36th Street
19
Miami, FL 33137
(786) 220-1969
Digital Contact Information:
credentialing@practolytics.com

and
1411 Coral Way
Miami, FL 33145
(305) 204-9355
Digital Contact Information:
credentialing@practolytics.com

and
12595 Southwest 137th Avenue
STE 110
Miami, FL 33186
(305) 465-9379
Digital Contact Information:
http://www.pmcen.com
credentialing@practolytics.com

Rodriguez, Linda M, MC, LMHC ■
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
fl-intake@lifestance.com

Rodriguez, Lucero M, MD ■
10305 NW 41st St
Ste 205
Doral, FL 33178
(305) 718-9800
Digital Contact Information:
rodriquezlucero.md@gmail.com

and
10305 Northwest 41st Street
202
Doral, FL 33178
(305) 718-9800
Digital Contact Information:
rodriquezlucero.md@gmail.com

and
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://lifehealthsystem.org
rodriquezlucero.md@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Mabel, MMH, LMHC ■
12159 Southwest 132nd Court
100
Miami, FL 33186
(786) 422-2073
Digital Contact Information:
comprehensivecounseling86@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Milian, Karel, MD ■
2500 Northwest 79th Avenue
233
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
andersonbilling1001@gmail.com

and
2500 Northwest 79th Avenue
Suite 189
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
andersonbilling1001@gmail.com

and
351 NW 42nd Ave
Ste 406
Miami, FL 33126
(786) 536-1710
Digital Contact Information:
andersonbilling1001@gmail.com

and
1890 Southwest 57th Avenue
SUITE 106
Miami, FL 33155
(786) 536-1701
Digital Contact Information:
andersonbilling1001@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Miriam, MSSW, LCSW ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Rodriguez-Cambas, Ailyn, MPSY, LMHC ■
11009 Southwest 186th Street
Cutler Bay, FL 33157
(786) 732-7979
Digital Contact Information:
circleoflifementalhealth@gmail.com

and
2100 Southwest 22nd Street
502
Miami, FL 33145
(786) 963-0128
Digital Contact Information:
circleoflifementalhealth@gmail.com

and
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
circleoflifementalhealth@gmail.com

and
10031 Southwest 40th Street
Miami, FL 33165
(786) 442-9628
Digital Contact Information:
circleoflifementalhealth@gmail.com

and
5600 Southwest 135th Avenue
100
Miami, FL 33183
(305) 603-9104
Digital Contact Information:
circleoflifementalhealth@gmail.com

Romero Fernandez, Nancy, MN, APRN ■
14411 Commerce Way
fl # 330
Hialeah, FL 33016
(305) 450-9301
Digital Contact Information:
http://nossmedicalcorp.com
masvidamedicalcenter@gmail.com

and
801 Northwest 37th Avenue
212
Miami, FL 33125
(305) 504-6131
Digital Contact Information:
masvidamedicalcenter@gmail.com

Rose, Jennifer, MSN, APRN ■
1031 Ives Dairy Rd
Ste 228
Miami, FL 33179
(786) 320-5559
Digital Contact Information:
growthllc@growthcounselingandtherapy.com

and
1001 North Miami Beach Boulevard
North Miami Beach, FL 33162
(786) 320-5559
Digital Contact Information:
growthllc@growthcounselingandtherapy.com

Ross-Copes, Stephanie N, MC, LCPC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
shreekanth.k@bikhamhealthcare.com
Other Languages Spoken by Provider or Office Staff English

Roth, Samantha, MC, LMHC ■
3580 Mystic Pointe Drive
Suite #112
Aventura, FL 33180
(786) 472-2324
Digital Contact Information:
samantha@dailyvictoriescounseling.com

Rubin, Kay, PHD, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
acc@advancedclientcare.org

Russell-Smith, Ashleigh, MN, APRN ■
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
http://brightsyhealthfl.com
brightsyhealth@gmail.com

Ryan, Melanie, MS, LMHC ■
2124 Northeast 123rd Street
STE 220
North Miami, FL 33181
(786) 828-0947
Digital Contact Information:
https://blossomfl.com
info@blossomfl.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Salas, Aldo Y, MMFT, LMFT ■
15946 Southwest 147th Lane
Miami, FL 33196
(786) 205-4058
Digital Contact Information:
http://www.headway.com
therapyaldosalas@gmail.com

Saldarriaga, Natalia, MC, LMHC ●
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
https://behavioralaid.com/
nataliasaldarriaga@rocketmail.com

Salva, Sasha R, MS, LMHC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sanchez, Alberto, MSN, PMHNP ■
12651 South Dixie Highway
Suite 320
Miami, FL 33156
(305) 300-3121
Digital Contact Information:
http://www.happymindswellness.com
pmhc_llc@outlook.com

and
FL
(305) 300-3121
Digital Contact Information:
http://www.happymindswellness.com
pmhc_llc@outlook.com

Sanchez, Gabriel, MD ■
9725 South Dixie Highway
Pinecrest, FL 33156
(305) 209-0144
Digital Contact Information:
http://sanchez-md.com
gabriel@sanchez-md.com
Other Languages Spoken by Provider or Office Staff English

Sanchez, Roberto W, MN, APRN ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
healingtouchinc@msn.com

and
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

Sanchez, Rosa M, MS, LMHC ■
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
morecounseling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Santana, Jessica, MS, LMHC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 648-4447
Digital Contact Information:
credentialing@behavioralaid.com

and
7221 SW 24th St
Ste 206
Miami, FL 33155
(786) 648-4447
Digital Contact Information:
credentialing@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com

Santana Sparber, Jacqueline, PSYD, LP ■
100 NE 15th St
Ste 101D
Homestead, FL 33030
(833) 779-8646
Digital Contact Information:
drsantanasparber@keysgatewellness.com
Other Languages Spoken by Provider or Office Staff
Spanish

Satorre, Mayuli C, MSN, APRN ■
3785 Northwest 82nd Avenue
307
Doral, FL 33166
(305) 898-5420
Digital Contact Information:
m.satorre@harmonyatthegables.com

and
33550 South Dixie Highway
106
Florida City, FL 33034
(786) 601-7712
Digital Contact Information:
m.satorre@harmonyatthegables.com

and
1150 Northwest 72nd Avenue
ph 2
Miami, FL 33126
(786) 542-5043
Digital Contact Information:
http://1stcarecms.com
m.satorre@harmonyatthegables.com

and
2650 Southwest 27th Avenue
Suite 305
Miami, FL 33133
(786) 353-9812
Digital Contact Information:
http://www.harmonyatthegablesclinic.com
m.satorre@harmonyatthegables.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sawyer, Robert, MMH, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com

and
3191 Coral Way
Ste 602
Miami, FL 33145
(305) 799-0620
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Schild, Sven, PHD, LP ●
FL
(858) 602-2847
Digital Contact Information:
http://www.svenschild.com
sven.schild@gmail.com
Other Languages Spoken by Provider or Office Staff Sign Lang Amer

Schmid, Cecilia A, MPSY, LMHC ■
9380 SW 72nd St
Ste 238
Miami, FL 33173
(305) 632-2322
Digital Contact Information:
ceciliaschmid@hotmail.com

and
10691 N Kendall Dr
Ste 110
Miami, FL 33176
(305) 632-2322
Digital Contact Information:
ceciliaschmid@hotmail.com

Sequeiros, Rosa, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Shervington, Dinora T, MS, LMFT ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
thecouples1@gmail.com

and
12150 Southwest 128th Court
Suite 105
Miami, FL 33186
(305) 338-2231
Digital Contact Information:
thecouples1@gmail.com

and
13383 SW 142nd Ter
Miami, FL 33186
(786) 362-5981
Digital Contact Information:
thecouples1@gmail.com

Sifran, Susana E, MA, LMHC ■
2040 Northeast 163rd Street
305
North Miami Beach, FL 33162
(786) 553-6038
Digital Contact Information:
susanasifran@hotmail.com
Other Languages Spoken by Provider or Office Staff
Hebrew, Spanish

Simpson, Zilla, MPSY, LMHC ■
18951 Southwest 106th Avenue
105 106
Miami, FL 33157
(305) 233-4448
Digital Contact Information:
stepstherapycenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sockol, Jamie K, MS, LMHC ■
111 NW 183rd St
Ste 404
Miami, FL 33169

(786) 524-4001
Digital Contact Information:
info@selfcarecounselingofsouthflorida.com
Other Languages Spoken by Provider or Office Staff English

Sotolongo, Niurka, MSW, LMHC ■
3955 SW 59th Ave
Miami, FL 33155
(954) 624-6016
Digital Contact Information:
niurkasotolongo@yahoo.com

Spasic, Marija, MS, LMHC ■
7600 West 20th Avenue
213
Hialeah, FL 33016
(786) 471-6887
Digital Contact Information:
http://marijaspasic.com
srcetherapy@gmail.com

Springer, Shawndel, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
gethelp@wellqor.com

Stevenson, Thalia, MS, LCMHC ■
FL
(786) 530-5410
Digital Contact Information:
http://actservicellc.com
actservices2023@gmail.com

Stone Palmer, Matthew Luke, MSW, LCSW ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
info@prioritypractice.com

Suarez, Miriam, MS, LMHC ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and
7221 SW 24th St
Ste 206
Miami, FL 33155
(786) 648-4447
Digital Contact Information:
http://www.fmhpllc.com
info@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

Suazo, Ingrid M, MS, APN, APRN, CRNP, NP, RNP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://happierliving.com
info@sublimitycare.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@sublimitycare.com

Sussman, Abbe B, MSW, LCSW ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

Tapia, Maria I, PHD, LCSW ■
1801 Coral Way
Ste 401
Miami, FL 33145
(305) 323-2807
Digital Contact Information:
tapialcsw@gmail.com

and
13230 SW 37th Ter
Miami, FL 33175
(305) 225-1144
Digital Contact Information:
tapialcsw@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Tauler, Antonio, MD ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
Not Available

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
Other Languages Spoken by Provider or Office Staff
Spanish

Tedesco, Nicole, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Theoc, Phonia, MS, LMHC ●
FL
(786) 644-5248
Digital Contact Information:
transformingmindsandlives@gmail.com

Tolbert, Kristen, EDD, LMHC, LPC ■
FL
(877) 799-1506
Digital Contact Information:
kristentolbert@gmail.com

and
18117 Biscayne Boulevard
2052
Miami, FL 33160
(954) 591-8526
Digital Contact Information:
kristentolbert@gmail.com

Toledo, Lismerys M, MSW, LCSW ■
3580 Mystic Pointe Drive
Suite #107
Aventura, FL 33180
(305) 423-9671
Digital Contact Information:
services@tcctherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Tormo, Jesus W, MC, LMHC ■
22790 SW 112th Ave
Miami, FL 33170
(305) 235-2616
Digital Contact Information:
http://www.theagapenetwork.org
rgrossmiller@hcnetwork.org

Torres, Amanda G, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
credentialing@joinuplift.co
Other Languages Spoken by Provider or Office Staff English

Torres, Yuri G, MMFT, LMFT ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
info@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
info@behavioralaid.com
Other Languages Spoken by Provider or Office Staff
Spanish

Tyson, Deborah K, PHD, LP ■
FL
(305) 595-8225
Digital Contact Information:
debaeiou@aol.com

Uribe, Liliana L, DSW, LCSW ■
2555 Northwest 102nd Avenue
STE 205
Doral, FL 33172
(305) 397-4031
Digital Contact Information:
lilyulcsw@aol.com

Vaccaro, Terrence, PHD, LP ■
7700 N Kendall Dr
Ste 415
Miami, FL 33156
(786) 359-4161
Digital Contact Information:
morecounseling@gmail.com

and
12368 SW 82nd Ave
Pinecrest, FL 33156
(786) 227-6570
Digital Contact Information:
morecounseling@gmail.com

Valdes Hernandez, Mayuly, MSN, APRN ■
255 University Dr
Fl 2
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
administration@mindandsoultherapy.com

and
2550 Douglas Road
Ste #301
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
administration@mindandsoultherapy.com

and
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
administration@mindandsoultherapy.com

Valdes, Jose G, DNP, APRN ■
FL
(305) 204-9455
Digital Contact Information:
josegvn@gmail.com

and
10689 North Kendall Drive
211
Miami, FL 33176
(305) 204-9499
Digital Contact Information:
josegvn@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valdez, Aileen, MSCC, LMHC ●
1550 Madruga Ave
Ste 509
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
https://www.abc4s.com/
inf0@abc4s.com

and
FL
(786) 536-9714
Digital Contact Information:
https://www.abc4s.com/
inf0@abc4s.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vance, Melissa, MS, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
pandatherapycircle@gmail.com

Varela, Chily, MMH, LMHC ■
3081 Salzedo Street
202 202
Coral Gables, FL 33134
(786) 327-4840
Digital Contact Information:
cvarelalmhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vazquez Garcia, Yaimara, MC, LMHC ■
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
http://brightsyhealthfl.com
brightsyhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vazquez, Josh I, MS, LMHC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com

and
15715 S Dixie Hwy
Ste 403
Miami, FL 33157
(305) 707-5966
Digital Contact Information:
http://movingtowardagape.com
credentialing@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com

Vega, Monica, MA, LMHC ■
2500 Northwest 79th Avenue
233
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
angelcmhcorp@gmail.com

and
2500 Northwest 79th Avenue
Suite 189
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
angelcmhcorp@gmail.com

and
10300 Southwest 72nd Street
300
Miami, FL 33173
(786) 418-9730
Digital Contact Information:
http://www.happydreamsofkids.com
angelcmhcorp@gmail.com

and
17325 Northwest 27th Avenue
206 207
Miami Gardens, FL 33056
(786) 822-7270
Digital Contact Information:
angelcmhcorp@gmail.com

Vieira, Caroline, MC, LMHC, PC ■
2212 Northwest 91st Street
Miami, FL 33147
(341) 888-7637
Digital Contact Information:
contact@quelinbilling.com

Other Languages Spoken by Provider or Office Staff Portuguese

Viera, Oelsner, MSN, APRN ■
7925 Northwest 12th Street
405
Miami, FL 33126
(786) 401-7278
Digital Contact Information:
drviera@att.net
Other Languages Spoken by Provider or Office Staff Spanish

Vila, Dayana, MSN, APRN ■
4005 Northwest 114th Avenue
22 22
Doral, FL 33178
(305) 260-6913
Digital Contact Information:
billingheritagewellness@gmail.com

and
2645 SW 37th Ave
Ste 101
Miami, FL 33133
(786) 530-4080
Digital Contact Information:
billingheritagewellness@gmail.com

and
14221 Southwest 120th Street
126
Miami, FL 33186
(786) 577-3427
Digital Contact Information:
billingheritagewellness@gmail.com

and
13100 West Dixie Highway
North Miami, FL 33161
(786) 442-5021
Digital Contact Information:
billingheritagewellness@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Vizcaino, Olga M, MSN, APRN ■
2100 West 76th Street
201 206
Hialeah, FL 33016
(786) 353-2324
Digital Contact Information:
olgamaria861@yahoo.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
olgamaria861@yahoo.com

and
8950 Southwest 74th Court
1911
Miami, FL 33156
(786) 637-7338
Digital Contact Information:
olgamaria861@yahoo.com

and
6001 Northwest 153rd Street
203
Miami Lakes, FL 33014
(786) 459-2466
Digital Contact Information:
olgamaria861@yahoo.com

and
FL
(602) 562-7383
(786) 459-2466
Digital Contact Information:
olgamaria861@yahoo.com

Wallace, Nicole J, MED, LCMHC ■
22027 Southwest 112th Avenue
a
Miami, FL 33170
(786) 957-2988
Digital Contact Information:
http://www.transformcc10.com
transformationcc10@gmail.com

Wallis, Brittany L, MC, LMFT ■
101 Majorca Avenue
Coral Gables, FL 33134
(786) 618-2627
Digital Contact Information:
blswallis@gmail.com

and
FL
(786) 618-2627
Digital Contact Information:
blswallis@gmail.com

Weiss, Robert, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
credentialer@gmail.com

White, Samantha, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
frontdesk@highersightscounseling.com

Whittington, Brittany N, MS, LMHC ■
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
http://www.crystalabatherapy.com
info@cmpsclinical.com

Williams, Jonteria, DNP, APRN ■
777 Brickell Ave
Ste 500
Miami, FL 33131
(786) 490-2181
Digital Contact Information:
http://happierliving.com
credentialing_team7@medtrainer.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing_team7@medtrainer.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
credentialing_team7@medtrainer.com

Wilson, Mia R, EDD, CAP, LMHC ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(866) 478-3978
Digital Contact Information:
miarwilson@aol.com

Wiltshire, Michelle C, PSYD, LP ■
18117 Biscayne Boulevard
#1352
Miami, FL 33160
(929) 266-9477
Digital Contact Information:
http://wasabiwell.com
michellewiltshirepsyd@gmail.com

Wirshing, Nicole, MS, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
info@shapingacademy.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
info@shapingacademy.com

and
1951 NW 7th Ave
Ste 600
Miami, FL 33136
(929) 384-7193
Digital Contact Information:
info@shapingacademy.com

and
11925 Southwest 72nd Street
Miami, FL 33183
(305) 562-4683
Digital Contact Information:
http://www.shapingacademy.com
info@shapingacademy.com

and
16304 Southwest 61st Lane
Miami, FL 33193
(786) 247-7125
Digital Contact Information:
info@shapingacademy.com
Other Languages Spoken by Provider or Office Staff Spanish

Wolford-Ward, Stephenie J, MA, LCMHC, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
stepheniewolfordlmt@gmail.com

Wonesh, Bria, MED, LMHC ■
1175 Northeast 125th Street
320
Miami, FL 33161
(786) 842-0444
Digital Contact Information:
http://www.marriagefamilyservices.com
marriagefamilyservices@comcast.net

Wool, Sorcha, MSW, LCSW ■
1951 Northwest 7th Avenue
Miami, FL 33136
(571) 934-3936
Digital Contact Information:
admin@supportiveengagemet.com

and
FL
(305) 902-6347
Digital Contact Information:
admin@supportiveengagemet.com
Other Languages Spoken by Provider or Office Staff Sign Lang Amer

Woolery, Nickesha, MSN, APRN ■
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
info@aimergency.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
info@aimergency.com
Other Languages Spoken by Provider or Office Staff English, Haitian Creole, Filipino, French, Spanish

Wunderman, Terilee, PHD, LP ■
8600 SW 92nd Street
#203
Kendall, FL 33156
(305) 595-6633
Digital Contact Information:
https://www.drwunderman.com/
tw@drwunderman.com

Zarate, Yolanda B, MD ■
790 Northwest 107th Avenue
Suite 110
Miami, FL 33172
(305) 964-5426
Digital Contact Information:
flbehaviorhealthgroupllc@outlook.com

and
4302 Alton Rd
Ste 845
Miami Beach, FL 33140
(305) 674-7498
Digital Contact Information:
flbehaviorhealthgroupllc@outlook.com

and
FL
(305) 674-7498
Digital Contact Information:
flbehaviorhealthgroupllc@outlook.com
Other Languages Spoken by Provider or Office Staff French, Spanish

Zayas-Bazan, Maria, PSYD, LP ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
info@behavioralaid.com
Other Languages Spoken by Provider or Office Staff Spanish

Zitnick, Michelle S, MSN, APRN ■
975 West 41st Street
308
Miami Beach, FL 33140
(305) 905-2349
Digital Contact Information:
Not Available

Zumar, Lorraine M, MC, LMHC, LPC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

CULTURAL/ETHNIC ISSUES

Abraham, Steven K, PSYD, LP ■
150 Alhambra Circle
Floor 10
Coral Gables, FL 33134
(786) 800-3374
Digital Contact Information:
ndcclakeland@gmail.com

and
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
ndcclakeland@gmail.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
ndcclakeland@gmail.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
ndcclakeland@gmail.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
ndcclakeland@gmail.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
ndcclakeland@gmail.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
ndcclakeland@gmail.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
ndcclakeland@gmail.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
ndcclakeland@gmail.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
ndcclakeland@gmail.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779

Digital Contact Information:
ndcclakeland@gmail.com

Abreu, Rebecca P, MS, LMHC ■
777 E 25th St
Ste 306
Hialeah, FL 33013
(786) 838-6092
Digital Contact Information:
pouabreu@gmail.com

and
2121 Southwest 3rd Avenue
205
Miami, FL 33129
(786) 660-1301
Digital Contact Information:
pouabreu@gmail.com

and
3191 Southwest 22nd Street
406
Miami, FL 33145
(786) 660-1301
Digital Contact Information:
pouabreu@gmail.com

and
1021 Ives Dairy Road
216
Miami, FL 33179
(305) 497-2473
Digital Contact Information:
pouabreu@gmail.com

and
FL
(786) 818-7169
(315) 873-2936
Digital Contact Information:
pouabreu@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Acker, Ashleigh, MS, LMFT ●
1175 Northeast 125th Street
320
Miami, FL 33161
(954) 372-0423
Digital Contact Information:
http://www.marriagefamilyservices.com
mfsfrontdesk1@gmail.com
Other Languages Spoken by Provider or Office Staff Portuguese, English, Malayalam, Haitian, Italian, Spanish

Acosta Romero, Diana, MSN, APRN ■
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
info@cbhwestcoast.com

and
8323 Northwest 12th Street
108
Doral, FL 33126
(305) 400-8511
Digital Contact Information:
http://www.cbhwestcoast.com
info@cbhwestcoast.com

and
FL
(305) 400-8511
Digital Contact Information:
info@cbhwestcoast.com
Other Languages Spoken by Provider or Office Staff Spanish

Aday, Reyna, PHD, LMHC ■
7990 Southwest 117th Avenue
Ste 215
Kendall, FL 33183
(786) 963-9770
Digital Contact Information:
http://www.wholeisticcg.com
wholeisticpsychiatry@gmail.com

and
FL
(786) 583-4725
(786) 963-9770
Digital Contact Information:
http://www.reynaaday.com
wholeisticpsychiatry@gmail.com

and
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
http://www.wholeisticcg.com
wholeisticpsychiatry@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Aguilar, Rosalva, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
lisa.kane@gulfshorescounselingcenter.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Ahmed, Michelle, MS, LMFT ■
FL
(312) 912-1033
Digital Contact Information:
http://foodforhearttherapy.com
michelleahmedmft@gmail.com
Other Languages Spoken by Provider or Office Staff Bengali

Alayon, Carlos, MS, LMHC ■
10500 Northwest 26th Street
Doral, FL 33172
(305) 646-1799
Digital Contact Information:
calayon@hotmail.com

and
1710 Northwest 7th Street
5
Miami, FL 33125
(239) 250-9411
Digital Contact Information:
calayon@hotmail.com

and
2311 Northwest 7th Street
Miami, FL 33125
(786) 706-2246
Digital Contact Information:
calayon@hotmail.com

and
790 Northwest 107th Avenue
Suite 303
Miami, FL 33172
(786) 603-9858
Digital Contact Information:
calayon@hotmail.com

and
11960 SW 39th Ter
Miami, FL 33175
(786) 514-6406
Digital Contact Information:
calayon@hotmail.com

and
13170 Southwest 128th Street
200
Miami, FL 33186
(786) 852-5198
Digital Contact Information:
calayon@hotmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Albury, Opal, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
chandlercounseling@gmail.com

Alea Garcia, Alina, MSSW, BCBA ■
123 N Krome Ave
Ste 104
Homestead, FL 33030
(786) 349-4559
Digital Contact Information:
referrals@ffmhs.com

and
Home Based Services Only
Homestead, FL 33030
(786) 349-4559
Digital Contact Information:
referrals@ffmhs.com

Almagro, Francisco, MC, LMHC ■
4800 West Flagler Street
215
Coral Gables, FL 33134
(954) 368-4786
Digital Contact Information:
pedroramon1@yahoo.com

and
2300 West 84th Street
Ste 601
Hialeah, FL 33016
(305) 363-4001
Digital Contact Information:
pedroramon1@yahoo.com

and
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
pedroramon1@yahoo.com

and
6801 Northwest 77th Avenue
107
Miami, FL 33166
(786) 536-2364
Digital Contact Information:
pedroramon1@yahoo.com

and
12150 Southwest 128th Court
125
Miami, FL 33186
(305) 964-5191
Digital Contact Information:
pedroramon1@yahoo.com

and
FL
(786) 624-1303
Digital Contact Information:
pedroramon1@yahoo.com
Other Languages Spoken by Provider or Office Staff Spanish

Almonte, Aldriana A, MSW, LCSW ■
31 N Krome Ave
Homestead, FL 33030
(786) 481-5909
Digital Contact Information:
aalmonte@infinitecc.org
Other Languages Spoken by Provider or Office Staff English, Spanish

Alsakloull, Majd, MS, LMHC ■
3785 Northwest 82nd Avenue
206
Doral, FL 33166
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
ebcg-support@findoctave.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff Arabic

Alvarenga, Alicia, MSSW, LCSW ■
2100 Coral Way
#310
Miami, FL 33145
(786) 320-1677
Digital Contact Information:
ydzmgroup@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Alvarez, Arlinnes, MMH, LMHC ■
FL
(305) 804-9121
Digital Contact Information:
http://www.sfacounseling.org
arlinnes@yahoo.com
Other Languages Spoken by Provider or Office Staff English, Creole, Spanish

Alvarez, Darline, MSW, LCSW ■
FL
(786) 223-6222
Digital Contact Information:
epochjourney@live.com
Other Languages Spoken by Provider or Office Staff Spanish

Alvarez-Jimenez, Anabel, PHD, LP ■
6175 NW 153rd St
Ste 205
Miami Lakes, FL 33014
(305) 814-8558
Digital Contact Information:
aalvarez@thrivepsychological.com
Other Languages Spoken by Provider or Office Staff Spanish

Amado, Sandra J, MC, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@usmso.com

Amador, Ruth Narumi, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
sheryl.shumate@colapsych.com
Other Languages Spoken by Provider or Office Staff Spanish

Amaya-Ordonez, Esmeralda, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Ambush, Latonia M, MMH, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
latonia.ambush@gmail.com

Andres, Alice M, PSYD, CP, HSPP, LP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
rainbowlanternpsych@gmail.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
rainbowlanternpsych@gmail.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
rainbowlanternpsych@gmail.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
rainbowlanternpsych@gmail.com
Other Languages Spoken by Provider or Office Staff English

Anias, Carlos, MSN, APRN ■
2000 Northwest 87th Avenue
Suite 201
Doral, FL 33172
(954) 561-6222
Digital Contact Information:
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Annan, Grace, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
scheduling@ehomegroup.com
Other Languages Spoken by Provider or Office Staff Italian

Arandia, Eloisa, MMFT, BCBA, LMHC ■
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Aroche, Gladys, MPSY, LMHC ■
5881 Northwest 151st Street
111
Miami Lakes, FL 33014
(305) 440-8920
Digital Contact Information:
gac25@ymail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Assinthe, Jeanne, MSW, LCSW ■
FL
(786) 779-8898
Digital Contact Information:
http://www.amitiewellness.com
jeanne@amitiewellness.com
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole, French, Spanish

Ayer, Brian, MA, LPCC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
registration@ravenwoodhealth.org
Other Languages Spoken by Provider or Office Staff Sign Lang Amer

Azucena, Natalia, MSW, LCSW ■
18710 Southwest 107th Avenue
UNIT 15
Cutler Bay, FL 33157
(786) 459-9945
Digital Contact Information:
callisiabilling@gmail.com

and
7392 Northwest 35th Terrace
Suite 302
Miami, FL 33122
(786) 353-2792
Digital Contact Information:
callisiabilling@gmail.com

and
2141 Southwest 1st Street
201
Miami, FL 33135
(786) 920-9137
Digital Contact Information:
callisiabilling@gmail.com

and
8390 West Flagler Street
220
Miami, FL 33144
(305) 402-4835
Digital Contact Information:
http://newmooncmhc.com
callisiabilling@gmail.com

and
9425 Southwest 72nd Street
225
Miami, FL 33173
(780) 353-2369
Digital Contact Information:
callisiabilling@gmail.com

and
5209 Northwest 36th Street
Miami Springs, FL 33166
(786) 712-7752
Digital Contact Information:
callisiabilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Baldie, Toni-Saccian A, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barcelo, Elena, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barciela, Gilberto, MSN, APRNPMH ■
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
forwardwithfc@gmail.com

Barkey, Adam D, PSYD, LP ■
11900 Biscayne Boulevard
Miami, FL 33181
(786) 949-0001
Digital Contact Information:
http://www.curectneuro.com
credentialing@curectneuro.com

Barnes, Cassandra D, MC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@thriveworks.com
Other Languages Spoken by Provider or Office Staff English

Barreira, Edith M, MMFT, LMFT ■
11098 Biscayne Blvd
401-27
Miami, FL 33161
(305) 972-4865
Digital Contact Information:
https://edithmariabarreiralmft.com
privatepracticeeb@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barrera, Lourdes, MPSY, LMHC ■
19001 Southwest 106th Avenue
c103
Miami, FL 33157
(786) 523-2352
Digital Contact Information:
hopeandserenity4you@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barreto, Camila, MA, LMFT ■
20225 Northeast 34th Court
APT 2511
Aventura, FL 33180
(805) 453-2525
Digital Contact Information:
http://www.connectedbeings.com
connectedbeings@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barreto, Lourdes A, MSSW, LCSW ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
referrals@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barros, Sandra J, MSW, LCSW ■
9920 Southwest 115th Avenue
Miami, FL 33176
(305) 457-9131
Digital Contact Information:
sandrajbarros@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barroso, Alina, MD, LMHC ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Barroso, Rosa M, MC, LMHC ■
8004 Northwest 154th Street
418
Hialeah, FL 33016
(305) 530-8119
Digital Contact Information:
r@rbarrosolmhc.com

and
FL
(305) 530-8119
(305) 239-7725
Digital Contact Information:
r@rbarrosolmhc.com

and
7950 West Flagler Street
Suite 101
Miami, FL 33144
(305) 239-7725
Digital Contact Information:
r@rbarrosolmhc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Basart, Natalie, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bates, Colana, MA, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Batista, Maylin, PHD, LMHC ■
6001 Northwest 153rd Street
157
Miami Lakes, FL 33014
(415) 941-4109
Digital Contact Information:
http://www.intent-therapy.com
intenttherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Beaubrun, Lucika, MA, LMHC ■
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(561) 289-7995
Digital Contact Information:
pandatherapycircle@gmail.com

Belcher, Briana, MS, LMHC ■
3625 Northwest 82nd Avenue
400 3
Doral, FL 33166
(305) 209-6399
Digital Contact Information:
briana@mindfuldirectionscc.com

and
9822 Northeast 2nd Avenue
2
Miami Shores, FL 33138
(786) 350-1567
Digital Contact Information:
http://www.mindfuldirectionscc.com
briana@mindfuldirectionscc.com

and
1125 Northeast 125th Street
112
North Miami, FL 33161
(305) 209-6399
Digital Contact Information:
http://mindsetsolutionsctc.com/
briana@mindfuldirectionscc.com

Belfort, Elsie P, MSN, CNP, NP ■
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing@orendapsych.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, French

Belizaire, Nadly, MS, LMHC ■
FL
(786) 708-1478
Digital Contact Information:
http://peacewaytherapy.com
nadly@peacewaytherapy.com
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole, Creole, Haitian

Bello Lemus, Maday, MSN, APRN ■
711 Northwest 23rd Avenue
Ste 301
Miami, FL 33125
(305) 643-4797
Digital Contact Information:
chmedicalbilling@gmail.com

and
8380 Southwest 40th Street
Miami, FL 33155
(306) 613-0492
Digital Contact Information:
chmedicalbilling@gmail.com

and
5673 Southwest 137th Avenue
Miami, FL 33183
(305) 385-3949
Digital Contact Information:
chmedicalbilling@gmail.com

and
9000 Southwest 137th Avenue
107
Miami, FL 33186
(305) 603-7824
Digital Contact Information:
chmedicalbilling@gmail.com

and
11285 Southwest 211 Street
305
Miami, FL 33189
(786) 980-7496
Digital Contact Information:
chmedicalbilling@gmail.com

and
5975 Southwest 8th Street
b
West Miami, FL 33144
(305) 269-1616
Digital Contact Information:
chmedicalbilling@gmail.com

Belmonte, Silvina, MC, LMHC ■
7171 Southwest 24th Street
316
Miami, FL 33155
(786) 762-2415
Digital Contact Information:
http://www.orthoandrehabilitation.org
silvinabelmnte@hotmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Benjamin, Andrew P, MSW, LCSW ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com

Bennett, Nicholas, PSYD, LP ■
390 Northeast 191st Street
Miami, FL 33179
(805) 225-4446
Digital Contact Information:
doctor.bennett@outlook.com

Bentel, Eliana S, MMFT, LMFT ■
FL
(786) 286-5779
Digital Contact Information:
medicalocean205@gmail.com

and
2500 Northwest 79th Avenue
Suite 189
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
medicalocean205@gmail.com

and
7855 Northwest 12th Street

221
Doral, FL 33126
(305) 648-7174
Digital Contact Information:
medicalocean205@gmail.com

and
1414 Northwest 107th Avenue
410
Doral, FL 33172
(305) 560-5742
Digital Contact Information:
medicalocean205@gmail.com

and
7614 Northwest 186th Street
Hialeah, FL 33015
(786) 534-3457
Digital Contact Information:
medicalocean205@gmail.com

and
14411 Commerce Way
330
Hialeah, FL 33016
(786) 701-8416
Digital Contact Information:
http://nossmedicalcorp.com/
medicalocean205@gmail.com

and
15600 Southwest 288th Street
Suite 405
Homestead, FL 33033
(786) 334-3515
Digital Contact Information:
medicalocean205@gmail.com

and
10379 Southwest 186th Street
Miami, FL 33157
(720) 314-4727
Digital Contact Information:
medicalocean205@gmail.com

and
11055 Southwest 186th Street
#101
Miami, FL 33157
(305) 342-4893
Digital Contact Information:
medicalocean205@gmail.com

and
9350 Sunset Drive
suit 150
Miami, FL 33173
(786) 356-3613
Digital Contact Information:
medicalocean205@gmail.com

and
9380 Southwest 72nd Street
245
Miami, FL 33173
(305) 381-5434
Digital Contact Information:
medicalocean205@gmail.com

and
931 Southwest 122nd Avenue
Miami, FL 33184
(305) 603-9235
Digital Contact Information:
medicalocean205@gmail.com

and
12001 SW 128th Ct
Ste 102
Miami, FL 33186
(786) 971-7920
Digital Contact Information:
medicalocean205@gmail.com

and
12255 Southwest 132nd Court
Miami, FL 33186
(305) 964-5157
Digital Contact Information:
medicalocean205@gmail.com

and
12595 Southwest 137th Avenue
STE 201
Miami, FL 33186
(786) 770-4832
Digital Contact Information:
medicalocean205@gmail.com

and
13335 SW 124th St
Ste 106
Miami, FL 33186
(786) 842-3964
Digital Contact Information:
medicalocean205@gmail.com

and
13335 Southwest 124th Street
Suite 205
Miami, FL 33186
(305) 964-5082
Digital Contact Information:
medicalocean205@gmail.com

and
13590 Southwest 134th Avenue
205c
Miami, FL 33186
(786) 754-6474
Digital Contact Information:
medicalocean205@gmail.com

and
14750 Northwest 77th Court
SUITE 206
Miami Lakes, FL 33016
(796) 238-7959
Digital Contact Information:
medicalocean205@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Benzaquen, Melissa, MSED, LMHC ■
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
http://www.ibhflorida.com
osaker@ibhflorida.com

Bermudez, Jose, PSYD, LP ■
9425 SW 72nd St
Ste 267
Miami, FL 33173
(305) 981-6806
Digital Contact Information:
jbpsyd@gmail.com

Bermudez Toth, Silvia P, PHD, LP ■
10691 N Kendall Dr
Ste 105
Miami, FL 33176
(305) 668-6018
Digital Contact Information:
cartayagroup@gmail.com

Bernal, Liliam, MSW, LCSW ■
FL
(954) 716-1718
Digital Contact Information:
https://www.mswservices.org
sw@yaconsulting.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

Berroa, Melida, MSW, LCSW ■
1840 West 49th Street
Suite 727
Hialeah, FL 33012
(786) 715-3086
Digital Contact Information:
mamtherapeutic@gmail.com

and
17670 Northwest 78th Avenue
STE 113
Hialeah, FL 33015
(716) 558-4565
Digital Contact Information:
mamtherapeutic@gmail.com

and
8950 SW 74th Ct
Ste 2201
Miami, FL 33156
(786) 577-3427
Digital Contact Information:
mamtherapeutic@gmail.com

and
20535 Northwest 2nd Avenue
210
Miami, FL 33169
(305) 934-4382
Digital Contact Information:
https://mamtherapeutic.com
mamtherapeutic@gmail.com

and
FL
(305) 934-4382
Digital Contact Information:
https://mamtherapeutic.com
mamtherapeutic@gmail.com

and
14221 Southwest 120th Street
126
Miami, FL 33186
(786) 577-3427
Digital Contact Information:
mamtherapeutic@gmail.com

and
10201 Hammocks Boulevard
Suite 122
Miami, FL 33196
(305) 934-4382
Digital Contact Information:
mamtherapeutic@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Betancourt, Alicia, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Betancourt, Jenny V, MS, LCMHC, LMHC, LPC ■
FL
(305) 330-8114
Digital Contact Information:
https://jenny-betancourt.clientsecure.me/
jmoran@docurapid.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bianchi, Fiorella, MSW, LCSW ■
2555 Northwest 102nd Avenue
STE 205
Doral, FL 33172
(786) 372-6788
Digital Contact Information:
http://www.holisticmindscollective.org
bianchisw@gmail.com

and
7000 West 12th Avenue
15
Hialeah, FL 33014
(305) 395-4919
Digital Contact Information:
bianchisw@gmail.com

and
FL
(305) 395-4919
Digital Contact Information:
bianchisw@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bibas, Silvia M, MACP, LMHC ■
5590 West 20th Avenue
200 201
Hialeah, FL 33016
(305) 557-1555
Digital Contact Information:
http://lifestarwellnesscenter.com
sbibas999@gmail.com

and
3416 West 84th Street
C-108
Hialeah, FL 33018
(305) 557-1555
Digital Contact Information:
http://lifestarwellnesscenter.com
sbibas999@gmail.com

Blair, Caryn, DNP, APRN ■
2999 NE 191st St
Ste 705
Miami, FL 33180
(305) 721-0748
Digital Contact Information:
mphealth4145@gmail.com

and
FL
(305) 721-0748
Digital Contact Information:
mphealth4145@gmail.com

Blanco Alonso, Maydibis, MN, APRN ■
5190 Northwest 167th Street
Suite 218
Hialeah, FL 33014
(786) 353-9410
Digital Contact Information:
admin@harmonycenter.us

and
17670 Northwest 78th Avenue
STE 113
Hialeah, FL 33015
(786) 715-3086
Digital Contact Information:
admin@harmonycenter.us

and
330 Southwest 27th Avenue
STE 609
Miami, FL 33135
(786) 743-0801
Digital Contact Information:
admin@harmonycenter.us

and
4905 Northwest 72nd Avenue
5
Miami, FL 33166
(786) 391-3816
Digital Contact Information:
http://paradisehealthgroup.com
admin@harmonycenter.us

and
13155 Southwest 134th Street
221
Miami, FL 33186
(786) 652-9880
Digital Contact Information:
admin@harmonycenter.us

and
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
admin@harmonycenter.us

and
14865 South Dixie Highway
Palmetto Bay, FL 33176
(786) 732-2176
Digital Contact Information:
admin@harmonycenter.us
Other Languages Spoken by Provider or Office Staff
Spanish

Blanco, Mercy, MD ■
4175 W 20th Ave
Hialeah, FL 33012
(786) 631-4158
Digital Contact Information:
info@blancomedicalcenter.com

and
1645 Southwest 107th Avenue
Ste 114A
Miami, FL 33165
(786) 631-4158
Digital Contact Information:
info@blancomedicalcenter.com

and
10661 North Kendall Drive
216
Miami, FL 33176
(786) 631-4158
Digital Contact Information:
info@blancomedicalcenter.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Bloom, Audrey, PHD, LP ■
14707 South Dixie Highway
107
Miami, FL 33176
(305) 301-8251
Digital Contact Information:
audreybloom@bellsouth.net

Blumtritt, Cesar E, PHD, BCABA, LMHC ■
10200 Northwest 25th Street
201
Doral, FL 33172
(305) 406-3689
Digital Contact Information:
http://www.foundartacademy.org
denalicrt@aol.com

and
10200 Northwest 25th Street
STE 204
Doral, FL 33172
(305) 406-3689
Digital Contact Information:
http://www.foundartacademy.org
denalicrt@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bodan, Dayra L, PSYD, LP ■
6405 Northwest 36th Street
112
Virginia Gardens, FL 33166
(305) 871-3131
Digital Contact Information:
therapeuticalli@bellsouth.net
Other Languages Spoken by Provider or Office Staff
English, Spanish

Bolden, Simone K, MSW, LCSW ■
FL
(800) 567-5433
Digital Contact Information:
https://totallife.com/
asands@claritynwi.com

Bolivar, Carmen L, MS, LMHC ■
5201 Blue Lagoon Dr
Ste 800
Miami, FL 33126
(305) 707-8615
Digital Contact Information:
highrisewellness@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bonilla, Alicia, MSW, LCSW ●
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Booker, Ebony C, MSS, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ebonyb135@gmail.com

Borda, Margarita, MA, LMHC ■
123 Madeira Avenue
204
Coral Gables, FL 33134
(305) 898-6607
Digital Contact Information:
margaritaborda123@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Borges, Ariel, MC, BCBA, LMHC ■
330 Southwest 27th Avenue
STE 301
Miami, FL 33135
(786) 254-1572
Digital Contact Information:
http://www.counselingsociety.com
arborgesu@gmail.com

and

2157 Southwest 13th Avenue
3
Miami, FL 33145
(786) 254-1572
Digital Contact Information:
http://www.counselingsociety.com
arborgesu@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Brazzini, Mijanou, MPSY, LMHC ■
13205 Southwest 137th Avenue
suite 126
Miami, FL 33186
(786) 713-0383
Digital Contact Information:
http://yjwcare.com
mbrazzini61@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Brock, Hannah, DO ●
3081 Salzedo Street
Suite 202
Coral Gables, FL 33134
(786) 250-6240
Digital Contact Information:
http://www.sunflowerpsychiatry.com
sunflowerpsychiatry@gmail.com

Brook, Robin, PHD, LMHC ■
111 Northeast 1st Street
FL 8
Miami, FL 33132
(888) 344-4549
Digital Contact Information:
rbrooks@transformationalhealth.net
Other Languages Spoken by Provider or Office Staff
English, Creole, Haitian, French, Spanish

Brookes, Ingrid, MS, LMHC ■
10300 Southwest 72nd Street
275d
Miami, FL 33173
(888) 853-7908
Digital Contact Information:
http://www.bettermindtherapycorp.com
vasallojane@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Brown, Dustin Q, MC, LMHC ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
myschoolpsychologist@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Brown, Georgiette, MSN, APRN ■
FL
(305) 771-1302
Digital Contact Information:
https://drghealthandwellness.com/
drghealthandwellness@gmail.com

Brown, Kala M, MSW, LCSW ■
FL
(786) 212-0289
Digital Contact Information:
admin@mentalmovement.org

Brown, Kameka L, PHD, APN, APRNCNP, ARNP ■
FL
(508) 202-1011
Digital Contact Information:
office@cartwheelcare.org

Bruno, Eliz, MS, LMFT ■
FL
(305) 804-9121
(202) 410-5972
(786) 505-4543
Digital Contact Information:
amimft85@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bruno Harrold, Gania, MSW, LCSW ■
17166 Northeast 19th Avenue
North Miami Beach, FL 33162
(954) 247-4603
Digital Contact Information:
intherapywetrust101@gmail.com
Other Languages Spoken by Provider or Office Staff English

Bruno, Julie D, PSYD, LP ■
1550 Madruga Avenue
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
http://www.abc4s.com
support@abc4s.com

Bueno, Abel, MN, PMHNP ■
FL
(786) 878-4962
Digital Contact Information:
abelbgz@hotmail.com
Other Languages Spoken by Provider or Office Staff
French, Spanish

Bugaj, Erika L, MSW, LICSW ■
FL
(202) 531-5385
Digital Contact Information:
hello@dandelioncounselingcare.com

Buigas, Kristen, PSYD, LP ■
11645 Biscayne Boulevard
STE 408
Miami, FL 33181
(305) 538-8835
Digital Contact Information:
https://mbchc.org/
lvgonzalez@hcnetwork.org

and

710 Alton Rd
Miami Beach, FL 33139
(305) 538-8835
Digital Contact Information:
lvgonzalez@hcnetwork.org

and

1221 71st St
Miami Beach, FL 33141
(305) 538-8835
Digital Contact Information:
https://mbchc.org/
lvgonzalez@hcnetwork.org
Other Languages Spoken by Provider or Office Staff
Spanish

Burns, Cheyanne K, MSN, APN, APRN, ARNP, CNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
enrollment@wellpsyche.com

Burr, Tamara, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Bussey-Martin, Shantara L, MSW, LCSW ■
FL
(786) 751-1565
Digital Contact Information:
https://www.teatimets.com/
sbusseymartin@teatimets.com

Bustillo, Eduardo, DNP, APRN ■
12060 Southwest 129th Court
201
Miami, FL 33186
(786) 615-3349
Digital Contact Information:
office@neurobehavioral.health

and

13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
office@neurobehavioral.health

and

8900 Southwest 117th Avenue
Building C SUITE 205
Miami, FL 33186
(305) 640-8600
Digital Contact Information:
http://totustuushealth.com
office@neurobehavioral.health

and

FL
(305) 640-8600
Digital Contact Information:
http://totustuushealth.com
office@neurobehavioral.health
Other Languages Spoken by Provider or Office Staff
Spanish

Cabal, Dayanis, PSYD, LP ■
11645 Biscayne Boulevard
STE 408
Miami, FL 33181
(305) 538-8835
Digital Contact Information:
https://mbchc.org/
lvgonzalez@hcnetwork.org

and

710 Alton Rd
Miami Beach, FL 33139
(305) 538-8835
Digital Contact Information:
lvgonzalez@hcnetwork.org

and

1221 71st St
Miami Beach, FL 33141
(305) 538-8835
Digital Contact Information:
https://mbchc.org/
lvgonzalez@hcnetwork.org
Other Languages Spoken by Provider or Office Staff English

Caballero, Marianela, PSYD, LMHC ■
2550 NW 72nd Ave
Ste 309
Miami, FL 33122
(786) 703-2828
Digital Contact Information:
guidanceandinsightinc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cabrera, Erik A, MD ■
8500 SW 92nd Street
202
Miami, FL 33156
(305) 697-7924
Digital Contact Information:
ecabreramd5@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Caceres, Daniris, MMH, LMHC ■
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
morecounseling@gmail.com

Calderin, Claudia, MSN, APRN ■
12001 Southwest 128th Court
Suite Suite 104
Miami, FL 33186
(786) 868-0505
Digital Contact Information:
clarityhealth@approachteam.com

and

13170 Southwest 128th Street
200
Miami, FL 33186
(786) 852-5198
Digital Contact Information:
https://clarityapproach.com/
clarityhealth@approachteam.com

and

14201 Southwest 120th Street
suite 110
Miami, FL 33186
(786) 238-7492
Digital Contact Information:
clarityhealth@approachteam.com

and

14221 Southwest 120th Street
223
Miami, FL 33186
(786) 690-2296
Digital Contact Information:
clarityhealth@approachteam.com
Other Languages Spoken by Provider or Office Staff
Spanish

Calloway, Crystal, MSW, LCSW ■
FL
(704) 298-9914
Digital Contact Information:
http://www.asehealingcenter06.org
setzertherapist22@gmail.com

Calvo, Greta, MMH, LMHC ●
6175 NW 153rd St
Ste 205
Miami Lakes, FL 33014
(305) 814-8558
Digital Contact Information:
http://www.thrivepsychological.com
gcalvo@thrivepsychological.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cancio, Jose A, MSN, APRN ■
12550 Biscayne Boulevard
STE 507
North Miami, FL 33181
(305) 204-1209
Digital Contact Information:
jac-pmhnp@assertivecare.net
Other Languages Spoken by Provider or Office Staff
English, Spanish

Carballo, Grettel, MC, LMHC ■
1901 West Flagler Street
7
Miami, FL 33135
(786) 612-5973
Digital Contact Information:
grettel2587@gmail.com

and

13195 Southwest 134th Street
101
Miami, FL 33186
(786) 227-6830
Digital Contact Information:
http://esperanzagroup.net
grettel2587@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Carballo, Mercedes, MC, LMHC ■
10689 N Kendall Dr
Ste 215
Miami, FL 33176
(305) 310-4245
Digital Contact Information:
http://mentalwellness.care
mercy.carballo@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Cardenas, Carlos, MSED, LMFT ■
10689 SW 88th St
Ste 305
Miami, FL 33176
(305) 975-9449
Digital Contact Information:
mgme.cc@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Cardona, Maria E, MBS, LPC ■
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
osaker@ibhflorida.com

Careaga, Dioskora, MS, BCBA, LMHC ■
2828 Coral Way
Ste 460
Coral Gables, FL 33145
(732) 523-2327
Digital Contact Information:
http://www.hinesandassociates.net
dioskorac@msn.com

and
12550 Biscayne Boulevard
STE 306
North Miami, FL 33181
(305) 642-5255
Digital Contact Information:
http://www.hinesandassociates.net
dioskorac@msn.com
Other Languages Spoken by Provider or Office Staff Spanish

Carey, Gabrielle, MHS, LMHC ■
12000 Biscayne Boulevard
Miami, FL 33181
(786) 490-5988
Digital Contact Information:
gabbycaresofsouthfl@gmail.com

and
FL
(786) 490-5988
Digital Contact Information:
http://www.gabbycares.com
gabbycaresofsouthfl@gmail.com

Carey, Rashawnda, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@joinuplift.co
Other Languages Spoken by Provider or Office Staff Sign Lang Amer

Carlyon, Corey, MA, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Carr, Satara, MA, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
blisscounseling2019@outlook.com
Other Languages Spoken by Provider or Office Staff English

Carrascal, Jonh, MS, LMHC ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Carrion, Bethania, PSYD, LP ■
175 Fontainebleau Boulevard
Miami, FL 33172
(786) 860-2468
Digital Contact Information:
http://www.guidedinsightpsychology.com
drcarrionb@guided-insight.com
Other Languages Spoken by Provider or Office Staff Spanish

Carroza, Mirna H, MPSY, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff Italian, Spanish

Carter, Carol, MSW, LCSW ■
FL
(305) 400-8511
Digital Contact Information:
http://www.cbhwestcoast.com
credentialing@hcsflorida.com
Other Languages Spoken by Provider or Office Staff English

Casiano, Ada L, MS, LMFT ■
7765 SW 87th Ave
Ste 104
Miami, FL 33173
(305) 494-0956
Digital Contact Information:
acasiano@bellsouth.net
Other Languages Spoken by Provider or Office Staff Spanish

Casteleiro, Vickie, PHD, LP ■
7950 W Flagler St
Ste 106
Miami, FL 33144
(305) 269-3900
Digital Contact Information:
http://www.healthymindspsy.com
drgmartinez.psychologist@gmail.com

and
7950 West Flagler Street
Suite 101
Miami, FL 33144
(305) 239-7725
Digital Contact Information:
http://www.healthymindspsy.com
drgmartinez.psychologist@gmail.com

and
FL
(305) 239-7725
Digital Contact Information:
http://www.healthymindspsy.com
drgmartinez.psychologist@gmail.com

Castillo, Fiorella Paola, MC, LMHC ●
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
info@elevatepsychiatry.com

and
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
info@elevatepsychiatry.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Castillo, Karina, MA, LMHC ■
FL
(786) 258-8499
Digital Contact Information:
http://www.virtual-counseling.com
service@virtual-counseling.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Castillo, Sandra, PSYD, LP ■
3081 Salzedo Street
Suite 202
Coral Gables, FL 33134
(786) 567-8160
Digital Contact Information:
castillo043@gmail.com

and
11385 Southwest 32nd Street
Miami, FL 33165
(786) 567-8160
Digital Contact Information:
castillo043@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Castro, Anthony M, PHD, LP ■
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
1404A
Miami, FL 33136
(305) 243-4782
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
Fl 14
Miami, FL 33136
(305) 243-4782
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
Fl 3
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff Spanish

Castro, Katia, MED, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
credentialing@thriveworks.com
Other Languages Spoken by Provider or Office Staff English, Sign Lang Amer, Spanish

Castro, Mabel, MSW, LCSW ■
20535 NW 2nd Ave
Ste 204
Miami, FL 33169
(305) 900-3566
Digital Contact Information:
http://www.merakiliving.net
mcastro@merakiliving.net
Other Languages Spoken by Provider or Office Staff Spanish

Castro, Quisha, MC, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Castro, Yahaira, PHD, LMHC ■
13335 Southwest 124th Street
Miami, FL 33186
(786) 738-6468
Digital Contact Information:
frontdesk@mentalhealthofmiami.com

and
FL
(786) 738-6468
Digital Contact Information:
http://mentalhealthofmiami.com
frontdesk@mentalhealthofmiami.com
Other Languages Spoken by Provider or Office Staff Spanish

Cendejas, Marisol, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
members@wellnite.com
Other Languages Spoken by Provider or Office Staff Spanish

Centeno, Jousseliett, MSW, LCSW ■
9425 Sunset Dr
Ste 267
Miami, FL 33173
(305) 981-6806
Digital Contact Information:
joussecenteno@gmail.com
Other Languages Spoken by Provider or Office Staff English

Cerne Constantin, Kery, MMH, LMHC ■
16800 Northeast 15th Avenue
304 304
North Miami Beach, FL 33162
(305) 419-6446
Digital Contact Information:
http://www.plscaw.com
ddunn@unifiedcm.com

Charlemagne, Leila T, PSYD, LP ■
100 NE 38th St
Ste 5
Miami, FL 33137
(305) 576-1599
Digital Contact Information:
cbolivar@borinquenhealth.org
Other Languages Spoken by Provider or Office Staff Spanish

Chatelain, Mitsouko, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
referrals@ffmhs.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
referrals@ffmhs.com

Chavez, Katerin, MC, LMHC ■
FL
(786) 490-6828
Digital Contact Information:
https://www.psychologytoday.com/profile/467192
katerin0_01@yahoo.com
Other Languages Spoken by Provider or Office Staff Spanish

Chelak, Elizabeth, MSW, LCSW ■
1110 Brickell Ave
Ste 407
Miami, FL 33131
(561) 501-3092
Digital Contact Information:
info@traumatherapywpb.com
Other Languages Spoken by Provider or Office Staff Russian

Chemerinsky, Graciela, MPSY, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com

and
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff Spanish

Chipollini, Ana, MSN, APRN ■
5911 Northwest 173rd Drive
6

Hialeah, FL 33015
(786) 380-9229
Digital Contact Information:
admin@believeandtrustcm.com

and
12030 Southwest 129th Court
Suite 211
Miami, FL 33186
(786) 380-9229
Digital Contact Information:
http://www.believeandtrusttcm.com
admin@believeandtrustcm.com

Ciabattoni, Lissette, MSW, LCSW ■
FL
(407) 494-0465
(954) 998-2623
Digital Contact Information:
lissette214@gmail.com

and
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
lissette214@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Clerkin, Amanda, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Cofino Matos, Karol, MSN, APRN ■
9849 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 664-4540
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com
Other Languages Spoken by Provider or Office Staff
Spanish

Coizeau, Henri, PSYD, CP ■
1360 South Dixie Highway
355
Coral Gables, FL 33146
(305) 648-9344
Digital Contact Information:
southcoastpsychotherapy@gmail.com

and
FL
(800) 567-5433
Digital Contact Information:
https://totallife.com/
southcoastpsychotherapy@gmail.com

Collazo-Amador, Aylem, MS, LMHC ■
306 Alcazar Avenue
200
Coral Gables, FL 33134
(305) 967-8725
Digital Contact Information:
http://www.ajmmedicalcenter.com
sunshine-advantage@mbhpays.com

and
8500 West Flagler Street
Office 107A
Miami, FL 33144
(786) 907-5141
Digital Contact Information:
sunshine-advantage@mbhpays.com

and
13301 Southwest 132nd Avenue
209 209
Miami, FL 33186
(786) 713-5553
Digital Contact Information:
sunshine-advantage@mbhpays.com

and
FL
(305) 632-3892
Digital Contact Information:
sunshine-advantage@mbhpays.com
Other Languages Spoken by Provider or Office Staff
Spanish

Collins, Eddie, MA, LMHC, LPC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
hello@bircheshealth.com

Colunga, Eduardo, MSN, APRN ■
900 East 9th Street
Hialeah, FL 33010
(305) 381-5294
Digital Contact Information:
info@cbhwestcoast.com
Other Languages Spoken by Provider or Office Staff
Spanish

Commella, Noreen, PSYD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@healthyyoungminds.com

Concepcion, Sailys, MA, LMHC, LPC ■
FL
(508) 202-1011
Digital Contact Information:
sailysc@pm.me

and
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
sailysc@pm.me

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
sailysc@pm.me

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
sailysc@pm.me

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
sailysc@pm.me

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
sailysc@pm.me

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
sailysc@pm.me

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
sailysc@pm.me

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
sailysc@pm.me

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
sailysc@pm.me

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
sailysc@pm.me
Other Languages Spoken by Provider or Office Staff
Spanish

Cook, Chaz, MS, LMHC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
http://sunbeamfamilyservices.org
drandall@teampathways.com

Cooper, Courtney, MS, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
acc@advancedclientcare.org

Cordoves, Lazaro H, MD ■
1150 Northwest 72nd Avenue
350
Miami, FL 33126
(786) 228-7801
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
1150 Northwest 72nd Avenue
540
Miami, FL 33126
(786) 228-7801
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Corniffe, Khadine, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
pandatherapycircle@gmail.com

Corzo, Samantha R, MS, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
credentialing@banyanhealth.org

Cotayo, Michael J, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
http://www.wellnite.com
Other Languages Spoken by Provider or Office Staff English

Crane, Damarys, MS, LMHC ■
3750 West 16th Avenue
140u
Hialeah, FL 33012
(786) 609-1765
Digital Contact Information:
vdacommunitycenter@gmail.com

and
5941 Northwest 173rd Drive
2 2
Hialeah, FL 33015
(754) 701-0221
Digital Contact Information:
vdacommunitycenter@gmail.com

and
15325 Northwest 60th Avenue
101
Miami Lakes, FL 33014
(786) 703-8085
Digital Contact Information:
vdacommunitycenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Crider, Tiffany, MS, LMHC ■
FL
(305) 812-6018
Digital Contact Information:
http://www.prevailandprogress.com
tiffanysimone@prevailandprogress.com

Crowdis, Marissa A, DO ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
ehoyos@lotuscounseling.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
ehoyos@lotuscounseling.com

Cuadra, Anai M, PHD, LP ■
1601 NW 12th Ave
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
French, Spanish

Cue, Liz, MSW, LCSW ■
5901 Southwest 74th Street
408
Miami, FL 33143
(305) 735-3555
Digital Contact Information:
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Curiel, Rosie E, PSYD, LP ■
1120 NW 14th St
1477
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
rwinokur@med.miami.edu

and
1695 NW 9th Ave
1404A
Miami, FL 33136
(305) 355-9155
Digital Contact Information:
rwinokur@med.miami.edu
Other Languages Spoken by Provider or Office Staff
Spanish

Curras, Michelle M, MSSW, LCSW ■
1000 Brickell Avenue
Miami, FL 33131
(786) 536-5702
Digital Contact Information:
laibehavior@gmail.com

and
981 NW 132nd Ave W
Miami, FL 33182
(786) 536-5702
Digital Contact Information:
laibehavior@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Curtis, Kormasah K, MMFT, LMFT ■
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
contactus@embracecounselingusa.

com

Cyronak, Ashley R, MSN, PMHNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
coastalpsych@gmail.com

D'Souza, Connolly G, MSW, CAP, LCSW ■
2929 SW 3rd Ave
Ste 510
Miami, FL 33129
(305) 858-0662
Digital Contact Information:
healingsolutionllc@att.net
Other Languages Spoken by Provider or Office Staff Indian, Spanish

DO Valle, Monika, DO ■
1065 Southwest 8th Street
570
Miami, FL 33130
(888) 903-5505
Digital Contact Information:
pioneering100@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese

Dahab, Faten, MPSY, LMHC ■
9822 Northeast 2nd Avenue
2
Miami Shores, FL 33138
(786) 505-7502
Digital Contact Information:
fatima@mindfuldirectionscc.com

and
FL
(786) 505-1145
Digital Contact Information:
fatima@mindfuldirectionscc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Daino, Giamarie, PSYD, LP ■
12700 Biscayne Boulevard
301
North Miami, FL 33181
(305) 467-4597
Digital Contact Information:
https://www.drdainotherapy.com/
drdaino@protonmail.com

Dangla, Marjorie, MSW, LCSW ■
Doral
Doral, FL 33178
(305) 926-6106
Digital Contact Information:
blissfulsoultherapy01@gmail.com

Davis, Joy J, MSW, LCSW ●
150 NW 79th St
342
Miami, FL 33150
(305) 230-4598
Digital Contact Information:
http://www.affirmingyouth.org
joy@affirmingyouth.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

Davis, Leilani, MSN, APRN ■
790 Northwest 107th Avenue
Suite 107
Miami, FL 33172
(770) 492-2960
Digital Contact Information:
cheryl@qualitycredentialinginc.com

De La Nuez, Laura, PSYD, LP ■
2100 Ponce de Leon
STE 1015
Coral Gables, FL 33134
(786) 797-7788
Digital Contact Information:
lauradelanuez@bellsouth.net

De Sautu-Dominguez, Erika, MS, LMHC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
credentialing@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com
Other Languages Spoken by Provider or Office Staff
Spanish

Decosta, Emily, MS, LMHC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
http://www.behavioralaid.com
info@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
info@behavioralaid.com
Other Languages Spoken by Provider or Office Staff
Spanish

Delgado, Beatriz, MSSW, LCSW ■
1550 Madruga Ave
Ste 509
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
http://www.abc4s.com
admin@abc4s.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Delva, Shirley, PHD, LP ■
2020 Northeast 163rd Street
300f
North Miami Beach, FL 33162
(305) 209-1014
Digital Contact Information:
http://behavioralsolutionsmiami.com
sdelva92@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Creole, Haitian

Demerritt, Magda, MSW, LCSW ■
FL
(786) 906-8656
Digital Contact Information:
referrals@wonderfulcounselorllc.com
Other Languages Spoken by Provider or Office Staff Creole

Diaz, Alexis, MS, LMHC ■
1550 Madruga Ave
Ste 509
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
http://www.abc4s.com
alex.diaz@abc4s.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz, Arlene E, MS, LMHC ■
1360 South Dixie Highway
355
Coral Gables, FL 33146
(305) 342-9761
Digital Contact Information:
arly07@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz, Ibrahim, MSN, APRN ■
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
kenia.rodriguez@ffmhs.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com

Diaz Palmero, Yuranis, MPSY, LMHC ■
3785 Northwest 82nd Avenue
307
Doral, FL 33166
(305) 266-2949
Digital Contact Information:
info@oasismentalhealthcenter.com

and
Northwest 92nd Avenue
Doral, FL 33172
(305) 266-2949
Digital Contact Information:
info@oasismentalhealthcenter.com

and
5901 Northwest 183rd Street
310
Hialeah, FL 33015
(786) 418-9790
Digital Contact Information:
https://oasismentalhealthcenter.com
info@oasismentalhealthcenter.com

and
1250 Southwest 27th Avenue
Suite 506
Miami, FL 33135
(786) 536-9278
Digital Contact Information:
info@oasismentalhealthcenter.com

and
330 Southwest 27th Avenue
STE 609
Miami, FL 33135
(786) 743-0801
Digital Contact Information:
info@oasismentalhealthcenter.com

and
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
info@oasismentalhealthcenter.com

and
9125 SW 87th Ave
Miami, FL 33176
(305) 735-3919
Digital Contact Information:
info@oasismentalhealthcenter.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz-Amaran, Yosvel, MSW, LCSW ■
3901 Northwest 79th Avenue
STE 120
Doral, FL 33166
(786) 310-4480
Digital Contact Information:
yosveld@yahoo.es

and
640 W Palm Dr
Ste D
Homestead, FL 33034
(786) 601-7757
Digital Contact Information:
yosveld@yahoo.es

and
640 West Palm Drive
c
Homestead, FL 33034
(305) 793-4701
Digital Contact Information:
yosveld@yahoo.es

and
1150 Northwest 72nd Avenue
220
Miami, FL 33126
(786) 558-4899
Digital Contact Information:
yosveld@yahoo.es

and
1150 Northwest 72nd Avenue
350
Miami, FL 33126
(786) 228-7801
Digital Contact Information:
yosveld@yahoo.es

and
1150 Northwest 72nd Avenue
540
Miami, FL 33126
(786) 228-7801
Digital Contact Information:
yosveld@yahoo.es

and
7805 Coral Way
Ste 131
Miami, FL 33155
(786) 307-2066
Digital Contact Information:
yosveld@yahoo.es

and
7811 Coral Way
Ste 130
Miami, FL 33155
(786) 307-2066
Digital Contact Information:
yosveld@yahoo.es

and
280 Westward Drive
Miami Springs, FL 33166
(786) 391-0744
Digital Contact Information:
http://www.rosswellnesscenters.com
yosveld@yahoo.es

and
Home Based Services Only
Naranja, FL 33032
(786) 953-3599
Digital Contact Information:
yosveld@yahoo.es
Other Languages Spoken by Provider or Office Staff
Spanish

Dieguez, Ivette, MSN, APRN ■
3901 Northwest 79th Avenue
250
Doral, FL 33166
(239) 342-6516
Digital Contact Information:
info@laluzmentalhealth.com

and
12700 Southwest 128th Street
STE 108
Miami, FL 33186
(786) 732-0865
Digital Contact Information:
info@laluzmentalhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Dieppa, Jessica B, MS, LMHC ●
10815 Southwest 145th Place
Miami, FL 33186
(305) 989-0493
Digital Contact Information:
http://www.guidedpathstherapy.com
jessica.dieppa22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Dieppa, Renan, MS, LMHC ■
8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-2822
Digital Contact Information:
http://www.mgmbehavioral.com
mgmbehavioral@gmail.com

and
13301 Southwest 132nd Avenue
209 209
Miami, FL 33186
(786) 713-5553
Digital Contact Information:
mgmbehavioral@gmail.com

Dixon, Passion, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
ortiz4professionalservicesllc@gmail.com

Dogan, Louise J, MSW, LCSW ■
901 E 10th Ave
Ste 39
Hialeah, FL 33010
(305) 637-6400
Digital Contact Information:
onehuntwenfive@yahoo.com

and
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
https://www.jtchs.org/
onehuntwenfive@yahoo.com

and
1100 NW 71st St
Miami, FL 33150
(305) 637-6400

Digital Contact Information:
onehuntwenfive@yahoo.com

and
1190 NW 95th St
Ste 100
Miami, FL 33150
(305) 637-6400
Digital Contact Information:
onehuntwenfive@yahoo.com

and
20612 Northwest 27th Avenue
Miami Gardens, FL 33056
(305) 637-6400
Digital Contact Information:
onehuntwenfive@yahoo.com

and
490 Opa Locka Blvd
100
Opa Locka, FL 33054
(646) 262-1389
Digital Contact Information:
onehuntwenfive@yahoo.com

Donado Giovannetti, Carlos A, MPSY, LMHC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
http://www.behavioralaid.com
info@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
info@behavioralaid.com
Other Languages Spoken by Provider or Office Staff
Spanish

Dorrough-Ewing, Elisa W, MSW, LCSW, LICSW ■
FL
(305) 902-6347
(239) 652-0260
Digital Contact Information:
https://bebravehealth.com/
roxanne.jubithana@aspirehp.org
Other Languages Spoken by Provider or Office Staff English

Douglas, Katherine A, MS, LMFT ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
http://www.behavioralaid.com
info@behavioralaid.com

Dreher, Faatimah, MS, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
acc@advancedclientcare.org

Dufresne, Rachel, MSW, LCSW ■
FL
(786) 505-4485
Digital Contact Information:
rdufresnelcsw@gmail.com

Duran, Gladys A, MSW, LCSW ●
FL
(305) 321-9998
Digital Contact Information:
http://pivotalbeginnings.com
gduran@pivotalbeginnings.com
Other Languages Spoken by Provider or Office Staff
Spanish

Durand, Tekisha, MSW, LCSW ■
FL
(305) 833-3203
Digital Contact Information:
https://headway.co/providers/tekisha-durand
yourswagteam@gmail.com
Other Languages Spoken by Provider or Office Staff Creole

Dutton, Amber C, MSW, LCSW ■
FL
(415) 424-4266
Digital Contact Information:
credentialing@hazel.co

Duvert, Nathaniel, MMFT, LMFT ■
1065 Southwest 8th Street
1287
Miami, FL 33130
(617) 333-8740
Digital Contact Information:
http://www.joinhopscotch.com
nduvert2005@yahoo.com
Other Languages Spoken by Provider or Office Staff Creole

Dyer, Terri, MA, LMHC ■
295 Biscayne Boulevard
300
Miami, FL 33131
(561) 289-7995
Digital Contact Information:
jodi.deck@peacerivercenter.org

Echenique, Maria I, PSYD, LP ■
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-2301
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
2423
Miami, FL 33136
(305) 355-8255
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Edwards, Raina, MS, LMHC, LPC ■
FL
(202) 410-5972
(786) 273-7736
Digital Contact Information:
info@strengthsandsolutions.com

Ehrentreu, Dana, MSW, LCSW ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
nj-patientaccess@harmonybaywellness.com

Eisenstein, Irene M, MPSY, LMHC ■
3850 Mystic Pointe Dr
Miami, FL 33180
(305) 525-6306
Digital Contact Information:
http://psicoterapiaespanol.com
ireneeisenstein@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Elder, Carol, MS, LMFT ■
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(561) 609-2996
Digital Contact Information:
http://www.pandatherapycircle.com/
pandatherapycircle@gmail.com

Elma, Linda S, MSW, LCSW ■
11601 Biscayne Boulevard
303
Miami, FL 33181
(954) 278-0487
Digital Contact Information:
http://lsmsmentalhealth.com
info@lindaelmalcsw.com
Other Languages Spoken by Provider or Office Staff Creole

Elysee, Sara, MS, LMHC ●
18495 South Dixie Highway
Cutler Bay, FL 33157
(954) 613-9414
Digital Contact Information:
http://www.soundmindwellness.com
connect@soundmindwellness.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian

Emerson, Amanda S, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
amanda@alignhw.net

Emmerich, Eva-Mae, MMFT, LMFT ■
804 Northwest 21st Terrace
Suite 203
Miami, FL 33127
(612) 568-0868
Digital Contact Information:
https://www.heartandsoulwellnessmn.com/
evaemmerich@heartandsoulwellnessmn.com

and
FL
(612) 568-0868
Digital Contact Information:
https://www.heartandsoulwellnessmn.com/
evaemmerich@heartandsoulwellnessmn.com

Enamorado, Lizaida, MSN, APNP, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
info@kaiwellhealth.com

and
111 Northeast 1st Street
FL 8
Miami, FL 33132
(602) 562-7383
Digital Contact Information:
info@kaiwellhealth.com

and
15321 South Dixie Highway
Suite 203
Miami, FL 33157
(786) 707-4934
Digital Contact Information:
info@kaiwellhealth.com

and
12985 Southwest 130th Court
102-2
Miami, FL 33186
(786) 707-4934
Digital Contact Information:
http://www.kaiwellhealth.com
info@kaiwellhealth.com

and
FL
(602) 562-7383
(305) 707-4394
(786) 707-4934
Digital Contact Information:
http://www.kaiwellhealth.com
info@kaiwellhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Espinoza Marin, Ennyluz, MMH, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Estrada, Paola, MSW, LCSW ■
6175 NW 153rd St
Ste 404
Miami Lakes, FL 33014
(305) 558-7400
Digital Contact Information:
kim@appliedbehavior.net

Estupinan, Monica V, MSN, APRN ■
9220 Sunset Drive
104
Miami, FL 33173
(786) 724-4224
Digital Contact Information:
admin@vita-cog.com

and
12595 Southwest 137th Avenue
STE 110
Miami, FL 33186
(305) 465-9379
Digital Contact Information:
admin@vita-cog.com

Exum, Angela L, PHD, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(341) 888-7637
Digital Contact Information:
Not Available

Exume-Noel, Estherline, DNP, APRN, PMHNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@crossfunctionalcare.com

Factor, Edie, MSW, LCSW ■
3231 McDonald Street
Miami, FL 33133
(305) 318-2231
Digital Contact Information:
edifac305@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fattori, Joseph D, MMH, LMHC, LPC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
ebcg-support@findoctave.com

Fay, Robert A, MS, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

Feng, Jojo, MSW, LCSW, LCSW-R ■
FL
(347) 687-8895
Digital Contact Information:
jojo.feng@protonmail.com
Other Languages Spoken by Provider or Office Staff
Chinese, Russian, Mandarin

Fernandez, Daniela, MS, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
ebcg-support@findoctave.com

and
3625 Northwest 82nd Avenue
400
Doral, FL 33166
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
ebcg-support@findoctave.com

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
ebcg-support@findoctave.com

and
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
ebcg-support@findoctave.com

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
ebcg-support@findoctave.com

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
ebcg-support@findoctave.com

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez De Castro, Erika, MSW, LCSW ■
1450 Madruga Avenue
407
Coral Gables, FL 33146
(786) 395-9162
Digital Contact Information:
morecounseling@gmail.com

and
FL
(786) 395-9162
Digital Contact Information:
morecounseling@gmail.com

and
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
morecounseling@gmail.com

Fernandez, Isabel, MSN, APRN ■
15450 New Barn Road
200
Miami Lakes, FL 33014
(305) 900-3970
Digital Contact Information:
http://www.neurozenpsychiatry.com
isabelfernandezrn@gmail.com

and
FL
(305) 900-3970
Digital Contact Information:
http://www.neurozenpsychiatry.com
isabelfernandezrn@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Lianny, MPSY, LMHC ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
yavila@avilahealthgroup.com

and
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
yavila@avilahealthgroup.com

and
306 Westward Dr
Miami Springs, FL 33166
(786) 588-7894
Digital Contact Information:
yavila@avilahealthgroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Nallivy, MPSY, LMHC ■
20334 NW 2nd Ave
Miami, FL 33169
(954) 744-0899
Digital Contact Information:
http://fieldsofivy.com
nallyfdez@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez Paul, Katheryn, MSN, APRN ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
tnovoa@believetherapycenter.com

and
7765 SW 87th Ave
Ste 105
Miami, FL 33173
(786) 550-7176
Digital Contact Information:
tnovoa@believetherapycenter.com

and
15413 Southwest 137th Avenue
Miami, FL 33177
(305) 964-5594
Digital Contact Information:
tnovoa@believetherapycenter.com

Fernandez, Rafael R, MSN, APRN ■
633 N Krome Ave
1
Homestead, FL 33030
(305) 763-4007
Digital Contact Information:
relatedmedicalgibilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Soraya, MMH, LMHC ■
2300 West 84th Street
STE 104
Hialeah, FL 33016
(305) 903-3168
Digital Contact Information:
cgomezbmcmhc@gmail.com

and
13416 Southwest 128th Street
Miami, FL 33186
(786) 732-0247
Digital Contact Information:
cgomezbmcmhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez-Guzman, Natasha V, MMH, LMHC ■
15715 South Dixie Highway
Suite 320
Miami, FL 33157
(786) 475-2309
Digital Contact Information:
natashafdez@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ferrari, Taiane, MD ■
FL
(212) 498-8970
Digital Contact Information:
http://www.mybiopsych.com
eric.tate@medibillmd.com

Fiallo, Irma R, MSW, LCSW ■
FL
(909) 442-0618
(202) 410-5972
(786) 471-7485
Digital Contact Information:
http://orendapsych.com
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
Spanish

Figuereo Sabeta, Solange, MC, LMHC ■
10300 Florida 986
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fitzpatrick, Panayiota, MED, LMHC ■
360 Northwest 27th Street
Miami, FL 33127
(929) 209-6109
Digital Contact Information:
fl-patientaccess@harmonybaywellness.com

Fleurme, Giorvanie, MSN, APRN ■
FL
(305) 902-6347
(305) 200-6090
Digital Contact Information:
giorvanie@gmail.com
Other Languages Spoken by Provider or Office Staff
Hebrew, German, Haitian Creole, Creole, French, Spanish

Flores, Aida A, MS, LMHC ■
FL
(305) 494-9791
Digital Contact Information:
aflores@kaaficounseling.com
Other Languages Spoken by Provider or Office Staff
Spanish

Flores, Christian, MSW, LCSW ■
2915 Biscayne Boulevard
Suite 300-4
Miami, FL 33137
(786) 398-4747
Digital Contact Information:
contactus@miamivibescounselingcenter.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fontanes, Paula, MS, LMFT ■
FL
(786) 378-4565
Digital Contact Information:
paulafontanes10@gmail.com

and
9745 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 378-4565
Digital Contact Information:
paulafontanes10@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Fort Martinez, Gilza M, MS, LMFT ■
7765 SW 87th Ave
Ste 104
Miami, FL 33173
(305) 412-8440
Digital Contact Information:
gmfort1@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Forte, Parker, MC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
contact@fortifiedcounseling.com

Fox, Iris T, MSW, LCSW ■
3580 Mystic Pointe Drive
Aventura, FL 33180
(786) 414-1574
Digital Contact Information:
iris@ifoxtherapy.com

Francis, Ashley, MSW, LCSW, LISW ■
FL
(508) 202-1011
Digital Contact Information:
hello@havenroomtherapy.com
Other Languages Spoken by Provider or Office Staff English

Franco, Evelyn, MA, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
cedentialing@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
cedentialing@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
cedentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
cedentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
cedentialing@banyanhealth.org
Other Languages Spoken by Provider or Office Staff
Spanish

Franco, Maritere, PHD, LMHC ■
17931 Northwest 85th Avenue
Hialeah, FL 33015
(786) 556-5507
Digital Contact Information:
maritere.franco@icloud.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(786) 622-5743
Digital Contact Information:
maritere.franco@icloud.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 960-7124
Digital Contact Information:
maritere.franco@icloud.com

and
175 Fontainebleau Boulevard
Miami, FL 33172
(305) 960-7124
Digital Contact Information:
maritere.franco@icloud.com

and
FL
(305) 912-1135
Digital Contact Information:
maritere.franco@icloud.com
Other Languages Spoken by Provider or Office Staff
Spanish

Francois, Rodna, MA, LMHC ■
3580 Mystic Pointe Drive
Aventura, FL 33180
(786) 759-9394
Digital Contact Information:
balanceyourworldyouth@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Creole, Haitian

Frigerio, Ailema, PSYD, LP ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
info@myschoolpsychologistinc.com

Froehler, Luisa V, MMH, LMHC ■
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
http://www.miamipersonalmanagement.com
klopez@miamipersonalmanagement.com

Funes, Catherine F, PSYD, LP ■
1900 North Bayshore Drive
108
Miami, FL 33132
(954) 362-8677
Digital Contact Information:
bh@hgdoctors.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gainza Mayo, Mariela D, MSN, APRN ■
7971 Bird Road
15
Miami, FL 33155
(786) 504-5620
Digital Contact Information:
kenia.rodriguez@ffmhs.com

and
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gallimore, Ingrid, MSW, LCSW ■
2212 Northwest 91st Street

Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Galvez, Gema, MS, LPC ■
10300 Southwest 72nd Street
275d
Miami, FL 33173
(888) 853-7908
Digital Contact Information:
http://www.bettermindtherapycorp.com
gemagalvez@yahoo.com
Other Languages Spoken by Provider or Office Staff Spanish

Garcia, Albert L, MSN, APRN ■
2700 Southwest 27th Avenue
Miami, FL 33133
(305) 942-5246
Digital Contact Information:
info@doctorsccs.com

and
10661 North Kendall Drive
216
Miami, FL 33176
(786) 631-4158
Digital Contact Information:
info@doctorsccs.com

and
9000 Southwest 137th Avenue
Suite 103
Miami, FL 33186
(305) 671-3503
Digital Contact Information:
info@doctorsccs.com
Other Languages Spoken by Provider or Office Staff Spanish

Garcia, Anthony N, MC, LMHC ■
1951 Northwest 7th Avenue
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
Not Available

Garcia, Calixto, PHD, LP ■
2001 Northwest 107th Avenue
412
Doral, FL 33172
(786) 548-8322
Digital Contact Information:
drcgarciaphd@gmail.com

and
8390 West Flagler Street
107
Miami, FL 33144
(305) 856-9090
Digital Contact Information:
drcgarciaphd@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Garcia De Porto, Marieta, MMH, LMHC ■
7925 Northwest 12th Street
118
Doral, FL 33126
(786) 536-2143
Digital Contact Information:
http://psrmindandbodyrehab.com
correamentalhealth@gmail.com

and
650 Northeast 22nd Terrace
212 214
Homestead, FL 33033
(786) 312-4478
Digital Contact Information:
correamentalhealth@gmail.com

and
13205 Southwest 137th Avenue
#212
Miami, FL 33186
(786) 732-6298
Digital Contact Information:
correamentalhealth@gmail.com

and
13205 Southwest 137th Avenue
206 208
Miami, FL 33186
(786) 592-2063
Digital Contact Information:
correamentalhealth@gmail.com

and
FL
(786) 385-9838
Digital Contact Information:
correamentalhealth@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Garcia Diaz, Marta, MSN, APRN ■
7490 Southwest 23rd Street
201
Miami, FL 33155
(786) 953-8221
Digital Contact Information:
medilineinc@yahoo.com

and
7315 Northwest 36th Street
Miami, FL 33166
(786) 345-7734
Digital Contact Information:
medilineinc@yahoo.com
Other Languages Spoken by Provider or Office Staff Spanish

Garcia, Glenda, MSN, APRN ■
15260 Southwest 280th Street
113 114
Homestead, FL 33032
(305) 998-7885
Digital Contact Information:
infogarciahs@gmail.com

and
13370 Southwest 131st Street
Suite 110
Miami, FL 33186
(786) 250-4571
Digital Contact Information:
infogarciahs@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Garcia, Karina, MSN, APRN ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
yvette@stellarhealthfl.com

and
8001 West 26th Avenue
2 2
Hialeah, FL 33016
(786) 360-2630
Digital Contact Information:
yvette@stellarhealthfl.com

and
8001 West 26th Avenue
6 6
Hialeah, FL 33016
(786) 372-3262
Digital Contact Information:
yvette@stellarhealthfl.com

and
8591 Northwest South River Drive
Medley, FL 33166
(305) 456-3000
Digital Contact Information:
yvette@stellarhealthfl.com

and
5080 Northwest 74th Avenue
Miami, FL 33166
(786) 372-3262
Digital Contact Information:
yvette@stellarhealthfl.com

and
13701 Southwest 88th Street
306
Miami, FL 33186
(786) 842-1489
Digital Contact Information:
yvette@stellarhealthfl.com

and
6141 Sunset Drive
402
South Miami, FL 33143
(786) 507-8300
Digital Contact Information:
yvette@stellarhealthfl.com
Other Languages Spoken by Provider or Office Staff Spanish

Garcia, Lauren, MED, LMHC ■
2212 Northwest 91st Street
4058
Miami, FL 33147
(341) 888-7637
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
lauren.garcia371@gmail.com

Garcia, Lisette, MC, LMHC ■
12030 Southwest 129th Court
Suite 211
Miami, FL 33186
(305) 639-8760
Digital Contact Information:
http://www.believeandtrusttcm.com
info@believeandtrusttcm.com
Other Languages Spoken by Provider or Office Staff Spanish

Garcia, Marianela, MSW, LCSW ■
FL
(786) 493-2351
Digital Contact Information:
rocafirme@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Garcia Serrano, Lisandra, MSN, APRN ■
2720 Southwest 97th Avenue
C-105
Miami, FL 33165
(786) 332-4330
Digital Contact Information:
lisandragarcia1985@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Garcia, Sonia, DNP, APRN ■
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
https://www.chgpsychiatry.com/
coastalhcbilling@gmail.com

Garcia, Tiffany, MN, PMHNP ■
2650 Southwest 27th Avenue
Suite 305
Miami, FL 33133
(786) 353-9812
Digital Contact Information:
billingheritagewellness@gmail.com

and
20824 W Dixie Hwy
Miami, FL 33180
(407) 851-5121
Digital Contact Information:
billingheritagewellness@gmail.com

Garcia, Yunaysis E, MPSY, LMHC ■
15413 Southwest 137th Avenue
Miami, FL 33177
(305) 964-5594
Digital Contact Information:
solutiondrivenconsulting@gmail.com

Garcon, Jose Nadine, PSYD, LP ■
419 W 49th St
Ste 219
Hialeah, FL 33012
(954) 404-7052
Digital Contact Information:
dr.garcon@comcast.net
Other Languages Spoken by Provider or Office Staff Creole

Garrett, Khalilah, MSW, LCSW ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
support@thriveworks.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
support@thriveworks.com
Other Languages Spoken by Provider or Office Staff English

Gautam, Ashwin, PHD, LP ■
FL
(800) 567-5433
Digital Contact Information:
https://totallife.com/
inquiries@insighttherapy.us
Other Languages Spoken by Provider or Office Staff Hindi

Gazabon, Shirley A, PHD, LP ■
3650 NW 82nd Ave
Ste 302
Doral, FL 33166
(305) 689-1910
Digital Contact Information:
Not Available

and
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-2301
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
Miami, FL 33136
(305) 355-7777
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
1404A
Miami, FL 33136
(305) 355-7777
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
Fl 3
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
Not Available

and
1695 Northwest 9th Avenue
FL 2
Miami, FL 33136
(305) 355-7077
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff Spanish

Georgescu, Manuela, MD ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
Not Available

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
http://banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
Other Languages Spoken by Provider or Office Staff Spanish

Gibbons, Denise, MC, LMHC ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
info@hupcfl.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
info@hupcfl.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app

info@hupcfl.com

Gibbs, Charles C, PHD, LP ■
7590 NW 186th St
Ste 208
Hialeah, FL 33015
(305) 362-8326
Digital Contact Information:
gola1863@gmail.com

Gibson, Mary E, MSW, LCSW ●
FL
(305) 779-8565
Digital Contact Information:
https://www.comprehensive-assessment.com/
info@comprehensive-assessment.com

Gil, Margarita I, PHD, LP ■
419 W 49th St
Ste 218
Hialeah, FL 33012
(786) 277-9565
Digital Contact Information:
psychology@drmargaritagil.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gillems, Tina, MSW, LCSW ■
18117 Biscayne Boulevard
1229
Miami, FL 33160
(305) 900-3836
Digital Contact Information:
tinagillems@gmail.com

Gitlin, Karina, MSN, APRN ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(954) 369-4111
Digital Contact Information:
credentialer@gmail.com
Other Languages Spoken by Provider or Office Staff
Hebrew, Russian

Gomez Garcia, Victor E, MS, LMHC ■
12030 Southwest 129th Court
Suite 211
Miami, FL 33186
(305) 639-8760
Digital Contact Information:
http://www.believeandtrusttcm.com
admin@believeandtrusttcm.com

Gomez, Lissette, MA, LMFT ■
2500 SW 107TH AVE
42
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
info@abcsfl.com

and

FL
(786) 615-3334
Digital Contact Information:
info@abcsfl.com
Other Languages Spoken by Provider or Office Staff
English, Creole, Spanish

Gonzalez, Adriana, MSN, APRN ■
11440 N Kendall Dr
Ste 208
Miami, FL 33176
(305) 898-0849
Digital Contact Information:
callisiabilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez Diaz, Vivian D, PSYD, LP ■
3271 NW 7th St
Ste 203
Miami, FL 33125
(786) 220-6902
Digital Contact Information:
http://www.outpatientpsycare.com
viviangonzalezdiaz@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Gloria, PHD, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
professional_counseling@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Jacqueline, MSSW, LCSW ■
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
sasha@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gonzalez Rodriguez, Mileisy, MSCC, LMHC ■
26027 South Dixie Highway
Homestead, FL 33032
(786) 601-7344
Digital Contact Information:
vitaly.credentialing@gmail.com

and

7805 Coral Way
Ste 131
Miami, FL 33155
(786) 307-2066
Digital Contact Information:
vitaly.credentialing@gmail.com

and

7811 SW 24th St
Ste 120
Miami, FL 33155
(305) 916-4310
Digital Contact Information:
vitaly.credentialing@gmail.com

and

FL
(786) 970-6385
Digital Contact Information:
vitaly.credentialing@gmail.com

and

10300 Southwest 72nd Street
414
Miami, FL 33173
(786) 483-7535
Digital Contact Information:
http://www.happydreamsofkids.com
vitaly.credentialing@gmail.com

and

10300 Southwest 72nd Street
300
Miami, FL 33173
(786) 418-9730
Digital Contact Information:
http://www.happydreamsofkids.com
vitaly.credentialing@gmail.com

and

14471 S Dixie Hwy
Miami, FL 33176
(786) 803-8826
Digital Contact Information:
http://www.amorementalhealthcorp.com
vitaly.credentialing@gmail.com

and

9010 Southwest 137th Avenue
101
Miami, FL 33186
(786) 803-8826
Digital Contact Information:
http://amorementalhealthcorp.com
vitaly.credentialing@gmail.com

and

11285 Southwest 211 Street
207
Miami, FL 33189
(786) 217-8510
Digital Contact Information:
vitaly.credentialing@gmail.com

Gonzalez, Yolanda, MS, LMHC ■
7221 SW 24th St
Ste 206
Miami, FL 33155
(786) 648-4447
Digital Contact Information:
http://www.fmhpllc.com
yoly@fmhpllc.com

and

7221 SW 24th St
Ste 213
Miami, FL 33155
(786) 239-4405
Digital Contact Information:
http://www.fmhpllc.com
yoly@fmhpllc.com

Gordon, Natalie, MSW, LCSW, LMFT ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
melissa1amaya@yahoo.com

Gordon-Battle, Belinda M, MS, LMHC ■
FL
(240) 472-3486
Digital Contact Information:
bgordonbattle@gmail.com

Gorham, Tania, MMFT, LMFT ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
gorhamtania@gmail.com

and

2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
gorhamtania@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Goss, Jerron, MSCC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
http://www.wellnite.com
admin@blkhaven.com

Green-Scott, Dashima, MSED, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Greenblatt, Jodi, MS, LMFT ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
acc@advancedclientcare.org
Other Languages Spoken by Provider or Office Staff
Afrikaans

Grigorova, Marina, MS, LMHC ■
FL
(646) 453-6777
Digital Contact Information:
marinag2804@gmail.com
Other Languages Spoken by Provider or Office Staff
Bulgarian

Guardo, Estela, MSCC, LMHC ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
perla.delosrios@dadefamily.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Guemez, Maidember, MMH, LMHC ■
13335 Southwest 124th Street
Suite 212
Miami, FL 33186
(786) 515-4569
Digital Contact Information:
mguemez@sfcounselinggroup.org

and

13590 Southwest 134th Avenue
STE 202
Miami, FL 33186
(786) 515-4569
Digital Contact Information:
mguemez@sfcounselinggroup.org
Other Languages Spoken by Provider or Office Staff
Spanish

Guntin, Yamile, MSW, LCSW ■
3191 Coral Way
607
Miami, FL 33145
(786) 397-7926
Digital Contact Information:
https://headfulloffoliage.com
guntinaleman@gmail.com

and

FL
(786) 397-7926
Digital Contact Information:
https://headfulloffoliage.com
guntinaleman@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Guskovict, Kristen, MSW, LCSW ■
FL
(917) 628-6231
Digital Contact Information:
kguskovict@heartofaidwork.com

Gutierrez, Beatriz, MSN, APRN ■
FL
(954) 765-6505
Digital Contact Information:
https://optimalmindandwellness.com/our-focus
beatriz@optimalmindandwellness.com

Gutierrez, Damian, MC, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and

140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and

3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and

3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org

and

10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
credentialing@banyanhealth.org

Gutierrez, Giselle E, PSYD, LP ■
10691 N Kendall Dr
Ste 105
Miami, FL 33176
(305) 668-6018
Digital Contact Information:
cartayagroup@gmail.com

Haider, Shamshad, MED, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff Farsi, Urdu, Arabic, Hindi

Halliday, Anna, MED, LMHC ■
3580 Mystic Pointe Drive
Suite 108
Aventura, FL 33180
(305) 205-3810
Digital Contact Information:
support@hstherapycollective.com

and

820 Northeast 143rd Street

North Miami, FL 33161
(305) 205-3810
Digital Contact Information:
http://hstherapycollective.com
support@hstherapycollective.com

Haramboure, Yuliet, MSN, APRN ■
12030 Southwest 129th Court
Suite 211
Miami, FL 33186
(305) 639-8760
Digital Contact Information:
http://www.believeandtrusttcm.com
admin@believeandtrusttcm.com

Harris, Teresa Q, MA, LPC ■
FL
(650) 761-9770
Digital Contact Information:
psychoanalyst42@protonmail.com

Harvey, Hope, MC, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
hello@jwrgrp.com

Hasboun, Alexandra, MSED, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
hello@talkiatry.com
Other Languages Spoken by Provider or Office Staff Haitian Creole

Hasbun, Rene, MSED, LMHC ■
7000 Southwest 70th Avenue
600
Miami, FL 33143
(305) 284-7577
Digital Contact Information:
rhasbun@larkinhospital.com

Hashmi, Abia, MA, LCPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
abia@talktherpaywithabia.com
Other Languages Spoken by Provider or Office Staff Urdu

Hassan, Hamlet R, MD ■
4475 Southwest 8th Street
Coral Gables, FL 33134
(786) 536-2872
Digital Contact Information:
bcd.ahcs@outlook.com

and
3146 Coral Way
FL 2
Coral Gables, FL 33145
(786) 953-8874
Digital Contact Information:
bcd.ahcs@outlook.com

and
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
bcd.ahcs@outlook.com

and
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
bcd.ahcs@outlook.com

and
664 E 25th St
Hialeah, FL 33013
(786) 409-2651
Digital Contact Information:
bcd.ahcs@outlook.com

and
664 East 25th Street
102
Hialeah, FL 33013
(786) 409-5361
Digital Contact Information:
bcd.ahcs@outlook.com

and
7490 Southwest 23rd Street
201
Miami, FL 33155
(786) 953-8221
Digital Contact Information:
bcd.ahcs@outlook.com

and
760 Northwest 107th Avenue
110
Miami, FL 33172
(786) 409-3800
Digital Contact Information:
bcd.ahcs@outlook.com

and
10511 North Kendall Drive
c201
Miami, FL 33176
(305) 274-5319
Digital Contact Information:
bcd.ahcs@outlook.com
Other Languages Spoken by Provider or Office Staff Spanish

Heard, Chelsea, MSSW, LCSW ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
chelseaheardcounseling@gmail.com

Henderson, Davetta A, EDD, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
insurance@wellnite.com

Henriquez, Maribi, MSW, LCSW ■
14261 Southwest 120th Street
108 628
Miami, FL 33186
(786) 372-0096
Digital Contact Information:
contact@projectchula.com

and
FL
(786) 372-0096
Digital Contact Information:
contact@projectchula.com

Heretoiu, Luminita D, MC, LMHC ■
2650 Biscayne Blvd
Miami, FL 33137
(954) 639-9873
Digital Contact Information:
http://www.artoftalktherapy.com
lthouriee@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Hernandez Cardenache, Rene D, PSYD, LP ■
1295 NW 14th St
Ste E
Miami, FL 33125
(305) 689-1352
Digital Contact Information:
ccardenache@yahoo.com

and
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-2301
Digital Contact Information:
ccardenache@yahoo.com

and
1695 NW 9th Ave
1404A
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
ccardenache@yahoo.com

and
1695 NW 9th Ave
Fl 14
Miami, FL 33136
(305) 243-4782
Digital Contact Information:
ccardenache@yahoo.com

and
1695 NW 9th Ave
Fl 3
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
ccardenache@yahoo.com

and
12955 SW 42nd St
Miami, FL 33175
(305) 559-0050
Digital Contact Information:
ccardenache@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Diana, MC, LMHC ■
2500 Southwest 107th Avenue
41
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
info@abcsfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Juan D, MED, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
contracting@confidanthealth.com

Hernandez, Maria, MC, LMHC ■
4649 Ponce de Leon
STE 404
Coral Gables, FL 33146
(786) 653-3719
Digital Contact Information:
kenia.romero@abc4s.com

and
3498 Northwest 7th Street
Miami, FL 33125
(786) 653-3719
Digital Contact Information:
kenia.romero@abc4s.com

and
Home Based Services Only
South Miami, FL 33146
(786) 536-9714
Digital Contact Information:
kenia.romero@abc4s.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Hernandez, Tomas H, MS, LMHC ■
1840 W 49th St
Ste 607
Hialeah, FL 33012
(305) 828-9980
Digital Contact Information:
thhemail@yahoo.com

and
15260 SW 280th St
Ste 205
Homestead, FL 33032
(305) 707-7237
Digital Contact Information:
http://www.familybehaviorservices.org
thhemail@yahoo.com

and
7225 Northwest 25th Street
311
Miami, FL 33122
(786) 709-5683
Digital Contact Information:
thhemail@yahoo.com

Hernandez, Yanet, MSN, APRN ■
FL
(239) 244-2022
(786) 440-0904
Digital Contact Information:
http://www.mdpsclinic.com
consulting@fdgmso.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Hernandez-Cuevas, Maria, MS, LMHC ■
10691 Southwest 88th Street
Suite 110
Miami, FL 33176
(305) 595-5485
Digital Contact Information:
mariahcuevas@gmail.com

Herrera, Anouk, MSW, LCSW ■
380 Giralda Avenue
507w
Coral Gables, FL 33134
(786) 277-2938
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
10200 Northwest 25th Street
211
Doral, FL 33172
(305) 381-0346
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
900 West 49th Street
STE 400
Hialeah, FL 33012
(305) 587-2231
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
1150 Northwest 72nd Avenue
700
Miami, FL 33126
(305) 815-1277
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
7270 Northwest 12th Street
Suite 810
Miami, FL 33126
(786) 718-2390
Digital Contact Information:
http://www.globalrehab.com
rossconsultingandcredentialing@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 832-6630
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
11401 Southwest 40th Street
#345
Miami, FL 33165
(305) 603-7063
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
4995 Northwest 72nd Avenue
102
Miami, FL 33166
(786) 360-3584
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
12700 Southwest 128th Street
STE 108
Miami, FL 33186
(786) 732-0865
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
13205 Southwest 137th Avenue
224 225
Miami, FL 33186
(786) 290-9192
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
13335 Southwest 124th Street
STE 214
Miami, FL 33186
(786) 429-1495
Digital Contact Information:
rossconsultingandcredentialing@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Herrera, Isabella M, MA, LMHC ■
3625 Northwest 82nd Avenue
400
Doral, FL 33166
(954) 372-7584
Digital Contact Information:
http://isabellaherrera.com
isabellaherreramg@gmail.com
Other Languages Spoken by

Provider or Office Staff
Spanish

Hierholzer, Autumn, MSW, LCSW ■
2999 Northeast 191st Street
600
Miami, FL 33180
(786) 981-0640
Digital Contact Information:
ga1@turnwell.com

Hill, Denise, CAP, MA ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
Not Available

Hill, Felicia M, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@lifestance.com

Hodgson, Sidney, MS, LMHC ■
10300 Southwest 72nd Street
#123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
myschoolpsychologist@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hoffmann, Adriana, MC, LMHC ■
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
http://www.miamipersonalmanagement.com
klopez@miamipersonalmanagement.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hopkins, Sharon B, PHD, LP ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
cpadilla@deeroaks.com
Other Languages Spoken by Provider or Office Staff French

Horwitz, Andrea, MSW, LCSW ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
contact@daopl.rog

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
contact@daopl.rog

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
contact@daopl.rog

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
contact@daopl.rog

Houston, Mark, MSW, LCSW ■
FL
(305) 859-1272
Digital Contact Information:
https://305therapy.com
info@305therapy.com

Hoyos, Julieth, MS, LMHC ■
1175 Northeast 125th Street
320
Miami, FL 33161
(786) 842-0444
Digital Contact Information:
http://www.marriagefamilyservices.com
marriagefamilyservices@comcast.net

Huber, Rose, PSYD, LP ■
7330 Southwest 62nd Place
STE 210
South Miami, FL 33143
(786) 801-3883
Digital Contact Information:
info@miamivipsurgery.com

Hutchings, Ryan, MA, LMFT ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
hello@handspringhealth.com

Incera, Cesar B, MPSY, LMHC ■
9485 SW 72nd St
Ste A202
Miami, FL 33173
(305) 670-0204
Digital Contact Information:
cince3@aol.com
Other Languages Spoken by Provider or Office Staff
French, Spanish

Infante Lobaina, Ruth, PSYD, LP ■
5200 NE 2nd Ave
Miami, FL 33137
(305) 762-1450
Digital Contact Information:
iruth95@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Jackson, Candice, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Jackson, Yinka S, MSN, APRN ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(954) 369-4111
Digital Contact Information:
hollywoodpractice@hotmail.com

and
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
hollywoodpractice@hotmail.com

Jaramillo Mangia, Mary, MMH, LMHC ■
4302 Alton Rd
Ste 500
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Jefferson, Shanna, MSW, LCSW, LISW-CP ■
FL
(800) 567-5433
Digital Contact Information:
http://therapywithshanna.com
appointments@meetmarvin.com

Jerez, Samir G, MMH, LMHC ■
17225 South Dixie Highway
STE 203
Palmetto Bay, FL 33157
(786) 601-2608
Digital Contact Information:
lifestarcmhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Jimenez, Airely, PSYD, LP ■
1951 NW 7th Ave
Ste 600
Miami, FL 33136
(800) 567-5433
Digital Contact Information:
drmendoza@reginamendoza.com

and
FL
(800) 567-5433
Digital Contact Information:
https://totallife.com/
drmendoza@reginamendoza.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Johnson, Kamla D, MSW, LCSW ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
http://www.dgphealthandwellness.com
adams@pcmgfl.com
Other Languages Spoken by Provider or Office Staff English

Johny, Geethu, MS, LMHC ■
1951 Northwest 7th Avenue
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
legacycommunityc@gmail.com

and
FL
(305) 902-6347
Digital Contact Information:
legacycommunityc@gmail.com

Jorge, Cecilia M, MD ■
31 N Krome Ave
Homestead, FL 33030
(786) 481-5909
Digital Contact Information:
https://www.infinitecc.org/
info@infinitecc.org
Other Languages Spoken by Provider or Office Staff
Spanish

Josey, Denise, MD ■
15271 Northwest 60th Avenue
201
Hialeah, FL 33014
(305) 992-4008
Digital Contact Information:
vanessa@livingcaretherapy.com

and
789 Northwest 27th Avenue
Miami, FL 33125
(772) 241-9222
Digital Contact Information:
vanessa@livingcaretherapy.com

and
799 Southwest 73rd Court
Miami, FL 33144
(305) 992-4008
Digital Contact Information:
vanessa@livingcaretherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Kalilikane, Samantha, PSYD, LP ■
9220 Sunset Drive
104
Miami, FL 33173
(786) 724-4224
Digital Contact Information:
4imuacenter@gmail.com

Kanenbley, Melissa, MSW, LCSW ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
acc@advancedclientcare.org

Karoub, Arielle E, MS, LCMHC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Kburg, Regina I, PSYD, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
office@pasadenaclinicalgroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Keane, Edward M, MC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
edwardmkeane@gmail.com

Kerge, Marol, MS, APRNCNP, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
csosa@provctr.org

Kessler, David S, MSW, LCSW ■
245 Northeast 14th Street
Ste. 209
Miami, FL 33132
(305) 987-1748
Digital Contact Information:
http://www.davidskessler.com
david@davidskessler.com
Other Languages Spoken by Provider or Office Staff
Spanish

Khabazghazvini, Baharak, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
maxbaharak53@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Farsi, Arabic

Khadka, Anuja, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
ebcg-support@findoctave.com

Kidane Davis, Pascale, MSN, APRN ■
FL
(786) 761-1155
(888) 947-3888
Digital Contact Information:
https://www.virtualpsychiatriccare.com/
pascalenp11@gmail.com

Killackey, Debra, MMH, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
professional_counseling@yahoo.com

and
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
professional_counseling@yahoo.com

Knight, Myah, MED, LCPC, LMHC, LPC, LPCC ■
FL
(561) 730-2398
(508) 202-1011
Digital Contact Information:
hello@lbeehealth.com

Knowles, Madison, MS, LCMHC, LCPC, LMHC, LPC, LPCC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
mbknowles772@aim.com

Kochen, Adriana, MSW, LCSW ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
http://www.behavioralaid.com
credentialing@behavioralaid.com

and
7811 Coral Way
106
Miami, FL 33155
(305) 412-0138
Digital Contact Information:
credentialing@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com
Other Languages Spoken by Provider or Office Staff
Spanish

Konovalova, Allison, MMFT, LMFT ■
1125 Northeast 125th Street
501
North Miami, FL 33161
(305) 900-7146
Digital Contact Information:
blumcounselinggroup@gmail.com

Krakowski, David, MSSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Kramer, David R, MD ■
2828 Coral Way
Ste 460
Coral Gables, FL 33145
(512) 212-4670
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net

and
12550 Biscayne Boulevard
STE 306
North Miami, FL 33181
(305) 642-5255
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net
Other Languages Spoken by Provider or Office Staff
Spanish

Kudolo, Diane, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
dmk.lpc2011@gmail.com

La Banca, Karina V, MC, LMHC ■
747 Ponce de Leon
Coral Gables, FL 33134
(786) 254-7394
Digital Contact Information:
healthy.solutions@att.net

and
135 San Lorenzo Ave
Ste 100
Coral Gables, FL 33146
(305) 502-3760
Digital Contact Information:
healthy.solutions@att.net

and
1200 Northwest 78th Avenue
210
Doral, FL 33126
(786) 285-3438
Digital Contact Information:
healthy.solutions@att.net

and
6329 Southwest 23rd Street
Miami, FL 33155
(786) 355-7541
Digital Contact Information:
healthy.solutions@att.net

and
7951 Southwest 40th Street
suite 200-a
Miami, FL 33155
(786) 244-9911
Digital Contact Information:
healthy.solutions@att.net

and
FL
(786) 244-9911
Digital Contact Information:
healthy.solutions@att.net

and
175 Fontainebleau Boulevard
Miami, FL 33172
(305) 343-0673
Digital Contact Information:
healthy.solutions@att.net

Lagravere, Rose Mary, MSCC, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
acc@advancedclientcare.org

Lalama, Christina, MMH, LMHC ■
7875 SW 104th St
Ste 101
Miami, FL 33156
(305) 576-6550
Digital Contact Information:
http://www.jcsfl.org
insurance@jcsfl.org

Lamazares, Mary, MS, LMHC ■
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
morecounseling@gmail.com

and
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
morecounseling@gmail.com

and
9125 SW 87th Ave
Miami, FL 33176
(305) 735-3919
Digital Contact Information:
morecounseling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lamons, Jackie D, DSW, LCSW ■
FL
(954) 348-5230
Digital Contact Information:
https://www.blueoasis.online/
jackielamonsdsw@gmail.com

Lampkin, Craig, MS, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Landes, Debra M, MED, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
landeslmhc@gmail.com

Lankenau, Diana J, MN, APRN, PMHNP ■
South Red Road
Miami, FL 33155
(305) 297-7014
Digital Contact Information:
credentialing@orendapsych.com

and
FL
(305) 297-7014
Digital Contact Information:
credentialing@orendapsych.com

Lara, Xiomara, MMH, LMHC ■
FL
(305) 303-0581
Digital Contact Information:
conflict62@hotmail.com

and
11055 Southwest 186th Street
#101
Miami, FL 33157
(305) 342-4893
Digital Contact Information:
conflict62@hotmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Larrauri, Carlos A, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
bmmedicalllc@gmail.com

and
7921 Bird Rd
Ste 41
Miami, FL 33155
(305) 425-1393
Digital Contact Information:
http://oceanhealthsystem.com
bmmedicalllc@gmail.com

and
7921 Bird Road
39
Miami, FL 33155
(786) 310-1570
Digital Contact Information:
http://oceanhealthsystem.com
bmmedicalllc@gmail.com

and
7971 Bird Road
39
Miami, FL 33155
(786) 910-7179
Digital Contact Information:
http://oceanhealthsystem.com
bmmedicalllc@gmail.com

and
10682 Fontainebleau Boulevard
Miami, FL 33172
(786) 910-7179
Digital Contact Information:
bmmedicalllc@gmail.com

Leal Diaz, Carmen C, MSN, APRN ■
5911 Northwest 173rd Drive
6 6
Hialeah, FL 33015
(786) 380-9229
Digital Contact Information:
office@sweetstartcwc.com

and
2100 West 76th Street
STE 408
Hialeah, FL 33016
(786) 542-5056
Digital Contact Information:
office@sweetstartcwc.com

Leal, Julio O, MS, LMHC ■
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
la.herrera@lifestance.com

Ledesma, Mercedes, MSW, LCSW ■
3580 Mystic Pointe Drive
Aventura, FL 33180
(415) 941-4109
Digital Contact Information:
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ledon, Nicolas I, MS, LMHC ■
4300 Biscayne Boulevard
STE 203
Miami, FL 33137
(786) 514-6362
Digital Contact Information:
http://www.baypoint-therapy.com
nledon@baypoint-therapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lefler, Linda, MD ■
777 E 25th St
Ste 306
Hialeah, FL 33013
(786) 838-6092
Digital Contact Information:
dustinsode@suncoastcenter.org

Legra, Bertha V, MS, LMHC ■
419 W 49th St
Ste 210
Hialeah, FL 33012
(954) 404-7052
Digital Contact Information:
credentialing@psychiatrist4u.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Lequerica Ziemba, Adriana, PSYD, LP ●
6175 NW 153rd St
Ste 205
Miami Lakes, FL 33014
(305) 502-9589
Digital Contact Information:
http://thrivepsychological.com
admin@thrivepsychological.com
Other Languages Spoken by Provider or Office Staff
Spanish

Leveille, Dominique C, PHD, LMFT ■
15715 South Dixie Highway
STE 325
Miami, FL 33157
(305) 922-3436
Digital Contact Information:
http://blisstherapy.me
dr.dominique@blisstherapy.me
Other Languages Spoken by Provider or Office Staff
English, Creole, French

Lewis, Mariah, MSW, LCSW ■
FL
(850) 305-1894
Digital Contact Information:
http://www.tpttherapy.org
mariahlewis@tpttherapy.org

Lewis, Tammara, MS, LMHC ●
1175 Northeast 125th Street
320
Miami, FL 33161
(786) 842-0444
Digital Contact Information:
http://www.marriagefamilyservices.com
mariposawakeningtherapysvcs@gmail.com

Leydig, Tammie, MSN, APRN, CNP ■
FL
(305) 902-6347
Digital Contact Information:
sid@instic.health

Lieberman, Anat G, MSW, LCSW ■
2875 Northeast 191st Street
Suite 552
Aventura, FL 33180
(786) 417-2492
Digital Contact Information:
insurance@jcsfl.org
Other Languages Spoken by Provider or Office Staff
Hebrew

Lievano, Catherine, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Little, Jacinta L, MS, LMHC ■

1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Lo, Lorinda, MSN, APRN ■
2464 Southwest 22nd Street
Miami, FL 33145
(305) 204-9355
Digital Contact Information:
http://www.ampmentalhealth.com
admin@ampmentalhealth.com
Other Languages Spoken by Provider or Office Staff
Cantonese, Spanish

Logan, Jalinia, MSW, LCSW ■
6303 Waterford District Drive
400
Miami, FL 33126
(312) 678-1822
Digital Contact Information:
support@growthguidancecounseling.com

Lopez, Idalmis, MSN, APRN ■
13170 Southwest 128th Street
200
Miami, FL 33186
(786) 852-5198
Digital Contact Information:
https://clarityapproach.com/
clarityhealth@approachteam.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Jose C, MD ■
1200 Northwest 78th Avenue
210
Doral, FL 33126
(786) 285-3438
Digital Contact Information:
jorge@valcourtbehavioral.com

and
633 N Krome Ave
1
Homestead, FL 33030
(305) 763-4007
Digital Contact Information:
jorge@valcourtbehavioral.com

and
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
jorge@valcourtbehavioral.com

and
3525 NW 7th St
Miami, FL 33125
(786) 801-0218
Digital Contact Information:
jorge@valcourtbehavioral.com

and
1710 Northwest 7th Street
STE 5-6-7
Miami, FL 331253500
(786) 409-2568
Digital Contact Information:
jorge@valcourtbehavioral.com

and
3446 Southwest 8th Street
217
Miami, FL 33135
(786) 769-5046
Digital Contact Information:
jorge@valcourtbehavioral.com

and
7821 Coral Way
100
Miami, FL 33155
(786) 409-5690
Digital Contact Information:
jorge@valcourtbehavioral.com

and
7921 Bird Rd
Ste 41
Miami, FL 33155
(305) 425-1393
Digital Contact Information:
http://oceanhealthsystem.com
jorge@valcourtbehavioral.com

and
7921 Bird Road
39
Miami, FL 33155
(786) 310-1570
Digital Contact Information:
http://oceanhealthsystem.com
jorge@valcourtbehavioral.com

and
7971 Bird Road
15
Miami, FL 33155
(786) 504-5620
Digital Contact Information:
http://oceanhealthsystem.com
jorge@valcourtbehavioral.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
jorge@valcourtbehavioral.com

and
19001 Southwest 106th Avenue
c103
Miami, FL 33157
(786) 523-2352
Digital Contact Information:
jorge@valcourtbehavioral.com

and
10680 Fontainebleau Boulevard
Miami, FL 33172
(305) 794-6845
Digital Contact Information:
jorge@valcourtbehavioral.com

and
13706 Southwest 56th Street
STE 105-106
Miami, FL 331756036
(786) 523-4289
Digital Contact Information:
jorge@valcourtbehavioral.com

and
9900 Southwest 107th Avenue
STE 101
Miami, FL 33176
(305) 248-3488
Digital Contact Information:
jorge@valcourtbehavioral.com

and
12540 Southwest 8th Street
Miami, FL 33184
(305) 705-6840
Digital Contact Information:
jorge@valcourtbehavioral.com

and
6600 Cow Pen Road
250
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
jorge@valcourtbehavioral.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez Medrano, Ana M, MS, LMHC, LPC ■
3408 W 84th St
Ste 305
Hialeah, FL 33018
(786) 663-3983
Digital Contact Information:
https://mentalia.us
care@thepeacefulmindfactory.com

and
FL
(786) 663-3983
Digital Contact Information:
https://mentalia.us
care@thepeacefulmindfactory.com

and
13590 Southwest 134th Avenue
210
Miami, FL 33186
(786) 663-3983
Digital Contact Information:
care@thepeacefulmindfactory.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Widlyne, MSW, LCSW ■
FL
(954) 281-2958
Digital Contact Information:
http://www.breakthroughcrc.com
widlynel@breakthroughcrc.org
Other Languages Spoken by Provider or Office Staff Haitian Creole

Lopez, Yaneris, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(305) 735-3555
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lorenzo, Pablo, MSW, LCSW ■
17395 Northwest 59th Avenue
Hialeah, FL 33015
(305) 662-2185
Digital Contact Information:
joeyp@sfmhr.com

and
27 Northwest 13th Street
Homestead, FL 33030
(786) 339-8824
Digital Contact Information:
joeyp@sfmhr.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Louwagie Gordon, Alissa M, MS, LMHC ■
FL
(786) 615-3334
Digital Contact Information:
info@abcsfl.com

Lozada, Jeremy A, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
admin@lifehealthsystem.org
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Luna Delaurier, Yalemni, PSYD, LP ■
7600 South Red Road
200
South Miami, FL 33143
(786) 508-2207
Digital Contact Information:
http://www.lunapsychology.com
angelo@lunapsychology.com
Other Languages Spoken by Provider or Office Staff
Spanish

Luther, Jasmine M, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
fl-credentialing@lifestance.com
Other Languages Spoken by Provider or Office Staff English

MAc-Guffie, Nathalie, MMH, LMHC ■
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
nathaliemg@me.com

and
FL
(202) 410-5972
(754) 816-2311
(305) 637-6400
Digital Contact Information:
nathaliemg@me.com

MacDonald, Kacie, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Machuca, Jose R, PHD, LMHC ■
11300 Northeast 2nd Avenue
Miami Shores, FL 33168
(504) 388-5981
Digital Contact Information:
rmachuca@barry.edu
Other Languages Spoken by Provider or Office Staff
Portuguese, English, Spanish

Madison, Marlon, MSW, LCSW ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
acc@advancedclientcare.org

Maldonado, Milagros R, MS, LMHC ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
info@avilahealthgroup.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Mallo, Lisaimy, MSW, LCSW ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
alexandra.galvis@mypsychiatrist.com
Other Languages Spoken by Provider or Office Staff
Spanish

Maqueira, Elvira, MSW, LCSW ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
tmedina@hbccmhc.com

Marcellus, Chizoba L, MS, LMHC ■
536 Northeast 206th Lane
Miami, FL 33179
(305) 761-9584
Digital Contact Information:
http://www.therapyislove.com
info@therapyislove.com

Marcus, Phyllis C, MC, LMFT ■
540 Northwest 165th Street
114
Miami, FL 33169
(786) 648-6550
Digital Contact Information:
horebhealthclinic@gmail.com

and
540 Northwest 165th Street
STE 110
Miami, FL 33169
(786) 648-6550
Digital Contact Information:
horebhealthclinic@gmail.com

Martin, Lawanda, MPSY, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
engeditherapy@gmail.com

Martin Torres, Danka, MSN, APRN ■
900 West 49th Street
STE 400
Hialeah, FL 33012
(305) 587-2231
Digital Contact Information:
hcos@chwcm.org

and
1150 Northwest 72nd Avenue
350
Miami, FL 33126
(786) 228-7801
Digital Contact Information:
hcos@chwcm.org

and
1150 Northwest 72nd Avenue
540
Miami, FL 33126
(786) 228-7801
Digital Contact Information:
hcos@chwcm.org

and
1150 Northwest 72nd Avenue
ph 2
Miami, FL 33126
(786) 542-5043
Digital Contact Information:
http://1stcarecms.com
hcos@chwcm.org

and
3446 Southwest 8th Street
217
Miami, FL 33135
(786) 769-5046
Digital Contact Information:
hcos@chwcm.org

and
5600 Southwest 135th Avenue
STE 216
Miami, FL 33183
(786) 536-6196
Digital Contact Information:
hcos@chwcm.org

and
4471 Northwest 36th Street
SUITE #230
Miami Springs, FL 33166
(786) 238-7335
Digital Contact Information:
hcos@chwcm.org
Other Languages Spoken by Provider or Office Staff
Portuguese, English, Creole, Spanish

Martinez, Mabel, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com

Mas, Alexandra, MS, LMFT ■
3970 West Flagler Street
204
Coral Gables, FL 33134
(786) 953-5978
Digital Contact Information:
lasagradafamiliacenter@gmail.com

and
9600 Northwest 25th Street
3C
Doral, FL 33172
(786) 615-2843
Digital Contact Information:
http://lasagradafamiliacenter.com
lasagradafamiliacenter@gmail.com

and
4896 Northwest 7th Street
Unit S
Miami, FL 33126
(786) 534-2023
Digital Contact Information:
lasagradafamiliacenter@gmail.com

and
5950 Southwest 40th Street
Miami, FL 33155
(786) 633-5960
Digital Contact Information:
lasagradafamiliacenter@gmail.com

and
7340 Southwest 48th Street
107
Miami, FL 33155
(305) 846-9775
Digital Contact Information:
lasagradafamiliacenter@gmail.com

and
13055 Southwest 42nd Street
STE 104
Miami, FL 33175
(305) 480-7839
Digital Contact Information:
lasagradafamiliacenter@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

McCoy, Brittney, MMH, LMHC ■
8971 Southwest 142nd Avenue
11 37
Miami, FL 33186
(786) 244-7690
Digital Contact Information:
worcounselingservices@gmail.com

McDevitt, Omayra, MA, LPC ■
FL
(305) 902-6347
Digital Contact Information:
start@bebravehealth.com

McDonald, Margaret S, EDS, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
marscounselingservices@gmail.com

McKenzie-Plez, Antwan, MA, LCMHC ■
1620 Northeast 148th Street
Miami, FL 33181
(954) 412-9698
Digital Contact Information:
kelly@credentialingconsultants.com

McMillon, Karlysse, MA, LMHC ■
1 Alhambra Plaza
Miami, FL 33134
(888) 588-8995
Digital Contact Information:
creds@foresightmentalhealth.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
creds@foresightmentalhealth.com
Other Languages Spoken by Provider or Office Staff English

Medina, Muriel, MSW, LCSW ■
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
info@aimergency.org

Medina Rojo, Raul, MSN, APRN ■
4445 West 16th Avenue
STE 405
Hialeah, FL 33012
(786) 233-6721
Digital Contact Information:
office@myrtleridge.us

and
1000 Brickell Avenue
Miami, FL 33131
(786) 701-9211
Digital Contact Information:
office@myrtleridge.us

and
9299 SW 152nd St
Ste 206
Palmetto Bay, FL 33157
(786) 883-0339
Digital Contact Information:
office@myrtleridge.us
Other Languages Spoken by Provider or Office Staff
English, Spanish

Mejia, Alejandra, MSW, LCSW ■
14645 Northwest 77th Avenue
101
Miami Lakes, FL 33014
(833) 769-3524
Digital Contact Information:
http://lifestance.com
dougblessington@gmail.com

Melendez, Manuel A, MD ■
705 Le Jeune Rd
Hialeah, FL 33010
(786) 477-4431
Digital Contact Information:
mamc0708@yahoo.com

and
705 South Le Jeune Road
Hialeah, FL 33010
(305) 264-7808
Digital Contact Information:
mamc0708@yahoo.com

and
5860 W Flagler St
Miami, FL 33144
(786) 477-4431
Digital Contact Information:
mamc0708@yahoo.com

and
10250 SW 56th St
Ste A102
Miami, FL 33165
(786) 477-4431
Digital Contact Information:
mamc0708@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Melman, Angela J, MMH, LMHC ■
FL
(786) 805-7098
Digital Contact Information:
angelamelman1@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Mena, Rebekah, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
admin@lifehealthsystem.org
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Mendez Luaces, Luis E, DNP, APRN ■
330 Southwest 27th Avenue
#701
Miami, FL 33135
(305) 363-1880
Digital Contact Information:
http://empowerpsychiatry.net
info@empowerpsychiatry.med
Other Languages Spoken by Provider or Office Staff
Spanish

Mendez, Rossana, MSW, LCSW ■
11367 Southwest 248th Terrace
Princeton, FL 33032
(786) 879-5355
Digital Contact Information:
http://themind-gym.com
rossanamendezcole@themissingkeyllc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mendoza, Regina, PSYD, LP ■
7600 Southwest 57th Avenue
307
South Miami, FL 33143
(305) 262-0806
Digital Contact Information:
drmendoza@reginamendoza.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mesa, Leonel E, PSYD, LMHC ■
FL
(786) 208-4831
Digital Contact Information:
drmesa@neurofeedbackofml.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Millares, Sylma M, MSN, APRN ■
2001 Northwest 107th Avenue
412
Doral, FL 33172
(786) 548-8322
Digital Contact Information:
milarefbilling@gmail.com

and
14740 Southwest 26th Street
Miami, FL 33185
(305) 388-1118
Digital Contact Information:
milarefbilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Miranda-Tourino, Mary, MSW, LCSW ■
12595 Southwest 137th Avenue
STE 110
Miami, FL 33186
(305) 465-9379
Digital Contact Information:
mary.miranda@mymail.barry.edu
Other Languages Spoken by Provider or Office Staff
English, Spanish

Mondeja, Yanisleidy, DNP, APRN ■
9000 Southwest 137th Avenue
107
Miami, FL 33186
(305) 603-7824
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Montes De Oca, Yilian, MS, LCMHC, LCPC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ymontesy@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Montgomery, Karon, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
titancbh@gmail.com

Montoya, Veronica, MS, LMHC ●
3150 Southwest 38th Avenue
Suite 1307
Miami, FL 33146
(786) 768-8014
Digital Contact Information:
http://insideouttherapycenter.com
vmontoya@insideouttherapycenter.com
Other Languages Spoken by Provider or Office Staff English

Moore, Monique, MC, LMHC ■
1951 Northwest 7th Avenue
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
moniquem.lmhc@gmail.com

and
FL
(305) 902-6347
(904) 960-3119
Digital Contact Information:
moniquem.lmhc@gmail.com

Moore, Shauntae, MC, LPC ■
FL
(508) 202-1011
Digital Contact Information:
https://www.ehomebehavioralcare.com/
scheduling@ehomegroup.com

Mora, Brenda, MS, LMHC ■
FL
(786) 488-8103
Digital Contact Information:
http://www.sfacounseling.org
info@sfacounseling.org
Other Languages Spoken by Provider or Office Staff
Spanish

Mora, Joseph J, PHD, LP ■
10621 North Kendall Drive
Suite #203
Miami, FL 33176
(305) 456-6976
Digital Contact Information:
davalos.credentialing@novitams.com

Morales, Beatriz, MS, LMHC, LPC ■
975 Arthur Godfrey Rd
Ste 301
Miami Beach, FL 33140
(786) 315-0387
Digital Contact Information:
bmorales@ibhflorida.com

and
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
http://www.ibhflorida.com
bmorales@ibhflorida.com

and
FL

(305) 816-6300
Digital Contact Information:
http://www.ibhflorida.com
bmorales@ibhflorida.com
Other Languages Spoken by Provider or Office Staff
Spanish

Morales, Edelis, MSN, APRN ■
7951 Southwest 40th Street
suite 200-a
Miami, FL 33155
(786) 244-9911
Digital Contact Information:
lfortun@keraltybh.com

and
FL
(786) 244-9911
Digital Contact Information:
lfortun@keraltybh.com
Other Languages Spoken by Provider or Office Staff
German, Spanish

Morales Gainza, Robert, MSN, APRN ■
7811 Coral Way
106
Miami, FL 33155
(305) 412-0138
Digital Contact Information:
equilibriummhs@gmail.com

and
14221 Southwest 120th Street
Suite 221
Miami, FL 33186
(786) 247-1308
Digital Contact Information:
equilibriummhs@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Morales, Lisset, MS, LMHC ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 661-5511
Digital Contact Information:
lissetmr@bellsouth.net

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
http://appliedbhs.com
lissetmr@bellsouth.net
Other Languages Spoken by Provider or Office Staff
English, Spanish

Morales, Marielsie, MSW, LCSW ■
8950 Southwest 74th Court
Suite 2201
Miami, FL 33156
(786) 306-8200
Digital Contact Information:
http://www.onyiamind.com
info@onyiamind.com
Other Languages Spoken by Provider or Office Staff
Spanish

Morales, Natasha, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com
Other Languages Spoken by Provider or Office Staff Creole

Moreda-Mendez, Yanet, MSN, APRN ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
http://www.dgphealthandwellness.com
info@kaaficounseling.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
info@kaaficounseling.com
Other Languages Spoken by Provider or Office Staff
Spanish

Morel, Nicole, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
payors@emorahealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Moriyon, Milko, MN, APRN ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
yavila@avilahealthgroup.com

and
664 East 25th Street
102
Hialeah, FL 33013
(786) 409-5361
Digital Contact Information:
yavila@avilahealthgroup.com

Moses, Lia E, MS, LMHC ■
7600 Red Road
102
South Miami, FL 33143
(305) 456-1014
Digital Contact Information:
http://www.mindandsoultherapy.org
liamoses@yahoo.com

and
FL
(305) 456-1014
Digital Contact Information:
http://www.mindandsoultherapy.org
liamoses@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Moss, Erin M, MMH, LMHC ■
1688 Meridian Avenue
608
Miami Beach, FL 33139
(716) 507-1124
Digital Contact Information:
http://www.erinmmoss.com
erinmmossprivatepractice@gmail.com

Mueser, James A, MS, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
medicalbilling@nyfoundling.org

Muffett, Stephanie, MSED, LMHC ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Muldrow, Edward J, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
emuldrow3@aol.com

Mungo, Amani Amanda, MA, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
amungoppcc@gmail.com

Muniz, Lissette, MA, LMHC ■
1 Alhambra Plaza
PH # 1451
Miami, FL 33134
(888) 588-8995
Digital Contact Information:
http://www.foresightmentalhealth.com
lm.becomingwellness@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Munoz Vignau, Asuncion M, MSN, APRN ■
3414 West 84th Street
Suite D110
Hialeah, FL 33018
(305) 825-4320
Digital Contact Information:
marinavignau@comcast.net

and
3416 West 84th Street
C-108
Hialeah, FL 33018
(305) 557-1555
Digital Contact Information:
marinavignau@comcast.net
Other Languages Spoken by Provider or Office Staff
Spanish

Mynatt, Maggie M, MS, LMHC ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
ehoyos@lotuscounseling.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
http://www.lotuscounseling.com
ehoyos@lotuscounseling.com

Nadell, James, PSYD, LP ■
20601 Old Cutler Road
Cutler Bay, FL 33189
(914) 441-0722
Digital Contact Information:
jnadell2000@gmail.com

and
14707 S Dixie Hwy
Ste 211
Miami, FL 33176
(305) 259-6433
Digital Contact Information:
jnadell2000@gmail.com

and
8900 N Kendall Dr
Miami, FL 33176
(914) 441-0722
Digital Contact Information:
jnadell2000@gmail.com

and
FL
(305) 259-6433
Digital Contact Information:
jnadell2000@gmail.com

Nammur, Sarai, MC, LMHC ■
15325 Northwest 60th Avenue
#105
Miami Lakes, FL 33014
(305) 512-5388
Digital Contact Information:
sarai@sarainammur.com
Other Languages Spoken by Provider or Office Staff
Spanish

Nankivell, Martina, PA, PA_C ■
4300 Biscayne Boulevard
STE 203
Miami, FL 33137
(877) 400-0540
Digital Contact Information:
https://forallmentalhealth.com
info@forallmentalhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Napoles Garcia, Amed, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Nava Urdaneta, Mariangela, PSYD, LP ■
7600 South Red Road
127
South Miami, FL 33143
(786) 508-2207
Digital Contact Information:
http://www.lunapsychology.com
angelo@lunapsychology.com

and
7600 South Red Road
200
South Miami, FL 33143
(786) 508-2207
Digital Contact Information:
http://www.lunapsychology.com
angelo@lunapsychology.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Navarrete, Thais, MMFT, LMFT ●
12150 Southwest 128th Court
136
Miami, FL 33186
(305) 562-8804
Digital Contact Information:
thais@thaisnavarrete.com
Other Languages Spoken by Provider or Office Staff
Spanish

Nedock, Shirley, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Nicks, Darlene, MSW, LCSW, LICSW ■
333 Southeast 2nd Avenue
Suite #2000
Miami, FL 33131
(256) 701-4502
Digital Contact Information:
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Nodal, Idalmis, MC, LMHC ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
tmedina@hbccmhc.com
Other Languages Spoken by Provider or Office Staff English

Novak, Mark, MS, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
acc@advancedclientcare.org

Novoa, Trilce, MSCC, LMHC ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
solutiondrivenconsulting@gmail.com

Nunez, Sandra, MSW, LCSW ■
13205 Southwest 137th Avenue
Miami, FL 33186
(786) 290-9192
Digital Contact Information:
pcecofmiami@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

O'Neill, Gloria M, MSN, APRN ■
7855 Northwest 52nd Street
Doral, FL 33166
(305) 450-9651
Digital Contact Information:
info@rushcredentialing.com

Occean, Andrelita, MMH, LCMHC ■
7950 W Flagler St
Ste 106
Miami, FL 33144
(305) 269-3900
Digital Contact Information:

drgmartinez.psychologist@gmail.com
Other Languages Spoken by Provider or Office Staff English, Creole, French

Octa, Christina, MC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
tocta.me@gmail.com

Odum, Lesli S, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
leslie.odum@gmail.com

Okolo Miles, Sada, MA, LMHC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
s.n.okolo_associates@outlook.com

Oliva, Ivan, MSN, APRN ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
olivaob91@gmail.com

Olszanski, Leandro, EDM, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
lolszanski@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Onusuru, Vitus M, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ca-credentialing@lifestance.com

Orfao-Martin, Claudia, MSW, LICSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
mollymar@yahoo.com
Other Languages Spoken by Provider or Office Staff Portuguese, English

Orin, Ramon S, MA, LMHC ■
12030 Southwest 129th Court
Suite 211
Miami, FL 33186
(305) 639-8760
Digital Contact Information:
rorin31@bellsouth.net

and
12360 Southwest 132nd Court
STE 202
Miami, FL 33186
(786) 250-3396
Digital Contact Information:
rorin31@bellsouth.net
Other Languages Spoken by Provider or Office Staff Spanish

Ortega, Laura R, MS, LMFT ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
contact@elevatepsychiatry.com

and
1711 W 38th Pl
Ste 1207
Hialeah, FL 33012
(786) 592-0940
Digital Contact Information:
contact@elevatepsychiatry.com

and
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
contact@elevatepsychiatry.com

and
16201 SW 95th Ave
Ste 101
Miami, FL 33157
(786) 592-0940
Digital Contact Information:
contact@elevatepsychiatry.com

Ortiz, Christian, MD ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@chcsbc.org

and
FL
(305) 395-5978
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@chcsbc.org

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(305) 395-5978
Digital Contact Information:
http://www.bayshoreintegratedhealth.com
credentialing@chcsbc.org
Other Languages Spoken by Provider or Office Staff Spanish

Osorio, Yanira, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
tori@paxhealth.net

Oubadji, Michelle, MSW, LCSW ■
FL
(415) 941-4109
(754) 444-8004
Digital Contact Information:
http://www.bundletherapy.com
admin@bundletherapy.com

and
1400 Northeast Miami Gardens Drive
212
Miami, FL 33179
(415) 941-4109
(754) 444-8004
Digital Contact Information:
http://www.bundletherapy.com
admin@bundletherapy.com
Other Languages Spoken by Provider or Office Staff Portuguese, English, Spanish

Oyerinde, Anthonia O, MSN, APRNCNP, PMHNP ■
FL
(305) 902-6347
Digital Contact Information:
http://www.bebravehealth.com
Other Languages Spoken by Provider or Office Staff Igbo, English, Yoruba

Page Stone, Kimberly, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
info@healingplaceccc.org

Palaez, Alexandra, MS, LMFT ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
draida@mpsmentalhealth.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
draida@mpsmentalhealth.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
draida@mpsmentalhealth.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
draida@mpsmentalhealth.com
Other Languages Spoken by Provider or Office Staff French, Russian, Spanish

Palamara, Sherry A, PSYD, LP ■
3105 Northwest 107th Avenue
Suite: 400
Doral, FL 33172
(305) 920-3921
Digital Contact Information:
shpalamara@aol.com

and
10305 NW 41st St
Ste 205
Doral, FL 33178
(305) 994-7420
Digital Contact Information:
shpalamara@aol.com

and
407 Lincoln Rd
Ste 6L
Miami Beach, FL 33139
(305) 994-7420
Digital Contact Information:
shpalamara@aol.com

Palenque, Yoni R, MSN, APRN ■
2000 Northwest 87th Avenue
Suite 201
Doral, FL 33172
(954) 561-6222
Digital Contact Information:
info@ventremedical.com

and
5901 Southwest 74th Street
408
Miami, FL 33143
(305) 735-3555
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff Spanish

Pandini, Heli, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
credentialing@thriveworks.com

Pareras, Aixa, MC, LMHC ■
14225 SW 42nd St
Miami, FL 33175
(305) 221-8200
Digital Contact Information:
http://www.drvidalzas.com
melbag.avzcounseling@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Paris, Emilia, MC, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff Spanish

Parodi, Laura, MPSY, LMFT ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
bravosmentalhealthcare@gmail.com

and
2100 West 76th Street
#209
Hialeah, FL 33016
(786) 201-1088
Digital Contact Information:
bravosmentalhealthcare@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Patsicostas, Susan, MS, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
strive@strivementalhealthllc.com

Patterson, Trakeeta A, MSW, LCSW ■
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
dreamagainservices@gmail.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
dreamagainservices@gmail.com

Paula Jorge, Lynette D, MSN, APRN ■
8323 Northwest 12th Street
108
Doral, FL 33126
(305) 400-8511
Digital Contact Information:
http://www.cbhwestcoast.com
info@cbhwestcoast.com

Peana, Ana M, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Pellot, Gladys J, MS, LMHC ■
31 N Krome Ave
Homestead, FL 33030
(786) 481-5909
Digital Contact Information:
http://www.infinitecompletecare.com
info@infinitecc.org
Other Languages Spoken by Provider or Office Staff English, Spanish

Pena, Edgar, MS, LMHC ■
1354 Washington Avenue
221
Miami Beach, FL 33139
(305) 766-8064
Digital Contact Information:
http://www.mbbehavioralhealth.com
mbbehavioralhealth1@yahoo.com

and
15495 Eagle Nest Lane
STE 215
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
mbbehavioralhealth1@yahoo.com

and
6600 Cow Pen Road
250
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
mbbehavioralhealth1@yahoo.com

and
215 Westward Dr
Miami Springs, FL 33166
(305) 887-4494
Digital Contact Information:
mbbehavioralhealth1@yahoo.com
Other Languages Spoken by Provider or Office Staff Spanish

Pena, Francisco, MMH, LMHC ■
FL
(786) 536-9714
Digital Contact Information:
http://www.abc4s.com
admin@abc4s.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pena Garcia, Ibis, PSYD, LP ■
8200 Northwest 41st Street
135
Doral, FL 33166
(305) 599-2111
Digital Contact Information:
cdps.doral@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pena Pacheco, Nariel, MSN, APRN ■
18901 Southwest 106th Avenue
229
Miami, FL 33157
(786) 506-9008
Digital Contact Information:
advancecommunity71@gmail.com

and
10031 Southwest 40th Street
Miami, FL 33165
(786) 442-9628
Digital Contact Information:
advancecommunity71@gmail.com

Pena Perez, Astrid E, MC, LMHC ■
FL
(786) 975-9866
Digital Contact Information:
astridpena.mhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Penaranda, Yohan, MS, LMHC ■
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
http://brightsyhealthfl.com
brightsyhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Belkis B, MSN, NP ■
FL
(305) 579-2885
Digital Contact Information:
http://www.lumimindpsychiatrywellness.com
lumimindpsychwell@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Perez Benitez, Carlos I, PHD, LP ■
1701 W Flagler St
Ste 310
Miami, FL 33135
(786) 467-7006
Digital Contact Information:
carlosisraelphd@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Elisaul, MS, LMHC ■
FL
(305) 399-5900
Digital Contact Information:
therapeutic.taps@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Guadalupe, MS, LMHC ■
7875 SW 104th St
Ste 101
Miami, FL 33156
(305) 899-1587
Digital Contact Information:
http://www.jcsfl.org
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Lourdes, MMFT, LMFT ■
9240 Sunset Dr
Ste 202
Miami, FL 33173
(305) 763-3965
Digital Contact Information:
nextchaptercounseling18@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Perez, Milena J, MBS, LMHC ■
782 Northwest 42nd Avenue
suite 329
Miami, FL 33126
(305) 766-3159
Digital Contact Information:
mjpatherapy@gmail.com

and
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
mjpatherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Perez, Rosbel, MSN, APRN ■
8532 Southwest 8th Street
STE 290
Miami, FL 33144
(786) 927-8048
Digital Contact Information:
http://www.icaremh.com
dovebehavioralhealth@gmail.com

Perez-Carrion, Jessenia, PSYD, LCP ■
100 NE 15th St
Ste 101D
Homestead, FL 33030
(833) 779-8646
Digital Contact Information:
perezc.jessenia@gmail.com

and
FL
(486) 499-5327
Digital Contact Information:
https://www.healinghavenpsychology.com/
perezc.jessenia@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez-Pacheco, Robinson A, MSW, LCSW ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com

Peskin, Abigail, PHD, LP ■
1601 NW 12th Ave
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
admin@aliciasplace.org

Petit-Jean, Christine, MSW, LCSW, LICSW ■
FL
(786) 967-7873
Digital Contact Information:
https://parakletostherapeutic.com/
ptsdatyourservice@gmail.com
Other Languages Spoken by Provider or Office Staff English

Pettus, Tenisha, PHD, LMFT ■
FL
(786) 724-4224
Digital Contact Information:
admin@vita-cog.com

Pierre, Urmene, DNP, APRN ■
510 Northwest 98th Street
Miami, FL 33150
(754) 266-5509
Digital Contact Information:
info.goodshepherd20@gmail.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, French

Pineiro, Carmen, MS, LMHC ■
100 NE 38th St
Ste 5
Miami, FL 33137
(305) 576-1599
Digital Contact Information:
cbolivar@borinquenhealth.org

Pineyro, Cindy, MC, LMHC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
http://www.behavioralaid.com
info@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
info@behavioralaid.com

Pino, Leydis, PSYD, BCBA, LCP ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 317-4478
Digital Contact Information:
https://crystalabatherapy.com/
services@cmnbtherapy.com

and
1000 Brickell Avenue
Miami, FL 33131
(754) 234-0643
Digital Contact Information:
services@cmnbtherapy.com

and
9502 Southwest 166th Court
Miami, FL 33196
(754) 234-0643
Digital Contact Information:
services@cmnbtherapy.com

Pitaluga, Iris, MS, LMHC ■
1360 South Dixie Highway
355
Coral Gables, FL 33146
(305) 648-9344
Digital Contact Information:
alternatives1@msn.com
Other Languages Spoken by Provider or Office Staff English

Plasencia, Belkis, MSN, APRN ■
7921 Bird Rd
Ste 41
Miami, FL 33155
(305) 425-1393
Digital Contact Information:
ynhcsaba@gmail.com

and
7971 Bird Road
39
Miami, FL 33155
(786) 910-7179
Digital Contact Information:
ynhcsaba@gmail.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
ynhcsaba@gmail.com

and
7001 SW 97th Ave
Ste 206
Miami, FL 33173
(786) 294-0123
Digital Contact Information:
https://www.chgpsychiatry.com/
ynhcsaba@gmail.com

and
9425 Southwest 72nd Street
Suite 251
Miami, FL 33173
(305) 305-6573
Digital Contact Information:
ynhcsaba@gmail.com

and
13706 Southwest 56th Street
STE 105-106
Miami, FL 331756036
(786) 523-4289
Digital Contact Information:
ynhcsaba@gmail.com

and
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
ynhcsaba@gmail.com

and
13335 Southwest 124th Street
STE 101
Miami, FL 33186
(786) 842-3635
Digital Contact Information:
ynhcsaba@gmail.com

and
13501 Southwest 128th Street
STE 114
Miami, FL 33186
(786) 250-3440
Digital Contact Information:
ynhcsaba@gmail.com

and
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
ynhcsaba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Poitier, Joseph W, MD ■
1469 NW 36th St
Miami, FL 33142
(305) 635-7444
Digital Contact Information:
quietmindsinc@yahoo.com

and
12955 Biscayne Blvd
Ste 320
North Miami, FL 33181
(305) 895-3231
Digital Contact Information:
quietmindsinc@yahoo.com

Porter, J'Briel E, MSW, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
admin@itsofok.com
Other Languages Spoken by Provider or Office Staff
Chinese, Urdu, Spanish, Hindi

Posada, Stephanie, MMH, LMHC ■
2500 Southwest 107th Avenue
41
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
lgomez@abcsfl.com

and
FL
(786) 615-3334
Digital Contact Information:
lgomez@abcsfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Poulsen, Raul, MD ■
255 University Dr
Fl 2
Coral Gables, FL 33134
(305) 663-6366
Digital Contact Information:
doctorpoulsen@gmail.com

and
2550 Douglas Road
Ste #301
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
doctorpoulsen@gmail.com

and
1400 NW 12th Ave
E
Miami, FL 33136
(305) 689-1352
Digital Contact Information:
doctorpoulsen@gmail.com

and
1611 NW 12th Ave
Miami, FL 33136
(305) 585-7040
Digital Contact Information:
doctorpoulsen@gmail.com

and
1695 NW 9th Ave
1404
Miami, FL 33136
(305) 355-9128
Digital Contact Information:
doctorpoulsen@gmail.com

and
1695 NW 9th Ave
Fl 14
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
doctorpoulsen@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pozo, Darinka, MSN, APRN ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Prada, Anais M, MSSW, LCSW ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
ehoyos@lotuscounseling.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
http://www.lotuscounseling.com
ehoyos@lotuscounseling.com
Other Languages Spoken by Provider or Office Staff
Spanish

Prado, Haydee, PSYD, LP ■
8550 W Flagler St
Ste 105
Miami, FL 33144
(305) 551-5787
Digital Contact Information:
haydeeprado@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Predestin Carrier, Venise, PSYD, LP ■
7600 South Red Road
200
South Miami, FL 33143
(786) 508-2207
Digital Contact Information:
http://www.lunapsychology.com
angelo@lunapsychology.com

and
FL
(786) 508-2207
Digital Contact Information:
angelo@lunapsychology.com
Other Languages Spoken by Provider or Office Staff Creole

Presken, Gessica, MS, LMHC ■
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
admin@lotuscounseling.com

and
FL
(831) 920-7907
Digital Contact Information:
http://www.mammha.com
admin@lotuscounseling.com

and
2999 NE 191st St
Miami, FL 33180
(305) 915-5748
Digital Contact Information:
admin@lotuscounseling.com

Preval, Falicia, MC, LMHC ■
1031 Ives Dairy Rd
Ste 228
Miami, FL 33179
(786) 320-5559
Digital Contact Information:
faliciap@aol.com

and
1031 Ives Dairy Road
Miami, FL 33179
(786) 627-3321
Digital Contact Information:
faliciap@aol.com

and
1001 North Miami Beach Boulevard
North Miami Beach, FL 33162
(786) 320-5559
Digital Contact Information:
faliciap@aol.com

Prieto, Glenn C, MS, LMHC ■
10994 Southwest 184th Street
Cutler Bay, FL 33157
(305) 964-5530
Digital Contact Information:
kinitrohealth@gmail.com

and
FL
(305) 964-5530
Digital Contact Information:
kinitrohealth@gmail.com

Puech, Andrea, MS, LMHC ■
5001 SW 74th Ct
Ste 104
Miami, FL 33155
(305) 663-0013
Digital Contact Information:
http://www.anagapsychotherapy.com
puech5@gmail.com

and
6955 NW 77th Ave
Ste 401
Miami, FL 33166
(305) 663-0013
Digital Contact Information:
puech5@gmail.com
Other Languages Spoken by Provider or Office Staff
English, French, Spanish

Pujula, Yolanda, MS, LMFT ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
westmiamicmhc@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Pulgaron, Elizabeth, PHD, LP ■
1601 NW 12th Ave
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Quintana, Amauri A, DNP, APRN ■
1000 Brickell Avenue
Miami, FL 33131
(786) 238-7364
Digital Contact Information:
abdullah@sixequation.com

and
1 NE 167th St
Miami, FL 33162
(305) 947-7133
Digital Contact Information:
abdullah@sixequation.com

and
2646 Southwest 87th Avenue
Miami, FL 33165
(305) 947-7133
Digital Contact Information:
abdullah@sixequation.com

Quintana, Noelia M, MD, LMHC ■
8725 Northwest 18th Terrace
Suite 202
Doral, FL 33172
(305) 487-2532
Digital Contact Information:
office@mitierramedicalgroup.com

and
3750 West 16th Avenue
104
Hialeah, FL 33012
(305) 200-5648
Digital Contact Information:
office@mitierramedicalgroup.com

and
1150 Northwest 72nd Avenue
350
Miami, FL 33126
(786) 228-7801
Digital Contact Information:
office@mitierramedicalgroup.com

and
1150 Northwest 72nd Avenue
540
Miami, FL 33126
(786) 228-7801
Digital Contact Information:
office@mitierramedicalgroup.com

and
14201 Southwest 120th Street
suite 110
Miami, FL 33186
(786) 238-7492
Digital Contact Information:
https://mitierramedicalgroup.com
office@mitierramedicalgroup.com

and
14221 Southwest 120th Street
223
Miami, FL 33186
(786) 690-2296
Digital Contact Information:
office@mitierramedicalgroup.com

and
14261 Southwest 120th Street
Suite #113
Miami, FL 33186
(786) 558-4169
Digital Contact Information:
https://mitierramedicalgroup.com
office@mitierramedicalgroup.com
Other Languages Spoken by Provider or Office Staff English

Quintana, Yanexi, MS, LMHC ■
FL
(305) 520-9686
Digital Contact Information:
healthymindscounselingllc13@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Quintanilla, Claudia, MS, LMHC ■
FL
(786) 258-8499
Digital Contact Information:
http://www.virtual-counseling.com
service@virtual-counseling.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Quintero, Lari J, MSN, APRN, PMHNP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
info@bloommhw.com

Raez, Maria L, MSN, APRN ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
http://www.dgphealthandwellness.com
info@dgphealthandwellness.com

Raimey, Andrea B, MSW, LISW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
andrear@essentialreflectionscc.com

Rainuzzo, Silvana L, MC, LMHC ■
FL
(954) 682-0264
Digital Contact Information:
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ramirez, Lisandra, MMH, LMHC ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
primementalcare24@gmail.com

and
15260 Southwest 280th Street
113 114
Homestead, FL 33032
(305) 998-7885
Digital Contact Information:
primementalcare24@gmail.com

and
3446 Southwest 8th Street
217
Miami, FL 33135
(786) 769-5046
Digital Contact Information:
primementalcare24@gmail.com

and
2915 Biscayne Boulevard
Suite 300-4
Miami, FL 33137
(786) 398-4747
Digital Contact Information:
primementalcare24@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ramos, Cristina, MA, LMFT, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
admin@wellmindedcounseling.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ransom, Courtney, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Ray, Jeffrey L, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
jraylmhc@icloud.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
jraylmhc@icloud.com

Regalado, Alejandra, MPSY, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com

Reichard, Michelle, MS, LMHC ■
14400 Northwest 77th Court
#100
Miami Lakes, FL 33016
(786) 916-6073
Digital Contact Information:
http://www.arcmentalhealth.com
yisabel@arcmentalhealth.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Reis, Maria, MC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Reyes, Madeline B, MPSY, LMHC ■
5941 Northwest 173rd Drive
6 6
Hialeah, FL 33015
(786) 360-4328
Digital Contact Information:
blueparadisemedicalcenter@gmail.com

Other Languages Spoken by Provider or Office Staff
Spanish

Rico, Sandra, MS, LMHC ■
10689 SW 88th St
Ste 305
Miami, FL 33176
(415) 941-4109
Digital Contact Information:
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
Spanish

Rios, Rosa, MSW, LCSW ■
FL
(305) 804-9121
Digital Contact Information:
http://www.sfacounseling.org
info@sfacounseling.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rios, Stephanie, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
smrios1979@gmail.com

Rivas-Carrillo, Jorge, MSW, LCSW ■
2124 Northeast 123rd Street
STE 220
North Miami, FL 33181
(786) 828-0947
Digital Contact Information:
https://blossomfl.com
jorge.rivas@thefloridacenter.org
Other Languages Spoken by Provider or Office Staff
Spanish

Rivera, Gretel, MS, LMHC ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com

and
10300 Sunset Drive
Suite 114
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com
Other Languages Spoken by Provider or Office Staff
French, Spanish

Rivero, Anisleidy, MS, LMHC ■
FL
(786) 254-1211
Digital Contact Information:
http://www.healingmindcounseling.com
ani.rivero@healingmindcounseling.com
Other Languages Spoken by Provider or Office Staff
Spanish

Robaina, Niubis, MPSY, LMHC ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
yavila@avilahealthgroup.com

Roberts, Ryan, MS, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
ryanrobertslpc@gmail.com

and
FL
(305) 902-6347
Digital Contact Information:
ryanrobertslpc@gmail.com

Robinson, Jade, MS, LMHC ■
FL
(786) 488-8103
Digital Contact Information:
http://www.sfacounseling.org
info@sfacounseling.org

Rocha, Leslie, MS, LMHC ■
8500 SW 92nd Street
206
Miami, FL 33156
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
billing@livewelltherapygroup.com

and
7600 Southwest 57th Avenue
suite 334
South Miami, FL 33143
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
billing@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Roche, Michelle, MS, LMHC ■
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
http://brightsyhealthfl.com
brightsyhealth@gmail.com

and
1031 Ives Dairy Rd
Ste 228
Miami, FL 33179
(786) 320-5559
Digital Contact Information:
brightsyhealth@gmail.com

and
1001 North Miami Beach Boulevard
North Miami Beach, FL 33162
(786) 320-5559
Digital Contact Information:
brightsyhealth@gmail.com

Rochford Buckley, Rebecca M, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com

Rocker, Jeff, MMH, LMHC ■
777 Brickell Ave
Ste 500
Miami, FL 33131
(786) 490-2181
Digital Contact Information:
askjeffrocker@gmail.com

Rodriguez, Andrea, MC, LMHC ■
8500 SW 92nd Street
203
Miami, FL 33156
(786) 332-4478
Digital Contact Information:
billing@livewelltherapygroup.com

and
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
billing@livewelltherapygroup.com

and
11050 Southwest 88th Street
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
billing@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Gloria, MSW, LCSW ■
9010 SW 137th Ave
Ste 233
Miami, FL 33186
(786) 236-1323
Digital Contact Information:
http://healing-recovery.com
mrodriguez@healing-recovery.com

Rodriguez, Irina, MMFT, LMFT ■
2157 Southwest 13th Avenue
3
Miami, FL 33145
(786) 878-1331
Digital Contact Information:
i.rodriguezlmft@gmail.com

and
FL
(786) 254-1572
Digital Contact Information:
i.rodriguezlmft@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Luann, MS, LMFT ■
18901 Southwest 106th Avenue
Suite #108
Miami, FL 33157
(786) 231-0910
Digital Contact Information:
luann.rodriguezlmft@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Mabel, MMH, LMHC ■
12159 Southwest 132nd Court
100
Miami, FL 33186
(786) 422-2073
Digital Contact Information:
comprehensivecounseling86@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Milian, Karel, MD ■
2500 Northwest 79th Avenue
233
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
andersonbilling1001@gmail.com

and
2500 Northwest 79th Avenue
Suite 189
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
andersonbilling1001@gmail.com

and
351 NW 42nd Ave
Ste 406
Miami, FL 33126
(786) 536-1710
Digital Contact Information:
andersonbilling1001@gmail.com

and
1890 Southwest 57th Avenue
SUITE 106
Miami, FL 33155
(786) 536-1701
Digital Contact Information:
andersonbilling1001@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Miriam, MSSW, LCSW ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Rodriguez Ramos, Meilyn, PSYD, LP ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Yaritza, MSW, LICSW ■
FL
(855) 757-7273
Digital Contact Information:
http://www.rebuildinghope.org
yaritza@hopesacpc.org
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez-Prada, Margarita, MSCC, LMHC ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
tmedina@hbccmhc.com

Rogers, Deanna, MSW, LCSW ■
804 NW 21st St
214
Miami, FL 33127
(401) 855-0860
Digital Contact Information:
deanna.rogers112@gmail.com

and
804 Northwest 21st Street
203
Miami, FL 33127
(305) 563-3136
Digital Contact Information:
deanna.rogers112@gmail.com

Roman, Ingrid, PSYD, LP ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 661-5511
Digital Contact Information:
dr.ingridroman1@gmail.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
http://appliedbhs.com
dr.ingridroman1@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Romero, Angelica V, MA, LCSW, LICSW, LISW ■
7900 Southwest 57th Avenue
Ste 24
South Miami, FL 33143
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
Spanish

Romero, Sophia, MS, LMFT ■
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
https://www.chgpsychiatry.com/
coastalhcbilling@gmail.com

Ross-Copes, Stephanie N, MC, LCPC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
shreekanth.k@bikhamhealthcare.com
Other Languages Spoken by Provider or Office Staff English

Rubin, Kay, PHD, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
acc@advancedclientcare.org

Rueda Acosta, Reynaldo, MSN, PMHNP ■
9350 Southwest 72nd Street
112
Miami, FL 33173
(786) 665-6567
Digital Contact Information:
info@gleeclinic.com

and
8748 Southwest 8th Street

Miami, FL 33174
(786) 665-6567
Digital Contact Information:
http://gleeclinic.com
info@gleeclinic.com

Rueda-Lara, Maria, MD ■
1121 NW 14th St
Miami, FL 33136
(305) 243-4129
Digital Contact Information:
Not Available

and
1121 NW 14th St
Fl 1
Miami, FL 33136
(305) 243-4129
Digital Contact Information:
Not Available

and
1475 NW 12th Ave
C-023A
Miami, FL 33136
(305) 243-4129
Digital Contact Information:
Not Available

and
1611 NW 12th Ave
Miami, FL 33136
(305) 585-1111
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
Miami, FL 33136
(305) 355-7000
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
1404A
Miami, FL 33136
(305) 355-7777
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
Fl 3
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Ruiz, Tatiana, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
info@ffmhs.com

Ryan, Melanie, MS, LMHC ■
2124 Northeast 123rd Street
STE 220
North Miami, FL 33181
(786) 828-0947
Digital Contact Information:
https://blossomfl.com
info@blossomfl.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rzadkowolsky-Raoli, Cesare, MD ■
8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-0208
Digital Contact Information:
http://www.wellnesstherapyandmedical.com
info@doctorsccs.com

and
9000 Southwest 137th Avenue
Suite 103
Miami, FL 33186
(305) 671-3503
Digital Contact Information:
http://behavioralccs.com
info@doctorsccs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Salazar, Ana, MS, LMHC ■
2500 Northwest 107th Avenue
Suite 102
Doral, FL 33172
(786) 605-9400
Digital Contact Information:
hello@reachlink.com

Saldarriaga, Natalia, MC, LMHC ●
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
https://behavioralaid.com/
nataliasaldarriaga@rocketmail.com

Salters, Kyrie, MSSW, LCSW ■
30210 SW 156th Ave
Homestead, FL 33033
(786) 505-1988
Digital Contact Information:
ksbehaviorandmh@gmail.com

Saltman, Lyudmila, PSYD, LP ■
1120 NW 14th St
1447
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
therapy@miamibeachpsychologistassociates.com

and
FL
(786) 318-1933
Digital Contact Information:
therapy@miamibeachpsychologistassociates.com
Other Languages Spoken by Provider or Office Staff
French, Russian, Spanish

Sam, Pedro D, MS, LMHC ■
3000 Biscayne Boulevard
Suite 210C
Miami, FL 33137
(239) 999-1029
Digital Contact Information:
support@thriveworks.com

Samuel, Vickki Ann S, MD ■
18425 NW 2nd Ave
Ste 404B
Miami, FL 33169
(305) 549-8100
Digital Contact Information:
vssamuelmd@gmail.com

Sanchez, Azucena, MSN, APRN ■
17395 Northwest 59th Avenue
Hialeah, FL 33015
(305) 662-2185
Digital Contact Information:
excellencemed126@gmail.com

and
27 Northwest 13th Street
Homestead, FL 33030
(786) 339-8824
Digital Contact Information:
http://www.sfmhr.com
excellencemed126@gmail.com

and
7959 NW 2nd St
Miami, FL 33126
(305) 267-6060
Digital Contact Information:
excellencemed126@gmail.com

and
3146 Southwest 22nd Street
Miami, FL 33145
(786) 227-6177
Digital Contact Information:
excellencemed126@gmail.com

and
12750 Southwest 128th Street
Suite 108
Miami, FL 33186
(786) 713-0970
Digital Contact Information:
excellencemed126@gmail.com

and
11285 Southwest 211 Street
305
Miami, FL 33189
(786) 980-7496
Digital Contact Information:
excellencemed126@gmail.com

and
9847 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 227-6177
Digital Contact Information:
excellencemed126@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Sanchez Cardona, Danay, MS, LMHC ■
600 Northwest 35th Avenue
202 203
Miami, FL 33125
(786) 907-4984
Digital Contact Information:
yny.behavioralservices@gmail.com

and
1150 Northwest 72nd Avenue
640
Miami, FL 33126
(786) 497-3444
Digital Contact Information:
yny.behavioralservices@gmail.com

and
1495 NW 54th St
Miami, FL 33142
(786) 931-1881
Digital Contact Information:
yny.behavioralservices@gmail.com

and
6801 Northwest 77th Avenue
107
Miami, FL 33166
(786) 536-2364
Digital Contact Information:
yny.behavioralservices@gmail.com

and
790 Northwest 107th Avenue
Suite 110
Miami, FL 33172
(305) 964-5426
Digital Contact Information:
yny.behavioralservices@gmail.com

and
13226 SW 8th St
Miami, FL 33184
(305) 506-1786
Digital Contact Information:
yny.behavioralservices@gmail.com

and
Home Based Services Only
West Miami, FL 33144
(305) 262-8282
Digital Contact Information:
yny.behavioralservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sanchez, Gabriel, MD ■
9725 South Dixie Highway
Pinecrest, FL 33156
(305) 209-0144
Digital Contact Information:
http://sanchez-md.com
gabriel@sanchez-md.com
Other Languages Spoken by Provider or Office Staff English

Sanchez, Nathaly, MS, LMHC ■
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
https://www.chgpsychiatry.com/
coastalhcbilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sanfiel, Emily C, MS, LMHC ■
5915 Ponce de Leon
48
Coral Gables, FL 33146
(786) 273-7630
Digital Contact Information:
Not Available

and
7700 N Kendall Dr
Ste 415
Miami, FL 33156
(786) 359-4161
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Sanfiel, Ida N, MS, LMHC ■
5915 Ponce de Leon
48
Coral Gables, FL 33146
(786) 325-3285
Digital Contact Information:
isanfiel@gmail.com

and
2500 Northwest 107th Avenue
Suite 102
Doral, FL 33172
(786) 605-9400
Digital Contact Information:
isanfiel@gmail.com

and
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
isanfiel@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Sanfiel, Patrick, MS, LMHC ■
FL
(786) 474-4980
Digital Contact Information:
http://redwheelbarrowtherapy.com
patrick@redwheelbarrowtherapy.com

Sanmiguel, Maria T, MMH, LMHC ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
westmiamicmhc@bellsouth.net

Santa, Dorilee, MS, LCMHC, LMHC ■
FL
(786) 258-8499
(786) 237-8501
(415) 941-4109
Digital Contact Information:
http://healinggrowththerapy.com
service@virtual-counseling.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Santiago Fernandez, Flor De Liz, EDD, LCSW ■
10691 North Kendall Drive
304
Miami, FL 33176
(786) 771-3370
Digital Contact Information:
http://www.familybalancetherapy.com
familybalancetherapy@gmail.com

and
FL
(786) 771-3370
Digital Contact Information:
http://www.familybalancetherapy.com
familybalancetherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Santiago, Joshua, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Santos, Christian, MS, LMHC ●
701 Southeast 8th Place
Hialeah, FL 33010
(305) 528-1256
Digital Contact Information:
browardtherapists@gmail.com

Sardinas, Maricruz, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
admin@lifehealthsystem.org
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Satchell-Ward, Christal, MA, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Satorre, Mayuli C, MSN, APRN ■
3785 Northwest 82nd Avenue
307
Doral, FL 33166
(305) 898-5420
Digital Contact Information:
m.satorre@harmonyatthegables.com

and
33550 South Dixie Highway
106
Florida City, FL 33034
(786) 601-7712
Digital Contact Information:
m.satorre@harmonyatthegables.com

and
1150 Northwest 72nd Avenue
ph 2
Miami, FL 33126
(786) 542-5043
Digital Contact Information:
http://1stcarecms.com
m.satorre@harmonyatthegables.com

and
2650 Southwest 27th Avenue
Suite 305
Miami, FL 33133
(786) 353-9812
Digital Contact Information:
http://www.harmonyatthegablesclinic.com
m.satorre@harmonyatthegables.com
Other Languages Spoken by Provider or Office Staff Spanish

Satulovsky, Carlos A, MD ■
3421 SW 107th Ave
Miami, FL 33165
(305) 392-1774
Digital Contact Information:
jorlowsky@bhgpa.com

and
12955 Southwest 42nd Street
STE 2
Miami, FL 33175
(786) 491-4947
Digital Contact Information:
jorlowsky@bhgpa.com
Other Languages Spoken by Provider or Office Staff Italian, Spanish

Sawyer, Robert, MMH, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com

and
3191 Coral Way
Ste 602
Miami, FL 33145
(305) 799-0620
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Schild, Sven, PHD, LP ●
FL
(858) 602-2847
Digital Contact Information:
http://www.svenschild.com
sven.schild@gmail.com
Other Languages Spoken by Provider or Office Staff Sign Lang Amer

Schmid, Cecilia A, MPSY, LMHC ■
9380 SW 72nd St
Ste 238
Miami, FL 33173
(305) 632-2322
Digital Contact Information:
ceciliaschmid@hotmail.com

and
10691 N Kendall Dr
Ste 110
Miami, FL 33176
(305) 632-2322
Digital Contact Information:
ceciliaschmid@hotmail.com

Schroeder, Donald A, MA, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
schroederdn@gmail.com

Schutt, Horacio, MPSY, LMHC ■
20900 Northeast 30th Avenue
200 17
Aventura, FL 33180
(786) 315-0387
Digital Contact Information:
http://www.miamipsychoanalysis.net
floridapsychotherapygroup@gmail.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
floridapsychotherapygroup@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Seidler, Jessica C, MSW, LCSW ■
2915 Biscayne Boulevard
Suite 300-4
Miami, FL 33137
(786) 398-4747
Digital Contact Information:
contactus@miamivibescounselingcenter.com

Seraphin, Sandrina, MSW, LCSW ■
175 Northwest 125th Street
201
North Miami, FL 33168
(954) 900-8348
Digital Contact Information:
sseraphin@transparentspace.net
Other Languages Spoken by Provider or Office Staff English, Creole

Shaheed, Alycia, MS, LMHC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
http://www.behavioralaid.com
info@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
info@behavioralaid.com
Other Languages Spoken by Provider or Office Staff Spanish

Shakespeare, Ashanti, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/inquiry@dare2emerge.com

Sharma, Manoj Kumar, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
credentialing@wellnite.com
Other Languages Spoken by Provider or Office Staff Marathi, Hindi

Silva, Erik, MS, LMHC ■
8323 Northwest 12th Street
Ste 206
Doral, FL 33126
(305) 373-3424
Digital Contact Information:
info@themind-gym.com

and
FL
(754) 400-1539
Digital Contact Information:
info@themind-gym.com

and
15660 Southwest 72nd Street
Miami, FL 33193
(786) 697-1150
Digital Contact Information:
info@themind-gym.com

Silva-Machado, Lucianne, MPSY, LMFT ■
8955 SW 87th Ct
Ste 212
Miami, FL 33176
(786) 840-3454
Digital Contact Information:
lsilva@blisshealth.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Silverio, Ashley, MSW, LCSW ■
FL
(305) 209-8921
Digital Contact Information:
http://www.journeytothrivetherapy.com
ashleysilveriolcsw@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Singer, Gabrielle, MSW, LCSW ■
FL
(508) 202-1011
Digital Contact Information:
info@mosaicmindscounseling.com

Sjostrom, Lady, LMHC, MA, MS ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
info@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
info@dadefamily.com
Other Languages Spoken by Provider or Office Staff Spanish

Skjoldal, Elizabeth, PHD, CP, LP ■
8325 Northeast 2nd Avenue
316
Miami, FL 33138
(305) 503-5758
Digital Contact Information:
kim@cherryhillcounseling.com

and
FL
(305) 790-9957
Digital Contact Information:
kim@cherryhillcounseling.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Smith, Andrew C, MSN, APRN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
info@riviamind.com

Smith, Ronny, MS, LPC ■
FL
(305) 902-6347
Digital Contact Information:
msabree@sabreets.com

Smith-Swan, Azure, MSW, LCSW ■
FL
(945) 253-8399
Digital Contact Information:
https://www.therealhealco.com/dr.azure@therealhealco.com

Smulowitz, Leeba M, MSW, LCSW ■
FL
(347) 380-6424
Digital Contact Information:
libby@levtherapy.onmicrosoft.com

Sobhan, Tanveer, MD ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
tsobhanmd@yahoo.com

and
11430 North Kendall Drive
208
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
tsobhanmd@yahoo.com

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
tsobhanmd@yahoo.com
Other Languages Spoken by Provider or Office Staff Bengali

Solomon, Evelyn, MSW, LCSW ●
FL
(802) 734-5285
Digital Contact Information:
http://www.evelynsolomontherapy.com
evelynsolomontherapy@gmail.com
Other Languages Spoken by Provider or Office Staff Hebrew

Sotolongo, Jennifer, MS, LMHC ■
14740 Southwest 26th Street
Miami, FL 33185
(786) 464-5981
Digital Contact Information:
info@flcfd.org

Spasic, Marija, MS, LMHC ■
7600 West 20th Avenue
213
Hialeah, FL 33016
(786) 471-6887
Digital Contact Information:
http://marijaspasic.com
srcetherapy@gmail.com

Springer, Shawndel, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
gethelp@wellqor.com

Stanton, Kathleen, PHD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/hello@emorahealth.com

Steadman, Tiarra, MSW, LCSW ■
1150 Northwest 72nd Avenue
455
Miami, FL 33126
(561) 356-9991
Digital Contact Information:
brittani@dljclinicalservices.com

Steinberg, Rachel, MSW, LCSW ■
5901 Southwest 74th Street
408
Miami, FL 33143
(305) 735-3555
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com

Stevenson, Thalia, MS, LCMHC ■
FL
(786) 530-5410
Digital Contact Information:
http://actservicellc.com
actservices2023@gmail.com

Stewart, Tannisha, MC, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
tannishastewart@starzjourneyinc.

onmicrosoft.com

Summer, Linda R, MSW, LCSW ■
FL
(305) 467-8384
Digital Contact Information:
lrsummer@yahoo.com

Sussman, Martin A, MSW, LCSW-R ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Swain, Cieria D, MC, LCSW, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
appointments@meetmarvin.com
Other Languages Spoken by Provider or Office Staff English

TSO, Yanlin, MSW, CSW, LCSW, LICSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Talley, Kendra, MS, LMHC ■
111 NW 183rd St
Ste 404
Miami, FL 33169
(786) 524-4001
Digital Contact Information:
enrollment@welterhp.com

Tanner, Keisha, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
keishatannerlpc@gmail.com

Taque, Jose C, MS, LMHC ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
ehoyos@lotuscounseling.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
http://www.lotuscounseling.com
ehoyos@lotuscounseling.com
Other Languages Spoken by Provider or Office Staff Italian, Spanish

Tassy-Lewis, Sabrina, PSYD, LP ■
14411 Commerce Way
Hialeah, FL 33016
(954) 534-0432
Digital Contact Information:
tassy@nova.edu
Other Languages Spoken by Provider or Office Staff Haitian Creole, Creole

Tauler, Antonio, MD ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
Not Available

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
Other Languages Spoken by Provider or Office Staff Spanish

Taveras, Adam, MA, LMFT ■
FL
(305) 981-6068
Digital Contact Information:
adam.brighterdays@gmail.com

and
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
adam.brighterdays@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Taveras, Madelin, MC, LMHC, PC ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
westmiamicmhc@bellsouth.net
Other Languages Spoken by Provider or Office Staff English, Spanish

Tenenbaum, Karina, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com
Other Languages Spoken by Provider or Office Staff Spanish

Tenorio, Jaclyn, MS, LMHC, LPC ●
FL
(678) 259-9298
Digital Contact Information:
http://www.trust2change.com
info@trust2change.com
Other Languages Spoken by Provider or Office Staff Spanish

Tercero, Vanessa, MSW, LCSW ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com
Other Languages Spoken by Provider or Office Staff Spanish

Terrell, Charlotte R, MS, LMFT ■
FL
(305) 596-7547
Digital Contact Information:
chaterrell@aol.com

Theoc, Phonia, MS, LMHC ●
FL
(786) 644-5248
Digital Contact Information:
transformingmindsandlives@gmail.com

Thweatt, Nicole M, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
help@joinuplift.co

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Timoteo, Milton M, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
miltontimoteo@yahoo.com

Tippit, Pamela L, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
info@blissbh.com

Todman, Aminah, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Torras Ceballos, Gabriela, MSCC, BCBA, LMHC ■
8300 West Flagler Street
STE 258C
Miami, FL 331446002
(786) 633-5171
Digital Contact Information:
counselingsocietymiami@gmail.com

and
2157 Southwest 13th Avenue
3
Miami, FL 33145
(786) 878-1331
Digital Contact Information:
http://www.counselingsociety.com
counselingsocietymiami@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Torres, Amanda G, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
credentialing@joinuplift.co
Other Languages Spoken by Provider or Office Staff English

Torres, Sergio, LMHC, MSCC ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
Not Available

Torres, Shanika D, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
deltorresbhw@gmail.com

Torres, Yuri G, MMFT, LMFT ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
info@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
info@behavioralaid.com
Other Languages Spoken by Provider or Office Staff Spanish

Tous, Ana Maria, MD ■
1360 South Dixie Highway
350
Coral Gables, FL 33146
(305) 648-9344
Digital Contact Information:
info.alternativesbehavior@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Toussaint, Nimrode, MSN, APRN ■
1000 Brickell Avenue
Miami, FL 33131
(305) 725-3379
Digital Contact Information:
credentialing@resilientmbs.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@resilientmbs.com

Turner, Angela D, PHD, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
fl-credentialing@lifestance.com
Other Languages Spoken by Provider or Office Staff Spanish

Tyson, Darcel P, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Ubfal, Fabiana S, MMH, LMHC ■
16375 Northeast 18th Avenue
206
North Miami Beach, FL 33162
(786) 246-4050
Digital Contact Information:
fabianamiami27@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Ucciferri, Veronica, MS, LCMHC, LMHC, LPC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
veronicaucciferri@gmail.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
veronicaucciferri@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Urdaneta, Hany D, MMH, LMHC ■
12651 South Dixie Highway
304
Miami, FL 33156
(415) 941-4109
Digital Contact Information:
http://compassmentalhealthservices.com
hurdaneta@compassmentalhealthservices.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Uribe, Liliana L, DSW, LCSW ■
2555 Northwest 102nd Avenue
STE 205
Doral, FL 33172
(305) 397-4031
Digital Contact Information:
lilyulcsw@aol.com

Valencia, Tatiana, PSYD, LP ■
3191 Coral Way
Ste 623
Miami, FL 33145
(786) 344-2849
Digital Contact Information:
tvalencia174@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Van Schaick, Jessica, PA, PA_C ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
contact@elevatepsychiatry.com

and
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
contact@elevatepsychiatry.com
Other Languages Spoken by Provider or Office Staff English

Vance, Melissa, MS, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
pandatherapycircle@gmail.com

Vandy, Damaris, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@hupcfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Varela, Chily, MMH, LMHC ■
3081 Salzedo Street
202 202
Coral Gables, FL 33134
(786) 327-4840
Digital Contact Information:
cvarelalmhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Varona, Monica, PSYD, LMHC ■
3625 Northwest 82nd Avenue
400 3
Doral, FL 33166
(305) 209-6399
Digital Contact Information:
mindsetsolutionsctc@gmail.com

and
900 W 49th St
Ste 522
Hialeah, FL 33012
(305) 698-7525
Digital Contact Information:
mindsetsolutionsctc@gmail.com

and
1125 Northeast 125th Street
112
North Miami, FL 33161
(305) 209-6399
Digital Contact Information:
http://mindsetsolutionsctc.com/
mindsetsolutionsctc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vassall, Robert F, MD ■
21150 Biscayne Blvd
Ste 202
Miami, FL 33180
(305) 791-1420
Digital Contact Information:
mfreeman@thirdsteprecovery.com

Vazquez, Carmene, MA, LMHC ■
2801 Northeast 183rd Street
216 216
Aventura, FL 33160
(305) 931-3845
Digital Contact Information:
vazquezcarmene450@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vazquez Garcia, Yaimara, MC, LMHC ■
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
http://brightsyhealthfl.com
brightsyhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vazquez Gonzalez, Ludys, MS, LMHC ■
FL
(786) 860-5104
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vazquez, Marlon, MD ■
5901 Southwest 74th Street
408
Miami, FL 33143
(305) 735-3555
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vazquez-Bragan, Francesca, PSYD, LP ■
2550 Douglas Road
Ste #301
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
Not Available

Vazquez-Pausa, Antonio, MSW, LCSW ■
1901 SW 1st St
Miami, FL 33135
(305) 203-5230
Digital Contact Information:
http://careresource.org

and
3510 Biscayne Blvd
Miami, FL 33137
(305) 576-1234
Digital Contact Information:
http://careresource.org

Verneus, Jean K, MS, LMFT ■
1825 Northwest 167th Street
SUITE 102
Opa-locka, FL 330564838
(305) 624-7450
Digital Contact Information:
http://www.cfcecares.org
jverneus@connectionpointtherapy.com
Other Languages Spoken by Provider or Office Staff Creole

Vethencourt, Viviana, MS, LMHC ■
FL
(786) 285-0741
(954) 534-6744
Digital Contact Information:
vethencourt.viviana@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vieira, Caroline, MC, LMHC, PC ■
2212 Northwest 91st Street
Miami, FL 33147
(341) 888-7637
Digital Contact Information:
contact@quelinbilling.com
Other Languages Spoken by Provider or Office Staff
Portuguese

Vila, Dayana, MSN, APRN ■
4005 Northwest 114th Avenue
22 22
Doral, FL 33178
(305) 260-6913
Digital Contact Information:
billingheritagewellness@gmail.com

and
2645 SW 37th Ave
Ste 101
Miami, FL 33133
(786) 530-4080
Digital Contact Information:
billingheritagewellness@gmail.com

and
14221 Southwest 120th Street
126
Miami, FL 33186
(786) 577-3427
Digital Contact Information:
billingheritagewellness@gmail.com

and
13100 West Dixie Highway
North Miami, FL 33161
(786) 442-5021
Digital Contact Information:
billingheritagewellness@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Villa, Brian R, MD ■
4689 Ponce de Leon Boulevard
Suite 200
Coral Gables, FL 33146
(786) 803-8025
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
2500 Northwest 79th Avenue
Suite 227
Doral, FL 33122
(305) 456-9396
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
10520 Northwest 26th Street
STE C101
Doral, FL 33172
(786) 353-9308
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
1400 Northwest 107th Avenue
Suite 310
Doral, FL 33172
(305) 898-0849
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
1840 W 49th St
Ste 605
Hialeah, FL 33012
(305) 456-7785
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
5590 W 20th Ave
Ste 404
Hialeah, FL 33016
(305) 826-9330
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
2311 Northwest 7th Street
Miami, FL 33125
(786) 706-2246
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
1818 West Flagler Street
Miami, FL 33135
(786) 794-2655
Digital Contact Information:
http://www.goldengatemedicalgroup.com
bvillamdpllcbilling@gmail.com

and
1818 West Flagler Street
202
Miami, FL 33135
(786) 755-2892
Digital Contact Information:
http://www.goldengatemedicalgroup.com
bvillamdpllcbilling@gmail.com

and
1818 West Flagler Street
300
Miami, FL 33135
(786) 755-2891
Digital Contact Information:
http://www.goldengatemedicalgroup.com
bvillamdpllcbilling@gmail.com

and
1818 West Flagler Street
Ste 2
Miami, FL 33135
(786) 755-2892
Digital Contact Information:
http://www.goldengatemedicalgroup.com
bvillamdpllcbilling@gmail.com

and
3080 W Flagler St
Miami, FL 33135
(786) 547-2832
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
FL
(239) 499-0900
(786) 794-2655
(305) 495-9014
(786) 755-2891
Digital Contact Information:
http://www.goldengatemedicalgroup.com
bvillamdpllcbilling@gmail.com

and
85 Grand Canal Drive
UNIT 203
Miami, FL 33144
(786) 536-7816
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
7116 Southwest 47th Street
Miami, FL 33155
(786) 794-2655
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
4995 Northwest 72nd Avenue
102
Miami, FL 33166
(786) 360-3584
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
11430 North Kendall Drive
d309
Miami, FL 33176
(305) 898-0849
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
13701 Southwest 88th Street
306
Miami, FL 33186
(786) 842-1489
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
17325 Northwest 27th Avenue
206 207
Miami Gardens, FL 33056
(786) 822-7270
Digital Contact Information:
bvillamdpllcbilling@gmail.com

Villar-Loubet, Olga M, PSYD, LP ■
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-2301
Digital Contact Information:
Not Available

and
1150 NW 14th St
411
Miami, FL 33136
(305) 689-1352
Digital Contact Information:
Not Available

and
1400 NW 10th Ave
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
Not Available

and
1475 NW 12th Ave
C-023A
Miami, FL 33136
(305) 243-4900
Digital Contact Information:
Not Available

Walker, Audi, MMH, LMHC ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
westmiamicmhc@bellsouth.net

Walker, Ryan, PA, PA_C ■
6303 Waterford District Drive
400 400
Miami, FL 33126
(786) 404-1575

Digital Contact Information:
info@elevatepsychiatry.com

Wallace, Nicole J, MED, LCMHC ■
22027 Southwest 112th Avenue
a
Miami, FL 33170
(786) 957-2988
Digital Contact Information:
http://www.transformcc10.com
transformationcc10@gmail.com

Ware, Laverne, MC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Washington-Hyde, C Renee, MD ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Wasmer, Denise, MS, LMHC, LPC ■
1221 Brickell Avenue
ste 900
Miami, FL 33131
(786) 244-7690
Digital Contact Information:
denisewasmer@gmail.com

and
15225 SW 68th Ave
Miami, FL 33157
(786) 244-7690
Digital Contact Information:
denisewasmer@gmail.com

Weiss, Robert, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
credentialer@gmail.com

White, Samantha, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
frontdesk@highersightscounseling.com

Whiting, Detra, MSW, LICSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Wilcoxon, Kaffie G, MA, LMHC, LPC ■
1 Alhambra Plaza
1451
Miami, FL 33134
(888) 588-8995
Digital Contact Information:
credentialing@thriveworks.com
Other Languages Spoken by Provider or Office Staff English, Sign Lang Amer

Williams, Diamond T, MS, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
info@maraslighthouse.com
Other Languages Spoken by Provider or Office Staff English

Williams, Jonteria, DNP, APRN ■
777 Brickell Ave
Ste 500
Miami, FL 33131
(786) 490-2181
Digital Contact Information:
http://happierliving.com
credentialing_team7@medtrainer.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing_team7@medtrainer.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
credentialing_team7@medtrainer.com

Williams, Julia, MSW, LCSW ■
1951 NW 7th Ave
Fl 3
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
help@joinuplift.co

and
1951 Northwest 7th Avenue
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
help@joinuplift.co

Williams-Jeanty, Miesha N, MED, LMHC ■
FL
(305) 306-7409
Digital Contact Information:
admin@nzingasplace.com

Wilson, Mia R, EDD, CAP, LMHC ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(866) 478-3978
Digital Contact Information:
miarwilson@aol.com

Wilson, Valerie, MSW, LCSW ■
1951 Northwest 7th Avenue
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
vallen@brimcounseling.com

and
FL
(305) 902-6347
Digital Contact Information:
vallen@brimcounseling.com

Wilson, Woodrow, PHD, LP ■
9361 SW 62nd St
Miami, FL 33173
(305) 342-3425
Digital Contact Information:
pepwilson@aol.com

Wiltshire, Michelle C, PSYD, LP ■
18117 Biscayne Boulevard
#1352
Miami, FL 33160
(929) 266-9477
Digital Contact Information:
http://wasabiwell.com
michellewiltshirepsyd@gmail.com

Wool, Sorcha, MSW, LCSW ■
1951 Northwest 7th Avenue
Miami, FL 33136
(571) 934-3936
Digital Contact Information:
admin@supportiveengagemet.com

and
FL
(305) 902-6347
Digital Contact Information:
admin@supportiveengagemet.com
Other Languages Spoken by Provider or Office Staff Sign Lang Amer

Woolery, Nickesha, MSN, APRN ■
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
info@aimergency.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
info@aimergency.com
Other Languages Spoken by Provider or Office Staff English, Haitian Creole, Filipino, French, Spanish

Wright, Sonya, MA, LMHC ■
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
info@thejourneytwcc.org
Other Languages Spoken by Provider or Office Staff Creole, Spanish

Zadok, Alexia, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
care@joinuplift.co

Zambrano, Karen M, PSYD, LP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 259-6977
Digital Contact Information:
http://www.abctestingservices.com
lisette@abctestingservices.com
Other Languages Spoken by Provider or Office Staff Spanish

Zapatha, Susan, MC, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Zaragoza Sosa, Jaime, MN, APRN ■
10024 Southwest 222nd Street
Cutler Bay, FL 33190
(786) 770-9527
Digital Contact Information:
info@providerassist.net

Zoque, Dasniellis, MSN, APRN ■
351 NW 42nd Ave
Ste 406
Miami, FL 33126
(786) 536-1710
Digital Contact Information:
credentialing@premedsys.com

and
1890 Southwest 57th Avenue
SUITE 106
Miami, FL 33155
(786) 536-1701
Digital Contact Information:
http://www.integratedhealthcare.group
credentialing@premedsys.com

Zumar, Lorraine M, MC, LMHC, LPC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Zuniga, Ana M, PSYD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
azunigapsyd@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

DEVELOPMENTAL DISORDERS

Abreu, Helen, MS, BCBA ■
Home Based Services Only
Doral, FL 33126
(407) 800-6086
Digital Contact Information:
milestonesaba2023@gmail.com

and
2450 Southwest 137th Avenue
232
Miami, FL 33175
(786) 360-6496
Digital Contact Information:
milestonesaba2023@gmail.com

and
12900 Southwest 128th Street
Suite 107
Miami, FL 33186
(786) 312-2665
Digital Contact Information:
milestonesaba2023@gmail.com

and
13416 Southwest 128th Street
Miami, FL 33186
(786) 732-0247
Digital Contact Information:
http://milestones-aba.org
milestonesaba2023@gmail.com

Abreu, Rebecca P, MS, LMHC ■
777 E 25th St
Ste 306
Hialeah, FL 33013
(786) 838-6092
Digital Contact Information:
pouabreu@gmail.com

and
2121 Southwest 3rd Avenue
205
Miami, FL 33129
(786) 660-1301
Digital Contact Information:
pouabreu@gmail.com

and
3191 Southwest 22nd Street
406
Miami, FL 33145
(786) 660-1301
Digital Contact Information:
pouabreu@gmail.com

and
1021 Ives Dairy Road
216
Miami, FL 33179
(305) 497-2473
Digital Contact Information:
pouabreu@gmail.com

and
FL
(786) 818-7169
(315) 873-2936
Digital Contact Information:
pouabreu@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Acker, Ashleigh, MS, LMFT ●
1175 Northeast 125th Street
320
Miami, FL 33161
(954) 372-0423
Digital Contact Information:
http://www.marriagefamilyservices.com
mfsfrontdesk1@gmail.com
Other Languages Spoken by Provider or Office Staff Portuguese, English, Malayalam, Haitian, Italian, Spanish

Acosta, Carolina, MA, LMHC, LPC ■
10311 Northwest 58th Street
Doral, FL 33178
(800) 438-1772
Digital Contact Information:
lrangel@wlcfs.org
Other Languages Spoken by Provider or Office Staff Spanish

Aguilera, Magalis, PSYD, CP, LP ■
9240 SW 72nd St
Ste 106

Miami, FL 33173
(305) 595-8787
Digital Contact Information:
drmagaliaguilera@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Aguilera-Baez, Hiram, MPSY, BCBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
labresha.proctor@kidsspotrehab.com

and
8660 West Flagler Street
STE 121
Miami, FL 33144
(305) 600-4774
Digital Contact Information:
labresha.proctor@kidsspotrehab.com

and
12456 Southwest 127th Avenue
101
Miami, FL 33186
(786) 953-8500
Digital Contact Information:
http://kidsspotrehab.com
labresha.proctor@kidsspotrehab.com

Alayon, Carlos, MS, LMHC ■
10500 Northwest 26th Street
Doral, FL 33172
(305) 646-1799
Digital Contact Information:
calayon@hotmail.com

and
1710 Northwest 7th Street
5
Miami, FL 33125
(239) 250-9411
Digital Contact Information:
calayon@hotmail.com

and
2311 Northwest 7th Street
Miami, FL 33125
(786) 706-2246
Digital Contact Information:
calayon@hotmail.com

and
790 Northwest 107th Avenue
Suite 303
Miami, FL 33172
(786) 603-9858
Digital Contact Information:
calayon@hotmail.com

and
11960 SW 39th Ter
Miami, FL 33175
(786) 514-6406
Digital Contact Information:
calayon@hotmail.com

and
13170 Southwest 128th Street
200
Miami, FL 33186
(786) 852-5198
Digital Contact Information:
calayon@hotmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Albelo Capote, Yusmeisy, MS, BCBA ■
1701 W Flagler St
Ste 310
Miami, FL 33135
(786) 467-7006
Digital Contact Information:
http://www.floridacognitive.com
miamicognitive@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Albero, Amy, MSW, LCSW, LICSW ■
1110 Brickell Avenue
Suite 502
Miami, FL 33131
(203) 693-4917
Digital Contact Information:
http://www.revivecfw.com
amyalbero@revivecfw.com

Alduncin Lopez, Anabel, BS, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
intouchcommunityserv@gmail.com

Alfonso Leyva, Hansel, MA, BCBA ■
15924 SW 92nd Ave
Miami, FL 33157
(786) 636-1303
Digital Contact Information:
maria.aviles@hhfcfl.com

Alison, Rachel H, MD ■
3081 Salzedo Street
Suite 202
Coral Gables, FL 33134
(786) 250-6240
Digital Contact Information:
http://sunflowerpsychiatry.com
info@sunflowerpsychiatry.com

Allen-De Arce, Adriana, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com
Other Languages Spoken by Provider or Office Staff
Spanish

Almaguer, Marilyn, PSYD, BCBA ■
8300 Northwest 53rd Street
Suite 102
Doral, FL 33166
(786) 769-5222
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
100 Northeast 15th Street
203
Homestead, FL 33030
(786) 404-3075
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alonso, Frances, MS, BCBA ■
7875 Northwest 12th Street
118
Miami, FL 33126
(786) 505-4449
Digital Contact Information:
info@southfloridabehavior.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alonso Gamez, Lixandra, MPSY, BCBA ■
8300 West Flagler Street
170
Miami, FL 33144
(786) 633-5171
Digital Contact Information:
olympushcs@gmail.com

Alvarado, August E, PHD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
contact@coloradocac.com

Alvarenga, Alicia, MSSW, LCSW ■
2100 Coral Way
#310
Miami, FL 33145
(786) 320-1677
Digital Contact Information:
ydzmgroup@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Alvarez, Amanda, PSYD, LP ■
6262 Sunset Drive
Suite 500
Miami, FL 33143
(305) 669-6503
Digital Contact Information:
payer.credentialing@nicklaushealth.org

and
3100 SW 62nd Ave
Miami, FL 33155
(305) 663-8439
Digital Contact Information:
payer.credentialing@nicklaushealth.org

Alvarez, Catherine, MS, BCBA ■
2300 West 84th Street
Ste 601
Hialeah, FL 33016
(305) 363-4001
Digital Contact Information:
http://www.vytalyzeminds.net
info@vytalyzeminds.net
Other Languages Spoken by Provider or Office Staff
Spanish

Alvarez, Eduardo, MS, LMHC ■
1000 Brickell Avenue
Miami, FL 33131
(305) 803-6663
Digital Contact Information:
eddya123@gmail.com

Alvarez Gonzalez, Lissette M, MS, LMHC ■
2500 Northwest 79th Avenue
Suite 180
Doral, FL 33122
(786) 253-7868
Digital Contact Information:
faithandhope230@gmail.com

and
18522 Southwest 136th Court
Miami, FL 33177
(305) 416-8189
Digital Contact Information:
faithandhope230@gmail.com

and
5881 Northwest 151st Street
Suite: 103
Miami Lakes, FL 33014
(786) 703-4154
Digital Contact Information:
faithandhope230@gmail.com

and
230 Canal Street
APT 202
Miami Springs, FL 33166
(305) 416-8189
Digital Contact Information:
faithandhope230@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alvarez Hernandez, Jorge A, MSN, APRN ■
12550 Biscayne Boulevard
STE 507
North Miami, FL 33181
(305) 204-1209
Digital Contact Information:
jac-pmhnp@assertivecare.net
Other Languages Spoken by Provider or Office Staff
English, Spanish

Alvarez, Inna, MBS, BCBA ■
1150 Northwest 72nd Avenue
ph 2
Miami, FL 33126
(786) 542-5043
Digital Contact Information:
http://1stcarecms.com
office@bluehopetherapyservices.com

and
10700 Southwest 46th Street
Miami, FL 33165
(786) 907-4925
Digital Contact Information:
http://www.bluehopetherapyservices.com
office@bluehopetherapyservices.com

Alvarez, Martha, MMFT, LMFT ■
1390 South Dixie Highway
2104
Coral Gables, FL 33146
(305) 446-0333
Digital Contact Information:
info@miamipsychcenter.com
Other Languages Spoken by Provider or Office Staff
Spanish

Amador, Georgina M, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 356-8161
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
English, Spanish

Amador Vale, Monica C, MBS, BCBA ■
717 Ponce de Leon Boulevard
Suite 209
Coral Gables, FL 33134
(305) 381-0839
Digital Contact Information:
https://www.winglessangelsbs.com/
behaviorconsultantfl@gmail.com

and
1900 Southwest 22nd Street
#205
Miami, FL 33145
(305) 648-7212
Digital Contact Information:
behaviorconsultantfl@gmail.com

and
10691 North Kendall Drive
#202
Miami, FL 33176
(786) 534-7172
Digital Contact Information:
behaviorconsultantfl@gmail.com

and
11980 Southwest 144th Court
Suite #210
Miami, FL 33186
(786) 246-4661
Digital Contact Information:
https://www.floridabehaviorhealthgroup.com/
behaviorconsultantfl@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Amat, Marina L, MS, BCBA ■
1570 West 38th Place
12 12
Hialeah, FL 33012
(786) 615-2514
Digital Contact Information:
behaviorplusservices@gmail.com

and
8300 NW 53rd St
Ste 350
Miami, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com

and
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
behaviorplusservices@gmail.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(786) 522-7203
Digital Contact Information:
behaviorplusservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ambush, Latonia M, MMH, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
latonia.ambush@gmail.com

Amestoy, Ana, MPSY, BCBA ■
13590 Southwest 134th Avenue
104
Miami, FL 33186
(305) 896-8161
Digital Contact Information:
apluschildbcorp@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Anderson, Susan L, MA, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770

Digital Contact Information:
https://www.wellnite-cigna.lovable.app
susanandersonmalpc@gmail.com

Anestin, Monica, MA, BCBA ■
909 North Miami Beach Boulevard
STE 301
North Miami Beach, FL 33162
(305) 822-7202
Digital Contact Information:
kim@appliedbehavior.net

Angel, Laurie R, MSN, APRN ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
momofben@bellsouth.net

Arandia, Eloisa, MMFT, BCBA, LMHC ■
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arango, Alejandra J, MS, LMHC ■
FL
(786) 556-4040
Digital Contact Information:
aarango505@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arce Reyes, Maebys, MPSY, BCBA ■
1900 Southwest 22nd Street
#205
Miami, FL 33145
(305) 648-7212
Digital Contact Information:
genesisconsultingservices39@gmail.com

Arencibia, Yoarys, MA, BCBA ■
Home Based Services Only
Aventura, FL 33180
(305) 283-0442
Digital Contact Information:
morningsideaba@gmail.com

and
6761 Southwest 6th Street
Miami, FL 33144
(305) 283-0442
Digital Contact Information:
morningsideaba@gmail.com

and
Home Based Services Only
Opa-locka, FL 33054
(305) 283-0442
Digital Contact Information:
morningsideaba@gmail.com

and
Home Based Services Only
West Miami, FL 33144
(305) 283-0442
Digital Contact Information:
morningsideaba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arguelles, Doris, BA, BCABA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 356-8754
Digital Contact Information:
cubanitadori@yahoo.com

and
14536 Southwest 170th Street
Miami, FL 33177
(786) 356-8754
Digital Contact Information:
cubanitadori@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arnaez, Elizabeth, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
jenny.silverio@lifechg.org
Other Languages Spoken by Provider or Office Staff
Spanish

Arriera, Stefanie T, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
admissions@abaalliancecareservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Artiles, Laura M, PHD, LP ■
7100 SW 99th Ave
Ste 203
Miami, FL 33173
(305) 270-3737
Digital Contact Information:
artileslauraphdp@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Arvon, Coral, PHD, LCSW, LMFT ■
2627 Northeast 203rd Street
118
Aventura, FL 33180
(305) 936-8000
Digital Contact Information:
http://arvonandassociates.com
drarvon@arvonandassociates.com

and
6919 Southwest 18th Street
219
Miami, FL 33175
(305) 936-8000
Digital Contact Information:
http://arvonandassociates.com
drarvon@arvonandassociates.com

Astacio, Victor, PSYD, LP ■
3990 West Flagler Street
102
Coral Gables, FL 33134
(786) 332-2602
Digital Contact Information:
blueskymentalhealthcorp@gmail.com

and
Eagle Nest Lane
Hialeah, FL 33014
(786) 534-3457
Digital Contact Information:
blueskymentalhealthcorp@gmail.com

and
Home Based Services Only
Miami Gardens, FL 33014
(305) 640-5739
Digital Contact Information:
blueskymentalhealthcorp@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ayer, Brian, MA, LPCC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
registration@ravenwoodhealth.org
Other Languages Spoken by Provider or Office Staff Sign Lang Amer

Azaret, Janell M, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 853-8355
Digital Contact Information:
jmazaret@gmail.com

and
1512 Southwest 14th Terrace
Miami, FL 33145
(786) 853-8355
Digital Contact Information:
jmazaret@gmail.com

and
4525 Southwest 146th Court
Miami, FL 33175
(305) 807-1909
Digital Contact Information:
jmazaret@gmail.com

and
12985 Southwest 130th Court
204 204
Miami, FL 33186
(305) 735-3878
Digital Contact Information:
http://www.abasquad.com
jmazaret@gmail.com

Baer, Rochelle A, MSW, LCSW ■
1601 NW 12th Ave
Miami, FL 33136
(305) 243-6864
Digital Contact Information:
Not Available

Baker, Melissa, EDS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Baker, Shukairo M, MSN, APRNCNP, LCSW, PMHNP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
sbaker@affinityhealthcenter.org

Balan, Aurora, MS, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barash, Brian D, MD ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.co

Barbosa, Adrian, MS, APRN ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
info@azzurrahcc.com

and
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
info@azzurrahcc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barcena, Maylin D, MS, BCBA, LBA ■
2500 Northwest 79th Avenue
268
Doral, FL 33122
(786) 208-2907
Digital Contact Information:
info@wbehavioralservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barnes, Yvette, MSW, LCSW ■
1150 Northwest 72nd Avenue
640
Miami, FL 33126
(786) 497-3444
Digital Contact Information:
yvette@stellarhealthfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barreto, Lourdes A, MSSW, LCSW ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
referrals@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barroso, Alina, MD, LMHC ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Bass, India, MMH, LMHC ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://myschoolpsychologistinc.com
india.lmhc@gmail.com

and
FL
(305) 520-9813
Digital Contact Information:
http://www.myschoolpsychologistinc.com
india.lmhc@gmail.com

Baster, Daniela, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 586-5762
Digital Contact Information:
shared@behavioralinsightsllc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Baster, Katerine, BA, BCABA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
http://www.appliedbhs.com
dabs@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Beaubrun, Lucika, MA, LMHC ■
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(561) 289-7995
Digital Contact Information:
pandatherapycircle@gmail.com

Beebe, Alicia D, MSN, APRN, ARNP ■
FL
(305) 902-6347
Digital Contact Information:
hurdbw@aol.com

Beltran Montalvo, Felipe, MSN, APRN ■
1165 West 49th Street
suite 207
Hialeah, FL 33012
(305) 703-3386
Digital Contact Information:
appointmens@compass.md

and
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
http://www.compasshealthsystems.com
appointmens@compass.md

and
FL
(305) 891-0050
(305) 279-5535
(954) 771-7743
(954) 447-0010
(888) 852-6672
Digital Contact Information:
http://www.compasshealthsystems.com
appointmens@compass.md

and
5245 Northwest 36th Street
Unit 209
Miami Springs, FL 33166

(786) 453-6812
Digital Contact Information:
appointmens@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
appointmens@compass.md

Berg, Joseph L, PSYD, LCSW ■
909 North Miami Beach Boulevard
STE 301
North Miami Beach, FL 33162
(305) 822-7202
Digital Contact Information:
billing@appliedbehavior.net
Other Languages Spoken by Provider or Office Staff
Spanish

Bergolla, Johannys, MSN, APRN ■
7950 Northwest 53rd Street
STE 237
Doral, FL 33166
(786) 536-4420
Digital Contact Information:
violethealthcorp@gmail.com

and
10520 Northwest 26th Street
STE C101
Doral, FL 33172
(786) 353-9308
Digital Contact Information:
violethealthcorp@gmail.com

and
5979 Northwest 151st Street
STE 120
Hialeah, FL 33014
(786) 536-4420
Digital Contact Information:
violethealthcorp@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Berkovits, Michelle, PHD, LP ■
1120 Northwest 14th Street
1212
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
Not Available

and
1475 NW 12th Ave
C130
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
Not Available

and
1601 NW 12th Ave
Miami, FL 33136
(305) 243-3669
Digital Contact Information:
Not Available

and
1120 Northwest 14th Street
RM 1213
Miami, FL 331362107
(305) 243-6660
Digital Contact Information:
Not Available

Bez, Yasin, MD ■
1695 NW 9th Ave
3308
Miami, FL 33136
(305) 355-7148
Digital Contact Information:
yasinbez.us@gmail.com

and
1695 NW 9th Ave
Fl 14
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
yasinbez.us@gmail.com

and
1695 NW 9th Ave
Fl 3
Miami, FL 33136
(305) 243-2301
Digital Contact Information:
yasinbez.us@gmail.com
Other Languages Spoken by Provider or Office Staff Turkish

Biaggini, Daniela, MMFT, LMHC ●
2124 Northeast 123rd Street
STE 220
North Miami, FL 33181
(786) 828-0947
Digital Contact Information:
https://blossomfl.com
info@blossomfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Biggs, Morgan, MD ■
18591 South Dixie Highway
1120
Cutler Bay, FL 33157
(727) 213-3416
Digital Contact Information:
morganbiggs2@gmail.com

and
20825 Southwest 85th Court
Cutler Bay, FL 33189
(727) 213-3416
Digital Contact Information:
morganbiggs2@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 551-8253
Digital Contact Information:
morganbiggs2@gmail.com

and
12955 Southwest 42nd Street
STE 2
Miami, FL 33175
(786) 491-4947
Digital Contact Information:
morganbiggs2@gmail.com

and
12001 SW 128th Ct
Ste 102
Miami, FL 33186
(786) 971-7920
Digital Contact Information:
morganbiggs2@gmail.com

and
13501 Southwest 128th Street
STE 114
Miami, FL 33186
(786) 250-3440
Digital Contact Information:
morganbiggs2@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Bloise, Gabriela, MS, LMHC ■
Home Based Services Only
Miami Gardens, FL 33014
(305) 777-3883
Digital Contact Information:
acebehavioral2@gmail.com

and
5881 Northwest 151st Street
Suite: 103
Miami Lakes, FL 33014
(786) 703-4154
Digital Contact Information:
acebehavioral2@gmail.com

Blumtritt, Cesar E, PHD, BCABA, LMHC ■
10200 Northwest 25th Street
201
Doral, FL 33172
(305) 406-3689
Digital Contact Information:
http://www.foundartacademy.org
denalicrt@aol.com

and
10200 Northwest 25th Street
STE 204
Doral, FL 33172
(305) 406-3689
Digital Contact Information:
http://www.foundartacademy.org
denalicrt@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bofill, Martha, PSYD, LP ■
351 NW 42nd Ave
Ste 401
Miami, FL 33126
(786) 704-5546
Digital Contact Information:
mbofill@aol.com

Bolt, Giselle M, MSN, APRN, APRNCNP ■
427 Washington Ave
Miami Beach, FL 33139
(305) 514-0813
Digital Contact Information:
credentialing@cancommunityhealth.org

and
18360 NW 47th Ave
Miami Gardens, FL 33055
(786) 800-5631
Digital Contact Information:
credentialing@cancommunityhealth.org
Other Languages Spoken by Provider or Office Staff English

Borroto, Ivana, MS, BCBA ■
12973 Southwest 112th Street
151
Miami, FL 33186
(305) 204-7037
Digital Contact Information:
jeanne@onebehavior.com
Other Languages Spoken by Provider or Office Staff
Spanish

Botero, Sara M, MS, LMFT ■
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
morecounseling@gmail.com

and
9745 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 701-2401
Digital Contact Information:
morecounseling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Boza Dominguez, Annia D, MS, BCBA ■
Home Based Services Only
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
gperez@hbccmhc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bradley, Aniek, MS, LMFT ■
15190 SW 136th St
Ste 25
Miami, FL 33196
(786) 285-2396
Digital Contact Information:
aniekbradley72@gmail.com

Brazzini, Mijanou, MPSY, LMHC ■
13205 Southwest 137th Avenue
suite 126
Miami, FL 33186
(786) 713-0383
Digital Contact Information:
http://yjwcare.com
mbrazzini61@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Brizuela, David, MS, BCBA ■
Home Based Services Only
Doral, FL 33122
(786) 942-8066
Digital Contact Information:
marthab@neuro-quest.com

and
13055 Southwest 42nd Street
STE 104
Miami, FL 33175
(305) 480-7839
Digital Contact Information:
marthab@neuro-quest.com

Brosco, Jeffrey P, MD ■
1150 NW 14th St
411
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
Not Available

and
1150 Northwest 14th Street
710
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
Not Available

and
1611 NW 12th Ave
Miami, FL 33136
(305) 585-7040
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Burnstein, Krystal M, MS, LMHC ■
1000 Brickell Avenue
Miami, FL 33131
(786) 832-6630
Digital Contact Information:
mohit@bikhamhealthcare.com

and
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
mohit@bikhamhealthcare.com

Bush, Rebeca, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
jenny.silverio@lifechg.org

Cabranes, Gretchen, MA, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 275-8860
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cabrera, Laura, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 301-7706
Digital Contact Information:
info@llminds.com

Cajuste, Kathia, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
Not Available

and
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
Not Available

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com

Caldera, Urania M, MS, BCBA ■
10920 Southwest 184th Street
Miami, FL 33157
(305) 378-5775
Digital Contact Information:
http://www.slbtherapy.com
umcaldera@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Calderon, Eileen C, PSYD, LP ●
100 Miracle Mile
330
Coral Gables, FL 33134
(305) 445-9554
Digital Contact Information:
wellpathbehavior@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Camejo, Stephanie, PSYD, LP ■
8500 SW 92nd Street

206
Miami, FL 33156
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
sasha@livewelltherapygroup.com

Capriata, Olga J, MSW, LCSW ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
http://lotuscounseling.com
admi@lotuscounseling.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
http://www.lotuscounseling.com
admi@lotuscounseling.com

and
7811 Coral Way
106
Miami, FL 33155
(305) 412-0138
Digital Contact Information:
admi@lotuscounseling.com

and
13930 SW 47th St
Ste 202
Miami, FL 33175
(305) 387-7850
Digital Contact Information:
admi@lotuscounseling.com

and
5600 SW 135th Ave
Ste 116
Miami, FL 33183
(305) 387-7850
Digital Contact Information:
admi@lotuscounseling.com
Other Languages Spoken by Provider or Office Staff
Spanish

Caraza Cruz, Anabel, MS, BCBA ■
1140 West 50th Street
SUITE 304
Hialeah, FL 33012
(786) 267-2830
Digital Contact Information:
anabelcaraza@gmail.com

and
1840 West 49th Street
#714
Hialeah, FL 33012
(305) 699-8388
Digital Contact Information:
anabelcaraza@gmail.com

and
4410 West 16th Avenue
unit 41
Hialeah, FL 33012
(786) 267-2830
Digital Contact Information:
http://www.abastarbehavioral.com
anabelcaraza@gmail.com

and
21505 Southwest 177th Avenue
Miami, FL 33187
(786) 226-2816
Digital Contact Information:
http://www.abatodayinc.com
anabelcaraza@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Careaga, Dioskora, MS, BCBA, LMHC ■
2828 Coral Way
Ste 460
Coral Gables, FL 33145
(732) 523-2327
Digital Contact Information:
http://www.hinesandassociates.net
dioskorac@msn.com

and
12550 Biscayne Boulevard
STE 306
North Miami, FL 33181
(305) 642-5255
Digital Contact Information:
http://www.hinesandassociates.net
dioskorac@msn.com
Other Languages Spoken by Provider or Office Staff
Spanish

Carnet Beira, Garry, MS, BCBA ■
5901 Northwest 183rd Street
Suite 264
Hialeah, FL 33015
(786) 803-2664
Digital Contact Information:
https://oasismentalhealthcenter.com
nkitching@readysetconnect.org
Other Languages Spoken by Provider or Office Staff
Spanish

Carroza, Mirna H, MPSY, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff Italian, Spanish

Cartas, Grisel, MS, BCBA, LCSW ■
5455 Southwest 8th Street
230
Miami, FL 33134
(786) 629-8836
Digital Contact Information:
vidacounselinggroup@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Castillo Llanes, Lisandra, MSN, APRN ■
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
contact@balancedwellbeingllc.com

and
5607 NW 27th Ave
1
Miami, FL 33142
(239) 278-3660
Digital Contact Information:
contact@balancedwellbeingllc.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(786) 833-7633
Digital Contact Information:
contact@balancedwellbeingllc.com

and
20612 Northwest 27th Avenue
Miami Gardens, FL 33056
(305) 637-6400
Digital Contact Information:
contact@balancedwellbeingllc.com

Castillo-Fundora, Evelyn T, EDS, LSP ■
10300 Southwest 72nd Street
#123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://myschoolpsychologistinc.com
info@myschoolpsychologistinc.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Castro, Mairelis, MS, LMHC ■
2450 Southwest 137th Avenue
Suite# 230
Miami, FL 33175
(305) 459-3207
Digital Contact Information:
http://www.hidalgopsychiatry.com
calvarez@blueangelcare.net

and
2460 Southwest 137th Avenue
250
Miami, FL 33175
(305) 459-3207
Digital Contact Information:
http://www.hidalgopsychiatry.com
calvarez@blueangelcare.net

and
11890 Southwest 8th Street
STE 309
Miami, FL 331841710
(305) 220-6060
Digital Contact Information:
http://www.blueangelcare.net
calvarez@blueangelcare.net

Cata, Karina, MN, ARNP ■
4982 Palm Avenue
Hialeah, FL 33012
(305) 479-3262
Digital Contact Information:
kcata@kcm.health
Other Languages Spoken by Provider or Office Staff
Spanish

Cervera, Carol, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 853-8355
Digital Contact Information:
cristina@creativekidstherapyinc.com

and
1512 Southwest 14th Terrace
Miami, FL 33145
(786) 853-8355
Digital Contact Information:
cristina@creativekidstherapyinc.com

and
13195 Southwest 134th Street
Ste. 201
Miami, FL 33186
(786) 206-6500
Digital Contact Information:
cristina@creativekidstherapyinc.com

and
FL
(786) 206-6500
Digital Contact Information:
cristina@creativekidstherapyinc.com

and
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
cristina@creativekidstherapyinc.com

Chama, Humphrey, MSN, APRNCNP ■
FL
(305) 902-6347
Digital Contact Information:
handmhealthcareoftx@gmail.com

Chatelain, Mitsouko, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/referrals@ffmhs.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
referrals@ffmhs.com

Chemerinsky, Graciela, MPSY, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com

and
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Chico, Heidi, MS, LMHC ■
7821 Coral Way
100
Miami, FL 33155
(786) 409-5690
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cicetti, Lisa, PSYD, LMHC, LP ■
1100 Southwest 57th Avenue
Suite 100
Miami, FL 33144
(786) 556-7688
Digital Contact Information:
lisacicetti@yahoo.com

Clavijo Hernandez, Ana, MBS, BCBA ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
sucel@practice-mgmt.com

and
Home Based Services Only
Hialeah, FL 33013
(786) 592-6680
Digital Contact Information:
sucel@practice-mgmt.com

and
2300 West 84th Street
404a
Hialeah, FL 33016
(786) 681-8494
Digital Contact Information:
sucel@practice-mgmt.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
sucel@practice-mgmt.com

and
18303 Southwest 153rd Place
Miami, FL 33187
(786) 343-9391
Digital Contact Information:
sucel@practice-mgmt.com

and
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
sucel@practice-mgmt.com

Clemente, Rita, MS, BCBA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
http://www.appliedbhs.com
dabs@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Cohen, Yuka, PSYD, LP ■
FL
(786) 949-0001
Digital Contact Information:
http://www.curectneuro.com
credentialing@curectneuro.com

Collazo, Amanda, MA, BCBA ■
Home Based Services Only
Hialeah, FL 33010
(305) 280-5730
Digital Contact Information:
clinicare23@outlook.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 534-7172
Digital Contact Information:
clinicare23@outlook.com

and
12750 Northwest 17th Street
216 216
Miami, FL 33182
(888) 527-8037
Digital Contact Information:
http://www.brightstartpossibility.com
clinicare23@outlook.com
Other Languages Spoken by Provider or Office Staff
Hebrew, English, Spanish

Coloccia, Elinor G, PSYD, CP, LP ■
801 Brickell Ave
Ste 900

Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
admin@psychologyaz.com

Colon Rodriguez, Lyllymar, PHD, LP ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 661-5511
Digital Contact Information:
dr.ingridroman1@gmail.com

and
100 NE 15th St
Ste 101D
Homestead, FL 33030
(833) 779-8646
Digital Contact Information:
dr.ingridroman1@gmail.com

and
7950 W Flagler St
Ste 105
Miami, FL 33144
(305) 661-5511
Digital Contact Information:
dr.ingridroman1@gmail.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 661-5511
Digital Contact Information:
dr.ingridroman1@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Columbie, Liane, MSN, APRN, BCBA ■
1400 Northwest 107th Avenue
306
Miami, FL 33172
(786) 817-7444
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Colvin, Cindy, EDS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Commella, Noreen, PSYD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@healthyyoungminds.com

Contreras, Joseph L, MS, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentailing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentailing@banyanhealth.org

and
18901 Southwest 106th Avenue
229
Miami, FL 33157
(786) 506-9008
Digital Contact Information:
credentailing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
credentailing@banyanhealth.org

and
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
credentailing@banyanhealth.org
Other Languages Spoken by Provider or Office Staff
Spanish

Cordova, Carlos A, MS, LMHC ■
2141 SW 1st St
Ste 103
Miami, FL 33135
(305) 644-6024
Digital Contact Information:
help@coralcmhc.net
Other Languages Spoken by Provider or Office Staff
Spanish

Corniffe, Khadine, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
pandatherapycircle@gmail.com

Correa, Larisa A, MSW, CSW, LCSW, LICSW, LISW-CP ■
FL
(561) 567-8795
(347) 738-1199
(315) 873-2936
Digital Contact Information:
http://www.joinuplift.co
mpowercounselingpllc@gmail.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
mpowercounselingpllc@gmail.com

and
FL
(561) 567-8795
(347) 738-1199
(315) 873-2936
Digital Contact Information:
http://www.joinuplift.co
mpowercounselingpllc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Corrieri, Arthur, MS, LMHC ■
9425 SW 72nd St
Ste 265
Miami, FL 33173
(305) 279-8400
Digital Contact Information:
acorrieri_@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Corzo, Samantha R, MS, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
credentialing@banyanhealth.org

Cue, Liz, MSW, LCSW ■
5901 Southwest 74th Street
408
Miami, FL 33143
(305) 735-3555
Digital Contact Information:
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cuervo Betancourt, Natacha, BCBA, BS, MED ■
5407 Southwest 131st Court
Miami, FL 33175
(305) 209-1095
Digital Contact Information:
angelesesperan@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cueto Fernandez, Rachel, MS, BCBA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
http://www.appliedbhs.com
dabs@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Curiel, Rosie E, PSYD, LP ■
1120 NW 14th St
1477
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
rwinokur@med.miami.edu

and
1695 NW 9th Ave
1404A
Miami, FL 33136
(305) 355-9155
Digital Contact Information:
rwinokur@med.miami.edu
Other Languages Spoken by Provider or Office Staff
Spanish

Damus, Harry, PSYD, LP ■
8200 SW 117th Ave
Ste 306
Miami, FL 33183
(305) 274-0640
Digital Contact Information:
hdamus@therapeuticbehavioral.com
Other Languages Spoken by Provider or Office Staff Creole

Dangla, Marjorie, MSW, LCSW ■
Doral
Doral, FL 33178
(305) 926-6106
Digital Contact Information:
blissfulsoultherapy01@gmail.com

Darias-Montano, Marlen, BCBA, MED ■
8890 Southwest 24th Street
210
Miami, FL 33165
(786) 715-9774
Digital Contact Information:
dariasbehavioralservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Davis, Leilani, MSN, APRN ■
790 Northwest 107th Avenue
Suite 107
Miami, FL 33172
(770) 492-2960
Digital Contact Information:
cheryl@qualitycredentialinginc.com

De Armas, Dayanei, MMFT, BCBA, LMHC ■
30392 Old Dixie Highway
Homestead, FL 33030
(786) 283-0175
Digital Contact Information:
beyondpositivepsychology@yahoo.com

and
30350 SW 156th Ave
Homestead, FL 33033
(305) 975-3126
Digital Contact Information:
beyondpositivepsychology@yahoo.com

and
12039 Southwest 132nd Court
28 4
Miami, FL 33186
(786) 355-5654
Digital Contact Information:
beyondpositivepsychology@yahoo.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
beyondpositivepsychology@yahoo.com

and
27132 South Dixie Highway
Naranja, FL 33032
(786) 283-0175
Digital Contact Information:
beyondpositivepsychology@yahoo.com

De La Yncera Garcia, Aimee, MHS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 458-9535
Digital Contact Information:
bmbchildrentherapies@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

De Sautu-Dominguez, Erika, MS, LMHC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
credentialing@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com
Other Languages Spoken by Provider or Office Staff
Spanish

De Souza, Vacir, MA, LMHC ■
7900 Oak Ln
400
Hialeah, FL 33016
(786) 622-5743
Digital Contact Information:
palmbehavioral2@gmail.com

De Tuya, Taylor, MA, BCBA ■
7705 North Kendall Drive
Kendall, FL 33156
(786) 801-9712
Digital Contact Information:
http://firmfoundationsaba.com
taylor@firmfoundationsaba.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 801-3134
Digital Contact Information:
taylor@firmfoundationsaba.com

and
9425 Southwest 72nd Street
164
Miami, FL 33173
(305) 279-2286
Digital Contact Information:
taylor@firmfoundationsaba.com

and
Home Based Services Only
South Miami, FL 33146
(786) 536-9714
Digital Contact Information:
taylor@firmfoundationsaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Debasa Marimon, Gretel, MSED, BCBA ■

2500 Northwest 79th Avenue
Suite 180
Doral, FL 33122
(786) 253-7868
Digital Contact Information:
gretel.debasa@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Degraff, Stephane B, MD ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
victoria.l.oswald@powershealth.org
Other Languages Spoken by Provider or Office Staff Creole

Del Cristo Martinez, Dayalin, MS, BCBA ■
8900 Southwest 117th Avenue
c101
Miami, FL 33186
(786) 568-1259
Digital Contact Information:
icrtherapy1@gmail.com

Del Risco Fuentes, Alina, MA, BCBA ■
FL
(786) 574-1276
Digital Contact Information:
info@bmmaba.com

and
10261 Southwest 72nd Street
Miami, FL 33173
(786) 773-3654
Digital Contact Information:
info@bmmaba.com

and
7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
info@bmmaba.com

Del Sol Amador, Kenia, MS, BCBA ■
2459 West 70th Street
Hialeah, FL 33016
(786) 571-0939
Digital Contact Information:
info@newlifeaba.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff Spanish

Delger, Delfina, MA, BCBA ■
1900 N Bayshore Dr
1A-122
Miami, FL 33132
(954) 400-3251
Digital Contact Information:
http://www.abacustherapies.com
haley.hounchell@yourmissingpiece.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(954) 400-3251
Digital Contact Information:
http://www.abacustherapies.com
haley.hounchell@yourmissingpiece.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(954) 400-3251
Digital Contact Information:
haley.hounchell@yourmissingpiece.com

Denski, Johanna, MS, BCBA, LMFT ■
5455 Southwest 8th Street
230
Miami, FL 33134
(786) 629-8836
Digital Contact Information:
vidacounselinggroup@gmail.com

Der Rohe-Borghese, Gema Y, MSW, BCBA, LBA, LCSW ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
orlando@pbhd.health

and
2525 Ponce de Leon Boulevard
370
Miami, FL 33134
(954) 408-1568
Digital Contact Information:
orlando@pbhd.health
Other Languages Spoken by Provider or Office Staff Haitian Creole

Desangeles, Marixiel D, MS, BCBA ■
1900 N Bayshore Dr
1A-122
Miami, FL 33132
(954) 400-3251
Digital Contact Information:
https://abacustherapies.com/
stephanie@abacustherapies.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(954) 400-3251
Digital Contact Information:
https://abacustherapies.com/
stephanie@abacustherapies.com

and
18950 Southwest 106th Avenue
118
Miami, FL 33157
(786) 206-3928
Digital Contact Information:
stephanie@abacustherapies.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(954) 400-3251
Digital Contact Information:
https://abacustherapies.com/
stephanie@abacustherapies.com
Other Languages Spoken by Provider or Office Staff Portuguese, Spanish

Diaz, Alejandro, MS, BCBA ■
1400 Northwest 107th Avenue
306
Miami, FL 33172
(786) 817-7444
Digital Contact Information:
jcabrera@mymbcinc.com

Diaz Cabrera, Yuleisvi, MS, BCBA ■
2210 Northwest 92nd Avenue
e1
Doral, FL 33172
(786) 208-7539
Digital Contact Information:
vivianaicare@gmail.com

and
7801 Northwest 37th Street
Lp-201
Doral, FL 33195
(305) 468-9899
Digital Contact Information:
vivianaicare@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 468-9899
Digital Contact Information:
vivianaicare@gmail.com

and
2500 SW 107TH AVE
42
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
vivianaicare@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Diaz Encinosa, Barbara M, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
mamisol58@yahoo.es

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
mamisol58@yahoo.es

and
13301 Southwest 132nd Avenue
201 201
Miami, FL 33186
(305) 509-5537
Digital Contact Information:
mamisol58@yahoo.es

Diaz Mir, Gabriela S, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 394-5105
Digital Contact Information:
gabrielabcba96@gmail.com

and
12001 Southwest 128th Court
Suite Suite 104
Miami, FL 33186
(786) 868-0505
Digital Contact Information:
gabrielabcba96@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Diaz Palmero, Yuranis, MPSY, LMHC ■
3785 Northwest 82nd Avenue
307
Doral, FL 33166
(305) 266-2949
Digital Contact Information:
info@oasismentalhealthcenter.com

and
Northwest 92nd Avenue
Doral, FL 33172
(305) 266-2949
Digital Contact Information:
info@oasismentalhealthcenter.com

and
5901 Northwest 183rd Street
310
Hialeah, FL 33015
(786) 418-9790
Digital Contact Information:
https://oasismentalhealthcenter.com
info@oasismentalhealthcenter.com

and
1250 Southwest 27th Avenue
Suite 506
Miami, FL 33135
(786) 536-9278
Digital Contact Information:
info@oasismentalhealthcenter.com

and
330 Southwest 27th Avenue
STE 609
Miami, FL 33135
(786) 743-0801
Digital Contact Information:
info@oasismentalhealthcenter.com

and
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
info@oasismentalhealthcenter.com

and
9125 SW 87th Ave
Miami, FL 33176
(305) 735-3919
Digital Contact Information:
info@oasismentalhealthcenter.com
Other Languages Spoken by Provider or Office Staff Spanish

Diaz Rodriguez, Tahnee, MSN, APRN ■
13055 Southwest 42nd Street
205
Miami, FL 33175
(786) 417-9395
Digital Contact Information:
https://onemorelight.org/
omlhspsychiatry@gmail.com

and
FL
(786) 417-9395
Digital Contact Information:
https://onemorelight.org/
omlhspsychiatry@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Diaz, Suzet, MED, BCBA ■
15715 South Dixie Highway
412
Miami, FL 33157
(786) 316-7186
Digital Contact Information:
briana@llbillingoffice.com

and
941 Southwest 87th Avenue
Suite A
Miami, FL 33174
(786) 873-9392
Digital Contact Information:
briana@llbillingoffice.com
Other Languages Spoken by Provider or Office Staff Spanish

Diaz, Tatiana, EDM, BCBA ■
15715 South Dixie Highway
412
Miami, FL 33157
(786) 316-7186
Digital Contact Information:
briana@llbillingoffice.com
Other Languages Spoken by Provider or Office Staff Spanish

Dimitrjevitch, Sasha, MS, LMHC ■
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
billing@peaktherapycenter.com

Domingues, Yeidy, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
admissions@abaalliancecareservices.com
Other Languages Spoken by Provider or Office Staff Spanish

Dominguez Tamayo, Yaliagny D, BS, BCABA ■
3300 West 84th Street
10 10
Hialeah, FL 33018
(561) 909-8980
Digital Contact Information:
privateinsurancechildgarden@gmail.com
Other Languages Spoken by Provider or Office Staff Creole, Spanish

Dominguez Viera, Chesy, BS, BCABA ■
1700 Southwest 57th Avenue
209
Miami, FL 33155
(786) 558-4981
Digital Contact Information:
lpcarecorp@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Dominguez, Yoelkis, MS, BCBA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
http://www.appliedbhs.com
dabs@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff Spanish

Donato, Eneidys, MS, BCBA ■
10691 North Kendall Drive

300
Miami, FL 33176
(305) 469-1101
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Dubner, Rebecca, LP, PSYD ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(410) 538-2574
Digital Contact Information:
Not Available

Dumbar, Yadira, MS, BCBA ■
Home Based Services Only
Hialeah, FL 33012
(561) 460-0284
Digital Contact Information:
lifetimecareservices@gmail.com

and
8743 Southwest 9th Terrace
4
Miami, FL 33174
(786) 360-2869
Digital Contact Information:
lifetimecareservices@gmail.com

and
5801 Northwest 151st Street
206
Miami Lakes, FL 33014
(305) 504-1749
Digital Contact Information:
lifetimecareservices@gmail.com

and
FL
(305) 504-1749
Digital Contact Information:
lifetimecareservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Dumenigo, Bianca, MSN, APRN ■
7951 Southwest 40th Street
suite 200-a
Miami, FL 33155
(786) 244-9911
Digital Contact Information:
global@medviz.ai

Duran, Gladys A, MSW, LCSW ●
FL
(305) 321-9998
Digital Contact Information:
http://pivotalbeginnings.com
gduran@pivotalbeginnings.com
Other Languages Spoken by Provider or Office Staff
Spanish

Duran, Yessenia, MED, LBA ■
10920 Southwest 184th Street
Miami, FL 33157
(305) 378-5775
Digital Contact Information:
http://www.slbtherapy.com
yessenia.duran@live.com
Other Languages Spoken by Provider or Office Staff
Spanish

Durand Marticorena, Dante M, MD ■
1295 NW 14th St
Ste E
Miami, FL 33125
(305) 689-1352
Digital Contact Information:
rwinokur@med.miami.edu

and
1120 NW 14th St
1477
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
rwinokur@med.miami.edu

and
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-6400
Digital Contact Information:
rwinokur@med.miami.edu

and
1611 NW 12th Ave
Miami, FL 33136
(305) 585-1111
Digital Contact Information:
rwinokur@med.miami.edu

and
1695 NW 9th Ave
1404A
Miami, FL 33136
(305) 355-7147
Digital Contact Information:
rwinokur@med.miami.edu

and
1695 NW 9th Ave
3308
Miami, FL 33136
(305) 355-7000
Digital Contact Information:
rwinokur@med.miami.edu

and
1695 NW 9th Ave
Fl 3
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
rwinokur@med.miami.edu
Other Languages Spoken by Provider or Office Staff
Spanish

Durgin, Cheryl, MED, LBA ■
390 Northeast 191st Street
Miami, FL 33179
(917) 341-1803
Digital Contact Information:
cheryl@blessings-ranch.com

Duvalier, Leanne J, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ljdtherapy@ljdtherapy.onmicrosoft.com

Duvert, Nathaniel, MMFT, LMFT ■
1065 Southwest 8th Street
1287
Miami, FL 33130
(617) 333-8740
Digital Contact Information:
http://www.joinhopscotch.com
nduvert2005@yahoo.com
Other Languages Spoken by Provider or Office Staff Creole

Ebert, Maryellen, EDS, LMHC ■
5001 SW 74th Ct
Ste 104
Miami, FL 33155
(305) 663-0013
Digital Contact Information:
leleebert@hotmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ebro, Ibis, MS, BCBA ■
Home Based Services Only
Miami Gardens, FL 33014
(305) 417-1535
Digital Contact Information:
ibisebro@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Edrosa, Caridad B, MBS, BCBA ■
10711 Southwest 216th Street
103 103
Goulds, FL 33170
(305) 965-9682
Digital Contact Information:
info@abcsfl.com

and
2500 SW 107TH AVE
42
Miami, FL 33165
(305) 965-9682
Digital Contact Information:
http://www.abcsfl.com
info@abcsfl.com

and
FL
(786) 615-3334
Digital Contact Information:
info@abcsfl.com

and
12750 Southwest 128th Street
Suite #201
Miami, FL 33186
(786) 592-2051
Digital Contact Information:
http://www.behavioraccservices.com
info@abcsfl.com

and
13501 Southwest 128th Street
114a
Miami, FL 33186
(786) 732-2139
Digital Contact Information:
info@abcsfl.com

Edwards, Rebecca, MSW, LCSW, LICSW ■
FL
(508) 202-1011
Digital Contact Information:
http://www.rebeccasolomonlcsw.com
mcables@chcrr.org

Ehrentreu, Dana, MSW, LCSW ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
nj-patientaccess@harmonybaywellness.com

Elder, Carol, MS, LMFT ■
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(561) 609-2996
Digital Contact Information:
http://www.pandatherapycircle.com/
pandatherapycircle@gmail.com

Elma, Linda S, MSW, LCSW ■
11601 Biscayne Boulevard
303
Miami, FL 33181
(954) 278-0487
Digital Contact Information:
http://lsmsmentalhealth.com
info@lindaelmalcsw.com
Other Languages Spoken by Provider or Office Staff Creole

Encio, Reina, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
jenny.silverio@lifehealthsystem.org
Other Languages Spoken by Provider or Office Staff
Spanish

Enriquez, Daniela, MA, BCBA ■
9425 Southwest 72nd Street
164
Miami, FL 33173
(305) 279-2286
Digital Contact Information:
http://freshstartsnow.com
daniela.enriquez0912@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Escalona, Ana, MMH, LMHC ■
10700 Caribbean Boulevard
Suite 101
Cutler Bay, FL 33189
(305) 777-3883
Digital Contact Information:
escalonalmhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Espaillat, Ricardo K, MD ■
3219 W 4th Ave
Na
Hialeah, FL 33012
(305) 261-6633
Digital Contact Information:
rkespaillat@yahoo.com

and
1975 West 76th Street
Hialeah, FL 33014
(305) 479-3262
Digital Contact Information:
rkespaillat@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Espejo, Rafael, MA, BCBA ■
5 Olive Dr
Apt 15
Hialeah, FL 33010
(305) 417-9879
Digital Contact Information:
http://www.behavior-track.com
info@behavior-track.com

and
Home Based Services Only
Hialeah, FL 33010
(305) 417-9879
Digital Contact Information:
info@behavior-track.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Espinosa, Hugo, MD ■
4982 Palm Avenue
Hialeah, FL 33012
(305) 479-3262
Digital Contact Information:
madyryanllc@gmail.com

and
1975 West 76th Street
Hialeah, FL 33014
(305) 479-3262
Digital Contact Information:
http://www.kcmhealthcare.com
madyryanllc@gmail.com

and
5965 Southwest 8th Street
Miami, FL 33144
(305) 479-3262
Digital Contact Information:
http://www.kcm.healthcare.com
madyryanllc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Espinoza Marin, Ennyluz, MMH, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Estevanell, Joshua, MBS, BCBA ■
631 Northwest 45th Avenue
100
Miami, FL 33126
(786) 343-8890
Digital Contact Information:
http://guilservices.com
guilservices001@gmail.com

and
Home Based Services Only
Miami Lakes, FL 33018
(786) 536-7908
Digital Contact Information:
guilservices001@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Falcon, Mariam, MED, BCBA ■
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
http://novacommunityservice.com
info@novacshealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fenton Hodge, Yivell M, MS, BCBA ■
7875 Northwest 12th Street
118
Miami, FL 33126
(786) 505-4449
Digital Contact Information:
http://southfloridabehavior.com
info@southfloridabehavio.com

and
10855 Southwest 72nd Street
UNIT 1-5
Miami, FL 33173
(305) 720-2166
Digital Contact Information:
info@southfloridabehavio.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Adriano, BS, BCABA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
http://www.appliedbhs.com
dabs@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Jennifer, MS, BCBA, LBA ■
11601 Biscayne Boulevard
Miami, FL 33181
(786) 206-4151
Digital Contact Information:
info@appliedabc.com

and
909 North Miami Beach Boulevard
STE 301
North Miami Beach, FL 33162
(305) 822-7202
Digital Contact Information:
info@appliedabc.com

Fernandez, Lianny, MPSY, LMHC ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
yavila@avilahealthgroup.com

and
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
yavila@avilahealthgroup.com

and
306 Westward Dr
Miami Springs, FL 33166
(786) 588-7894
Digital Contact Information:
yavila@avilahealthgroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Melanie A, MS, BCBA ■
585 East 49th Street
11
Hialeah, FL 33013
(305) 970-9165
Digital Contact Information:
billingadmin@optimalbeginning.com

and
16311 NW 87th Ct
Hialeah, FL 33018
(305) 586-8549
Digital Contact Information:
billingadmin@optimalbeginning.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Fernandez, Rey, MS, BCBA ■
10300 Southwest 72nd Street
250b
Miami, FL 33173
(305) 939-6878
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Vanessa, MA, BCBA, LBA ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
credentialing@tillytherapy.com

Ferrandiz, George, MSW, LCSW ■
101 Majorca Avenue
Coral Gables, FL 33134
(305) 448-6988
Digital Contact Information:
fer101@msn.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ferrer, Jezabell, EDM, BCBA ■
10300 Southwest 72nd Street
#354
Miami, FL 33173
(786) 444-7996
Digital Contact Information:
jzadvancedbehaviorservices@gmail.com

Fishberger, Andrea J, MSW, LCSW ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
andreafishberger@me.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
andreafishberger@me.com

and
FL
(914) 924-4827
Digital Contact Information:
andreafishberger@me.com

Fitzgerald, Caitlyn, MD ■
10540 Northwest 26th Street
STE G201
Doral, FL 33172
(786) 879-8040
Digital Contact Information:
advancedcaresfl@outlook.com

and
33497 South Dixie Highway
103b
Florida City, FL 33034
(786) 444-6003
Digital Contact Information:
advancedcaresfl@outlook.com

and
FL
(786) 444-6003
Digital Contact Information:
advancedcaresfl@outlook.com

and
777 E 25th St
Ste 306
Hialeah, FL 33013
(786) 838-6092
Digital Contact Information:
advancedcaresfl@outlook.com

and
1401 Northwest 17th Avenue
Miami, FL 33125
(813) 816-8075
Digital Contact Information:
advancedcaresfl@outlook.com

and
2100 Southwest 22nd Street
502
Miami, FL 33145
(786) 963-0128
Digital Contact Information:
advancedcaresfl@outlook.com

and
13195 Southwest 134th Street
102
Miami, FL 33186
(305) 964-5236
Digital Contact Information:
advancedcaresfl@outlook.com

and
8785 SW 165th Ave
Ste 104
Miami, FL 33193
(786) 703-1538
Digital Contact Information:
advancedcaresfl@outlook.com

Fonseca, Odalys, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 715-8511
Digital Contact Information:
interbehavcorp@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Force, Ali-Reza, MD ■
5911 Northwest 173rd Drive
6 6
Hialeah, FL 33015
(786) 380-9229
Digital Contact Information:
extwebsupport@hcdpbc.org
Other Languages Spoken by Provider or Office Staff Haitian Creole, Spanish

Fraguela-Lam, Mayren, MSSW, LCSW ■
10691 North Kendall Drive
312
Miami, FL 33176
(786) 592-8470
Digital Contact Information:
bmhealthserv@gmail.com

and
FL
(786) 592-8470
Digital Contact Information:
bmhealthserv@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Francois, Esther, MA, BCBA ■
14125 Northwest 80th Avenue
304
Miami Lakes, FL 33016
(786) 305-7222
Digital Contact Information:
christy@southfloridaaba.org

Frigerio, Ailema, PSYD, LP ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
info@myschoolpsychologistinc.com

Fuentes Deleon, Romy, MED, BCBA ■
8601 Southwest 199th Street
Cutler Bay, FL 33189
(305) 908-2999
Digital Contact Information:
yordanka@mghomecare.com

and
10200 Northwest 25th Street
STE 114
Doral, FL 33172
(956) 884-4944
Digital Contact Information:
yordanka@mghomecare.com

and
40 Northwest 8th Street
Homestead, FL 33030
(305) 908-2999
Digital Contact Information:
yordanka@mghomecare.com

and
9380 Sunset Drive
b165
Miami, FL 33173
(786) 337-0585
Digital Contact Information:
yordanka@mghomecare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Funes, Catherine F, PSYD, LP ■
1900 North Bayshore Drive
108
Miami, FL 33132
(954) 362-8677
Digital Contact Information:
bh@hgdoctors.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gainza Mayo, Mariela D, MSN, APRN ■
7971 Bird Road
15
Miami, FL 33155
(786) 504-5620
Digital Contact Information:
kenia.rodriguez@ffmhs.com

and
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Galban, Jazmin, MPSY, BCBA ■
Home Based Services Only
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
gperez@hbccmhc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Galban, Yenisleydis, MS, BCABA ■
2500 Northwest 79th Avenue
Suite 180
Doral, FL 33122
(786) 253-7868
Digital Contact Information:
https://www.neurodverse.com/
yenygalban@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garaboa Niebla, Jisell, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
bluelifetherapy@gmail.com

and
13404 Southwest 128th Street
Miami, FL 33186
(305) 433-0897
Digital Contact Information:
http://www.bluelifetherapy.com
bluelifetherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Arletis, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 534-7172
Digital Contact Information:
clinicare23@outlook.com

Garcia Calixto, Valeria, MS, BCBA ■
8350 Northwest 52nd Terrace
301 130
Doral, FL 33166
(786) 342-4367
Digital Contact Information:
brightlinebehavior@gmail.com

Garcia De Porto, Marieta, MMH, LMHC ■
7925 Northwest 12th Street
118
Doral, FL 33126
(786) 536-2143
Digital Contact Information:
http://psrmindandbodyrehab.com
correamentalhealth@gmail.com

and
650 Northeast 22nd Terrace
212 214
Homestead, FL 33033
(786) 312-4478
Digital Contact Information:
correamentalhealth@gmail.com

and
13205 Southwest 137th Avenue
#212
Miami, FL 33186
(786) 732-6298
Digital Contact Information:
correamentalhealth@gmail.com

and
13205 Southwest 137th Avenue
206 208
Miami, FL 33186
(786) 592-2063
Digital Contact Information:
correamentalhealth@gmail.com

and
FL
(786) 385-9838
Digital Contact Information:
correamentalhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia Diaz, Marta, MSN, APRN ■
7490 Southwest 23rd Street

201
Miami, FL 33155
(786) 953-8221
Digital Contact Information:
medilineinc@yahoo.com

and
7315 Northwest 36th Street
Miami, FL 33166
(786) 345-7734
Digital Contact Information:
medilineinc@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia Hernandez, Adelfa, BA, BCBA ■
16657 Southwest 81st Terrace
Miami, FL 33193
(786) 426-1166
Digital Contact Information:
pathwaysaba@gmail.com

Garcia, Lauren, MED, LMHC ■
2212 Northwest 91st Street
4058
Miami, FL 33147
(341) 888-7637
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
lauren.garcia371@gmail.com

Garcia Mendiola, Niurka, MS, BCBA ■
Home Based Services Only
Hialeah, FL 33013
(786) 592-6680
Digital Contact Information:
mendiola6812@gmail.com

and
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
http://kidsspotrehab.com
mendiola6812@gmail.com

and
8475 Southwest 43rd Street
Miami, FL 33155
(786) 804-9405
Digital Contact Information:
mendiola6812@gmail.com

and
9415 Southwest 72nd Street
SUITE 175
Miami, FL 33173
(786) 406-4353
Digital Contact Information:
mendiola6812@gmail.com

and
13383 Southwest 42nd Street
Miami, FL 33175
(305) 305-7121
Digital Contact Information:
mendiola6812@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Mirtha M, BA, BCABA ■
2550 Northwest 72nd Avenue
115
Miami, FL 33122
(786) 536-2012
Digital Contact Information:
http://sunshinebehaviorhc.com
sunshinebehaviorhealthcare@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia Perez, Wendy, MA, BCBA ■
1180 North Krome Avenue
Homestead, FL 33030
(786) 349-4700
Digital Contact Information:
mleon@mykidtherapycenter.com

and
49 NW 17th St
Homestead, FL 33030
(786) 349-4700
Digital Contact Information:
http://mykidtherapycenter.com
mleon@mykidtherapycenter.com

and
14425 Country Walk Drive
Miami, FL 33186
(786) 349-4700
Digital Contact Information:
mleon@mykidtherapycenter.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Solange C, MBS, BCBA ■
11980 Southwest 144th Court
Suite #210
Miami, FL 33186
(305) 640-8918
Digital Contact Information:
https://www.floridabehaviorhealthgroup.com/
behaviorconsultantfl@gmail.com

Garcia, Tiffany, MN, PMHNP ■
2650 Southwest 27th Avenue
Suite 305
Miami, FL 33133
(786) 353-9812
Digital Contact Information:
billingheritagewellness@gmail.com

and
20824 W Dixie Hwy
Miami, FL 33180
(407) 851-5121
Digital Contact Information:
billingheritagewellness@gmail.com

Garcon, Jose Nadine, PSYD, LP ■
419 W 49th St
Ste 219
Hialeah, FL 33012
(954) 404-7052
Digital Contact Information:
dr.garcon@comcast.net
Other Languages Spoken by Provider or Office Staff Creole

Genen, Lawrence R, MD ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
provider@3peaksmedical.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com
Other Languages Spoken by Provider or Office Staff English

Gibson, Tamiko M, DNP, APRN ■
1550 Madruga Avenue
STE 201
Coral Gables, FL 33146
(305) 740-8103
Digital Contact Information:
infodesk@bregmanmedicalgroup.com

Gil, Orianna A, MC, BCBA ■
8353 Southwest 124th Street
102
Miami, FL 33156
(305) 902-6435
Digital Contact Information:
http://abamiami.com
oriannagil0@gmail.com

and
8603 South Dixie Highway
303
Pinecrest, FL 33156
(305) 902-6435
Digital Contact Information:
http://abamiami.com
oriannagil0@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gilbert, Monica D, PSYD, LMHC, LP ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 317-4478
Digital Contact Information:
https://crystalabatherapy.com/
monicagilbert09@yahoo.com

and
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 317-4478
Digital Contact Information:
https://crystalabatherapy.com/
monicagilbert09@yahoo.com
Other Languages Spoken by Provider or Office Staff Sign Lang Amer

Gillespie, Marjorie, PHD, APRN ■
64 W 63rd St
B202
Hialeah, FL 33012
(954) 431-7676
Digital Contact Information:
dr.gillespie@hotmail.com

and
16400 NW 2nd Ave
Ste 100
Miami, FL 33169
(954) 431-7676
Digital Contact Information:
dr.gillespie@hotmail.com

Giu Zaldivar, Yurima, MS, BCBA ■
2240 Palm Beach Lakes Blvd Ste 400e
Hialeah, FL 33016
(954) 734-4708
Digital Contact Information:
wingsabaservice@gmail.com

and
6121 West 24th Avenue
209 209
Hialeah, FL 33016
(954) 734-4708
Digital Contact Information:
wingsabaservice@gmail.com

and
18901 Southwest 106th Avenue
229
Miami, FL 33157
(786) 506-9008
Digital Contact Information:
wingsabaservice@gmail.com

and
Home Based Services Only
Miami Lakes, FL 33016
(954) 734-4708
Digital Contact Information:
wingsabaservice@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Godoy, Amneris, MSW, LCSW ■
9555 Southwest 175th Terrace
Suite 223
Palmetto Bay, FL 33157
(786) 370-4198
Digital Contact Information:
everlastingachievements@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Godoy Duran, Karina, MS, LMFT ■
879 East 28th Street
Hialeah, FL 33013
(786) 326-2260
Digital Contact Information:
innerwellnessaba@gmail.com

and
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
innerwellnessaba@gmail.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(786) 580-2204
Digital Contact Information:
innerwellnessaba@gmail.com

and
13590 Southwest 134th Avenue
104
Miami, FL 33186
(305) 896-8161
Digital Contact Information:
innerwellnessaba@gmail.com

Gomez, Amelia, MBS, BCBA ■
2500 SW 107TH AVE
42
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
info@abcsfl.com

and
FL
(786) 615-3334
Digital Contact Information:
info@abcsfl.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gomez, Luis M, MSN, APRN ■
14400 Northwest 77th Court
#100
Miami Lakes, FL 33016
(786) 916-6073
Digital Contact Information:
soflabillers@gmail.com

Gomez, Odalys, MSS, BCBA ■
2500 Southwest 107th Avenue
41
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
info@abcsfl.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
info@abcsfl.com

and
Home Based Services Only
Miami Gardens, FL 33014
(305) 640-5739
Digital Contact Information:
info@abcsfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gomez, Yilianna, BCBA, MS ■
7875 Northwest 12th Street
118
Miami, FL 33126
(786) 505-4449
Digital Contact Information:
info@southfloridabehavior.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Adriana, MSN, APRN ■
11440 N Kendall Dr
Ste 208
Miami, FL 33176
(305) 898-0849
Digital Contact Information:
callisiabilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Alexandra, MS, BCBA ■
1550 Madruga Avenue
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
agonzalez14@outlook.com

and
4374 Southwest 164th Court
Miami, FL 33185
(786) 351-7052
Digital Contact Information:
agonzalez14@outlook.com

and
13416 Southwest 128th Street
Miami, FL 33186
(786) 732-0247
Digital Contact Information:
agonzalez14@outlook.com

Gonzalez, Aniamarien, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 778-9646
Digital Contact Information:
amhbehavioralservices@gmail.com

Gonzalez Bejar, Carmen L, BA, BCABA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
http://www.appliedbhs.com
dabs@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com

and
10300 Southwest 72nd Street
#354
Miami, FL 33173
(305) 787-2924
Digital Contact Information:
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez Diaz, Vivian D, PSYD, LP ■
3271 NW 7th St
Ste 203
Miami, FL 33125
(786) 220-6902
Digital Contact Information:
http://www.outpatientpsycare.com
viviangonzalezdiaz@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez Gil, Manuel, MSCC, LMHC ■
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Gloria, PHD, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
professional_counseling@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Jacqueline, MSSW, LCSW ■
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
sasha@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gonzalez, Luis, DNP, APRN ■
8725 Northwest 18th Terrace
Suite 202
Doral, FL 33172
(305) 487-2532
Digital Contact Information:
eternitylives24@gmail.com

and
7270 Northwest 12th Street
430
Miami, FL 33126
(786) 615-2843
Digital Contact Information:
eternitylives24@gmail.com

and
12001 Southwest 128th Court
Suite Suite 104
Miami, FL 33186
(786) 868-0505
Digital Contact Information:
eternitylives24@gmail.com

and
13170 Southwest 128th Street
200
Miami, FL 33186
(786) 852-5198
Digital Contact Information:
eternitylives24@gmail.com

and
9010 Southwest 137th Avenue
101
Miami, FL 33186
(786) 803-8826
Digital Contact Information:
http://amorementalhealthcorp.com
eternitylives24@gmail.com

Gonzalez, Maria E, MBS, BCBA ■
10691 North Kendall Drive
#202
Miami, FL 33176
(754) 400-7702
Digital Contact Information:
clinicare23@outlook.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
clinicare23@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Misleydis, MC, LMHC ■
215 Westward Dr
Miami Springs, FL 33166
(305) 887-4494
Digital Contact Information:
genesisconsultingservices39@gmail.com

Gonzalez Rodriguez, Dianelys, MS, BCBA ■
2500 Northwest 79th Avenue
268
Doral, FL 33122
(786) 208-2907
Digital Contact Information:
info@wbehavioralservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Yailen, MBS, BCBA ■
5901 Miami Gardens Drive
207
Hialeah, FL 33015
(786) 560-3178
Digital Contact Information:
childrendreamsaba@gmail.com

and
909 North Miami Beach Boulevard
STE 301
North Miami Beach, FL 33162
(305) 822-7202
Digital Contact Information:
childrendreamsaba@gmail.com

Gonzalez, Yanet, MA, BCBA ■
Home Based Services Only
Hialeah, FL 33012
(305) 570-0775
Digital Contact Information:
info@sunnydaybehavioral.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Yxis, MS, LMHC ■
1000 Brickell Avenue
Miami, FL 33131
(305) 822-7202
Digital Contact Information:
kim@appliedbehavior.net

and
909 North Miami Beach Boulevard
STE 301
North Miami Beach, FL 33162
(305) 822-7202
Digital Contact Information:
https://appliedbehavior.net/
kim@appliedbehavior.net

and
FL
(305) 822-7202
Digital Contact Information:
https://appliedbehavior.net/
kim@appliedbehavior.net
Other Languages Spoken by Provider or Office Staff
Spanish

Gould, Felicia, PHD, LP ■
1120 NW 14th St
1447
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
Not Available

and
1120 NW 14th St
1450
Miami, FL 33136
(305) 243-6400
Digital Contact Information:
Not Available

and
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-6400
Digital Contact Information:
Not Available

Grenier, Ivan, MSN, APRN ■
2001 Northwest 107th Avenue
412
Doral, FL 33172
(786) 548-8322
Digital Contact Information:
xavier@southhealthmed.com

and
7959 NW 2nd St
Miami, FL 33126
(305) 267-6060
Digital Contact Information:
xavier@southhealthmed.com

and
3080 W Flagler St
Miami, FL 33135
(305) 456-1600
Digital Contact Information:
xavier@southhealthmed.com

and
5673 Southwest 137th Avenue
Miami, FL 33183
(305) 385-3949
Digital Contact Information:
xavier@southhealthmed.com
Other Languages Spoken by Provider or Office Staff
Spanish

Guerrero, Claudia P, MPSY, BCBA ■
13866 Southwest 56th Street
Miami, FL 33175
(786) 953-4446
Digital Contact Information:
btherapyconsultants@gmail.com

Guevara, Nancy, MS, BCBA ■
30392 Old Dixie Highway
Homestead, FL 33030
(786) 283-0175
Digital Contact Information:
info@nnrtherapycenter.com

and
14204 Southwest 289th Terrace
Homestead, FL 33033
(305) 878-1255
Digital Contact Information:
info@nnrtherapycenter.com

and
3201 Northwest 24th Street Road
301
Miami, FL 33142
(305) 846-1804
Digital Contact Information:
info@nnrtherapycenter.com

and
17363 Southwest 137th Place
Miami, FL 33177
(305) 905-0877
Digital Contact Information:
info@nnrtherapycenter.com

and
27132 South Dixie Highway
Naranja, FL 33032
(786) 283-0175
Digital Contact Information:
info@nnrtherapycenter.com
Other Languages Spoken by Provider or Office Staff
Spanish

Guevara, Orlando, MS, BCBA ■
Home Based Services Only
Doral, FL 33122
(305) 603-8747
Digital Contact Information:
withoutlimitstherapy@gmail.com

and
7801 Northwest 37th Street
Lp-201
Doral, FL 33195
(305) 468-9899
Digital Contact Information:
withoutlimitstherapy@gmail.com

and
15884 Southwest 137th Avenue
Miami, FL 33177
(305) 456-6002
Digital Contact Information:
withoutlimitstherapy@gmail.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
withoutlimitstherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Creole, Spanish

Guevara Vazquez, Vladimir A, MD ■
7855 Northwest 12th Street
217
Doral, FL 33126
(786) 473-0632
Digital Contact Information:
imhotepcxinc@gmail.com

and
6187 Northwest 167th Street
STE H26
Hialeah, FL 33015
(305) 705-5666
Digital Contact Information:
imhotepcxinc@gmail.com

and
3408 West 84th Street
STE 301
Hialeah, FL 33018
(786) 661-2971
Digital Contact Information:
imhotepcxinc@gmail.com

and
1150 Northwest 72nd Avenue
220
Miami, FL 33126
(786) 558-4899
Digital Contact Information:

imhotepcxinc@gmail.com

and
1495 NW 54th St
Miami, FL 33142
(305) 205-4328
Digital Contact Information:
imhotepcxinc@gmail.com

and
8550 West Flagler Street
Suite 113
Miami, FL 33144
(305) 755-2200
Digital Contact Information:
imhotepcxinc@gmail.com

and
14261 Southwest 120th Street
Suite #113
Miami, FL 33186
(786) 558-4169
Digital Contact Information:
imhotepcxinc@gmail.com

and
5391 Northwest 36th Street
Miami Springs, FL 33166
(786) 636-1310
Digital Contact Information:
imhotepcxinc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Guilbe, Angelika, MSCC, LMHC ■
FL
(754) 307-6860
Digital Contact Information:
http://www.solrivercounseling.com
angie_guilbe@yahoo.com

Guntin, Yamile, MSW, LCSW ■
3191 Coral Way
607
Miami, FL 33145
(786) 397-7926
Digital Contact Information:
https://headfulloffoliage.com
guntinaleman@gmail.com

and
FL
(786) 397-7926
Digital Contact Information:
https://headfulloffoliage.com
guntinaleman@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gutierrez, Azucena R, MC, LMHC ■
12039 Southwest 132nd Court
4 4
Miami, FL 33186
(754) 281-3662
Digital Contact Information:
nicanoragent83@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gutierrez, Damian, MC, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
credentialing@banyanhealth.org

Gutierrez, Maritery, MBS, BCBA ■
13155 Southwest 42nd Street
STE 204
Miami, FL 33175
(786) 486-9756
Digital Contact Information:
loveinservicesinc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gutierrez, Marta, MS, BCBA ■
13055 Southwest 42nd Street
205
Miami, FL 33175
(305) 846-9079
Digital Contact Information:
eandgtherapycorp@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gutierrez-Rodriguez, Lorena, MS, BCBA ■
9240 Southwest 158th Lane
Palmetto Bay, FL 33157
(305) 788-2849
Digital Contact Information:
eibs@eibscorp.com
Other Languages Spoken by Provider or Office Staff
Spanish

Guzman, Francisco J, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
providerenrollment@geodehealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Halim, Anjelica J, MS, BCBA ■
7990 Southwest 117th Avenue
Suite 134
Kendall, FL 33183
(305) 741-2218
Digital Contact Information:
ajacome@buildablocktherapy.com

Hammerstrom, Ashlyn, MA, BCBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
therapy@kidsspotrehab.com

and
12456 Southwest 127th Avenue
101
Miami, FL 33186
(786) 953-8500
Digital Contact Information:
http://kidsspotrehab.com
therapy@kidsspotrehab.com

Hansard, Tahsha, MS, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Heard, Chelsea, MSSW, LCSW ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
chelseaheardcounseling@gmail.com

Hernandez, Ada, MS, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Ania, MS, BCBA ■
12060 Southwest 129th Court
Suite 205
Miami, FL 33186
(786) 864-9113
Digital Contact Information:
Not Available

Hernandez, Cristina, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole, Haitian, Spanish

Hernandez Izquierdo, Dianelys, BS, BCABA ■
7500 Northwest 25th Street
Suite 254
Miami, FL 33122
(786) 391-8613
Digital Contact Information:
amecaprovider@gmail.com

Hernandez, Jesenia M, MS, LMHC ■
10700 Southwest 46th Street
Miami, FL 33165
(786) 907-4925
Digital Contact Information:
office@bluehopetherapyservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Juan D, MED, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
contracting@confidanthealth.com

Hernandez Lauzardo, Ana N, MA, BCBA ■
15924 SW 92nd Ave
Miami, FL 33157
(786) 636-1303
Digital Contact Information:
maria.aviles@hhfcfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Lecsy, MA, BCBA, LMHC ■
770 Ponce de Leon
307
Coral Gables, FL 33134
(786) 344-8757
Digital Contact Information:
mtherapy@hushmail.com

and
770 Ponce de Leon
Ste 305
Coral Gables, FL 33134
(786) 344-8757
Digital Contact Information:
mtherapy@hushmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 695-8672
Digital Contact Information:
mtherapy@hushmail.com

and
4155 Southwest 130th Avenue
108
Miami, FL 33175
(786) 695-8672
Digital Contact Information:
mtherapy@hushmail.com

Hernandez, Marian D, MPSY, BCBA ■
10200 Northwest 25th Street
STE 204
Doral, FL 33172
Digital Contact Information:
info@foundartacademy.org
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez Montero, Yoswliany E, MS, BCBA ■
100 Northeast 15th Street
203
Homestead, FL 33030
(786) 404-3075
Digital Contact Information:
maria.aviles@hhfcfl.com

and
15924 SW 92nd Ave
Miami, FL 33157
(786) 636-1303
Digital Contact Information:
maria.aviles@hhfcfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Niurvict, MBS, BCBA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
http://appliedbhs.com
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez Regalado, Marta I, MBS, BCBA ■
8001 West 26th Avenue
2 2
Hialeah, FL 33016
(786) 666-0475
Digital Contact Information:
safebehaviorcare@gmail.com

and
7392 Northwest 35th Terrace
301
Miami, FL 33122
(786) 666-0475
Digital Contact Information:
safebehaviorcare@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Herrera, Anouk, MSW, LCSW ■
380 Giralda Avenue
507w
Coral Gables, FL 33134
(786) 277-2938
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
10200 Northwest 25th Street
211
Doral, FL 33172
(305) 381-0346
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
900 West 49th Street
STE 400
Hialeah, FL 33012
(305) 587-2231
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
1150 Northwest 72nd Avenue
700
Miami, FL 33126
(305) 815-1277
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
7270 Northwest 12th Street
Suite 810
Miami, FL 33126
(786) 718-2390
Digital Contact Information:
http://www.globalrehab.com

rossconsultingandcredentialing@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 832-6630
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
11401 Southwest 40th Street
#345
Miami, FL 33165
(305) 603-7063
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
4995 Northwest 72nd Avenue
102
Miami, FL 33166
(786) 360-3584
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
12700 Southwest 128th Street
STE 108
Miami, FL 33186
(786) 732-0865
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
13205 Southwest 137th Avenue
224 225
Miami, FL 33186
(786) 290-9192
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
13335 Southwest 124th Street
STE 214
Miami, FL 33186
(786) 429-1495
Digital Contact Information:
rossconsultingandcredentialing@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Herrera Martinez, Daysi, MSSW, LCSW ●
12540 Northeast 8th Avenue
North Miami, FL 33161
(786) 731-6492
Digital Contact Information:
dherrera@altamiracommunity.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hodgson, Sidney, MS, LMHC ■
10300 Southwest 72nd Street
#123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
myschoolpsychologist@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Huberman, Milagros, MS, LMHC ■
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(305) 562-9585
Digital Contact Information:
lmhcnccpa@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Hurtado Riera, Jenny, MBS, BCBA ■
10700 Southwest 46th Street
Miami, FL 33165
(786) 907-4925
Digital Contact Information:
http://www.bluehopetherapyservices.com
office@bluehopetherapyservices.com

and
5600 Southwest 135th Avenue
202b
Miami, FL 33183
(786) 856-4499
Digital Contact Information:
office@bluehopetherapyservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Inguanzo, Yelena, MS, LMHC ■
7745 Northwest 146th Street
F1
Miami Lakes, FL 33016
(786) 633-5992
Digital Contact Information:
vidamentalhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Izekor, Abiola O, MSN, APRNCNP, NP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

Jackson, Clarissa, MA, BCBA ■
FL
(909) 255-0195
Digital Contact Information:
http://bxhub.org
admin@bxhub.org

Jean Mary, Jean Rony, MD ■
3500 NW 17th Ave
Miami, FL 33142
(305) 633-6777
Digital Contact Information:
jmrmedicalservicesinc@gmail.com
Other Languages Spoken by Provider or Office Staff Creole

Jeniffer, Escalona Cervantes, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
admissions@abaalliancecareservices.com

Jimenez Jorge, Marisleydi, MA, BCBA ■
1022 East 8th Avenue
Hialeah, FL 33010
(786) 615-7829
Digital Contact Information:
ddrehabbeacon@gmail.com

and
3412 West 84th Street
e106
Hialeah, FL 33018
(305) 827-7344
Digital Contact Information:
ddrehabbeacon@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Jimenez, Liana, MED, BCBA ■
9710 East Indigo Street
Suite 201
Palmetto Bay, FL 33157
(786) 277-6210
Digital Contact Information:
admin@twoheartsaba.com

Johnson, Kamla D, MSW, LCSW ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
http://www.dgphealthandwellness.com
adams@pcmgfl.com
Other Languages Spoken by Provider or Office Staff English

Jonas, Alfred, MD ■
8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-2822
Digital Contact Information:
http://www.mgmbehavioral.com
bhcofl@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Jones, Savannah L, PA, PA_C ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
https://www.compasshealthsystems.com
intake@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compassshealthsystems.com
intake@compass.md

Joseph, Marie I, MSN, APRN ■
111 Northwest 183rd Street
Suite 203
Miami, FL 33169
(786) 809-4101
Digital Contact Information:
heavenlysoulscare@gmail.com
Other Languages Spoken by Provider or Office Staff Creole

Joubert Collazo, Leslie, MMH, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
ultrahealth86@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Kapoor, Kalvin, DO ■
66 W Flagler St
900
Miami, FL 33130
(305) 204-5372
Digital Contact Information:
http://www.vitalpsych.com
vitalpsychmd@gmail.com

Katsigeorgis, Joanna, PHD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
mshain@seniorcaretherapy.com
Other Languages Spoken by Provider or Office Staff Greek

Keltgen, Joan, MED, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Khachatryan, Sunny, PHD, LMHC, LPCC ■
1001 Brickell Bay Dr
2701
Miami, FL 33131
(305) 742-5429
Digital Contact Information:
appointments@meetmarvin.com

Kline, Christopher, PHD, LP ■
770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
aswood71@gmail.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
aswood71@gmail.com

and
5201 Blue Lagoon Dr
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
aswood71@gmail.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
aswood71@gmail.com

and
80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
aswood71@gmail.com

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
aswood71@gmail.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
aswood71@gmail.com

and
830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
aswood71@gmail.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(888) 684-2779
Digital Contact Information:
aswood71@gmail.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
aswood71@gmail.com

Knight, Jade, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app

shanell.adams@cultivatebhe.com
Other Languages Spoken by Provider or Office Staff English

Ko, Soo, MS, BCBA ■
777 Brickell Ave
Ste 500
Miami, FL 33131
(305) 330-4660
Digital Contact Information:
ajlba@mbhpays.com

and
2520 Coral Way
2 19
Miami, FL 33145
(855) 832-6727
Digital Contact Information:
ajlba@mbhpays.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Kramer, David R, MD ■
2828 Coral Way
Ste 460
Coral Gables, FL 33145
(512) 212-4670
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net

and
12550 Biscayne Boulevard
STE 306
North Miami, FL 33181
(305) 642-5255
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net
Other Languages Spoken by Provider or Office Staff
Spanish

Labrada, Linet, MA, BCBA ■
20774 West Dixie Highway
b
Miami, FL 33180
(305) 549-8665
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lago, Mercedes M, MMH, LMHC ■
4800 West Flagler Street
215
Coral Gables, FL 33134
(954) 368-4786
Digital Contact Information:
mercedeslago7@gmail.com

and
4689 Ponce de Leon Boulevard
Suite 200
Coral Gables, FL 33146
(786) 803-8025
Digital Contact Information:
mercedeslago7@gmail.com

and
1840 West 49th Street
606 606
Hialeah, FL 33012
(305) 846-9727
Digital Contact Information:
mercedeslago7@gmail.com

and
17670 Northwest 78th Avenue
STE 113
Hialeah, FL 33015
(716) 558-4565
Digital Contact Information:
mercedeslago7@gmail.com

and
9827 Southwest 40th Street
Miami, FL 33165
(786) 762-2922
Digital Contact Information:
mercedeslago7@gmail.com

and
6955 Northwest 77th Avenue
407
Miami, FL 33166
(786) 615-2306
Digital Contact Information:
mercedeslago7@gmail.com

and
14722 Southwest 56th Street
Miami, FL 33185
(305) 456-0572
Digital Contact Information:
mercedeslago7@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lamour, Carolyn, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

Lauzurique Tenorio, Grace, MA, BCBA ■
15260 SW 280th St
Ste 205
Homestead, FL 33032
(305) 707-7237
Digital Contact Information:
http://www.familybehaviorservices.org
admin@familybehavioralservices.org

and
Home Based Services Only
Miami Gardens, FL 33014
(786) 919-3784
Digital Contact Information:
admin@familybehavioralservices.org

Layden, Paul G, PHD, LP ■
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
pglayden3@bellsouth.net
Other Languages Spoken by Provider or Office Staff English

Lazenberry, Nokomis, MBS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
nlazenberry@arcsj.org

Lazo, Dunia, MED, BCBA, LMHC ■
13301 Southwest 132nd Avenue
Suite 210
Miami, FL 33186
(305) 964-7983
Digital Contact Information:
http://www.brighthealingservices.com
info@brighthealingservices.com

Lebron Ginorio, Michelle, MD ■
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
rehabcenterag@gmail.com

and
10300 Southwest 72nd Street
300
Miami, FL 33173
(786) 418-9730
Digital Contact Information:
http://www.happydreamsofkids.com
rehabcenterag@gmail.com

and
12150 Southwest 128th Court
Suite 233
Miami, FL 33186
(786) 238-7666
Digital Contact Information:
rehabcenterag@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Legra, Bertha V, MS, LMHC ■
419 W 49th St
Ste 210
Hialeah, FL 33012
(954) 404-7052
Digital Contact Information:
credentialing@psychiatrist4u.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Leon Infante, Yadely, PSYD, BCBA, LMHC, LP ■
12060 Southwest 129th Court
104
Miami, FL 33186
(786) 615-3349
Digital Contact Information:
yadelyleoninfante@gmail.com

and
12060 Southwest 129th Court
201
Miami, FL 33186
(786) 615-3349
Digital Contact Information:
yadelyleoninfante@gmail.com

Lester, Charles W, MD ■
2828 Coral Way
Ste 460
Coral Gables, FL 33145
(305) 642-5255
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net

and
12550 Biscayne Boulevard
STE 306
North Miami, FL 33181
(305) 642-5255
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net
Other Languages Spoken by Provider or Office Staff
Spanish

Lewis, Tyrone, CAP, LMHC, MSW ■
10689 N Kendall Dr
Ste 306
Miami, FL 33176
(305) 558-7400
Digital Contact Information:
Not Available

and
10689 N Kendall Dr
Ste 314
Miami, FL 33176
(305) 558-7400
Digital Contact Information:
Not Available

Leyva, Renan, PHD, BCBA ■
7801 Northwest 37th Street
Lp-201
Doral, FL 33195
(305) 468-9899
Digital Contact Information:
vivianaicare@gmail.com

and
13301 Southwest 132nd Avenue
112 112
Miami, FL 33186
(305) 640-8342
Digital Contact Information:
https://yamtherapyservices.com
vivianaicare@gmail.com

and
6405 Northwest 36th Street
Virginia Gardens, FL 33166
(786) 238-2008
Digital Contact Information:
vivianaicare@gmail.com

and
6405 Northwest 36th Street
#123
Virginia Gardens, FL 33166
(786) 872-4325
Digital Contact Information:
vivianaicare@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lima, Ruben, MMH, LMHC ■
1000 Brickell Avenue
Miami, FL 33131
(305) 389-9509
Digital Contact Information:
credentialing@premedsys.com

and
FL
(305) 934-9411
Digital Contact Information:
credentialing@premedsys.com

and
8000 W Flagler St
Ste 201
Miami, FL 33144
(786) 805-3021
Digital Contact Information:
credentialing@premedsys.com
Other Languages Spoken by Provider or Office Staff
French, Spanish

Llama Figueredo, Leticia, MPSY, BCBA ■
Home Based Services Only
Miami Lakes, FL 33016
(561) 764-7093
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Llamas, Angelica, MSN, APRN ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
laurap@azzurrahcc.com

and
215 Westward Dr
Miami Springs, FL 33166
(305) 887-4494
Digital Contact Information:
laurap@azzurrahcc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lledo Rodriguez, Laura, MED, BCBA ■
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
credentialing@southbillcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Llenin, Mercedes, PHD, LMHC, LP ■
7791 Northwest 46th Street
Suite 221
Doral, FL 33166
(786) 910-9670
Digital Contact Information:
Not Available

and
6262 Bird Rd
Ste 2F
Miami, FL 33155
(305) 387-7850
Digital Contact Information:
Not Available

and
13930 SW 47th St
Ste 202
Miami, FL 33175
(305) 387-7850
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Lobaina Fernandez Rubio, Giselle, MS, BCBA ■
100 NE 15th St
Homestead, FL 33030
(786) 370-2216
Digital Contact Information:
thvegainsurances23@gmail.com

and
3222 Southeast 5th Street
Homestead, FL 33033
(786) 370-2216
Digital Contact Information:
https://myabaschool.com/
thvegainsurances23@gmail.com

and
Home Based Services Only
Homestead, FL 33033
(786) 370-2216
Digital Contact Information:
thvegainsurances23@gmail.com

and
29485 Southwest 177th Court
Homestead, FL 33034
(786) 486-0165
Digital Contact Information:
thvegainsurances23@gmail.com

Lopez, Elda M, MD ■
10661 North Kendall Drive
227
Miami, FL 33176
(305) 598-8000
Digital Contact Information:
docemlopez@gmail.com

and
FL
(305) 598-8000
Digital Contact Information:
docemlopez@gmail.com

Other Languages Spoken by Provider or Office Staff
Spanish

Lopez Fernandez, Laura, MS, BCBA ■
Home Based Services Only
Naranja, FL 33032
(407) 800-6086
Digital Contact Information:
support@abc4s.com
Other Languages Spoken by Provider or Office Staff
German, French, Spanish

Lopez Fustes, Rebeca, MPSY, BCABA ■
13404 Southwest 128th Street
Miami, FL 33186
(305) 433-0897
Digital Contact Information:
bluelifetherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Hilda M, PSYD, LP ■
15924 SW 92nd Ave
Miami, FL 33157
(786) 636-1303
(305) 964-5824
Digital Contact Information:
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Lopez, Jennifer, MA, LMFT ■
3750 West 16th Avenue
232u
Hialeah, FL 33012
(786) 332-3396
Digital Contact Information:
jennylmft@gmail.com

and
10671 North Kendall Drive
5d
Miami, FL 33176
(786) 474-6469
Digital Contact Information:
jennylmft@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Josue, MD ■
15260 Southwest 280th Street
203
Homestead, FL 33032
(786) 601-7491
Digital Contact Information:
lrodriguezllbs@gmail.com

and
7270 Northwest 12th Street
430
Miami, FL 33126
(786) 615-2843
Digital Contact Information:
https://www.lasagradafamiliacenter.com
lrodriguezllbs@gmail.com

and
2141 Southwest 1st Street
201
Miami, FL 33135
(786) 920-9137
Digital Contact Information:
lrodriguezllbs@gmail.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
lrodriguezllbs@gmail.com

and
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
lrodriguezllbs@gmail.com

and
7001 SW 97th Ave
Ste 206
Miami, FL 33173
(786) 294-0123
Digital Contact Information:
https://www.chgpsychiatry.com/
lrodriguezllbs@gmail.com

and
2424 Southwest 137th Avenue
Miami, FL 331756311
(786) 655-0831
Digital Contact Information:
http://www.miamihealthmedicalcenter.us
lrodriguezllbs@gmail.com

and
9125 SW 87th Ave
Miami, FL 33176
(305) 735-3919
Digital Contact Information:
lrodriguezllbs@gmail.com

and
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
lrodriguezllbs@gmail.com

and
13155 Southwest 134th Street
221
Miami, FL 33186
(786) 652-9880
Digital Contact Information:
lrodriguezllbs@gmail.com

and
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
lrodriguezllbs@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Maria Elena, EDS, LMHC ■
7600 Southwest 57th Avenue
302
South Miami, FL 33143
(305) 255-6362
Digital Contact Information:
travel925@aol.com
Other Languages Spoken by Provider or Office Staff
Portuguese, French, Italian, Spanish

Lopez Medrano, Ana M, MS, LMHC, LPC ■
3408 W 84th St
Ste 305
Hialeah, FL 33018
(786) 663-3983
Digital Contact Information:
https://mentalia.us
care@thepeacefulmindfactory.com

and
FL
(786) 663-3983
Digital Contact Information:
https://mentalia.us
care@thepeacefulmindfactory.com

and
13590 Southwest 134th Avenue
210
Miami, FL 33186
(786) 663-3983
Digital Contact Information:
care@thepeacefulmindfactory.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Oxanna, BS, BCABA ■
3750 Northeast 169th Street
Apartment 306
North Miami Beach, FL 33160
(786) 873-0298
Digital Contact Information:
jcabrera@mymbcinc.com

Lopez Reyna, Cindy, MS, BCABA ■
1250 Southwest 27th Avenue
207
Miami, FL 33135
(786) 502-3137
Digital Contact Information:
mortega@tlhproject.com

and
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
mortega@tlhproject.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Yaneris, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(305) 735-3555
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Loredo, Ana, MS, BCBA ■
12855 Southwest 136th Avenue
104
Miami, FL 33186
(305) 467-8879
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Luna-Concepcion, Maykel, MD ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
bhcredentialing@baycare.org

Machado, Jose, BCBA, MEQ ■
2020 Ponce de Leon
Suite 1201
Miami, FL 33134
(305) 917-5414
Digital Contact Information:
healthofmind@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Machado, Yadira, MA, BCBA ■
Home Based Services Only
Hialeah, FL 33013
(786) 592-6680
Digital Contact Information:
info@kidsbehavioral.com

Madruga Pau, Rogelio D, MMH, APRN ■
3901 Northwest 79th Avenue
STE 120
Doral, FL 33166
(786) 310-4480
Digital Contact Information:
hccms.corp@gmail.com

and
4155 Southwest 130th Avenue
114
Miami, FL 33175
(956) 293-5008
Digital Contact Information:
hccms.corp@gmail.com

and
9963 Southwest 142nd Avenue
Miami, FL 33186
(956) 253-5008
Digital Contact Information:
hccms.corp@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Manrique, Alisandra, MA, BCBA ■
8300 Northwest 53rd Street
Suite 102
Doral, FL 33166
(786) 769-5222
Digital Contact Information:
genesisconsultingservices39@gmail.com

Mansur, Said, MS, BCBA ■
15715 South Dixie Highway
314
Miami, FL 33157
(305) 588-7039
Digital Contact Information:
saidmansur23@gmail.com

and
14505 Commerce Way
Ste 750
Miami Lakes, FL 33016
(305) 362-9989
Digital Contact Information:
saidmansur23@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Marante, Kevin, BA, BCABA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
http://www.appliedbhs.com
dabs@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Marcuello, Dailyn, MA, BCBA ■
Home Based Services Only
Hialeah, FL 33012
(305) 570-0775
Digital Contact Information:
cristina@creativekidstherapyinc.com

and
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
cristina@creativekidstherapyinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Marin, Cecilia M, PSYD, LP ■
340 Minorca Avenue
3
Coral Gables, FL 33134
(305) 764-2333
Digital Contact Information:
cmmarinpsyd@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Marino Nunez, Adrian, MSED, BCBA ■
1550 Madruga Avenue
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
http://www.abc4s.com
miamicognitive@gmail.com

and
1701 W Flagler St
Ste 310
Miami, FL 33135
(786) 467-7006
Digital Contact Information:
miamicognitive@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mark, Nichole, MA, BCBA ■
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
cristina@creativekidstherapyinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Markfeld, Yaron, MD ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
cred@advantumhealth.com
Other Languages Spoken by Provider or Office Staff
Hebrew

Marmol Ocana, Leon, MD, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
tcmfl2018@gmail.com

and
5881 Northwest 151st Street
127
Miami Lakes, FL 330142450
(786) 321-1400
Digital Contact Information:
http://sweetchildbehavior.com
tcmfl2018@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Marquez, Joaquin F, PSYD, BCBA ■
9555 Southwest 175th Terrace
Palmetto Bay, FL 33157
(786) 458-9535
Digital Contact Information:
bmbchildrentherapies@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Marrero, Jahaziel, MN, APRN ■
3625 Northwest 82nd Avenue
400 3
Doral, FL 33166
(305) 209-6399
Digital Contact Information:
j.marrero@animahealthcom.net

and
3625 Northwest 82nd Avenue
400 fl 4
Doral, FL 33166
(954) 852-0551
Digital Contact Information:
j.marrero@animahealthcom.net

Martin, Noemi, MBS, BCBA ■
11980 Southwest 144th Court
Suite #210
Miami, FL 33186
(786) 429-3738
Digital Contact Information:
behaviorconsultantfl@gmail.com

and
12360 Southwest 132nd Court
STE 205
Miami, FL 33186
(786) 429-3738
Digital Contact Information:
behaviorconsultantfl@gmail.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
behaviorconsultantfl@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Martin, Yaisel, MA, BCBA ■
13301 Southwest 132nd Avenue
201 201
Miami, FL 33186
(305) 509-5537
Digital Contact Information:
canibehaviormanagement@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Adriana, MS, BCBA ■
18522 Southwest 136th Court
Miami, FL 33177
(305) 416-8189
Digital Contact Information:
info@cornerstone-cba.com

Martinez, Danny, MS, BCBA ■
3625 Northwest 82nd Avenue
101
Doral, FL 33166
(786) 401-6113
Digital Contact Information:
http://www.neuralinkhealth.com
earlyinterventionclinic1@gmail.com

and
1414 Northwest 107th Avenue
204
Doral, FL 33172
(305) 225-8711
Digital Contact Information:
earlyinterventionclinic1@gmail.com

and
1275 West 47th Place
#449
Hialeah, FL 33012
(305) 425-1338
Digital Contact Information:
earlyinterventionclinic1@gmail.com

and
10691 North Kendall Drive
207
Miami, FL 33176
(786) 401-6113
Digital Contact Information:
earlyinterventionclinic1@gmail.com

and
Home Based Services Only
Miami Gardens, FL 33014
(305) 640-5739
Digital Contact Information:
earlyinterventionclinic1@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Dayris, MS, BCBA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
dabs.credentialing@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
http://appliedbhs.com
dabs.credentialing@appliedbhs.com

Martinez, Elisa, MS, BCBA ■
633 North Krome Avenue
Suite 6
Homestead, FL 33030
(786) 525-9926
Digital Contact Information:
dabs.credentialing@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez Garcia, Barbara, MBS, BCBA ■
12150 Southwest 128th Court
118
Miami, FL 33186
(786) 319-8882
Digital Contact Information:
abaandbeyond20@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Grettel, PSYD, LP ■
7950 W Flagler St
Ste 106
Miami, FL 33144
(305) 269-3900
Digital Contact Information:
grettelmartinez@me.com

and
7950 West Flagler Street
Suite 101
Miami, FL 33144
(305) 239-7725
Digital Contact Information:
grettelmartinez@me.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Leyti, MS, BCBA ■
13590 Southwest 134th Avenue
104
Miami, FL 33186
(305) 896-8161
Digital Contact Information:
genesisconsultingservices39@gmail.com

Martinez, Liliam, BS, BCBA ■
13404 Southwest 128th Street
Miami, FL 33186
(305) 433-0897
Digital Contact Information:
http://www.bluelifetherapy.com
bluelifetherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez Soto, Yaneisy, APRN ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
info@ffmhs.com

Massop, Franklyn, MPSY, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 275-8860
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Mateo, Maykel, MS, LCSW ■
13301 Southwest 132nd Avenue
203 203
Miami, FL 33186
(786) 632-9993
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Matos, Rebecca, MA, BCBA ■
107 Antilla Avenue
Coral Gables, FL 331343301
(305) 567-5881
Digital Contact Information:
mgarcia@cagables.com
Other Languages Spoken by Provider or Office Staff
Spanish

McGrady, Ursula, MS, BCBA ■
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
http://www.miamipersonalmanagement.com
mpmcmhc@miamipersonalmanagement.com

and
14707 South Dixie Highway
Suite 200
Miami, FL 33176
(305) 321-5177
Digital Contact Information:
mpmcmhc@miamipersonalmanagement.com
Other Languages Spoken by Provider or Office Staff
Spanish

McIntyre, Taisha L, PA, PA_C ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
https://www.compasshealthsystems.com/
credentialing@compass.md

and
FL
(305) 891-0050
(305) 279-5535
(888) 852-6672
Digital Contact Information:
http://compasshealthsystems.com
credentialing@compass.md

McKenzie-Plez, Antwan, MA, LCMHC ■
1620 Northeast 148th Street
Miami, FL 33181
(954) 412-9698
Digital Contact Information:
kelly@credentialingconsultants.com

Medina Rojo, Raul, MSN, APRN ■
4445 West 16th Avenue
STE 405
Hialeah, FL 33012
(786) 233-6721
Digital Contact Information:
office@myrtleridge.us

and
1000 Brickell Avenue
Miami, FL 33131
(786) 701-9211
Digital Contact Information:
office@myrtleridge.us

and
9299 SW 152nd St
Ste 206
Palmetto Bay, FL 33157
(786) 883-0339
Digital Contact Information:
office@myrtleridge.us
Other Languages Spoken by Provider or Office Staff
English, Spanish

Mejias, Lizette M, MA, BCBA ■
5455 Southwest 8th Street
230
Miami, FL 33134
(786) 629-8836
Digital Contact Information:
info@vidacounselinggroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Melegi, Soraya F, MSW, LCSW ■
1550 Madruga Ave
Ste 509
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
sorayamelegi7@gmail.com

and
4649 Ponce de Leon
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
sorayamelegi7@gmail.com

and
8900 Southwest 192nd Drive
Cutler Bay, FL 33157
(786) 536-9714
Digital Contact Information:
sorayamelegi7@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mena, Yaima M, MMH, LMHC ■
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
sseacoast22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mendez, Gigi, MBS, BCBA ■
3750 Northwest 87th Avenue
744
Miami, FL 33178
(786) 689-6517
Digital Contact Information:
genesisconsultingservices39@gmail.com

Mendez Luaces, Luis E, DNP, APRN ■
330 Southwest 27th Avenue
#701
Miami, FL 33135
(305) 363-1880
Digital Contact Information:
http://empowerpsychiatry.net
info@empowerpsychiatry.med
Other Languages Spoken by Provider or Office Staff
Spanish

Mendez, Manuel, MC, LMHC ■
705 East 8th Avenue
201
Hialeah, FL 33010
(786) 655-0774
Digital Contact Information:
healingtouchinc@msn.com

and
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
2387 West 68th Street
301
Hialeah, FL 33016
(786) 655-0774
Digital Contact Information:
healingtouchinc@msn.com

and
3383 Northwest 7th Street
312
Miami, FL 33125
(786) 703-8965
Digital Contact Information:
healingtouchinc@msn.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 695-8672
Digital Contact Information:
healingtouchinc@msn.com

and

3817 West Flagler Street
Miami, FL 33134
(305) 456-2776
Digital Contact Information:
healingtouchinc@msn.com

and
7299 West Flagler Street
Miami, FL 33144
(786) 953-4698
Digital Contact Information:
healingtouchinc@msn.com

and
7360 Southwest 24th Street
17a
Miami, FL 33155
(786) 570-3130
Digital Contact Information:
healingtouchinc@msn.com

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
4155 Southwest 130th Avenue
108
Miami, FL 33175
(786) 695-8672
Digital Contact Information:
healingtouchinc@msn.com

and
14875 Northwest 77th Avenue
Suite 204
Miami Lakes, FL 33014
(786) 321-1400
Digital Contact Information:
healingtouchinc@msn.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mendez, Melonie, EDS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 275-8860
Digital Contact Information:
http://www.abctestingservices.com
frontdesk@abctestingservices.com

Mengana, Lazaro W, MA, BCBA ■
8900 Southwest 107th Avenue
201
Miami, FL 33176
(786) 401-6152
Digital Contact Information:
admin@wmbehavior.com

Mesa, Omar, MS, BCBA ■
Home Based Services Only
Doral, FL 33122
(561) 643-7643
Digital Contact Information:
brightstepsaba@gmail.com

and
110 West 17th Street
Hialeah, FL 33010
(786) 267-8467
Digital Contact Information:
brightstepsaba@gmail.com

and
Home Based Services Only
Hialeah, FL 33010
(786) 267-8467
Digital Contact Information:
brightstepsaba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mikhaylova, Tatiana, MSED, BCBA ■
3530 Mystic Pointe Drive
608 608
Aventura, FL 33180
(786) 540-0458
Digital Contact Information:
tatiana@mistherapy.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(929) 617-6362
Digital Contact Information:
tatiana@mistherapy.com

Mildor, Manouchka, MSN, APRN ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(773) 985-3539
Digital Contact Information:
https://bethpsychiatry.com
credentialing.5@scribealign.com

Millares, Sylma M, MSN, APRN ■
2001 Northwest 107th Avenue
412
Doral, FL 33172
(786) 548-8322
Digital Contact Information:
milarefbilling@gmail.com

and
14740 Southwest 26th Street
Miami, FL 33185
(305) 388-1118
Digital Contact Information:
milarefbilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mills, Krystel, MS, BCBA ■
14707 South Dixie Highway
Suite 200
Miami, FL 33176
(786) 592-1574
Digital Contact Information:
http://www.familybehaviortherapy.com
administration@familybehaviortherapy.com

and
12985 Southwest 130th Court
204 204
Miami, FL 33186
(305) 735-3878
Digital Contact Information:
administration@familybehaviortherapy.com

and
FL
(305) 735-3878
Digital Contact Information:
administration@familybehaviortherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Minnella, Michael E, MA, LCPC ●
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
admin@growingclaritycounseling.com

Miranda Loyola, Patricia, MSED, BCBA ■
FL
(833) 458-0386
Digital Contact Information:
insuranceoperations@360bhmail.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
insuranceoperations@360bhmail.com

and
1951 NW 7th Ave
Ste 600
Miami, FL 33136
(929) 384-7193
Digital Contact Information:
insuranceoperations@360bhmail.com

Moas, Ayellet, MSED, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(440) 320-6543
Digital Contact Information:
goldencarega@mbhpays.com

Molina Jimenez, Magalys, MBS, BCBA ■
1700 Southwest 57th Avenue
209
Miami, FL 33155
(786) 558-4981
Digital Contact Information:
jcabrera@mymbcinc.com

and
15160 Southwest 136th Street
15 15
Miami, FL 33196
(786) 558-4981
Digital Contact Information:
jcabrera@mymbcinc.com

Mompoint, Guy-Claude, MPS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 275-8860
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
English, Haitian

Monette Roulhac, Kareta, MS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 275-8860
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Montero, Ariadna, PSYD, LP ■
7950 W Flagler St
Ste 106
Miami, FL 33144
(305) 269-3900
Digital Contact Information:
http://www.healthymindspsy.com
drgmartinez.psychologist@gmail.com

and
7950 West Flagler Street
Suite 101
Miami, FL 33144
(305) 239-7725
Digital Contact Information:
http://www.healthymindspsy.com
drgmartinez.psychologist@gmail.com

and
FL
(305) 239-7725
Digital Contact Information:
http://www.healthymindspsy.com
drgmartinez.psychologist@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Montilla, Claudia A, MS, LMHC ■
8450 Northwest 102nd Avenue
210
Doral, FL 33178
(305) 495-4075
Digital Contact Information:
info@paradisehealthgroup.com

and
5901 Northwest 183rd Street
Suite 264
Hialeah, FL 33015
(786) 418-9790
Digital Contact Information:
https://oasismentalhealthcenter.com
info@paradisehealthgroup.com

and
8591 Northwest South River Drive
Medley, FL 33166
(305) 456-3000
Digital Contact Information:
info@paradisehealthgroup.com

and
4905 Northwest 72nd Avenue
5
Miami, FL 33166
(786) 391-3816
Digital Contact Information:
http://paradisehealthgroup.com
info@paradisehealthgroup.com

and
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
info@paradisehealthgroup.com

and
9125 SW 87th Ave
Miami, FL 33176
(305) 735-3919
Digital Contact Information:
info@paradisehealthgroup.com

and
13335 Southwest 124th Street
STE 101
Miami, FL 33186
(786) 842-3635
Digital Contact Information:
info@paradisehealthgroup.com

and
8100 Northwest 155th Street
100
Miami Lakes, FL 33016
(786) 615-2531
Digital Contact Information:
info@paradisehealthgroup.com

Montoya, Karla, MPSY, BCBA ■
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
info@irockbehavior.com

and
12456 Southwest 127th Avenue
Miami, FL 33186
(786) 953-8500
Digital Contact Information:
info@irockbehavior.com
Other Languages Spoken by Provider or Office Staff
Spanish

Montpellier, Olga, MMH, LMHC ■
306 Alcazar Avenue
200
Coral Gables, FL 33134
(305) 967-8725
Digital Contact Information:
http://www.ajmmedicalcenter.com
eternitylives24@gmail.com

and
2100 West 76th Street
STE 201
Hialeah, FL 33016
(786) 353-2324
Digital Contact Information:
eternitylives24@gmail.com

and
FL
(786) 353-2324
Digital Contact Information:
eternitylives24@gmail.com

and
7811 Coral Way
103
Miami, FL 33155
(305) 484-8371
Digital Contact Information:
http://www.iq-medical-center.com
eternitylives24@gmail.com

and
3421 SW 107th Ave
Miami, FL 33165
(305) 392-1774
Digital Contact Information:
eternitylives24@gmail.com

and
12955 Southwest 42nd Street
STE 2
Miami, FL 33175
(305) 364-5711
Digital Contact Information:
eternitylives24@gmail.com

and
9010 Southwest 137th Avenue
suite 116
Miami, FL 33186
(305) 639-8685
Digital Contact Information:
eternitylives24@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mora, Joseph J, PHD, LP ■
10621 North Kendall Drive
Suite #203
Miami, FL 33176
(305) 456-6976
Digital Contact Information:
davalos.credentialing@novitams.com

Morales, Edelis, MSN, APRN ■
7951 Southwest 40th Street
suite 200-a
Miami, FL 33155
(786) 244-9911
Digital Contact Information:
lfortun@keraltybh.com

and

FL
(786) 244-9911
Digital Contact Information:
lfortun@keraltybh.com
Other Languages Spoken by Provider or Office Staff
German, Spanish

Morales Gonzalez, Jose, MD ■
299 Alhambra Circle
STE 210
Coral Gables, FL 33134
(786) 558-5729
Digital Contact Information:
http://www.polyclinichc.com
adnanmaqsood@bostonneurobehavioral.com

and
FL
(786) 558-5729
(305) 637-6400
Digital Contact Information:
http://www.polyclinichc.com
adnanmaqsood@bostonneurobehavioral.com

and
4005 Northwest 114th Avenue
22 22
Doral, FL 33178
(305) 260-6913
Digital Contact Information:
adnanmaqsood@bostonneurobehavioral.com

and
395 Northwest 14th Avenue
2
Homestead, FL 33030
(786) 349-4350
Digital Contact Information:
adnanmaqsood@bostonneurobehavioral.com

and
7392 Northwest 35th Terrace
301
Miami, FL 33122
(786) 353-2329
Digital Contact Information:
adnanmaqsood@bostonneurobehavioral.com

and
7392 Northwest 35th Terrace
Suite 302
Miami, FL 33122
(786) 353-2792
Digital Contact Information:
adnanmaqsood@bostonneurobehavioral.com

and
150 Southeast 2nd Avenue
STE 1010
Miami, FL 33131
(786) 733-0700
Digital Contact Information:
adnanmaqsood@bostonneurobehavioral.com

and
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
adnanmaqsood@bostonneurobehavioral.com

and
20612 Northwest 27th Avenue
Miami Gardens, FL 33056
(305) 637-6400
Digital Contact Information:
adnanmaqsood@bostonneurobehavioral.com
Other Languages Spoken by Provider or Office Staff
Spanish

Morales, Marta D, MS, BCABA ■
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
mpmcmhc@miamipersonalmanagement.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
mpmcmhc@miamipersonalmanagement.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
mpmcmhc@miamipersonalmanagement.com

Morales, Mayelin, MSW, LCSW ■
10200 Northwest 25th Street
211
Doral, FL 33172
(305) 381-0346
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and
1444 West 49th Street
Hialeah, FL 33012
(786) 703-5459
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and
900 West 49th Street
STE 400
Hialeah, FL 33012
(305) 587-2231
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and
5941 Northwest 173rd Drive
6
Hialeah, FL 33015
(786) 360-4328
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and
8001 West 26th Avenue
6 6
Hialeah, FL 33016
(786) 372-3262
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and
8551 Northwest South River Drive
Medley, FL 33166
(305) 603-9344
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and
7925 Northwest 12th Street
405
Miami, FL 33126
(786) 401-7278
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and
5455 Southwest 8th Street
230
Miami, FL 33134
(786) 629-8836
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and
1250 Southwest 27th Avenue
Suite 506
Miami, FL 33135
(786) 536-9278
Digital Contact Information:
http://rehabcenterag.com
mayelinmoraleslcsw@gmail.com

and
4905 Northwest 72nd Avenue
5
Miami, FL 33166
(786) 391-3816
Digital Contact Information:
http://paradisehealthgroup.com
mayelinmoraleslcsw@gmail.com

and
5080 Northwest 74th Avenue
Miami, FL 33166
(786) 372-3262
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and
13335 Southwest 124th Street
STE 211
Miami, FL 33186
(786) 429-1770
Digital Contact Information:
mayelinmoraleslcsw@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Moreda-Mendez, Yanet, MSN, APRN ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
http://www.dgphealthandwellness.com
info@kaaficounseling.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
info@kaaficounseling.com
Other Languages Spoken by Provider or Office Staff
Spanish

Moriyon, Milko, MN, APRN ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
yavila@avilahealthgroup.com

and
664 East 25th Street
102
Hialeah, FL 33013
(786) 409-5361
Digital Contact Information:
yavila@avilahealthgroup.com

Morley, Chanrika, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
fl-credentialing@lifestance.com

Mrabet, Sanaa, PSYD, LP ■
3081 Salzedo Street
Suite 202
Coral Gables, FL 33134
(786) 655-8231
Digital Contact Information:
drsanaamrabet@potentialitysolutions.com
Other Languages Spoken by Provider or Office Staff English

Muggli, Tina M, MA, LMFT ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
arscredentialing@advancedrecoverysystems.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Mugica, Niurka, BS, BCBA ■
15924 SW 92nd Ave
Miami, FL 33157
(786) 636-1303
Digital Contact Information:
behaviorplusservices@gmail.com

and
8300 NW 53rd St
Ste 350
Miami, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com

and
9570 Southwest 107th Avenue
104c
Miami, FL 33176
(786) 267-2830
Digital Contact Information:
behaviorplusservices@gmail.com

Muldrow, Edward J, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
emuldrow3@aol.com

Mundt, Eric T, MA, LMFT ■
1175 Northeast 125th Street
320
Miami, FL 33161
(954) 372-0423
Digital Contact Information:
http://www.marriagefamilyservices.com
fodiving@comcast.net

Muniz Garcia, Gretta E, MS, BCBA ■
FL
(786) 257-8485
Digital Contact Information:
http://www.gabehaviortherapy.com
admissions@abaalliancecareservices.com

and
7500 Northwest 25th Street
Suite 254
Miami, FL 33122
(786) 391-8613
Digital Contact Information:
admissions@abaalliancecareservices.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 254-1033
Digital Contact Information:
admissions@abaalliancecareservices.com

and
14081 Southwest 168th Lane
Miami, FL 33177
(786) 254-1033
Digital Contact Information:
admissions@abaalliancecareservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Munroe, Marsha P, MS, BCBA ■
9485 Sunset Drive
A-258
Miami, FL 33173
(786) 812-0705
Digital Contact Information:
services@cmnbtherapy.co

and
18220 Southwest 97th Avenue
Palmetto Bay, FL 33157
(786) 592-1574
Digital Contact Information:
services@cmnbtherapy.co
Other Languages Spoken by Provider or Office Staff
Portuguese, Turkish, Haitian, Japanese, French, Russian, Italian, Egyptian, Vietnamese

Myer, Sharon M, PHD, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
drsmyer@gmail.com

Nainaparampil, Jaison, MD ■
698 Northeast 1st Avenue
3309 3309
Miami, FL 33132
(305) 929-3057
Digital Contact Information:
http://www.jjnmdllc.com
jaison@jjnmdllc.com

and
FL
(305) 929-3057
Digital Contact Information:
http://www.jjnmdllc.com
jaison@jjnmdllc.com

Nankivell, Martina, PA, PA_C ■
4300 Biscayne Boulevard
STE 203
Miami, FL 33137
(877) 400-0540
Digital Contact Information:
https://forallmentalhealth.com
info@forallmentalhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Naves-Arellano, Kristine A, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@lifestance.com

Nazario Cervantes, Ernesto, MS, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Nazzaro, Karline R, MSED, BCBA ■
9425 Southwest 72nd Street
164
Miami, FL 33173
(305) 279-2286
Digital Contact Information:
k.nazzaro@protonmail.com

Neuhut, Samuel A, MD ■
21150 Biscayne Blvd
Ste 202
Miami, FL 33180
(305) 791-1420
Digital Contact Information:
hcaps.payorrequest@hcahealthcare.com

Norton, Jeanne, MSN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

Novak, Oliver D, MS, BCBA ■
333 W 41st St
Ste 414
Miami Beach, FL 33140
(786) 673-9355
Digital Contact Information:
onovak@buildablocktherapy.com

Novoa, Dafne, EDM, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 536-7470
Digital Contact Information:
info@bmmaba.com

and
7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
info@bmmaba.com

Nunez, Yanelis, MPSY, BCBA ■
5600 Southwest 135th Avenue
STE 211
Miami, FL 33183
(305) 746-4507
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
12855 Southwest 136th Avenue
104
Miami, FL 33186
(305) 467-8879
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Obregon, Stephanie, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
ennifer.horta@superherospeechtherapy.com

Odum, Lesli S, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
leslie.odum@gmail.com

Oliva, Michael, MSN, APRN ■
FL
(786) 564-0426
(321) 399-2899
Digital Contact Information:
info@mavaorg.com

Oliva-Garcia, Isbell, MS, ABA, LMHC ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
FL
(305) 303-6631
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Onusuru, Vitus M, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ca-credentialing@lifestance.com

Orellana, Katherine, MBS, BCBA ■
7779 Northwest 146th Street
Hialeah, FL 33016
(786) 702-6868
Digital Contact Information:
dayami@childrenbehavioraltherapy.com

Orfao-Martin, Claudia, MSW, LICSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
mollymar@yahoo.com
Other Languages Spoken by Provider or Office Staff
Portuguese, English

Orozco, Daniella, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 955-6224
Digital Contact Information:
abcdevelopcenter@gmail.com

and
1900 Sans Souci Boulevard
330 330
North Miami, FL 33181
(786) 631-1370
Digital Contact Information:
abcdevelopcenter@gmail.com

and
16201 Northeast 13th Avenue
North Miami Beach, FL 33162
(786) 955-6224
Digital Contact Information:
abcdevelopcenter@gmail.com

and
17121 Northeast 6th Avenue
North Miami Beach, FL 33162
(305) 952-3161
Digital Contact Information:
abcdevelopcenter@gmail.com

and
FL
(786) 955-6224
Digital Contact Information:
abcdevelopcenter@gmail.com

Orsini, Analyn, MS, BCBA ■
7500 Northwest 25th Street
STE 200
Miami, FL 33122
(305) 909-4872
Digital Contact Information:
info@bmmaba.com

and
7900 Northwest 155th Street
Suite 204
Miami Lakes, FL 33016
(786) 536-2037
Digital Contact Information:
http://bmmaba.com
info@bmmaba.com
Other Languages Spoken by Provider or Office Staff
Spanish

Orta Martinez, Midamys, MBS, LBA ■
10675 Southwest 190th Street
STE 1202
Cutler Bay, FL 33157
(786) 227-6262
Digital Contact Information:
lovelykids@myyahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ortiz Abella, Mirelis, MS, BCBA ■
7815 Coral Way
101
Miami, FL 33155
(786) 615-4879
Digital Contact Information:
behaviorplusservices@gmail.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Orue, Isis, CD, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Padilla, Americo F, MD ■
3100 SW 62nd Ave
Miami, FL 33155
(305) 666-6511
Digital Contact Information:
americo.padilla@nicklaushealth.org

and
3100 SW 62nd Ave
Fl 2
Miami, FL 33155
(786) 624-5747
Digital Contact Information:
americo.padilla@nicklaushealth.org

and
8955 SW 87th Ct
Ste 112
Miami, FL 33176
(305) 722-7210
Digital Contact Information:
americo.padilla@nicklaushealth.org
Other Languages Spoken by Provider or Office Staff
Spanish

Padron, Felix O, PSYD, LMHC ■
Catalonia Avenue
Coral Gables, FL 33134
(305) 448-6000
Digital Contact Information:
doctorpadron@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Palenque, Yoni R, MSN, APRN ■
2000 Northwest 87th Avenue
Suite 201
Doral, FL 33172
(954) 561-6222
Digital Contact Information:
info@ventremedical.com

and
5901 Southwest 74th Street
408
Miami, FL 33143
(305) 735-3555
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Palermo, Brittany, MSN, APNP, APRN, APRNCNP, CRNP, NP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
brittany.palermo@chenaltherapy.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com
Other Languages Spoken by Provider or Office Staff English

Palma, Desiree P, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
credentialing@behavioralfamilysolutions.com

and
13195 Southwest 134th Street
Suite 106
Miami, FL 33186
(786) 250-3220
Digital Contact Information:
http://behavioralfamilysolutions.com
credentialing@behavioralfamilysolutions.com

and
13501 Southwest 136th Street
STE 205
Miami, FL 33186
(305) 209-4321
Digital Contact Information:
http://sunshinespectrumaba.com
credentialing@behavioralfamilysolutions.com

Pamphile, Stacy, MS, BCBA ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(954) 577-7790
Digital Contact Information:
http://www.behavior-analysis.org
billing@thehelmaba.com

Paneca, Yordany, MS, BCBA ■
1916 Northwest 84th Avenue
Doral, FL 33126
(305) 433-5489
Digital Contact Information:
http://a1ahealth.com
team@a1ahealth.com

and
Home Based Services Only
Doral, FL 33126
(305) 433-5489
Digital Contact Information:
team@a1ahealth.com

and
15715 South Dixie Highway
330
Miami, FL 33157
(786) 732-0842
Digital Contact Information:
team@a1ahealth.com

Pardo, Diana, MPSY, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Paris, Emilia, MC, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Parodi, Laura, MPSY, LMFT ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
bravosmentalhealthcare@gmail.com

and
2100 West 76th Street
#209
Hialeah, FL 33016
(786) 201-1088
Digital Contact Information:
bravosmentalhealthcare@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Parrado, Arlette C, MSW, LCSW ■
815 Northwest 57th Avenue
325
Miami, FL 33126
(786) 364-6510
Digital Contact Information:
acparradolcsw@gmail.com
Other Languages Spoken by Provider or Office Staff English

Patsicostas, Susan, MS, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
strive@strivementalhealthllc.com

Payne, Kurt, CD, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Paz Quintero, Leslie, MS, BCBA, LMFT ■
Home Based Services Only
Hialeah, FL 33010
(305) 280-5730
Digital Contact Information:
sucel.tejeda@abaofswf.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 280-5730
Digital Contact Information:
sucel.tejeda@abaofswf.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pena, Adara, MS, BCBA ■
30350 SW 156th Ave
Homestead, FL 33033
(786) 283-0175
Digital Contact Information:
jcabrera@mymbcinc.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
jcabrera@mymbcinc.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
jcabrera@mymbcinc.com

Pena, Giliana G, MSSW, LCSW ■
8300 West Flagler Street
170
Miami, FL 33144
(786) 633-5171
Digital Contact Information:
olympushcs@gmail.com

and
14400 Northwest 77th Court
#100
Miami Lakes, FL 33016
(786) 916-6073
Digital Contact Information:
olympushcs@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pena Pacheco, Nariel, MSN, APRN ■
18901 Southwest 106th Avenue
229
Miami, FL 33157
(786) 506-9008
Digital Contact Information:
advancecommunity71@gmail.com

and
10031 Southwest 40th Street
Miami, FL 33165
(786) 442-9628
Digital Contact Information:
advancecommunity71@gmail.com

Penalver, Alberto A, MD ■
2780 Southwest 37th Avenue
Suite 206
Miami, FL 33133
(305) 646-0112
Digital Contact Information:
haquinotapia@pmrconsulting.net
Other Languages Spoken by Provider or Office Staff
Spanish

Penate Juviel, Melvys, MPSY, BCBA ■
2100 West 76th Street
407
Hialeah, FL 33016
(305) 804-3478
Digital Contact Information:
abacenter2022@gmail.com

Penichet, Ana R, MBS, BCBA ■
Home Based Services Only
Doral, FL 33122
(305) 603-8747
Digital Contact Information:
withoutlimitstherapy@gmail.com

and
7801 Northwest 37th Street
Lp-201
Doral, FL 33195
(305) 468-9899
Digital Contact Information:
withoutlimitstherapy@gmail.com

and
12855 Southwest 132nd Street
STE 207
Miami, FL 33186
(786) 587-0424
Digital Contact Information:
withoutlimitstherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Creole, Spanish

Peraza Llanes, Alexander, MSN, APRN ■
2000 Northwest 87th Avenue
Suite 201
Doral, FL 33172
(954) 561-6222
Digital Contact Information:
info@ventremedical.com

and
5901 Southwest 74th Street
408
Miami, FL 33143
(305) 735-3555
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perdomo, Marlen, MS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Perez, Belkis, MS, BCBA ■
1840 West 49th Street
302
Hialeah, FL 33012
(786) 391-2275
Digital Contact Information:
jcabrera@mymbcinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Claudia, MMH, BCBA ■
Home Based Services Only
Miami, FL 33155
(786) 262-5559
Digital Contact Information:
namastebehaviortherapy@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Perez, Maria C, MED, BCABA ■
13404 Southwest 128th Street
Miami, FL 33186
(305) 433-0897
Digital Contact Information:
http://www.bluelifetherapy.com
bluelifetherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Melanie, MS, BCBA ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
admin@universalcommunityservices.com

and
13195 Southwest 134th Street
101
Miami, FL 33186
(786) 227-6830
Digital Contact Information:
http://esperanzagroup.net
admin@universalcommunityservices.com

Perez, Milena J, MBS, LMHC ■
782 Northwest 42nd Avenue
suite 329
Miami, FL 33126
(305) 766-3159
Digital Contact Information:
mjpatherapy@gmail.com

and
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
mjpatherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Perez, Rosbel, MSN, APRN ■
8532 Southwest 8th Street
STE 290
Miami, FL 33144
(786) 927-8048
Digital Contact Information:
http://www.icaremh.com
dovebehavioralhealth@gmail.com

Perez Santana, Sisley, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
admissions@abaalliancecareservices.com

and
306 Westward Dr
Miami Springs, FL 33166
(786) 588-7894
Digital Contact Information:
admissions@abaalliancecareservices.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(786) 522-7203
Digital Contact Information:
admissions@abaalliancecareservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez Verdecia, Frank, PSYD, LP ■
2020 Ponce de Leon
Suite 1201
Miami, FL 33134
(305) 917-5414
Digital Contact Information:
perezverdecia@psychologybeyond.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez-Carrion, Jessenia, PSYD, LCP ■
100 NE 15th St
Ste 101D
Homestead, FL 33030
(833) 779-8646
Digital Contact Information:
perezc.jessenia@gmail.com

and
FL
(486) 499-5327
Digital Contact Information:
https://www.healinghavenpsychology.com/
perezc.jessenia@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez-Delgado, Julio C, MBS, BCBA, LMHC ■
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(786) 592-2323
Digital Contact Information:
contact@emphourinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Philogene, Sherline, MSN, APRN ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
credentialing@pscpalmbeach.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
credentialing@pscpalmbeach.com

Pierre, Urmene, DNP, APRN ■
510 Northwest 98th Street
Miami, FL 33150
(754) 266-5509
Digital Contact Information:
info.goodshepherd20@gmail.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, French

Pimentel, Rismary, MBS, BCBA ■
Home Based Services Only
Doral, FL 33122
(786) 536-2012
Digital Contact Information:
sunshinebehaviorhealthcare@gmail.com
Other Languages Spoken by

Provider or Office Staff
Spanish

Pineiro, Sandra, MC, BCBA ■
1900 Southwest 22nd Street
#205
Miami, FL 33145
(305) 648-7212
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
20774 West Dixie Highway
b
Miami, FL 33180
(305) 549-8665
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
12855 Southwest 136th Avenue
104
Miami, FL 33186
(305) 467-8879
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pinero, Heydi, MA, BCBA ■
10200 Northwest 25th Street
STE 204
Doral, FL 33172
(305) 406-3689
Digital Contact Information:
http://www.foundartacademy.org
nfo@foundartacademy.org

and
1022 East 8th Avenue
Hialeah, FL 33010
(786) 615-7829
Digital Contact Information:
nfo@foundartacademy.org

and
3412 West 84th Street
e106
Hialeah, FL 33018
(305) 827-7344
Digital Contact Information:
nfo@foundartacademy.org

and
8950 SW 74th Ct
Ste 2201
Miami, FL 33156
(800) 368-2143
Digital Contact Information:
nfo@foundartacademy.org
Other Languages Spoken by Provider or Office Staff
Spanish

Pino, Fernando, MD ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
fpinomd@gmail.com

and
7700 Southwest 88th Street
503
Miami, FL 33156
(305) 595-1949
Digital Contact Information:
fpinomd@gmail.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
fpinomd@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pino Paez, Marielys, MC, LMHC ■
1665 West 68th Street
208
Hialeah, FL 33014
(305) 519-2546
Digital Contact Information:
childrensbehavioralint@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Plasencia, Belkis, MSN, APRN ■
7921 Bird Rd
Ste 41
Miami, FL 33155
(305) 425-1393
Digital Contact Information:
ynhcsaba@gmail.com

and
7971 Bird Road
39
Miami, FL 33155
(786) 910-7179
Digital Contact Information:
ynhcsaba@gmail.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
ynhcsaba@gmail.com

and
7001 SW 97th Ave
Ste 206
Miami, FL 33173
(786) 294-0123
Digital Contact Information:
https://www.chgpsychiatry.com/
ynhcsaba@gmail.com

and
9425 Southwest 72nd Street
Suite 251
Miami, FL 33173
(305) 305-6573
Digital Contact Information:
ynhcsaba@gmail.com

and
13706 Southwest 56th Street
STE 105-106
Miami, FL 331756036
(786) 523-4289
Digital Contact Information:
ynhcsaba@gmail.com

and
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
ynhcsaba@gmail.com

and
13335 Southwest 124th Street
STE 101
Miami, FL 33186
(786) 842-3635
Digital Contact Information:
ynhcsaba@gmail.com

and
13501 Southwest 128th Street
STE 114
Miami, FL 33186
(786) 250-3440
Digital Contact Information:
ynhcsaba@gmail.com

and
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
ynhcsaba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Podkulski, Melissa E, PA, PA_C ■
801 Brickell Avenue
8
Miami, FL 33131
(516) 505-7200
Digital Contact Information:
https://mindful.care/
richard.benson@avernuscorp.com
Other Languages Spoken by Provider or Office Staff English

Ponce, Raul, MS, BCBA ■
14707 South Dixie Highway
Suite 200
Miami, FL 33176
(305) 321-5177
Digital Contact Information:
http://familybehaviortherapy.com
administration@familybehaviortherapy.com

Portales, Sandra M, MS, BCBA ■
13590 Southwest 134th Avenue
104
Miami, FL 33186
(305) 896-8161
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Porter, J'Briel E, MSW, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
admin@itsofok.com
Other Languages Spoken by Provider or Office Staff
Chinese, Urdu, Spanish, Hindi

Portillo, Cimelitza, MMH, LMHC ■
9425 SW 72nd St
Ste 265
Miami, FL 33173
(305) 279-8400
Digital Contact Information:
safeharbormha@att.net

Pose, Ashley, MA, BCBA ■
6405 Northwest 36th Street
Virginia Gardens, FL 33166
(786) 953-8500
Digital Contact Information:
credentialing@kidsspotrehab.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Pou Lago, Maria C, LMHC ■
1840 West 49th Street
Suite 723
Hialeah, FL 33012
(786) 333-4275
Digital Contact Information:
http://helpinghandstc.com

and
2300 West 84th Street
STE 104
Hialeah, FL 33016
(305) 903-3168
Digital Contact Information:
Not Available

and
15600 Southwest 288th Street
Suite 407
Homestead, FL 33033
(786) 601-7682
Digital Contact Information:
Not Available

and
FL
(786) 601-7682
Digital Contact Information:
Not Available

and
789 Northwest 27th Avenue
Miami, FL 33125
(772) 241-9222
Digital Contact Information:
Not Available

and
1495 NW 54th St
Miami, FL 33142
(305) 205-4328
Digital Contact Information:
Not Available

Pozo, Darinka, MSN, APRN ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Prebble, Christine, MS, LPC ■
FL
(929) 209-6109
Digital Contact Information:
harry.williams@gettrucare.com

Preciado, Charlene, MBS, LBA ■
717 Ponce de Leon Boulevard
Suite 209
Coral Gables, FL 33134
(305) 381-0839
Digital Contact Information:
aptusaba.edinburg@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Quesada, Jennifer, MS, BCBA ■
8300 West Flagler Street
170
Miami, FL 33144
(786) 633-5171
Digital Contact Information:
olympushcs@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Quevedo, Katia, PSYD, LP ■
6955 Northwest 77th Avenue
310
Miami, FL 33166
(786) 558-5637
Digital Contact Information:
recoverybehavioral@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Quinones, Annarella, MS, BCBA ■
13590 Southwest 134th Avenue
104
Miami, FL 33186
(305) 896-8161
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Quinonez Meza, Javier, MSN, APRN ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Quinonez Zambrano, Ana L, MS, BCBA ■
2898 Northwest 79th Avenue
Doral, FL 33122
(305) 597-3861
Digital Contact Information:
credentialing@koalaaba.com

Quintana, Amauri A, DNP, APRN ■
1000 Brickell Avenue
Miami, FL 33131
(786) 238-7364
Digital Contact Information:
abdullah@sixequation.com

and
1 NE 167th St
Miami, FL 33162
(305) 947-7133
Digital Contact Information:
abdullah@sixequation.com

and
2646 Southwest 87th Avenue
Miami, FL 33165
(305) 947-7133
Digital Contact Information:
abdullah@sixequation.com

Quintana, Elizabeth, MS, BCBA ■
1900 Southwest 22nd Street
#205
Miami, FL 33145
(305) 648-7212
Digital Contact Information:
genesisconsultingservices39@gmail.com

and

10691 North Kendall Drive
207
Miami, FL 33176
(786) 401-6113
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Quintanilla, Claudia, MS, LMHC ■
FL
(786) 258-8499
Digital Contact Information:
http://www.virtual-counseling.com
service@virtual-counseling.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Quintero, Lari J, MSN, APRN, PMHNP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
info@bloommhw.com

Radulich, Mark, MSW, LCSW ■
FL
(305) 902-6347
(202) 410-5972
Digital Contact Information:
help@joinuplift.co

Ramon Del Risco, Andres, MBS, BCBA ■
730 Northwest 107th Avenue
110
Miami, FL 33172
(305) 249-1183
Digital Contact Information:
palmbehavioral2@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ramon, Laura, MS, BCBA ■
Home Based Services Only
Doral, FL 33122
(305) 394-8251
Digital Contact Information:
lauralore1216@gmail.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(786) 622-5743
Digital Contact Information:
lauralore1216@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 204-8290
Digital Contact Information:
lauralore1216@gmail.com

and
5767 Northwest 151st Street
b
Miami Lakes, FL 33014
(786) 431-5801
Digital Contact Information:
lauralore1216@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ramos, Catherine, MS, BCBA ■
8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-2822
Digital Contact Information:
albaladejoabatherapy@gmail.com

and
13301 Southwest 132nd Avenue
209 209
Miami, FL 33186
(786) 713-5553
Digital Contact Information:
albaladejoabatherapy@gmail.com

Ramos, Iraisys, MS, BCBA ■
8300 Northwest 53rd Street
Suite 102
Doral, FL 33166
(786) 769-5222
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 558-8246
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
3750 Northwest 87th Avenue
744
Miami, FL 33178
(786) 689-6517
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ramos, Josie C, MD ■
1550 Madruga Ave
Ste 509
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
yvette@stellarhealthfl.com

and
1150 Northwest 72nd Avenue
ph 2
Miami, FL 33126
(786) 542-5043
Digital Contact Information:
http://1stcarecms.com
yvette@stellarhealthfl.com

and
FL
(786) 536-9714
Digital Contact Information:
yvette@stellarhealthfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ramos, Natalie, MS, BCBA ■
330 Southwest 27th Avenue
STE 301
Miami, FL 33135
(786) 868-1331
Digital Contact Information:
http://www.counselingsociety.com
counselingsocietymiami@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ramsey, Kathleen, PHD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
hello@emorahealth.com

Ravitz, Casey, PHD, LP ■
7600 South Red Road
200
South Miami, FL 33143
(786) 508-2207
Digital Contact Information:
http://www.lunapsychology.com
admin@lunapsychology.com

Regalado Rodriguez, Ivet, MS, BCBA ■
8900 Southwest 117th Avenue
c101
Miami, FL 33186
(786) 568-1259
Digital Contact Information:
icrtherapy1@gmail.com

Reinoso Vega, Marah, MA, BCBA ■
2020 Ponce de Leon
Suite 1201
Miami, FL 33134
(305) 917-5414
Digital Contact Information:
mirta@psychologybeyond.vom
Other Languages Spoken by Provider or Office Staff
Spanish

Remsen, Caitlyn, MSW, LMHC ■
8500 SW 92nd Street
206
Miami, FL 33156
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
info@livewelltherapygroup.com

and
7600 Southwest 57th Avenue
suite 334
South Miami, FL 33143
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
info@livewelltherapygroup.com

Rey, Gustavo J, PHD, CP ■
1150 NW 14th St
Ste 609
Miami, FL 33136
(305) 243-3100
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
English, Spanish

Reyes Leiva, Roberto, MS, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
genesisconsultingservices39@gmail.com

Reyes Ortega, Isabel, MA, BCBA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
http://www.appliedbhs.com
dabs@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Reyes Rodriguez, Raudel, MBS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 875-7812
Digital Contact Information:
clinical@spbsolutions.org

Reyes Salguerio, Melissa, PSYD, LP ■
3100 SW 62nd Ave
Miami, FL 33155
(305) 663-8439
Digital Contact Information:
http://www.nicklauschildrens.org
payer.credentialing@nicklaushealth.org
Other Languages Spoken by Provider or Office Staff
Spanish

Reynoso, Sharon R, MS, BCBA ■
9240 Southwest 158th Lane
18th
Palmetto Bay, FL 33157
(305) 788-2849
Digital Contact Information:
http://eibscorp.com
sharonreynoso22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ricketts, Charlene A, MSN, APRN ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
credentialing@compass.md

and
FL
(305) 279-5535
(954) 771-7743
(888) 852-6672
(561) 752-9490
Digital Contact Information:
http://www.compasshealthsystems.com
credentialing@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(888) 852-6672
Digital Contact Information:
http://www.compasshealthsystems.com
credentialing@compass.md

Rincon, Erika, MS, BCBA ■
8200 Northwest 41st Street
269
Doral, FL 33166
(305) 763-4196
Digital Contact Information:
jcabrera@mymbcinc.com

and
2450 Southwest 137th Avenue
232
Miami, FL 33175
(786) 360-6496
Digital Contact Information:
jcabrera@mymbcinc.com

Ritter, Jared T, MD ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
eastersealscred@symplr.com

Rivas, Dominique, MA, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(844) 244-1818
Digital Contact Information:
providerenrollment@acornhealth.com

Rivera, Yesenia, PSYD, LP ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 317-4478
Digital Contact Information:
https://crystalabatherapy.com/
info@cmpsclinical.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, French, Italian, Spanish

Rivero-Conil, Sara C, PSYD, LP ■
6262 Sunset Drive
Suite 500
Miami, FL 33143
(305) 669-6503
Digital Contact Information:
payer.credentialing@nicklaushealth.org

and
3100 SW 62nd Ave
Miami, FL 33155
(305) 669-6503
Digital Contact Information:
payer.credentialing@nicklaushealth.org
Other Languages Spoken by Provider or Office Staff
Spanish

Robaina, Niubis, MPSY, LMHC ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
yavila@avilahealthgroup.com

Robbins, Eric A, MD ●
18505 Northwest 75th Place
104 104
Hialeah, FL 33015
(305) 555-5421
Digital Contact Information:
melissa@blueumbrellapsychiatry.com

and
2300 West 84th Street
Ste 601
Hialeah, FL 33016
(305) 363-4001
Digital Contact Information:
melissa@blueumbrellapsychiatry.com

and
1150 Northwest 72nd Avenue
220
Miami, FL 33126
(786) 558-4899
Digital Contact Information:
melissa@blueumbrellapsychiatry.com

and
2121 Southwest 3rd Avenue
205
Miami, FL 33129
(786) 660-1301
Digital Contact Information:
melissa@blueumbrellapsychiatry.com

and
2140 West Flagler Street
202
Miami, FL 33135
(786) 707-9958
Digital Contact Information:
melissa@blueumbrellapsychiatry.com

and
3191 Southwest 22nd Street
406
Miami, FL 33145
(786) 660-1301
Digital Contact Information:
melissa@blueumbrellapsychiatry.com

and
FL
(786) 660-1301
Digital Contact Information:
melissa@blueumbrellapsychiatry.com

and
5950 Southwest 40th Street
Miami, FL 33155
(786) 633-5960
Digital Contact Information:
melissa@blueumbrellapsychiatry.com

and
7804 Coral Way
Miami, FL 33155
(305) 965-8714
Digital Contact Information:
melissa@blueumbrellapsychiatry.com

and
12485 Southwest 137th Avenue
STE 104
Miami, FL 33186
(786) 256-5335
Digital Contact Information:
melissa@blueumbrellapsychiatry.com

Rodriguez, Belkis, BS, BCABA ■
14707 South Dixie Highway
303
Miami, FL 33176
(786) 333-3207
Digital Contact Information:
leap.behavior@gmail.com

and
1380 Northeast Miami Gardens Drive
220f
Miami, FL 33179
(786) 523-3249
Digital Contact Information:
leap.behavior@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Camila, MS, BCBA ■
7801 Northwest 37th Street
Lp-201
Doral, FL 33195
(305) 468-9899
Digital Contact Information:
vivianaicare@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Creole, Spanish

Rodriguez, Danitza, MA, BCBA ■
10691 North Kendall Drive
207
Miami, FL 33176
(786) 401-6113
Digital Contact Information:
enrollpriv@bikhamhealthcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, David, MS, BCBA ■
Home Based Services Only
Miami, FL 33155
(786) 755-2615
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
5600 SW 135th Ave
Ste 112
Miami, FL 33183
(305) 746-4507
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Dayana, PSYD, LP ■
FL
(786) 684-7809
Digital Contact Information:
serenityneurocare@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Diva, MA, BCBA ■
Home Based Services Only
Miami Gardens, FL 33055
(305) 301-5971
Digital Contact Information:
hashtagtherapyinc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Domingo, Adlih, BA, BCABA ■
585 East 49th Street
11
Hialeah, FL 33013
(305) 970-9165
Digital Contact Information:
admin@mbinstitute.org
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Erika, MA, BCBA ■
12456 Southwest 127th Avenue
Miami, FL 33186
(786) 953-8500
Digital Contact Information:
http://kidsspotrehab.com
ajlba@mbhpays.com

Rodriguez, Gabriel L, MS, BCBA, LMHC ■
7875 Northwest 12th Street
120
Doral, FL 33126
(786) 505-4449
Digital Contact Information:
http://southfloridabehavior.com
info@southfloridabehavior.com

and
7875 Northwest 12th Street
118
Miami, FL 33126
(786) 505-4449
Digital Contact Information:
http://southfloridabehavior.com
info@southfloridabehavior.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
info@southfloridabehavior.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rodriguez Harrison, Yirina, MS, BCBA ■
9010 Southwest 137th Avenue
213
Miami, FL 33186
(305) 305-0279
Digital Contact Information:
jcabrera@mymbcinc.com

and
9344 Southwest 170th Lane
Palmetto Bay, FL 33157
(305) 710-0029
Digital Contact Information:
jcabrera@mymbcinc.com

Rodriguez, Jan, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
admin@lifehealthsystem.org
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Luann, MS, LMFT ■
18901 Southwest 106th Avenue
Suite #108
Miami, FL 33157
(786) 231-0910
Digital Contact Information:
luann.rodriguezlmft@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Manuel, MS, BCBA ■
11960 Southwest 184th Street
Miami, FL 33177
(786) 765-8232
Digital Contact Information:
sunshineabaservices@gmail.com

and
6405 Northwest 36th Street
Virginia Gardens, FL 33166
(786) 238-2008
Digital Contact Information:
sunshineabaservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Marian, MA, BCBA ■
8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-2822
Digital Contact Information:
http://www.mgmbehavioral.com
mgmbehavioral@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Martinez, Ariadna, MS, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
info@foundartacademy.org

and
1000 Brickell Avenue
Miami, FL 33131
(786) 695-8672
Digital Contact Information:
info@foundartacademy.org

and
7001 Southwest 97th Avenue
104
Miami, FL 33173
(786) 772-1577
Digital Contact Information:
info@foundartacademy.org

and
4155 Southwest 130th Avenue
108
Miami, FL 33175
(786) 695-8672
Digital Contact Information:
info@foundartacademy.org
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Pablo R, MPSY, LMHC ■
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
http://novacommunityservice.com
info@novacshealth.com
Other Languages Spoken by Provider or Office Staff
German, Spanish

Rodriguez Ramos, Meilyn, PSYD, LP ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Reggy, BA, BCABA ■
585 East 49th Street
11
Hialeah, FL 33013
(305) 970-9165
Digital Contact Information:
admin@mbinstitute.org
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Reina, Caridad, MBS, BCBA ■
10700 Southwest 46th Street
Miami, FL 33165
(786) 907-4925
Digital Contact Information:
http://www.bluehopetherapyservices.com
office@bluehopetherapyservices.com

and
5600 Southwest 135th Avenue
202b
Miami, FL 33183
(786) 856-4499
Digital Contact Information:
office@bluehopetherapyservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Royo, Yenia, MA, BCBA ■
8900 Southwest 107th Avenue
201
Miami, FL 33176
(786) 401-6152
Digital Contact Information:
admin@wmbehavior.com

Rodriguez, Taymi, MS, APRN ■
FL
(786) 860-5104
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com

and
15260 Southwest 280th Street
203
Homestead, FL 33032
(786) 601-7491
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com

and
2121 Southwest 3rd Avenue
205
Miami, FL 33129
(786) 660-1301
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com

and
3191 Southwest 22nd Street
406
Miami, FL 33145
(786) 660-1301
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com

and
7921 Bird Road
39
Miami, FL 33155
(786) 310-1570
Digital Contact Information:
http://oceanhealthsystem.com
lisbetrodriguez@llbillingoffice.com

and
7971 Bird Road
39
Miami, FL 33155
(786) 910-7179
Digital Contact Information:
http://oceanhealthsystem.com
lisbetrodriguez@llbillingoffice.com

and
4905 Northwest 72nd Avenue
5
Miami, FL 33166
(786) 391-3816
Digital Contact Information:
http://paradisehealthgroup.com
lisbetrodriguez@llbillingoffice.com

and
10680 Fontainebleau Boulevard
Miami, FL 33172
(305) 794-6845
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com

and
9350 SW 72nd St
Ste 116
Miami, FL 33173
(305) 992-9768
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com

and
12781 SW 42nd St

Ste G
Miami, FL 33175
(786) 227-3661
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com

and
13155 Southwest 134th Street
221
Miami, FL 33186
(786) 652-9880
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com

and
18142 Southwest 97th Avenue
Palmetto Bay, FL 33157
(786) 701-9179
Digital Contact Information:
http://www.guevaramedicalservices.com
lisbetrodriguez@llbillingoffice.com

and
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Yusmary, MPSY, BCBA ■
1414 Northwest 107th Avenue
204
Doral, FL 33172
(305) 225-8711
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
1900 Southwest 22nd Street
#205
Miami, FL 33145
(305) 549-8665
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
20774 West Dixie Highway
b
Miami, FL 33180
(305) 549-8665
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Roero, Lauren, PA, PA_C ■
1065 NE 125th St
Ste 206
North Miami, FL 33161
(888) 852-6672
Digital Contact Information:
laurenroero@yahoo.com

Roman, Dhanarys, MBS, BCBA ■
9245 Southwest 158th Lane
FL 3
Miami, FL 33157
(786) 587-5599
Digital Contact Information:
https://brightsuntherapy.com
brightsuntherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Roman, Ingrid, PSYD, LP ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 661-5511
Digital Contact Information:
dr.ingridroman1@gmail.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
http://appliedbhs.com
dr.ingridroman1@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Romero, Jerrika M, MSED, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 336-5381
Digital Contact Information:
info@mysunshinetherapy.com

and
1380 Northeast Miami Gardens Drive
Suite 255
Miami, FL 33179
(954) 651-2969
Digital Contact Information:
info@mysunshinetherapy.com

Roque, Alicia, MS, LMHC ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
newbeginnignbehavior@yahoo.com

and
7580 Northwest 186th Street
202 202
Hialeah, FL 33015
(786) 385-5347
Digital Contact Information:
newbeginnignbehavior@yahoo.com

and
5455 Southwest 8th Street
230
Miami, FL 33134
(786) 629-8836
Digital Contact Information:
newbeginnignbehavior@yahoo.com

and
11890 Southwest 8th Street
403
Miami, FL 33184
(786) 362-5981
Digital Contact Information:
newbeginnignbehavior@yahoo.com

Rosario, Tamara, MS, LMHC ■
11077 Biscayne Boulevard
410
Miami, FL 33161
(888) 494-0808
Digital Contact Information:
https://tamara-rosario.clientsecure.me
office@sbhss.net
Other Languages Spoken by Provider or Office Staff
Spanish

Rosas, Nataly, MA, BCBA ■
Home Based Services Only
Doral, FL 33122
(786) 614-3121
Digital Contact Information:
maria.aviles@hhfcfl.com

and
15924 SW 92nd Ave
Miami, FL 33157
(786) 636-1303
Digital Contact Information:
maria.aviles@hhfcfl.com

and
13416 Southwest 128th Street
Miami, FL 33186
(786) 732-0247
Digital Contact Information:
maria.aviles@hhfcfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rubin, Jamie, PA, PA_C ■
1065 NE 125th St
Ste 206
North Miami, FL 33161
(888) 852-6672
Digital Contact Information:
Not Available

Rugama Leiva, Amanda, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 766-3097
Digital Contact Information:
thrivebehaviortherapy@gmail.com

and
1400 Northwest 107th Avenue
306
Miami, FL 33172
(786) 817-7444
Digital Contact Information:
thrivebehaviortherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ruiz, Anaysi, MS, BCBA ■
3833 Southwest 8th Street
Coral Gables, FL 33134
(786) 254-5372
Digital Contact Information:
office@behaviorandwellnesscorp.com

Ruiz, Rosmeri, MA, BCBA ■
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
genesisconsultingservices39@gmail.com

Ruiz, Tatiana, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
info@ffmhs.com

Rzadkowolsky-Raoli, Cesare, MD ■
8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-0208
Digital Contact Information:
http://www.wellnesstherapyandmedical.com
info@doctorsccs.com

and
9000 Southwest 137th Avenue
Suite 103
Miami, FL 33186
(305) 671-3503
Digital Contact Information:
http://behavioralccs.com
info@doctorsccs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Salas Alfonso, Jennie, MS, BCBA ■
8601 Southwest 199th Street
Cutler Bay, FL 33189
(305) 908-2999
Digital Contact Information:
yordanka@mghomecare.com

and
10200 Northwest 25th Street
STE 114
Doral, FL 33172
(305) 280-2480
Digital Contact Information:
yordanka@mghomecare.com

and
40 Northwest 8th Street
Homestead, FL 33030
(305) 908-2999
Digital Contact Information:
yordanka@mghomecare.com

and
Home Based Services Only
Miami, FL 33142
(305) 280-2480
Digital Contact Information:
yordanka@mghomecare.com

and
9380 Sunset Drive
b165
Miami, FL 33173
(786) 337-0585
Digital Contact Information:
yordanka@mghomecare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Salgado, Yaima, CD, BCBA ■
1900 Southwest 22nd Street
#205
Miami, FL 33145
(305) 648-7212
Digital Contact Information:
stepstherapycenter@gmail.com

and
20774 West Dixie Highway
b
Miami, FL 33180
(305) 549-8665
Digital Contact Information:
stepstherapycenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Salvador, Nicole, MC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
fivestarlearningc@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Salzman, Amy, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 955-6224
Digital Contact Information:
crystalkidscenter@gmail.com

and
16201 Northeast 13th Avenue
North Miami Beach, FL 33162
(786) 955-6224
Digital Contact Information:
http://www.superkidsaba.com
crystalkidscenter@gmail.com

and
17121 Northeast 6th Avenue
North Miami Beach, FL 33162
(305) 952-3161
Digital Contact Information:
crystalkidscenter@gmail.com

and
FL
(786) 955-6224
Digital Contact Information:
crystalkidscenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Hebrew, English

Samitier, Carolina, MS, BCBA ■
1500 S Douglas Rd
230
Coral Gables, FL 33134
(888) 501-8540
Digital Contact Information:
https://acornhealth.com
olympushcs@gmail.com

and
3625 Northwest 82nd Avenue
101
Doral, FL 33166
(786) 583-8663
Digital Contact Information:
olympushcs@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

San Blas Garcia, Jessabell, BA, BCABA ■
11025 SW 84th St
Ste 8
Miami, FL 33173
(833) 971-1230
Digital Contact Information:
http://carpediemacademy.org
lburns@cdaintensivelearning.com
Other Languages Spoken by Provider or Office Staff
Spanish

San Juan, Janella, MS, NP, PMHNP ■
FL
(305) 902-6347
Digital Contact Information:
sara.rydin@caduc.com
Other Languages Spoken by Provider or Office Staff English

San Juan, Yudelkys, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
office@smartbatherapy.com

and
5246 Southwest 8th Street
208d
Miami, FL 33134
(786) 366-1273
Digital Contact Information:
office@smartbatherapy.com

and
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
http://kidsspotrehab.com
office@smartbatherapy.com

and
175 Fontainebleau Boulevard
Miami, FL 33172
(786) 366-1273
Digital Contact Information:
office@smartbatherapy.com

and
Home Based Services Only
Miami Lakes, FL 33018
(786) 366-1273
Digital Contact Information:
office@smartbatherapy.com

and
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
office@smartbatherapy.com

and
306 Westward Dr
Miami Springs, FL 33166
(786) 588-7894
Digital Contact Information:
http://www.smartbatherapy.com
office@smartbatherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

San Miguel, Anniela, MS, LBA ■
9220 Sunset Dr
Ste 101
Miami, FL 33173
(954) 577-7790
Digital Contact Information:
credentialing@autismfirstus.com

Sanchez, Alina, MS, BCBA ■
14471 S Dixie Hwy
Miami, FL 33176
(786) 803-8826
Digital Contact Information:
amorebhc@gmail.com

and
9010 Southwest 137th Avenue
101
Miami, FL 33186
(786) 803-8826
Digital Contact Information:
http://amorementalhealthcorp.com
amorebhc@gmail.com

Sanchez, Azucena, MSN, APRN ■
17395 Northwest 59th Avenue
Hialeah, FL 33015
(305) 662-2185
Digital Contact Information:
excellencemed126@gmail.com

and
27 Northwest 13th Street
Homestead, FL 33030
(786) 339-8824
Digital Contact Information:
http://www.sfmhr.com
excellencemed126@gmail.com

and
7959 NW 2nd St
Miami, FL 33126
(305) 267-6060
Digital Contact Information:
excellencemed126@gmail.com

and
3146 Southwest 22nd Street
Miami, FL 33145
(786) 227-6177
Digital Contact Information:
excellencemed126@gmail.com

and
12750 Southwest 128th Street
Suite 108
Miami, FL 33186
(786) 713-0970
Digital Contact Information:
excellencemed126@gmail.com

and
11285 Southwest 211 Street
305
Miami, FL 33189
(786) 980-7496
Digital Contact Information:
excellencemed126@gmail.com

and
9847 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 227-6177
Digital Contact Information:
excellencemed126@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Sanchez, Daymara, MBS, BCABA ■
15160 Southwest 136th Street
Unit 15
Miami, FL 33196
(786) 701-9656
Digital Contact Information:
mvcaringtherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Santamaria Ramos, Rosaly, MS, BCBA ■
Home Based Services Only
Miami Lakes, FL 33018
(786) 536-7908
Digital Contact Information:
prokidzabatherapy@yahoo.com

and
Home Based Services Only
Naranja, FL 33032
(407) 800-6086
Digital Contact Information:
prokidzabatherapy@yahoo.com
Other Languages Spoken by Provider or Office Staff
German, French, Spanish

Santana Pedrero, Aleymi, MA, BCBA ■
2020 Ponce de Leon
Suite 1201
Miami, FL 33134
(305) 917-5414
Digital Contact Information:
http://healthofmind.net
mirta@psychologybeyond.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Santana, Zaira, EDM, BCBA ■
7875 Northwest 12th Street
120
Doral, FL 33126
(786) 505-4449
Digital Contact Information:
http://southfloridabehavior.com
mcastanos@southfloridabehavior.com

and
7875 Northwest 12th Street
118
Miami, FL 33126
(786) 505-4449
Digital Contact Information:
http://southfloridabehavior.com
mcastanos@southfloridabehavior.com

and
10855 Southwest 72nd Street
UNIT 1-5
Miami, FL 33173
(305) 720-2166
Digital Contact Information:
mcastanos@southfloridabehavior.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
mcastanos@southfloridabehavior.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Santiago Fernandez, Flor De Liz, EDD, LCSW ■
10691 North Kendall Drive
304
Miami, FL 33176
(786) 771-3370
Digital Contact Information:
http://www.familybalancetherapy.com
familybalancetherapy@gmail.com

and
FL
(786) 771-3370
Digital Contact Information:
http://www.familybalancetherapy.com
familybalancetherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Satorre, Mayuli C, MSN, APRN ■
3785 Northwest 82nd Avenue
307
Doral, FL 33166
(305) 898-5420
Digital Contact Information:
m.satorre@harmonyatthegables.com

and
33550 South Dixie Highway
106
Florida City, FL 33034
(786) 601-7712
Digital Contact Information:
m.satorre@harmonyatthegables.com

and
1150 Northwest 72nd Avenue
ph 2
Miami, FL 33126
(786) 542-5043
Digital Contact Information:
http://1stcarecms.com
m.satorre@harmonyatthegables.com

and
2650 Southwest 27th Avenue
Suite 305
Miami, FL 33133
(786) 353-9812
Digital Contact Information:
http://www.harmonyatthegablesclinic.com
m.satorre@harmonyatthegables.com
Other Languages Spoken by Provider or Office Staff
Spanish

Schewe, Ivey, MA, LBA ■
801 Brickell Avenue
8
Miami, FL 33131
(877) 264-6747
Digital Contact Information:
rogers@joybridgekids.com

Schmid, Cecilia A, MPSY, LMHC ■
9380 SW 72nd St
Ste 238
Miami, FL 33173
(305) 632-2322
Digital Contact Information:
ceciliaschmid@hotmail.com

and
10691 N Kendall Dr
Ste 110
Miami, FL 33176
(305) 632-2322
Digital Contact Information:
ceciliaschmid@hotmail.com

Scotto, Maria, MS, LMHC ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(305) 396-9010
Digital Contact Information:
sasha@livewelltherapygroup.com

and
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
sasha@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff English

Segura Perez, Jennifer M, MPSY, BCBA ■
13383 Southwest 42nd Street
Miami, FL 33175
(305) 305-7121
Digital Contact Information:
seguraj77@hotmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sequeiros, Rosa, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Serna, Juanita, BCBA, MS ■
7875 Northwest 12th Street
118
Miami, FL 33126
(786) 505-4449
Digital Contact Information:
info@southfloridabehavior.com
Other Languages Spoken by Provider or Office Staff
Spanish

Shoumaker, Douglas, MS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 275-8860
Digital Contact Information:
http://www.abctestingservices.com
lisette@abctestingservices.com

Sifran, Susana E, MA, LMHC ■
2040 Northeast 163rd Street
305
North Miami Beach, FL 33162
(786) 553-6038
Digital Contact Information:
susanasifran@hotmail.com
Other Languages Spoken by Provider or Office Staff
Hebrew, Spanish

Silva, Paola, MA, BCBA ■
8200 Northwest 41st Street
Suite 200
Miami, FL 33166
(786) 774-7729
Digital Contact Information:
http://www.integrativemethods.com
info@integrativemethods.com
Other Languages Spoken by Provider or Office Staff
Spanish

Silva-Duluc, Silvia I, MD ■
5590 West 20th Avenue
200 201
Hialeah, FL 33016
(305) 557-1555
Digital Contact Information:
http://lifestarwellnesscenter.com
drsilva@bellsouth.net

and
3414 West 84th Street
Suite D110
Hialeah, FL 33018
(305) 825-4320
Digital Contact Information:
drsilva@bellsouth.net

and
3416 West 84th Street
C-108
Hialeah, FL 33018
(305) 557-1555
Digital Contact Information:
http://lifestarwellnesscenter.com
drsilva@bellsouth.net

and
7811 Coral Way
106
Miami, FL 33155
(305) 412-0138
Digital Contact Information:
drsilva@bellsouth.net

and
9995 SW 72nd St
Ste 208
Miami, FL 33173
(305) 412-6034
Digital Contact Information:
drsilva@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Smith, Devin, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
referrals@chrysalishealth.com

Smith-Young, Adia E, MA, LMHC ■
15715 S Dixie Hwy
Ste 406
Miami, FL 33157
(786) 269-3728
Digital Contact Information:
adia33@gmail.com
Other Languages Spoken by Provider or Office Staff English

Sobhan, Tanveer, MD ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
tsobhanmd@yahoo.com

and
11430 North Kendall Drive
208
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
tsobhanmd@yahoo.com

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
tsobhanmd@yahoo.com
Other Languages Spoken by Provider or Office Staff
Bengali

Solares, Nani E, MA, LMHC ■
9240 Sunset Dr
Ste 202
Miami, FL 33173
(786) 803-7922
Digital Contact Information:
http://www.nanisolares.com
nanisolareslmhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Solorzano, Gina, MSW, LCSW ■
2124 Northeast 123rd Street
STE 220
North Miami, FL 33181
(786) 828-0947
Digital Contact Information:
https://blossomfl.com
info@blossomfl.com
Other Languages Spoken by Provider or Office Staff
Hebrew, Spanish

Spinner, Lynn R, MSW, LCSW ■
6175 NW 153rd St
Ste 404
Miami Lakes, FL 33014
(305) 558-7400
Digital Contact Information:
lrspin@aol.com

Steinberg, Rachel, MSW, LCSW ■
5901 Southwest 74th Street
408
Miami, FL 33143
(305) 735-3555
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com

Stubbs, Marcie D, MA, LMHC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@lifestance.com

Suarez, Magdielis, MS, BCBA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
http://www.appliedbhs.com
dabs@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com

Suarez, Mercy, MA, LMHC ■
66 Valencia Avenue
402 402
Coral Gables, FL 33134
(305) 439-5939
Digital Contact Information:
mercysuarezeds@gmail.com

and
66 Valencia Avenue
903 903
Coral Gables, FL 33134
(305) 439-5939
Digital Contact Information:
mercysuarezeds@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Suarez, Yania, MS, BCBA ■
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
credentialing@southbillcare.com

Swain, Cieria D, MC, LCSW, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
appointments@meetmarvin.com
Other Languages Spoken by Provider or Office Staff English

Talley, Kendra, MS, LMHC ■
111 NW 183rd St
Ste 404
Miami, FL 33169
(786) 524-4001
Digital Contact Information:
enrollment@welterhp.com

Tamayo, Marcela, MA, BCBA ■
10482 Northwest 31st Terrace
STE 2A
Doral, FL 33172
(786) 765-7550
Digital Contact Information:
dleonintegritybehaviorservice@gmail.com

Tanona, Anthony W, PSYD, LP ■
19300 West Dixie Highway
2 2
Miami, FL 33180
(305) 933-5733
Digital Contact Information:
http://www.deltapsychgroup.com
drtanona@gmail.com
Other Languages Spoken by Provider or Office Staff English

Thomas, Marie, MA, BCBA ■
657 South Drive
Miami Springs, FL 33166
(845) 458-8755
Digital Contact Information:
hello@the-behaviorists.com

Tiongco, Rosalinda, MS, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Topalian, Sona, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff
Armenian

Torras Ceballos, Gabriela, MSCC, BCBA, LMHC ■
8300 West Flagler Street
STE 258C
Miami, FL 331446002
(786) 633-5171
Digital Contact Information:
counselingsocietymiami@gmail.com

and
2157 Southwest 13th Avenue
3
Miami, FL 33145
(786) 878-1331
Digital Contact Information:
http://www.counselingsociety.com
counselingsocietymiami@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Torrecillas, Andres A, MS, BCABA, BCBA ■
2020 Ponce de Leon
Suite 1201
Miami, FL 33134
(305) 917-5414
Digital Contact Information:
torrecillas0711@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Torres, Sergio, LMHC, MSCC ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
Not Available

Toussaint, Nimrode, MSN, APRN ■
1000 Brickell Avenue
Miami, FL 33131
(305) 725-3379
Digital Contact Information:
credentialing@resilientmbs.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@resilientmbs.com

Toy, Ozan M, MD ■
1065 Southwest 8th Street
570
Miami, FL 33130
(888) 903-5505
Digital Contact Information:
http://www.telapsychiatry.com
scheduling@telapsychiatry.com

Ukken, Boby, MSN, APRN ■
2828 Coral Way
Ste 460
Coral Gables, FL 33145
(305) 895-0504
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net

and
12550 Biscayne Boulevard
STE 306
North Miami, FL 33181
(305) 642-5255
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net
Other Languages Spoken by Provider or Office Staff
Russian

Urquiola, Dalaine, MED, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 817-2356
Digital Contact Information:
dalaine23@hotmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valdes Lopez, Yudith, MBS, BCBA ■
12150 Southwest 128th Court
Suite 226
Miami, FL 33186
(786) 429-1005
Digital Contact Information:
cloverbehaviorservices@gmail.com

Valdes, Luis, MS, BCBA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
http://appliedbhs.com
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valdes, Ricardo, MS, BCBA ■
7875 Northwest 12th Street
118
Miami, FL 33126
(786) 505-4449
Digital Contact Information:
info@southfloridabehavior.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valle Baez, Lianet, MA, BCBA ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
http://universalcommunityservices.com
admin@universalcommunityservices.com

and
20774 West Dixie Highway
b
Miami, FL 33180
(305) 549-8665
Digital Contact Information:
admin@universalcommunityservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valle, Martha, MMH, LMHC ■
Home Based Services Only
Miami Gardens, FL 33014
(305) 777-3883
Digital Contact Information:
acebehavioral2@gmail.com

Valle, Yaditsa, MS, BCBA ■
1250 Southwest 27th Avenue
207
Miami, FL 33135
(786) 502-3137
Digital Contact Information:
mortega@tlhproject.com

and
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
mortega@tlhproject.com

and
306 Westward Dr
Miami Springs, FL 33166
(786) 588-7894
Digital Contact Information:
http://www.smartbatherapy.com
mortega@tlhproject.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valmy Estivens, Vinia, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Valverde, Hany, MA, BCBA ■
10691 North Kendall Drive
207
Miami, FL 33176
(786) 401-6113
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Varela, Chily, MMH, LMHC ■
3081 Salzedo Street
202 202
Coral Gables, FL 33134
(786) 327-4840
Digital Contact Information:
cvarelalmhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vargas, Leonardo, MA, BCBA ■
15924 SW 92nd Ave
Miami, FL 33157
(786) 636-1303
Digital Contact Information:
loriwilliams57@hotmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vasquez, Clara S, MPSY, BCBA ■
2500 Northwest 79th Avenue

295
Doral, FL 33122
(786) 637-5168
Digital Contact Information:
apluschildbcorp@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vasquez, Janet, MS, BCBA, LBA ■
12985 Southwest 130th Court
204 204
Miami, FL 33186
(305) 735-3878
Digital Contact Information:
http://www.abasquad.com
info@abasquad.com

Vazquez, Rahimil, MS, BCBA, LBA ■
8300 NW 53rd St
Ste 350
Miami, FL 33166
(305) 776-0728
Digital Contact Information:
billing@ventecgroup.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
billing@ventecgroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vega Cancio, Ayle, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
admissions@abaalliancecareservices.com

Vega, Herman, PHD, CAP, LMHC ■
14411 Commerce Way
315
Hialeah, FL 33016
(305) 644-7294
Digital Contact Information:
info@totalrehabservices.com

and
14505 Commerce Way
Ste 511
Miami Lakes, FL 33016
(305) 644-7294
Digital Contact Information:
info@totalrehabservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vega Rodriguez, Yusleimy, MS, BCABA ■
8900 Southwest 117th Avenue
c101
Miami, FL 33186
(786) 568-1259
Digital Contact Information:
icrtherapy1@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vega Roman, Fanmy, MS, BCBA ■
Home Based Services Only
Doral, FL 33126
(305) 433-5489
Digital Contact Information:
mabelingrid@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Velasco-Quintero, Dania, MA, LMHC ■
7590 Northwest 186th Street
109
Hialeah, FL 33015
(305) 688-1700
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
10651 North Kendall Drive
suite 120
Miami, FL 33176
(786) 963-9087
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ventre, Peter, MD ■
2000 Northwest 87th Avenue
Suite 201
Doral, FL 33172
(954) 561-6222
Digital Contact Information:
info@ventremedical.com

and
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ventura, Rene E, MC, LMHC ■
16650 North Kendall Drive
Unit# 204
Miami, FL 33196
(786) 327-6209
Digital Contact Information:
https://www.nrhpg.com
info@nrhpg.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vicente Prado, Yamina, MA, BCBA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
http://www.appliedbhs.com
dabs@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vidal-Zas, Alicia R, PSYD, LP ■
14225 SW 42nd St
Miami, FL 33175
(305) 221-8200
Digital Contact Information:
arvida712@aol.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Vieira, Caroline, MC, LMHC, PC ■
2212 Northwest 91st Street
Miami, FL 33147
(341) 888-7637
Digital Contact Information:
contact@quelinbilling.com
Other Languages Spoken by Provider or Office Staff
Portuguese

Vivas, Deidre, EDM, BCBA ■
HOME BASED SERVICES ONLY
Miami, FL 33178
(786) 942-4099
Digital Contact Information:
advancedmedicalh@bellsouth.net

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
advancedmedicalh@bellsouth.net
Other Languages Spoken by Provider or Office Staff
English, Spanish

Vizcaino, Olga M, MSN, APRN ■
2100 West 76th Street
201 206
Hialeah, FL 33016
(786) 353-2324
Digital Contact Information:
olgamaria861@yahoo.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
olgamaria861@yahoo.com

and
8950 Southwest 74th Court
1911
Miami, FL 33156
(786) 637-7338
Digital Contact Information:
olgamaria861@yahoo.com

and
6001 Northwest 153rd Street
203
Miami Lakes, FL 33014
(786) 459-2466
Digital Contact Information:
olgamaria861@yahoo.com

and
FL
(602) 562-7383
(786) 459-2466
Digital Contact Information:
olgamaria861@yahoo.com

Vizcaino, Patria Q, MS, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0308
Digital Contact Information:
lightingbehaviorservices@gmail.com

and
8950 SW 74th Ct
Ste 2201
Miami, FL 33156
(800) 368-2143
Digital Contact Information:
lightingbehaviorservices@gmail.com

and
9560 SW 107th Ave
Ste 106
Miami, FL 33176
(786) 899-0308
Digital Contact Information:
lightingbehaviorservices@gmail.com

and
4800 Northwest 167th Street
Miami Gardens, FL 33014
(305) 515-2726
Digital Contact Information:
lightingbehaviorservices@gmail.com

Walker, Lanesha, BA, BCABA ■
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
cristina@creativekidstherapyinc.com

Walterhoefer, Jessica, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
hello@psychplus.com
Other Languages Spoken by Provider or Office Staff
Chinese, English, Spanish, Hindi

Waugh, Odalys J, PHD, LMHC ■
5201 Waterford District Drive
888
Miami, FL 33126
(305) 321-7226
Digital Contact Information:
morecounseling@gmail.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
morecounseling@gmail.com

and
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
morecounseling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Wheeler, Kimberly, MS, APRN, NP ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
start@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Whiteside, Deon D, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@thriveworks.com

Whittington, Brittany N, MS, LMHC ■
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
http://www.crystalabatherapy.com
info@cmpsclinical.com

Wicks, Betty, PSYD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
admin@twinkleautism.com
Other Languages Spoken by Provider or Office Staff
Spanish

Wilkins, Anita, MSN, APRNCNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
billing@insynchhealth.com

Williams, Jonteria, DNP, APRN ■
777 Brickell Ave
Ste 500
Miami, FL 33131
(786) 490-2181
Digital Contact Information:
http://happierliving.com
credentialing_team7@medtrainer.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing_team7@medtrainer.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
credentialing_team7@medtrainer.com

Wolcott, Jennifer, MS, BCBA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
http://www.appliedbhs.com
dabs@appliedbhs.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Wool, Sorcha, MSW, LCSW ■
1951 Northwest 7th Avenue
Miami, FL 33136

(571) 934-3936
Digital Contact Information:
admin@supportiveengagemet.com

and

FL
(305) 902-6347
Digital Contact Information:
admin@supportiveengagemet.com
Other Languages Spoken by Provider or Office Staff Sign Lang Amer

Yebra, Carmen, MS, BCBA ■
12800 SW 8th St
Miami, FL 33184
(786) 319-2980
Digital Contact Information:
http://aworld4kids.com
jhaigballard@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Yzquierdo, Roxana, BCBA, MS ■
8353 Southwest 124th Street
102
Miami, FL 33156
(305) 902-6435
Digital Contact Information:
Not Available

and

8603 South Dixie Highway
303
Pinecrest, FL 33156
(305) 902-6435
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff Spanish

Zak, Ashley, MS, BCBA, LBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
outreach@appliedabc.com

Zambrano, Karen M, PSYD, LP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 259-6977
Digital Contact Information:
http://www.abctestingservices.com
lisette@abctestingservices.com
Other Languages Spoken by Provider or Office Staff Spanish

Zerpa, Arelys, MS, LMHC ■
789 Northwest 27th Avenue
Miami, FL 33125
(772) 241-9222
Digital Contact Information:
goldenyearsmedicalcenter@gmail.com

and

10030 Southwest 40th Street
A
Miami, FL 33165
(305) 400-8899
Digital Contact Information:
goldenyearsmedicalcenter@gmail.com

and

9380 Southwest 72nd Street
245
Miami, FL 33173
(305) 381-5434
Digital Contact Information:
goldenyearsmedicalcenter@gmail.com

and

10651 North Kendall Drive
suite 120
Miami, FL 33176
(786) 963-9087
Digital Contact Information:
goldenyearsmedicalcenter@gmail.com

and

13501 Southwest 128th Street
Suite 112
Miami, FL 33186
(786) 732-2383
Digital Contact Information:
goldenyearsmedicalcenter@gmail.com

and

FL
(786) 338-8999
(305) 400-8899
Digital Contact Information:
goldenyearsmedicalcenter@gmail.com

and

8181 Northwest 154th Street
STE 112
Miami Lakes, FL 33016
(407) 572-8053
Digital Contact Information:
goldenyearsmedicalcenter@gmail.com

and

1190 Northwest 95th Street
307
Miami Shores, FL 33150
(407) 572-8053
Digital Contact Information:
goldenyearsmedicalcenter@gmail.com

and

12651 South Dixie Highway
Pinecrest, FL 33156
(305) 554-0808
Digital Contact Information:
goldenyearsmedicalcenter@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

DIALECTICAL BEHAVIOR THERAPY

Acker, Ashleigh, MS, LMFT ●
1175 Northeast 125th Street
320
Miami, FL 33161
(954) 372-0423
Digital Contact Information:
http://www.marriagefamilyservices.com
mfsfrontdesk1@gmail.com
Other Languages Spoken by Provider or Office Staff Portuguese, English, Malayalam, Haitian, Italian, Spanish

Alkhairy, Saarah, MD ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@lakefrontmedpartners.com

Altu, Amanda, MC, LMHC ■
5805 Blue Lagoon Dr
Ste 440
Miami, FL 33126
(800) 767-4411
Digital Contact Information:
Not Available

Alvarenga, Alicia, MSSW, LCSW ■
2100 Coral Way
#310
Miami, FL 33145
(786) 320-1677
Digital Contact Information:
ydzmgroup@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Alvarez, Gianinne M, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
info@livewelltherapygroup.com

and

7600 Southwest 57th Avenue
suite 334
South Miami, FL 33143
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
info@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff Spanish

Amado, Sandra J, MC, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@usmso.com

Ambush, Latonia M, MMH, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/latonia.ambush@gmail.com

Andres, Alice M, PSYD, CP, HSPP, LP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
rainbowlanternpsych@gmail.com

and

1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
rainbowlanternpsych@gmail.com

and

801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
rainbowlanternpsych@gmail.com

and

117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
rainbowlanternpsych@gmail.com
Other Languages Spoken by Provider or Office Staff English

Anias, Carlos, MSN, APRN ■
2000 Northwest 87th Avenue
Suite 201
Doral, FL 33172
(954) 561-6222
Digital Contact Information:
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Annan, Grace, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
scheduling@ehomegroup.com
Other Languages Spoken by Provider or Office Staff Italian

Arana, Ashley, MS, LMHC ■
250 Catalonia Avenue
suite 403
Coral Gables, FL 33134
(321) 405-2805
Digital Contact Information:
https://harvestingjoypsychologicalservices.com
asharanma.harvestingjoy@gmail.com

Arthur, Felecia M, MSW, LISW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@homefrontha.com

Arvon, Coral, PHD, LCSW, LMFT ■
2627 Northeast 203rd Street
118
Aventura, FL 33180
(305) 936-8000
Digital Contact Information:
http://arvonandassociates.com
drarvon@arvonandassociates.com

and

6919 Southwest 18th Street
219
Miami, FL 33175
(305) 936-8000
Digital Contact Information:
http://arvonandassociates.com
drarvon@arvonandassociates.com

Ayer, Brian, MA, LPCC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
registration@ravenwoodhealth.org
Other Languages Spoken by Provider or Office Staff Sign Lang Amer

Azarian, Eliana, MC, LMHC ■
FL
(561) 590-7063
Digital Contact Information:
http://innerworkscounseling.com
contact@innerworkcounseling.com

Baker, Melissa, EDS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Barbosa, Adrian, MS, APRN ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
info@azzurrahcc.com

and

4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
info@azzurrahcc.com
Other Languages Spoken by Provider or Office Staff Spanish

Barnes, Cassandra D, MC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@thriveworks.com
Other Languages Spoken by Provider or Office Staff English

Barreto, Lourdes A, MSSW, LCSW ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
referrals@ffmhs.com
Other Languages Spoken by Provider or Office Staff Spanish

Barroso, Alina, MD, LMHC ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Beaubrun, Lucika, MA, LMHC ■
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(561) 289-7995
Digital Contact Information:
pandatherapycircle@gmail.com

Bess, Leslie, MA, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Betancourt, Jenny V, MS, LCMHC, LMHC, LPC ■
FL

(305) 330-8114
Digital Contact Information:
https://jenny-betancourt.clientsecure.me/
jmoran@docurapid.com
Other Languages Spoken by Provider or Office Staff
Spanish

Biaggini, Daniela, MMFT, LMHC ●
2124 Northeast 123rd Street
STE 220
North Miami, FL 33181
(786) 828-0947
Digital Contact Information:
https://blossomfl.com
info@blossomfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bodkin, Gabrielle, MS, LMHC ■
FL
(786) 770-0618
Digital Contact Information:
http://www.youremotionsmatter.org
info@youremotionsmatter.org
Other Languages Spoken by Provider or Office Staff
Spanish

Borges, Ariel, MC, BCBA, LMHC ■
330 Southwest 27th Avenue
STE 301
Miami, FL 33135
(786) 254-1572
Digital Contact Information:
http://www.counselingsociety.com
arborgesu@gmail.com

and
2157 Southwest 13th Avenue
3
Miami, FL 33145
(786) 254-1572
Digital Contact Information:
http://www.counselingsociety.com
arborgesu@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Brazzini, Mijanou, MPSY, LMHC ■
13205 Southwest 137th Avenue
suite 126
Miami, FL 33186
(786) 713-0383
Digital Contact Information:
http://yjwcare.com
mbrazzini61@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Brito, Keity, LCSW, MSW ■
FL
(909) 442-0618
(202) 410-5972
(305) 209-5141
Digital Contact Information:
http://www.joinuplift.co
support@tryminded.com
Other Languages Spoken by Provider or Office Staff
Spanish

Brook, Robin, PHD, LMHC ■
111 Northeast 1st Street
FL 8
Miami, FL 33132
(888) 344-4549
Digital Contact Information:
rbrooks@transformationalhealth.net
Other Languages Spoken by Provider or Office Staff
English, Creole, Haitian, French, Spanish

Buckridge, Krystal, MSN, APN, APRN, NP ■
1504 Bay Road
2003 2003
Miami Beach, FL 33139
(646) 374-2827
Digital Contact Information:
credentialing.4@scribealign.com

Burns, Cheyanne K, MSN, APN, APRN, ARNP, CNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
enrollment@wellpsyche.com

Burrell, D'Arthana, MSN, APRN, ARNP, NP ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
credentialing.6@extendedhealthservices.us

and
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing.6@extendedhealthservices.us

and
255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing.6@extendedhealthservices.us

and
370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
credentialing.6@extendedhealthservices.us

and
333 Southeast 2nd Avenue
Suite #2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing.6@extendedhealthservices.us

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing.6@extendedhealthservices.us

and
3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
credentialing.6@extendedhealthservices.us

and
350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
credentialing.6@extendedhealthservices.us

and
429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
credentialing.6@extendedhealthservices.us

and
323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
credentialing.6@extendedhealthservices.us

Byars, Chelsie D, MS, LMHC ■
13155 Southwest 134th Street
202
Miami, FL 33186
(786) 504-3119
Digital Contact Information:
telehealth@mindfultherapygroup.com
Other Languages Spoken by Provider or Office Staff English

Cabranes, Gretchen, MA, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 275-8860
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Calloway, Crystal, MSW, LCSW ■
FL
(704) 298-9914
Digital Contact Information:
http://www.asehealingcenter06.org
setzertherapist22@gmail.com

Cantor, Andrea, MSW, LCSW ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
info@riviamind.com

Capote, Lindsey, MC, LMHC ■
14401 Old Cutler Road
Miami, FL 33158
(305) 722-5380
Digital Contact Information:
http://www.wellspringmiami.org
insurance@wellspringmiami.org

Carne, Taylor, MA, LMFT ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Carroza, Mirna H, MPSY, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff Italian, Spanish

Castillo, Karina, MA, LMHC ■
FL
(786) 258-8499
Digital Contact Information:
http://www.virtual-counseling.com
service@virtual-counseling.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Castillo, Sandra, PSYD, LP ■
3081 Salzedo Street
Suite 202
Coral Gables, FL 33134
(786) 567-8160
Digital Contact Information:
castillo043@gmail.com

and
11385 Southwest 32nd Street
Miami, FL 33165
(786) 567-8160
Digital Contact Information:
castillo043@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Castro, Mairelis, MS, LMHC ■
2450 Southwest 137th Avenue
Suite# 230
Miami, FL 33175
(305) 459-3207
Digital Contact Information:
http://www.hidalgopsychiatry.com
calvarez@blueangelcare.net

and
2460 Southwest 137th Avenue
250
Miami, FL 33175
(305) 459-3207
Digital Contact Information:
http://www.hidalgopsychiatry.com
calvarez@blueangelcare.net

and
11890 Southwest 8th Street
STE 309
Miami, FL 331841710
(305) 220-6060
Digital Contact Information:
http://www.blueangelcare.net
calvarez@blueangelcare.net

Castro, Quisha, MC, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Charles, Saskia, MS, LMHC ■
1825 Northwest 167th Street
SUITE 102
Opa-locka, FL 330564838
(305) 624-7450
Digital Contact Information:
http://www.cfcecares.org
rgay@cfceinc.org
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole, Creole, Spanish

Chatelain, Mitsouko, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
referrals@ffmhs.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
referrals@ffmhs.com

Chatman, Sheila, MC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Chemerinsky, Graciela, MPSY, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com

and
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Chinea, Marianela, MSN, APRN ■
3971 Southwest 8th Street
STE 206
Coral Gables, FL 33134
(786) 633-5960
Digital Contact Information:
agauna@bmsbill.com

and
FL
(786) 980-7496
Digital Contact Information:
http://www.vidahealthcarenetworks.com
agauna@bmsbill.com

and
13590 Southwest 134th Avenue
201
Miami, FL 33186
(786) 227-6258
Digital Contact Information:
agauna@bmsbill.com

Cipolla, Anthony, MSW, LCSW ■
2500 SW 107TH AVE
42
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
info@abcsfl.com

and
FL
(415) 941-4109
(909) 442-0618
(202) 410-5972
(415) 342-6011

(786) 615-3334
Digital Contact Information:
http://www.joinuplift.co
info@abcsfl.com
Other Languages Spoken by Provider or Office Staff English

Clark, Jennifer, MA, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Clavijo Hernandez, Ana, MBS, BCBA ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
sucel@practice-mgmt.com

and
Home Based Services Only
Hialeah, FL 33013
(786) 592-6680
Digital Contact Information:
sucel@practice-mgmt.com

and
2300 West 84th Street
404a
Hialeah, FL 33016
(786) 681-8494
Digital Contact Information:
sucel@practice-mgmt.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
sucel@practice-mgmt.com

and
18303 Southwest 153rd Place
Miami, FL 33187
(786) 343-9391
Digital Contact Information:
sucel@practice-mgmt.com

and
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
sucel@practice-mgmt.com

Colvin, Cindy, EDS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Commella, Noreen, PSYD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@healthyyoungminds.com

Correa, Larisa A, MSW, CSW, LCSW, LICSW, LISW-CP ■
FL
(561) 567-8795
(347) 738-1199
(315) 873-2936
Digital Contact Information:
http://www.joinuplift.co
mpowercounselingpllc@gmail.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
mpowercounselingpllc@gmail.com

and
FL
(561) 567-8795
(347) 738-1199
(315) 873-2936
Digital Contact Information:
http://www.joinuplift.co
mpowercounselingpllc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Corzo, Samantha R, MS, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
credentialing@banyanhealth.org

Crider, Tiffany, MS, LMHC ■
FL
(305) 812-6018
Digital Contact Information:
http://www.prevailandprogress.com
tiffanysimone@prevailandprogress.com

Cruz, Yaimara, MSN, APRN ■
FL
(305) 510-0111
Digital Contact Information:
Not Available

Cue, Liz, MSW, LCSW ■
5901 Southwest 74th Street
408
Miami, FL 33143
(305) 735-3555
Digital Contact Information:
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Daino, Giamarie, PSYD, LP ■
12700 Biscayne Boulevard
301
North Miami, FL 33181
(305) 467-4597
Digital Contact Information:
https://www.drdainotherapy.com/
drdaino@protonmail.com

Dangla, Marjorie, MSW, LCSW ■
Doral
Doral, FL 33178
(305) 926-6106
Digital Contact Information:
blissfulsoultherapy01@gmail.com

Davidson, Iyana, MS, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff English

Davis-Pope, Jordyn, MSW, LCSW ■
5335 Northwest 87th Avenue
Doral, FL 33178
(786) 551-9550
Digital Contact Information:
info@monarchcounselinggroup.com
Other Languages Spoken by Provider or Office Staff English

De Aguayo, Andrea, PSYD, LP ■
3625 Northwest 82nd Avenue
400o
Doral, FL 33166
(786) 407-3375
Digital Contact Information:
drandrea@srfhealinghelp.com

De La Paz, Adriel, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com

Deblasio, Kristie, PHD, LCP ■
FL
(800) 567-5433
Digital Contact Information:
southcoastpsychotherapy@gmail.com
Other Languages Spoken by Provider or Office Staff English

Debord, Renee R, MA, LMHC ●
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Delgado Alvarez, Guadalupe, MS, APRN ■
4300 Biscayne Boulevard
STE 203
Miami, FL 33137
(877) 400-0540
Digital Contact Information:
globalbehavioralhealthgroup@gmail.com

and
7951 Southwest 40th Street
suite 200-a
Miami, FL 33155
(305) 876-6960
Digital Contact Information:
globalbehavioralhealthgroup@gmail.com

Der Rohe-Borghese, Gema Y, MSW, BCBA, LBA, LCSW ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
orlando@pbhd.health

and
2525 Ponce de Leon Boulevard
370
Miami, FL 33134
(954) 408-1568
Digital Contact Information:
orlando@pbhd.health
Other Languages Spoken by Provider or Office Staff Haitian Creole

Diaz Palmero, Yuranis, MPSY, LMHC ■
3785 Northwest 82nd Avenue
307
Doral, FL 33166
(305) 266-2949
Digital Contact Information:
info@oasismentalhealthcenter.com

and
Northwest 92nd Avenue
Doral, FL 33172
(305) 266-2949
Digital Contact Information:
info@oasismentalhealthcenter.com

and
5901 Northwest 183rd Street
310
Hialeah, FL 33015
(786) 418-9790
Digital Contact Information:
https://oasismentalhealthcenter.com
info@oasismentalhealthcenter.com

and
1250 Southwest 27th Avenue
Suite 506
Miami, FL 33135
(786) 536-9278
Digital Contact Information:
info@oasismentalhealthcenter.com

and
330 Southwest 27th Avenue
STE 609
Miami, FL 33135
(786) 743-0801
Digital Contact Information:
info@oasismentalhealthcenter.com

and
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
info@oasismentalhealthcenter.com

and
9125 SW 87th Ave
Miami, FL 33176
(305) 735-3919
Digital Contact Information:
info@oasismentalhealthcenter.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz Rodriguez, Tahnee, MSN, APRN ■
13055 Southwest 42nd Street
205
Miami, FL 33175
(786) 417-9395
Digital Contact Information:
https://onemorelight.org/
omlhspsychiatry@gmail.com

and
FL
(786) 417-9395
Digital Contact Information:
https://onemorelight.org/
omlhspsychiatry@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Dietsch, Taimara, MS, LMHC ■
7745 Northwest 146th Street
F1
Miami Lakes, FL 33016
(786) 633-5992
Digital Contact Information:
vidamentalhealth@gmail.com

Dixon, Passion, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
ortiz4professionalservicesllc@gmail.com

Doran, Brianna, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
help@joinuplift.co

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Dreher, Faatimah, MS, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
acc@advancedclientcare.org

Dumenigo, Bianca, MSN, APRN ■
7951 Southwest 40th Street
suite 200-a
Miami, FL 33155
(786) 244-9911
Digital Contact Information:
global@medviz.ai

Duran, Larissa E, MS, LMFT ■
7700 N Kendall Dr
Ste 415
Miami, FL 33156
(786) 359-4161
Digital Contact Information:
https://www.vaccarobhg.com/
providerrelations@vaccarobhg.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ehrentreu, Dana, MSW, LCSW ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:

https://riviamind.com/find-a-provider/?_patients=ynj-patientaccess@harmonybaywellness.com

El-Bahtity, Bassem F, MD ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
credentialing@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
credentialing@compass.md

Elias, Rachela, MD ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=ynwittenborn@riviamind.com

Elma, Linda S, MSW, LCSW ■
11601 Biscayne Boulevard
303
Miami, FL 33181
(954) 278-0487
Digital Contact Information:
http://lsmsmentalhealth.com
info@lindaelmalcsw.com
Other Languages Spoken by Provider or Office Staff Creole

Emerson, Amanda S, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
amanda@alignhw.net

Espinoza Marin, Ennyluz, MMH, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ferrer, Barbara, MS, BCBA, LMHC ■
FL
(786) 724-4224
Digital Contact Information:
https://www.vita-cog.com/
enrollpriv@bikhamhealthcare.com

and
9220 Sunset Drive
104
Miami, FL 33173
(786) 724-4224
Digital Contact Information:
enrollpriv@bikhamhealthcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Figuereo Sabeta, Solange, MC, LMHC ■
10300 Florida 986
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fitzpatrick, Panayiota, MED, LMHC ■
360 Northwest 27th Street
Miami, FL 33127
(929) 209-6109
Digital Contact Information:
fl-patientaccess@harmonybaywellness.com

Foraker, Michelle, MS, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
http://www.btgcoaching.com
michelle@btgcoaching.com

Forman, Katrina, MSW, LCSW ■
7270 Northwest 12th Street
430
Miami, FL 33126
(786) 615-2843
Digital Contact Information:
info@universalcwfl.com

and
FL
(800) 567-5433
Digital Contact Information:
info@universalcwfl.com

Fraguela-Lam, Mayren, MSSW, LCSW ■
10691 North Kendall Drive
312
Miami, FL 33176
(786) 592-8470
Digital Contact Information:
bmhealthserv@gmail.com

and
FL
(786) 592-8470
Digital Contact Information:
bmhealthserv@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Frigerio, Ailema, PSYD, LP ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
info@myschoolpsychologistinc.com

Garcia Diaz, Marta, MSN, APRN ■
7490 Southwest 23rd Street
201
Miami, FL 33155
(786) 953-8221
Digital Contact Information:
medilineinc@yahoo.com

and
7315 Northwest 36th Street
Miami, FL 33166
(786) 345-7734
Digital Contact Information:
medilineinc@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Glenda, MSN, APRN ■
15260 Southwest 280th Street
113 114
Homestead, FL 33032
(305) 998-7885
Digital Contact Information:
infogarciahs@gmail.com

and
13370 Southwest 131st Street
Suite 110
Miami, FL 33186
(786) 250-4571
Digital Contact Information:
infogarciahs@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Lauren, MED, LMHC ■
2212 Northwest 91st Street
4058
Miami, FL 33147
(341) 888-7637
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
lauren.garcia371@gmail.com

Garcia, Marianela, MSW, LCSW ■
FL
(786) 493-2351
Digital Contact Information:
rocafirme@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Tiffany, MN, PMHNP ■
2650 Southwest 27th Avenue
Suite 305
Miami, FL 33133
(786) 353-9812
Digital Contact Information:
billingheritagewellness@gmail.com

and
20824 W Dixie Hwy
Miami, FL 33180
(407) 851-5121
Digital Contact Information:
billingheritagewellness@gmail.com

Gedeum, Mikerlande, MED, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
lisette@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gelin, Vanessa, MSN, APRN ■
FL
(305) 902-6347
(510) 201-0190
Digital Contact Information:
http://forefronttelecare.com
support@thriveworks.com

Genen, Lawrence R, MD ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
provider@3peaksmedical.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com
Other Languages Spoken by Provider or Office Staff English

Gerber, Melanie A, MC, LCMHC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Gibson, Tamiko M, DNP, APRN ■
1550 Madruga Avenue
STE 201
Coral Gables, FL 33146
(305) 740-8103
Digital Contact Information:
infodesk@bregmanmedicalgroup.com

Glazer, Caleigh M, MA, LMHC ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
info@riviamind.com

Godoy Duran, Karina, MS, LMFT ■
879 East 28th Street
Hialeah, FL 33013
(786) 326-2260
Digital Contact Information:
innerwellnessaba@gmail.com

and
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
innerwellnessaba@gmail.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(786) 580-2204
Digital Contact Information:
innerwellnessaba@gmail.com

and
13590 Southwest 134th Avenue
104
Miami, FL 33186
(305) 896-8161
Digital Contact Information:
innerwellnessaba@gmail.com

Goldstein, Eric, PHD, LP ■
5975 Sunset Drive
803
South Miami, FL 33143
(305) 662-5299
Digital Contact Information:
egold1953@gmail.com

Gomez, Amelia, MBS, BCBA ■
2500 SW 107TH AVE
42
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
info@abcsfl.com

and
FL
(786) 615-3334
Digital Contact Information:
info@abcsfl.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gomez, Lissette, MA, LMFT ■
2500 SW 107TH AVE
42
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
info@abcsfl.com

and
FL
(786) 615-3334
Digital Contact Information:
info@abcsfl.com
Other Languages Spoken by Provider or Office Staff
English, Creole, Spanish

Gonzalez, Adriana, MSN, APRN ■
11440 N Kendall Dr

Ste 208
Miami, FL 33176
(305) 898-0849
Digital Contact Information:
callisiabilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Misleydis, MC, LMHC ■
215 Westward Dr
Miami Springs, FL 33166
(305) 887-4494
Digital Contact Information:
genesisconsultingservices39@gmail.com

Gonzalez Santana, Gleidys, MS, LMHC ■
142 E 49th St
Hialeah, FL 33013
(305) 333-9166
Digital Contact Information:
gleidysgs80@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0429
Digital Contact Information:
gleidysgs80@gmail.com

and
10691 North Kendall Drive
312
Miami, FL 33176
(786) 592-8470
Digital Contact Information:
gleidysgs80@gmail.com

and
11272 Southwest 137th Avenue
Miami, FL 33186
(786) 600-4809
Digital Contact Information:
http://www.generalmhs.com
gleidysgs80@gmail.com

and
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
gleidysgs80@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Goss, Jerron, MSCC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
http://www.wellnite.com
admin@blkhaven.com

Granja, Karen, MS, LMHC ■
5805 Blue Lagoon Dr
Ste 440
Miami, FL 33126
(800) 767-4411
Digital Contact Information:
Not Available

Green, Nikole, MC, LCPC, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Green-Scott, Alicia, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
allygreen66@aol.com

Greenblatt, Jodi, MS, LMFT ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
acc@advancedclientcare.org
Other Languages Spoken by Provider or Office Staff
Afrikaans

Guerrelus, Elange, MC, LMHC ■
2801 Northeast 213th Street
Suite 1215
Aventura, FL 33180
(833) 769-3524
Digital Contact Information:
fl-credentialing@lifestance.com
Other Languages Spoken by Provider or Office Staff
English, French

Guntin, Yamile, MSW, LCSW ■
3191 Coral Way
607
Miami, FL 33145
(786) 397-7926
Digital Contact Information:
https://headfulloffoliage.com
guntinaleman@gmail.com

and
FL
(786) 397-7926
Digital Contact Information:
https://headfulloffoliage.com
guntinaleman@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gutierrez, Beatriz, MSN, APRN ■
FL
(954) 765-6505
Digital Contact Information:
https://optimalmindandwellness.com/our-focus
beatriz@optimalmindandwellness.com

Gutierrez, Damian, MC, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
credentialing@banyanhealth.org

Hamilton, Richard A, PHD, LP ■
8900 N Kendall Dr
Miami, FL 33176
(786) 596-2000
Digital Contact Information:
hamiltonphd@hotmail.com

and
8950 N Kendall Dr
Ste 104W
Miami, FL 33176
(305) 665-8700
Digital Contact Information:
hamiltonphd@hotmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hansard, Tahsha, MS, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Harker, Kim Kimberly, MPSY, LAC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
grant@soulful-recovery.com

Harris, Teresa Q, MA, LPC ■
FL
(650) 761-9770
Digital Contact Information:
psychoanalyst42@protonmail.com

Harvey, Hope, MC, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
hello@jwrgrp.com

Havemann, Katherine, MA, LMHC ■
5805 Blue Lagoon Dr
Ste 440
Miami, FL 33126
(800) 767-4411
Digital Contact Information:
Not Available

Heard, Chelsea, MSSW, LCSW ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
chelseaheardcounseling@gmail.com

Henderson, Kimberly, MSW, LCSW ■
FL
(305) 804-9121
Digital Contact Information:
http://www.sfacounseling.org
info@sfacounseling.org

Henriquez, Maribi, MSW, LCSW ■
14261 Southwest 120th Street
108 628
Miami, FL 33186
(786) 372-0096
Digital Contact Information:
contact@projectchula.com

and
FL
(786) 372-0096
Digital Contact Information:
contact@projectchula.com

Herbert, Queenesha G, MA, LCPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
credentialing@wellnite.com

Hernandez, Ania, MS, BCBA ■
12060 Southwest 129th Court
Suite 205
Miami, FL 33186
(786) 864-9113
Digital Contact Information:
Not Available

Hernandez, Diana, MC, LMHC ■
2500 Southwest 107th Avenue
41
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
info@abcsfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Herrera, Carolina, MA, LMHC ■
FL
(786) 770-0618
(315) 873-2936
Digital Contact Information:
cherrera@youremotionsmatter.org
Other Languages Spoken by Provider or Office Staff
Spanish

Hill, Denise, CAP, MA ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
Not Available

Hill, Felicia M, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@lifestance.com

Horning, Lori A, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
credentialing@elemy.com

Hunt, Jennifer L, MS, LMHC ■
1 Alhambra Plaza
Miami, FL 33134
(888) 588-8995
Digital Contact Information:
billing@regionalpsychiatry.com

Ibarra, Melissa J, MS, LMHC ■
9220 Sunset Drive
104
Miami, FL 33173
(786) 724-4224
Digital Contact Information:
admin@vita-cog.com

and
FL
(786) 497-3375
Digital Contact Information:
https://www.srfhealinghelp.net/
admin@vita-cog.com
Other Languages Spoken by Provider or Office Staff English

Iglesias, Marta, MS, LMHC ■
3081 Salzedo Street
Suite 202
Coral Gables, FL 33134
(786) 294-5624
Digital Contact Information:
http://www.mi-counselor.com
lyam@credentialingconsultants.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ingraham, Megan, PHD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
hello@emorahealth.com

Inguanzo, Yelena, MS, LMHC ■
7745 Northwest 146th Street
F1
Miami Lakes, FL 33016
(786) 633-5992
Digital Contact Information:
vidamentalhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Jaramillo Mangia, Mary, MMH, LMHC ■
4302 Alton Rd
Ste 500
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Jimenez, Alyssa, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993

Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Johnson, Kamla D, MSW, LCSW ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
http://www.dgphealthandwellness.com
adams@pcmgfl.com
Other Languages Spoken by Provider or Office Staff English

Joseph, Marie I, MSN, APRN ■
111 Northwest 183rd Street
Suite 203
Miami, FL 33169
(786) 809-4101
Digital Contact Information:
heavenlysoulscare@gmail.com
Other Languages Spoken by Provider or Office Staff Creole

Kanenbley, Melissa, MSW, LCSW ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
acc@advancedclientcare.org

Kastrinos, Marlene M, MSW, LCSW ■
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
emotionaltherapy@aol.com

Kudolo, Diane, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
dmk.lpc2011@gmail.com

Labossiere, Danielle H, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com

Lagravere, Rose Mary, MSCC, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
acc@advancedclientcare.org

Lamons, Jackie D, DSW, LCSW ■
FL
(954) 348-5230
Digital Contact Information:
https://www.blueoasis.online/
jackielamonsdsw@gmail.com

Lane, Tisha J, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
soundmindstherapy@gmail.com

Lange, Stephen M, PHD, LP ■
FL
(800) 567-5433
Digital Contact Information:
https://totallife.com/
help@prosperhealth.io

Lebron Ginorio, Michelle, MD ■
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
rehabcenterag@gmail.com

and
10300 Southwest 72nd Street
300
Miami, FL 33173
(786) 418-9730
Digital Contact Information:
http://www.happydreamsofkids.com
rehabcenterag@gmail.com

and
12150 Southwest 128th Court
Suite 233
Miami, FL 33186
(786) 238-7666
Digital Contact Information:
rehabcenterag@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Legra, Bertha V, MS, LMHC ■
419 W 49th St
Ste 210
Hialeah, FL 33012
(954) 404-7052
Digital Contact Information:
credentialing@psychiatrist4u.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Lemus, Taylor, MS, LMHC ■
1000 Brickell Avenue
Miami, FL 33131
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com

Lenok, Michael, MC, LMHC ■
150 Southeast 2nd Avenue
STE 1010
Miami, FL 33131
(786) 733-0700
Digital Contact Information:
http://www.gia.miami
info@giahealthcare.com

Llamas, Angelica, MSN, APRN ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
laurap@azzurrahcc.com

and
215 Westward Dr
Miami Springs, FL 33166
(305) 887-4494
Digital Contact Information:
laurap@azzurrahcc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Longa, Alexandra, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Longman, Melissa, MSW, LCSW ■
7600 Southwest 57th Avenue
suite 334
South Miami, FL 33143
(786) 332-4478
Digital Contact Information:
info@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez Medrano, Ana M, MS, LMHC, LPC ■
3408 W 84th St
Ste 305
Hialeah, FL 33018
(786) 663-3983
Digital Contact Information:
https://mentalia.us
care@thepeacefulmindfactory.com

and
FL
(786) 663-3983
Digital Contact Information:
https://mentalia.us
care@thepeacefulmindfactory.com

and
13590 Southwest 134th Avenue
210
Miami, FL 33186
(786) 663-3983
Digital Contact Information:
care@thepeacefulmindfactory.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Yaneris, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(305) 735-3555
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Louwagie Gordon, Alissa M, MS, LMHC ■
FL
(786) 615-3334
Digital Contact Information:
info@abcsfl.com

Luker, Carey, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
evelazquez@tchsonline.org

Luther, Jasmine M, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
fl-credentialing@lifestance.com
Other Languages Spoken by Provider or Office Staff English

Machuca, Jose R, PHD, LMHC ■
11300 Northeast 2nd Avenue
Miami Shores, FL 33168
(504) 388-5981
Digital Contact Information:
rmachuca@barry.edu
Other Languages Spoken by Provider or Office Staff
Portuguese, English, Spanish

Madison, Marlon, MSW, LCSW ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
acc@advancedclientcare.org

Martin, Lawanda, MPSY, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
engeditherapy@gmail.com

Martinez Soto, Yaneisy, APRN ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
info@ffmhs.com

Massop, Franklyn, MPSY, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 275-8860
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Mazzella, Kathryn L, MSN, APN, APNP, APRN, APRNPMH, NP ■
150 Alhambra Circle
Floor 10
Coral Gables, FL 33134
(786) 800-3374
Digital Contact Information:
billing101@healthandpsychiatry.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
billing101@healthandpsychiatry.com

McMillon, Karlysse, MA, LMHC ■
1 Alhambra Plaza
Miami, FL 33134
(888) 588-8995
Digital Contact Information:
creds@foresightmentalhealth.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
creds@foresightmentalhealth.com
Other Languages Spoken by Provider or Office Staff English

Medina Rojo, Raul, MSN, APRN ■
4445 West 16th Avenue
STE 405
Hialeah, FL 33012
(786) 233-6721
Digital Contact Information:
office@myrtleridge.us

and
1000 Brickell Avenue
Miami, FL 33131
(786) 701-9211
Digital Contact Information:
office@myrtleridge.us

and
9299 SW 152nd St
Ste 206
Palmetto Bay, FL 33157
(786) 883-0339
Digital Contact Information:
office@myrtleridge.us
Other Languages Spoken by Provider or Office Staff
English, Spanish

Mejia, Alejandra, MSW, LCSW ■
14645 Northwest 77th Avenue
101
Miami Lakes, FL 33014
(833) 769-3524
Digital Contact Information:
http://lifestance.com
dougblessington@gmail.com

Mendez Luaces, Luis E, DNP, APRN ■
330 Southwest 27th Avenue
#701
Miami, FL 33135
(305) 363-1880
Digital Contact Information:
http://empowerpsychiatry.net
info@empowerpsychiatry.med
Other Languages Spoken by Provider or Office Staff
Spanish

Meyer, Sean P, PHD, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
information@flces.com
Other Languages Spoken by Provider or Office Staff
German

Mitchell, Wendy M, MSW, LCSW ■
605 77th Street
5 5
Miami Beach, FL 33141
(786) 499-8718
Digital Contact Information:
credentialing@cspm365.com

Mompoint, Guy-Claude, MPS, LSP ■
4812 Southwest 74th Court

3
Miami, FL 33155
(786) 275-8860
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com
Other Languages Spoken by Provider or Office Staff English, Haitian

Monette Roulhac, Kareta, MS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 275-8860
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Montes De Oca, Yilian, MS, LCMHC, LCPC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ymontesy@yahoo.com
Other Languages Spoken by Provider or Office Staff Spanish

Mora, Joseph J, PHD, LP ■
10621 North Kendall Drive
Suite #203
Miami, FL 33176
(305) 456-6976
Digital Contact Information:
davalos.credentialing@novitams.com

Morales Gonzalez, Jose, MD ■
299 Alhambra Circle
STE 210
Coral Gables, FL 33134
(786) 558-5729
Digital Contact Information:
http://www.polyclinichc.com
adnanmaqsood@bostonneurobehavioral.com

and

FL
(786) 558-5729
(305) 637-6400
Digital Contact Information:
http://www.polyclinichc.com
adnanmaqsood@bostonneurobehavioral.com

and

4005 Northwest 114th Avenue
22 22
Doral, FL 33178
(305) 260-6913
Digital Contact Information:
adnanmaqsood@bostonneurobehavioral.com

and

395 Northwest 14th Avenue
2
Homestead, FL 33030
(786) 349-4350
Digital Contact Information:
adnanmaqsood@bostonneurobehavioral.com

and

7392 Northwest 35th Terrace
301
Miami, FL 33122
(786) 353-2329
Digital Contact Information:
adnanmaqsood@bostonneurobehavioral.com

and

7392 Northwest 35th Terrace
Suite 302
Miami, FL 33122
(786) 353-2792
Digital Contact Information:
adnanmaqsood@bostonneurobehavioral.com

and

150 Southeast 2nd Avenue
STE 1010
Miami, FL 33131
(786) 733-0700
Digital Contact Information:
adnanmaqsood@bostonneurobehavioral.com

and

5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
adnanmaqsood@bostonneurobehavioral.com

and

20612 Northwest 27th Avenue
Miami Gardens, FL 33056
(305) 637-6400
Digital Contact Information:
adnanmaqsood@bostonneurobehavioral.com
Other Languages Spoken by Provider or Office Staff Spanish

Morley, Chanrika, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
fl-credentialing@lifestance.com

Morris, Shezetta, MA, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
jenny.silverio@lifehealthsystem.org

Moses, Lia E, MS, LMHC ■
7600 Red Road
102
South Miami, FL 33143
(305) 456-1014
Digital Contact Information:
http://www.mindandsoultherapy.org
liamoses@yahoo.com

and

FL
(305) 456-1014
Digital Contact Information:
http://www.mindandsoultherapy.org
liamoses@yahoo.com
Other Languages Spoken by Provider or Office Staff Spanish

Muggli, Tina M, MA, LMFT ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
arscredentialing@advancedrecoverysystems.com

and

8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Muldrow, Edward J, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
emuldrow3@aol.com

Nagel, Alexandra, MA, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@mhrcflorida.com

Nainaparampil, Jaison, MD ■
698 Northeast 1st Avenue
3309 3309
Miami, FL 33132
(305) 929-3057
Digital Contact Information:
http://www.jjnmdllc.com
jaison@jjnmdllc.com

and

FL
(305) 929-3057
Digital Contact Information:
http://www.jjnmdllc.com
jaison@jjnmdllc.com

Napoles, Arlet, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Creole, Spanish

Nava Urdaneta, Mariangela, PSYD, LP ■
7600 South Red Road
127
South Miami, FL 33143
(786) 508-2207
Digital Contact Information:
http://www.lunapsychology.com
angelo@lunapsychology.com

and

7600 South Red Road
200
South Miami, FL 33143
(786) 508-2207
Digital Contact Information:
http://www.lunapsychology.com
angelo@lunapsychology.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Naves-Arellano, Kristine A, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@lifestance.com

Neves, Tirza, MS, LMHC ■
975 Arthur Godfrey Road
Suite 308
Miami Beach, FL 33140
(305) 456-1014
Digital Contact Information:
administration@mindandsoultherapy.com

and

7600 Red Road
102
South Miami, FL 33143
(305) 456-1014
Digital Contact Information:
administration@mindandsoultherapy.com

and

7600 Southwest 57th Avenue
102
South Miami, FL 33143
(305) 456-1014
Digital Contact Information:
administration@mindandsoultherapy.com
Other Languages Spoken by Provider or Office Staff Portuguese, English, Spanish

Nguyen, Phuc Duyen, MSN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Novak, Mark, MS, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
acc@advancedclientcare.org

O'Neill, Gloria M, MSN, APRN ■
7855 Northwest 52nd Street
Doral, FL 33166
(305) 450-9651
Digital Contact Information:
info@rushcredentialing.com

Ochoa Basulto, Anett, MPSY, LMHC ■
9260 Southwest 72nd Street
103 bldg 6
Miami, FL 33173
(786) 359-4448
Digital Contact Information:
anettochoa2015@gmail.com

and

13335 Southwest 124th Street
STE 211
Miami, FL 33186
(786) 551-8253
Digital Contact Information:
anettochoa2015@gmail.com

Odum, Lesli S, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
leslie.odum@gmail.com

Ogugua, Adeola A, MSN, APRN, NP ■
FL
(305) 902-6347
Digital Contact Information:
hr.credentialing@sohomd.com
Other Languages Spoken by Provider or Office Staff English

Onusuru, Vitus M, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ca-credentialing@lifestance.com

Orfao-Martin, Claudia, MSW, LICSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
mollymar@yahoo.com
Other Languages Spoken by Provider or Office Staff Portuguese, English

Orue, Isis, CD, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com
Other Languages Spoken by Provider or Office Staff Spanish

Osher, Carol, MSSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Palenque, Yoni R, MSN, APRN ■
2000 Northwest 87th Avenue
Suite 201
Doral, FL 33172
(954) 561-6222
Digital Contact Information:
info@ventremedical.com

and

5901 Southwest 74th Street
408
Miami, FL 33143
(305) 735-3555
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff Spanish

Pandini, Heli, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
credentialing@thriveworks.com

Paris, Emilia, MC, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff Spanish

Payne, Kurt, CD, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Pena, Frances, MSW, LCSW ■
8100 SW 81st Dr
Ste 290
Miami, FL 33143
(305) 975-4049
Digital Contact Information:
credentialing@joinuplift.co

and
16095 SW 150th St
Miami, FL 33196
(305) 975-4049
Digital Contact Information:
credentialing@joinuplift.co
Other Languages Spoken by Provider or Office Staff
Spanish

Pena, Giliana G, MSSW, LCSW ■
8300 West Flagler Street
170
Miami, FL 33144
(786) 633-5171
Digital Contact Information:
olympushcs@gmail.com

and
14400 Northwest 77th Court
#100
Miami Lakes, FL 33016
(786) 916-6073
Digital Contact Information:
olympushcs@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Peraza Llanes, Alexander, MSN, APRN ■
2000 Northwest 87th Avenue
Suite 201
Doral, FL 33172
(954) 561-6222
Digital Contact Information:
info@ventremedical.com

and
5901 Southwest 74th Street
408
Miami, FL 33143
(305) 735-3555
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perdomo, Marlen, MS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Perez, Guadalupe, MS, LMHC ■
7875 SW 104th St
Ste 101
Miami, FL 33156
(305) 899-1587
Digital Contact Information:
http://www.jcsfl.org
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Rosbel, MSN, APRN ■
8532 Southwest 8th Street
STE 290
Miami, FL 33144
(786) 927-8048
Digital Contact Information:
http://www.icaremh.com
dovebehavioralhealth@gmail.com

Perez, Victoria, MSW, LCSW ■
12540 Southwest 8th Street
Miami, FL 33184
(305) 705-6840
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Petit-Jean, Christine, MSW, LCSW, LICSW ■
FL
(786) 967-7873
Digital Contact Information:
https://parakletostherapeutic.com/
ptsdatyourservice@gmail.com
Other Languages Spoken by Provider or Office Staff English

Pettit, Sara, MSW, LCSW ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
credentialing@riviamind.com

Pettus, Tenisha, PHD, LMFT ■
FL
(786) 724-4224
Digital Contact Information:
admin@vita-cog.com

Phillips, Meghan A, MS, LCSW ■
14645 Northwest 77th Avenue
101
Miami Lakes, FL 33014
(833) 769-3524
Digital Contact Information:
http://lifestance.com
fl-credentialing@lifestance.com

Pierre, Jason, MSN, APN, PMHNP ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Podkulski, Melissa E, PA, PA_C ■
801 Brickell Avenue
8
Miami, FL 33131
(516) 505-7200
Digital Contact Information:
https://mindful.care/
richard.benson@avernuscorp.com
Other Languages Spoken by Provider or Office Staff English

Polanco, Diliana B, MSW, LCSW ■
2140 West Flagler Street
202
Miami, FL 33135
(786) 663-2822
Digital Contact Information:
jxross12@gmail.com

and
FL
(786) 663-2822
Digital Contact Information:
jxross12@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Polites, Nancy, MSW, LCSW ■
55 Miracle Mile
Miami, FL 33134
(772) 486-4417
Digital Contact Information:
nancyelsie@gmail.com

Posada, Stephanie, MMH, LMHC ■
2500 Southwest 107th Avenue
41
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
lgomez@abcsfl.com

and
FL
(786) 615-3334
Digital Contact Information:
lgomez@abcsfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Potts, Payton, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Preval, Falicia, MC, LMHC ■
1031 Ives Dairy Rd
Ste 228
Miami, FL 33179
(786) 320-5559
Digital Contact Information:
faliciap@aol.com

and
1031 Ives Dairy Road
Miami, FL 33179
(786) 627-3321
Digital Contact Information:
faliciap@aol.com

and
1001 North Miami Beach Boulevard
North Miami Beach, FL 33162
(786) 320-5559
Digital Contact Information:
faliciap@aol.com

Quinonez, Anais, MS, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
counselingoncall@gmail.com

Quintana, Amauri A, DNP, APRN ■
1000 Brickell Avenue
Miami, FL 33131
(786) 238-7364
Digital Contact Information:
abdullah@sixequation.com

and
1 NE 167th St
Miami, FL 33162
(305) 947-7133
Digital Contact Information:
abdullah@sixequation.com

and
2646 Southwest 87th Avenue
Miami, FL 33165
(305) 947-7133
Digital Contact Information:
abdullah@sixequation.com

Quintanilla, Claudia, MS, LMHC ■
FL
(786) 258-8499
Digital Contact Information:
http://www.virtual-counseling.com
service@virtual-counseling.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rabkin-Turner, Jodi, MS, LMHC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
bellaneph@yahoo.com

Raigeluw, Lisa, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Reis, Maria, MC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Rejas Cabrera, Dennis, DNP, APRN ■
2740 Southwest 19th Terrace
Miami, FL 33145
(786) 318-1778
Digital Contact Information:
http://www.vitalmindpsychiatrycare.com
dennisr92@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Remedioz Gonzalez, Yuri, MSN, APRN ■
5040 Northwest 7th Street
610
Miami, FL 33126
(786) 505-9442
Digital Contact Information:
http://www.gpsycare.com
officeadmin@gpsycare.com

and
8700 West Flagler Street
150
Miami, FL 33174
(305) 479-2584
Digital Contact Information:
http://megamedicalcenter.com
officeadmin@gpsycare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Remsen, Caitlyn, MSW, LMHC ■
8500 SW 92nd Street
206
Miami, FL 33156
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
info@livewelltherapygroup.com

and
7600 Southwest 57th Avenue
suite 334
South Miami, FL 33143
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
info@livewelltherapygroup.com

Reyes, Kristal A, MSW, LMSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com
Other Languages Spoken by Provider or Office Staff
Swedish, Chinese, Zulu, Tigrigna, German, Telugu, Urdu, Lebanese, Spanish, Polish, Indian, Tagalog, Portuguese, English, Arabic, French, Russian, Danish, Italian, Yoruba, Hindi

Richards, Terry, PHD, LP ■
1717 North Bayshore Drive
3456 3456
Miami, FL 33132
(305) 343-3810
Digital Contact Information:
Not Available

and
21110 Biscayne Blvd
Ste 304
Miami, FL 33180
(305) 343-3810
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff English

Rios, Rosa, MSW, LCSW ■
FL
(305) 804-9121
Digital Contact Information:
http://www.sfacounseling.org
info@sfacounseling.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rios, Tyra, MA, LMFT ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Ritter, Jared T, MD ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131

(256) 500-8688
Digital Contact Information:
eastersealscred@symplr.com

Rivas-Carrillo, Jorge, MSW, LCSW ■
2124 Northeast 123rd Street
STE 220
North Miami, FL 33181
(786) 828-0947
Digital Contact Information:
https://blossomfl.com
jorge.rivas@thefloridacenter.org
Other Languages Spoken by Provider or Office Staff
Spanish

Rivera, Gretel, MS, LMHC ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com

and
10300 Sunset Drive
Suite 114
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com
Other Languages Spoken by Provider or Office Staff
French, Spanish

Rivera, Yesenia, PSYD, LP ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 317-4478
Digital Contact Information:
https://crystalabatherapy.com/
info@cmpsclinical.com
Other Languages Spoken by Provider or Office Staff
Haitian Creole, French, Italian, Spanish

Roberson, Cranesha E, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@truhealingreality.com

and
111 NW 183rd St
Ste 404
Miami, FL 33169
(786) 524-4001
Digital Contact Information:
info@truhealingreality.com

Roberts, Nicole, MSN, APN, APRN, CNP, CNS, NP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
billing101@healthandpsychiatry.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
billing101@healthandpsychiatry.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
billing101@healthandpsychiatry.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
billing101@healthandpsychiatry.com

Rodriguez, Alecia, PHD, LMFT ■
9555 Southwest 175th Terrace
Suite 227
Miami, FL 33157
(888) 241-8802
Digital Contact Information:
contact@myuniquetherapy.com

and
FL
(888) 241-8802
Digital Contact Information:
https://myuniquetherapy.com
contact@myuniquetherapy.com

Rodriguez, Alissa, MC, LMHC ■
3081 Salzedo Street
202u
Coral Gables, FL 33134
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com

and
3081 Salzedo Street
Suite 202
Coral Gables, FL 33134
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com

and
3625 Northwest 82nd Avenue
Doral, FL 33166
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com

and
3625 Northwest 82nd Avenue
400
Doral, FL 33166
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com

and
1911 Southwest 87th Avenue
Miami, FL 33165
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com

and
FL
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com

and
9016 Southwest 152nd Street
Palmetto Bay, FL 33157
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Andrea, MC, LMHC ■
8500 SW 92nd Street
203
Miami, FL 33156
(786) 332-4478
Digital Contact Information:
billing@livewelltherapygroup.com

and
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
billing@livewelltherapygroup.com

and
11050 Southwest 88th Street
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
billing@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Arianna, MSN, APRN ■
142 E 49th St
Hialeah, FL 33013
(305) 333-9166
Digital Contact Information:
http://www.lennoxhealth.org
mcarvajal@lennoxhealth.org
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Julieta, PHD, LP ■
15715 S Dixie Hwy
Ste 401
Miami, FL 33157
(786) 255-4693
Digital Contact Information:
jr3015@aol.com

and
15715 S Dixie Hwy
Ste 406
Miami, FL 33157
(786) 255-4693
Digital Contact Information:
jr3015@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Pablo R, MPSY, LMHC ■
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
http://novacommunityservice.com
info@novacshealth.com
Other Languages Spoken by Provider or Office Staff
German, Spanish

Rodriguez Ramos, Meilyn, PSYD, LP ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Taymi, MS, APRN ■
FL
(786) 860-5104
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com

and
15260 Southwest 280th Street
203
Homestead, FL 33032
(786) 601-7491
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com

and
2121 Southwest 3rd Avenue
205
Miami, FL 33129
(786) 660-1301
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com

and
3191 Southwest 22nd Street
406
Miami, FL 33145
(786) 660-1301
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com

and
7921 Bird Road
39
Miami, FL 33155
(786) 310-1570
Digital Contact Information:
http://oceanhealthsystem.com
lisbetrodriguez@llbillingoffice.com

and
7971 Bird Road
39
Miami, FL 33155
(786) 910-7179
Digital Contact Information:
http://oceanhealthsystem.com
lisbetrodriguez@llbillingoffice.com

and
4905 Northwest 72nd Avenue
5
Miami, FL 33166
(786) 391-3816
Digital Contact Information:
http://paradisehealthgroup.com
lisbetrodriguez@llbillingoffice.com

and
10680 Fontainebleau Boulevard
Miami, FL 33172
(305) 794-6845
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com

and
9350 SW 72nd St
Ste 116
Miami, FL 33173
(305) 992-9768
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com

and
12781 SW 42nd St
Ste G
Miami, FL 33175
(786) 227-3661
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com

and
13155 Southwest 134th Street
221
Miami, FL 33186
(786) 652-9880
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com

and
18142 Southwest 97th Avenue
Palmetto Bay, FL 33157
(786) 701-9179
Digital Contact Information:
http://www.guevaramedicalservices.com
lisbetrodriguez@llbillingoffice.com

and
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rondina, Katherine M, MSN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
hr.credentialing@sohomd.com
Other Languages Spoken by Provider or Office Staff
English

Rosario, Tamara, MS, LMHC ■
11077 Biscayne Boulevard
410
Miami, FL 33161
(888) 494-0808
Digital Contact Information:
https://tamara-rosario.clientsecure.me
office@sbhss.net
Other Languages Spoken by Provider or Office Staff
Spanish

Ross-Copes, Stephanie N, MC, LCPC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
shreekanth.k@bikhamhealthcare.com
Other Languages Spoken by Provider or Office Staff
English

Ruiz, Tatiana, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
info@ffmhs.com

Ryan, Melanie, MS, LMHC ■
2124 Northeast 123rd Street
STE 220
North Miami, FL 33181
(786) 828-0947
Digital Contact Information:
https://blossomfl.com
info@blossomfl.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Salazar, Ana, MS, LMHC ■
2500 Northwest 107th Avenue
Suite 102
Doral, FL 33172
(786) 605-9400
Digital Contact Information:
hello@reachlink.com

Sander, Tiffani, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:

https://www.emorahealth.com/
joe@beaconhealthinc.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
joe@beaconhealthinc.com

Santiago Fernandez, Flor De Liz, EDD, LCSW ■
10691 North Kendall Drive
304
Miami, FL 33176
(786) 771-3370
Digital Contact Information:
http://www.familybalancetherapy.com
familybalancetherapy@gmail.com

and
FL
(786) 771-3370
Digital Contact Information:
http://www.familybalancetherapy.com
familybalancetherapy@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Schechner, Joanna, PSYD, CP, HSPP, LP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
dmccoy@prodatamgmt.com

Scotto, Nicole M, MC, LMHC ■
2875 Northeast 191st Street
528
Aventura, FL 33180
(305) 396-9010
Digital Contact Information:
https://balancedlifetherapygroup.com/
help@joinuplift.co

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff English

Sequeiros, Rosa, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Shakespeare, Ashanti, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
inquiry@dare2emerge.com

Sharma, Manoj Kumar, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
credentialing@wellnite.com
Other Languages Spoken by Provider or Office Staff
Marathi, Hindi

Sifran, Susana E, MA, LMHC ■
2040 Northeast 163rd Street
305
North Miami Beach, FL 33162
(786) 553-6038
Digital Contact Information:
susanasifran@hotmail.com
Other Languages Spoken by Provider or Office Staff
Hebrew, Spanish

Simon, Vania M, MMH, LMHC ■
9425 Sunset Drive
Ste F251
Miami, FL 33173
(786) 310-6004
Digital Contact Information:
http://www.mindingthegap.net
vania@mindingthegap.net

and
FL
(786) 310-6004
Digital Contact Information:
http://www.mindingthegap.net
vania@mindingthegap.net

and
8181 Northwest 154th Street
STE 112
Miami Lakes, FL 33016
(407) 572-8053
Digital Contact Information:
vania@mindingthegap.net

and
1190 Northwest 95th Street
307
Miami Shores, FL 33150
(407) 572-8053
Digital Contact Information:
vania@mindingthegap.net

Smith, Devin, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
referrals@chrysalishealth.com

Smith, Virginia L, MS, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@growtherapy.com
Other Languages Spoken by Provider or Office Staff English

Smith-Swan, Azure, MSW, LCSW ■
FL
(945) 253-8399
Digital Contact Information:
https://www.therealhealco.com/
dr.azure@therealhealco.com

Solares, Nani E, MA, LMHC ■
9240 Sunset Dr
Ste 202
Miami, FL 33173
(786) 803-7922
Digital Contact Information:
http://www.nanisolares.com
nanisolareslmhc@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Solomon, Evelyn, MSW, LCSW ●
FL
(802) 734-5285
Digital Contact Information:
http://www.evelynsolomontherapy.com
evelynsolomontherapy@gmail.com
Other Languages Spoken by Provider or Office Staff Hebrew

Soto, Lugannys M, MS, LMHC ■
6601 Southwest 80th Street
STE 121
South Miami, FL 33143
(305) 453-4833
Digital Contact Information:
http://www.themodernpsychology.com
admin@themodernpsychology.com
Other Languages Spoken by Provider or Office Staff Spanish

Spasic, Marija, MS, LMHC ■
7600 West 20th Avenue
213
Hialeah, FL 33016
(786) 471-6887
Digital Contact Information:
http://marijaspasic.com
srcetherapy@gmail.com

Springer, Shawndel, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
gethelp@wellqor.com

Steinberg, Rachel, MSW, LCSW ■
5901 Southwest 74th Street
408
Miami, FL 33143
(305) 735-3555
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com

Stevenson, Thalia, MS, LCMHC ■
FL
(786) 530-5410
Digital Contact Information:
http://actservicellc.com
actservices2023@gmail.com

Stewart, Kimberly, MSW, LCSW ■
FL
(321) 360-4390
(904) 479-6299
Digital Contact Information:
insightcounselingcorner@gmail.com

Stone Palmer, Matthew Luke, MSW, LCSW ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
info@prioritypractice.com

Suhail, Sam, MD ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://happierliving.com
hello@joinblossomhealth.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
hello@joinblossomhealth.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com

Tang Bau, Robert, MSN, APRN ■
8950 SW 74th Ct
Ste 2201
Miami, FL 33156
(786) 637-7338
Digital Contact Information:
info@icarepsychiatry.org

Taque, Jose C, MS, LMHC ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
ehoyos@lotuscounseling.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
http://www.lotuscounseling.com
ehoyos@lotuscounseling.com
Other Languages Spoken by Provider or Office Staff Italian, Spanish

Thompson, Shannon R, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@lifestance.com

Todman, Aminah, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Tolbert, Kristen, EDD, LMHC, LPC ■
FL
(877) 799-1506
Digital Contact Information:
kristentolbert@gmail.com

and
18117 Biscayne Boulevard
2052
Miami, FL 33160
(954) 591-8526
Digital Contact Information:
kristentolbert@gmail.com

Torres Carbonell, William, MSN, APRN ■
10024 Southwest 222nd Street
Cutler Bay, FL 33190
(239) 692-2776
Digital Contact Information:
info@rushcredentialing.com

Totten, Renee, MA, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
khaase@focusedsolution.net

Toussaint, Nimrode, MSN, APRN ■
1000 Brickell Avenue
Miami, FL 33131
(305) 725-3379
Digital Contact Information:
credentialing@resilientmbs.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@resilientmbs.com

Valdes, Debora, MSN, APRN ■
7315 Northwest 36th Street
Miami, FL 33166
(786) 345-7734
Digital Contact Information:
Not Available

Valmy Estivens, Vinia, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Vance, Melissa, MS, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
pandatherapycircle@gmail.com

Vandhuynslager, Marci, MS, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
milly.cintron@marirecovery.com
Other Languages Spoken by Provider or Office Staff English

Velasco-Quintero, Dania, MA, LMHC ■
7590 Northwest 186th Street
109

Hialeah, FL 33015
(305) 688-1700
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
10651 North Kendall Drive
suite 120
Miami, FL 33176
(786) 963-9087
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vidal-Zas, Alicia R, PSYD, LP ■
14225 SW 42nd St
Miami, FL 33175
(305) 221-8200
Digital Contact Information:
arvida712@aol.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Vieira, Caroline, MC, LMHC, PC ■
2212 Northwest 91st Street
Miami, FL 33147
(341) 888-7637
Digital Contact Information:
contact@quelinbilling.com
Other Languages Spoken by Provider or Office Staff
Portuguese

Waugh, Odalys J, PHD, LMHC ■
5201 Waterford District Drive
888
Miami, FL 33126
(305) 321-7226
Digital Contact Information:
morecounseling@gmail.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
morecounseling@gmail.com

and
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
morecounseling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

White, Emma, MC, LMHC ■
3081 Salzedo Street
Suite 202
Coral Gables, FL 33134
(305) 330-0588
Digital Contact Information:
griff_pysch@yahoo.com

and
3625 Northwest 82nd Avenue
400
Doral, FL 33166
(305) 330-0588
Digital Contact Information:
griff_pysch@yahoo.com

Whittington, Brittany N, MS, LMHC ■
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
http://www.crystalabatherapy.com
info@cmpsclinical.com

Wilcoxon, Kaffie G, MA, LMHC, LPC ■
1 Alhambra Plaza
1451
Miami, FL 33134
(888) 588-8995
Digital Contact Information:
credentialing@thriveworks.com
Other Languages Spoken by Provider or Office Staff
English, Sign Lang Amer

Williams-Jeanty, Miesha N, MED, LMHC ■
FL
(305) 306-7409
Digital Contact Information:
admin@nzingasplace.com

Wilson, Aisya, MSW, LCSW ●
804 Northwest 21st Terrace
Suite 203
Miami, FL 33127
(305) 563-3136
Digital Contact Information:
https://www.myperspectivecounseling.com/
info@myperspectivecounseling.com

Wong, Carmen, MSN, APRN, CNP, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=yhr.credentialing@sohomd.com

Xavier, Elisabeth, MED, LMHC ■
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(714) 274-7577
Digital Contact Information:
https://sensiblecare.com/
contact@sensiblecare.com

Zadok, Alexia, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
care@joinuplift.co

Zambrano, Karen M, PSYD, LP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 259-6977
Digital Contact Information:
http://www.abctestingservices.com
lisette@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

DISSOCIATIVE DISORDER (MULTIPLE PERSONALITIES)

Acosta Heredia, Erick, MD ■
11272 Southwest 137th Avenue
Miami, FL 33186
(786) 792-4928
Digital Contact Information:
http://www.generalmhs.com
erickacostah79@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Acosta, Liza M, MMFT, LMFT ■
3970 West Flagler Street
203 204
Miami, FL 33134
(786) 953-5978
Digital Contact Information:
healchoicecorp2019@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Acosta Romero, Diana, MSN, APRN ■
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
info@cbhwestcoast.com

and
8323 Northwest 12th Street
108
Doral, FL 33126
(305) 400-8511
Digital Contact Information:
http://www.cbhwestcoast.com
info@cbhwestcoast.com

and
FL
(305) 400-8511
Digital Contact Information:
info@cbhwestcoast.com
Other Languages Spoken by Provider or Office Staff
Spanish

Agic, Christine, MSW, LCSW ■
2500 SW 107TH AVE
42
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
inbox.mhcares@gmail.com

Aguilar, Jose G, MSN, CNP, NP ■
8846 Southwest 6th Street
Miami, FL 33144
(746) 486-8000
Digital Contact Information:
patti@clearviewcounselinggroup.org
Other Languages Spoken by Provider or Office Staff
Spanish

Aguilera, Maribel, MD ■
8049 NW 155th St
Miami Lakes, FL 33016
(305) 822-2330
Digital Contact Information:
maguileramd@aol.com
Other Languages Spoken by Provider or Office Staff English

Alayon, Carlos, MS, LMHC ■
10500 Northwest 26th Street
Doral, FL 33172
(305) 646-1799
Digital Contact Information:
calayon@hotmail.com

and
1710 Northwest 7th Street
5
Miami, FL 33125
(239) 250-9411
Digital Contact Information:
calayon@hotmail.com

and
2311 Northwest 7th Street
Miami, FL 33125
(786) 706-2246
Digital Contact Information:
calayon@hotmail.com

and
790 Northwest 107th Avenue
Suite 303
Miami, FL 33172
(786) 603-9858
Digital Contact Information:
calayon@hotmail.com

and
11960 SW 39th Ter
Miami, FL 33175
(786) 514-6406
Digital Contact Information:
calayon@hotmail.com

and
13170 Southwest 128th Street
200
Miami, FL 33186
(786) 852-5198
Digital Contact Information:
calayon@hotmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alea Garcia, Alina, MSSW, BCBA ■
123 N Krome Ave
Ste 104
Homestead, FL 33030
(786) 349-4559
Digital Contact Information:
referrals@ffmhs.com

and
Home Based Services Only
Homestead, FL 33030
(786) 349-4559
Digital Contact Information:
referrals@ffmhs.com

Alexandriny, Lisandra, MSN, APRN ■
7821 Coral Way
100
Miami, FL 33155
(786) 409-5690
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alfonso, Carolina I, MSW, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
lisette@abctestingservices.com

Alfonso, Hiran, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Alfonso, Tania P, MSN, APRN ■
12955 Southwest 42nd Street
STE 2
Miami, FL 33175
(305) 364-5711
Digital Contact Information:
goldenyears6423@yahoo.com

and
10689 N Kendall Dr
Ste 300
Miami, FL 33176
(305) 558-7400
Digital Contact Information:
goldenyears6423@yahoo.com

and
6175 NW 153rd St
Ste 404
Miami Lakes, FL 33014
(305) 558-7400
Digital Contact Information:
goldenyears6423@yahoo.com

and
8060 Northwest 155th Street
Suite 202
Miami Lakes, FL 33016
(305) 882-9144
Digital Contact Information:
http://www.flmentalhealthresources.com
goldenyears6423@yahoo.com

and
FL
(786) 267-4005
(305) 882-9144
Digital Contact Information:
http://www.flmentalhealthresources.com
goldenyears6423@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Alleyne, Amanda, MSSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Almeida Wallace, Diana, MC, LMHC ■
5915 Ponce de Leon
48
Coral Gables, FL 33146
(305) 934-6453
Digital Contact Information:
dalmeida87@hotmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, English, French, Spanish

Alvarenga, Alicia, MSSW, LCSW ■
2100 Coral Way
#310
Miami, FL 33145
(786) 320-1677

Digital Contact Information:
ydzmgroup@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Alvarez, Arlinnes, MMH, LMHC ■
FL
(305) 804-9121
Digital Contact Information:
http://www.sfacounseling.org
arlinnes@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Creole, Spanish

Alvarez, Gianinne M, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
info@livewelltherapygroup.com

and
7600 Southwest 57th Avenue
suite 334
South Miami, FL 33143
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
info@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alvarez Gonzalez, Lissette M, MS, LMHC ■
2500 Northwest 79th Avenue
Suite 180
Doral, FL 33122
(786) 253-7868
Digital Contact Information:
faithandhope230@gmail.com

and
18522 Southwest 136th Court
Miami, FL 33177
(305) 416-8189
Digital Contact Information:
faithandhope230@gmail.com

and
5881 Northwest 151st Street
Suite: 103
Miami Lakes, FL 33014
(786) 703-4154
Digital Contact Information:
faithandhope230@gmail.com

and
230 Canal Street
APT 202
Miami Springs, FL 33166
(305) 416-8189
Digital Contact Information:
faithandhope230@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alvarez Hernandez, Jorge A, MSN, APRN ■
12550 Biscayne Boulevard
STE 507
North Miami, FL 33181
(305) 204-1209
Digital Contact Information:
jac-pmhnp@assertivecare.net
Other Languages Spoken by Provider or Office Staff
English, Spanish

Alvarez, Mayelin, MSN, APRN ■
8300 West Flagler Street
STE 258C
Miami, FL 331446002
(786) 633-5171
Digital Contact Information:
olympushcs@gmail.com

Amado, Sandra J, MC, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@usmso.com

Ambush, Latonia M, MMH, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
latonia.ambush@gmail.com

Anagnos, Grace E, MA, LCMHC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Anderson, Laura, MHS, APRN ■
4304 Alton Rd
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com

Andino, Nelson, MSN, APRN ■
4005 Northwest 114th Avenue
22 22
Doral, FL 33178
(305) 260-6913
Digital Contact Information:
ybhsbilling@gmail.com

and
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
ybhsbilling@gmail.com

Andre, Gladys, MSW, LCSW ■
FL
(954) 638-7462
(786) 281-3935
Digital Contact Information:
gandre0417@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Creole

Andreu Guerra, Sahily, MSN, APRN ■
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
9010 Southwest 137th Avenue
suite 116
Miami, FL 33186
(305) 639-8685
Digital Contact Information:
healingtouchinc@msn.com

and
14400 Northwest 77th Court
#100
Miami Lakes, FL 33016
(786) 916-6073
Digital Contact Information:
healingtouchinc@msn.com

and
7241 Southwest 63rd Avenue
STE 101A
South Miami, FL 331434838
(786) 916-6073
Digital Contact Information:
healingtouchinc@msn.com

Angel, Laurie R, MSN, APRN ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
momofben@bellsouth.net

Anias, Carlos, MSN, APRN ■
2000 Northwest 87th Avenue
Suite 201
Doral, FL 33172
(954) 561-6222
Digital Contact Information:
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Antoine, Nisha, MPSY, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Arango, Alejandra J, MS, LMHC ■
FL
(786) 556-4040
Digital Contact Information:
aarango505@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arias, Alina, MS, LMHC ■
18505 Northwest 75th Place
104 104
Hialeah, FL 33015
(305) 746-5628
Digital Contact Information:
rossconsultingandcredentialing@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Aristizabal, Adriana M, MSN, ARNP ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
ashley@ventremedical.com

and
9010 SW 137th Ave
Miami, FL 33186
(305) 671-3503
Digital Contact Information:
http://www.behavioralccs.com
ashley@ventremedical.com

and
9010 SW 137th Ave
Ste 111
Miami, FL 33186
(305) 671-3503
Digital Contact Information:
http://www.behavioralccs.com
ashley@ventremedical.com

Aroche, Gladys, MPSY, LMHC ■
5881 Northwest 151st Street
111
Miami Lakes, FL 33014
(305) 440-8920
Digital Contact Information:
gac25@ymail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arthur, Felecia M, MSW, LISW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@homefrontha.com

Assinthe, Jeanne, MSW, LCSW ■
FL
(786) 779-8898
Digital Contact Information:
http://www.amitiewellness.com
jeanne@amitiewellness.com
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole, French, Spanish

Astacio, Victor, PSYD, LP ■
3990 West Flagler Street
102
Coral Gables, FL 33134
(786) 332-2602
Digital Contact Information:
blueskymentalhealthcorp@gmail.com

and
Eagle Nest Lane
Hialeah, FL 33014
(786) 534-3457
Digital Contact Information:
blueskymentalhealthcorp@gmail.com

and
Home Based Services Only
Miami Gardens, FL 33014
(305) 640-5739
Digital Contact Information:
blueskymentalhealthcorp@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Astolfo, Therese, MS, LMHC ■
1680 Meridian Ave
Ste 501
Miami Beach, FL 33139
(305) 531-5341
Digital Contact Information:
llong@dgcmhc.org

Athuman, Kimberly, MSW, LCSW, LISW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Augustin, Sabine, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com
Other Languages Spoken by Provider or Office Staff Haitian Creole

Avila, Dahimy, MSN, APRN ■
22133 South Dixie Highway
Miami, FL 33170
(786) 504-3119
Digital Contact Information:
https://fpmflorida.org/
admin@fpmagency.com

Avilus, Kristel, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Ayer, Brian, MA, LPCC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
registration@ravenwoodhealth.org
Other Languages Spoken by Provider or Office Staff Sign Lang Amer

Baez, Frank A, MD ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
solututiondrivenconsulting@gmail.com

and
26023 South Dixie Highway
Homestead, FL 33032
(786) 504-3365
Digital Contact Information:
solututiondrivenconsulting@gmail.com

and
26027 South Dixie Highway
Homestead, FL 33032
(786) 601-7344
Digital Contact Information:
solututiondrivenconsulting@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Bailey, Zafria, MS, LMHC ■

2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Baker, Brandon K, DO ■
1550 Madruga Avenue
STE 201
Coral Gables, FL 33146
(305) 740-8103
Digital Contact Information:
infodesk@bregmanmedicalgroup.com

and
15600 Southwest 288th Street
UNIT 202
Homestead, FL 33033
(786) 601-7682
Digital Contact Information:
infodesk@bregmanmedicalgroup.com

and
7959 NW 2nd St
Miami, FL 33126
(305) 267-6060
Digital Contact Information:
infodesk@bregmanmedicalgroup.com

and
7805 Coral Way
Ste 131
Miami, FL 33155
(786) 307-2066
Digital Contact Information:
infodesk@bregmanmedicalgroup.com

and
8700 West Flagler Street
406
Miami, FL 33174
(786) 558-5549
Digital Contact Information:
infodesk@bregmanmedicalgroup.com
Other Languages Spoken by Provider or Office Staff Spanish

Baldie, Toni-Saccian A, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff Spanish

Ball, Kayleen, PSYD, LP ■
6262 Sunset Drive
Suite 500
Miami, FL 33143
(305) 669-6503
Digital Contact Information:
payer.credentialing@nicklaushealth.org

and
3100 SW 62nd Ave
Miami, FL 33155
(305) 663-8413
Digital Contact Information:
http://www.nicklaushealth.org
payer.credentialing@nicklaushealth.org

and
3100 SW 62nd Ave
Fl 2
Miami, FL 33155
(305) 663-8439
Digital Contact Information:
http://www.nicklaushealth.org
payer.credentialing@nicklaushealth.org
Other Languages Spoken by Provider or Office Staff Spanish

Ballayan, Romeo, MSW, LCSW, LISW-CP ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Banegas, Kelvin, MSW, LCSW ■
FL
(516) 469-2135
Digital Contact Information:
kelvinbanegaslcsw@gmail.com

Barcelo, Elena, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff Spanish

Barciela, Gilberto, MSN, APRNPMH ■
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
forwardwithfc@gmail.com

Barnes, Cassandra D, MC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@thriveworks.com
Other Languages Spoken by Provider or Office Staff English

Barnett, Capus, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Baron, Darlise, MSW, LCSW ■
18441 NW 2nd Ave
Ste 116
Miami, FL 33169
(786) 320-8722
Digital Contact Information:
http://www.baroncounseling.com
info@baroncounseling.com

and
18441 NW 2nd Ave
Ste 216
Miami, FL 33169
(786) 320-8722
Digital Contact Information:
http://www.baroncounseling.com
info@baroncounseling.com
Other Languages Spoken by Provider or Office Staff Creole, Haitian

Barreras, Rosemary, MSED, LMFT ●
101 Majorca Avenue
Coral Gables, FL 33134
(954) 998-3372
Digital Contact Information:
rosemarybreiss@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Barreto, Lourdes A, MSSW, LCSW ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
referrals@ffmhs.com
Other Languages Spoken by Provider or Office Staff Spanish

Barroso, Alina, MD, LMHC ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Barzaga, Dayron, MSN, APRN ■
124 Southeast 1st Road
A
Homestead, FL 33030
(786) 255-7979
Digital Contact Information:
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Basart, Natalie, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff Spanish

Bates, Colana, MA, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Batista, Maylin, PHD, LMHC ■
6001 Northwest 153rd Street
157
Miami Lakes, FL 33014
(415) 941-4109
Digital Contact Information:
http://www.intent-therapy.com
intenttherapy@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Baumann, Cindy, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Beaubrun, Lucika, MA, LMHC ■
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(561) 289-7995
Digital Contact Information:
pandatherapycircle@gmail.com

Bell, Rebekah, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Belmonte, Silvina, MC, LMHC ■
7171 Southwest 24th Street
316
Miami, FL 33155
(786) 762-2415
Digital Contact Information:
http://www.orthoandrehabilitation.org
silvinabelmnte@hotmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Belot, Max A, MN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

Beltran Montalvo, Felipe, MSN, APRN ■
1165 West 49th Street
suite 207
Hialeah, FL 33012
(305) 703-3386
Digital Contact Information:
appointmens@compass.md

and
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
http://www.compasshealthsystems.com
appointmens@compass.md

and
FL
(305) 891-0050
(305) 279-5535
(954) 771-7743
(954) 447-0010
(888) 852-6672
Digital Contact Information:
http://www.compasshealthsystems.com
appointmens@compass.md

and
5245 Northwest 36th Street
Unit 209
Miami Springs, FL 33166
(786) 453-6812
Digital Contact Information:
appointmens@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
appointmens@compass.md

Benayoun, Micaela S, MC, LMFT ■
2500 Northwest 79th Avenue
233
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
credentialing@pmcen.com

and
7855 Northwest 12th Street
221
Doral, FL 33126
(305) 648-7174
Digital Contact Information:
credentialing@pmcen.com

and
1414 Northwest 107th Avenue
410
Doral, FL 33172
(305) 560-5742
Digital Contact Information:
credentialing@pmcen.com

and
1490 West 49th Place
suite 309
Hialeah, FL 33012
(305) 846-9333
Digital Contact Information:
credentialing@pmcen.com

and
1840 W 49th St
Ste 515
Hialeah, FL 33012
(305) 603-9202
Digital Contact Information:
credentialing@pmcen.com

and
1840 West 49th Street
304
Hialeah, FL 33012
(786) 803-8596
Digital Contact Information:
credentialing@pmcen.com

and
7614 Northwest 186th Street
Hialeah, FL 33015
(786) 534-3457
Digital Contact Information:
credentialing@pmcen.com

and
14411 Commerce Way
330
Hialeah, FL 33016
(786) 701-8416
Digital Contact Information:
http://nossmedicalcorp.com/
credentialing@pmcen.com

and
15600 Southwest 288th Street
Suite 405
Homestead, FL 33033
(786) 334-3515
Digital Contact Information:
credentialing@pmcen.com

and
10379 Southwest 186th Street
Miami, FL 33157
(720) 314-4727
Digital Contact Information:
credentialing@pmcen.com

and
11055 Southwest 186th Street

#101
Miami, FL 33157
(305) 342-4893
Digital Contact Information:
credentialing@pmcen.com

and
9380 Southwest 72nd Street
245
Miami, FL 33173
(305) 381-5434
Digital Contact Information:
credentialing@pmcen.com

and
931 Southwest 122nd Avenue
Miami, FL 33184
(305) 603-9235
Digital Contact Information:
credentialing@pmcen.com

and
12001 SW 128th Ct
Ste 102
Miami, FL 33186
(786) 971-7920
Digital Contact Information:
credentialing@pmcen.com

and
12255 Southwest 132nd Court
Miami, FL 33186
(305) 964-5157
Digital Contact Information:
credentialing@pmcen.com

and
12595 Southwest 137th Avenue
STE 110
Miami, FL 33186
(305) 648-7174
Digital Contact Information:
credentialing@pmcen.com

and
12595 Southwest 137th Avenue
STE 201
Miami, FL 33186
(786) 770-4832
Digital Contact Information:
credentialing@pmcen.com

and
13335 SW 124th St
Ste 106
Miami, FL 33186
(786) 842-3964
Digital Contact Information:
credentialing@pmcen.com

and
13590 Southwest 134th Avenue
205c
Miami, FL 33186
(786) 754-6474
Digital Contact Information:
credentialing@pmcen.com

Benito, Jorge, MD ■
5590 W 20th Ave
Ste 404
Hialeah, FL 33016
(305) 826-9330
Digital Contact Information:
taimtano@gmail.com

and
13240 SW 82nd Ave
Miami, FL 33156
(786) 718-7073
Digital Contact Information:
taimtano@gmail.com

and
17325 Northwest 27th Avenue
206 207
Miami Gardens, FL 33056
(786) 822-7270
Digital Contact Information:
taimtano@gmail.com

and
7000 SW 62nd Ave
Ste 600
South Miami, FL 33143
(786) 718-7073
Digital Contact Information:
taimtano@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Benjamin, Andrew P, MSW, LCSW ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com

Bennett, Nicholas, PSYD, LP ■
390 Northeast 191st Street
Miami, FL 33179
(805) 225-4446
Digital Contact Information:
doctor.bennett@outlook.com

Bentel, Eliana S, MMFT, LMFT ■
FL
(786) 286-5779
Digital Contact Information:
medicalocean205@gmail.com

and
2500 Northwest 79th Avenue
Suite 189
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
medicalocean205@gmail.com

and
7855 Northwest 12th Street
221
Doral, FL 33126
(305) 648-7174
Digital Contact Information:
medicalocean205@gmail.com

and
1414 Northwest 107th Avenue
410
Doral, FL 33172
(305) 560-5742
Digital Contact Information:
medicalocean205@gmail.com

and
7614 Northwest 186th Street
Hialeah, FL 33015
(786) 534-3457
Digital Contact Information:
medicalocean205@gmail.com

and
14411 Commerce Way
330
Hialeah, FL 33016
(786) 701-8416
Digital Contact Information:
http://nossmedicalcorp.com/
medicalocean205@gmail.com

and
15600 Southwest 288th Street
Suite 405
Homestead, FL 33033
(786) 334-3515
Digital Contact Information:
medicalocean205@gmail.com

and
10379 Southwest 186th Street
Miami, FL 33157
(720) 314-4727
Digital Contact Information:
medicalocean205@gmail.com

and
11055 Southwest 186th Street
#101
Miami, FL 33157
(305) 342-4893
Digital Contact Information:
medicalocean205@gmail.com

and
9350 Sunset Drive
suit 150
Miami, FL 33173
(786) 356-3613
Digital Contact Information:
medicalocean205@gmail.com

and
9380 Southwest 72nd Street
245
Miami, FL 33173
(305) 381-5434
Digital Contact Information:
medicalocean205@gmail.com

and
931 Southwest 122nd Avenue
Miami, FL 33184
(305) 603-9235
Digital Contact Information:
medicalocean205@gmail.com

and
12001 SW 128th Ct
Ste 102
Miami, FL 33186
(786) 971-7920
Digital Contact Information:
medicalocean205@gmail.com

and
12255 Southwest 132nd Court
Miami, FL 33186
(305) 964-5157
Digital Contact Information:
medicalocean205@gmail.com

and
12595 Southwest 137th Avenue
STE 201
Miami, FL 33186
(786) 770-4832
Digital Contact Information:
medicalocean205@gmail.com

and
13335 SW 124th St
Ste 106
Miami, FL 33186
(786) 842-3964
Digital Contact Information:
medicalocean205@gmail.com

and
13335 Southwest 124th Street
Suite 205
Miami, FL 33186
(305) 964-5082
Digital Contact Information:
medicalocean205@gmail.com

and
13590 Southwest 134th Avenue
205c
Miami, FL 33186
(786) 754-6474
Digital Contact Information:
medicalocean205@gmail.com

and
14750 Northwest 77th Court
SUITE 206
Miami Lakes, FL 33016
(796) 238-7959
Digital Contact Information:
medicalocean205@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Berg, Joseph L, PSYD, LCSW ■
909 North Miami Beach Boulevard
STE 301
North Miami Beach, FL 33162
(305) 822-7202
Digital Contact Information:
billing@appliedbehavior.net
Other Languages Spoken by Provider or Office Staff
Spanish

Bergolla, Johannys, MSN, APRN ■
7950 Northwest 53rd Street
STE 237
Doral, FL 33166
(786) 536-4420
Digital Contact Information:
violethealthcorp@gmail.com

and
10520 Northwest 26th Street
STE C101
Doral, FL 33172
(786) 353-9308
Digital Contact Information:
violethealthcorp@gmail.com

and
5979 Northwest 151st Street
STE 120
Hialeah, FL 33014
(786) 536-4420
Digital Contact Information:
violethealthcorp@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bernard, Courtney, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
courtneyl@cwcrecovery.com

Besada, Laura A, MSN, APRN ■
299 Alhambra Circle
STE 210
Coral Gables, FL 33134
(786) 558-5729
Digital Contact Information:
polyclinichcbilling@gmail.com

and
7959 NW 2nd St
Miami, FL 33126
(305) 267-6060
Digital Contact Information:
polyclinichcbilling@gmail.com

and
15495 Eagle Nest Lane
STE 215
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
polyclinichcbilling@gmail.com

and
6600 Cow Pen Road
250
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
polyclinichcbilling@gmail.com

and
215 Westward Dr
Miami Springs, FL 33166
(305) 887-4494
Digital Contact Information:
polyclinichcbilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bianchi, Fiorella, MSW, LCSW ■
2555 Northwest 102nd Avenue
STE 205
Doral, FL 33172
(786) 372-6788
Digital Contact Information:
http://www.holisticmindscollective.org
bianchisw@gmail.com

and
7000 West 12th Avenue
15
Hialeah, FL 33014
(305) 395-4919
Digital Contact Information:
bianchisw@gmail.com

and
FL
(305) 395-4919
Digital Contact Information:
bianchisw@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bickman, Suzanne, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Billings, Denise D, MA, LCMHC, LMHC ●
9350 Sunset Drive
151
Miami, FL 33173
(202) 410-5972
Digital Contact Information:
help@joinuplift.co

Birdsong, Marianna, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app

Bishop, Amie, MS, LCMHC, LCPC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Blanco Alonso, Maydibis, MN, APRN ■
5190 Northwest 167th Street
Suite 218
Hialeah, FL 33014
(786) 353-9410
Digital Contact Information:
admin@harmonycenter.us

and
17670 Northwest 78th Avenue
STE 113
Hialeah, FL 33015
(786) 715-3086
Digital Contact Information:
admin@harmonycenter.us

and
330 Southwest 27th Avenue
STE 609

Miami, FL 33135
(786) 743-0801
Digital Contact Information:
admin@harmonycenter.us

and
4905 Northwest 72nd Avenue
5
Miami, FL 33166
(786) 391-3816
Digital Contact Information:
http://paradisehealthgroup.com
admin@harmonycenter.us

and
13155 Southwest 134th Street
221
Miami, FL 33186
(786) 652-9880
Digital Contact Information:
admin@harmonycenter.us

and
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
admin@harmonycenter.us

and
14865 South Dixie Highway
Palmetto Bay, FL 33176
(786) 732-2176
Digital Contact Information:
admin@harmonycenter.us
Other Languages Spoken by Provider or Office Staff
Spanish

Blanco, Ocier, MSN, APRN ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

and
13195 Southwest 134th Street
206 206
Miami, FL 33186
(786) 608-3434
Digital Contact Information:
perla.delosrios@dadefamily.com

Bliss, Karie A, MC, LCMHC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
kbliss0122@gmail.com

Bloise, Gabriela, MS, LMHC ■
Home Based Services Only
Miami Gardens, FL 33014
(305) 777-3883
Digital Contact Information:
acebehavioral2@gmail.com

and
5881 Northwest 151st Street
Suite: 103
Miami Lakes, FL 33014
(786) 703-4154
Digital Contact Information:
acebehavioral2@gmail.com

Boakye, Theresa, MSN, APN, APRN, CRNP, LNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@pgs-nhcare.com

Bodan, Dayra L, PSYD, LP ■
6405 Northwest 36th Street
112
Virginia Gardens, FL 33166
(305) 871-3131
Digital Contact Information:
therapeuticalli@bellsouth.net
Other Languages Spoken by Provider or Office Staff
English, Spanish

Boldin, Alyssia N, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
rachaibar@emds.com

Bolivar, Carmen L, MS, LMHC ■
5201 Blue Lagoon Dr
Ste 800
Miami, FL 33126
(305) 707-8615
Digital Contact Information:
highrisewellness@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bolt, Giselle M, MSN, APRN, APRNCNP ■
427 Washington Ave
Miami Beach, FL 33139
(305) 514-0813
Digital Contact Information:
credentialing@cancommunityhealth.org

and
18360 NW 47th Ave
Miami Gardens, FL 33055
(786) 800-5631
Digital Contact Information:
credentialing@cancommunityhealth.org
Other Languages Spoken by Provider or Office Staff English

Bond, Steven, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Bonet Gongora, Yanet, MMH, APRN ■
3100 SW 62nd Ave
Fl 2
Miami, FL 33155
(305) 663-8439
Digital Contact Information:
equilibriumcommunitycare@gmail.com

Bonilla, Alicia, MSW, LCSW ●
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Borda, Margarita, MA, LMHC ■
123 Madeira Avenue
204
Coral Gables, FL 33134
(305) 898-6607
Digital Contact Information:
margaritaborda123@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Botero, Sara M, MS, LMFT ■
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
morecounseling@gmail.com

and
9745 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 701-2401
Digital Contact Information:
morecounseling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Boulay, Sherly, DNP, NP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
aantaya@ccaoh.org

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
aantaya@ccaoh.org

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
aantaya@ccaoh.org

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
aantaya@ccaoh.org
Other Languages Spoken by Provider or Office Staff
English, French

Boyle, Kelly A, MA, LMFT ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
starfamilytherapy@gmail.com

Braunstein, Mark, DO ■
2999 NE 191st St
Ste 200
Miami, FL 33180
(646) 394-9666
Digital Contact Information:
reanna@pcpms.net

Brazzini, Mijanou, MPSY, LMHC ■
13205 Southwest 137th Avenue
suite 126
Miami, FL 33186
(786) 713-0383
Digital Contact Information:
http://yjwcare.com
mbrazzini61@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Brock, Hannah, DO ●
3081 Salzedo Street
Suite 202
Coral Gables, FL 33134
(786) 250-6240
Digital Contact Information:
http://www.sunflowerpsychiatry.com
sunflowerpsychiatry@gmail.com

Brookes, Ingrid, MS, LMHC ■
10300 Southwest 72nd Street
275d
Miami, FL 33173
(888) 853-7908
Digital Contact Information:
http://www.bettermindtherapycorp.com
vasallojane@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Brown, Dustin Q, MC, LMHC ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
myschoolpsychologist@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Brown, Georgiette, MSN, APRN ■
FL
(305) 771-1302
Digital Contact Information:
https://drghealthandwellness.com/
drghealthandwellness@gmail.com

Bruno, Julie D, PSYD, LP ■
1550 Madruga Avenue
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
http://www.abc4s.com
support@abc4s.com

Bullock-Funches, Tenecia, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Burchett, Kiana, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Burrell, Allison, PHD, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Byrd, Michele, MSN, APRN ■
FL
(786) 885-4885
Digital Contact Information:
mbyrd08@icloud.com

Cabal, Dayanis, PSYD, LP ■
11645 Biscayne Boulevard
STE 408
Miami, FL 33181
(305) 538-8835
Digital Contact Information:
https://mbchc.org/
lvgonzalez@hcnetwork.org

and
710 Alton Rd
Miami Beach, FL 33139
(305) 538-8835
Digital Contact Information:
lvgonzalez@hcnetwork.org

and
1221 71st St
Miami Beach, FL 33141
(305) 538-8835
Digital Contact Information:
https://mbchc.org/
lvgonzalez@hcnetwork.org
Other Languages Spoken by Provider or Office Staff English

Caballero De Pina, Nallyvis, MSN, APRN ■
13170 Southwest 128th Street
200
Miami, FL 33186
(786) 852-5198
Digital Contact Information:
clarityhealth@approachteam.com

Cabrera, Gabriela M, MMH, LMHC ■
10691 Southwest 88th Street
Suite 110
Miami, FL 33176
(305) 595-5485
Digital Contact Information:
compuexbilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cabrera, Wendy, MMH, LMHC ●
2828 Coral Way
Ste 460
Coral Gables, FL 33145
(877) 897-6987
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net

and
12550 Biscayne Boulevard
308
North Miami, FL 33181
(305) 895-0504
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net
Other Languages Spoken by Provider or Office Staff
Spanish

Caceres, Daniris, MMH, LMHC ■
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
morecounseling@gmail.com

Cagigas, Ariel, MSN, APRN ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
http://banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
Other Languages Spoken by Provider or Office Staff
Spanish

Cajuste, Kathia, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
Not Available

and
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
Not Available

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com

Calderin, Claudia, MSN, APRN ■
12001 Southwest 128th Court
Suite Suite 104
Miami, FL 33186
(786) 868-0505
Digital Contact Information:
clarityhealth@approachteam.com

and
13170 Southwest 128th Street
200
Miami, FL 33186
(786) 852-5198
Digital Contact Information:
https://clarityapproach.com/
clarityhealth@approachteam.com

and
14201 Southwest 120th Street
suite 110
Miami, FL 33186
(786) 238-7492
Digital Contact Information:
clarityhealth@approachteam.com

and
14221 Southwest 120th Street
223
Miami, FL 33186
(786) 690-2296
Digital Contact Information:
clarityhealth@approachteam.com
Other Languages Spoken by Provider or Office Staff
Spanish

Campbell, Valencia L, MSW, LCSW, LICSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Canavaciolo, Heidy, MSN, APRN ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
http://www.dgphealthandwellness.com
info@dgphealthandwellness.com

and
3621 SW 107th Ave
Miami, FL 33165
(786) 534-8366
Digital Contact Information:
http://serenitycommunitycenter.com
info@dgphealthandwellness.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Cancio, Jose A, MSN, APRN ■
12550 Biscayne Boulevard
STE 507
North Miami, FL 33181
(305) 204-1209
Digital Contact Information:
jac-pmhnp@assertivecare.net
Other Languages Spoken by Provider or Office Staff
English, Spanish

Canetti, Lisandra A, MSW, LCSW ■
8955 SW 87th Ct
Ste 112
Miami, FL 33176
(305) 722-7210
Digital Contact Information:
ofajardo@miamimedresearch.com
Other Languages Spoken by Provider or Office Staff
Spanish

Capote, Anna M, MSW, LCSW ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
perla@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla@dadefamily.com

Capote, Lindsey, MC, LMHC ■
14401 Old Cutler Road
Miami, FL 33158
(305) 722-5380
Digital Contact Information:
http://www.wellspringmiami.org
insurance@wellspringmiami.org

Cardoso, Ericka, MS, LMHC ■
12595 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 701-9992
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
17340 Northwest 27th Avenue
Miami Gardens, FL 33056
(786) 255-0613
Digital Contact Information:
http://synergywellnessc.com
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Carey, Penny, MA, LMHC ■
66 W Flagler St
900
Miami, FL 33130
(786) 244-7690
Digital Contact Information:
admissions@advancedrecoverysystems.com

Carrascal, Jonh, MS, LMHC ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Carroll, Christian, MS, LMFT, LMHC, LPC, LPCMH ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Carroza, Mirna H, MPSY, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff Italian, Spanish

Carter, Carol, MSW, LCSW ■
FL
(305) 400-8511
Digital Contact Information:
http://www.cbhwestcoast.com
credentialing@hcsflorida.com
Other Languages Spoken by Provider or Office Staff English

Castaneira, Yamile, MSN, APRN ■
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
lgarcia@keraltybh.com
Other Languages Spoken by Provider or Office Staff
Spanish

Castillo Llanes, Lisandra, MSN, APRN ■
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
contact@balancedwellbeingllc.com

and
5607 NW 27th Ave
1
Miami, FL 33142
(239) 278-3660
Digital Contact Information:
contact@balancedwellbeingllc.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(786) 833-7633
Digital Contact Information:
contact@balancedwellbeingllc.com

and
20612 Northwest 27th Avenue
Miami Gardens, FL 33056
(305) 637-6400
Digital Contact Information:
contact@balancedwellbeingllc.com

Castillo, Sandra, PSYD, LP ■
3081 Salzedo Street
Suite 202
Coral Gables, FL 33134
(786) 567-8160
Digital Contact Information:
castillo043@gmail.com

and
11385 Southwest 32nd Street
Miami, FL 33165
(786) 567-8160
Digital Contact Information:
castillo043@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Castillo-Benitez, Beatriz, MSN, APRN ■
FL
(305) 549-0094
Digital Contact Information:
beatrizcastillob2018@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cata, Karina, MN, ARNP ■
4982 Palm Avenue
Hialeah, FL 33012
(305) 479-3262
Digital Contact Information:
kcata@kcm.health
Other Languages Spoken by Provider or Office Staff
Spanish

Cazeau, B Winnifred, MSW, LCSW-C ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Ceballo, Mayelin, MPSY, LMHC ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
office@neurobehavioral.health

and
12060 Southwest 129th Court
201
Miami, FL 33186
(786) 615-3349
Digital Contact Information:
office@neurobehavioral.health
Other Languages Spoken by Provider or Office Staff
Spanish

Chang, Joshua, MD ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
intake@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
intake@compass.md

and
FL
(305) 891-0050
(305) 279-5535
(954) 771-7743
(954) 447-0010
(561) 752-9490
Digital Contact Information:
intake@compass.md

Chappell, Theotis, MSN, APRN ■
2820 Northeast 214th Street
Ste 801
Aventura, FL 33180
(256) 500-8688
Digital Contact Information:
blossom@withassured.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
blossom@withassured.com

Charles, Abbdady, MSN, APRN ■
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
help@joinuplift.co

Charles, Richard, MA, LMFT ■
5190 Northwest 167th Street
113
Hialeah, FL 33014
(786) 716-1166
Digital Contact Information:
pierreamoreau@familyempowermentmhc.org
Other Languages Spoken by Provider or Office Staff Haitian Creole, French

Chatelain, Mitsouko, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353

Digital Contact Information:
https://www.emorahealth.com/
referrals@ffmhs.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
referrals@ffmhs.com

Chavez, Yoany, MS, LMHC ■
33550 South Dixie Highway
106
Florida City, FL 33034
(305) 200-3488
Digital Contact Information:
http://www.sunshinecommunitybs.com
sunshinecommunitybs@gmail.com

and
1150 Northwest 72nd Avenue
ph 2
Miami, FL 33126
(786) 542-5043
Digital Contact Information:
http://1stcarecms.com
sunshinecommunitybs@gmail.com

and
7171 Southwest 24th Street
Suite 417
Miami, FL 33155
(305) 200-3488
Digital Contact Information:
sunshinecommunitybs@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Chemerinsky, Graciela, MPSY, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com

and
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Chernov, Valeriy M, MD ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
svetcher@optonline.net

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
svetcher@optonline.net

and
1065 Northeast 125th Street
300
North Miami, FL 33161
(888) 852-6672
Digital Contact Information:
http://www.compasshealthsystems.com
svetcher@optonline.net
Other Languages Spoken by Provider or Office Staff
Russian

Chiarenza, Daniella, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Chico, Heidi, MS, LMHC ■
7821 Coral Way
100
Miami, FL 33155
(786) 409-5690
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Chinea, Marianela, MSN, APRN ■
3971 Southwest 8th Street
STE 206
Coral Gables, FL 33134
(786) 633-5960
Digital Contact Information:
agauna@bmsbill.com

and
FL
(786) 980-7496
Digital Contact Information:
http://www.vidahealthcarenetworks.com
agauna@bmsbill.com

and
13590 Southwest 134th Avenue
201
Miami, FL 33186
(786) 227-6258
Digital Contact Information:
agauna@bmsbill.com

Chipollini, Ana, MSN, APRN ■
5911 Northwest 173rd Drive
6
Hialeah, FL 33015
(786) 380-9229
Digital Contact Information:
admin@believeandtrustcm.com

and
12030 Southwest 129th Court
Suite 211
Miami, FL 33186
(786) 380-9229
Digital Contact Information:
http://www.believeandtrusttcm.com
admin@believeandtrustcm.com

Cicetti, Lisa, PSYD, LMHC, LP ■
1100 Southwest 57th Avenue
Suite 100
Miami, FL 33144
(786) 556-7688
Digital Contact Information:
lisacicetti@yahoo.com

Cieply, Tanisha, MSN, APRN ■
FL
(407) 906-6116
Digital Contact Information:
cieplyt@gmail.com

Clicque, Chelsea A, PSYD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
support@dallastherapeutic.com

Cloud, Kayla, MC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Cnobel Massion, Monica, MC, LCPC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Cofino Matos, Karol, MSN, APRN ■
9849 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 664-4540
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com
Other Languages Spoken by Provider or Office Staff
Spanish

Coizeau, Henri, PSYD, CP ■
1360 South Dixie Highway
355
Coral Gables, FL 33146
(305) 648-9344
Digital Contact Information:
southcoastpsychotherapy@gmail.com

and
FL
(800) 567-5433
Digital Contact Information:
https://totallife.com/
southcoastpsychotherapy@gmail.com

Cole, Tila, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Collazo-Amador, Aylem, MS, LMHC ■
306 Alcazar Avenue
200
Coral Gables, FL 33134
(305) 967-8725
Digital Contact Information:
http://www.ajmmedicalcenter.com
sunshine-advantage@mbhpays.com

and
8500 West Flagler Street
Office 107A
Miami, FL 33144
(786) 907-5141
Digital Contact Information:
sunshine-advantage@mbhpays.com

and
13301 Southwest 132nd Avenue
209 209
Miami, FL 33186
(786) 713-5553
Digital Contact Information:
sunshine-advantage@mbhpays.com

and
FL
(305) 632-3892
Digital Contact Information:
sunshine-advantage@mbhpays.com
Other Languages Spoken by Provider or Office Staff
Spanish

Colon Del Toro, Cristina, MD ■
8001 West 26th Avenue
2 2
Hialeah, FL 33016
(786) 360-2630
Digital Contact Information:
vanessa@livingcaretherapy.com

and
8001 West 26th Avenue
6 6
Hialeah, FL 33016
(786) 372-3262
Digital Contact Information:
vanessa@livingcaretherapy.com

and
5080 Northwest 74th Avenue
Miami, FL 33166
(786) 372-3262
Digital Contact Information:
vanessa@livingcaretherapy.com

and
10511 Southwest 88th Street
c103
Miami, FL 33176
(786) 530-7427
Digital Contact Information:
vanessa@livingcaretherapy.com

and
5600 Southwest 135th Avenue
STE 216
Miami, FL 33183
(786) 536-6196
Digital Contact Information:
vanessa@livingcaretherapy.com

and
14221 Southwest 120th Street
223
Miami, FL 33186
(786) 690-2296
Digital Contact Information:
vanessa@livingcaretherapy.com

Colunga, Eduardo, MSN, APRN ■
900 East 9th Street
Hialeah, FL 33010
(305) 381-5294
Digital Contact Information:
info@cbhwestcoast.com
Other Languages Spoken by Provider or Office Staff
Spanish

Commella, Noreen, PSYD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@healthyyoungminds.com

Concepcion, Sailys, MA, LMHC, LPC ■
FL
(508) 202-1011
Digital Contact Information:
sailysc@pm.me

and
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
sailysc@pm.me

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
sailysc@pm.me

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
sailysc@pm.me

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
sailysc@pm.me

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
sailysc@pm.me

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
sailysc@pm.me

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
sailysc@pm.me

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
sailysc@pm.me

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
sailysc@pm.me

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
sailysc@pm.me
Other Languages Spoken by Provider or Office Staff
Spanish

Contreras-Schwartz, Joanna, PHD, LCSW, LCSW-R, LISW-CP, LMSW ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
ajcheney@sosapartners.com

Cook, Chaz, MS, LMHC, LPC ■
FL
(305) 902-6347

Digital Contact Information:
http://sunbeamfamilyservices.org
drandall@teampathways.com

Cordova, Carlos A, MS, LMHC ■
2141 SW 1st St
Ste 103
Miami, FL 33135
(305) 644-6024
Digital Contact Information:
help@coralcmhc.net
Other Languages Spoken by Provider or Office Staff
Spanish

Corniffe, Khadine, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
pandatherapycircle@gmail.com

Correa, Larisa A, MSW, CSW, LCSW, LICSW, LISW-CP ■
FL
(561) 567-8795
(347) 738-1199
(315) 873-2936
Digital Contact Information:
http://www.joinuplift.co
mpowercounselingpllc@gmail.com
and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
mpowercounselingpllc@gmail.com
and
FL
(561) 567-8795
(347) 738-1199
(315) 873-2936
Digital Contact Information:
http://www.joinuplift.co
mpowercounselingpllc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Corzo, Samantha R, MS, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org
and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org
and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org
and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org
and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
credentialing@banyanhealth.org

Cos Salmon, Hugo, MSN, APRN ■
1671 West 37th Street
Suite #3
Hialeah, FL 33012
(305) 728-4880
Digital Contact Information:
hcos@chwcm.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

Couper, Sarah, MSN, APRN ■
4300 Biscayne Boulevard
STE 203
Miami, FL 33137
(877) 400-0540
Digital Contact Information:
insurance@wellnite.com
and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Crane, Damarys, MS, LMHC ■
3750 West 16th Avenue
140u
Hialeah, FL 33012
(786) 609-1765
Digital Contact Information:
vdacommunitycenter@gmail.com
and
5941 Northwest 173rd Drive
2 2
Hialeah, FL 33015
(754) 701-0221
Digital Contact Information:
vdacommunitycenter@gmail.com
and
15325 Northwest 60th Avenue
101
Miami Lakes, FL 33014
(786) 703-8085
Digital Contact Information:
vdacommunitycenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Crane, Katrina L, MSN, ARNP, PMHNP ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Crespo, Johanna, MSN, APRN ■
1221 Brickell Avenue
ste 900
Miami, FL 33131
(833) 377-2526
Digital Contact Information:
http://www.healthandpsychiatry.com
billing101@healthandpsychiatry.com
and
FL
(833) 377-2526
Digital Contact Information:
http://www.healthandpsychiatry.com
billing101@healthandpsychiatry.com
and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(833) 377-2526
Digital Contact Information:
http://www.healthandpsychiatry.com
billing101@healthandpsychiatry.com
and
1688 Meridian Avenue
STE 600
Miami Beach, FL 33139
(833) 377-2526
Digital Contact Information:
http://www.healthandpsychiatry.com
billing101@healthandpsychiatry.com

Crisp, Nicholas S, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
info@improvinglivescounseling.com

Cruz, Amy, MA, LMHC ■
4302 Alton Rd
Ste 500
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Cruz, Yaimara, MSN, APRN ■
FL
(305) 510-0111
Digital Contact Information:
Not Available

Cue, Liz, MSW, LCSW ■
5901 Southwest 74th Street
408
Miami, FL 33143
(305) 735-3555
Digital Contact Information:
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Curbelo, Luis, MSN, APRN ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
infinitywellnessgroup21@gmail.com
and
14471 S Dixie Hwy
Miami, FL 33176
(786) 803-8826
Digital Contact Information:
http://www.amorementalhealthcorp.com
infinitywellnessgroup21@gmail.com
and
13701 Southwest 88th Street
306
Miami, FL 33186
(786) 842-1489
Digital Contact Information:
infinitywellnessgroup21@gmail.com
and
9010 Southwest 137th Avenue
101
Miami, FL 33186
(786) 803-8826
Digital Contact Information:
http://amorementalhealthcorp.com
infinitywellnessgroup21@gmail.com

Curras, Glender, MPSY, LMHC ■
1125 Northeast 125th Street
300 7n
North Miami, FL 33161
(786) 487-3948
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
English, Spanish

Curras, Michelle M, MSSW, LCSW ■
1000 Brickell Avenue
Miami, FL 33131
(786) 536-5702
Digital Contact Information:
laibehavior@gmail.com
and
981 NW 132nd Ave W
Miami, FL 33182
(786) 536-5702
Digital Contact Information:
laibehavior@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Cyronak, Ashley R, MSN, PMHNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
coastalpsych@gmail.com

DO Valle, Monika, DO ■
1065 Southwest 8th Street
570
Miami, FL 33130
(888) 903-5505
Digital Contact Information:
pioneering100@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese

Daaga, Isis, EDS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@elemy.com

Damron, Heather, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
Bulgarian

Danauy Del Toro, Yesmin, MN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
office@myrtleridge.us
Other Languages Spoken by Provider or Office Staff
Spanish

Dangla, Marjorie, MSW, LCSW ■
Doral
Doral, FL 33178
(305) 926-6106
Digital Contact Information:
blissfulsoultherapy01@gmail.com

Darcy-Dowler, Jaimie, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Davis, Christina, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
billing@regionalpsychiatry.com

Davis, Joy J, MSW, LCSW ●
150 NW 79th St
342
Miami, FL 33150
(305) 230-4598
Digital Contact Information:
http://www.affirmingyouth.org
joy@affirmingyouth.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

Davis, Shane, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Davis-Pope, Jordyn, MSW, LCSW ■
5335 Northwest 87th Avenue
Doral, FL 33178
(786) 551-9550
Digital Contact Information:
info@monarchcounselinggroup.com
Other Languages Spoken by Provider or Office Staff English

De La Llama, Vanessa A, MS, LMHC ■
4445 West 16th Avenue
STE 602
Hialeah, FL 33012
(813) 999-1524
Digital Contact Information:
info@nationalhealthcareoperations.com
and
3416 West 84th Street
100
Hialeah, FL 33018

(786) 468-9677
Digital Contact Information:
info@nationalhealthcareoperations.com

and
1401 Southwest 1st Street
210
Miami, FL 33135
(786) 334-5663
Digital Contact Information:
info@nationalhealthcareoperations.com

and
330 Southwest 27th Avenue
307 309
Miami, FL 33135
(786) 762-2644
Digital Contact Information:
info@nationalhealthcareoperations.com

and
330 Southwest 27th Avenue
STE 307
Miami, FL 33135
(786) 253-9971
Digital Contact Information:
info@nationalhealthcareoperations.com

and
8181 Northwest 154th Street
STE 112
Miami Lakes, FL 33016
(407) 572-8053
Digital Contact Information:
info@nationalhealthcareoperations.com

and
1190 Northwest 95th Street
307
Miami Shores, FL 33150
(407) 572-8053
Digital Contact Information:
info@nationalhealthcareoperations.com
Other Languages Spoken by Provider or Office Staff Spanish

De Leon, Karel M, MD ■
2100 Ponce de Leon
#1240
Coral Gables, FL 33134
(786) 471-3535
Digital Contact Information:
consulting@fdgmso.com
Other Languages Spoken by Provider or Office Staff Spanish

De Souza, Maria B, PSYD, LP ■
FL
(954) 629-0248
Digital Contact Information:
http://www.drbetinadesouza.com
betina@drbetinadesouza.com

Dearmas, Vanessa M, MMH, LMHC ■
FL
(305) 505-7558
Digital Contact Information:
empoweringmindsetllc@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Decker, Sallee, MSW, LCSW, LICSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
noah@medsolercm.com

Degraff, Stephane B, MD ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
victoria.l.oswald@powershealth.org
Other Languages Spoken by Provider or Office Staff Creole

Deleon, Orlando, MSSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
providerenrollment5@deeroaks.com
Other Languages Spoken by Provider or Office Staff Spanish

Delgado, Beatriz, MSSW, LCSW ■
1550 Madruga Ave
Ste 509
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
http://www.abc4s.com
admin@abc4s.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Delgado, Elizabeth, MSW, LCSW ■
Home Based Services Only
Doral, FL 33122
(305) 591-7898
Digital Contact Information:
newhopecasemanagementservices@gmail.com

and
8180 Northwest 36th Street
Suite #307
Doral, FL 33166
(305) 591-7898
Digital Contact Information:
newhopecasemanagementservices@gmail.com

and
12150 Southwest 128th Court
222
Miami, FL 33186
(786) 701-8164
Digital Contact Information:
newhopecasemanagementservices@gmail.com

Delgado, Sandra M, MSN, APRN ■
1550 Madruga Avenue
Suite 406
Coral Gables, FL 33146
(210) 864-2466
Digital Contact Information:
infodesk@bregmanmedicalgroup.com
Other Languages Spoken by Provider or Office Staff Spanish

Delicio, Elizabeth, MMH, LMHC ■
7789 Northwest 48th Street
375
Doral, FL 33166
(786) 409-3800
Digital Contact Information:
zulma.alvarado@dynastymentalhealth.com

and
1840 W 49th St
Ste 517
Hialeah, FL 33012
(786) 558-8465
Digital Contact Information:
zulma.alvarado@dynastymentalhealth.com

and
1840 W 49th St
Ste 605
Hialeah, FL 33012
(305) 456-7785
Digital Contact Information:
zulma.alvarado@dynastymentalhealth.com

and
3701 Southwest 107th Avenue
Miami, FL 33165
(305) 553-8343
Digital Contact Information:
zulma.alvarado@dynastymentalhealth.com

and
8200 Northwest 41st Street
Suite 200
Miami, FL 33166
(786) 587-9432
Digital Contact Information:
zulma.alvarado@dynastymentalhealth.com

and
760 Northwest 107th Avenue
110
Miami, FL 33172
(786) 409-3800
Digital Contact Information:
zulma.alvarado@dynastymentalhealth.com
Other Languages Spoken by Provider or Office Staff Spanish

Deller, Cletus, MS, LMHC, LPCC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Denis, Carl Ivan, MSN, APRN ■
1150 Northeast 125th Street
North Miami, FL 33161
(305) 403-0654
Digital Contact Information:
llong@dgcmhc.org

Derinor, Mara-Joanne S, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@mindfulhc.com

Desantis, Danielle L, PSYD, LMFT, LP ■
FL
(401) 371-0223
Digital Contact Information:
http://www.drdanielledesantis.com
drdanielledesantis@gmail.com

Devale, Jeri, PSYD, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
fbmadmin@fbm-fl.com

Dey, Joel P, MD ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
credentialing@yacoubmd.com

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
credentialing@yacoubmd.com

Diaz, Ibrahim, MSN, APRN ■
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
kenia.rodriguez@ffmhs.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com

Diaz, Laura, MN, APRN ■
14722 Southwest 56th Street
Miami, FL 33185
(305) 456-0572
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
13190 Southwest 134th Street
106
Miami, FL 33186
(786) 209-0023
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
17325 Northwest 27th Avenue
Suite 105
Miami Gardens, FL 33056
(786) 819-0209
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Diaz Rodriguez, Tahnee, MSN, APRN ■
13055 Southwest 42nd Street
205
Miami, FL 33175
(786) 417-9395
Digital Contact Information:
https://onemorelight.org/
omlhspsychiatry@gmail.com

and
FL
(786) 417-9395
Digital Contact Information:
https://onemorelight.org/
omlhspsychiatry@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Diaz-Llorens, Rigoberto B, MSN, APRNPMH ■
2828 Coral Way
Ste 460
Coral Gables, FL 33145
(305) 642-5255
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net

and
8765 Northwest 110th Street
Hialeah Gardens, FL 33018
(786) 389-2691
Digital Contact Information:
ghines@hinesandassociates.net

and
12550 Biscayne Boulevard
STE 306
North Miami, FL 33181
(305) 642-5255
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net

Diaz-Paniagua, Panny, MED, LMHC ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
credentialing@compass.md

and
9900 Southwest 107th Avenue
STE 101
Miami, FL 33176
(305) 964-5381
Digital Contact Information:
credentialing@compass.md

and
Home Based Services Only
Miami Lakes, FL 33016
(561) 764-7093
Digital Contact Information:
credentialing@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
credentialing@compass.md
Other Languages Spoken by Provider or Office Staff Spanish

Dieguez, Ivette, MSN, APRN ■
3901 Northwest 79th Avenue
250
Doral, FL 33166
(239) 342-6516
Digital Contact Information:
info@laluzmentalhealth.com

and
12700 Southwest 128th Street
STE 108
Miami, FL 33186
(786) 732-0865
Digital Contact Information:
info@laluzmentalhealth.com
Other Languages Spoken by Provider or Office Staff Spanish

Dieppa, Jessica B, MS, LMHC ●
10815 Southwest 145th Place
Miami, FL 33186
(305) 989-0493
Digital Contact Information:
http://www.guidedpathstherapy.com

jessica.dieppa22@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Diez De Sollano, Carina, MSW, LCSW ■
2100 Coral Way
Coral Gables, FL 33145
(786) 320-1677
Digital Contact Information:
http://www.ydzm.org
rossconsultingandcredentialing@gmail.com

and
7925 Northwest 12th Street
225
Doral, FL 33126
(305) 456-4378
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
3750 West 16th Avenue
208 210
Hialeah, FL 33012
(305) 301-3283
Digital Contact Information:
https://www.serenitytms.com/
rossconsultingandcredentialing@gmail.com

and
2100 West 76th Street
201 206
Hialeah, FL 33016
(786) 353-2324
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
5590 W 20th Ave
Ste 404
Hialeah, FL 33016
(305) 826-9330
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
FL
(305) 338-6219
Digital Contact Information:
rossconsultingandcredentialing@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Dixon, Passion, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
ortiz4professionalservicesllc@gmail.com

Dole, Kathryn, PSYD, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Dominguez, Arturo, MMH, LMHC ■
FL
(305) 967-9201
(786) 233-6127
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
8551 Northwest South River Drive
Medley, FL 33166
(305) 603-9344
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
8660 West Flagler Street
209
Miami, FL 33144
(305) 603-9985
Digital Contact Information:
http://www.newhealthrehab.com
rossconsultingandcredentialing@gmail.com

and
15715 South Dixie Highway
226
Miami, FL 33157
(305) 849-4186
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
10300 Sunset Drive
Suite 310
Miami, FL 33173
(786) 238-7063
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
5600 Southwest 135th Avenue
STE 216
Miami, FL 33183
(786) 536-6196
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

Dube, Alok, MD ■
1710 Northwest 7th Street
5
Miami, FL 33125
(239) 250-9411
Digital Contact Information:
infinitywellnessgroup21@gmail.com

and
1495 NW 54th St
Miami, FL 33142
(305) 205-4328
Digital Contact Information:
infinitywellnessgroup21@gmail.com

and
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
infinitywellnessgroup21@gmail.com

and
9350 SW 72nd St
Ste 116
Miami, FL 33173
(305) 992-9768
Digital Contact Information:
infinitywellnessgroup21@gmail.com

and
9125 SW 87th Ave
Miami, FL 33176
(305) 735-3919
Digital Contact Information:
infinitywellnessgroup21@gmail.com

and
13701 Southwest 88th Street
306
Miami, FL 33186
(954) 217-2444
Digital Contact Information:
infinitywellnessgroup21@gmail.com

Ducca, Emma, LP, PHD, PSYD ■
8950 N Kendall Dr
Ste 405W
Miami, FL 33176
(786) 596-3876
Digital Contact Information:
Not Available

Durand, Tekisha, MSW, LCSW ■
FL
(305) 833-3203
Digital Contact Information:
https://headway.co/providers/tekisha-durand
yourswagteam@gmail.com
Other Languages Spoken by Provider or Office Staff Creole

Ehrentreu, Dana, MSW, LCSW ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
nj-patientaccess@harmonybaywellness.com

Elder, Carol, MS, LMFT ■
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(561) 609-2996
Digital Contact Information:
http://www.pandatherapycircle.com/
pandatherapycircle@gmail.com

Elder, Michelle D, MSW, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Elma, Linda S, MSW, LCSW ■
11601 Biscayne Boulevard
303
Miami, FL 33181
(954) 278-0487
Digital Contact Information:
http://lsmsmentalhealth.com
info@lindaelmalcsw.com
Other Languages Spoken by Provider or Office Staff Creole

Emerson, Amanda S, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
amanda@alignhw.net

Enamorado, Lizaida, MSN, APNP, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
info@kaiwellhealth.com

and
111 Northeast 1st Street
FL 8
Miami, FL 33132
(602) 562-7383
Digital Contact Information:
info@kaiwellhealth.com

and
15321 South Dixie Highway
Suite 203
Miami, FL 33157
(786) 707-4934
Digital Contact Information:
info@kaiwellhealth.com

and
12985 Southwest 130th Court
102-2
Miami, FL 33186
(786) 707-4934
Digital Contact Information:
http://www.kaiwellhealth.com
info@kaiwellhealth.com

and
FL
(602) 562-7383
(305) 707-4394
(786) 707-4934
Digital Contact Information:
http://www.kaiwellhealth.com
info@kaiwellhealth.com
Other Languages Spoken by Provider or Office Staff Spanish

Ergin, Bahattin, MSN, APRN ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.co

and
203 Poinciana Island Drive
Sunny Isles Beach, FL 33160
(410) 236-0305
Digital Contact Information:
credentialing@wellnite.co

Ervin, Tracy, MSN, APRN ■
4300 Biscayne Boulevard
STE 203
Miami, FL 33137
(877) 400-0540
Digital Contact Information:
https://forallmentalhealth.com
aubrey@drcred.com

Eslait, Maria M, MPSY, LMHC ■
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
info@acaciahealthgrp.com

and
8950 SW 74th Ct
Ste 2201
Miami, FL 33156
(786) 577-3427
Digital Contact Information:
info@acaciahealthgrp.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
info@acaciahealthgrp.com

and
14221 Southwest 120th Street
126
Miami, FL 33186
(786) 577-3427
Digital Contact Information:
info@acaciahealthgrp.com

and
10201 Hammocks Boulevard
Suite 122
Miami, FL 33196
(786) 557-3427
Digital Contact Information:
info@acaciahealthgrp.com

Espinosa, Hugo, MD ■
4982 Palm Avenue
Hialeah, FL 33012
(305) 479-3262
Digital Contact Information:
madyryanllc@gmail.com

and
1975 West 76th Street
Hialeah, FL 33014
(305) 479-3262
Digital Contact Information:
http://www.kcmhealthcare.com
madyryanllc@gmail.com

and
5965 Southwest 8th Street
Miami, FL 33144
(305) 479-3262
Digital Contact Information:
http://www.kcm.healthcare.com
madyryanllc@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Espinoza Marin, Ennyluz, MMH, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff Spanish

Estrada, Paola, MSW, LCSW ■
6175 NW 153rd St
Ste 404
Miami Lakes, FL 33014
(305) 558-7400
Digital Contact Information:
kim@appliedbehavior.net

Exume-Noel, Estherline, DNP, APRN, PMHNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@crossfunctionalcare.com

Fall, Kevin, PHD, LP ■
FL
(800) 567-5433
Digital Contact Information:
https://totallife.com/
frontdesk@insighttherapy.us

Federick, Jasmine, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Ferguson, Camira, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Fernandez, Isabel, MSN, APRN ■
15450 New Barn Road
200
Miami Lakes, FL 33014
(305) 900-3970
Digital Contact Information:
http://www.neurozenpsychiatry.com
isabelfernandezrn@gmail.com
and
FL
(305) 900-3970
Digital Contact Information:
http://www.neurozenpsychiatry.com
isabelfernandezrn@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Lianny, MPSY, LMHC ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
yavila@avilahealthgroup.com
and
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
yavila@avilahealthgroup.com
and
306 Westward Dr
Miami Springs, FL 33166
(786) 588-7894
Digital Contact Information:
yavila@avilahealthgroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Nacin, MSW, LCSW ■
12030 Southwest 129th Court
206
Miami, FL 33186
(786) 334-8099
Digital Contact Information:
reception@sanmiguelwellnesscenter.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez Paul, Katheryn, MSN, APRN ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
tnovoa@believetherapycenter.com
and
7765 SW 87th Ave
Ste 105
Miami, FL 33173
(786) 550-7176
Digital Contact Information:
tnovoa@believetherapycenter.com
and
15413 Southwest 137th Avenue
Miami, FL 33177
(305) 964-5594
Digital Contact Information:
tnovoa@believetherapycenter.com

Fernandez, Rafael R, MSN, APRN ■
633 N Krome Ave
1
Homestead, FL 33030
(305) 763-4007
Digital Contact Information:
relatedmedicalgibilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Soraya, MMH, LMHC ■
2300 West 84th Street
STE 104
Hialeah, FL 33016
(305) 903-3168
Digital Contact Information:
cgomezbmcmhc@gmail.com
and
13416 Southwest 128th Street
Miami, FL 33186
(786) 732-0247
Digital Contact Information:
cgomezbmcmhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez-Gregson, Beatriz, MSN, APRN ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
info@elevatepsychiatry.com
and
363 S Homestead Blvd
Homestead, FL 33030
(305) 908-1115
Digital Contact Information:
info@elevatepsychiatry.com
and
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
info@elevatepsychiatry.com

Ferrari, Taiane, MD ■
FL
(212) 498-8970
Digital Contact Information:
http://www.mybiopsych.com
eric.tate@medibillmd.com

Ferrer, Lariza, MSN, APRN ■
8955 SW 87th Ct
Ste 112
Miami, FL 33176
(305) 722-7210
Digital Contact Information:
ofajardo@miamimedresearch.com
and
13500 SW 88th St
Ste 195
Miami, FL 33186
(786) 602-7838
Digital Contact Information:
ofajardo@miamimedresearch.com
and
FL
(786) 602-7838
Digital Contact Information:
ofajardo@miamimedresearch.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fiallo, Liset, MSW, LCSW ■
401 Coral Way
Ste # 105
Coral Gables, FL 33134
(786) 534-4979
Digital Contact Information:
autonomyoffice@gmail.com
and
401 Miracle Mile
#105
Coral Gables, FL 33134
(786) 534-4979
Digital Contact Information:
autonomyoffice@gmail.com
and
7855 Northwest 12th Street
221
Doral, FL 33126
(305) 648-7174
Digital Contact Information:
autonomyoffice@gmail.com
and
8500 SW 92nd Street
106b
Kendall, FL 33156
(305) 720-6118
Digital Contact Information:
autonomyoffice@gmail.com
and
330 Southwest 27th Avenue
307 309
Miami, FL 33135
(786) 762-2644
Digital Contact Information:
autonomyoffice@gmail.com
and
8260 West Flagler Street
2E
Miami, FL 33144
(305) 427-7906
Digital Contact Information:
autonomyoffice@gmail.com
and
1797 Coral Way
Miami, FL 33145
(786) 464-0673
Digital Contact Information:
autonomyoffice@gmail.com
and
1800 Southwest 27th Avenue
505
Miami, FL 33145
(786) 542-9914
Digital Contact Information:
autonomyoffice@gmail.com
and
10300 Southwest 72nd Street
250b
Miami, FL 33173
(787) 433-7751
Digital Contact Information:
autonomyoffice@gmail.com
and
12595 Southwest 137th Avenue
176
Miami, FL 33186
(786) 701-9992
Digital Contact Information:
autonomyoffice@gmail.com
and
12595 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 701-9992
Digital Contact Information:
autonomyoffice@gmail.com
and
13195 Southwest 134th Street
102
Miami, FL 33186
(305) 964-5236
Digital Contact Information:
autonomyoffice@gmail.com
and
9000 Southwest 137th Avenue
STE 211
Miami, FL 33186
(786) 515-7106
Digital Contact Information:
autonomyoffice@gmail.com
and
14865 South Dixie Highway
Palmetto Bay, FL 33176
(786) 732-2176
Digital Contact Information:
autonomyoffice@gmail.com
and
7500 Sw A St # 203
West Miami, FL 33144
(786) 542-5244
Digital Contact Information:
autonomyoffice@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Figuereo Sabeta, Solange, MC, LMHC ■
10300 Florida 986
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Filkins, Kaitlin, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Fitzgerald, Caitlyn, MD ■
10540 Northwest 26th Street
STE G201
Doral, FL 33172
(786) 879-8040
Digital Contact Information:
advancedcaresfl@outlook.com
and
33497 South Dixie Highway
103b
Florida City, FL 33034
(786) 444-6003
Digital Contact Information:
advancedcaresfl@outlook.com
and
FL
(786) 444-6003
Digital Contact Information:
advancedcaresfl@outlook.com
and
777 E 25th St
Ste 306
Hialeah, FL 33013
(786) 838-6092
Digital Contact Information:
advancedcaresfl@outlook.com
and
1401 Northwest 17th Avenue
Miami, FL 33125
(813) 816-8075
Digital Contact Information:
advancedcaresfl@outlook.com
and
2100 Southwest 22nd Street
502
Miami, FL 33145
(786) 963-0128
Digital Contact Information:
advancedcaresfl@outlook.com
and
13195 Southwest 134th Street
102
Miami, FL 33186
(305) 964-5236
Digital Contact Information:
advancedcaresfl@outlook.com
and
8785 SW 165th Ave
Ste 104
Miami, FL 33193
(786) 703-1538
Digital Contact Information:
advancedcaresfl@outlook.com

Fitzpatrick, Panayiota, MED, LMHC ■
360 Northwest 27th Street
Miami, FL 33127
(929) 209-6109
Digital Contact Information:
fl-patientaccess@harmonybaywellness.com

Flores, Alexis, MPSY, LMHC ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Flores, Miguel A, MD ■
8200 SW 117th Ave
Ste 301
Miami, FL 33183
(305) 279-1501
Digital Contact Information:
mfmd75@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Font Garcia, Luis E, MN, APRN ■
15536 Northwest 77th Court
Hialeah, FL 33016
(305) 621-8051
Digital Contact Information:
dreduardo305@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fox, Iris T, MSW, LCSW ■
3580 Mystic Pointe Drive
Aventura, FL 33180
(786) 414-1574
Digital Contact Information:
iris@ifoxtherapy.com

Frank, Hedrick E, MC, LMHC ■
8323 Northwest 12th Street
108
Doral, FL 33126
(305) 400-8511
Digital Contact Information:
http://www.cbhwestcoast.com
rick.frank53@gmail.com

Frigerio, Ailema, PSYD, LP ■
10300 Sunset Drive
123

Miami, FL 33173
(305) 302-4776
Digital Contact Information:
info@myschoolpsychologistinc.com

Froehler, Luisa V, MMH, LMHC ■
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
http://www.miamipersonalmanagement.com
klopez@miamipersonalmanagement.com

Fuller, Omar, MSN, NP ■
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(770) 810-5836
Digital Contact Information:
robinlwhitlow@highlandrivers.org

Fumero, Norialys, MS, LMHC ■
FL
(772) 361-8581
Digital Contact Information:
norialysfumero@gmail.com

and
17670 Northwest 78th Avenue
STE 113
Hialeah, FL 33015
(716) 558-4565
Digital Contact Information:
norialysfumero@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Fundora, Gladys, MMH, BCBA, LMHC ■
1000 Brickell Avenue
Miami, FL 33131
(786) 817-2356
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
http://kidsspotrehab.com
rossconsultingandcredentialing@gmail.com

and
19100 Southwest 106th Avenue
12 12
Miami, FL 33157
(786) 360-2852
Digital Contact Information:
rossconsultingandcredentialing@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Funes, Catherine F, PSYD, LP ■
1900 North Bayshore Drive
108
Miami, FL 33132
(954) 362-8677
Digital Contact Information:
bh@hgdoctors.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gainza Mayo, Mariela D, MSN, APRN ■
7971 Bird Road
15
Miami, FL 33155
(786) 504-5620
Digital Contact Information:
kenia.rodriguez@ffmhs.com

and
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gallimore, Ingrid, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Galvez, Gema, MS, LPC ■
10300 Southwest 72nd Street
275d
Miami, FL 33173
(888) 853-7908
Digital Contact Information:
http://www.bettermindtherapycorp.com
gemagalvez@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Albert L, MSN, APRN ■
2700 Southwest 27th Avenue
Miami, FL 33133
(305) 942-5246
Digital Contact Information:
info@doctorsccs.com

and
10661 North Kendall Drive
216
Miami, FL 33176
(786) 631-4158
Digital Contact Information:
info@doctorsccs.com

and
9000 Southwest 137th Avenue
Suite 103
Miami, FL 33186
(305) 671-3503
Digital Contact Information:
info@doctorsccs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia Bonhomme, Carla, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Garcia, Calixto, PHD, LP ■
2001 Northwest 107th Avenue
412
Doral, FL 33172
(786) 548-8322
Digital Contact Information:
drcgarciaphd@gmail.com

and
8390 West Flagler Street
107
Miami, FL 33144
(305) 856-9090
Digital Contact Information:
drcgarciaphd@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Carla, MSN, APRN ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
info@elevatepsychiatry.com

and
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
info@elevatepsychiatry.com

and
12550 Biscayne Boulevard
STE 800
North Miami, FL 33181
(788) 442-5021
Digital Contact Information:
info@elevatepsychiatry.com

Garcia Diaz, Marta, MSN, APRN ■
7490 Southwest 23rd Street
201
Miami, FL 33155
(786) 953-8221
Digital Contact Information:
medilineinc@yahoo.com

and
7315 Northwest 36th Street
Miami, FL 33166
(786) 345-7734
Digital Contact Information:
medilineinc@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Gertrudis, MMFT, LMFT ■
1414 Northwest 107th Avenue
204
Doral, FL 33172
(305) 225-8711
Digital Contact Information:
toplifecaresolutions@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 536-7470
Digital Contact Information:
toplifecaresolutions@gmail.com

and
175 Fontainebleau Boulevard
Miami, FL 33172
(305) 960-7124
Digital Contact Information:
toplifecaresolutions@gmail.com

and
10677 North Kendall Drive
ste 5-a
Miami, FL 33176
(305) 225-8711
Digital Contact Information:
http://toplifecaresolutions.com
toplifecaresolutions@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Garcia, Glenda, MSN, APRN ■
15260 Southwest 280th Street
113 114
Homestead, FL 33032
(305) 998-7885
Digital Contact Information:
infogarciahs@gmail.com

and
13370 Southwest 131st Street
Suite 110
Miami, FL 33186
(786) 250-4571
Digital Contact Information:
infogarciahs@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Lauren, MED, LMHC ■
2212 Northwest 91st Street
4058
Miami, FL 33147
(341) 888-7637
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
lauren.garcia371@gmail.com

Garcia, Lisette, MC, LMHC ■
12030 Southwest 129th Court
Suite 211
Miami, FL 33186
(305) 639-8760
Digital Contact Information:
http://www.believeandtrusttcm.com
info@believeandtrusttcm.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Maria, MS, LMHC ■
15715 S Dixie Hwy
Ste 403
Miami, FL 33157
(305) 707-5966
Digital Contact Information:
movingtowardagape@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Mercedes, MSN, APRN ■
FL
(786) 370-1740
Digital Contact Information:
mercedesgarcia2007@yahoo.com

and
664 East 25th Street
102
Hialeah, FL 33013
(786) 409-5361
Digital Contact Information:
mercedesgarcia2007@yahoo.com

and
7815 Coral Way
Ste 108
Miami, FL 33155
(305) 264-1344
Digital Contact Information:
mercedesgarcia2007@yahoo.com

and
10677 North Kendall Drive
ste 5-a
Miami, FL 33176
(786) 296-2773
Digital Contact Information:
http://toplifecaresolutions.com
mercedesgarcia2007@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Garcia Sanchez, Felipe I, MSN, APRN ■
13155 Southwest 134th Street
221
Miami, FL 33186
(786) 652-9880
Digital Contact Information:
info@communityconnectionflorida.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Sonia, MSN, APRN ■
7301 Northwest 36th Street
Miami, FL 33166
(239) 220-5039
Digital Contact Information:
empathybhsbilling@gmail.com

and
7315 Northwest 36th Street
Miami, FL 33166
(786) 345-7734
Digital Contact Information:
empathybhsbilling@gmail.com

and
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
empathybhsbilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Tiffany, MN, PMHNP ■
2650 Southwest 27th Avenue
Suite 305
Miami, FL 33133
(786) 353-9812
Digital Contact Information:
billingheritagewellness@gmail.com

and
20824 W Dixie Hwy
Miami, FL 33180
(407) 851-5121
Digital Contact Information:
billingheritagewellness@gmail.com

Gatliff, Benjamin, MS, BCBA, LMHC, LPC ■
66 W Flagler St
900
Miami, FL 33130
(610) 306-2618
Digital Contact Information:
delegation@psychplus.com

and
777 Brickell Ave
Ste 500
Miami, FL 33131
(786) 490-2181
Digital Contact Information:
http://rockerhealth.org
delegation@psychplus.com

and
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(561) 289-7995
Digital Contact Information:
http://pandatherapycircle.com
delegation@psychplus.com

Georgescu, Manuela, MD ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
Not Available

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
http://banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
Other Languages Spoken by Provider or Office Staff
Spanish

Gibbons, Denise, MC, LMHC ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
info@hupcfl.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
info@hupcfl.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
info@hupcfl.com

Gibson, Tamiko M, DNP, APRN ■
1550 Madruga Avenue
STE 201
Coral Gables, FL 33146
(305) 740-8103
Digital Contact Information:
infodesk@bregmanmedicalgroup.com

Gillespie, Marjorie, PHD, APRN ■
64 W 63rd St
B202
Hialeah, FL 33012
(954) 431-7676
Digital Contact Information:
dr.gillespie@hotmail.com

and
16400 NW 2nd Ave
Ste 100
Miami, FL 33169
(954) 431-7676
Digital Contact Information:
dr.gillespie@hotmail.com

Girlie, Marcelline, MSN, APRN, APRNCNP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
help@joinuplift.co

and
FL
(602) 562-7383
(202) 410-5972
Digital Contact Information:
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
Creole, Spanish

Gitlin, Karina, MSN, APRN ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(954) 369-4111
Digital Contact Information:
credentialer@gmail.com
Other Languages Spoken by Provider or Office Staff
Hebrew, Russian

Godoy Duran, Karina, MS, LMFT ■
879 East 28th Street
Hialeah, FL 33013
(786) 326-2260
Digital Contact Information:
innerwellnessaba@gmail.com

and
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
innerwellnessaba@gmail.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(786) 580-2204
Digital Contact Information:
innerwellnessaba@gmail.com

and
13590 Southwest 134th Avenue
104
Miami, FL 33186
(305) 896-8161
Digital Contact Information:
innerwellnessaba@gmail.com

Goicoechea, Alejandro, MPSY, LMHC ■
15190 SW 136th St
Ste 25
Miami, FL 33196
(786) 626-3970
Digital Contact Information:
alegoicoe@yahoo.com

Gomez, Lissette, MA, LMFT ■
2500 SW 107TH AVE
42
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
info@abcsfl.com

and
FL
(786) 615-3334
Digital Contact Information:
info@abcsfl.com
Other Languages Spoken by Provider or Office Staff
English, Creole, Spanish

Gomez-Abrue, Carmen B, MSW, LCSW ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and
7400 Southwest 88th Street
Miami, FL 33156
(786) 414-6666
Digital Contact Information:
http://www.memorytrainingflorida.com
info@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and
14505 Commerce Way
Ste 750
Miami Lakes, FL 33016
(305) 362-9989
Digital Contact Information:
info@dadefamily.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Adriana, MSN, APRN ■
11440 N Kendall Dr
Ste 208
Miami, FL 33176
(305) 898-0849
Digital Contact Information:
callisiabilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Danyer, MSN, APRN ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
tmedina@hbccmhc.com

and
11440 North Kendall Drive
e208
Miami, FL 33176
(786) 889-0467
Digital Contact Information:
tmedina@hbccmhc.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gonzalez Diaz, Vivian D, PSYD, LP ■
3271 NW 7th St
Ste 203
Miami, FL 33125
(786) 220-6902
Digital Contact Information:
http://www.outpatientpsycare.com
viviangonzalezdiaz@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez Gil, Manuel, MSCC, LMHC ■
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Jacqueline, MSSW, LCSW ■
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
sasha@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gonzalez, Karina, MSW, LCSW ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

Gonzalez, Maria C, DMFT, LMFT ■
306 Alcazar Avenue
200
Coral Gables, FL 33134
(305) 967-8725
Digital Contact Information:
cristalchcl1@gmail.com

and
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
cristalchcl1@gmail.com

and
8245 Northwest 36th Street
#3
Doral, FL 33166
(786) 326-6308
Digital Contact Information:
cristalchcl1@gmail.com

and
1840 W 49th St
Ste 607
Hialeah, FL 33012
(305) 828-9980
Digital Contact Information:
cristalchcl1@gmail.com

and
2100 West 76th Street
#209
Hialeah, FL 33016
(786) 201-1088
Digital Contact Information:
cristalchcl1@gmail.com

and
5353 Southwest 8th Street
Miami, FL 33134
(786) 452-0149
Digital Contact Information:
cristalchcl1@gmail.com

and
8080 West Flagler Street
1a
Miami, FL 33144
(786) 615-2640
Digital Contact Information:
cristalchcl1@gmail.com

and
8500 West Flagler Street
Office 107A
Miami, FL 33144
(786) 907-5141
Digital Contact Information:
cristalchcl1@gmail.com

and
7420 Southwest 48th Street
a
Miami, FL 33155
(786) 362-5981
Digital Contact Information:
cristalchcl1@gmail.com

and
10300 Southwest 72nd Street
414
Miami, FL 33173
(813) 468-7905
Digital Contact Information:
cristalchcl1@gmail.com

and
11890 Southwest 8th Street
Suite 207
Miami, FL 33184
(786) 362-5981
Digital Contact Information:
cristalchcl1@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Misleydis, MC, LMHC ■
215 Westward Dr
Miami Springs, FL 33166
(305) 887-4494
Digital Contact Information:
genesisconsultingservices39@gmail.com

Gonzalez Rodriguez, Mileisy, MSCC, LMHC ■
26027 South Dixie Highway
Homestead, FL 33032
(786) 601-7344
Digital Contact Information:
vitaly.credentialing@gmail.com

and
7805 Coral Way
Ste 131
Miami, FL 33155
(786) 307-2066
Digital Contact Information:
vitaly.credentialing@gmail.com

and
7811 SW 24th St
Ste 120
Miami, FL 33155
(305) 916-4310
Digital Contact Information:
vitaly.credentialing@gmail.com

and
FL
(786) 970-6385
Digital Contact Information:
vitaly.credentialing@gmail.com

and
10300 Southwest 72nd Street
414
Miami, FL 33173
(786) 483-7535
Digital Contact Information:
http://www.happydreamsofkids.com
vitaly.credentialing@gmail.com

and
10300 Southwest 72nd Street
300
Miami, FL 33173
(786) 418-9730
Digital Contact Information:
http://www.happydreamsofkids.com
vitaly.credentialing@gmail.com

and
14471 S Dixie Hwy
Miami, FL 33176
(786) 803-8826
Digital Contact Information:
http://www.amorementalhealthcorp.com
vitaly.credentialing@gmail.com

and
9010 Southwest 137th Avenue
101
Miami, FL 33186
(786) 803-8826
Digital Contact Information:
http://amorementalhealthcorp.com
vitaly.credentialing@gmail.com

and
11285 Southwest 211 Street
207
Miami, FL 33189
(786) 217-8510
Digital Contact Information:
vitaly.credentialing@gmail.com

Goodrich, Kenny, MC, LMHC ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
perla.delosrios@dadefamily.com

Gordillo, Dorelys, MPSY, LMHC ■
3741 Northwest 11th Street
Miami, FL 33126
(305) 927-5422
Digital Contact Information:
http://palomamentalhealth.com
info@palomamentalhealth.com

and
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
info@palomamentalhealth.com

and
9745 Southwest 184th Street
Palmetto Bay, FL 33157
(305) 927-5422
Digital Contact Information:
info@palomamentalhealth.com
Other Languages Spoken by Provider or Office Staff Spanish

Gordon, Natalie, MSW, LCSW, LMFT ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
melissa1amaya@yahoo.com

Goss, Jerron, MSCC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
http://www.wellnite.com
admin@blkhaven.com

Gotthold, Bessie, MS, LMHC ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
westmiamicmhc@bellsouth.net
Other Languages Spoken by Provider or Office Staff Spanish

Grant, Carla, MSN, APRN ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
http://www.compasshealthsystems.com
none@gmail.com

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
none@gmail.com

Green, Lindolyn, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Griff, Richard, PSYD, LP ■
3081 Salzedo Street
Suite 202
Coral Gables, FL 33134
(305) 330-0588
Digital Contact Information:
griff_pysch@yahoo.com

and
3625 Northwest 82nd Avenue
400
Doral, FL 33166
(305) 330-0588
Digital Contact Information:
griff_pysch@yahoo.com

and
19300 West Dixie Highway
2 2
Miami, FL 33180
(305) 330-0588
Digital Contact Information:
griff_pysch@yahoo.com

Grigorova, Marina, MS, LMHC ■
FL
(646) 453-6777
Digital Contact Information:
marinag2804@gmail.com
Other Languages Spoken by Provider or Office Staff Bulgarian

Guardo, Estela, MSCC, LMHC ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
perla.delosrios@dadefamily.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Guerrelus, Elange, MC, LMHC ■
2801 Northeast 213th Street
Suite 1215
Aventura, FL 33180
(833) 769-3524
Digital Contact Information:
fl-credentialing@lifestance.com
Other Languages Spoken by Provider or Office Staff English, French

Guevara Vazquez, Vladimir A, MD ■
7855 Northwest 12th Street
217
Doral, FL 33126
(786) 473-0632
Digital Contact Information:
imhotepcxinc@gmail.com

and
6187 Northwest 167th Street
STE H26
Hialeah, FL 33015
(305) 705-5666
Digital Contact Information:
imhotepcxinc@gmail.com

and
3408 West 84th Street
STE 301
Hialeah, FL 33018
(786) 661-2971
Digital Contact Information:
imhotepcxinc@gmail.com

and
1150 Northwest 72nd Avenue
220
Miami, FL 33126
(786) 558-4899
Digital Contact Information:
imhotepcxinc@gmail.com

and
1495 NW 54th St
Miami, FL 33142
(305) 205-4328
Digital Contact Information:
imhotepcxinc@gmail.com

and
8550 West Flagler Street
Suite 113
Miami, FL 33144
(305) 755-2200
Digital Contact Information:
imhotepcxinc@gmail.com

and
14261 Southwest 120th Street
Suite #113
Miami, FL 33186
(786) 558-4169
Digital Contact Information:
imhotepcxinc@gmail.com

and
5391 Northwest 36th Street
Miami Springs, FL 33166
(786) 636-1310
Digital Contact Information:
imhotepcxinc@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Guiribitey-Rodriguez, Patricia, MD ■
2601 SW 37th Ave
Ste 903
Miami, FL 33133
(305) 204-9799
Digital Contact Information:
trudy@medvaultconsultants.com

Guntin, Yamile, MSW, LCSW ■
3191 Coral Way
607
Miami, FL 33145
(786) 397-7926
Digital Contact Information:
https://headfulloffoliage.com
guntinaleman@gmail.com

and
FL
(786) 397-7926
Digital Contact Information:
https://headfulloffoliage.com
guntinaleman@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Gutierrez, Azucena R, MC, LMHC ■
12039 Southwest 132nd Court
4 4
Miami, FL 33186
(754) 281-3662
Digital Contact Information:
nicanoragent83@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Gutierrez, Beatriz, MSN, APRN ■
FL
(954) 765-6505
Digital Contact Information:
https://optimalmindandwellness.com/our-focus
beatriz@optimalmindandwellness.com

Gutierrez, Damian, MC, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
credentialing@banyanhealth.org

Gutierrez, Giselle E, PSYD, LP ■
10691 N Kendall Dr
Ste 105
Miami, FL 33176
(305) 668-6018
Digital Contact Information:
cartayagroup@gmail.com

Hagstrom, Morgan, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Haider, Shamshad, MED, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff Farsi, Urdu, Arabic, Hindi

Hakiel-Calcaterra, Judy, MA, LMHC ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
jhctherapy@gmail.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
jhctherapy@gmail.com

Halliday, Anna, MED, LMHC ■
3580 Mystic Pointe Drive
Suite 108
Aventura, FL 33180
(305) 205-3810
Digital Contact Information:
support@hstherapycollective.com

and
820 Northeast 143rd Street
North Miami, FL 33161
(305) 205-3810
Digital Contact Information:
http://hstherapycollective.com
support@hstherapycollective.com

Hamilton, Losarnia S, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff Spanish

Hamilton, Richard A, PHD, LP ■
8900 N Kendall Dr
Miami, FL 33176
(786) 596-2000
Digital Contact Information:
hamiltonphd@hotmail.com

and
8950 N Kendall Dr
Ste 104W

Miami, FL 33176
(305) 665-8700
Digital Contact Information:
hamiltonphd@hotmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hamner, Becky, MSN, NP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
veda.joshi@televerohealth.com
Other Languages Spoken by Provider or Office Staff English

Haramboure, Yuliet, MSN, APRN ■
12030 Southwest 129th Court
Suite 211
Miami, FL 33186
(305) 639-8760
Digital Contact Information:
http://www.believeandtrusttcm.com
admin@believeandtrusttcm.com

Hargrove, Chelsea N, MSN, APRN ■
770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
vijay@cardiacsi.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
vijay@cardiacsi.com

and
5201 Blue Lagoon Dr
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
vijay@cardiacsi.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
vijay@cardiacsi.com

and
80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
vijay@cardiacsi.com

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
vijay@cardiacsi.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
vijay@cardiacsi.com

and
830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
vijay@cardiacsi.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(888) 684-2779
Digital Contact Information:
vijay@cardiacsi.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
vijay@cardiacsi.com

Harmon, Portia, MC, LMHC, LPCC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Harper, Jannet, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Harris, Keith, MSW, LMSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Hasbun, Rene, MSED, LMHC ■
7000 Southwest 70th Avenue
600
Miami, FL 33143
(305) 284-7577
Digital Contact Information:
rhasbun@larkinhospital.com

Hassan, Hamlet R, MD ■
4475 Southwest 8th Street
Coral Gables, FL 33134
(786) 536-2872
Digital Contact Information:
bcd.ahcs@outlook.com

and
3146 Coral Way
FL 2
Coral Gables, FL 33145
(786) 953-8874
Digital Contact Information:
bcd.ahcs@outlook.com

and
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
bcd.ahcs@outlook.com

and
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
bcd.ahcs@outlook.com

and
664 E 25th St
Hialeah, FL 33013
(786) 409-2651
Digital Contact Information:
bcd.ahcs@outlook.com

and
664 East 25th Street
102
Hialeah, FL 33013
(786) 409-5361
Digital Contact Information:
bcd.ahcs@outlook.com

and
7490 Southwest 23rd Street
201
Miami, FL 33155
(786) 953-8221
Digital Contact Information:
bcd.ahcs@outlook.com

and
760 Northwest 107th Avenue
110
Miami, FL 33172
(786) 409-3800
Digital Contact Information:
bcd.ahcs@outlook.com

and
10511 North Kendall Drive
c201
Miami, FL 33176
(305) 274-5319
Digital Contact Information:
bcd.ahcs@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Heard, Chelsea, MSSW, LCSW ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
chelseaheardcounseling@gmail.com

Henderson, Davetta A, EDD, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
insurance@wellnite.com

Hendricks-Marx, Donna H, MS, LMHC ■
1175 Northeast 125th Street
320
Miami, FL 33161
(954) 372-0423
Digital Contact Information:
http://www.marriagefamilyservices.com
donnamarx@yahoo.com

Henriquez, Maribi, MSW, LCSW ■
14261 Southwest 120th Street
108 628
Miami, FL 33186
(786) 372-0096
Digital Contact Information:
contact@projectchula.com

and
FL
(786) 372-0096
Digital Contact Information:
contact@projectchula.com

Henry, Sheryl, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Hernandez, Ania, MS, BCBA ■
12060 Southwest 129th Court
Suite 205
Miami, FL 33186
(786) 864-9113
Digital Contact Information:
Not Available

Hernandez, Arlenys, MD ■
801 Monterey Street
202
Coral Gables, FL 33134
(786) 803-8306
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
900 West 49th Street
STE 400
Hialeah, FL 33012
(305) 587-2231
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
5911 Northwest 173rd Drive
6 6
Hialeah, FL 33015
(786) 380-9229
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
5455 Southwest 8th Street
235
Miami, FL 33134
(305) 794-8218
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
4995 Southwest 72nd Avenue
401
Miami, FL 33155
(786) 558-5860
Digital Contact Information:
rossconsultingandcredentialing@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Hernandez, Belkis, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
office@cartwheelcare.org

Hernandez Cruz, Lisandra, MSN, APRN ■
770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
mentalwellnessflorida@gmail.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
mentalwellnessflorida@gmail.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
mentalwellnessflorida@gmail.com

and
80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
mentalwellnessflorida@gmail.com

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
mentalwellnessflorida@gmail.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
mentalwellnessflorida@gmail.com

and
830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
mentalwellnessflorida@gmail.com

and
3661 S Miami Ave
Ste 503
Miami, FL 33133
(305) 546-4578
Digital Contact Information:
mentalwellnessflorida@gmail.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(888) 684-2779
Digital Contact Information:
mentalwellnessflorida@gmail.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
mentalwellnessflorida@gmail.com
Other Languages Spoken by Provider or Office Staff English

Hernandez, Diana, MC, LMHC ■
2500 Southwest 107th Avenue
41
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
info@abcsfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Juan D, MED, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
contracting@confidanthealth.com

Hernandez, Lecsy, MA, BCBA, LMHC ■
770 Ponce de Leon
307
Coral Gables, FL 33134
(786) 344-8757
Digital Contact Information:
mtherapy@hushmail.com

and
770 Ponce de Leon
Ste 305
Coral Gables, FL 33134
(786) 344-8757
Digital Contact Information:
mtherapy@hushmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 695-8672
Digital Contact Information:
mtherapy@hushmail.com

and
4155 Southwest 130th Avenue
108
Miami, FL 33175
(786) 695-8672
Digital Contact Information:
mtherapy@hushmail.com

Hernandez, Yanet, MSN, APRN ■
FL
(239) 244-2022
(786) 440-0904
Digital Contact Information:
http://www.mdpsclinic.com
consulting@fdgmso.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Hernandez-Cuevas, Maria, MS, LMHC ■
10691 Southwest 88th Street
Suite 110
Miami, FL 33176
(305) 595-5485
Digital Contact Information:
mariahcuevas@gmail.com

Hernandez-Diaz, Victoria, MSN, APRN ■
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
healingtouchinc@msn.com

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

Herran, Onilda, MD ■
2001 Northwest 107th Avenue
412
Doral, FL 33172
(786) 548-8322
Digital Contact Information:
Not Available

and
551 East 49th Street
Hialeah, FL 33013
(305) 534-0076
Digital Contact Information:
Not Available

and
151 NW 11th St
Ste E102
Homestead, FL 33030
(305) 534-0076
Digital Contact Information:
Not Available

and
3080 W Flagler St
Miami, FL 33135
(305) 456-1600
Digital Contact Information:
Not Available

and
7500 SW 8th St
Miami, FL 33144
(305) 534-0076
Digital Contact Information:
Not Available

and
9611 SW 40th St
Miami, FL 33165
(305) 534-0076
Digital Contact Information:
Not Available

and
8756 Southwest 8th Street
Miami, FL 33174
(786) 223-9751
Digital Contact Information:
Not Available

and
1200 Alton Rd
Miami Beach, FL 33139
(305) 534-0076
Digital Contact Information:
Not Available

and
12625 West Dixie Highway
North Miami, FL 33161
(305) 777-2554
Digital Contact Information:
Not Available

and
12550 Biscayne Blvd
Ste 100
North Miami, FL 33181
(305) 534-0076
Digital Contact Information:
Not Available

Herrera Martinez, Daysi, MSSW, LCSW ●
12540 Northeast 8th Avenue
North Miami, FL 33161
(786) 731-6492
Digital Contact Information:
dherrera@altamiracommunity.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hershman, Kelley P, MA, LMHC ■
14211 Southwest 120th Street
107
Miami, FL 33186
(917) 592-2345
Digital Contact Information:
khershman@thesohocenter.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hidalgo, Alen, MD ■
1150 Northwest 72nd Avenue
350
Miami, FL 33126
(786) 228-7801
Digital Contact Information:
hidalgopsychiatry@gmail.com

and
1150 Northwest 72nd Avenue
540
Miami, FL 33126
(786) 228-7801
Digital Contact Information:
hidalgopsychiatry@gmail.com

and
2450 Southwest 137th Avenue
Suite# 230
Miami, FL 33175
(786) 228-7801
Digital Contact Information:
http://www.hidalgopsychiatry.com
hidalgopsychiatry@gmail.com

and
2460 Southwest 137th Avenue
250
Miami, FL 33175
(305) 459-3207
Digital Contact Information:
http://www.hidalgopsychiatry.com
hidalgopsychiatry@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Hodgson, Sidney, MS, LMHC ■
10300 Southwest 72nd Street
#123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
myschoolpsychologist@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hoffmann, Adriana, MC, LMHC ■
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
http://www.miamipersonalmanagement.com
klopez@miamipersonalmanagement.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hopkins, Sharon B, PHD, LP ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
cpadilla@deeroaks.com
Other Languages Spoken by Provider or Office Staff French

Hunt, Jennifer L, MS, LMHC ■
1 Alhambra Plaza
Miami, FL 33134
(888) 588-8995
Digital Contact Information:
billing@regionalpsychiatry.com

Hunt, Megan, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Hussain, Jasmine, MA, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Hutchings, Ryan, MA, LMFT ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
hello@handspringhealth.com

Iqbal, Sabih H, MD ■
2100 Coral Way
Coral Gables, FL 33145
(786) 320-1677
Digital Contact Information:
http://www.ydzm.org
hassan.nazir@trumediq.com

and
19001 Southwest 106th Avenue
Suite C-109
Cutler Bay, FL 33157
(305) 255-9806
Digital Contact Information:
http://miamihealthcenterss.com
hassan.nazir@trumediq.com

and
3750 West 16th Avenue
208 210
Hialeah, FL 33012
(305) 301-3283
Digital Contact Information:
https://www.serenitytms.com/
hassan.nazir@trumediq.com

and
600 Northwest 35th Avenue
202 203
Miami, FL 33125
(786) 907-4984
Digital Contact Information:
hassan.nazir@trumediq.com

and
1000 Brickell Avenue
Ste 715-1871
Miami, FL 33131
(800) 954-4558
Digital Contact Information:
hassan.nazir@trumediq.com

and
7481 Southwest 40th Street
Miami, FL 33155
(786) 536-9143
Digital Contact Information:
hassan.nazir@trumediq.com

and
12255 Southwest 132nd Court
Miami, FL 33186
(305) 964-5157
Digital Contact Information:
hassan.nazir@trumediq.com

and
12700 Southwest 128th Street
STE 108
Miami, FL 33186
(786) 830-0212
Digital Contact Information:
hassan.nazir@trumediq.com

and
13335 Southwest 124th Street
STE 211
Miami, FL 33186
(786) 551-8253
Digital Contact Information:
hassan.nazir@trumediq.com

Isla Sanchez, Andres, MSN, APRN ■
5801 Northwest 151st Street
Suite 207
Miami Lakes, FL 33014
(786) 558-5748
Digital Contact Information:
ymartin@fc-ms.com
Other Languages Spoken by Provider or Office Staff
Spanish

Izekor, Abiola O, MSN, APRNCNP, NP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
aizekor@spchealth.com

Jackson, Candice, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770

Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Jackson, Yinka S, MSN, APRN ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(954) 369-4111
Digital Contact Information:
hollywoodpractice@hotmail.com

and
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
hollywoodpractice@hotmail.com

Jacobs, Jessica, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Jaisingh, Nathan, MSN, APN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
info@benchmarkpsychservices.com

Jangira, Henry, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Jean Mary, Jean Rony, MD ■
3500 NW 17th Ave
Miami, FL 33142
(305) 633-6777
Digital Contact Information:
jmrmedicalservicesinc@gmail.com
Other Languages Spoken by Provider or Office Staff Creole

Jean-Baptiste, Odeline, MSW, LCSW ■
12000 Biscayne Boulevard
Ste 211
North Miami, FL 33181
(305) 705-5611
Digital Contact Information:
http://therapywalkinnovativecounseling.com
odeline@therapywalkinnovativecounseling.com

and
FL
(305) 705-5611
Digital Contact Information:
http://therapywalkinnovativecounseling.com
odeline@therapywalkinnovativecounseling.com

Jerome, Martine, MSN, APRN ■
FL
(888) 947-3888
Digital Contact Information:
https://www.virtualpsychiatriccare.com/
support@virtualpsychiatriccare.com

Jimenez, Mirelys, MSN, APRNPMH ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
info@elevatepsychiatry.com

and
363 S Homestead Blvd
Homestead, FL 33030
(305) 908-1115
Digital Contact Information:
info@elevatepsychiatry.com

and
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
info@elevatepsychiatry.com

and
13926 SW 47th St
Miami, FL 33175
(305) 908-1115
Digital Contact Information:
info@elevatepsychiatry.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Johnson, Kamla D, MSW, LCSW ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
http://www.dgphealthandwellness.com
adams@pcmgfl.com
Other Languages Spoken by Provider or Office Staff English

Johnson, Keisha H, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
gaelbyron@gmail.com

Jones, Alicia, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Jones, Rashan, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
admin@completedimensons.org

Jones, Savannah L, PA, PA_C ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
https://www.compasshealthsystems.com
intake@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compassshealthsystems.com
intake@compass.md

Jones, Toni-Anne, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Jorge, Cecilia M, MD ■
31 N Krome Ave
Homestead, FL 33030
(786) 481-5909
Digital Contact Information:
https://www.infinitecc.org/
info@infinitecc.org
Other Languages Spoken by Provider or Office Staff
Spanish

Karoub, Arielle E, MS, LCMHC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Kepley, Gabriela, MSSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
colgate5326@gmail.com

Kerwin, Mary L, DO ■
7270 Northwest 12th Street
430
Miami, FL 33126
(786) 615-2843
Digital Contact Information:
garciarehab5600@gmail.com

and
5600 Southwest 135th Avenue
100
Miami, FL 33183
(305) 603-9104
Digital Contact Information:
garciarehab5600@gmail.com

Khabazghazvini, Baharak, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
maxbaharak53@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Farsi, Arabic

Kidane Davis, Pascale, MSN, APRN ■
FL
(786) 761-1155
(888) 947-3888
Digital Contact Information:
https://www.virtualpsychiatriccare.com/
pascalenp11@gmail.com

Kimball, Alison R, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@directionsforliving.org

Kramer, David R, MD ■
2828 Coral Way
Ste 460
Coral Gables, FL 33145
(512) 212-4670
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net

and
12550 Biscayne Boulevard
STE 306
North Miami, FL 33181
(305) 642-5255
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net
Other Languages Spoken by Provider or Office Staff
Spanish

Kristelle Malval, Marie S, EDS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
lisette@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Labossiere, Danielle H, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com

Lafata, Maygen L, DO ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
http://compasshealthsystems.com
credentialing@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://compasshealthsystems.com
credentialing@compass.md

Lago, Mercedes M, MMH, LMHC ■
4800 West Flagler Street
215
Coral Gables, FL 33134
(954) 368-4786
Digital Contact Information:
mercedeslago7@gmail.com

and
4689 Ponce de Leon Boulevard
Suite 200
Coral Gables, FL 33146
(786) 803-8025
Digital Contact Information:
mercedeslago7@gmail.com

and
1840 West 49th Street
606 606
Hialeah, FL 33012
(305) 846-9727
Digital Contact Information:
mercedeslago7@gmail.com

and
17670 Northwest 78th Avenue
STE 113
Hialeah, FL 33015
(716) 558-4565
Digital Contact Information:
mercedeslago7@gmail.com

and
9827 Southwest 40th Street
Miami, FL 33165
(786) 762-2922
Digital Contact Information:
mercedeslago7@gmail.com

and
6955 Northwest 77th Avenue
407
Miami, FL 33166
(786) 615-2306
Digital Contact Information:
mercedeslago7@gmail.com

and
14722 Southwest 56th Street
Miami, FL 33185
(305) 456-0572
Digital Contact Information:
mercedeslago7@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lampkin, Craig, MS, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Lance, Katherine M, MA, LPC, LPCC, PC ■
1 Alhambra Plaza
Miami, FL 33134
(888) 588-8995
Digital Contact Information:
ciga-office@foresightmentalhealth.com

Landes, Debra M, MED, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
landeslmhc@gmail.com

Lane, Tisha J, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
soundmindstherapy@gmail.com

Langford, Stephanie, MS, LMHC ■
2212 Northwest 91st Street

Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Lankenau, Diana J, MN, APRN, PMHNP ■
South Red Road
Miami, FL 33155
(305) 297-7014
Digital Contact Information:
credentialing@orendapsych.com

and
FL
(305) 297-7014
Digital Contact Information:
credentialing@orendapsych.com

Laplace, Arthur, PHD, LP ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
caqh@citrusmedassociates.com

and
150 Alhambra Circle
Floor 10
Coral Gables, FL 33134
(786) 800-3374
Digital Contact Information:
caqh@citrusmedassociates.com

and
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
caqh@citrusmedassociates.com

and
255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
caqh@citrusmedassociates.com

and
370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
caqh@citrusmedassociates.com

and
333 Southeast 2nd Avenue
Suite 2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
caqh@citrusmedassociates.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
caqh@citrusmedassociates.com

and
3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
caqh@citrusmedassociates.com

and
350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
caqh@citrusmedassociates.com

and
429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
caqh@citrusmedassociates.com

and
323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
caqh@citrusmedassociates.com

Larrauri, Carlos A, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
bmmedicalllc@gmail.com

and
7921 Bird Rd
Ste 41
Miami, FL 33155
(305) 425-1393
Digital Contact Information:
http://oceanhealthsystem.com
bmmedicalllc@gmail.com

and
7921 Bird Road
39
Miami, FL 33155
(786) 310-1570
Digital Contact Information:
http://oceanhealthsystem.com
bmmedicalllc@gmail.com

and
7971 Bird Road
39
Miami, FL 33155
(786) 910-7179
Digital Contact Information:
http://oceanhealthsystem.com
bmmedicalllc@gmail.com

and
10682 Fontainebleau Boulevard
Miami, FL 33172
(786) 910-7179
Digital Contact Information:
bmmedicalllc@gmail.com

Leal Diaz, Carmen C, MSN, APRN ■
5911 Northwest 173rd Drive
6 6
Hialeah, FL 33015
(786) 380-9229
Digital Contact Information:
office@sweetstartcwc.com

and
2100 West 76th Street
STE 408
Hialeah, FL 33016
(786) 542-5056
Digital Contact Information:
office@sweetstartcwc.com

Lebron Ginorio, Michelle, MD ■
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
rehabcenterag@gmail.com

and
10300 Southwest 72nd Street
300
Miami, FL 33173
(786) 418-9730
Digital Contact Information:
http://www.happydreamsofkids.com
rehabcenterag@gmail.com

and
12150 Southwest 128th Court
Suite 233
Miami, FL 33186
(786) 238-7666
Digital Contact Information:
rehabcenterag@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lee, Edmond, MSN, APRN ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Lefler, Linda, MD ■
777 E 25th St
Ste 306
Hialeah, FL 33013
(786) 838-6092
Digital Contact Information:
dustinsode@suncoastcenter.org

Legra, Bertha V, MS, LMHC ■
419 W 49th St
Ste 210
Hialeah, FL 33012
(954) 404-7052
Digital Contact Information:
credentialing@psychiatrist4u.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Lemon, Tinsley, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Len, Mary E, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Lewis, Crystal, MC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Lewis, Mariah, MSW, LCSW ■
FL
(850) 305-1894
Digital Contact Information:
http://www.tpttherapy.org
mariahlewis@tpttherapy.org

Lewis, Sharon, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Lewis-Payton, Tomecia, MS, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Leydig, Tammie, MSN, APRN, CNP ■
FL
(305) 902-6347
Digital Contact Information:
sid@instic.health

Leyva Rosales, Idalmis, MPSY, LMHC ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
idalmis@neurobehavioral.health

and
12060 SW 129th Ct
Miami, FL 33186
(786) 615-3349
Digital Contact Information:
idalmis@neurobehavioral.health
Other Languages Spoken by Provider or Office Staff
Spanish

Lister Perez, Annet T, MN, APRN ■
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
lgarcia@keraltybh.com
Other Languages Spoken by Provider or Office Staff
Spanish

Livermore, Alexis N, MSN, APRN ■
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
swashburn@compass.md

Lo, Lorinda, MSN, APRN ■
2464 Southwest 22nd Street
Miami, FL 33145
(305) 204-9355
Digital Contact Information:
http://www.ampmentalhealth.com
admin@ampmentalhealth.com
Other Languages Spoken by Provider or Office Staff
Cantonese, Spanish

Lopez, Idalmis, MSN, APRN ■
13170 Southwest 128th Street
200
Miami, FL 33186
(786) 852-5198
Digital Contact Information:
https://clarityapproach.com/
clarityhealth@approachteam.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Jason, MD ■
18305 Biscayne Boulevard
205
Aventura, FL 33160
(786) 991-2602
Digital Contact Information:
youworth24@gmail.com

and
2925 Northeast 199th Street
Suite 302
Aventura, FL 33180
(786) 991-2600
Digital Contact Information:
youworth24@gmail.com

and
3625 Northwest 82nd Avenue
Doral, FL 33166
(786) 991-2600
Digital Contact Information:
youworth24@gmail.com

and
5190 Northwest 167th Street
201
Hialeah, FL 33014
(305) 705-4289
Digital Contact Information:
http://livelinessinc.com
youworth24@gmail.com

and
27 Northwest 13th Street
Homestead, FL 33030
(786) 339-8824
Digital Contact Information:
http://sfmhr.com
youworth24@gmail.com

and
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
youworth24@gmail.com

and
3446 Southwest 8th Street
217
Miami, FL 33135
(786) 769-5046
Digital Contact Information:
youworth24@gmail.com

and
1800 Southwest 27th Avenue
505
Miami, FL 33145
(786) 542-9914
Digital Contact Information:
youworth24@gmail.com

and
10250 Southwest 56th Street
C202
Miami, FL 33165
(754) 816-5001
Digital Contact Information:
youworth24@gmail.com

and
11401 Southwest 40th Street
#345
Miami, FL 33165
(305) 603-7063
Digital Contact Information:
http://bridgeofcaregroup.com
youworth24@gmail.com

and
2720 Southwest 97th Avenue
c 104
Miami, FL 33165
(305) 705-4289
Digital Contact Information:
youworth24@gmail.com

and
1460 Northwest 107th Avenue
41n
Miami, FL 33172
(754) 263-2050
Digital Contact Information:
youworth24@gmail.com

and
1470 Northwest 107th Avenue
M
Miami, FL 33172
(786) 238-7282
Digital Contact Information:
youworth24@gmail.com

and
13168 SW 188th St
Miami, FL 33177
(303) 812-8815
Digital Contact Information:
youworth24@gmail.com

and
20774 West Dixie Highway
b
Miami, FL 33180
(305) 549-8665
Digital Contact Information:
youworth24@gmail.com

and
12540 Southwest 8th Street
Miami, FL 33184
(305) 705-6840
Digital Contact Information:
youworth24@gmail.com

and
13195 Southwest 134th Street
101
Miami, FL 33186
(786) 227-6830
Digital Contact Information:
http://esperanzagroup.net
youworth24@gmail.com

and
9020 Southwest 137th Avenue
210
Miami, FL 33186
(786) 558-5042
Digital Contact Information:
youworth24@gmail.com

and
9020 Southwest 137th Avenue
STE 250
Miami, FL 33186
(786) 536-7588
Digital Contact Information:
youworth24@gmail.com

and
14400 Northwest 77th Court
#100
Miami Lakes, FL 33016
(786) 916-6073
Digital Contact Information:
http://www.arcmentalhealth.com
youworth24@gmail.com

and
9999 Northeast 2nd Avenue
203
Miami Shores, FL 33138
(786) 580-5131
Digital Contact Information:
youworth24@gmail.com

Lopez, Jennifer, MA, LMFT ■
3750 West 16th Avenue
232u
Hialeah, FL 33012
(786) 332-3396
Digital Contact Information:
jennylmft@gmail.com

and
10671 North Kendall Drive
5d
Miami, FL 33176
(786) 474-6469
Digital Contact Information:
jennylmft@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Jose C, MD ■
1200 Northwest 78th Avenue
210
Doral, FL 33126
(786) 285-3438
Digital Contact Information:
jorge@valcourtbehavioral.com

and
633 N Krome Ave
1
Homestead, FL 33030
(305) 763-4007
Digital Contact Information:
jorge@valcourtbehavioral.com

and
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
jorge@valcourtbehavioral.com

and
3525 NW 7th St
Miami, FL 33125
(786) 801-0218
Digital Contact Information:
jorge@valcourtbehavioral.com

and
1710 Northwest 7th Street
STE 5-6-7
Miami, FL 331253500
(786) 409-2568
Digital Contact Information:
jorge@valcourtbehavioral.com

and
3446 Southwest 8th Street
217
Miami, FL 33135
(786) 769-5046
Digital Contact Information:
jorge@valcourtbehavioral.com

and
7821 Coral Way
100
Miami, FL 33155
(786) 409-5690
Digital Contact Information:
jorge@valcourtbehavioral.com

and
7921 Bird Rd
Ste 41
Miami, FL 33155
(305) 425-1393
Digital Contact Information:
http://oceanhealthsystem.com
jorge@valcourtbehavioral.com

and
7921 Bird Road
39
Miami, FL 33155
(786) 310-1570
Digital Contact Information:
http://oceanhealthsystem.com
jorge@valcourtbehavioral.com

and
7971 Bird Road
15
Miami, FL 33155
(786) 504-5620
Digital Contact Information:
http://oceanhealthsystem.com
jorge@valcourtbehavioral.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
jorge@valcourtbehavioral.com

and
19001 Southwest 106th Avenue
c103
Miami, FL 33157
(786) 523-2352
Digital Contact Information:
jorge@valcourtbehavioral.com

and
10680 Fontainebleau Boulevard
Miami, FL 33172
(305) 794-6845
Digital Contact Information:
jorge@valcourtbehavioral.com

and
13706 Southwest 56th Street
STE 105-106
Miami, FL 331756036
(786) 523-4289
Digital Contact Information:
jorge@valcourtbehavioral.com

and
9900 Southwest 107th Avenue
STE 101
Miami, FL 33176
(305) 248-3488
Digital Contact Information:
jorge@valcourtbehavioral.com

and
12540 Southwest 8th Street
Miami, FL 33184
(305) 705-6840
Digital Contact Information:
jorge@valcourtbehavioral.com

and
6600 Cow Pen Road
250
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
jorge@valcourtbehavioral.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Josue, MD ■
15260 Southwest 280th Street
203
Homestead, FL 33032
(786) 601-7491
Digital Contact Information:
lrodriguezllbs@gmail.com

and
7270 Northwest 12th Street
430
Miami, FL 33126
(786) 615-2843
Digital Contact Information:
https://www.lasagradafamiliacenter.com
lrodriguezllbs@gmail.com

and
2141 Southwest 1st Street
201
Miami, FL 33135
(786) 920-9137
Digital Contact Information:
lrodriguezllbs@gmail.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
lrodriguezllbs@gmail.com

and
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
lrodriguezllbs@gmail.com

and
7001 SW 97th Ave
Ste 206
Miami, FL 33173
(786) 294-0123
Digital Contact Information:
https://www.chgpsychiatry.com/
lrodriguezllbs@gmail.com

and
2424 Southwest 137th Avenue
Miami, FL 331756311
(786) 655-0831
Digital Contact Information:
http://www.miamihealthmedicalcenter.us
lrodriguezllbs@gmail.com

and
9125 SW 87th Ave
Miami, FL 33176
(305) 735-3919
Digital Contact Information:
lrodriguezllbs@gmail.com

and
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
lrodriguezllbs@gmail.com

and
13155 Southwest 134th Street
221
Miami, FL 33186
(786) 652-9880
Digital Contact Information:
lrodriguezllbs@gmail.com

and
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
lrodriguezllbs@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Juan C, MS, LMFT ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
perla@dadefamily.com

and
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
perla@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla@dadefamily.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
http://www.dadefamily.com
perla@dadefamily.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Lopez, Widlyne, MSW, LCSW ■
FL
(954) 281-2958
Digital Contact Information:
http://www.breakthroughcrc.com
widlynel@breakthroughcrc.org
Other Languages Spoken by Provider or Office Staff Haitian Creole

Lopez, Yaneris, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(305) 735-3555
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lorenzo Garcia, Yarenys, MSN, APRN ■
8500 West Flagler Street
Office 107A
Miami, FL 33144
(786) 614-5085
(786) 907-5141
Digital Contact Information:
lizalexandra09@gmail.com

and
FL
(786) 614-5085
(786) 907-5141
Digital Contact Information:
lizalexandra09@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lorenzo, Janet, MSN, APRN ■
12963 West Okeechobee Road
1a
Hialeah Gardens, FL 33018
(786) 450-9918
Digital Contact Information:
gardensmedicalcenters@gmail.com

and
12963 West Okeechobee Road
Unit 1
Hialeah Gardens, FL 33018
(786) 536-9329
Digital Contact Information:
gardensmedicalcenters@gmail.com

and
1150 Northwest 72nd Avenue
ph 2
Miami, FL 33126
(786) 542-5043
Digital Contact Information:
gardensmedicalcenters@gmail.com

and
13701 SW 88th St
Ste 305
Miami, FL 33186
(786) 471-6268
Digital Contact Information:
gardensmedicalcenters@gmail.com

and
16464 Southwest 99th Lane
Miami, FL 33196
(786) 471-6268
Digital Contact Information:
gardensmedicalcenters@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Louwagie Gordon, Alissa M, MS, LMHC ■
FL
(786) 615-3334
Digital Contact Information:
info@abcsfl.com

Lozada, Wimar, MMH, LMHC ■
175 Fontainebleau Boulevard
Miami, FL 33172
(407) 749-3580
Digital Contact Information:
http://www.elitemindsfl.com
eliteminds.services@gmail.com

Lucena, Williams, MS, LMHC ■
3446 Southwest 8th Street
217
Miami, FL 33135
(786) 769-5046
Digital Contact Information:
wjlusa11@gmail.com

and
1801 Coral Way
Ste 327
Miami, FL 33145
(786) 227-6020
Digital Contact Information:
http://www.bbisf.com
wjlusa11@gmail.com

and
1801 Coral Way
Ste 405
Miami, FL 33145
(786) 866-5914
Digital Contact Information:
http://www.bbisf.com
wjlusa11@gmail.com

and
12900 Southwest 128th Street
204b
Miami, FL 33186
(786) 227-6020
Digital Contact Information:
wjlusa11@gmail.com

and
13335 Southwest 124th Street
STE 103
Miami, FL 33186
(786) 831-1348
Digital Contact Information:
wjlusa11@gmail.com

and
14100 Palmetto Frontage Road
Ste 112
Miami Lakes, FL 33016
(786) 837-3540
Digital Contact Information:
wjlusa11@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Luces, Rafael, MN, APRN ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Lugaro Vidal, Jacquenine M, MSW, LCSW ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
perla.delosrios@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Madison, Marlon, MSW, LCSW ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
acc@advancedclientcare.org

Magarino, Sheyla, MSN, APRN ■
12595 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 701-9992
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Mahany-Schunk, Carolyn, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Major, Marlea, MS, CAC, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
contact@majormhm.com

Maldonado, Milagros R, MS, LMHC ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
info@avilahealthgroup.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Mallo, Lisaimy, MSW, LCSW ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
alexandra.galvis@mypsychiatrist.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mandel, Seth, MD ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
hello@talkiatry.com

Manresa, Viviana, MSN, APRN ■
261 Westward Drive
suite 108-109
Miami, FL 33166
(305) 200-5176
Digital Contact Information:
vmanresapmhnp@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mantero-Atienza, Emilio, MD ■
9611 SW 40th St
Miami, FL 33165
(305) 532-3923
Digital Contact Information:
emanterolv@bellsouth.net

Maqueira, Elvira, MSW, LCSW ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
tmedina@hbccmhc.com

Marcus, Phyllis C, MC, LMFT ■
540 Northwest 165th Street
114
Miami, FL 33169
(786) 648-6550
Digital Contact Information:
horebhealthclinic@gmail.com

and
540 Northwest 165th Street
STE 110
Miami, FL 33169
(786) 648-6550
Digital Contact Information:
horebhealthclinic@gmail.com

Marin, Leonardo, MSCC, LMHC ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
mariafields@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
mariafields@dadefamily.com

Marquez, Martha, MS, CAP, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff
Spanish

Marr, Janice, MSW, LCSW, LISW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Marrero, Arletty, MSN, APRN ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
psychiatry@intergratedhealthcare.group

and
900 West 49th Street
STE 512
Hialeah, FL 33012
(786) 536-1701
Digital Contact Information:
psychiatry@intergratedhealthcare.group

and
777 E 25th St
Ste 306
Hialeah, FL 33013
(786) 838-6092
Digital Contact Information:
psychiatry@intergratedhealthcare.group

and
351 NW 42nd Ave
Ste 406
Miami, FL 33126
(786) 536-1710
Digital Contact Information:
http://www.integratedhealthcare.group
psychiatry@intergratedhealthcare.group

and
1890 Southwest 57th Avenue
SUITE 106
Miami, FL 33155
(786) 536-1701
Digital Contact Information:
psychiatry@intergratedhealthcare.group

and
13370 Southwest 131st Street
Suite 110
Miami, FL 33186
(786) 250-4571
Digital Contact Information:
psychiatry@intergratedhealthcare.group
Other Languages Spoken by Provider or Office Staff
Spanish

Martin, Precious, MSW, LCSW ■
1801 Northeast 123rd Street
334
North Miami, FL 33181
(888) 718-4915
Digital Contact Information:
http://www.rrrinc.org
info@rrrinc.org

Martinez, Amos, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Kirenia, MSN, APRN ■
790 Northwest 107th Avenue
suite 301
Miami, FL 33172
(305) 392-0968
Digital Contact Information:
bspecialistmg@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Mabel, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com

Martinez Salazar, Lisandra, MSN, APRN ■
9849 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 644-5400
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com

Martinez Soto, Yaneisy, APRN ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
info@ffmhs.com

Marvin, Jennifer, MA, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
akfilson@aol.com

Mason, Shatema, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Mayabb, Laura, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Mays, Linda, DNSC, ARNP ■
633 Northeast 167th Street
824
Miami, FL 33162
(305) 530-8262
Digital Contact Information:
http://www.lmaysarnp.com
drtbehavioralservices@gmail.com

and
FL
(305) 530-8262
Digital Contact Information:
http://www.lmaysarnp.com
drtbehavioralservices@gmail.com

Mazzella, Kathryn L, MSN, APN, APNP, APRN, APRNPMH, NP ■
150 Alhambra Circle
Floor 10
Coral Gables, FL 33134
(786) 800-3374
Digital Contact Information:
billing101@healthandpsychiatry.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779

Digital Contact Information:
http://happierliving.com
billing101@healthandpsychiatry.com

McCarthy, Michael, MSW, LCSW ■
12550 Biscayne Boulevard
STE 800
North Miami, FL 33181
(305) 479-7068
Digital Contact Information:
biscaynebaycounseling@mdofficemail.com
Other Languages Spoken by Provider or Office Staff
Spanish

McDevitt, Omayra, MA, LPC ■
FL
(305) 902-6347
Digital Contact Information:
start@bebravehealth.com

McDonald, Cheryl L, MSN, APRN, APRNCNP, NP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
frontdesk@buildingnewhorizons.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
frontdesk@buildingnewhorizons.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
frontdesk@buildingnewhorizons.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
frontdesk@buildingnewhorizons.com

McKee, Sandra Darby D, MSN, APRN, APRNCNP, CRNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

McKiernan, Kathleen, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

McLaughlin, Brianna, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

McVan, Melissa, MS, LMHC ■
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(561) 289-7995
Digital Contact Information:
http://pandatherapycircle.com
pandatherapycircle@gmail.com

and
FL
(561) 289-7995
Digital Contact Information:
http://pandatherapycircle.com
pandatherapycircle@gmail.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
pandatherapycircle@gmail.com

Mcghinty, Meghan R, DNP, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Medina, Maria E, MS, LMHC ■
5881 Northwest 151st Street
Suite: 103
Miami Lakes, FL 33014
(786) 703-4154
Digital Contact Information:
peaceofmindmhs@hotmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Medina, Muriel, MSW, LCSW ■
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
info@aimergency.org

Medina Rojo, Raul, MSN, APRN ■
4445 West 16th Avenue
STE 405
Hialeah, FL 33012
(786) 233-6721
Digital Contact Information:
office@myrtleridge.us

and
1000 Brickell Avenue
Miami, FL 33131
(786) 701-9211
Digital Contact Information:
office@myrtleridge.us

and
9299 SW 152nd St
Ste 206
Palmetto Bay, FL 33157
(786) 883-0339
Digital Contact Information:
office@myrtleridge.us
Other Languages Spoken by Provider or Office Staff
English, Spanish

Mejia, Alejandra, MSW, LCSW ■
14645 Northwest 77th Avenue
101
Miami Lakes, FL 33014
(833) 769-3524
Digital Contact Information:
http://lifestance.com
dougblessington@gmail.com

Mejia Jimenez, Ana, MSN, APRN ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
info@elevatepsychiatry.com

and
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
info@elevatepsychiatry.com
Other Languages Spoken by Provider or Office Staff
Spanish

Menachem, Kari, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Menard Clinton, Cynthia, MS, LMHC ■
FL
(484) 808-5908
Digital Contact Information:
cynthiamenardclinton@hotmail.com

Mendez Luaces, Luis E, DNP, APRN ■
330 Southwest 27th Avenue
#701
Miami, FL 33135
(305) 363-1880
Digital Contact Information:
http://empowerpsychiatry.net
info@empowerpsychiatry.med
Other Languages Spoken by Provider or Office Staff
Spanish

Mendez, Manuel, MC, LMHC ■
705 East 8th Avenue
201
Hialeah, FL 33010
(786) 655-0774
Digital Contact Information:
healingtouchinc@msn.com

and
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
2387 West 68th Street
301
Hialeah, FL 33016
(786) 655-0774
Digital Contact Information:
healingtouchinc@msn.com

and
3383 Northwest 7th Street
312
Miami, FL 33125
(786) 703-8965
Digital Contact Information:
healingtouchinc@msn.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 695-8672
Digital Contact Information:
healingtouchinc@msn.com

and
3817 West Flagler Street
Miami, FL 33134
(305) 456-2776
Digital Contact Information:
healingtouchinc@msn.com

and
7299 West Flagler Street
Miami, FL 33144
(786) 953-4698
Digital Contact Information:
healingtouchinc@msn.com

and
7360 Southwest 24th Street
17a
Miami, FL 33155
(786) 570-3130
Digital Contact Information:
healingtouchinc@msn.com

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
4155 Southwest 130th Avenue
108
Miami, FL 33175
(786) 695-8672
Digital Contact Information:
healingtouchinc@msn.com

and
14875 Northwest 77th Avenue
Suite 204
Miami Lakes, FL 33014
(786) 321-1400
Digital Contact Information:
healingtouchinc@msn.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mendez, Rossana, MSW, LCSW ■
11367 Southwest 248th Terrace
Princeton, FL 33032
(786) 879-5355
Digital Contact Information:
http://themind-gym.com
rossanamendezcole@themissingkeyllc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mendoza, Liana M, MD ■
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
info@infinitecc.org

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
info@infinitecc.org

and
31 N Krome Ave
Homestead, FL 33030
(786) 481-5909
Digital Contact Information:
http://infinitecompletecare.com
info@infinitecc.org

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
info@infinitecc.org

and
3926 Northwest 167th Street
Miami Gardens, FL 33054
(305) 827-3252
Digital Contact Information:
info@infinitecc.org
Other Languages Spoken by Provider or Office Staff
Spanish

Mercado, Michelle, MSW, LCSW ■
1951 NW 17th Ave
Miami, FL 33125
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla@dadefaily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla@dadefaily.com

Mesa, Dayani, MN, APRN ■
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
https://www.chgpsychiatry.com/
chgpsychiatry@gmail.com

Migoyo, Zulaymis, MS, LMHC ■
19001 Southwest 106th Avenue
c103
Miami, FL 33157
(786) 523-2352
Digital Contact Information:
jpabehavior@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ming, Naila, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
patients_accounts@aspirehp.org

Mirtenbaum, Daniel S, PSYD, LP ■
6175 NW 153rd St
Ste 404
Miami Lakes, FL 33014
(305) 558-7400
Digital Contact Information:
credentialing.tifft@gmail.com

Mitchell, Oluwakemi, DNP, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
insurance@wellnite.com

and
FL
(602) 562-7383
Digital Contact Information:
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Mitchell, Tachianna, MSN, APRN ■
FL
(305) 902-6347
Digital Contact Information:
admin@sparkwg.com

Mizrahi, David, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Mizray, Militza I, MD ■
4475 Southwest 8th Street
Coral Gables, FL 33134
(786) 536-2872
Digital Contact Information:
jxross12@gmail.com

and
2500 Northwest 79th Avenue
Suite 191
Doral, FL 33122
(786) 401-7579
Digital Contact Information:
jxross12@gmail.com

and
1840 West 49th Street
304
Hialeah, FL 33012
(786) 803-8596
Digital Contact Information:
jxross12@gmail.com

and
12963 West Okeechobee Road
Unit 1
Hialeah Gardens, FL 33018
(786) 536-9329
Digital Contact Information:
jxross12@gmail.com

and
2311 Northwest 7th Street
Miami, FL 33125
(786) 706-2246
Digital Contact Information:
jxross12@gmail.com

and
8370 W Flagler St
Ste 232
Miami, FL 33144
(786) 803-8517
Digital Contact Information:
jxross12@gmail.com

and
4180 Southwest 74th Court
204
Miami, FL 33155
(786) 401-7327
Digital Contact Information:
jxross12@gmail.com

and
7420 Southwest 48th Street
a
Miami, FL 33155
(786) 755-2615
Digital Contact Information:
jxross12@gmail.com

and
12001 Southwest 128th Court
Suite Suite 104
Miami, FL 33186
(786) 868-0505
Digital Contact Information:
jxross12@gmail.com

and
12485 Southwest 137th Avenue
STE 109
Miami, FL 33186
(786) 592-2748
Digital Contact Information:
jxross12@gmail.com

and
13590 Southwest 134th Avenue
201
Miami, FL 33186
(786) 227-6258
Digital Contact Information:
jxross12@gmail.com

and
5779 Northwest 151st Street
Miami Lakes, FL 33014
(786) 353-2058
Digital Contact Information:
http://miamilakesdoctors.com
jxross12@gmail.com

Mohsini, Nina, MSN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
credentialing@riviamind.com

Molina Paz, Ania K, MSN, APRN ■
FL
(561) 707-7607
Digital Contact Information:
ania_98@yahoo.es
Other Languages Spoken by Provider or Office Staff
Spanish

Montes, Jose, MMH, LMHC ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
http://universalcommunityservices.com
admin@universalcommunityservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Montgomery, Millie, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Montilla, Claudia A, MS, LMHC ■
8450 Northwest 102nd Avenue
210
Doral, FL 33178
(305) 495-4075
Digital Contact Information:
info@paradisehealthgroup.com

and
5901 Northwest 183rd Street
Suite 264
Hialeah, FL 33015
(786) 418-9790
Digital Contact Information:
https://oasismentalhealthcenter.com
info@paradisehealthgroup.com

and
8591 Northwest South River Drive
Medley, FL 33166
(305) 456-3000
Digital Contact Information:
info@paradisehealthgroup.com

and
4905 Northwest 72nd Avenue
5
Miami, FL 33166
(786) 391-3816
Digital Contact Information:
http://paradisehealthgroup.com
info@paradisehealthgroup.com

and
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
info@paradisehealthgroup.com

and
9125 SW 87th Ave
Miami, FL 33176
(305) 735-3919
Digital Contact Information:
info@paradisehealthgroup.com

and
13335 Southwest 124th Street
STE 101
Miami, FL 33186
(786) 842-3635
Digital Contact Information:
info@paradisehealthgroup.com

and
8100 Northwest 155th Street
100
Miami Lakes, FL 33016
(786) 615-2531
Digital Contact Information:
info@paradisehealthgroup.com

Montpellier, Olga, MMH, LMHC ■
306 Alcazar Avenue
200
Coral Gables, FL 33134
(305) 967-8725
Digital Contact Information:
http://www.ajmmedicalcenter.com
eternitylives24@gmail.com

and
2100 West 76th Street
STE 201
Hialeah, FL 33016
(786) 353-2324
Digital Contact Information:
eternitylives24@gmail.com

and
FL
(786) 353-2324
Digital Contact Information:
eternitylives24@gmail.com

and
7811 Coral Way
103
Miami, FL 33155
(305) 484-8371
Digital Contact Information:
http://www.iq-medical-center.com
eternitylives24@gmail.com

and
3421 SW 107th Ave
Miami, FL 33165
(305) 392-1774
Digital Contact Information:
eternitylives24@gmail.com

and
12955 Southwest 42nd Street
STE 2
Miami, FL 33175
(305) 364-5711
Digital Contact Information:
eternitylives24@gmail.com

and
9010 Southwest 137th Avenue
suite 116
Miami, FL 33186
(305) 639-8685
Digital Contact Information:
eternitylives24@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Moore, Audrea, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
3amcounselingservices@gmail.com

Moore, Siobhan T, MS, APRN ■
2464 Southwest 22nd Street
Miami, FL 33145
(305) 204-9355
Digital Contact Information:
http://www.ampmentalhealth.com
admin@ampmentalhealth.com

Mora, Brenda, MS, LMHC ■
FL
(786) 488-8103
Digital Contact Information:
http://www.sfacounseling.org
info@sfacounseling.org
Other Languages Spoken by Provider or Office Staff
Spanish

Mora, Joseph J, PHD, LP ■
10621 North Kendall Drive
Suite #203
Miami, FL 33176
(305) 456-6976
Digital Contact Information:
davalos.credentialing@novitams.com

Moradi, Shahrzad, PHD, LP ●
3100 SW 62nd Ave
Miami, FL 33155
(305) 663-8439
Digital Contact Information:
payer.credentialing@nicklaushealth.org

Morales, Alfonso, MSSW, LCSW ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Morales, Beatriz, MS, LMHC, LPC ■
975 Arthur Godfrey Rd
Ste 301
Miami Beach, FL 33140
(786) 315-0387
Digital Contact Information:
bmorales@ibhflorida.com

and
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
http://www.ibhflorida.com
bmorales@ibhflorida.com

and
FL
(305) 816-6300
Digital Contact Information:
http://www.ibhflorida.com
bmorales@ibhflorida.com
Other Languages Spoken by Provider or Office Staff
Spanish

Moreda-Mendez, Yanet, MSN, APRN ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
http://www.dgphealthandwellness.com
info@kaaficounseling.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
info@kaaficounseling.com
Other Languages Spoken by Provider or Office Staff
Spanish

Morgan, Jennifer, MC, LMHC ■
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
wavespsychotherapybilling@gmail.com

and
19300 West Dixie Highway
2 2
Miami, FL 33180
(786) 396-0359
Digital Contact Information:
wavespsychotherapybilling@gmail.com

Moriyon, Milko, MN, APRN ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
yavila@avilahealthgroup.com

and
664 East 25th Street
102
Hialeah, FL 33013
(786) 409-5361
Digital Contact Information:
yavila@avilahealthgroup.com

Mortimer, Justin M, MD ■
150 Southeast 2nd Avenue
STE 1010
Miami, FL 33131
(786) 733-0700
Digital Contact Information:
credentail@valuecareclinic.com

and
1501 Biscayne Boulevard
#200
Miami, FL 33132
(786) 652-2450
Digital Contact Information:
credentail@valuecareclinic.com

Moss, Melissa, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Mowerman, Samuel, MD ■
1120 NW 14th St
1477
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
lvgonzalez@hcnetwork.org

and
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-6400
Digital Contact Information:
lvgonzalez@hcnetwork.org

and
1695 NW 9th Ave
3308
Miami, FL 33136
(305) 355-7000
Digital Contact Information:
lvgonzalez@hcnetwork.org

and
1695 NW 9th Ave
Fl 14
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
lvgonzalez@hcnetwork.org
Other Languages Spoken by Provider or Office Staff
Spanish

Mullings, Natalee S, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@caringtherapistsofbroward.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
info@caringtherapistsofbroward.com

and
1504 Bay Road
2003 2003
Miami Beach, FL 33139
(646) 374-2827
Digital Contact Information:
info@caringtherapistsofbroward.com

and
FL
(646) 374-2827
Digital Contact Information:
info@caringtherapistsofbroward.com

Mungur, Vyata, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff French

Munoz Vignau, Asuncion M, MSN, APRN ■
3414 West 84th Street
Suite D110
Hialeah, FL 33018
(305) 825-4320
Digital Contact Information:
marinavignau@comcast.net

and
3416 West 84th Street
C-108
Hialeah, FL 33018
(305) 557-1555
Digital Contact Information:
marinavignau@comcast.net
Other Languages Spoken by Provider or Office Staff
Spanish

Myers, Katrina F, MA, LMFT, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Nainaparampil, Jaison, MD ■
698 Northeast 1st Avenue
3309 3309
Miami, FL 33132
(305) 929-3057
Digital Contact Information:
http://www.jjnmdllc.com
jaison@jjnmdllc.com

and
FL
(305) 929-3057
Digital Contact Information:
http://www.jjnmdllc.com
jaison@jjnmdllc.com

Nammur, Sarai, MC, LMHC ■
15325 Northwest 60th Avenue
#105
Miami Lakes, FL 33014
(305) 512-5388
Digital Contact Information:
sarai@sarainammur.com
Other Languages Spoken by Provider or Office Staff
Spanish

Nankivell, Martina, PA, PA_C ■
4300 Biscayne Boulevard
STE 203
Miami, FL 33137
(877) 400-0540
Digital Contact Information:
https://forallmentalhealth.com
info@forallmentalhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Napoles Garcia, Amed, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Narikkattu, Agnes, MSN, APRN ■
2828 Coral Way
Ste 460
Coral Gables, FL 33145
(954) 406-5220
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net

and
12550 Biscayne Boulevard
STE 306
North Miami, FL 33181
(305) 642-5255
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net

Natalio, Jenny, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Neapolitan, Vickie M, MSW, LCSW, LISW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Nelson, Bonice, MSSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Nelson, Jennifer D, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Neves, Tirza, MS, LMHC ■
975 Arthur Godfrey Road
Suite 308
Miami Beach, FL 33140
(305) 456-1014
Digital Contact Information:
administration@mindandsoultherapy.com

and
7600 Red Road
102
South Miami, FL 33143
(305) 456-1014
Digital Contact Information:
administration@mindandsoultherapy.com

and
7600 Southwest 57th Avenue
102
South Miami, FL 33143
(305) 456-1014
Digital Contact Information:
administration@mindandsoultherapy.com
Other Languages Spoken by Provider or Office Staff
Portuguese, English, Spanish

Newbold, Portia J, MSCC, LMHC ■
1469 NW 36th St
Miami, FL 33142
(305) 635-7444
Digital Contact Information:
mstoker@nhcmhc.org

Nichols, Janice, MSW, LCSW, LICSW, LISW-CP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(866) 478-3978
Digital Contact Information:
birches@withassured.com

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(833) 322-0977
Digital Contact Information:
http://www.joinmonument.com
birches@withassured.com

and
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
birches@withassured.com

Nightingale, Atara, PA, PA_C ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
http://www.compasshealthsystem.com
credentialing@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystem.com
credentialing@compass.md

and
FL
(305) 891-0050
(305) 279-5535
(954) 771-7743
(954) 447-0010
(561) 752-9490
Digital Contact Information:
http://www.compasshealthsystem.com
credentialing@compass.md
Other Languages Spoken by Provider or Office Staff
Hebrew

Njagi, Catherine, MSN, APRN ■
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Nkwanyuo, Esther, MSN, APRNCNP ■
4300 Biscayne Boulevard
STE 203
Miami, FL 33137
(817) 412-3067
Digital Contact Information:
enkwanyuo@gmail.com

Nodal, Idalmis, MC, LMHC ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
tmedina@hbccmhc.com
Other Languages Spoken by Provider or Office Staff English

Noel, Natacha, EDS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
lisette@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Novoa, Trilce, MSCC, LMHC ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
solutiondrivenconsulting@gmail.com

O'Connor, Knequisha L, MSN, APRN ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
Not Available

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
Not Available

O'Leary, Moya, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

O'Neill, Gloria M, MSN, APRN ■
7855 Northwest 52nd Street
Doral, FL 33166
(305) 450-9651
Digital Contact Information:
info@rushcredentialing.com

Occean, Andrelita, MMH, LCMHC ■
7950 W Flagler St
Ste 106
Miami, FL 33144
(305) 269-3900
Digital Contact Information:
drgmartinez.psychologist@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Creole, French

Odum, Lesli S, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
leslie.odum@gmail.com

Okoloedo, Christian, MSN, APRNCNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
mia.schmidt@televerohealth.com
Other Languages Spoken by Provider or Office Staff English

Oliva, Ivan, MSN, APRN ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
olivaob91@gmail.com

Oliva, Michael, MSN, APRN ■
FL
(786) 564-0426
(321) 399-2899
Digital Contact Information:
info@mavaorg.com

Oliva-Garcia, Isbell, MS, ABA, LMHC ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
FL
(305) 303-6631
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ortega, Laura R, MS, LMFT ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
contact@elevatepsychiatry.com

and
1711 W 38th Pl
Ste 1207
Hialeah, FL 33012
(786) 592-0940
Digital Contact Information:
contact@elevatepsychiatry.com

and
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
contact@elevatepsychiatry.com

and
16201 SW 95th Ave
Ste 101
Miami, FL 33157
(786) 592-0940
Digital Contact Information:
contact@elevatepsychiatry.com

Osher, Carol, MSSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Otero Desantiago, Luis A, MMH, LMHC ■
FL
(954) 850-1859
Digital Contact Information:
luis@ctraumacare.com

Oubadji, Michelle, MSW, LCSW ■
FL
(415) 941-4109
(754) 444-8004
Digital Contact Information:
http://www.bundletherapy.com
admin@bundletherapy.com

and
1400 Northeast Miami Gardens Drive
212
Miami, FL 33179
(415) 941-4109
(754) 444-8004
Digital Contact Information:
http://www.bundletherapy.com
admin@bundletherapy.com
Other Languages Spoken by Provider or Office Staff
Portuguese, English, Spanish

Oyaga, Alberto, MSN, APRN ■
2001 Northwest 107th Avenue
412
Doral, FL 33172
(786) 548-8322
Digital Contact Information:
retreatmedicalcenter@gmail.com

and
777 E 25th St
Ste 212
Hialeah, FL 33013
(786) 409-7329
Digital Contact Information:
retreatmedicalcenter@gmail.com

and
244 Biscayne Boulevard
2007 2007
Miami, FL 33132
(786) 968-4172
Digital Contact Information:
retreatmedicalcenter@gmail.com

and
1818 West Flagler Street
Miami, FL 33135
(786) 755-2892
Digital Contact Information:
http://www.goldengatemedicalgroup.com
retreatmedicalcenter@gmail.com

and
1818 West Flagler Street
Ste 2
Miami, FL 33135
(786) 755-2892
Digital Contact Information:
http://www.goldengatemedicalgroup.com
retreatmedicalcenter@gmail.com

and
7116 Southwest 47th Street
Miami, FL 33155
(786) 794-2655
Digital Contact Information:
retreatmedicalcenter@gmail.com

and
5673 Southwest 137th Avenue
Miami, FL 33183
(305) 385-3949
Digital Contact Information:
retreatmedicalcenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Padilla, Vicki, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Padron, Adis E, MS, LMHC ■
1840 West 49th Street
304
Hialeah, FL 33012
(786) 803-8596
Digital Contact Information:
fl-credentialing@lifestance.com

and
13205 Southwest 137th Avenue
206 208
Miami, FL 33186
(786) 592-2063
Digital Contact Information:
fl-credentialing@lifestance.com

and
14645 Northwest 77th Avenue
101
Miami Lakes, FL 33014
(833) 769-3524
Digital Contact Information:
http://lifestance.com
fl-credentialing@lifestance.com
Other Languages Spoken by Provider or Office Staff
Spanish

Padron, Yudit, MSN, APRN ■
5190 Northwest 167th Street
201
Hialeah, FL 33014
(305) 705-4289
Digital Contact Information:
information@dadefamilly.com

and
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
information@dadefamilly.com

and
7821 Coral Way
100
Miami, FL 33155
(786) 409-5690
Digital Contact Information:
information@dadefamilly.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
information@dadefamilly.com

and
13226 SW 8th St
Miami, FL 33184
(786) 518-3353
Digital Contact Information:
information@dadefamilly.com

Page Stone, Kimberly, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
info@healingplaceccc.org

Pages, Vanessa L, PSYD, LP ■
255 University Drive
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
v.pages@harmonyatthegables.com

and
2550 Douglas Road
201
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
v.pages@harmonyatthegables.com

and
401 Coral Way
Ste # 105
Coral Gables, FL 33134
(786) 534-4979
Digital Contact Information:
v.pages@harmonyatthegables.com

and
717 Ponce de Leon
STE 307
Coral Gables, FL 33134
(305) 952-3247
Digital Contact Information:
v.pages@harmonyatthegables.com

and
1840 West 49th Street
709
Hialeah, FL 33012
(786) 393-0315
Digital Contact Information:
v.pages@harmonyatthegables.com

and
419 West 49th Street
212
Hialeah, FL 33012
(305) 299-1614
Digital Contact Information:
v.pages@harmonyatthegables.com

and
4445 West 16th Avenue
STE 602
Hialeah, FL 33012
(813) 999-1524
Digital Contact Information:
v.pages@harmonyatthegables.com

and
5911 Northwest 173rd Drive
6 6
Hialeah, FL 33015
(786) 380-9229
Digital Contact Information:
v.pages@harmonyatthegables.com

and
10550 Northwest 77th Court
401
Hialeah Gardens, FL 33016
(786) 332-3340
Digital Contact Information:
v.pages@harmonyatthegables.com

and
7392 Northwest 35th Terrace
Ste 203-204
Miami, FL 33122
(786) 310-7667
Digital Contact Information:
v.pages@harmonyatthegables.com

and
815 NW 57th Ave
Ste 400
Miami, FL 33126
(786) 693-6500
Digital Contact Information:
v.pages@harmonyatthegables.com

and
1428 Brickell Ave
Ste 403
Miami, FL 33131
(305) 915-5708
Digital Contact Information:
v.pages@harmonyatthegables.com

and
2650 Southwest 27th Avenue
Suite 305
Miami, FL 33133
(786) 353-9812
Digital Contact Information:
http://www.harmonyatthegablesclinic.com
v.pages@harmonyatthegables.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
v.pages@harmonyatthegables.com

and
4471 Northwest 36th Street
Unit 202
Miami, FL 33166
(786) 558-4800
Digital Contact Information:
v.pages@harmonyatthegables.com

and
9375 Fontainebleau Boulevard
I119 I119
Miami, FL 33172
(305) 889-8015
Digital Contact Information:
v.pages@harmonyatthegables.com

and
9380 Southwest 72nd Street
245
Miami, FL 33173
(305) 381-5434
Digital Contact Information:
v.pages@harmonyatthegables.com

and
9380 Sunset Drive
b240
Miami, FL 33173
(786) 534-4979
Digital Contact Information:
v.pages@harmonyatthegables.com

and
931 Southwest 122nd Avenue
Miami, FL 33184
(305) 603-9235
Digital Contact Information:
v.pages@harmonyatthegables.com

and
12001 SW 128th Ct
Ste 102
Miami, FL 33186
(786) 971-7920

Digital Contact Information:
v.pages@harmonyatthegables.com

and
13255 Southwest 137th Avenue
ste 217
Miami, FL 33186
(305) 502-3760
Digital Contact Information:
v.pages@harmonyatthegables.com

and
5803 Northwest 151st Street
suite#200 B
Miami Lakes, FL 33014
(786) 612-4461
Digital Contact Information:
v.pages@harmonyatthegables.com

and
8181 Northwest 154th Street
STE 112
Miami Lakes, FL 33016
(786) 360-5883
Digital Contact Information:
v.pages@harmonyatthegables.com

and
1190 Northwest 95th Street
307
Miami Shores, FL 33150
(407) 572-8053
Digital Contact Information:
v.pages@harmonyatthegables.com
Other Languages Spoken by Provider or Office Staff
French, Spanish

Palamara, Sherry A, PSYD, LP ■
3105 Northwest 107th Avenue
Suite: 400
Doral, FL 33172
(305) 920-3921
Digital Contact Information:
shpalamara@aol.com

and
10305 NW 41st St
Ste 205
Doral, FL 33178
(305) 994-7420
Digital Contact Information:
shpalamara@aol.com

and
407 Lincoln Rd
Ste 6L
Miami Beach, FL 33139
(305) 994-7420
Digital Contact Information:
shpalamara@aol.com

Palancar Gainza, Eleanis, MSN, APRN ■
7000 West 12th Avenue
15
Hialeah, FL 33014
(305) 395-4919
Digital Contact Information:
xantoswellness25@gmail.com

and
12550 Biscayne Boulevard
STE 507
North Miami, FL 33181
(305) 204-1209
Digital Contact Information:
xantoswellness25@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Palenque, Yoni R, MSN, APRN ■
2000 Northwest 87th Avenue
Suite 201
Doral, FL 33172
(954) 561-6222
Digital Contact Information:
info@ventremedical.com

and
5901 Southwest 74th Street
408
Miami, FL 33143
(305) 735-3555
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Palermo, Brittany, MSN, APNP, APRN, APRNCNP, CRNP, NP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
brittany.palermo@chenaltherapy.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com
Other Languages Spoken by Provider or Office Staff
English

Papirno, Naomi, MSED, LMFT ■
1951 NW 17th Ave
Miami, FL 33125
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

Parashar, Sunil D, MD ■
3323 Northeast 163rd Street
North Miami Beach, FL 33160
(989) 583-6800
Digital Contact Information:
rachel.johnson@curemd.com

Paris, Emilia, MC, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Parsons, Charity, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Patel, Leila M, MSN, APRN ■
FL
(786) 250-6240
Digital Contact Information:
info@thepractice.co

Patsicostas, Susan, MS, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
strive@strivementalhealthllc.com

Patterson, Trakeeta A, MSW, LCSW ■
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
dreamagainservices@gmail.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
dreamagainservices@gmail.com

Paul, Michelle J, MN, APRN ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Paula Jorge, Lynette D, MSN, APRN ■
8323 Northwest 12th Street
108
Doral, FL 33126
(305) 400-8511
Digital Contact Information:
http://www.cbhwestcoast.com
info@cbhwestcoast.com

Pedroso, Denia, MN, APRN ■
FL
(786) 361-9564
Digital Contact Information:
ecjmedservicescorp@gmail.com

Pelaez Munsey, Sandra R, MSN, APRN ■
8323 Northwest 12th Street
Ste 206
Doral, FL 33126
(305) 373-3424
Digital Contact Information:
drasimnisar@gmail.com

and
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
drasimnisar@gmail.com

and
2300 West 84th Street
Ste 601
Hialeah, FL 33016
(305) 363-4001
Digital Contact Information:
drasimnisar@gmail.com

and
2311 Northwest 7th Street
Miami, FL 33125
(786) 789-6021
Digital Contact Information:
drasimnisar@gmail.com

and
7921 Bird Rd
Ste 41
Miami, FL 33155
(305) 425-1393
Digital Contact Information:
drasimnisar@gmail.com

and
7971 Bird Road
15
Miami, FL 33155
(786) 504-5620
Digital Contact Information:
drasimnisar@gmail.com

and
7001 SW 97th Ave
Ste 206
Miami, FL 33173
(786) 294-0123
Digital Contact Information:
https://www.chgpsychiatry.com/
drasimnisar@gmail.com

and
7001 Southwest 97th Avenue
206a
Miami, FL 33173
(305) 373-3424
Digital Contact Information:
https://www.chgpsychiatry.com/
drasimnisar@gmail.com

and
13706 Southwest 56th Street
STE 105-106
Miami, FL 331756036
(786) 523-4289
Digital Contact Information:
drasimnisar@gmail.com

and
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
drasimnisar@gmail.com

and
5391 Northwest 36th Street
Miami Springs, FL 33166
(305) 418-0580
Digital Contact Information:
drasimnisar@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pellot, Gladys J, MS, LMHC ■
31 N Krome Ave
Homestead, FL 33030
(786) 481-5909
Digital Contact Information:
http://www.infinitecompletecare.com
info@infinitecc.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

Pena, Edgar, MS, LMHC ■
1354 Washington Avenue
221
Miami Beach, FL 33139
(305) 766-8064
Digital Contact Information:
http://www.mbbehavioralhealth.com
mbbehavioralhealth1@yahoo.com

and
15495 Eagle Nest Lane
STE 215
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
mbbehavioralhealth1@yahoo.com

and
6600 Cow Pen Road
250
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
mbbehavioralhealth1@yahoo.com

and
215 Westward Dr
Miami Springs, FL 33166
(305) 887-4494
Digital Contact Information:
mbbehavioralhealth1@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pena, Francisco, MMH, LMHC ■
FL
(786) 536-9714
Digital Contact Information:
http://www.abc4s.com
admin@abc4s.com
Other Languages Spoken by Provider or Office Staff
Spanish

Penaranda, Yohan, MS, LMHC ■
11055 Southwest 186th Street

306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
http://brightsyhealthfl.com
brightsyhealth@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Peraza Llanes, Alexander, MSN, APRN ■
2000 Northwest 87th Avenue
Suite 201
Doral, FL 33172
(954) 561-6222
Digital Contact Information:
info@ventremedical.com

and
5901 Southwest 74th Street
408
Miami, FL 33143
(305) 735-3555
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff Spanish

Peredo, Carolina, MPSY, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
credentialing@banyanhealth.org

Perez Arias, Yanet, MSN, APRN ■
14201 Southwest 120th Street
suite 110
Miami, FL 33186
(786) 238-7492
Digital Contact Information:
https://mitierramedicalgroup.com
office@mitierramedicalgroup.com

Perez Benitez, Carlos I, PHD, LP ■
1701 W Flagler St
Ste 310
Miami, FL 33135
(786) 467-7006
Digital Contact Information:
carlosisraelphd@yahoo.com
Other Languages Spoken by Provider or Office Staff Spanish

Perez, Guadalupe, MS, LMHC ■
7875 SW 104th St
Ste 101
Miami, FL 33156
(305) 899-1587
Digital Contact Information:
http://www.jcsfl.org
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff Spanish

Perez Lujan, Dalgys, MC, LMHC ■
2500 Northwest 79th Avenue
233
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
gandgmedicalcenter@gmail.com

and
3785 Northwest 82nd Avenue
307
Doral, FL 33166
(305) 898-5420
Digital Contact Information:
gandgmedicalcenter@gmail.com

and
1165 West 49th Street
suite 207
Hialeah, FL 33012
(305) 703-3386
Digital Contact Information:
gandgmedicalcenter@gmail.com

and
15935 Northwest 57th Avenue
Hialeah, FL 33014
(786) 953-5506
Digital Contact Information:
gandgmedicalcenter@gmail.com

and
7392 Northwest 35th Terrace
Suite 302
Miami, FL 33122
(786) 353-2792
Digital Contact Information:
gandgmedicalcenter@gmail.com

and
9900 Southwest 107th Avenue
STE 101
Miami, FL 33176
(305) 964-5381
Digital Contact Information:
gandgmedicalcenter@gmail.com

and
FL
(786) 703-9779
(305) 703-3386
Digital Contact Information:
https://www.gandgmedicalcenter.com
gandgmedicalcenter@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Perez, Madiane, MACP, LMHC ■
12150 Southwest 128th Court
Suite 108
Miami, FL 33186
(786) 732-0607
Digital Contact Information:
madiane@mpbehavioral.com
Other Languages Spoken by Provider or Office Staff Spanish

Perez, Nelson M, MS, LMHC ■
2500 Northwest 79th Avenue
Suite 227
Doral, FL 33122
(305) 456-9396
Digital Contact Information:
info@jagcommunityhealth.com

and
10200 Northwest 25th Street
211
Doral, FL 33172
(305) 381-0346
Digital Contact Information:
info@jagcommunityhealth.com

and
1840 West 49th Street
Ste 408
Hialeah, FL 33012
(305) 603-9202
Digital Contact Information:
info@jagcommunityhealth.com

and
10300 Southwest 72nd Street
250b
Miami, FL 33173
(787) 433-7751
Digital Contact Information:
info@jagcommunityhealth.com

and
9350 Southwest 72nd Street
105
Miami, FL 33173
(786) 401-7579
Digital Contact Information:
info@jagcommunityhealth.com

and
FL
(786) 607-2257
Digital Contact Information:
http://www.harmonyhealth.com
info@jagcommunityhealth.com
Other Languages Spoken by Provider or Office Staff Spanish

Perez, Rosbel, MSN, APRN ■
8532 Southwest 8th Street
STE 290
Miami, FL 33144
(786) 927-8048
Digital Contact Information:
http://www.icaremh.com
dovebehavioralhealth@gmail.com

Perez, Victoria, MSW, LCSW ■
12540 Southwest 8th Street
Miami, FL 33184
(305) 705-6840
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Perez-Suarez, Neyma, MN, APRN ■
2500 Northwest 79th Avenue
Suite 227
Doral, FL 33122
(305) 456-9396
Digital Contact Information:
admin@pirismedicalcenter.com

and
7483 Southwest 24th Street
201b
Miami, FL 33165
(786) 479-5058
Digital Contact Information:
admin@pirismedicalcenter.com

and
13335 Southwest 124th Street
STE 204
Miami, FL 33186
(786) 732-6192
Digital Contact Information:
admin@pirismedicalcenter.com
Other Languages Spoken by Provider or Office Staff Spanish

Perlata Pena, Junior, MSN, APRN ■
5705 West 12th Lane
Hialeah, FL 33012
(786) 682-6393
Digital Contact Information:
rcarmona@rcpsychiatryim.net
Other Languages Spoken by Provider or Office Staff English

Peters-Kurtz, Andee, MSW, LCSW, LICSW ■
333 Southeast 2nd Avenue
Suite 2000
Miami, FL 33131
(323) 454-3659
Digital Contact Information:
andeelicsw@gmail.com

Pettyjohn, Sarah, MSW, LCSW ●
804 Northwest 21st Terrace
Suite 203
Miami, FL 33127
(305) 563-3136
Digital Contact Information:
http://myperspectivecounseling.com
deanna.rogers112@gmail.com

Pfeifle, Shannon, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Phelps, Sharion, MS, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Philogene, Sherline, MSN, APRN ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
credentialing@pscpalmbeach.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
credentialing@pscpalmbeach.com

Pierre, Urmene, DNP, APRN ■
510 Northwest 98th Street
Miami, FL 33150
(754) 266-5509
Digital Contact Information:
info.goodshepherd20@gmail.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, French

Pimentel, Monica, MSN, APRN, PMHNP ■
FL
(305) 509-8686
(407) 462-1254
Digital Contact Information:
http://www.brighter-you.com
info@brighter-you.com

Plasencia, Belkis, MSN, APRN ■
7921 Bird Rd
Ste 41
Miami, FL 33155
(305) 425-1393
Digital Contact Information:
ynhcsaba@gmail.com

and
7971 Bird Road
39
Miami, FL 33155
(786) 910-7179
Digital Contact Information:
ynhcsaba@gmail.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
ynhcsaba@gmail.com

and
7001 SW 97th Ave
Ste 206
Miami, FL 33173
(786) 294-0123
Digital Contact Information:
https://www.chgpsychiatry.com/
ynhcsaba@gmail.com

and
9425 Southwest 72nd Street
Suite 251
Miami, FL 33173
(305) 305-6573
Digital Contact Information:
ynhcsaba@gmail.com

and
13706 Southwest 56th Street
STE 105-106
Miami, FL 331756036
(786) 523-4289
Digital Contact Information:
ynhcsaba@gmail.com

and
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
ynhcsaba@gmail.com

and
13335 Southwest 124th Street
STE 101
Miami, FL 33186
(786) 842-3635
Digital Contact Information:
ynhcsaba@gmail.com

and
13501 Southwest 128th Street
STE 114
Miami, FL 33186
(786) 250-3440
Digital Contact Information:
ynhcsaba@gmail.com

and
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
ynhcsaba@gmail.com
Other Languages Spoken by Provider or Office Staff

Spanish

Pollas, Landy F, MSN, APRN, NP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
lgoswami@essenmed.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
lgoswami@essenmed.com

Ponce, Juan, MSN, APRN ■
8323 Northwest 12th Street
108
Doral, FL 33126
(305) 400-8511
Digital Contact Information:
http://www.cbhwestcoast.com
info@cbhwestcoast.com

and
180 Northwest 62nd Street
Miami, FL 33150
(786) 360-5625
Digital Contact Information:
info@cbhwestcoast.com

and
13501 Southwest 128th Street
Suite 112
Miami, FL 33186
(786) 732-2383
Digital Contact Information:
info@cbhwestcoast.com

and
FL
(786) 803-8826
Digital Contact Information:
https://amorementalhealthcorp.com
info@cbhwestcoast.com

and
15305 Northwest 60th Avenue
Ste 100
Miami Lakes, FL 33014
(786) 536-7561
Digital Contact Information:
info@cbhwestcoast.com

and
13886 West Dixie Highway
North Miami, FL 33161
(786) 360-5625
Digital Contact Information:
info@cbhwestcoast.com

Poole-Parks, Clarissa, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Porrata, Yenny, MN, APRN ■
1840 West 49th Street
suite 717
Hialeah, FL 33012
(308) 854-7952
Digital Contact Information:
yennypo62@gmail.com

and
FL
(308) 854-7952
Digital Contact Information:
yennypo62@gmail.com

and
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
http://www.miamipersonalmanagement.com
yennypo62@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Porres Milian, Aleksander, MSN, APRN ■
4726 West Flagler Street
Miami, FL 33134
(305) 446-9155
Digital Contact Information:
aporresfamilymedicine@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Porter, J'Briel E, MSW, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
admin@itsofok.com
Other Languages Spoken by Provider or Office Staff
Chinese, Urdu, Spanish, Hindi

Portillo, Cimelitza, MMH, LMHC ■
9425 SW 72nd St
Ste 265
Miami, FL 33173
(305) 279-8400
Digital Contact Information:
safeharbormha@att.net

Posada, Stephanie, MMH, LMHC ■
2500 Southwest 107th Avenue
41
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
lgomez@abcsfl.com

and
FL
(786) 615-3334
Digital Contact Information:
lgomez@abcsfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Potter, Elizabeth D, DO ■
3750 West 16th Avenue
232u
Hialeah, FL 33012
(786) 332-3396
Digital Contact Information:
drphelps@bocaratonpsychiatry.com

and
3750 West 16th Avenue
Suite # 114
Hialeah, FL 33012
(305) 846-9171
Digital Contact Information:
drphelps@bocaratonpsychiatry.com

and
1800 Southwest 27th Avenue
505
Miami, FL 33145
(786) 542-9914
Digital Contact Information:
drphelps@bocaratonpsychiatry.com

and
7769 Northwest 48th Street
330
Miami, FL 33166
(786) 332-4705
Digital Contact Information:
drphelps@bocaratonpsychiatry.com

and
13205 Southwest 137th Avenue
suite 126
Miami, FL 33186
(786) 713-0383
Digital Contact Information:
http://yjwcare.com
drphelps@bocaratonpsychiatry.com

and
13255 Southwest 137th Avenue
SUITE 215
Miami, FL 33186
(786) 713-0383
Digital Contact Information:
http://yjwcare.com
drphelps@bocaratonpsychiatry.com

and
13335 Southwest 124th Street
STE 101
Miami, FL 33186
(786) 842-3635
Digital Contact Information:
drphelps@bocaratonpsychiatry.com

and
15190 Southwest 136th Street
11
Miami, FL 33196
(786) 701-8416
Digital Contact Information:
drphelps@bocaratonpsychiatry.com

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
drphelps@bocaratonpsychiatry.com

Poviones Garbalosa, Rosa M, MSN, ARNP ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
jfmhpartners@gmail.com

and
8200 SW 117th Ave
Ste 202
Miami, FL 33183
(305) 274-9206
Digital Contact Information:
jfmhpartners@gmail.com

and
14400 Northwest 77th Court
#100
Miami Lakes, FL 33016
(786) 916-6073
Digital Contact Information:
jfmhpartners@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Powell, Brooke, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Power, Vanessa, MSW, LCSW ■
FL
(888) 339-9404
Digital Contact Information:
https://180healthpartners.com
credentialing@sagesocialservices.com

Pozo, Darinka, MSN, APRN ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pozo, Iraida, MS, LMHC ■
85 Grand Canal Drive
UNIT 203
Miami, FL 33144
(786) 536-7816
Digital Contact Information:
uwhealth2019@gmail.com

and
7805 Coral Way
Ste 131
Miami, FL 33155
(786) 307-2066
Digital Contact Information:
uwhealth2019@gmail.com

and
7815 Coral Way
Ste 108
Miami, FL 33155
(305) 264-1344
Digital Contact Information:
uwhealth2019@gmail.com

and
5600 Southwest 135th Avenue
100
Miami, FL 33183
(305) 603-9104
Digital Contact Information:
uwhealth2019@gmail.com

Presken, Gessica, MS, LMHC ■
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
admin@lotuscounseling.com

and
FL
(831) 920-7907
Digital Contact Information:
http://www.mammha.com
admin@lotuscounseling.com

and
2999 NE 191st St
Miami, FL 33180
(305) 915-5748
Digital Contact Information:
admin@lotuscounseling.com

Preval, Falicia, MC, LMHC ■
1031 Ives Dairy Rd
Ste 228
Miami, FL 33179
(786) 320-5559
Digital Contact Information:
faliciap@aol.com

and
1031 Ives Dairy Road
Miami, FL 33179
(786) 627-3321
Digital Contact Information:
faliciap@aol.com

and
1001 North Miami Beach Boulevard
North Miami Beach, FL 33162
(786) 320-5559
Digital Contact Information:
faliciap@aol.com

Prevost, Daniella, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Price, Janice, MSW, LCSW ■
1469 NW 36th St
Miami, FL 33142
(305) 635-7444
Digital Contact Information:
mstoker@nhcmhc.org

Pujula, Yolanda, MS, LMFT ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
westmiamicmhc@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Quinonez Meza, Javier, MSN, APRN ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Quintana, Amauri A, DNP, APRN ■
1000 Brickell Avenue
Miami, FL 33131
(786) 238-7364
Digital Contact Information:
abdullah@sixequation.com

and
1 NE 167th St
Miami, FL 33162

(305) 947-7133
Digital Contact Information:
abdullah@sixequation.com

and
2646 Southwest 87th Avenue
Miami, FL 33165
(305) 947-7133
Digital Contact Information:
abdullah@sixequation.com

Quintana, Noelia M, MD, LMHC ■
8725 Northwest 18th Terrace
Suite 202
Doral, FL 33172
(305) 487-2532
Digital Contact Information:
office@mitierramedicalgroup.com

and
3750 West 16th Avenue
104
Hialeah, FL 33012
(305) 200-5648
Digital Contact Information:
office@mitierramedicalgroup.com

and
1150 Northwest 72nd Avenue
350
Miami, FL 33126
(786) 228-7801
Digital Contact Information:
office@mitierramedicalgroup.com

and
1150 Northwest 72nd Avenue
540
Miami, FL 33126
(786) 228-7801
Digital Contact Information:
office@mitierramedicalgroup.com

and
14201 Southwest 120th Street
suite 110
Miami, FL 33186
(786) 238-7492
Digital Contact Information:
https://mitierramedicalgroup.com
office@mitierramedicalgroup.com

and
14221 Southwest 120th Street
223
Miami, FL 33186
(786) 690-2296
Digital Contact Information:
office@mitierramedicalgroup.com

and
14261 Southwest 120th Street
Suite #113
Miami, FL 33186
(786) 558-4169
Digital Contact Information:
https://mitierramedicalgroup.com
office@mitierramedicalgroup.com
Other Languages Spoken by Provider or Office Staff English

Quintana, Yanexi, MS, LMHC ■
FL
(305) 520-9686
Digital Contact Information:
healthymindscounselingllc13@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Quintanilla, Claudia, MS, LMHC ■
FL
(786) 258-8499
Digital Contact Information:
http://www.virtual-counseling.com
service@virtual-counseling.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Quintero, Rosaly, MMH, LMHC ■
5001 SW 74th Ct
Ste 104
Miami, FL 33155
(305) 663-0013
Digital Contact Information:
anagabilling@gmail.com

and
6955 NW 77th Ave
Ste 401
Miami, FL 33166
(305) 663-0013
Digital Contact Information:
anagabilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Raez, Maria L, MSN, APRN ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
http://www.dgphealthandwellness.com
info@dgphealthandwellness.com

Raiford, Sally T, MACP, LMFT ■
150 Alhambra Circle
Floor 10
Coral Gables, FL 33134
(786) 800-3374
Digital Contact Information:
sallie354@yahoo.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
sallie354@yahoo.com

Rainuzzo, Silvana L, MC, LMHC ■
FL
(954) 682-0264
Digital Contact Information:
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rako, Andrea L, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
brittany.irwin@livewellcounselingllc.com

Ransom, Courtney, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Rapp, Katja M, MC, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
members@wellnite.com
Other Languages Spoken by Provider or Office Staff
German

Ray, Jeffrey L, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
jraylmhc@icloud.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
jraylmhc@icloud.com

Reece, Danielle E, MS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
lisette@abctestingservices.com

Regalado, Alejandra, MPSY, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com

Reichard, Michelle, MS, LMHC ■
14400 Northwest 77th Court
#100
Miami Lakes, FL 33016
(786) 916-6073
Digital Contact Information:
http://www.arcmentalhealth.com
yisabel@arcmentalhealth.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Remedioz Gonzalez, Yuri, MSN, APRN ■
5040 Northwest 7th Street
610
Miami, FL 33126
(786) 505-9442
Digital Contact Information:
http://www.gpsycare.com
officeadmin@gpsycare.com

and
8700 West Flagler Street
150
Miami, FL 33174
(305) 479-2584
Digital Contact Information:
http://megamedicalcenter.com
officeadmin@gpsycare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Revilla, Bernardo, MSN, APRN ■
5190 Northwest 167th Street
201
Hialeah, FL 33014
(305) 705-4289
Digital Contact Information:
http://livelinessinc.com
genesisconsultingservices39@gmail.com

Reyes, Glanel, MS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
lisette@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Reyes, Kristal A, MSW, LMSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com
Other Languages Spoken by Provider or Office Staff
Swedish, Chinese, Zulu, Tigrigna, German, Telugu, Urdu, Lebanese, Spanish, Polish, Indian, Tagalog, Portuguese, English, Arabic, French, Russian, Danish, Italian, Yoruba, Hindi

Reyes, Madeline B, MPSY, LMHC ■
5941 Northwest 173rd Drive
6 6
Hialeah, FL 33015
(786) 360-4328
Digital Contact Information:
blueparadisemedicalcenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ricart, Francisco, MD ■
5040 NW 7th St
107
Miami, FL 33126
(305) 576-1599
Digital Contact Information:
serene@sshealthgroup.com

and
100 NE 38th St
Ste 5
Miami, FL 33137
(305) 576-1599
Digital Contact Information:
serene@sshealthgroup.com

and
2691 Northeast 2nd Avenue
Miami, FL 33137
(305) 576-1599
Digital Contact Information:
serene@sshealthgroup.com

and
4180 Southwest 74th Court
204
Miami, FL 33155
(786) 432-0107
Digital Contact Information:
serene@sshealthgroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Richards, Terry, PHD, LP ■
1717 North Bayshore Drive
3456 3456
Miami, FL 33132
(305) 343-3810
Digital Contact Information:
Not Available

and
21110 Biscayne Blvd
Ste 304
Miami, FL 33180
(305) 343-3810
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff English

Ricketts, Charlene A, MSN, APRN ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
credentialing@compass.md

and
FL
(305) 279-5535
(954) 771-7743
(888) 852-6672
(561) 752-9490
Digital Contact Information:
http://www.compasshealthsystems.com
credentialing@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(888) 852-6672
Digital Contact Information:
http://www.compasshealthsystems.com
credentialing@compass.md

Ridgeway, Deborah, MSW, LCSW, LMSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Rios, Rosa, MSW, LCSW ■
FL
(305) 804-9121
Digital Contact Information:
http://www.sfacounseling.org
info@sfacounseling.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rivas-Carrillo, Jorge, MSW, LCSW ■
2124 Northeast 123rd Street
STE 220
North Miami, FL 33181
(786) 828-0947
Digital Contact Information:
https://blossomfl.com
jorge.rivas@thefloridacenter.org
Other Languages Spoken by Provider or Office Staff
Spanish

Rivera, Frances, MMFT, LMFT ■
FL
(888) 339-9404
Digital Contact Information:

referral@1800healthpartners.com

Rivera, Gretel, MS, LMHC ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com

and
10300 Sunset Drive
Suite 114
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com
Other Languages Spoken by Provider or Office Staff French, Spanish

Rivera, Ian, MSW, CAC, LCSW ■
FL
(909) 442-0618
(800) 567-5433
(202) 410-5972
Digital Contact Information:
https://totallife.com/
help@joinuplift.co

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff English

Rivera Torres, Gabriel, MSN, APRN ■
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
lgarcia@keraltybh.com

and
2450 Southwest 137th Avenue
Suite# 230
Miami, FL 33175
(305) 459-3207
Digital Contact Information:
http://www.hidalgopsychiatry.com
lgarcia@keraltybh.com

and
FL
(305) 459-3207
Digital Contact Information:
http://www.hidalgopsychiatry.com
lgarcia@keraltybh.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Rivera, Yesenia, PSYD, LP ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 317-4478
Digital Contact Information:
https://crystalabatherapy.com/
info@cmpsclinical.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, French, Italian, Spanish

Rizo, Yanisett, MSN, APRN ■
5901 Southwest 74th Street
208
Miami, FL 33143
(954) 884-5626
Digital Contact Information:
http://www.santanamhs.com
admin@santanamhs.com

and
5901 Southwest 74th Street
211
Miami, FL 33143
(786) 228-6892
Digital Contact Information:
http://www.santanamhs.com
admin@santanamhs.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Robaina, Niubis, MPSY, LMHC ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
yavila@avilahealthgroup.com

Roberts, Elizabeth H, MD ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
ap@resurgencebh.com
Other Languages Spoken by Provider or Office Staff Spanish

Roberts, Jazmin, MS, LCMHC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@growtherapy.com

Roberts, Kayla E, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
credentialing@flatherapy.com

Roberts, Nicole, MSN, APN, APRN, CNP, CNS, NP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
billing101@healthandpsychiatry.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
billing101@healthandpsychiatry.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
billing101@healthandpsychiatry.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
billing101@healthandpsychiatry.com

Robinson, Jade, MS, LMHC ■
FL
(786) 488-8103
Digital Contact Information:
http://www.sfacounseling.org
info@sfacounseling.org

Rocha, Rene, PHD, LP ■
717 Ponce De Leon Blvd
Ste 205
Coral Gables, FL 33134
(305) 859-4911
Digital Contact Information:
drrocha@msn.com

Roche, Michelle, MS, LMHC ■
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
http://brightsyhealthfl.com
brightsyhealth@gmail.com

and
1031 Ives Dairy Rd
Ste 228
Miami, FL 33179
(786) 320-5559
Digital Contact Information:
brightsyhealth@gmail.com

and
1001 North Miami Beach Boulevard
North Miami Beach, FL 33162
(786) 320-5559
Digital Contact Information:
brightsyhealth@gmail.com

Rochford Buckley, Rebecca M, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com

Rocker, Jeff, MMH, LMHC ■
777 Brickell Ave
Ste 500
Miami, FL 33131
(786) 490-2181
Digital Contact Information:
askjeffrocker@gmail.com

Rodriguez, Andrea, MC, LMHC ■
8500 SW 92nd Street
203
Miami, FL 33156
(786) 332-4478
Digital Contact Information:
billing@livewelltherapygroup.com

and
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
billing@livewelltherapygroup.com

and
11050 Southwest 88th Street
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
billing@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff Spanish

Rodriguez, Anely, MSW, LCSW ■
10590 Northwest 27th Street
suite e103 b
Doral, FL 33172
(305) 640-8632
Digital Contact Information:
blessmedicalservice@gmail.com

and
10031 Southwest 40th Street
Miami, FL 33165
(786) 442-9628
Digital Contact Information:
blessmedicalservice@gmail.com

Rodriguez, Arianna, MSN, APRN ■
142 E 49th St
Hialeah, FL 33013
(305) 333-9166
Digital Contact Information:
http://www.lennoxhealth.org
mcarvajal@lennoxhealth.org
Other Languages Spoken by Provider or Office Staff Spanish

Rodriguez Ezcurdia, Rudy, MSN, APRN ■
330 Southwest 27th Avenue
307 309
Miami, FL 33135
(786) 762-2644
Digital Contact Information:
largavidafd@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Rodriguez Garcia, Daniel, MC, LMHC ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
lifetimesolutionsagency@gmail.com

and
5757 Waterford District Drive
Unit 172
Miami, FL 33126
(786) 524-2880
Digital Contact Information:
http://www.lifetimesolutionsagency.com
lifetimesolutionsagency@gmail.com

and
Monterey Street
Miami, FL 33134
(786) 803-8306
Digital Contact Information:
lifetimesolutionsagency@gmail.com

and
14471 S Dixie Hwy
Miami, FL 33176
(786) 803-8826
Digital Contact Information:
http://www.amorementalhealthcorp.com
lifetimesolutionsagency@gmail.com

and
9010 Southwest 137th Avenue
101
Miami, FL 33186
(786) 803-8826
Digital Contact Information:
http://amorementalhealthcorp.com
lifetimesolutionsagency@gmail.com

and
8785 SW 165th Ave
Ste 104
Miami, FL 33193
(786) 703-1538
Digital Contact Information:
lifetimesolutionsagency@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Rodriguez, Kathleen, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff Spanish

Rodriguez Milian, Karel, MD ■
2500 Northwest 79th Avenue
233
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
andersonbilling1001@gmail.com

and
2500 Northwest 79th Avenue
Suite 189
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
andersonbilling1001@gmail.com

and
351 NW 42nd Ave
Ste 406
Miami, FL 33126
(786) 536-1710
Digital Contact Information:
andersonbilling1001@gmail.com

and
1890 Southwest 57th Avenue
SUITE 106
Miami, FL 33155
(786) 536-1701
Digital Contact Information:
andersonbilling1001@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Rodriguez, Miriam, MSSW, LCSW ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Rodriguez, Monica C, MSN, APRN ■
12651 South Dixie Highway
Suite 320
Miami, FL 33156
(305) 300-3121
Digital Contact Information:
info@icarepsychiatry.org

and
8950 Southwest 74th Court
Suite 1808
Miami, FL 33156
(305) 300-3121
Digital Contact Information:
info@icarepsychiatry.org

and
FL
(786) 325-7643
(305) 209-4966
Digital Contact Information:
http://icarepsychiatry.com
info@icarepsychiatry.org

Rodriguez Ramos, Meilyn, PSYD, LP ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Taymi, MS, APRN ■
FL
(786) 860-5104
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com

and
15260 Southwest 280th Street
203
Homestead, FL 33032
(786) 601-7491
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com

and
2121 Southwest 3rd Avenue
205
Miami, FL 33129
(786) 660-1301
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com

and
3191 Southwest 22nd Street
406
Miami, FL 33145
(786) 660-1301
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com

and
7921 Bird Road
39
Miami, FL 33155
(786) 310-1570
Digital Contact Information:
http://oceanhealthsystem.com
lisbetrodriguez@llbillingoffice.com

and
7971 Bird Road
39
Miami, FL 33155
(786) 910-7179
Digital Contact Information:
http://oceanhealthsystem.com
lisbetrodriguez@llbillingoffice.com

and
4905 Northwest 72nd Avenue
5
Miami, FL 33166
(786) 391-3816
Digital Contact Information:
http://paradisehealthgroup.com
lisbetrodriguez@llbillingoffice.com

and
10680 Fontainebleau Boulevard
Miami, FL 33172
(305) 794-6845
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com

and
9350 SW 72nd St
Ste 116
Miami, FL 33173
(305) 992-9768
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com

and
12781 SW 42nd St
Ste G
Miami, FL 33175
(786) 227-3661
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com

and
13155 Southwest 134th Street
221
Miami, FL 33186
(786) 652-9880
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com

and
18142 Southwest 97th Avenue
Palmetto Bay, FL 33157
(786) 701-9179
Digital Contact Information:
http://www.guevaramedicalservices.com
lisbetrodriguez@llbillingoffice.com

and
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Yaritza, MSW, LICSW ■
FL
(855) 757-7273
Digital Contact Information:
http://www.rebuildinghope.org
yaritza@hopesacpc.org
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez-Cambas, Ailyn, MPSY, LMHC ■
11009 Southwest 186th Street
Cutler Bay, FL 33157
(786) 732-7979
Digital Contact Information:
circleoflifementalhealth@gmail.com

and
2100 Southwest 22nd Street
502
Miami, FL 33145
(786) 963-0128
Digital Contact Information:
circleoflifementalhealth@gmail.com

and
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
circleoflifementalhealth@gmail.com

and
10031 Southwest 40th Street
Miami, FL 33165
(786) 442-9628
Digital Contact Information:
circleoflifementalhealth@gmail.com

and
5600 Southwest 135th Avenue
100
Miami, FL 33183
(305) 603-9104
Digital Contact Information:
circleoflifementalhealth@gmail.com

Rodriguez-Hevia, Victoria, MC, LMHC ■
1450 Madruga Avenue
STE 302
Coral Gables, FL 33146
(305) 333-0181
Digital Contact Information:
theintuitivecouncelingcenter@gmail.com

Rodriguez-Prada, Margarita, MSCC, LMHC ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
tmedina@hbccmhc.com

Roiko, Kellyn, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Rojas, Rafael, MSN, APRN ■
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
yny.behavioralservices@gmail.com

and
1400 Northwest 12th Avenue
Miami, FL 33136
(305) 243-5302
Digital Contact Information:
yny.behavioralservices@gmail.com

and
1475 NW 12th Ave
Fl 3
Miami, FL 33136
(305) 243-5302
Digital Contact Information:
yny.behavioralservices@gmail.com

and
1611 NW 12th Ave
Miami, FL 33136
(305) 243-5302
Digital Contact Information:
yny.behavioralservices@gmail.com

and
790 Northwest 107th Avenue
Suite 110
Miami, FL 33172
(305) 385-9919
Digital Contact Information:
yny.behavioralservices@gmail.com

and
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
yny.behavioralservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Roman, Carla, MS, LMHC ■
FL
(786) 485-3932
Digital Contact Information:
swflmedicalgroupllc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Romeo, Leticia C, MSN, APRN ■
7971 Bird Road
39
Miami, FL 33155
(786) 910-7179
Digital Contact Information:
ajndcorp@gmail.com

and
9350 SW 72nd St
Ste 116
Miami, FL 33173
(786) 504-5620
Digital Contact Information:
ajndcorp@gmail.com

Romero, Karen, MS, LMHC ■
1200 Northwest 78th Avenue
210
Doral, FL 33126
(786) 285-3438
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
5190 Northwest 167th Street
201
Hialeah, FL 33014
(305) 705-4289
Digital Contact Information:
http://livelinessinc.com
genesisconsultingservices39@gmail.com

and
2720 Southwest 97th Avenue
c 104
Miami, FL 33165
(305) 705-4289
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
4995 Northwest 72nd Avenue
209
Miami, FL 33166
(786) 651-4190
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
13195 Southwest 134th Street
102
Miami, FL 33186
(305) 964-5236
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rondeau, Juan C, MD ■
1 Alhambra Plaza
Miami, FL 33134
(833) 969-6463
Digital Contact Information:
fax@brainhealthusa.com

Rondon, Anna, MS, LMHC ■
15495 Eagle Nest Lane
STE 215
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
credentialing@springsdr.com

and
6600 Cow Pen Road
250
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
credentialing@springsdr.com

and
215 Westward Dr
Miami Springs, FL 33166
(305) 887-4494
Digital Contact Information:
credentialing@springsdr.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ronke, Angelica, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(877) 644-6008
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.com

Rosario-Rosa, Junisa, MA, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
lisette@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ross-Bey, Jaresa D, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
nicholas@summittherapeuticservices.com

Rowe, Davin, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Rubin, Jamie, PA, PA_C ■
1065 NE 125th St
Ste 206
North Miami, FL 33161
(888) 852-6672
Digital Contact Information:
Not Available

Rueda-Lara, Maria, MD ■
1121 NW 14th St
Miami, FL 33136
(305) 243-4129
Digital Contact Information:
Not Available

and
1121 NW 14th St
Fl 1
Miami, FL 33136
(305) 243-4129
Digital Contact Information:
Not Available

and
1475 NW 12th Ave
C-023A
Miami, FL 33136
(305) 243-4129
Digital Contact Information:
Not Available

and
1611 NW 12th Ave
Miami, FL 33136
(305) 585-1111
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
Miami, FL 33136
(305) 355-7000
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
1404A
Miami, FL 33136
(305) 355-7777
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
Fl 3
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Ruiz, Nataly, MSN, ARNP ■
13195 Southwest 134th Street
102
Miami, FL 33186
(305) 964-5236
Digital Contact Information:
advancedcaresfl@outlook.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ruiz Santiago, Mayte S, MD ■
900 West 49th Street
STE 512
Hialeah, FL 33012
(786) 536-1701
Digital Contact Information:
psychiatry@integratedhealthcare.group

and
351 NW 42nd Ave
Ste 406
Miami, FL 33126
(786) 536-1710
Digital Contact Information:
http://www.integratedhealthcare.group
psychiatry@integratedhealthcare.group

and
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
psychiatry@integratedhealthcare.group

and
1890 Southwest 57th Avenue
SUITE 106
Miami, FL 33155
(786) 536-1701
Digital Contact Information:
psychiatry@integratedhealthcare.group
Other Languages Spoken by Provider or Office Staff
Spanish

Ruiz, Tatiana, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
info@ffmhs.com

Russell-Smith, Ashleigh, MN, APRN ■
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
http://brightsyhealthfl.com
brightsyhealth@gmail.com

Ryan, Melanie, MS, LMHC ■
2124 Northeast 123rd Street
STE 220
North Miami, FL 33181
(786) 828-0947
Digital Contact Information:
https://blossomfl.com
info@blossomfl.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ryan, Nannette, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Saheli, Gezel, MD ■
1065 Southwest 8th Street
570
Miami, FL 33130
(888) 903-5505
Digital Contact Information:
http://www.telapsychiatry.com
scheduling@telapsychiatry.com
Other Languages Spoken by Provider or Office Staff Farsi

Saland, Deborah, MSW, CAP, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Salazar, Ana, MS, LMHC ■
2500 Northwest 107th Avenue
Suite 102
Doral, FL 33172
(786) 605-9400
Digital Contact Information:
hello@reachlink.com

Saldarriaga, Natalia, MC, LMHC ●
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
https://behavioralaid.com/
nataliasaldarriaga@rocketmail.com

Sammartano, Rachel, PA, PA_C ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
http://www.compasshealthsystems.com
intake@compass.md

and
11440 N Kendall Dr
Ste 208
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
intake@compass.md

and
1065 Northeast 125th Street
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
intake@compass.md

San Salvador, Donna, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Sanchez, Azucena, MSN, APRN ■
17395 Northwest 59th Avenue
Hialeah, FL 33015
(305) 662-2185
Digital Contact Information:
excellencemed126@gmail.com

and
27 Northwest 13th Street
Homestead, FL 33030
(786) 339-8824
Digital Contact Information:
http://www.sfmhr.com
excellencemed126@gmail.com

and
7959 NW 2nd St
Miami, FL 33126
(305) 267-6060
Digital Contact Information:
excellencemed126@gmail.com

and
3146 Southwest 22nd Street
Miami, FL 33145
(786) 227-6177
Digital Contact Information:
excellencemed126@gmail.com

and
12750 Southwest 128th Street
Suite 108
Miami, FL 33186
(786) 713-0970
Digital Contact Information:
excellencemed126@gmail.com

and
11285 Southwest 211 Street
305
Miami, FL 33189
(786) 980-7496
Digital Contact Information:
excellencemed126@gmail.com

and
9847 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 227-6177
Digital Contact Information:
excellencemed126@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Sanchez, Carmela, PA, PA_C ■
18117 Biscayne Boulevard
306
Miami, FL 33160
(847) 979-9095
Digital Contact Information:
yturcih@yahoo.com

Sanchez, Gabriel, MD ■
9725 South Dixie Highway
Pinecrest, FL 33156
(305) 209-0144
Digital Contact Information:
http://sanchez-md.com
gabriel@sanchez-md.com
Other Languages Spoken by Provider or Office Staff English

Sandoval, Carlos J, MD ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
westmiamicmhc@bellsouth.net
Other Languages Spoken by Provider or Office Staff Italian, Spanish

Sanmiguel, Maria T, MMH, LMHC ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
westmiamicmhc@bellsouth.net

Santa, Dorilee, MS, LCMHC, LMHC ■
FL
(786) 258-8499
(786) 237-8501
(415) 941-4109
Digital Contact Information:
http://healinggrowththerapy.com
service@virtual-counseling.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Santana Sparber, Jacqueline, PSYD, LP ■
100 NE 15th St
Ste 101D
Homestead, FL 33030
(833) 779-8646
Digital Contact Information:
drsantanasparber@keysgatewellness.com
Other Languages Spoken by Provider or Office Staff
Spanish

Santiago Guia, Rina, PSYD, LP ■
151 NW 11th St
Ste W201
Homestead, FL 33030
(786) 521-5925
Digital Contact Information:
monarchallhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Santiago, Joshua, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Santiago, Wildelia, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
English, Spanish

Santiesteban, Liliam, DO ■
4304 Alton Rd
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Satter, Jessica, EDS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
lisette@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Saturne, Casandra, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
thoughtsofhopellc@gmail.com
Other Languages Spoken by Provider or Office Staff Dutch, Spanish

Schechner, Joanna, PSYD, CP, HSPP, LP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
dmccoy@prodatamgmt.com

Schiff, Janice, MSN, APRN ■
2601 SW 37th Ave
Ste 904
Miami, FL 33133
(800) 457-4573
Digital Contact Information:
jschiff1@hotmail.com

Schroeder, Donald A, MA, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
schroederdn@gmail.com

Scott, Alicia N, MSN, APRN ■
3000 Biscayne Boulevard
Suite 216

Miami, FL 33137
(786) 220-1969
Digital Contact Information:
http://www.envisionmcare.com
credentialing@practolytics.com

Scott, Deborah, MC, LMHC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
credentialing@growtherapy.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@growtherapy.com

Sequeiros, Rosa, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Serra, Maria T, MMFT, LMFT ■
12001 Southwest 128th Court
Suite Suite 104
Miami, FL 33186
(786) 868-0505
Digital Contact Information:
agency@juntosbmb.com

and
15305 Northwest 60th Avenue
Ste 100
Miami Lakes, FL 33014
(786) 536-7561
Digital Contact Information:
agency@juntosbmb.com
Other Languages Spoken by Provider or Office Staff Spanish

Shakespeare, Ashanti, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
inquiry@dare2emerge.com

Silebi, Candice, MSED, LMHC ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
westmiamicmhc@bellsouth.net
Other Languages Spoken by Provider or Office Staff Spanish

Singer, Gabrielle, MSW, LCSW ■
FL
(508) 202-1011
Digital Contact Information:
info@mosaicmindscounseling.com

Siracusa, Shannon, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Sitek, Agata, MSN, APRN, NP ■
7900 Oak Lane
Hialeah, FL 33016
(877) 515-8113
Digital Contact Information:
fax@brainhealthusa.com

Smith, Devin, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
referrals@chrysalishealth.com

Smith, Joshua, PSYD, HSPP, LP ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Smith, Teresa, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Sobhan, Tanveer, MD ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
tsobhanmd@yahoo.com

and
11430 North Kendall Drive
208
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
tsobhanmd@yahoo.com

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
tsobhanmd@yahoo.com
Other Languages Spoken by Provider or Office Staff Bengali

Soto, Maricarmen, MSW, LCSW ■
10300 SW 216th St
Cutler Bay, FL 33190
(305) 253-5100
Digital Contact Information:
Not Available

Spasic, Marija, MS, LMHC ■
7600 West 20th Avenue
213
Hialeah, FL 33016
(786) 471-6887
Digital Contact Information:
http://marijaspasic.com
srcetherapy@gmail.com

Spencer, Marcia, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
jane.mohammad@daybreakhealth.com

Spencer, Precious M, MSN, APRN, PMHNP ■
FL
(305) 902-6347
Digital Contact Information:
info@centerforsexualhealthandwellness.com

and
20535 Northwest 2nd Avenue
Suite 204
Miami, FL 33169
(772) 208-7834
Digital Contact Information:
info@centerforsexualhealthandwellness.com

Spencer Rose, Sharon, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Springer, Shawndel, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
gethelp@wellqor.com

Stallworth, Janell, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
hello@wellnite.com

Stcyr, Kettlyne, MSN, APRN, PMHNP ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
bhenrollment@accesstelecare.com

and
1031 Ives Dairy Road
228
Miami, FL 33179
(786) 262-7450
Digital Contact Information:
http://www.jerryhealinghands.org
bhenrollment@accesstelecare.com

Steele, Theresa, MS, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Steen, Tamarie, MMH, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Steinberg, Rachel, MSW, LCSW ■
5901 Southwest 74th Street
408
Miami, FL 33143
(305) 735-3555
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com

Stewart, Robert C, DO ■
15600 Southwest 288th Street
405b
Homestead, FL 33033
(786) 610-8167
Digital Contact Information:
amaliasclinic@acccorp.org

and
640 West Palm Drive
b
Homestead, FL 33034
(786) 610-8167
Digital Contact Information:
amaliasclinic@acccorp.org

and
9380 Sunset Drive
b240
Miami, FL 33173
(786) 534-4979
Digital Contact Information:
amaliasclinic@acccorp.org

Stone Palmer, Matthew Luke, MSW, LCSW ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
info@prioritypractice.com

Suarez Martinez, Alejandro F, MSN, APRN ■
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
healingtouchinc@msn.com

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com
Other Languages Spoken by Provider or Office Staff Spanish

Suarez, Rogelio, MD ■
4302 Alton Rd
Ste 820
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com

and
4304 Alton Rd
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com

and
4304 Alton Rd
Fl 1
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com
Other Languages Spoken by Provider or Office Staff Spanish

Sussman, Martin A, MSW, LCSW-R ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Swain, Cieria D, MC, LCSW, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
appointments@meetmarvin.com
Other Languages Spoken by Provider or Office Staff English

Tase, Jorge, MN, APRN ■
3625 Northwest 82nd Avenue
Suite 408
Doral, FL 33166
(305) 939-6877
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Tassy-Lewis, Sabrina, PSYD, LP ■
14411 Commerce Way
Hialeah, FL 33016
(954) 534-0432
Digital Contact Information:
tassy@nova.edu
Other Languages Spoken by Provider or Office Staff Haitian Creole, Creole

Taveras, Madelin, MC, LMHC, PC ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
westmiamicmhc@bellsouth.net
Other Languages Spoken by Provider or Office Staff English, Spanish

Taylor Hernandez, Glenda, MSW, LCSW ■
4475 Southwest 8th Street
Coral Gables, FL 33134
(786) 536-2872
Digital Contact Information:
admin@fpmagency.com

and
777 E 25th St
Ste 212
Hialeah, FL 33013
(786) 542-5646
Digital Contact Information:
admin@fpmagency.com

and
22133 South Dixie Highway
Miami, FL 33170
(786) 504-3119
Digital Contact Information:
https://fpmflorida.org/
admin@fpmagency.com
Other Languages Spoken by Provider or Office Staff
Spanish

Tercero, Vanessa, MSW, LCSW ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Terrell, Charlotte R, MS, LMFT ■
FL
(305) 596-7547
Digital Contact Information:
chaterrell@aol.com

Terron, Rochely, MC, LMHC ■
815 North Homestead Boulevard
228
Homestead, FL 33030
(305) 783-8181
Digital Contact Information:
rochelyterron@gmail.com

Theis, Deborah, PHD, LP ■
FL
(800) 567-5433
Digital Contact Information:
https://totallife.com/
providerenrollment6@deeroaks.com

Thomas, Marcdala, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
marcdalathomas2006@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole

Thompson, Miquia, MPSY, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Torra, Lizet, MS, LMHC ■
11440 North Kendall Drive
e208
Miami, FL 33176
(305) 898-0849
Digital Contact Information:
billing@callisiahealthgroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Torras Ceballos, Gabriela, MSCC, BCBA, LMHC ■
8300 West Flagler Street
STE 258C
Miami, FL 331446002
(786) 633-5171
Digital Contact Information:
counselingsocietymiami@gmail.com

and
2157 Southwest 13th Avenue
3
Miami, FL 33145
(786) 878-1331
Digital Contact Information:
http://www.counselingsociety.com
counselingsocietymiami@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Torre, Emilia, MD, LMHC ■
1022 East 8th Avenue
Hialeah, FL 33010
(786) 615-7829
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
2100 West 76th Street
STE 408
Hialeah, FL 33016
(786) 615-7829
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
3412 West 84th Street
e106
Hialeah, FL 33018
(305) 827-7344
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Treto, David, MN, APRN ■
13145 Southwest 134th Street
102
Miami, FL 33186
(305) 964-5236
Digital Contact Information:
olympushcs@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Turner, Rosa F, MD ■
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
http://www.miamipersonalmanagement.com
klopez@miamipersonalmanagement.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ukken, Boby, MSN, APRN ■
2828 Coral Way
Ste 460
Coral Gables, FL 33145
(305) 895-0504
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net

and
12550 Biscayne Boulevard
STE 306
North Miami, FL 33181
(305) 642-5255
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net
Other Languages Spoken by Provider or Office Staff
Russian

Ursani, Aneel A, MD ■
18117 Biscayne Boulevard
Po Box 61721
Miami, FL 33160
(206) 495-0724
Digital Contact Information:
ccservices@auctusgrp.com
Other Languages Spoken by Provider or Office Staff
English, Sign Lang Amer

Valdes, Debora, MSN, APRN ■
7315 Northwest 36th Street
Miami, FL 33166
(786) 345-7734
Digital Contact Information:
Not Available

Valdes Hernandez, Mayuly, MSN, APRN ■
255 University Dr
Fl 2
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
administration@mindandsoultherapy.com

and
2550 Douglas Road
Ste #301
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
administration@mindandsoultherapy.com

and
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
administration@mindandsoultherapy.com

Valdes, Jose G, DNP, APRN ■
FL
(305) 204-9455
Digital Contact Information:
josegvn@gmail.com

and
10689 North Kendall Drive
211
Miami, FL 33176
(305) 204-9499
Digital Contact Information:
josegvn@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valle, Adiaris, MSN, APRN ■
10540 Northwest 26th Street
STE G201
Doral, FL 33172
(786) 879-8040
Digital Contact Information:
office@maximamedicalcenter.com

and
777 E 25th St
Ste 306
Hialeah, FL 33013
(786) 838-6092
Digital Contact Information:
office@maximamedicalcenter.com

Valmy Estivens, Vinia, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Vandhuynslager, Marci, MS, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
milly.cintron@marirecovery.com
Other Languages Spoken by Provider or Office Staff English

Vargas, Paola, MSN, APRN ■
7315 Northwest 36th Street
Miami, FL 33166
(786) 345-7734
Digital Contact Information:
empathybehavioral@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vassar, Codie, MD ■
15321 South Dixie Highway
Suite 203
Miami, FL 33157
(786) 707-4934
Digital Contact Information:
info@moderneracounseling.com
Other Languages Spoken by Provider or Office Staff English

Vazquez Bueno, Osvaldo, MSN, APRN ■
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

and
13170 Southwest 128th Street
200
Miami, FL 33186
(786) 852-5198
Digital Contact Information:
insurance@wellnite.com

Vazquez Garcia, Yaimara, MC, LMHC ■
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
http://brightsyhealthfl.com
brightsyhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vazquez Gonzalez, Ludys, MS, LMHC ■
FL
(786) 860-5104
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vazquez, Marlon, MD ■
5901 Southwest 74th Street
408
Miami, FL 33143
(305) 735-3555
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vazquez-Bragan, Francesca, PSYD, LP ■
2550 Douglas Road
Ste #301
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
Not Available

Veliz, Diana, MSW, LCSW ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
hello@talkiatry.com

Vieira, Caroline, MC, LMHC, PC ■
2212 Northwest 91st Street
Miami, FL 33147
(341) 888-7637
Digital Contact Information:
contact@quelinbilling.com
Other Languages Spoken by Provider or Office Staff
Portuguese

Viera, Tisela, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Vila, Dayana, MSN, APRN ■
4005 Northwest 114th Avenue
22 22
Doral, FL 33178
(305) 260-6913
Digital Contact Information:
billingheritagewellness@gmail.com

and
2645 SW 37th Ave
Ste 101
Miami, FL 33133
(786) 530-4080
Digital Contact Information:
billingheritagewellness@gmail.com

and
14221 Southwest 120th Street
126
Miami, FL 33186
(786) 577-3427
Digital Contact Information:
billingheritagewellness@gmail.com

and
13100 West Dixie Highway
North Miami, FL 33161
(786) 442-5021
Digital Contact Information:

billingheritagewellness@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Villa, Brian R, MD ■
4689 Ponce de Leon Boulevard
Suite 200
Coral Gables, FL 33146
(786) 803-8025
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
2500 Northwest 79th Avenue
Suite 227
Doral, FL 33122
(305) 456-9396
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
10520 Northwest 26th Street
STE C101
Doral, FL 33172
(786) 353-9308
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
1400 Northwest 107th Avenue
Suite 310
Doral, FL 33172
(305) 898-0849
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
1840 W 49th St
Ste 605
Hialeah, FL 33012
(305) 456-7785
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
5590 W 20th Ave
Ste 404
Hialeah, FL 33016
(305) 826-9330
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
2311 Northwest 7th Street
Miami, FL 33125
(786) 706-2246
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
1818 West Flagler Street
Miami, FL 33135
(786) 794-2655
Digital Contact Information:
http://www.goldengatemedicalgroup.com
bvillamdpllcbilling@gmail.com

and
1818 West Flagler Street
202
Miami, FL 33135
(786) 755-2892
Digital Contact Information:
http://www.goldengatemedicalgroup.com
bvillamdpllcbilling@gmail.com

and
1818 West Flagler Street
300
Miami, FL 33135
(786) 755-2891
Digital Contact Information:
http://www.goldengatemedicalgroup.com
bvillamdpllcbilling@gmail.com

and
1818 West Flagler Street
Ste 2
Miami, FL 33135
(786) 755-2892
Digital Contact Information:
http://www.goldengatemedicalgroup.com
bvillamdpllcbilling@gmail.com

and
3080 W Flagler St
Miami, FL 33135
(786) 547-2832
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
FL
(239) 499-0900
(786) 794-2655
(305) 495-9014
(786) 755-2891
Digital Contact Information:
http://www.goldengatemedicalgroup.com
bvillamdpllcbilling@gmail.com

and
85 Grand Canal Drive
UNIT 203
Miami, FL 33144
(786) 536-7816
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
7116 Southwest 47th Street
Miami, FL 33155
(786) 794-2655
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
4995 Northwest 72nd Avenue
102
Miami, FL 33166
(786) 360-3584
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
11430 North Kendall Drive
d309
Miami, FL 33176
(305) 898-0849
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
13701 Southwest 88th Street
306
Miami, FL 33186
(786) 842-1489
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
17325 Northwest 27th Avenue
206 207
Miami Gardens, FL 33056
(786) 822-7270
Digital Contact Information:
bvillamdpllcbilling@gmail.com

Villaverde, Ana, MSW, LCSW ■
306 Alcazar Avenue
301
Coral Gables, FL 33134
(786) 359-4814
Digital Contact Information:
universalclinical@gmail.com

and
3990 West Flagler Street
300
Coral Gables, FL 33134
(786) 266-0956
Digital Contact Information:
universalclinical@gmail.com

and
4810 Southwest 8th Street
suite 103
Coral Gables, FL 33134
(786) 353-2616
Digital Contact Information:
universalclinical@gmail.com

and
801 Monterey Street
202
Coral Gables, FL 33134
(786) 803-8306
Digital Contact Information:
universalclinical@gmail.com

and
19100 Southwest 106th Avenue
12
Cutler Bay, FL 33157
(786) 360-2852
Digital Contact Information:
universalclinical@gmail.com

and
10590 Northwest 27th Street
suite e103 b
Doral, FL 33172
(305) 640-8632
Digital Contact Information:
universalclinical@gmail.com

and
14411 Commerce Way
330
Hialeah, FL 33016
(786) 701-8416
Digital Contact Information:
http://nossmedicalcorp.com/
universalclinical@gmail.com

and
640 W Palm Dr
Ste D
Homestead, FL 33034
(786) 601-7757
Digital Contact Information:
universalclinical@gmail.com

and
1150 Northwest 72nd Avenue
700
Miami, FL 33126
(305) 815-1277
Digital Contact Information:
universalclinical@gmail.com

and
5040 NW 7th St
Ste 750
Miami, FL 33126
(786) 359-4013
Digital Contact Information:
universalclinical@gmail.com

and
5757 Waterford District Drive
Unit 172
Miami, FL 33126
(786) 353-2616
Digital Contact Information:
universalclinical@gmail.com

and
7270 Northwest 12th Street
810
Miami, FL 33126
(786) 718-2390
Digital Contact Information:
universalclinical@gmail.com

and
7270 Northwest 12th Street
870
Miami, FL 33126
(787) 206-1040
Digital Contact Information:
universalclinical@gmail.com

and
1250 South Miami Avenue
APT 2402
Miami, FL 33130
(786) 360-2852
Digital Contact Information:
universalclinical@gmail.com

and
2901 Southwest 8th Street
Suite 206
Miami, FL 33135
(786) 971-7920
Digital Contact Information:
universalclinical@gmail.com

and
85 Grand Canal Drive
UNIT 203
Miami, FL 33144
(786) 536-7816
Digital Contact Information:
universalclinical@gmail.com

and
5000 Southwest 75th Avenue
111
Miami, FL 33155
(786) 801-1916
Digital Contact Information:
universalclinical@gmail.com

and
7815 Coral Way
#108
Miami, FL 33155
(305) 264-1344
Digital Contact Information:
universalclinical@gmail.com

and
9999 Southwest 72nd Street
suite 101
Miami, FL 33173
(786) 816-2263
Digital Contact Information:
universalclinical@gmail.com

and
9600 SW 8th St
Ste 16
Miami, FL 33174
(786) 803-8827
Digital Contact Information:
universalclinical@gmail.com

and
13028 Southwest 120th Street
FL 1
Miami, FL 33186
(786) 971-7920
Digital Contact Information:
universalclinical@gmail.com

and
13335 SW 124th St
Ste 106
Miami, FL 33186
(786) 842-3964
Digital Contact Information:
universalclinical@gmail.com

and
13335 Southwest 124th Street
Suite 205
Miami, FL 33186
(305) 964-5082
Digital Contact Information:
universalclinical@gmail.com

and
9020 Southwest 137th Avenue
210
Miami, FL 33186
(786) 558-5042
Digital Contact Information:
universalclinical@gmail.com

and
9020 Southwest 137th Avenue
STE 250
Miami, FL 33186
(786) 536-7330
Digital Contact Information:
universalclinical@gmail.com

and
8181 Northwest 154th Street
STE 112
Miami Lakes, FL 33016
(786) 360-5883
Digital Contact Information:
universalclinical@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Villavicencio, Silvia, MSN, APRN ■
8725 Northwest 18th Terrace
Suite 202
Doral, FL 33172
(305) 487-2532
Digital Contact Information:
svillavicencio717@gmail.com

and
15600 Southwest 288th Street
100a
Homestead, FL 33033
(786) 339-9867
Digital Contact Information:
svillavicencio717@gmail.com

and
2311 Northwest 7th Street
Miami, FL 33125
(786) 706-2246
Digital Contact Information:
svillavicencio717@gmail.com

and
4636 Southwest 129th Avenue
Miami, FL 33175
(786) 852-5198
Digital Contact Information:
svillavicencio717@gmail.com

and
13170 Southwest 128th Street
200
Miami, FL 33186
(786) 852-5198
Digital Contact Information:
svillavicencio717@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Virts, Emily, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Waddle, Heather, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Waldo, Izabella K, DNP, APRN, PMHNP ■
382 Northeast 191st Street
Miami, FL 33179
(305) 609-8634
Digital Contact Information:
scheduling@regionalpsychiatry.com
Other Languages Spoken by Provider or Office Staff
German, Russian, Polish

Walker, Audi, MMH, LMHC ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
westmiamicmhc@bellsouth.net

Walker, Ryan, PA, PA_C ■
6303 Waterford District Drive
400 400
Miami, FL 33126
(786) 404-1575
Digital Contact Information:
info@elevatepsychiatry.com

Walker-Lee, Sandra, DNP, APRN, APRNCNP, NP, PMHNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@pobpsychiatry.com

Walterhoefer, Jessica, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
hello@psychplus.com
Other Languages Spoken by Provider or Office Staff Chinese, English, Spanish, Hindi

Wamahiu, Joan W, MSN, APN ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
credentialing@riviamind.com

Wang, Wen AO Dana, MD ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
nwittenborn@riviamind.com

Ware, Laverne, MC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Warner, Randy T, MD ■
3000 Biscayne Boulevard
Suite 216
Miami, FL 33137
(786) 220-1969
Digital Contact Information:
nhurley@npcatlantis.com

and
602 Northeast 36th Street
19
Miami, FL 33137
(786) 220-1969
Digital Contact Information:
nhurley@npcatlantis.com

Washington-Hyde, C Renee, MD ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Weiss, Ziona, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
info@hupcfl.com

Werner, Andrew, EDS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
lisette@abctestingservices.com

White, Emma, MC, LMHC ■
3081 Salzedo Street
Suite 202
Coral Gables, FL 33134
(305) 330-0588
Digital Contact Information:
griff_pysch@yahoo.com

and
3625 Northwest 82nd Avenue
400
Doral, FL 33166
(305) 330-0588
Digital Contact Information:
griff_pysch@yahoo.com

White, Samantha, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
frontdesk@highersightscounseling.com

Williams, Betty, MC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Williams, Julia, MSW, LCSW ■
1951 NW 7th Ave
Fl 3
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
help@joinuplift.co

and
1951 Northwest 7th Avenue
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
help@joinuplift.co

Williams, Morgan, MS, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
insurance@wellnite.com

Williams, Richard, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Williams-Jeanty, Miesha N, MED, LMHC ■
FL
(305) 306-7409
Digital Contact Information:
admin@nzingasplace.com

Willis, Toni, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Wise, Shaquila, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Wolford-Ward, Stephenie J, MA, LCMHC, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
stepheniewolfordlmt@gmail.com

Woods, Lynda, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Wool, Sorcha, MSW, LCSW ■
1951 Northwest 7th Avenue
Miami, FL 33136
(571) 934-3936
Digital Contact Information:
admin@supportiveengagemet.com

and
FL
(305) 902-6347
Digital Contact Information:
admin@supportiveengagemet.com
Other Languages Spoken by Provider or Office Staff Sign Lang Amer

Woolery, Nickesha, MSN, APRN ■
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
info@aimergency.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
info@aimergency.com
Other Languages Spoken by Provider or Office Staff English, Haitian Creole, Filipino, French, Spanish

Wright, Sonya, MA, LMHC ■
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
info@thejourneytwcc.org
Other Languages Spoken by Provider or Office Staff Creole, Spanish

Yepez, Rosaura M, MSSW, LCSW ■
650 Northeast 22nd Terrace
Suite 202-06
Homestead, FL 33033
(786) 377-6487
Digital Contact Information:
http://homesteadtherapyservicesllc.com
ryepez@homesteadtherapyservicesllc.com

Zambrano, Karen M, PSYD, LP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 259-6977
Digital Contact Information:
http://www.abctestingservices.com
lisette@abctestingservices.com
Other Languages Spoken by Provider or Office Staff Spanish

Zapatha, Susan, MC, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Zaragoza Sosa, Jaime, MN, APRN ■
10024 Southwest 222nd Street
Cutler Bay, FL 33190
(786) 770-9527
Digital Contact Information:
info@providerassist.net

DOMESTIC VIOLENCE COUNSELING

Abreu, Alba, MD ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
Not Available

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
http://banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
Other Languages Spoken by Provider or Office Staff English, Spanish

Acker, Ashleigh, MS, LMFT ●
1175 Northeast 125th Street
320
Miami, FL 33161
(954) 372-0423
Digital Contact Information:
http://www.marriagefamilyservices.com
mfsfrontdesk1@gmail.com
Other Languages Spoken by Provider or Office Staff Portuguese, English, Malayalam, Haitian, Italian, Spanish

Acosta, Cary, PSYD, LP ■
5040 NW 7th St
Ste 100
Miami, FL 33126
(305) 576-6611
Digital Contact Information:
yamesa@borinquenhealth.org

and
2691 Northeast 2nd Avenue
Miami, FL 33137
(305) 576-1675
Digital Contact Information:
yamesa@borinquenhealth.org

and
3000 Biscayne Blvd
Fl 5
Miami, FL 33137
(305) 576-6611
Digital Contact Information:
yamesa@borinquenhealth.org

Acosta Heredia, Erick, MD ■
11272 Southwest 137th Avenue
Miami, FL 33186
(786) 792-4928
Digital Contact Information:
http://www.generalmhs.com
erickacostah79@gmail.com
Other Languages Spoken by Provider or Office Staff Portuguese, Spanish

Acosta, Liza M, MMFT, LMFT ■
3970 West Flagler Street
203 204
Miami, FL 33134
(786) 953-5978
Digital Contact Information:
healchoicecorp2019@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Acosta Romero, Diana, MSN, APRN ■
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
info@cbhwestcoast.com

and
8323 Northwest 12th Street
108
Doral, FL 33126
(305) 400-8511
Digital Contact Information:
http://www.cbhwestcoast.com
info@cbhwestcoast.com

and
FL
(305) 400-8511
Digital Contact Information:
info@cbhwestcoast.com
Other Languages Spoken by Provider or Office Staff
Spanish

Aguiar, Heloisa G, MA, LMHC ■
8547 Southwest 214th Lane
Cutler Bay, FL 33189
(305) 775-3105
Digital Contact Information:
lola0211@email.com

and
2000 S Dixie Hwy
Ste 104
Miami, FL 33133
(305) 775-3105
Digital Contact Information:
lola0211@email.com

and
13499 Biscayne Blvd
Ste 208
North Miami, FL 33181
(305) 775-3105
Digital Contact Information:
lola0211@email.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Ahmed, Michelle, MS, LMFT ■
FL
(312) 912-1033
Digital Contact Information:
http://foodforheartherapy.com
michelleahmedmft@gmail.com
Other Languages Spoken by Provider or Office Staff
Bengali

Alcantara, Josie, MS, LMHC ■
FL
(305) 508-0886
Digital Contact Information:
josie@alpinecounseling.miami
Other Languages Spoken by Provider or Office Staff
Spanish

Alea Garcia, Alina, MSSW, BCBA ■
123 N Krome Ave
Ste 104
Homestead, FL 33030
(786) 349-4559
Digital Contact Information:
referrals@ffmhs.com

and
Home Based Services Only
Homestead, FL 33030
(786) 349-4559
Digital Contact Information:
referrals@ffmhs.com

Almonte, Aldriana A, MSW, LCSW ■
31 N Krome Ave
Homestead, FL 33030
(786) 481-5909
Digital Contact Information:
aalmonte@infinitecc.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

Altamiranda, Rosina E, MS, LMHC ●
11921 South Dixie Highway
STE 215
Pinecrest, FL 331564449
(786) 718-3890
Digital Contact Information:
rosina@nhorizonscs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alvarado, Gizelle, MED, LPC ■
1951 Northwest 7th Avenue
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
pinnacleeptx@aol.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Alvarenga, Alicia, MSSW, LCSW ■
2100 Coral Way
#310
Miami, FL 33145
(786) 320-1677
Digital Contact Information:
ydzmgroup@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Alvarez, Arlinnes, MMH, LMHC ■
FL
(305) 804-9121
Digital Contact Information:
http://www.sfacounseling.org
arlinnes@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Creole, Spanish

Alvarez, Gianinne M, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
info@livewelltherapygroup.com

and
7600 Southwest 57th Avenue
suite 334
South Miami, FL 33143
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
info@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alvarez, Mayaly, MS, LMHC ●
11921 South Dixie Highway
STE 215
Pinecrest, FL 331564449
(786) 718-3890
Digital Contact Information:
malva@nhorizonscs.com

Alvarez, Mayelin, MSN, APRN ■
8300 West Flagler Street
STE 258C
Miami, FL 331446002
(786) 633-5171
Digital Contact Information:
olympushcs@gmail.com

Alvarez-Salvat, Rose M, PHD, LP ■
6262 Sunset Drive
Suite 500
Miami, FL 33143
(305) 669-6503
Digital Contact Information:
shana.johnson@mch.com

and
3100 SW 62nd Ave
Fl 2
Miami, FL 33155
(305) 663-8439
Digital Contact Information:
shana.johnson@mch.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Amado, Sandra J, MC, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@usmso.com

Amador, Ruth Narumi, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
sheryl.shumate@colapsych.com
Other Languages Spoken by Provider or Office Staff
Spanish

Anderson, Aimee E, MSW, LCSW ■
9260 Sunset Dr
Ste 203
Miami, FL 33173
(305) 279-3640
Digital Contact Information:
Not Available

Anderson, Susan L, MA, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
susanandersonmalpc@gmail.com

Andres, Alice M, PSYD, CP, HSPP, LP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
rainbowlanternpsych@gmail.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
rainbowlanternpsych@gmail.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
rainbowlanternpsych@gmail.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
rainbowlanternpsych@gmail.com
Other Languages Spoken by Provider or Office Staff English

Andreu, Claudia M, MMH, LMHC ■
7000 SW 97th Ave
Ste 121
Miami, FL 33173
(305) 342-5044
Digital Contact Information:
claumar.0222@gmail.com

Angel, Laurie R, MSN, APRN ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
momofben@bellsouth.net

Anias, Carlos, MSN, APRN ■
2000 Northwest 87th Avenue
Suite 201
Doral, FL 33172
(954) 561-6222
Digital Contact Information:
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Annan, Grace, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
scheduling@ehomegroup.com
Other Languages Spoken by Provider or Office Staff Italian

Arauco, Andrea R, MSW, LCSW ■
FL
(305) 982-7434
Digital Contact Information:
http://www.mamayinbloomcounseling.com/
andrearararauco@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Armstrong, Sharifa, MSW, LCSW ■
1825 Northwest 167th Street
SUITE 102
Opa-locka, FL 330564838
(305) 624-7450
Digital Contact Information:
http://www.cfcecares.org
wbrown@cfceinc.org
Other Languages Spoken by Provider or Office Staff Haitian Creole, Creole, Spanish

Arroyo, Linda M, MC, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
lindaarroyo.mft@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Assinthe, Jeanne, MSW, LCSW ■
FL
(786) 779-8898
Digital Contact Information:
http://www.amitiewellness.com
jeanne@amitiewellness.com
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole, French, Spanish

Astacio, Victor, PSYD, LP ■
3990 West Flagler Street
102
Coral Gables, FL 33134
(786) 332-2602
Digital Contact Information:
blueskymentalhealthcorp@gmail.com

and
Eagle Nest Lane
Hialeah, FL 33014
(786) 534-3457
Digital Contact Information:
blueskymentalhealthcorp@gmail.com

and
Home Based Services Only
Miami Gardens, FL 33014
(305) 640-5739
Digital Contact Information:
blueskymentalhealthcorp@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Astolfo, Therese, MS, LMHC ■
1680 Meridian Ave
Ste 501
Miami Beach, FL 33139
(305) 531-5341
Digital Contact Information:
llong@dgcmhc.org

Austin, Alexis, MSW, LCSW ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
info@riviamind.com

Ayer, Brian, MA, LPCC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
registration@ravenwoodhealth.org
Other Languages Spoken by Provider or Office Staff Sign Lang Amer

Baer, Rochelle A, MSW, LCSW ■
1601 NW 12th Ave
Miami, FL 33136
(305) 243-6864
Digital Contact Information:

Not Available

Bailey, Paul, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
bailey.pauliii@gmail.com
Other Languages Spoken by Provider or Office Staff English

Balan, Maria, MS, LMHC ■
15715 S Dixie Hwy
Ste 403
Miami, FL 33157
(305) 707-5966
Digital Contact Information:
movingtowardagape@gmail.com

Baldie, Toni-Saccian A, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff Spanish

Ball, Kayleen, PSYD, LP ■
6262 Sunset Drive
Suite 500
Miami, FL 33143
(305) 669-6503
Digital Contact Information:
payer.credentialing@nicklaushealth.org

and
3100 SW 62nd Ave
Miami, FL 33155
(305) 663-8413
Digital Contact Information:
http://www.nicklaushealth.org
payer.credentialing@nicklaushealth.org

and
3100 SW 62nd Ave
Fl 2
Miami, FL 33155
(305) 663-8439
Digital Contact Information:
http://www.nicklaushealth.org
payer.credentialing@nicklaushealth.org
Other Languages Spoken by Provider or Office Staff Spanish

Ballayan, Romeo, MSW, LCSW, LISW-CP ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Banegas, Kelvin, MSW, LCSW ■
FL
(516) 469-2135
Digital Contact Information:
kelvinbanegaslcsw@gmail.com

Barciela, Gilberto, MSN, APRNPMH ■
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
forwardwithfc@gmail.com

Barnes, Cassandra D, MC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@thriveworks.com
Other Languages Spoken by Provider or Office Staff English

Barnes, Yvette, MSW, LCSW ■
1150 Northwest 72nd Avenue
640
Miami, FL 33126
(786) 497-3444
Digital Contact Information:
yvette@stellarhealthfl.com
Other Languages Spoken by Provider or Office Staff Spanish

Baron, Darlise, MSW, LCSW ■
18441 NW 2nd Ave
Ste 116
Miami, FL 33169
(786) 320-8722
Digital Contact Information:
http://www.baroncounseling.com
info@baroncounseling.com

and
18441 NW 2nd Ave
Ste 216
Miami, FL 33169
(786) 320-8722
Digital Contact Information:
http://www.baroncounseling.com
info@baroncounseling.com
Other Languages Spoken by Provider or Office Staff Creole, Haitian

Barosela, Melissa, MC, LMHC ■
3625 Northwest 82nd Avenue
400 3
Doral, FL 33166
(305) 209-6399
Digital Contact Information:
julie.berger@drcred.com

and
1125 Northeast 125th Street
112
North Miami, FL 33161
(305) 209-6399
Digital Contact Information:
julie.berger@drcred.com

Barrague, Maria, MPSY, LCMHC ■
1000 Brickell Avenue
Miami, FL 33131
(305) 467-8879
Digital Contact Information:
namastebehaviortherapy@yahoo.com

and
5600 SW 135th Ave
Ste 112
Miami, FL 33183
(305) 746-4507
Digital Contact Information:
namastebehaviortherapy@yahoo.com

and
12855 Southwest 136th Avenue
104
Miami, FL 33186
(305) 467-8879
Digital Contact Information:
namastebehaviortherapy@yahoo.com

Barrera, Lourdes, MPSY, LMHC ■
19001 Southwest 106th Avenue
c103
Miami, FL 33157
(786) 523-2352
Digital Contact Information:
hopeandserenity4you@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Barreto, Camila, MA, LMFT ■
20225 Northeast 34th Court
APT 2511
Aventura, FL 33180
(805) 453-2525
Digital Contact Information:
http://www.connectedbeings.com
connectedbeings@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Barreto, Lourdes A, MSSW, LCSW ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
referrals@ffmhs.com
Other Languages Spoken by Provider or Office Staff Spanish

Barrios-Mendez, Maria E, MSCC, LMHC ■
7700 North Kendall Drive
807
Miami, FL 33156
(786) 897-3729
Digital Contact Information:
mebm78@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Barros, Sandra J, MSW, LCSW ■
9920 Southwest 115th Avenue
Miami, FL 33176
(305) 457-9131
Digital Contact Information:
sandrajbarros@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Barroso, Alina, MD, LMHC ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Barthelemy, Shirley, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff Creole

Barzaga, Dayron, MSN, APRN ■
124 Southeast 1st Road
A
Homestead, FL 33030
(786) 255-7979
Digital Contact Information:
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Bass, India, MMH, LMHC ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://myschoolpsychologistinc.com
india.lmhc@gmail.com

and
FL
(305) 520-9813
Digital Contact Information:
http://www.myschoolpsychologistinc.com
india.lmhc@gmail.com

Basulto, Julie M, MS, LMFT ■
6625 Miami Lakes Drive
448
Miami Lakes, FL 33014
(305) 779-8565
Digital Contact Information:
http://www.comprehensive-assessment.com
info@comprehensive-assessment.com

and
6625 Miami Lakes Drive
STE 332
Miami Lakes, FL 33014
(305) 779-8565
Digital Contact Information:
http://www.comprehensive-assessment.com
info@comprehensive-assessment.com

Bates, Colana, MA, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Beaubrun, Lucika, MA, LMHC ■
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(561) 289-7995
Digital Contact Information:
pandatherapycircle@gmail.com

Belmonte, Silvina, MC, LMHC ■
7171 Southwest 24th Street
316
Miami, FL 33155
(786) 762-2415
Digital Contact Information:
http://www.orthoandrehabilitation.org
silvinabelmnte@hotmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Benayoun, Micaela S, MC, LMFT ■
2500 Northwest 79th Avenue
233
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
credentialing@pmcen.com

and
7855 Northwest 12th Street
221
Doral, FL 33126
(305) 648-7174
Digital Contact Information:
credentialing@pmcen.com

and
1414 Northwest 107th Avenue
410
Doral, FL 33172
(305) 560-5742
Digital Contact Information:
credentialing@pmcen.com

and
1490 West 49th Place
suite 309
Hialeah, FL 33012
(305) 846-9333
Digital Contact Information:
credentialing@pmcen.com

and
1840 W 49th St
Ste 515
Hialeah, FL 33012
(305) 603-9202
Digital Contact Information:
credentialing@pmcen.com

and
1840 West 49th Street
304
Hialeah, FL 33012
(786) 803-8596
Digital Contact Information:
credentialing@pmcen.com

and
7614 Northwest 186th Street
Hialeah, FL 33015
(786) 534-3457
Digital Contact Information:
credentialing@pmcen.com

and
14411 Commerce Way
330
Hialeah, FL 33016
(786) 701-8416
Digital Contact Information:
http://nossmedicalcorp.com/
credentialing@pmcen.com

and
15600 Southwest 288th Street
Suite 405
Homestead, FL 33033
(786) 334-3515
Digital Contact Information:
credentialing@pmcen.com

and
10379 Southwest 186th Street
Miami, FL 33157
(720) 314-4727
Digital Contact Information:
credentialing@pmcen.com

and
11055 Southwest 186th Street
#101
Miami, FL 33157
(305) 342-4893
Digital Contact Information:
credentialing@pmcen.com

and
9380 Southwest 72nd Street
245
Miami, FL 33173

(305) 381-5434
Digital Contact Information:
credentialing@pmcen.com

and
931 Southwest 122nd Avenue
Miami, FL 33184
(305) 603-9235
Digital Contact Information:
credentialing@pmcen.com

and
12001 SW 128th Ct
Ste 102
Miami, FL 33186
(786) 971-7920
Digital Contact Information:
credentialing@pmcen.com

and
12255 Southwest 132nd Court
Miami, FL 33186
(305) 964-5157
Digital Contact Information:
credentialing@pmcen.com

and
12595 Southwest 137th Avenue
STE 110
Miami, FL 33186
(305) 648-7174
Digital Contact Information:
credentialing@pmcen.com

and
12595 Southwest 137th Avenue
STE 201
Miami, FL 33186
(786) 770-4832
Digital Contact Information:
credentialing@pmcen.com

and
13335 SW 124th St
Ste 106
Miami, FL 33186
(786) 842-3964
Digital Contact Information:
credentialing@pmcen.com

and
13590 Southwest 134th Avenue
205c
Miami, FL 33186
(786) 754-6474
Digital Contact Information:
credentialing@pmcen.com

Benjamin, Andrew P, MSW, LCSW ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com

Bentel, Eliana S, MMFT, LMFT ■
FL
(786) 286-5779
Digital Contact Information:
medicalocean205@gmail.com

and
2500 Northwest 79th Avenue
Suite 189
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
medicalocean205@gmail.com

and
7855 Northwest 12th Street
221
Doral, FL 33126
(305) 648-7174
Digital Contact Information:
medicalocean205@gmail.com

and
1414 Northwest 107th Avenue
410
Doral, FL 33172
(305) 560-5742
Digital Contact Information:
medicalocean205@gmail.com

and
7614 Northwest 186th Street
Hialeah, FL 33015
(786) 534-3457
Digital Contact Information:
medicalocean205@gmail.com

and
14411 Commerce Way
330
Hialeah, FL 33016
(786) 701-8416
Digital Contact Information:
http://nossmedicalcorp.com/
medicalocean205@gmail.com

and
15600 Southwest 288th Street
Suite 405
Homestead, FL 33033
(786) 334-3515
Digital Contact Information:
medicalocean205@gmail.com

and
10379 Southwest 186th Street
Miami, FL 33157
(720) 314-4727
Digital Contact Information:
medicalocean205@gmail.com

and
11055 Southwest 186th Street
#101
Miami, FL 33157
(305) 342-4893
Digital Contact Information:
medicalocean205@gmail.com

and
9350 Sunset Drive
suit 150
Miami, FL 33173
(786) 356-3613
Digital Contact Information:
medicalocean205@gmail.com

and
9380 Southwest 72nd Street
245
Miami, FL 33173
(305) 381-5434
Digital Contact Information:
medicalocean205@gmail.com

and
931 Southwest 122nd Avenue
Miami, FL 33184
(305) 603-9235
Digital Contact Information:
medicalocean205@gmail.com

and
12001 SW 128th Ct
Ste 102
Miami, FL 33186
(786) 971-7920
Digital Contact Information:
medicalocean205@gmail.com

and
12255 Southwest 132nd Court
Miami, FL 33186
(305) 964-5157
Digital Contact Information:
medicalocean205@gmail.com

and
12595 Southwest 137th Avenue
STE 201
Miami, FL 33186
(786) 770-4832
Digital Contact Information:
medicalocean205@gmail.com

and
13335 SW 124th St
Ste 106
Miami, FL 33186
(786) 842-3964
Digital Contact Information:
medicalocean205@gmail.com

and
13335 Southwest 124th Street
Suite 205
Miami, FL 33186
(305) 964-5082
Digital Contact Information:
medicalocean205@gmail.com

and
13590 Southwest 134th Avenue
205c
Miami, FL 33186
(786) 754-6474
Digital Contact Information:
medicalocean205@gmail.com

and
14750 Northwest 77th Court
SUITE 206
Miami Lakes, FL 33016
(796) 238-7959
Digital Contact Information:
medicalocean205@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Benzaquen, Melissa, MSED, LMHC ■
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
http://www.ibhflorida.com
osaker@ibhflorida.com

Bergolla, Johannys, MSN, APRN ■
7950 Northwest 53rd Street
STE 237
Doral, FL 33166
(786) 536-4420
Digital Contact Information:
violethealthcorp@gmail.com

and
10520 Northwest 26th Street
STE C101
Doral, FL 33172
(786) 353-9308
Digital Contact Information:
violethealthcorp@gmail.com

and
5979 Northwest 151st Street
STE 120
Hialeah, FL 33014
(786) 536-4420
Digital Contact Information:
violethealthcorp@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bermudez, Jose, PSYD, LP ■
9425 SW 72nd St
Ste 267
Miami, FL 33173
(305) 981-6806
Digital Contact Information:
jbpsyd@gmail.com

Bernal, Liliam, MSW, LCSW ■
FL
(954) 716-1718
Digital Contact Information:
https://www.mswservices.org
sw@yaconsulting.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

Berroa, Melida, MSW, LCSW ■
1840 West 49th Street
Suite 727
Hialeah, FL 33012
(786) 715-3086
Digital Contact Information:
mamtherapeutic@gmail.com

and
17670 Northwest 78th Avenue
STE 113
Hialeah, FL 33015
(716) 558-4565
Digital Contact Information:
mamtherapeutic@gmail.com

and
8950 SW 74th Ct
Ste 2201
Miami, FL 33156
(786) 577-3427
Digital Contact Information:
mamtherapeutic@gmail.com

and
20535 Northwest 2nd Avenue
210
Miami, FL 33169
(305) 934-4382
Digital Contact Information:
https://mamtherapeutic.com
mamtherapeutic@gmail.com

and
FL
(305) 934-4382
Digital Contact Information:
https://mamtherapeutic.com
mamtherapeutic@gmail.com

and
14221 Southwest 120th Street
126
Miami, FL 33186
(786) 577-3427
Digital Contact Information:
mamtherapeutic@gmail.com

and
10201 Hammocks Boulevard
Suite 122
Miami, FL 33196
(305) 934-4382
Digital Contact Information:
mamtherapeutic@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bess, Leslie, MA, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Betancourt, Jenny V, MS, LCMHC, LMHC, LPC ■
FL
(305) 330-8114
Digital Contact Information:
https://jenny-betancourt.clientsecure.me/
jmoran@docurapid.com
Other Languages Spoken by Provider or Office Staff
Spanish

Blair, Caryn, DNP, APRN ■
2999 NE 191st St
Ste 705
Miami, FL 33180
(305) 721-0748
Digital Contact Information:
mphealth4145@gmail.com

and
FL
(305) 721-0748
Digital Contact Information:
mphealth4145@gmail.com

Bodan, Dayra L, PSYD, LP ■
6405 Northwest 36th Street
112
Virginia Gardens, FL 33166
(305) 871-3131
Digital Contact Information:
therapeuticalli@bellsouth.net
Other Languages Spoken by Provider or Office Staff
English, Spanish

Bofill, Martha, PSYD, LP ■
351 NW 42nd Ave
Ste 401
Miami, FL 33126
(786) 704-5546
Digital Contact Information:
mbofill@aol.com

Bolden, Simone K, MSW, LCSW ■
FL
(800) 567-5433
Digital Contact Information:
https://totallife.com/
asands@claritynwi.com

Bolivar, Carmen L, MS, LMHC ■
5201 Blue Lagoon Dr
Ste 800
Miami, FL 33126
(305) 707-8615
Digital Contact Information:
highrisewellness@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Borda, Margarita, MA, LMHC ■
123 Madeira Avenue
204
Coral Gables, FL 33134
(305) 898-6607
Digital Contact Information:
margaritaborda123@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Borges, Ariel, MC, BCBA, LMHC ■
330 Southwest 27th Avenue
STE 301
Miami, FL 33135
(786) 254-1572
Digital Contact Information:
http://www.counselingsociety.com
arborgesu@gmail.com

and
2157 Southwest 13th Avenue
3
Miami, FL 33145
(786) 254-1572
Digital Contact Information:
http://www.counselingsociety.com
arborgesu@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bortnik, Debora, MA, LMHC ■
9240 SW 72nd St
Ste 202
Miami, FL 33173
(305) 815-2787
Digital Contact Information:

dbortnik@bellsouth.net

Bradley, Aniek, MS, LMFT ■
15190 SW 136th St
Ste 25
Miami, FL 33196
(786) 285-2396
Digital Contact Information:
aniekbradley72@gmail.com

Brazlavsky, Jodi L, MSW, LCSW ■
17501 Biscayne Boulevard
450
Aventura, FL 33160
(305) 933-5733
Digital Contact Information:
jbrazlavsky@gmail.com

and
19300 West Dixie Highway
2 2
Miami, FL 33180
(305) 720-5634
Digital Contact Information:
http://www.deltapsychgroup.com
jbrazlavsky@gmail.com

Brazzini, Mijanou, MPSY, LMHC ■
13205 Southwest 137th Avenue
suite 126
Miami, FL 33186
(786) 713-0383
Digital Contact Information:
http://yjwcare.com
mbrazzini61@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Brito, Ana, MMH, LMHC ■
3661 S Miami Ave
Ste 503
Miami, FL 33133
(305) 856-1082
Digital Contact Information:
smontano@jcsfl.org

and
7875 SW 104th St
Ste 101
Miami, FL 33156
(305) 899-1587
Digital Contact Information:
http://www.jcsfl.org
smontano@jcsfl.org
Other Languages Spoken by Provider or Office Staff
Hebrew, Spanish

Brook, Robin, PHD, LMHC ■
111 Northeast 1st Street
FL 8
Miami, FL 33132
(888) 344-4549
Digital Contact Information:
rbrooks@transformationalhealth.net
Other Languages Spoken by Provider or Office Staff
English, Creole, Haitian, French, Spanish

Brookes, Ingrid, MS, LMHC ■
10300 Southwest 72nd Street
275d
Miami, FL 33173
(888) 853-7908
Digital Contact Information:
http://www.bettermindtherapycorp.com
vasallojane@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Brown, Dustin Q, MC, LMHC ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
myschoolpsychologist@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Brown, Georgiette, MSN, APRN ■
FL
(305) 771-1302
Digital Contact Information:
https://drghealthandwellness.com/
drghealthandwellness@gmail.com

Brown, Kameka L, PHD, APN, APRNCNP, ARNP ■
FL
(508) 202-1011
Digital Contact Information:
office@cartwheelcare.org

Bruno, Julie D, PSYD, LP ■
1550 Madruga Avenue
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
http://www.abc4s.com
support@abc4s.com

Bugaj, Erika L, MSW, LICSW ■
FL
(202) 531-5385
Digital Contact Information:
hello@dandelioncounselingcare.com

Bunten, Claritza, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Burns, Cheyanne K, MSN, APN, APRN, ARNP, CNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
enrollment@wellpsyche.com

Burr, Tamara, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Bussey-Martin, Shantara L, MSW, LCSW ■
FL
(786) 751-1565
Digital Contact Information:
https://www.teatimets.com/
sbusseymartin@teatimets.com

Cabal, Dayanis, PSYD, LP ■
11645 Biscayne Boulevard
STE 408
Miami, FL 33181
(305) 538-8835
Digital Contact Information:
https://mbchc.org/
lvgonzalez@hcnetwork.org

and
710 Alton Rd
Miami Beach, FL 33139
(305) 538-8835
Digital Contact Information:
lvgonzalez@hcnetwork.org

and
1221 71st St
Miami Beach, FL 33141
(305) 538-8835
Digital Contact Information:
https://mbchc.org/
lvgonzalez@hcnetwork.org
Other Languages Spoken by Provider or Office Staff English

Caballero De Pina, Nallyvis, MSN, APRN ■
13170 Southwest 128th Street
200
Miami, FL 33186
(786) 852-5198
Digital Contact Information:
clarityhealth@approachteam.com

Cabrera, Wendy, MMH, LMHC ●
2828 Coral Way
Ste 460
Coral Gables, FL 33145
(877) 897-6987
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net

and
12550 Biscayne Boulevard
308
North Miami, FL 33181
(305) 895-0504
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net
Other Languages Spoken by Provider or Office Staff
Spanish

Caceres, Daniris, MMH, LMHC ■
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
morecounseling@gmail.com

Cagigas, Ariel, MSN, APRN ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
http://banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
Other Languages Spoken by Provider or Office Staff
Spanish

Calderin, Claudia, MSN, APRN ■
12001 Southwest 128th Court
Suite Suite 104
Miami, FL 33186
(786) 868-0505
Digital Contact Information:
clarityhealth@approachteam.com

and
13170 Southwest 128th Street
200
Miami, FL 33186
(786) 852-5198
Digital Contact Information:
https://clarityapproach.com/
clarityhealth@approachteam.com

and
14201 Southwest 120th Street
suite 110
Miami, FL 33186
(786) 238-7492
Digital Contact Information:
clarityhealth@approachteam.com

and
14221 Southwest 120th Street
223
Miami, FL 33186
(786) 690-2296
Digital Contact Information:
clarityhealth@approachteam.com
Other Languages Spoken by Provider or Office Staff
Spanish

Calixte, Robinta, MA, LMHC ■
1 Alhambra Plaza
Miami, FL 33134
(888) 588-8995
Digital Contact Information:
info@meridian-counseling.com

Calloway, Crystal, MSW, LCSW ■
FL
(704) 298-9914
Digital Contact Information:
http://www.asehealingcenter06.org
setzertherapist22@gmail.com

Camille, Anael, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff Creole

Cancemi, Alexis, PHD, LMHC ■
FL
(754) 201-4741
Digital Contact Information:
http://www.alexismentalhealth.com
acancemi7099@yahoo.com

Cancio, Jose A, MSN, APRN ■
12550 Biscayne Boulevard
STE 507
North Miami, FL 33181
(305) 204-1209
Digital Contact Information:
jac-pmhnp@assertivecare.net
Other Languages Spoken by Provider or Office Staff
English, Spanish

Capriata, Olga J, MSW, LCSW ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
http://lotuscounseling.com
admi@lotuscounseling.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
http://www.lotuscounseling.com
admi@lotuscounseling.com

and
7811 Coral Way
106
Miami, FL 33155
(305) 412-0138
Digital Contact Information:
admi@lotuscounseling.com

and
13930 SW 47th St
Ste 202
Miami, FL 33175
(305) 387-7850
Digital Contact Information:
admi@lotuscounseling.com

and
5600 SW 135th Ave
Ste 116
Miami, FL 33183
(305) 387-7850
Digital Contact Information:
admi@lotuscounseling.com
Other Languages Spoken by Provider or Office Staff
Spanish

Carballo, Mercedes, MC, LMHC ■
10689 N Kendall Dr
Ste 215
Miami, FL 33176
(305) 310-4245
Digital Contact Information:
http://mentalwellness.care
mercy.carballo@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cardenas, Carlos, MSED, LMFT ■
10689 SW 88th St
Ste 305
Miami, FL 33176
(305) 975-9449
Digital Contact Information:
mgme.cc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cardona, Diana C, MS, LMHC ■
5201 Blue Lagoon Dr
Ste 848
Miami, FL 33126
(855) 634-0984
Digital Contact Information:
contact@influentialtherapy.com

Cardona, Maria E, MBS, LPC ■
160 Northwest 176th Street
344
Miami Gardens, FL 33169

(305) 816-6300
Digital Contact Information:
osaker@ibhflorida.com

Carey, Gabrielle, MHS, LMHC ■
12000 Biscayne Boulevard
Miami, FL 33181
(786) 490-5988
Digital Contact Information:
gabbycaresofsouthfl@gmail.com

and
FL
(786) 490-5988
Digital Contact Information:
http://www.gabbycares.com
gabbycaresofsouthfl@gmail.com

Carroza, Mirna H, MPSY, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff Italian, Spanish

Cartaya, Rosa M, MA, LMHC ■
9370 Southwest 72nd Street
Suite #A-213
Miami, FL 33173
(305) 972-9530
Digital Contact Information:
rmcartay@hotmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Carter, Carol, MSW, LCSW ■
FL
(305) 400-8511
Digital Contact Information:
http://www.cbhwestcoast.com
credentialing@hcsflorida.com
Other Languages Spoken by Provider or Office Staff English

Casiano, Ada L, MS, LMFT ■
7765 SW 87th Ave
Ste 104
Miami, FL 33173
(305) 494-0956
Digital Contact Information:
acasiano@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Casteleiro, Vickie, PHD, LP ■
7950 W Flagler St
Ste 106
Miami, FL 33144
(305) 269-3900
Digital Contact Information:
http://www.healthymindspsy.com
drgmartinez.psychologist@gmail.com

and
7950 West Flagler Street
Suite 101
Miami, FL 33144
(305) 239-7725
Digital Contact Information:
http://www.healthymindspsy.com
drgmartinez.psychologist@gmail.com

and
FL
(305) 239-7725
Digital Contact Information:
http://www.healthymindspsy.com
drgmartinez.psychologist@gmail.com

Castillo, Edmundo, MSW, LCSW ■
4445 West 16th Avenue
STE 100
Hialeah, FL 33012
(786) 876-5087
Digital Contact Information:
kmauricio@regahealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Castillo Llanes, Lisandra, MSN, APRN ■
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
contact@balancedwellbeingllc.com

and
5607 NW 27th Ave
1
Miami, FL 33142
(239) 278-3660
Digital Contact Information:
contact@balancedwellbeingllc.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(786) 833-7633
Digital Contact Information:
contact@balancedwellbeingllc.com

and
20612 Northwest 27th Avenue
Miami Gardens, FL 33056
(305) 637-6400
Digital Contact Information:
contact@balancedwellbeingllc.com

Castro, Anthony M, PHD, LP ■
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
1404A
Miami, FL 33136
(305) 243-4782
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
Fl 14
Miami, FL 33136
(305) 243-4782
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
Fl 3
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Castro, Katia, MED, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
credentialing@thriveworks.com
Other Languages Spoken by Provider or Office Staff
English, Sign Lang Amer, Spanish

Castro, Yahaira, PHD, LMHC ■
13335 Southwest 124th Street
Miami, FL 33186
(786) 738-6468
Digital Contact Information:
frontdesk@mentalhealthofmiami.com

and
FL
(786) 738-6468
Digital Contact Information:
http://mentalhealthofmiami.com
frontdesk@mentalhealthofmiami.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cendejas, Marisol, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
members@wellnite.com
Other Languages Spoken by Provider or Office Staff
Spanish

Centeno, Jousseliett, MSW, LCSW ■
9425 Sunset Dr
Ste 267
Miami, FL 33173
(305) 981-6806
Digital Contact Information:
joussecenteno@gmail.com
Other Languages Spoken by Provider or Office Staff English

Cerne Constantin, Kery, MMH, LMHC ■
16800 Northeast 15th Avenue
304 304
North Miami Beach, FL 33162
(305) 419-6446
Digital Contact Information:
http://www.plscaw.com
ddunn@unifiedcm.com

Cevallos, Roxana, MSW, LCSW-C ■
3750 West 16th Avenue
140u
Hialeah, FL 33012
(786) 609-1765
Digital Contact Information:
yudelkyscamallea@gmail.com

and
22790 SW 112th Ave
Miami, FL 33170
(305) 235-2616
Digital Contact Information:
http://www.theagapenetwork.org
yudelkyscamallea@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Charles, Abbdady, MSN, APRN ■
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
help@joinuplift.co

Chatelain, Mitsouko, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/referrals@ffmhs.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
referrals@ffmhs.com

Chavez, Katerin, MC, LMHC ■
FL
(786) 490-6828
Digital Contact Information:
https://www.psychologytoday.com/profile/467192
katerin0_01@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Chelak, Elizabeth, MSW, LCSW ■
1110 Brickell Ave
Ste 407
Miami, FL 33131
(561) 501-3092
Digital Contact Information:
info@traumatherapywpb.com
Other Languages Spoken by Provider or Office Staff
Russian

Chemerinsky, Graciela, MPSY, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com

and
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Chernov, Valeriy M, MD ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
svetcher@optonline.net

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
svetcher@optonline.net

and
1065 Northeast 125th Street
300
North Miami, FL 33161
(888) 852-6672
Digital Contact Information:
http://www.compasshealthsystems.com
svetcher@optonline.net
Other Languages Spoken by Provider or Office Staff
Russian

Chiarini, Stephan G, MSED, LMFT ■
10241 SW 103rd Ct
Miami, FL 33176
(305) 790-2899
Digital Contact Information:
ovichsan@yahoo.com

and
9010 SW 137th Ave
Ste 212
Miami, FL 33186
(305) 790-2899
Digital Contact Information:
ovichsan@yahoo.com

Chico, Heidi, MS, LMHC ■
7821 Coral Way
100
Miami, FL 33155
(786) 409-5690
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Chinea, Marianela, MSN, APRN ■
3971 Southwest 8th Street
STE 206
Coral Gables, FL 33134
(786) 633-5960
Digital Contact Information:
agauna@bmsbill.com

and
FL
(786) 980-7496
Digital Contact Information:
http://www.vidahealthcarenetworks.com
agauna@bmsbill.com

and
13590 Southwest 134th Avenue
201
Miami, FL 33186
(786) 227-6258
Digital Contact Information:
agauna@bmsbill.com

Ciabattoni, Lissette, MSW, LCSW ■
FL
(407) 494-0465
(954) 998-2623
Digital Contact Information:
lissette214@gmail.com

and
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
lissette214@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cicetti, Lisa, PSYD, LMHC, LP ■
1100 Southwest 57th Avenue
Suite 100
Miami, FL 33144
(786) 556-7688
Digital Contact Information:
lisacicetti@yahoo.com

Cid, Arturo A, MSW, LCSW ■

11900 Biscayne Blvd
Ste 504
Miami, FL 33181
(305) 804-7843
Digital Contact Information:
cidcounseling@gmail.com

and
17071 West Dixie Highway
103 103
North Miami Beach, FL 33160
(305) 804-7843
Digital Contact Information:
cidcounseling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Clark, Altheresa, MSW, LCSW ■
111 NW 183rd St
Ste 404
Miami, FL 33169
(786) 524-4001
Digital Contact Information:
altheresa.clark@yahoo.com

Clicque, Chelsea A, PSYD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
support@dallastherapeutic.com

Cofino Matos, Karol, MSN, APRN ■
9849 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 664-4540
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cohen, Sonia, MSSW, LCSW ■
12000 Biscayne Boulevard
303
Miami, FL 33181
(305) 933-9820
Digital Contact Information:
http://www.jcsfl.org
insurance@jcsfl.org

and
12000 Biscayne Boulevard
609
Miami, FL 33181
(305) 899-1587
Digital Contact Information:
http://www.jcsfl.org
insurance@jcsfl.org
Other Languages Spoken by Provider or Office Staff
Spanish

Coizeau, Henri, PSYD, CP ■
1360 South Dixie Highway
355
Coral Gables, FL 33146
(305) 648-9344
Digital Contact Information:
southcoastpsychotherapy@gmail.com

and
FL
(800) 567-5433
Digital Contact Information:
https://totallife.com/
southcoastpsychotherapy@gmail.com

Collins, Eddie, MA, LMHC, LPC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
hello@bircheshealth.com

Colon Del Toro, Cristina, MD ■
8001 West 26th Avenue
2 2
Hialeah, FL 33016
(786) 360-2630
Digital Contact Information:
vanessa@livingcaretherapy.com

and
8001 West 26th Avenue
6 6
Hialeah, FL 33016
(786) 372-3262
Digital Contact Information:
vanessa@livingcaretherapy.com

and
5080 Northwest 74th Avenue
Miami, FL 33166
(786) 372-3262
Digital Contact Information:
vanessa@livingcaretherapy.com

and
10511 Southwest 88th Street
c103
Miami, FL 33176
(786) 530-7427
Digital Contact Information:
vanessa@livingcaretherapy.com

and
5600 Southwest 135th Avenue
STE 216
Miami, FL 33183
(786) 536-6196
Digital Contact Information:
vanessa@livingcaretherapy.com

and
14221 Southwest 120th Street
223
Miami, FL 33186
(786) 690-2296
Digital Contact Information:
vanessa@livingcaretherapy.com

Colunga, Eduardo, MSN, APRN ■
900 East 9th Street
Hialeah, FL 33010
(305) 381-5294
Digital Contact Information:
info@cbhwestcoast.com
Other Languages Spoken by Provider or Office Staff
Spanish

Commella, Noreen, PSYD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@healthyyoungminds.com

Contreras, Joseph L, MS, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentailing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentailing@banyanhealth.org

and
18901 Southwest 106th Avenue
229
Miami, FL 33157
(786) 506-9008
Digital Contact Information:
credentailing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
credentailing@banyanhealth.org

and
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
credentailing@banyanhealth.org
Other Languages Spoken by Provider or Office Staff
Spanish

Contreras-Schwartz, Joanna, PHD, LCSW, LCSW-R, LISW-CP, LMSW ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
ajcheney@sosapartners.com

Cook, Chaz, MS, LMHC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
http://sunbeamfamilyservices.org
drandall@teampathways.com

Corniffe, Khadine, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
pandatherapycircle@gmail.com

Correa, Richard, MSW, LCSW, LMFT ■
123 N Krome Ave
Ste 201
Homestead, FL 33030
(786) 339-0686
Digital Contact Information:
richardcorrea2@aol.com

Corrieri, Arthur, MS, LMHC ■
9425 SW 72nd St
Ste 265
Miami, FL 33173
(305) 279-8400
Digital Contact Information:
acorrieri_@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Cortes Vazquez, Glendys, MN, APRN ■
13205 Southwest 137th Avenue
224 224
Miami, FL 33186
(786) 290-9192
Digital Contact Information:
primarycareeducenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Corzo, Samantha R, MS, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
credentialing@banyanhealth.org

Crabtree, Amanda, MC, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Crespo, Johanna, MSN, APRN ■
1221 Brickell Avenue
ste 900
Miami, FL 33131
(833) 377-2526
Digital Contact Information:
http://www.healthandpsychiatry.com
billing101@healthandpsychiatry.com

and
FL
(833) 377-2526
Digital Contact Information:
http://www.healthandpsychiatry.com
billing101@healthandpsychiatry.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(833) 377-2526
Digital Contact Information:
http://www.healthandpsychiatry.com
billing101@healthandpsychiatry.com

and
1688 Meridian Avenue
STE 600
Miami Beach, FL 33139
(833) 377-2526
Digital Contact Information:
http://www.healthandpsychiatry.com
billing101@healthandpsychiatry.com

Crider, Tiffany, MS, LMHC ■
FL
(305) 812-6018
Digital Contact Information:
http://www.prevailandprogress.com
tiffanysimone@prevailandprogress.com

Crocker, Gayle, PSYD, LMHC ■
16400 NW 2nd Ave
Ste 100
Miami, FL 33169
(954) 588-3612
Digital Contact Information:
gaylecrocker@hotmail.com

and
FL
(954) 588-3612
Digital Contact Information:
gaylecrocker@hotmail.com

Croskey, Luvernice, PHD, LCSW, LMFT ■
12955 Biscayne Boulevard
STE 204
Miami, FL 33181
(305) 895-3307
Digital Contact Information:
luvernicecroskey@gmail.com
Other Languages Spoken by Provider or Office Staff English

Cruz, Yaimara, MSN, APRN ■
FL
(305) 510-0111
Digital Contact Information:
Not Available

Cuadra, Anai M, PHD, LP ■
1601 NW 12th Ave
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
French, Spanish

Cue, Liz, MSW, LCSW ■
5901 Southwest 74th Street
408
Miami, FL 33143
(305) 735-3555
Digital Contact Information:
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Curras, Glender, MPSY, LMHC ■
1125 Northeast 125th Street
300 7n
North Miami, FL 33161
(786) 487-3948
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
English, Spanish

Curras, Michelle M, MSSW, LCSW ■
1000 Brickell Avenue
Miami, FL 33131
(786) 536-5702
Digital Contact Information:
laibehavior@gmail.com

and
981 NW 132nd Ave W
Miami, FL 33182
(786) 536-5702
Digital Contact Information:
laibehavior@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Curtis, Kormasah K, MMFT, LMFT ■
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
contactus@embracecounselingusa.com

Cyronak, Ashley R, MSN, PMHNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
coastalpsych@gmail.com

Dangla, Marjorie, MSW, LCSW ■
Doral
Doral, FL 33178
(305) 926-6106
Digital Contact Information:
blissfulsoultherapy01@gmail.com

Dashevsky, Jessica, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff
Russian

Davis, Joy J, MSW, LCSW ●
150 NW 79th St
342
Miami, FL 33150
(305) 230-4598
Digital Contact Information:
http://www.affirmingyouth.org
joy@affirmingyouth.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

De La Llama, Vanessa A, MS, LMHC ■
4445 West 16th Avenue
STE 602
Hialeah, FL 33012
(813) 999-1524
Digital Contact Information:
info@nationalhealthcareoperations.com

and
3416 West 84th Street
100
Hialeah, FL 33018
(786) 468-9677
Digital Contact Information:
info@nationalhealthcareoperations.com

and
1401 Southwest 1st Street
210
Miami, FL 33135
(786) 334-5663
Digital Contact Information:
info@nationalhealthcareoperations.com

and
330 Southwest 27th Avenue
307 309
Miami, FL 33135
(786) 762-2644
Digital Contact Information:
info@nationalhealthcareoperations.com

and
330 Southwest 27th Avenue
STE 307
Miami, FL 33135
(786) 253-9971
Digital Contact Information:
info@nationalhealthcareoperations.com

and
8181 Northwest 154th Street
STE 112
Miami Lakes, FL 33016
(407) 572-8053
Digital Contact Information:
info@nationalhealthcareoperations.com

and
1190 Northwest 95th Street
307
Miami Shores, FL 33150
(407) 572-8053
Digital Contact Information:
info@nationalhealthcareoperations.com
Other Languages Spoken by Provider or Office Staff
Spanish

De Sautu-Dominguez, Erika, MS, LMHC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
credentialing@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com
Other Languages Spoken by Provider or Office Staff
Spanish

Dearmas, Vanessa M, MMH, LMHC ■
FL
(305) 505-7558
Digital Contact Information:
empoweringmindsetllc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Debord, Renee R, MA, LMHC ●
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Delicio, Elizabeth, MMH, LMHC ■
7789 Northwest 48th Street
375
Doral, FL 33166
(786) 409-3800
Digital Contact Information:
zulma.alvarado@dynastymentalhealth.com

and
1840 W 49th St
Ste 517
Hialeah, FL 33012
(786) 558-8465
Digital Contact Information:
zulma.alvarado@dynastymentalhealth.com

and
1840 W 49th St
Ste 605
Hialeah, FL 33012
(305) 456-7785
Digital Contact Information:
zulma.alvarado@dynastymentalhealth.com

and
3701 Southwest 107th Avenue
Miami, FL 33165
(305) 553-8343
Digital Contact Information:
zulma.alvarado@dynastymentalhealth.com

and
8200 Northwest 41st Street
Suite 200
Miami, FL 33166
(786) 587-9432
Digital Contact Information:
zulma.alvarado@dynastymentalhealth.com

and
760 Northwest 107th Avenue
110
Miami, FL 33172
(786) 409-3800
Digital Contact Information:
zulma.alvarado@dynastymentalhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Delva, Shirley, PHD, LP ■
2020 Northeast 163rd Street
300f
North Miami Beach, FL 33162
(305) 209-1014
Digital Contact Information:
http://behavioralsolutionsmiami.com
sdelva92@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Creole, Haitian

Denis, Carl Ivan, MSN, APRN ■
1150 Northeast 125th Street
North Miami, FL 33161
(305) 403-0654
Digital Contact Information:
llong@dgcmhc.org

Devale, Jeri, PSYD, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
fbmadmin@fbm-fl.com

Dey, Joel P, MD ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
credentialing@yacoubmd.com

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
credentialing@yacoubmd.com

DiLuigi, Argentino A, MD ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
https://www.compasshealthsystems.com
intake@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
https://www.compasshealthsystems.com
intake@compass.md
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz, Arlene E, MS, LMHC ■
1360 South Dixie Highway
355
Coral Gables, FL 33146
(305) 342-9761
Digital Contact Information:
arly07@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz, David, MS, LMFT ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
http://www.behavioralaid.com
info@behavioralaid.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz, Ibrahim, MSN, APRN ■
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
kenia.rodriguez@ffmhs.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com

Diaz, Michael, MSN, NP ■
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
credentialing@essenmed.com

Diaz Palmero, Yuranis, MPSY, LMHC ■
3785 Northwest 82nd Avenue
307
Doral, FL 33166
(305) 266-2949
Digital Contact Information:
info@oasismentalhealthcenter.com

and
Northwest 92nd Avenue
Doral, FL 33172
(305) 266-2949
Digital Contact Information:
info@oasismentalhealthcenter.com

and
5901 Northwest 183rd Street
310
Hialeah, FL 33015
(786) 418-9790
Digital Contact Information:
https://oasismentalhealthcenter.com
info@oasismentalhealthcenter.com

and
1250 Southwest 27th Avenue
Suite 506
Miami, FL 33135
(786) 536-9278
Digital Contact Information:
info@oasismentalhealthcenter.com

and
330 Southwest 27th Avenue
STE 609
Miami, FL 33135
(786) 743-0801
Digital Contact Information:
info@oasismentalhealthcenter.com

and
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
info@oasismentalhealthcenter.com

and
9125 SW 87th Ave
Miami, FL 33176
(305) 735-3919
Digital Contact Information:
info@oasismentalhealthcenter.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz Rodriguez, Tahnee, MSN, APRN ■
13055 Southwest 42nd Street
205
Miami, FL 33175
(786) 417-9395
Digital Contact Information:
https://onemorelight.org/
omlhspsychiatry@gmail.com

and
FL
(786) 417-9395
Digital Contact Information:
https://onemorelight.org/
omlhspsychiatry@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Dieguez, Ivette, MSN, APRN ■
3901 Northwest 79th Avenue
250
Doral, FL 33166
(239) 342-6516
Digital Contact Information:
info@laluzmentalhealth.com

and
12700 Southwest 128th Street
STE 108
Miami, FL 33186
(786) 732-0865
Digital Contact Information:

info@laluzmentalhealth.com
Other Languages Spoken by Provider or Office Staff Spanish

Dieppa, Jessica B, MS, LMHC ●
10815 Southwest 145th Place
Miami, FL 33186
(305) 989-0493
Digital Contact Information:
http://www.guidedpathstherapy.com
jessica.dieppa22@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Dogan, Louise J, MSW, LCSW ■
901 E 10th Ave
Ste 39
Hialeah, FL 33010
(305) 637-6400
Digital Contact Information:
onehuntwenfive@yahoo.com

and
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
https://www.jtchs.org/
onehuntwenfive@yahoo.com

and
1100 NW 71st St
Miami, FL 33150
(305) 637-6400
Digital Contact Information:
onehuntwenfive@yahoo.com

and
1190 NW 95th St
Ste 100
Miami, FL 33150
(305) 637-6400
Digital Contact Information:
onehuntwenfive@yahoo.com

and
20612 Northwest 27th Avenue
Miami Gardens, FL 33056
(305) 637-6400
Digital Contact Information:
onehuntwenfive@yahoo.com

and
490 Opa Locka Blvd
100
Opa Locka, FL 33054
(646) 262-1389
Digital Contact Information:
onehuntwenfive@yahoo.com

Dominguez, Ashley, MS, LMHC ■
FL
(305) 497-4998
Digital Contact Information:
https://thecounselorcare.com
ashley@thecounselorcare.com
Other Languages Spoken by Provider or Office Staff Spanish

Dominguez, Rebecca A, MS, LMHC ■
14645 Northwest 77th Avenue
101
Miami Lakes, FL 33014
(833) 769-3524
Digital Contact Information:
http://lifestance.com
fl-credentialing@lifestance.com

Dominique-Sturrup, Joan, MSW, LCSW ■
FL
(508) 202-1011
Digital Contact Information:
Not Available

and
1400 Northeast Miami Gardens Drive
103
Miami, FL 33179
(954) 265-6966
Digital Contact Information:
http://infinitewaysnetwork.org

Donado Giovannetti, Carlos A, MPSY, LMHC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
http://www.behavioralaid.com
info@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
info@behavioralaid.com
Other Languages Spoken by Provider or Office Staff Spanish

Doran, Brianna, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
help@joinuplift.co

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Dorrough-Ewing, Elisa W, MSW, LCSW, LICSW ■
FL
(305) 902-6347
(239) 652-0260
Digital Contact Information:
https://bebravehealth.com/
roxanne.jubithana@aspirehp.org
Other Languages Spoken by Provider or Office Staff English

Douglas, Katherine A, MS, LMFT ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
http://www.behavioralaid.com
info@behavioralaid.com

Duran, Larissa E, MS, LMFT ■
7700 N Kendall Dr
Ste 415
Miami, FL 33156
(786) 359-4161
Digital Contact Information:
https://www.vaccarobhg.com/
providerrelations@vaccarobhg.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Dutton, Amber C, MSW, LCSW ■
FL
(415) 424-4266
Digital Contact Information:
credentialing@hazel.co

Dyer, Terri, MA, LMHC ■
295 Biscayne Boulevard
300
Miami, FL 33131
(561) 289-7995
Digital Contact Information:
jodi.deck@peacerivercenter.org

Echanove, Ainara, PSYD, LP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
bill@lalunacenter.com

and
FL
(800) 567-5433
Digital Contact Information:
https://totallife.com/
bill@lalunacenter.com
Other Languages Spoken by Provider or Office Staff English

Ehrentreu, Dana, MSW, LCSW ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
nj-patientaccess@harmonybaywellness.com

El-Bahtity, Bassem F, MD ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
credentialing@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
credentialing@compass.md

Elder, Carol, MS, LMFT ■
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(561) 609-2996
Digital Contact Information:
http://www.pandatherapycircle.com/
pandatherapycircle@gmail.com

Elma, Linda S, MSW, LCSW ■
11601 Biscayne Boulevard
303
Miami, FL 33181
(954) 278-0487
Digital Contact Information:
http://lsmsmentalhealth.com
info@lindaelmalcsw.com
Other Languages Spoken by Provider or Office Staff Creole

Emerson, Amanda S, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
amanda@alignhw.net

Enamorado, Lizaida, MSN, APNP, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
info@kaiwellhealth.com

and
111 Northeast 1st Street
FL 8
Miami, FL 33132
(602) 562-7383
Digital Contact Information:
info@kaiwellhealth.com

and
15321 South Dixie Highway
Suite 203
Miami, FL 33157
(786) 707-4934
Digital Contact Information:
info@kaiwellhealth.com

and
12985 Southwest 130th Court
102-2
Miami, FL 33186
(786) 707-4934
Digital Contact Information:
http://www.kaiwellhealth.com
info@kaiwellhealth.com

and
FL
(602) 562-7383
(305) 707-4394
(786) 707-4934
Digital Contact Information:
http://www.kaiwellhealth.com
info@kaiwellhealth.com
Other Languages Spoken by Provider or Office Staff Spanish

Escalona, Ana, MMH, LMHC ■
10700 Caribbean Boulevard
Suite 101
Cutler Bay, FL 33189
(305) 777-3883
Digital Contact Information:
escalonalmhc@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Espinosa, Maura P, MS, LMHC ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
maurapatricia2001@gmail.com

and
10540 Northwest 26th Street
STE G201
Doral, FL 33172
(786) 879-8040
Digital Contact Information:
maurapatricia2001@gmail.com

and
3750 West 16th Avenue
218
Hialeah, FL 33012
(786) 409-3231
Digital Contact Information:
maurapatricia2001@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 537-7016
Digital Contact Information:
maurapatricia2001@gmail.com

and
7950 W Flagler St
Ste 105
Miami, FL 33144
(305) 661-5511
Digital Contact Information:
http://appliedbhs.com
maurapatricia2001@gmail.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
http://appliedbhs.com
maurapatricia2001@gmail.com

and
13301 Southwest 132nd Avenue
209 209
Miami, FL 33186
(786) 713-5553
Digital Contact Information:
maurapatricia2001@gmail.com

and
14221 Southwest 120th Street
223
Miami, FL 33186
(786) 690-2296
Digital Contact Information:
maurapatricia2001@gmail.com

Espinoza Marin, Ennyluz, MMH, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff Spanish

Espinoza, Priscilla M, MS, LMHC ■
13054 SW 133rd Ct
Miami, FL 33186
(305) 771-2755
Digital Contact Information:
https://pecounseling.com/
pespinoza@pecounseling.com

Essen, Laura A, MSW, LCSW ■
401 Miracle Mile Ste 204
Miami, FL 33134
(305) 823-3438
Digital Contact Information:
laura@lauraessen.com

and
6460 Main St Apt 110
110
Miami Gardens, FL 33014
(305) 823-3438
Digital Contact Information:
laura@lauraessen.com

and
15485 Eagle Nest Lane
#130
Miami Lakes, FL 33014
(305) 823-3438
Digital Contact Information:
laura@lauraessen.com

Factor, Edie, MSW, LCSW ■
3231 McDonald Street

Miami, FL 33133
(305) 318-2231
Digital Contact Information:
edifac305@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fajardo, Marianela, MSW, LCSW ■
9245 Southwest 157th Street
Suite 203
Miami, FL 33157
(305) 642-7600
Digital Contact Information:
http://www.regishouse.org
credentialing@regishouse.org
Other Languages Spoken by Provider or Office Staff
Spanish

Feldman, Marina P, MC, LMHC ■
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
info@talcmhc.org

Fellas, Cheryl D, MA, LMHC ■
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
tranquillivingcounseling@outlook.com
Other Languages Spoken by Provider or Office Staff English

Fernandez, Isabel, MSN, APRN ■
15450 New Barn Road
200
Miami Lakes, FL 33014
(305) 900-3970
Digital Contact Information:
http://www.neurozenpsychiatry.com
isabelfernandezrn@gmail.com

and

FL
(305) 900-3970
Digital Contact Information:
http://www.neurozenpsychiatry.com
isabelfernandezrn@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Lianny, MPSY, LMHC ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
yavila@avilahealthgroup.com

and

113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
yavila@avilahealthgroup.com

and

306 Westward Dr
Miami Springs, FL 33166
(786) 588-7894
Digital Contact Information:
yavila@avilahealthgroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Maria E, MSW, LCSW ■
5001 SW 74th Ct
Ste 104
Miami, FL 33155
(305) 663-0013
Digital Contact Information:
marifdez@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Nallivy, MPSY, LMHC ■
20334 NW 2nd Ave
Miami, FL 33169
(954) 744-0899
Digital Contact Information:
http://fieldsofivy.com
nallyfdez@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez Paul, Katheryn, MSN, APRN ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
tnovoa@believetherapycenter.com

and

7765 SW 87th Ave
Ste 105
Miami, FL 33173
(786) 550-7176
Digital Contact Information:
tnovoa@believetherapycenter.com

and

15413 Southwest 137th Avenue
Miami, FL 33177
(305) 964-5594
Digital Contact Information:
tnovoa@believetherapycenter.com

Fernandez, Soraya, MMH, LMHC ■
2300 West 84th Street
STE 104
Hialeah, FL 33016
(305) 903-3168
Digital Contact Information:
cgomezbmcmhc@gmail.com

and

13416 Southwest 128th Street
Miami, FL 33186
(786) 732-0247
Digital Contact Information:
cgomezbmcmhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez-Guzman, Natasha V, MMH, LMHC ■
15715 South Dixie Highway
Suite 320
Miami, FL 33157
(786) 475-2309
Digital Contact Information:
natashafdez@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ferrandiz, George, MSW, LCSW ■
101 Majorca Avenue
Coral Gables, FL 33134
(305) 448-6988
Digital Contact Information:
fer101@msn.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fiallo, Irma R, MSW, LCSW ■
FL
(909) 442-0618
(202) 410-5972
(786) 471-7485
Digital Contact Information:
http://orendapsych.com
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
Spanish

Figuereo Sabeta, Solange, MC, LMHC ■
10300 Florida 986
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fischer, Tara M, MSN, APRN ■
FL
(305) 984-8209
Digital Contact Information:
tara.fisch326@gmail.com

Fitzpatrick, Panayiota, MED, LMHC ■
360 Northwest 27th Street
Miami, FL 33127
(929) 209-6109
Digital Contact Information:
fl-patientaccess@harmonybaywellness.com

Flores, Aida A, MS, LMHC ■
FL
(305) 494-9791
Digital Contact Information:
aflores@kaaficounseling.com
Other Languages Spoken by Provider or Office Staff
Spanish

Forman, Katrina, MSW, LCSW ■
7270 Northwest 12th Street
430
Miami, FL 33126
(786) 615-2843
Digital Contact Information:
info@universalcwfl.com

and

FL
(800) 567-5433
Digital Contact Information:
info@universalcwfl.com

Formul, Dieunane, MSW, LCSW ■
1580 NW 10th Ave
Miami, FL 33136
(305) 243-4546
Digital Contact Information:
invictusbhealth@gmail.com

and

9425 SW 72nd St
Miami, FL 33173
(501) 747-1448
Digital Contact Information:
invictusbhealth@gmail.com

and

9425 SW 72nd St
Ste 267
Miami, FL 33173
(305) 243-2245
(954) 601-3445
Digital Contact Information:
invictusbhealth@gmail.com
Other Languages Spoken by Provider or Office Staff Creole

Forte, Parker, MC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
contact@fortifiedcounseling.com

Fox, Iris T, MSW, LCSW ■
3580 Mystic Pointe Drive
Aventura, FL 33180
(786) 414-1574
Digital Contact Information:
iris@ifoxtherapy.com

Francis, Ashley, MSW, LCSW, LISW ■
FL
(508) 202-1011
Digital Contact Information:
hello@havenroomtherapy.com
Other Languages Spoken by Provider or Office Staff English

Francois, Natacha, MSN, APRN ■
12955 Biscayne Blvd
Ste 320
North Miami, FL 33181
(305) 895-3231
Digital Contact Information:
credentialing@madrelle.com

Frigerio, Ailema, PSYD, LP ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
info@myschoolpsychologistinc.com

Froehler, Luisa V, MMH, LMHC ■
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
http://www.miamipersonalmanagement.com
klopez@miamipersonalmanagement.com

Gainza Mayo, Mariela D, MSN, APRN ■
7971 Bird Road
15
Miami, FL 33155
(786) 504-5620
Digital Contact Information:
kenia.rodriguez@ffmhs.com

and

9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Galvez, Gema, MS, LPC ■
10300 Southwest 72nd Street
275d
Miami, FL 33173
(888) 853-7908
Digital Contact Information:
http://www.bettermindtherapycorp.com
gemagalvez@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gambino, Kimberly R, DNSC, APRN ■
FL
(305) 902-6347
Digital Contact Information:
sybecrdrequest@sybe.com

Garcia, Albert L, MSN, APRN ■
2700 Southwest 27th Avenue
Miami, FL 33133
(305) 942-5246
Digital Contact Information:
info@doctorsccs.com

and

10661 North Kendall Drive
216
Miami, FL 33176
(786) 631-4158
Digital Contact Information:
info@doctorsccs.com

and

9000 Southwest 137th Avenue
Suite 103
Miami, FL 33186
(305) 671-3503
Digital Contact Information:
info@doctorsccs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia Diaz, Marta, MSN, APRN ■
7490 Southwest 23rd Street
201
Miami, FL 33155
(786) 953-8221
Digital Contact Information:
medilineinc@yahoo.com

and

7315 Northwest 36th Street
Miami, FL 33166
(786) 345-7734
Digital Contact Information:
medilineinc@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Gertrudis, MMFT, LMFT ■
1414 Northwest 107th Avenue
204
Doral, FL 33172
(305) 225-8711
Digital Contact Information:
toplifecaresolutions@gmail.com

and

1000 Brickell Avenue
Miami, FL 33131
(786) 536-7470
Digital Contact Information:
toplifecaresolutions@gmail.com

and

175 Fontainebleau Boulevard
Miami, FL 33172
(305) 960-7124
Digital Contact Information:
toplifecaresolutions@gmail.com

and
10677 North Kendall Drive
ste 5-a
Miami, FL 33176
(305) 225-8711
Digital Contact Information:
http://toplifecaresolutions.com
toplifecaresolutions@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Garcia, Lauren, MED, LMHC ■
2212 Northwest 91st Street
4058
Miami, FL 33147
(341) 888-7637
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
lauren.garcia371@gmail.com

Garcia, Manuel Antonio, MD ■
1695 Northwest 110th Avenue
309
Miami, FL 33172
(305) 551-2828
Digital Contact Information:
magmdoffice@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Maria, MS, LMHC ■
15715 S Dixie Hwy
Ste 403
Miami, FL 33157
(305) 707-5966
Digital Contact Information:
movingtowardagape@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Mario, MDIV, LMHC ■
12280 Southwest 100th Street
Miami, FL 33186
(305) 480-5800
Digital Contact Information:
http://www.neurostrategiccoach.com
drmario@neurostrategiccoach.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Orlando, MMFT, LMFT ■
FL
(202) 410-5972
(786) 260-3985
Digital Contact Information:
http://www.choosingtherapy.com
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
English, Spanish

Garcia, Tiffany, MN, PMHNP ■
2650 Southwest 27th Avenue
Suite 305
Miami, FL 33133
(786) 353-9812
Digital Contact Information:
billingheritagewellness@gmail.com

and
20824 W Dixie Hwy
Miami, FL 33180
(407) 851-5121
Digital Contact Information:
billingheritagewellness@gmail.com

Garcia, Yunaysis E, MPSY, LMHC ■
15413 Southwest 137th Avenue
Miami, FL 33177
(305) 964-5594
Digital Contact Information:
solutiondrivenconsulting@gmail.com

Garcon, Jose Nadine, PSYD, LP ■
419 W 49th St
Ste 219
Hialeah, FL 33012
(954) 404-7052
Digital Contact Information:
dr.garcon@comcast.net
Other Languages Spoken by Provider or Office Staff Creole

Gatliff, Benjamin, MS, BCBA, LMHC, LPC ■
66 W Flagler St
900
Miami, FL 33130
(610) 306-2618
Digital Contact Information:
delegation@psychplus.com

and
777 Brickell Ave
Ste 500
Miami, FL 33131
(786) 490-2181
Digital Contact Information:
http://rockerhealth.org
delegation@psychplus.com

and
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(561) 289-7995
Digital Contact Information:
http://pandatherapycircle.com
delegation@psychplus.com

Georgescu, Manuela, MD ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
Not Available

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
http://banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
Other Languages Spoken by Provider or Office Staff
Spanish

Gerstein, Myriam, MSW, LCSW ■
901 E 10th Ave
Ste 39
Hialeah, FL 33010
(305) 637-6400
Digital Contact Information:
http://www.jtchs.org
mgerstein@jtchs.org

and
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
http://jtchs.org
mgerstein@jtchs.org

and
5607 NW 27th Ave
1
Miami, FL 33142
(305) 805-1700
Digital Contact Information:
mgerstein@jtchs.org

and
1100 NW 71st St
Miami, FL 33150
(305) 637-6400
Digital Contact Information:
mgerstein@jtchs.org

and
1190 NW 95th St
Ste 100
Miami, FL 33150
(305) 637-6400
Digital Contact Information:
mgerstein@jtchs.org

and
FL
(305) 637-6400
Digital Contact Information:
mgerstein@jtchs.org

and
20612 Northwest 27th Avenue
Miami Gardens, FL 33056
(305) 637-6400
Digital Contact Information:
http://jtchs.org
mgerstein@jtchs.org

and
490 Opa Locka Blvd
Opa Locka, FL 33054
(305) 637-6400
Digital Contact Information:
http://www.jtchs.org
mgerstein@jtchs.org
Other Languages Spoken by Provider or Office Staff
Spanish

Gibbons, Denise, MC, LMHC ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
info@hupcfl.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
info@hupcfl.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
info@hupcfl.com

Giblin, Jennifer, MA, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole, Spanish

Gingerich, Elizabeth A, MSS, LCSW ■
7855 Northwest 12th Street
217
Doral, FL 33126
(786) 473-0632
Digital Contact Information:
alicia@credentialingconsultants.com
Other Languages Spoken by Provider or Office Staff
Spanish

Girlie, Marcelline, MSN, APRN, APRNCNP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
help@joinuplift.co

and
FL
(602) 562-7383
(202) 410-5972
Digital Contact Information:
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff Creole, Spanish

Goicoechea, Alejandro, MPSY, LMHC ■
15190 SW 136th St
Ste 25
Miami, FL 33196
(786) 626-3970
Digital Contact Information:
alegoicoe@yahoo.com

Gomez, Claudia, MC, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
lifetherapycoach@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gomez, Lissette, MA, LMFT ■
2500 SW 107TH AVE
42
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
info@abcsfl.com

and
FL
(786) 615-3334
Digital Contact Information:
info@abcsfl.com
Other Languages Spoken by Provider or Office Staff
English, Creole, Spanish

Gonzalez, Adriana, MSN, APRN ■
11440 N Kendall Dr
Ste 208
Miami, FL 33176
(305) 898-0849
Digital Contact Information:
callisiabilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez Diaz, Vivian D, PSYD, LP ■
3271 NW 7th St
Ste 203
Miami, FL 33125
(786) 220-6902
Digital Contact Information:
http://www.outpatientpsycare.com
viviangonzalezdiaz@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Francisca, MS, LMHC ■
777 E 25th St
Ste 212
Hialeah, FL 33013
(786) 409-7329
Digital Contact Information:
laluzmentalhealthservices@gmail.com

and
5911 Northwest 173rd Drive
6 6
Hialeah, FL 33015
(786) 380-9229
Digital Contact Information:
laluzmentalhealthservices@gmail.com

and
6187 Northwest 167th Street
STE H26
Hialeah, FL 33015
(305) 705-5666
Digital Contact Information:
laluzmentalhealthservices@gmail.com

and
11401 Southwest 40th Street
#345
Miami, FL 33165
(305) 603-7063
Digital Contact Information:
http://bridgeofcaregroup.com
laluzmentalhealthservices@gmail.com

and
5600 Southwest 135th Avenue
100
Miami, FL 33183
(305) 603-9104
Digital Contact Information:
laluzmentalhealthservices@gmail.com

and
12311 Southwest 133rd Court
23
Miami, FL 33186
(786) 257-7423
Digital Contact Information:
laluzmentalhealthservices@gmail.com

and
12700 Southwest 128th Street
STE 108
Miami, FL 33186
(786) 732-0865
Digital Contact Information:
laluzmentalhealthservices@gmail.com

and
13416 Southwest 128th Street
Miami, FL 33186
(786) 732-0247
Digital Contact Information:
laluzmentalhealthservices@gmail.com

and
5391 Northwest 36th Street
Miami Springs, FL 33166
(305) 418-0580
Digital Contact Information:
laluzmentalhealthservices@gmail.com

and
7500 Sw A St # 203
West Miami, FL 33144
(786) 542-5244
Digital Contact Information:
laluzmentalhealthservices@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gonzalez Garcia, Freysdman, MSW, LCSW ■
900 West 49th Street
B001
Hialeah, FL 33012
(305) 850-3316
Digital Contact Information:
credentialing@billimd.com

and
900 West 49th Street
b505
Hialeah, FL 33012
(786) 663-2822
Digital Contact Information:
credentialing@billimd.com

and
10300 Southwest 72nd Street
261d
Miami, FL 33173
(786) 327-3694
Digital Contact Information:
credentialing@billimd.com

and
12595 Southwest 137th Avenue
STE 110
Miami, FL 33186
(305) 465-9379
Digital Contact Information:
credentialing@billimd.com

Gonzalez, Gloria, PHD, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
professional_counseling@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Luis, DNP, APRN ■
8725 Northwest 18th Terrace
Suite 202
Doral, FL 33172
(305) 487-2532
Digital Contact Information:
eternitylives24@gmail.com

and
7270 Northwest 12th Street
430
Miami, FL 33126
(786) 615-2843
Digital Contact Information:
eternitylives24@gmail.com

and
12001 Southwest 128th Court
Suite Suite 104
Miami, FL 33186
(786) 868-0505
Digital Contact Information:
eternitylives24@gmail.com

and
13170 Southwest 128th Street
200
Miami, FL 33186
(786) 852-5198
Digital Contact Information:
eternitylives24@gmail.com

and
9010 Southwest 137th Avenue
101
Miami, FL 33186
(786) 803-8826
Digital Contact Information:
http://amorementalhealthcorp.com
eternitylives24@gmail.com

Gonzalez, Marinel, MPSY, LMFT ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
http://www.dgphealthandwellness.com
info@dgphealthandwellness.com

and
7900 Oak Lane
464
Hialeah, FL 33016
(786) 542-9915
Digital Contact Information:
info@dgphealthandwellness.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez Rodriguez, Mileisy, MSCC, LMHC ■
26027 South Dixie Highway
Homestead, FL 33032
(786) 601-7344
Digital Contact Information:
vitaly.credentialing@gmail.com

and
7805 Coral Way
Ste 131
Miami, FL 33155
(786) 307-2066
Digital Contact Information:
vitaly.credentialing@gmail.com

and
7811 SW 24th St
Ste 120
Miami, FL 33155
(305) 916-4310
Digital Contact Information:
vitaly.credentialing@gmail.com

and
FL
(786) 970-6385
Digital Contact Information:
vitaly.credentialing@gmail.com

and
10300 Southwest 72nd Street
414
Miami, FL 33173
(786) 483-7535
Digital Contact Information:
http://www.happydreamsofkids.com
vitaly.credentialing@gmail.com

and
10300 Southwest 72nd Street
300
Miami, FL 33173
(786) 418-9730
Digital Contact Information:
http://www.happydreamsofkids.com
vitaly.credentialing@gmail.com

and
14471 S Dixie Hwy
Miami, FL 33176
(786) 803-8826
Digital Contact Information:
http://www.amorementalhealthcorp.com
vitaly.credentialing@gmail.com

and
9010 Southwest 137th Avenue
101
Miami, FL 33186
(786) 803-8826
Digital Contact Information:
http://amorementalhealthcorp.com
vitaly.credentialing@gmail.com

and
11285 Southwest 211 Street
207
Miami, FL 33189
(786) 217-8510
Digital Contact Information:
vitaly.credentialing@gmail.com

Gonzalez Santana, Gleidys, MS, LMHC ■
142 E 49th St
Hialeah, FL 33013
(305) 333-9166
Digital Contact Information:
gleidysgs80@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0429
Digital Contact Information:
gleidysgs80@gmail.com

and
10691 North Kendall Drive
312
Miami, FL 33176
(786) 592-8470
Digital Contact Information:
gleidysgs80@gmail.com

and
11272 Southwest 137th Avenue
Miami, FL 33186
(786) 600-4809
Digital Contact Information:
http://www.generalmhs.com
gleidysgs80@gmail.com

and
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
gleidysgs80@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gordillo, Dorelys, MPSY, LMHC ■
3741 Northwest 11th Street
Miami, FL 33126
(305) 927-5422
Digital Contact Information:
http://palomamentalhealth.com
info@palomamentalhealth.com

and
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
info@palomamentalhealth.com

and
9745 Southwest 184th Street
Palmetto Bay, FL 33157
(305) 927-5422
Digital Contact Information:
info@palomamentalhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gordon, Natalie, MSW, LCSW, LMFT ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
melissa1amaya@yahoo.com

Gordon-Battle, Belinda M, MS, LMHC ■
FL
(240) 472-3486
Digital Contact Information:
bgordonbattle@gmail.com

Gorham, Tania, MMFT, LMFT ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
gorhamtania@gmail.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
gorhamtania@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Goss, Jerron, MSCC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
http://www.wellnite.com
admin@blkhaven.com

Grant, Carla, MSN, APRN ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
http://www.compasshealthsystems.com
none@gmail.com

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
none@gmail.com

Grava, Lilian, MS, LMFT ■
385 Alhambra Circle
suite c
Coral Gables, FL 33134
(305) 445-9554
Digital Contact Information:
http://wearemindtherapy.com
info@behavioralaid.com

and
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
http://www.behavioralaid.com
info@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
info@behavioralaid.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Grigorova, Marina, MS, LMHC ■
FL
(646) 453-6777
Digital Contact Information:
marinag2804@gmail.com
Other Languages Spoken by Provider or Office Staff
Bulgarian

Grunglasse, Maria E, MS, LCPC ■
FL
(207) 210-2672
Digital Contact Information:
esmeraldagrunglasse@yahoo.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Guemez, Maidember, MMH, LMHC ■
13335 Southwest 124th Street
Suite 212
Miami, FL 33186
(786) 515-4569
Digital Contact Information:
mguemez@sfcounselinggroup.org

and
13590 Southwest 134th Avenue
STE 202
Miami, FL 33186
(786) 515-4569
Digital Contact Information:
mguemez@sfcounselinggroup.org
Other Languages Spoken by Provider or Office Staff
Spanish

Gueron, Orly, MSED, LMFT ■
2999 NE 191st St
Ste 705
Miami, FL 33180
(305) 924-6555
Digital Contact Information:
orly@orlygueron.com
Other Languages Spoken by Provider or Office Staff
Hebrew

Guevara, Heidi, MC, LMHC ■
250 Catalonia Avenue
Suite 702
Coral Gables, FL 33134
(321) 405-2805
Digital Contact Information:
https://harvestingjoypsychologicalservices.com
harvestingjoypsyservices@gmail.com

and
250 Catalonia Avenue
suite 403
Coral Gables, FL 33134
(321) 405-2805
Digital Contact Information:
https://harvestingjoypsychologicalservices.com
harvestingjoypsyservices@gmail.com

and
3833 Southwest 8th Street
Coral Gables, FL 33134
(321) 405-2805
Digital Contact Information:

harvestingjoypsyservices@gmail.com

and
5901 Northwest 183rd Street
120a
Hialeah, FL 33015
(786) 409-4872
Digital Contact Information:
http://onesoulcmh.com
harvestingjoypsyservices@gmail.com

and
5901 Northwest 183rd Street
Suite 128
Hialeah, FL 33015
(786) 409-4872
Digital Contact Information:
http://onesoulcmh.com
harvestingjoypsyservices@gmail.com

Guevara Vazquez, Vladimir A, MD ■
7855 Northwest 12th Street
217
Doral, FL 33126
(786) 473-0632
Digital Contact Information:
imhotepcxinc@gmail.com

and
6187 Northwest 167th Street
STE H26
Hialeah, FL 33015
(305) 705-5666
Digital Contact Information:
imhotepcxinc@gmail.com

and
3408 West 84th Street
STE 301
Hialeah, FL 33018
(786) 661-2971
Digital Contact Information:
imhotepcxinc@gmail.com

and
1150 Northwest 72nd Avenue
220
Miami, FL 33126
(786) 558-4899
Digital Contact Information:
imhotepcxinc@gmail.com

and
1495 NW 54th St
Miami, FL 33142
(305) 205-4328
Digital Contact Information:
imhotepcxinc@gmail.com

and
8550 West Flagler Street
Suite 113
Miami, FL 33144
(305) 755-2200
Digital Contact Information:
imhotepcxinc@gmail.com

and
14261 Southwest 120th Street
Suite #113
Miami, FL 33186
(786) 558-4169
Digital Contact Information:
imhotepcxinc@gmail.com

and
5391 Northwest 36th Street
Miami Springs, FL 33166
(786) 636-1310
Digital Contact Information:
imhotepcxinc@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Guilbe, Angelika, MSCC, LMHC ■
FL
(754) 307-6860
Digital Contact Information:
http://www.solrivercounseling.com
angie_guilbe@yahoo.com

Gutierrez, Beatriz, MSN, APRN ■
FL
(954) 765-6505
Digital Contact Information:
https://optimalmindandwellness.com/our-focus
beatriz@optimalmindandwellness.com

Gutierrez, Damian, MC, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
credentialing@banyanhealth.org

Gutierrez, Giselle E, PSYD, LP ■
10691 N Kendall Dr
Ste 105
Miami, FL 33176
(305) 668-6018
Digital Contact Information:
cartayagroup@gmail.com

Gutierrez, Rina L, MS, LMFT ■
10229 Northwest 9th Street Circle
204 204
Miami, FL 33172
(786) 457-9963
Digital Contact Information:
http://rinagutierrez.com
lic.rinagutierrez@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Haider, Shamshad, MED, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff Farsi, Urdu, Arabic, Hindi

Hakiel-Calcaterra, Judy, MA, LMHC ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
jhctherapy@gmail.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
jhctherapy@gmail.com

Hansard, Tahsha, MS, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Harris, Gail L, MSW, LCSW ■
975 Arthur Godfrey Rd
Ste 303
Miami Beach, FL 33140
(786) 210-4814
Digital Contact Information:
gailkayharris@gmail.com

Harris, Teresa Q, MA, LPC ■
FL
(650) 761-9770
Digital Contact Information:
psychoanalyst42@protonmail.com

Harvey, Hope, MC, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
hello@jwrgrp.com

Hassan, Hamlet R, MD ■
4475 Southwest 8th Street
Coral Gables, FL 33134
(786) 536-2872
Digital Contact Information:
bcd.ahcs@outlook.com

and
3146 Coral Way
FL 2
Coral Gables, FL 33145
(786) 953-8874
Digital Contact Information:
bcd.ahcs@outlook.com

and
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
bcd.ahcs@outlook.com

and
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
bcd.ahcs@outlook.com

and
664 E 25th St
Hialeah, FL 33013
(786) 409-2651
Digital Contact Information:
bcd.ahcs@outlook.com

and
664 East 25th Street
102
Hialeah, FL 33013
(786) 409-5361
Digital Contact Information:
bcd.ahcs@outlook.com

and
7490 Southwest 23rd Street
201
Miami, FL 33155
(786) 953-8221
Digital Contact Information:
bcd.ahcs@outlook.com

and
760 Northwest 107th Avenue
110
Miami, FL 33172
(786) 409-3800
Digital Contact Information:
bcd.ahcs@outlook.com

and
10511 North Kendall Drive
c201
Miami, FL 33176
(305) 274-5319
Digital Contact Information:
bcd.ahcs@outlook.com
Other Languages Spoken by Provider or Office Staff Spanish

Hayes, Karen O, MSW, LCSW ■
FL
(352) 530-3344
Digital Contact Information:
kpomiami@gmail.com

Heard, Chelsea, MSSW, LCSW ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
chelseaheardcounseling@gmail.com

Henderson, Kimberly, MSW, LCSW ■
FL
(305) 804-9121
Digital Contact Information:
http://www.sfacounseling.org
info@sfacounseling.org

Henriquez, Maribi, MSW, LCSW ■
14261 Southwest 120th Street
108 628
Miami, FL 33186
(786) 372-0096
Digital Contact Information:
contact@projectchula.com

and
FL
(786) 372-0096
Digital Contact Information:
contact@projectchula.com

Heretoiu, Luminita D, MC, LMHC ■
2650 Biscayne Blvd
Miami, FL 33137
(954) 639-9873
Digital Contact Information:
http://www.artoftalktherapy.com
lthouriee@yahoo.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Hernandez, Diana, MC, LMHC ■
2500 Southwest 107th Avenue
41
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
info@abcsfl.com
Other Languages Spoken by Provider or Office Staff Spanish

Hernandez, Greter, MSCC, LMHC ■
361 West Park Drive
2 2
Miami, FL 33172
(786) 543-0406
Digital Contact Information:
greaterh305@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Hernandez, Janet, MA, LPC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
birches@withassured.com

Hernandez, Juan D, MED, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
contracting@confidanthealth.com

Hernandez, Lecsy, MA, BCBA, LMHC ■
770 Ponce de Leon
307
Coral Gables, FL 33134
(786) 344-8757
Digital Contact Information:
mtherapy@hushmail.com

and
770 Ponce de Leon
Ste 305
Coral Gables, FL 33134
(786) 344-8757
Digital Contact Information:
mtherapy@hushmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 695-8672
Digital Contact Information:
mtherapy@hushmail.com

and
4155 Southwest 130th Avenue
108
Miami, FL 33175
(786) 695-8672
Digital Contact Information:
mtherapy@hushmail.com

Hernandez, Maria, MC, LMHC ■

4649 Ponce de Leon
STE 404
Coral Gables, FL 33146
(786) 653-3719
Digital Contact Information:
kenia.romero@abc4s.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Hernandez, Maria, MMH, LMHC ■
3901 Northwest 79th Avenue
STE 120
Doral, FL 33166
(786) 310-4480
Digital Contact Information:
truelifebehavioral@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Maria, MC, LMHC ■
3498 Northwest 7th Street
Miami, FL 33125
(786) 653-3719
Digital Contact Information:
kenia.romero@abc4s.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Hernandez, Maria, MMH, LMHC ■
13500 North Kendall Drive
STE 129
Miami, FL 33186
(786) 628-2530
Digital Contact Information:
truelifebehavioral@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Maria, MC, LMHC ■
Home Based Services Only
South Miami, FL 33146
(786) 536-9714
Digital Contact Information:
kenia.romero@abc4s.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Hernandez, Nelson A, MD ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
http://www.compasshealthsystem.com
intake@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystem.com
intake@compass.md

Hernandez Ruiz, Katiana E, MS, LMHC ■
5901 Southwest 74th Street
Suite 201
South Miami, FL 33143
(786) 638-9074
Digital Contact Information:
hummingmindsmia@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Yandy, MMH, LMHC ■
1250 Southwest 27th Avenue
207
Miami, FL 33135
(786) 522-7203
Digital Contact Information:
cabehavior@gmail.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(786) 522-7203
Digital Contact Information:
cabehavior@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Yanet, MSN, APRN ■
FL
(239) 244-2022
(786) 440-0904
Digital Contact Information:
http://www.mdpsclinic.com
consulting@fdgmso.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Hernandez-Cuevas, Maria, MS, LMHC ■
10691 Southwest 88th Street
Suite 110
Miami, FL 33176
(305) 595-5485
Digital Contact Information:
mariahcuevas@gmail.com

Herran, Onilda, MD ■
2001 Northwest 107th Avenue
412
Doral, FL 33172
(786) 548-8322
Digital Contact Information:
Not Available

and
551 East 49th Street
Hialeah, FL 33013
(305) 534-0076
Digital Contact Information:
Not Available

and
151 NW 11th St
Ste E102
Homestead, FL 33030
(305) 534-0076
Digital Contact Information:
Not Available

and
3080 W Flagler St
Miami, FL 33135
(305) 456-1600
Digital Contact Information:
Not Available

and
7500 SW 8th St
Miami, FL 33144
(305) 534-0076
Digital Contact Information:
Not Available

and
9611 SW 40th St
Miami, FL 33165
(305) 534-0076
Digital Contact Information:
Not Available

and
8756 Southwest 8th Street
Miami, FL 33174
(786) 223-9751
Digital Contact Information:
Not Available

and
1200 Alton Rd
Miami Beach, FL 33139
(305) 534-0076
Digital Contact Information:
Not Available

and
12625 West Dixie Highway
North Miami, FL 33161
(305) 777-2554
Digital Contact Information:
Not Available

and
12550 Biscayne Blvd
Ste 100
North Miami, FL 33181
(305) 534-0076
Digital Contact Information:
Not Available

Herrera, Anouk, MSW, LCSW ■
380 Giralda Avenue
507w
Coral Gables, FL 33134
(786) 277-2938
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
10200 Northwest 25th Street
211
Doral, FL 33172
(305) 381-0346
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
900 West 49th Street
STE 400
Hialeah, FL 33012
(305) 587-2231
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
1150 Northwest 72nd Avenue
700
Miami, FL 33126
(305) 815-1277
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
7270 Northwest 12th Street
Suite 810
Miami, FL 33126
(786) 718-2390
Digital Contact Information:
http://www.globalrehab.com
rossconsultingandcredentialing@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 832-6630
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
11401 Southwest 40th Street
#345
Miami, FL 33165
(305) 603-7063
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
4995 Northwest 72nd Avenue
102
Miami, FL 33166
(786) 360-3584
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
12700 Southwest 128th Street
STE 108
Miami, FL 33186
(786) 732-0865
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
13205 Southwest 137th Avenue
224 225
Miami, FL 33186
(786) 290-9192
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
13335 Southwest 124th Street
STE 214
Miami, FL 33186
(786) 429-1495
Digital Contact Information:
rossconsultingandcredentialing@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Herrera, Isabella M, MA, LMHC ■
3625 Northwest 82nd Avenue
400
Doral, FL 33166
(954) 372-7584
Digital Contact Information:
http://isabellaherrera.com
isabellaherreramg@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Herrera Martinez, Daysi, MSSW, LCSW ●
12540 Northeast 8th Avenue
North Miami, FL 33161
(786) 731-6492
Digital Contact Information:
dherrera@altamiracommunity.com
Other Languages Spoken by Provider or Office Staff
Spanish

Heseltine, Jenifer L, MSW, LCSW ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
info@riviamind.com

Hierholzer, Autumn, MSW, LCSW ■
2999 Northeast 191st Street
600
Miami, FL 33180
(786) 981-0640
Digital Contact Information:
ga1@turnwell.com

Hill, Denise, CAP, MA ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
Not Available

Hill, Felicia M, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@lifestance.com

Hoffmann, Adriana, MC, LMHC ■
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
http://www.miamipersonalmanagement.com
klopez@miamipersonalmanagement.com
Other Languages Spoken by Provider or Office Staff
Spanish

Honore, Lucenda L, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@heightsadc.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(503) 427-8094
Digital Contact Information:
https://www.emorahealth.com/
info@heightsadc.com
Other Languages Spoken by Provider or Office Staff Haitian

Hopkins, Sharon B, PHD, LP ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
cpadilla@deeroaks.com
Other Languages Spoken by Provider or Office Staff French

Horwitz, Andrea, MSW, LCSW ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
contact@daopl.rog

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
contact@daopl.rog

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
contact@daopl.rog

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org

contact@daopl.rog

Hubbard, Katheryn G, MSW, LCSW ■
FL
(508) 202-1011
Digital Contact Information:
support@sevenstarling.com

Huber, Rose, PSYD, LP ■
7330 Southwest 62nd Place
STE 210
South Miami, FL 33143
(786) 801-3883
Digital Contact Information:
info@miamivipsurgery.com

Huff, Jessica, MS, LMHC ■
FL
(305) 902-6347
(315) 873-2936
Digital Contact Information:
credentialing@bebravehealth.com

Hunt, Jennifer L, MS, LMHC ■
1 Alhambra Plaza
Miami, FL 33134
(888) 588-8995
Digital Contact Information:
billing@regionalpsychiatry.com

Ibarra, Deborah V, MSN, APRN ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
contact@elevatepsychiatry.com

and
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
contact@elevatepsychiatry.com

and
10300 SW 72nd St
Ste 230
Miami, FL 33173
(786) 536-5710
Digital Contact Information:
contact@elevatepsychiatry.com
Other Languages Spoken by Provider or Office Staff
Spanish

Iglesias, Claudia O, MA, LMHC ■
1401 SW 1st St
100
Miami, FL 33135
(305) 400-8998
Digital Contact Information:
ciglesias@cif-counseling.com

Iglesias, Marta, MS, LMHC ■
3081 Salzedo Street
Suite 202
Coral Gables, FL 33134
(786) 294-5624
Digital Contact Information:
http://www.mi-counselor.com
lyam@credentialingconsultants.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Incera, Cesar B, MPSY, LMHC ■
9485 SW 72nd St
Ste A202
Miami, FL 33173
(305) 670-0204
Digital Contact Information:
cince3@aol.com
Other Languages Spoken by Provider or Office Staff
French, Spanish

Iqbal, Sabih H, MD ■
2100 Coral Way
Coral Gables, FL 33145
(786) 320-1677
Digital Contact Information:
http://www.ydzm.org
hassan.nazir@trumediq.com

and
19001 Southwest 106th Avenue
Suite C-109
Cutler Bay, FL 33157
(305) 255-9806
Digital Contact Information:
http://miamihealthcenterss.com
hassan.nazir@trumediq.com

and
3750 West 16th Avenue
208 210
Hialeah, FL 33012
(305) 301-3283
Digital Contact Information:
https://www.serenitytms.com/
hassan.nazir@trumediq.com

and
600 Northwest 35th Avenue
202 203
Miami, FL 33125
(786) 907-4984
Digital Contact Information:
hassan.nazir@trumediq.com

and
1000 Brickell Avenue
Ste 715-1871
Miami, FL 33131
(800) 954-4558
Digital Contact Information:
hassan.nazir@trumediq.com

and
7481 Southwest 40th Street
Miami, FL 33155
(786) 536-9143
Digital Contact Information:
hassan.nazir@trumediq.com

and
12255 Southwest 132nd Court
Miami, FL 33186
(305) 964-5157
Digital Contact Information:
hassan.nazir@trumediq.com

and
12700 Southwest 128th Street
STE 108
Miami, FL 33186
(786) 830-0212
Digital Contact Information:
hassan.nazir@trumediq.com

and
13335 Southwest 124th Street
STE 211
Miami, FL 33186
(786) 551-8253
Digital Contact Information:
hassan.nazir@trumediq.com

Isla Sanchez, Andres, MSN, APRN ■
5801 Northwest 151st Street
Suite 207
Miami Lakes, FL 33014
(786) 558-5748
Digital Contact Information:
ymartin@fc-ms.com
Other Languages Spoken by Provider or Office Staff
Spanish

Jaramillo, Kate M, MMFT, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@joinuplift.co

Jean Mary, Jean Rony, MD ■
3500 NW 17th Ave
Miami, FL 33142
(305) 633-6777
Digital Contact Information:
jmrmedicalservicesinc@gmail.com
Other Languages Spoken by Provider or Office Staff Creole

Jimenez, Graciela, MMFT, LMFT ■
7400 SW 87th Ave
260
Miami, FL 33173
(786) 595-8040
Digital Contact Information:
managedcarecredentialing@baptisthealth.net

Johnson, Dione N, PHD, LP ■
FL
(800) 567-5433
Digital Contact Information:
https://totallife.com/
help@prosprhealth.io
Other Languages Spoken by Provider or Office Staff English

Johnson, Kamla D, MSW, LCSW ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
http://www.dgphealthandwellness.com
adams@pcmgfl.com
Other Languages Spoken by Provider or Office Staff English

Johnson, Keisha H, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
gaelbyron@gmail.com

Jones, Savannah L, PA, PA_C ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
https://www.compasshealthsystems.com
intake@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
intake@compass.md

Jorge, Cecilia M, MD ■
31 N Krome Ave
Homestead, FL 33030
(786) 481-5909
Digital Contact Information:
https://www.infinitecc.org/
info@infinitecc.org
Other Languages Spoken by Provider or Office Staff
Spanish

Jorge, Karen, PA, PA_C ■
8400 Northwest 33rd Street
Ste 201
Miami, FL 33122
(844) 655-4827
Digital Contact Information:
karenj0204@gmail.com

Kalilikane, Samantha, PSYD, LP ■
9220 Sunset Drive
104
Miami, FL 33173
(786) 724-4224
Digital Contact Information:
4imuacenter@gmail.com

Kapoor, Kalvin, DO ■
66 W Flagler St
900
Miami, FL 33130
(305) 204-5372
Digital Contact Information:
http://www.vitalpsych.com
vitalpsychmd@gmail.com

Kastrinos, Marlene M, MSW, LCSW ■
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
emotionaltherapy@aol.com

Kburg, Regina I, PSYD, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
office@pasadenaclinicalgroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Keane, Edward M, MC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
edwardmkeane@gmail.com

Kember, Santiago, MMH, LMHC ■
9245 Southwest 157th Street
Suite 203
Miami, FL 33157
(305) 642-7600
Digital Contact Information:
http://www.regishouse.org
credentialing@regishouse.org

Kepley, Gabriela, MSSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
colgate5326@gmail.com

Kerker, Austin, MA, LCSW ■
16499 Northeast 19th Avenue
Suite 106
Miami, FL 33162
(305) 337-6237
Digital Contact Information:
http://recovery112.com
recovery112info@gmail.com

Killackey, Debra, MMH, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
professional_counseling@yahoo.com

and
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
professional_counseling@yahoo.com

Kline, Christopher, PHD, LP ■
770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
aswood71@gmail.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
aswood71@gmail.com

and
5201 Blue Lagoon Dr
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
aswood71@gmail.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
aswood71@gmail.com

and
80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
aswood71@gmail.com

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
aswood71@gmail.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
aswood71@gmail.com

and
830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
aswood71@gmail.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(888) 684-2779
Digital Contact Information:
aswood71@gmail.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
aswood71@gmail.com

Kochen, Adriana, MSW, LCSW ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
http://www.behavioralaid.com
credentialing@behavioralaid.com

and
7811 Coral Way
106
Miami, FL 33155
(305) 412-0138
Digital Contact Information:
credentialing@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com
Other Languages Spoken by Provider or Office Staff
Spanish

Kramer, David R, MD ■
2828 Coral Way
Ste 460
Coral Gables, FL 33145
(512) 212-4670
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net

and
12550 Biscayne Boulevard
STE 306
North Miami, FL 33181
(305) 642-5255
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net
Other Languages Spoken by Provider or Office Staff
Spanish

Kudolo, Diane, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
dmk.lpc2011@gmail.com

Kuilan, Jessica, MSW, LCSW ■
FL
(904) 274-0611
Digital Contact Information:
http://www.magnashaven.com
jessica@magnashaven.com
Other Languages Spoken by Provider or Office Staff
Spanish

Labossiere, Danielle H, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com

Lalama, Christina, MMH, LMHC ■
7875 SW 104th St
Ste 101
Miami, FL 33156
(305) 576-6550
Digital Contact Information:
http://www.jcsfl.org
insurance@jcsfl.org

Lampkin, Craig, MS, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Landes, Debra M, MED, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
landeslmhc@gmail.com

Lankenau, Diana J, MN, APRN, PMHNP ■
South Red Road
Miami, FL 33155
(305) 297-7014
Digital Contact Information:
credentialing@orendapsych.com

and
FL
(305) 297-7014
Digital Contact Information:
credentialing@orendapsych.com

Leal, Julio O, MS, LMHC ■
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
la.herrera@lifestance.com

Lebron Ginorio, Michelle, MD ■
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
rehabcenterag@gmail.com

and
10300 Southwest 72nd Street
300
Miami, FL 33173
(786) 418-9730
Digital Contact Information:
http://www.happydreamsofkids.com
rehabcenterag@gmail.com

and
12150 Southwest 128th Court
Suite 233
Miami, FL 33186
(786) 238-7666
Digital Contact Information:
rehabcenterag@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ledesma, Mercedes, MSW, LCSW ■
3580 Mystic Pointe Drive
Aventura, FL 33180
(415) 941-4109
Digital Contact Information:
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ledon, Nicolas I, MS, LMHC ■
4300 Biscayne Boulevard
STE 203
Miami, FL 33137
(786) 514-6362
Digital Contact Information:
http://www.baypoint-therapy.com
nledon@baypoint-therapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lefler, Linda, MD ■
777 E 25th St
Ste 306
Hialeah, FL 33013
(786) 838-6092
Digital Contact Information:
dustinsode@suncoastcenter.org

Legra, Bertha V, MS, LMHC ■
419 W 49th St
Ste 210
Hialeah, FL 33012
(954) 404-7052
Digital Contact Information:
credentialing@psychiatrist4u.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Lehman, Helen G, MED, PCC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ben.lehman@feaad.org

Leuschner, Siobhon, MA, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
sleuschner@kaaficounseling.com

Lewis, Tammara, MS, LMHC ●
1175 Northeast 125th Street
320
Miami, FL 33161
(786) 842-0444
Digital Contact Information:
http://www.marriagefamilyservices.com
mariposawakeningtherapysvcs@gmail.com

Leydig, Tammie, MSN, APRN, CNP ■
FL
(305) 902-6347
Digital Contact Information:
sid@instic.health

Lima, Olivia, MS, LMHC ●
15715 S Dixie Hwy
Ste 403
Miami, FL 33157
(305) 707-5966
Digital Contact Information:
http://movingtowardagape.com
movingtowardagape@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lima, Ruben, MMH, LMHC ■
1000 Brickell Avenue
Miami, FL 33131
(305) 389-9509
Digital Contact Information:
credentialing@premedsys.com

and
FL
(305) 934-9411
Digital Contact Information:
credentialing@premedsys.com

and
8000 W Flagler St
Ste 201
Miami, FL 33144
(786) 805-3021
Digital Contact Information:
credentialing@premedsys.com
Other Languages Spoken by Provider or Office Staff
French, Spanish

Linares, Olga C, PSYD, LP ■
13040 San Jose Street
Coral Gables, FL 33156
(305) 649-7610
Digital Contact Information:
olinares13@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Little, Jacinta L, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Lo, Lorinda, MSN, APRN ■
2464 Southwest 22nd Street
Miami, FL 33145
(305) 204-9355
Digital Contact Information:
http://www.ampmentalhealth.com
admin@ampmentalhealth.com
Other Languages Spoken by Provider or Office Staff
Cantonese, Spanish

Lopez, Idalmis, MSN, APRN ■
13170 Southwest 128th Street
200
Miami, FL 33186
(786) 852-5198
Digital Contact Information:
https://clarityapproach.com/
clarityhealth@approachteam.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Jennifer, MA, LMFT ■
3750 West 16th Avenue
232u
Hialeah, FL 33012
(786) 332-3396
Digital Contact Information:
jennylmft@gmail.com

and
10671 North Kendall Drive
5d
Miami, FL 33176
(786) 474-6469
Digital Contact Information:
jennylmft@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Jose C, MD ■
1200 Northwest 78th Avenue
210
Doral, FL 33126
(786) 285-3438
Digital Contact Information:
jorge@valcourtbehavioral.com

and
633 N Krome Ave
1
Homestead, FL 33030
(305) 763-4007
Digital Contact Information:
jorge@valcourtbehavioral.com

and
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
jorge@valcourtbehavioral.com

and
3525 NW 7th St
Miami, FL 33125
(786) 801-0218
Digital Contact Information:
jorge@valcourtbehavioral.com

and
1710 Northwest 7th Street
STE 5-6-7
Miami, FL 331253500
(786) 409-2568
Digital Contact Information:
jorge@valcourtbehavioral.com

and
3446 Southwest 8th Street
217
Miami, FL 33135
(786) 769-5046
Digital Contact Information:
jorge@valcourtbehavioral.com

and
7821 Coral Way
100
Miami, FL 33155
(786) 409-5690
Digital Contact Information:
jorge@valcourtbehavioral.com

and
7921 Bird Rd
Ste 41
Miami, FL 33155
(305) 425-1393
Digital Contact Information:
http://oceanhealthsystem.com
jorge@valcourtbehavioral.com

and
7921 Bird Road
39
Miami, FL 33155
(786) 310-1570
Digital Contact Information:
http://oceanhealthsystem.com
jorge@valcourtbehavioral.com

and
7971 Bird Road
15
Miami, FL 33155
(786) 504-5620
Digital Contact Information:
http://oceanhealthsystem.com
jorge@valcourtbehavioral.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
jorge@valcourtbehavioral.com

and
19001 Southwest 106th Avenue
c103
Miami, FL 33157
(786) 523-2352
Digital Contact Information:
jorge@valcourtbehavioral.com

and
10680 Fontainebleau Boulevard
Miami, FL 33172
(305) 794-6845
Digital Contact Information:
jorge@valcourtbehavioral.com

and
13706 Southwest 56th Street
STE 105-106
Miami, FL 331756036
(786) 523-4289
Digital Contact Information:
jorge@valcourtbehavioral.com

and
9900 Southwest 107th Avenue
STE 101
Miami, FL 33176
(305) 248-3488
Digital Contact Information:
jorge@valcourtbehavioral.com

and
12540 Southwest 8th Street
Miami, FL 33184
(305) 705-6840
Digital Contact Information:
jorge@valcourtbehavioral.com

and
6600 Cow Pen Road
250
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
jorge@valcourtbehavioral.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Josue, MD ■
15260 Southwest 280th Street
203
Homestead, FL 33032
(786) 601-7491
Digital Contact Information:
lrodriguezllbs@gmail.com

and
7270 Northwest 12th Street
430
Miami, FL 33126
(786) 615-2843
Digital Contact Information:
https://www.lasagradafamiliacenter.com
lrodriguezllbs@gmail.com

and
2141 Southwest 1st Street
201
Miami, FL 33135
(786) 920-9137
Digital Contact Information:
lrodriguezllbs@gmail.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
lrodriguezllbs@gmail.com

and
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
lrodriguezllbs@gmail.com

and
7001 SW 97th Ave
Ste 206
Miami, FL 33173
(786) 294-0123
Digital Contact Information:
https://www.chgpsychiatry.com/
lrodriguezllbs@gmail.com

and
2424 Southwest 137th Avenue
Miami, FL 331756311
(786) 655-0831
Digital Contact Information:
http://www.miamihealthmedicalcenter.us
lrodriguezllbs@gmail.com

and
9125 SW 87th Ave
Miami, FL 33176
(305) 735-3919
Digital Contact Information:
lrodriguezllbs@gmail.com

and
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
lrodriguezllbs@gmail.com

and
13155 Southwest 134th Street
221
Miami, FL 33186
(786) 652-9880
Digital Contact Information:
lrodriguezllbs@gmail.com

and
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
lrodriguezllbs@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Widlyne, MSW, LCSW ■
FL
(954) 281-2958
Digital Contact Information:
http://www.breakthroughcrc.com
widlynel@breakthroughcrc.org
Other Languages Spoken by Provider or Office Staff Haitian Creole

Lopez, Yaneris, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(305) 735-3555
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez-Brignoni, Evelyn, MD ■
475 Biltmore Way
Ste 204
Coral Gables, FL 33134
(305) 670-1411
Digital Contact Information:
evelynlopezbrignonimd@gmail.com

and
FL
(305) 670-1411
Digital Contact Information:
evelynlopezbrignonimd@gmail.com

and
124 Southeast 1st Road
A
Homestead, FL 33030
(786) 255-7979
Digital Contact Information:
evelynlopezbrignonimd@gmail.com

and
31 N Krome Ave
Homestead, FL 33030
(786) 481-5909
Digital Contact Information:
http://www.infinitecc.org
evelynlopezbrignonimd@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Creole, Spanish

Louwagie Gordon, Alissa M, MS, LMHC ■
FL
(786) 615-3334
Digital Contact Information:
info@abcsfl.com

Lozada, Wimar, MMH, LMHC ■
175 Fontainebleau Boulevard
Miami, FL 33172
(407) 749-3580
Digital Contact Information:
http://www.elitemindsfl.com
eliteminds.services@gmail.com

Machuca, Jose R, PHD, LMHC ■
11300 Northeast 2nd Avenue
Miami Shores, FL 33168
(504) 388-5981
Digital Contact Information:
rmachuca@barry.edu
Other Languages Spoken by Provider or Office Staff
Portuguese, English, Spanish

Madison, Marlon, MSW, LCSW ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
acc@advancedclientcare.org

Maldonado, Milagros R, MS, LMHC ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
info@avilahealthgroup.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Mallo, Lisaimy, MSW, LCSW ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
alexandra.galvis@mypsychiatrist.com
Other Languages Spoken by Provider or Office Staff
Spanish

Manresa, Viviana, MSN, APRN ■
261 Westward Drive
suite 108-109
Miami, FL 33166
(305) 200-5176
Digital Contact Information:
vmanresapmhnp@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Manso, Krystyna I, MPS, LMHC ■
5040 NW 7th St
Ste 100
Miami, FL 33126
(305) 438-2348
Digital Contact Information:
Not Available

and
100 NE 38th St
Ste 5
Miami, FL 33137
(305) 576-1599
Digital Contact Information:
Not Available

and
3000 Biscayne Blvd
Fl 5
Miami, FL 33137
(305) 576-6611
Digital Contact Information:
Not Available

Maqueira, Elvira, MSW, LCSW ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
tmedina@hbccmhc.com

Marcellus, Chizoba L, MS, LMHC ■
536 Northeast 206th Lane
Miami, FL 33179
(305) 761-9584
Digital Contact Information:
http://www.therapyislove.com
info@therapyislove.com

Marcus, Phyllis C, MC, LMFT ■
540 Northwest 165th Street
114
Miami, FL 33169
(786) 648-6550
Digital Contact Information:
horebhealthclinic@gmail.com

and
540 Northwest 165th Street
STE 110
Miami, FL 33169
(786) 648-6550
Digital Contact Information:
horebhealthclinic@gmail.com

Martin, Lawanda, MPSY, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
engeditherapy@gmail.com

Martin, Precious, MSW, LCSW ■
1801 Northeast 123rd Street
334
North Miami, FL 33181
(888) 718-4915
Digital Contact Information:
http://www.rrrinc.org
info@rrrinc.org

Mateo, Ana, MS, LMHC ■
10700 Caribbean Boulevard
UNIT 203
Cutler Bay, FL 33189
(305) 299-8005
Digital Contact Information:
hr.saludablemente@gmail.com

and
8180 Northwest 36th Street
Suite 100J
Doral, FL 33166
(305) 985-6488
Digital Contact Information:
hr.saludablemente@gmail.com

and
FL
(786) 267-2798
Digital Contact Information:
hr.saludablemente@gmail.com
Other Languages Spoken by Provider or Office Staff English

Mathew, Charly, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

McDevitt, Omayra, MA, LPC ■
FL
(305) 902-6347
Digital Contact Information:
start@bebravehealth.com

McIntyre, Taisha L, PA, PA_C ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
https://www.compasshealthsystems.com/credentialing@compass.md

and
FL
(305) 891-0050
(305) 279-5535
(888) 852-6672
Digital Contact Information:
http://compasshealthsystems.com
credentialing@compass.md

Medici, April, MSED, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
aprilmedici@yahoo.com

Medina Rojo, Raul, MSN, APRN ■
4445 West 16th Avenue
STE 405
Hialeah, FL 33012
(786) 233-6721
Digital Contact Information:
office@myrtleridge.us

and
1000 Brickell Avenue
Miami, FL 33131
(786) 701-9211
Digital Contact Information:
office@myrtleridge.us

and
9299 SW 152nd St
Ste 206
Palmetto Bay, FL 33157
(786) 883-0339

Digital Contact Information:
office@myrtleridge.us
Other Languages Spoken by Provider or Office Staff
English, Spanish

Mejia, Alejandra, MSW, LCSW ■
14645 Northwest 77th Avenue
101
Miami Lakes, FL 33014
(833) 769-3524
Digital Contact Information:
http://lifestance.com
dougblessington@gmail.com

Mena, Rebekah, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
admin@lifehealthsystem.org
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Mena, Yaima M, MMH, LMHC ■
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
sseacoast22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Menendez, Ibis M, MSN, APRN ■
1840 West 49th Street
#404
Hialeah, FL 33012
(305) 828-9980
Digital Contact Information:
empathybhsbilling@gmail.com

and
900 West 49th Street
STE 400
Hialeah, FL 33012
(305) 587-2231
Digital Contact Information:
empathybhsbilling@gmail.com

and
5911 Northwest 173rd Drive
6 6
Hialeah, FL 33015
(786) 380-9229
Digital Contact Information:
empathybhsbilling@gmail.com

and
7590 Northwest 186th Street
109
Hialeah, FL 33015
(305) 688-1700
Digital Contact Information:
empathybhsbilling@gmail.com

and
5590 W 20th Ave
Ste 404
Hialeah, FL 33016
(305) 826-9330
Digital Contact Information:
empathybhsbilling@gmail.com

and
7315 Northwest 36th Street
Miami, FL 33166
(786) 345-7734
Digital Contact Information:
empathybhsbilling@gmail.com

and
12030 Southwest 129th Court
107a
Miami, FL 33186
(305) 432-4032
Digital Contact Information:
empathybhsbilling@gmail.com

and
17325 Northwest 27th Avenue
206 207
Miami Gardens, FL 33056
(786) 822-7270
Digital Contact Information:
empathybhsbilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mesa, Leonel E, PSYD, LMHC ■
FL
(786) 208-4831
Digital Contact Information:
drmesa@neurofeedbackofml.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Mieses, Yuberilys, MSCC, LMHC ■
9010 Southwest 137th Avenue
232
Miami, FL 33186
(305) 482-3516
Digital Contact Information:
yuberilys.mieses@yahoo.com

and
9010 Southwest 137th Avenue
Suite 241
Miami, FL 33186
(305) 482-3516
Digital Contact Information:
yuberilys.mieses@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Millares, Giselle, MPSY, LMHC ■
9010 SW 137th Ave
Ste 233
Miami, FL 33186
(786) 236-1323
Digital Contact Information:
gmillares@hcnetwork.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

Miller, Mark M, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
aycmarc@mail.com

Miranda-Tourino, Mary, MSW, LCSW ■
12595 Southwest 137th Avenue
STE 110
Miami, FL 33186
(305) 465-9379
Digital Contact Information:
mary.miranda@mymail.barry.edu
Other Languages Spoken by Provider or Office Staff
English, Spanish

Mirtenbaum, Daniel S, PSYD, LP ■
6175 NW 153rd St
Ste 404
Miami Lakes, FL 33014
(305) 558-7400
Digital Contact Information:
credentialing.tifft@gmail.com

Mitchell, Kendall, MS, LMHC ■
4300 Biscayne Boulevard
STE 203
Miami, FL 33137
(727) 732-4305
Digital Contact Information:
billing@tbacgroup.com

Molina Paz, Ania K, MSN, APRN ■
FL
(561) 707-7607
Digital Contact Information:
ania_98@yahoo.es
Other Languages Spoken by Provider or Office Staff
Spanish

Montero, Ariadna, PSYD, LP ■
7950 W Flagler St
Ste 106
Miami, FL 33144
(305) 269-3900
Digital Contact Information:
http://www.healthymindspsy.com
drgmartinez.psychologist@gmail.com

and
7950 West Flagler Street
Suite 101
Miami, FL 33144
(305) 239-7725
Digital Contact Information:
http://www.healthymindspsy.com
drgmartinez.psychologist@gmail.com

and
FL
(305) 239-7725
Digital Contact Information:
http://www.healthymindspsy.com
drgmartinez.psychologist@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Montes De Oca, Yilian, MS, LCMHC, LCPC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ymontesy@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Montoya, Veronica, MS, LMHC ●
3150 Southwest 38th Avenue
Suite 1307
Miami, FL 33146
(786) 768-8014
Digital Contact Information:
http://insideouttherapycenter.com
vmontoya@insideouttherapycenter.com
Other Languages Spoken by Provider or Office Staff English

Moore, Aareon C, MA, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
hello@emorahealth.com

Moore, Siobhan T, MS, APRN ■
2464 Southwest 22nd Street
Miami, FL 33145
(305) 204-9355
Digital Contact Information:
http://www.ampmentalhealth.com
admin@ampmentalhealth.com

Mora, Brenda, MS, LMHC ■
FL
(786) 488-8103
Digital Contact Information:
http://www.sfacounseling.org
info@sfacounseling.org
Other Languages Spoken by Provider or Office Staff
Spanish

Mora, Joseph J, PHD, LP ■
10621 North Kendall Drive
Suite #203
Miami, FL 33176
(305) 456-6976
Digital Contact Information:
davalos.credentialing@novitams.com

Morales, Beatriz, MS, LMHC, LPC ■
975 Arthur Godfrey Rd
Ste 301
Miami Beach, FL 33140
(786) 315-0387
Digital Contact Information:
bmorales@ibhflorida.com

and
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
http://www.ibhflorida.com
bmorales@ibhflorida.com

and
FL
(305) 816-6300
Digital Contact Information:
http://www.ibhflorida.com
bmorales@ibhflorida.com
Other Languages Spoken by Provider or Office Staff
Spanish

Morales, Lisset, MS, LMHC ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 661-5511
Digital Contact Information:
lissetmr@bellsouth.net

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
http://appliedbhs.com
lissetmr@bellsouth.net
Other Languages Spoken by Provider or Office Staff
English, Spanish

Moreda-Mendez, Yanet, MSN, APRN ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
http://www.dgphealthandwellness.com
info@kaaficounseling.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
info@kaaficounseling.com
Other Languages Spoken by Provider or Office Staff
Spanish

Moreno, Nicole, MA, LMHC ■
7400 SW 87th Ave
260
Miami, FL 33173
(786) 595-8040
Digital Contact Information:
managedcarecredentialing@baptisthealth.net

Morgan, Jennifer, MC, LMHC ■
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
wavespsychotherapybilling@gmail.com

and
19300 West Dixie Highway
2 2
Miami, FL 33180
(786) 396-0359
Digital Contact Information:
wavespsychotherapybilling@gmail.com

Moriyon, Milko, MN, APRN ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
yavila@avilahealthgroup.com

and
664 East 25th Street
102
Hialeah, FL 33013
(786) 409-5361
Digital Contact Information:
yavila@avilahealthgroup.com

Morley, Chanrika, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
fl-credentialing@lifestance.com

Mortimer, Justin M, MD ■
150 Southeast 2nd Avenue
STE 1010
Miami, FL 33131
(786) 733-0700
Digital Contact Information:
credentail@valuecareclinic.com

and
1501 Biscayne Boulevard
#200
Miami, FL 33132
(786) 652-2450
Digital Contact Information:
credentail@valuecareclinic.com

Moss, Erin M, MMH, LMHC ■
1688 Meridian Avenue
608
Miami Beach, FL 33139
(716) 507-1124
Digital Contact Information:
http://www.erinmmoss.com
erinmmossprivatepractice@gmail.com

Muggli, Tina M, MA, LMFT ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
arscredentialing@advancedrecoverysystems.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Muldrow, Edward J, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
emuldrow3@aol.com

Mundt, Eric T, MA, LMFT ■
1175 Northeast 125th Street
320
Miami, FL 33161
(954) 372-0423
Digital Contact Information:
http://www.marriagefamilyservices.com
fodiving@comcast.net

Muniz, Jose, MSN, APRN ■
6141 Sunset Drive
402
South Miami, FL 33143
(786) 507-8300
Digital Contact Information:
lauraine@linofernandezmd.com
Other Languages Spoken by Provider or Office Staff Spanish

Muniz, Lissette, MA, LMHC ■
1 Alhambra Plaza
PH # 1451
Miami, FL 33134
(888) 588-8995
Digital Contact Information:
http://www.foresightmentalhealth.com
lm.becomingwellness@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Myers, Katrina F, MA, LMFT, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Nainaparampil, Jaison, MD ■
698 Northeast 1st Avenue
3309 3309
Miami, FL 33132
(305) 929-3057
Digital Contact Information:
http://www.jjnmdllc.com
jaison@jjnmdllc.com

and
FL
(305) 929-3057
Digital Contact Information:
http://www.jjnmdllc.com
jaison@jjnmdllc.com

Nammur, Sarai, MC, LMHC ■
15325 Northwest 60th Avenue
#105
Miami Lakes, FL 33014
(305) 512-5388
Digital Contact Information:
sarai@sarainammur.com
Other Languages Spoken by Provider or Office Staff Spanish

Nankivell, Martina, PA, PA_C ■
4300 Biscayne Boulevard
STE 203
Miami, FL 33137
(877) 400-0540
Digital Contact Information:
https://forallmentalhealth.com
info@forallmentalhealth.com
Other Languages Spoken by Provider or Office Staff Spanish

Napoles Garcia, Amed, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff Spanish

Navarrete, Thais, MMFT, LMFT ●
12150 Southwest 128th Court
136
Miami, FL 33186
(305) 562-8804
Digital Contact Information:
thais@thaisnavarrete.com
Other Languages Spoken by Provider or Office Staff Spanish

Nedock, Shirley, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Nesci, Jacqueline C, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(305) 395-5978
Digital Contact Information:
Not Available

and
FL
(305) 395-5978
Digital Contact Information:
Not Available

Nichols, Janice, MSW, LCSW, LICSW, LISW-CP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(866) 478-3978
Digital Contact Information:
birches@withassured.com

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(833) 322-0977
Digital Contact Information:
http://www.joinmonument.com
birches@withassured.com

and
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
birches@withassured.com

Nodal, Idalmis, MC, LMHC ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
tmedina@hbccmhc.com
Other Languages Spoken by Provider or Office Staff English

Nord-Roseau, Rachell, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Novoa, Trilce, MSCC, LMHC ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
solutiondrivenconsulting@gmail.com

Nunez, Sandra, MSW, LCSW ■
13205 Southwest 137th Avenue
Miami, FL 33186
(786) 290-9192
Digital Contact Information:
pcecofmiami@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

O'Neill, Gloria M, MSN, APRN ■
7855 Northwest 52nd Street
Doral, FL 33166
(305) 450-9651
Digital Contact Information:
info@rushcredentialing.com

Occean, Andrelita, MMH, LCMHC ■
7950 W Flagler St
Ste 106
Miami, FL 33144
(305) 269-3900
Digital Contact Information:
drgmartinez.psychologist@gmail.com
Other Languages Spoken by Provider or Office Staff English, Creole, French

Ochoa Basulto, Anett, MPSY, LMHC ■
9260 Southwest 72nd Street
103 bldg 6
Miami, FL 33173
(786) 359-4448
Digital Contact Information:
anettochoa2015@gmail.com

and
13335 Southwest 124th Street
STE 211
Miami, FL 33186
(786) 551-8253
Digital Contact Information:
anettochoa2015@gmail.com

Ogugua, Adeola A, MSN, APRN, NP ■
FL
(305) 902-6347
Digital Contact Information:
hr.credentialing@sohomd.com
Other Languages Spoken by Provider or Office Staff English

Ojo, Kofoworola, MD ■
2730 Southwest 3rd Avenue
701
Miami, FL 33129
(201) 389-2729
Digital Contact Information:
https://sklifestylepsychiatry.com
kofoojomd@gmail.com

and
FL
(201) 389-2729
Digital Contact Information:
https://sklifestylepsychiatry.com
kofoojomd@gmail.com

Okolo Miles, Sada, MA, LMHC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
s.n.okolo_associates@outlook.com

Oliva, Ivan, MSN, APRN ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
olivaob91@gmail.com

Oliver Guerra, Yamilet, MSN, APRN ■
2650 Southwest 27th Avenue
Suite 305
Miami, FL 33133
(786) 353-9812
Digital Contact Information:
regionspraxiscare@gmail.com

and
22133 South Dixie Highway
Miami, FL 33170
(786) 504-3119
Digital Contact Information:
regionspraxiscare@gmail.com

and
13205 Southwest 137th Avenue
STE 132
Miami, FL 331865334
(786) 475-4279
Digital Contact Information:
http://dominguezcommunitycenter.com
regionspraxiscare@gmail.com

and
9299 SW 152nd St
Palmetto Bay, FL 33157
(305) 479-6538
Digital Contact Information:
regionspraxiscare@gmail.com
Other Languages Spoken by Provider or Office Staff English

Onusuru, Vitus M, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ca-credentialing@lifestance.com

Orfao-Martin, Claudia, MSW, LICSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
mollymar@yahoo.com
Other Languages Spoken by Provider or Office Staff Portuguese, English

Osborne, Michael, BA, CADC-II ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
kjohnson@tanner.org

and
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
https://www.emorahealth.com/
kjohnson@tanner.org

Overholt, Kristen P, MSCC, LMHC ■
2600 S Douglas Rd
Ste 1003
Coral Gables, FL 33134
(305) 445-0477
Digital Contact Information:
ana@coralgablescounseling.com

Oyerinde, Anthonia O, MSN, APRNCNP, PMHNP ■
FL
(305) 902-6347
Digital Contact Information:
http://www.bebravehealth.com
Other Languages Spoken by Provider or Office Staff Igbo, English, Yoruba

Pacheco, Sandra, MS, LMHC ■
1801 Northeast 123rd Street
303
North Miami, FL 33181
(305) 510-0912
Digital Contact Information:
spachecolmhc@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Padron, Adis E, MS, LMHC ■
1840 West 49th Street
304
Hialeah, FL 33012
(786) 803-8596
Digital Contact Information:
fl-credentialing@lifestance.com

and
13205 Southwest 137th Avenue
206 208

Miami, FL 33186
(786) 592-2063
Digital Contact Information:
fl-credentialing@lifestance.com

and
14645 Northwest 77th Avenue
101
Miami Lakes, FL 33014
(833) 769-3524
Digital Contact Information:
http://lifestance.com
fl-credentialing@lifestance.com
Other Languages Spoken by Provider or Office Staff
Spanish

Padron, Barbara, MS, LMFT ■
1575 West 53rd Street
Hialeah, FL 33012
(305) 707-5966
Digital Contact Information:
movingtowardagape@gmail.com

and
15715 S Dixie Hwy
Ste 403
Miami, FL 33157
(305) 707-5966
Digital Contact Information:
movingtowardagape@gmail.com

Padron, Felix O, PSYD, LMHC ■
Catalonia Avenue
Coral Gables, FL 33134
(305) 448-6000
Digital Contact Information:
doctorpadron@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Palaez, Alexandra, MS, LMFT ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
draida@mpsmentalhealth.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
draida@mpsmentalhealth.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
draida@mpsmentalhealth.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
draida@mpsmentalhealth.com
Other Languages Spoken by Provider or Office Staff
French, Russian, Spanish

Palenque, Yoni R, MSN, APRN ■
2000 Northwest 87th Avenue
Suite 201
Doral, FL 33172
(954) 561-6222
Digital Contact Information:
info@ventremedical.com

and
5901 Southwest 74th Street
408
Miami, FL 33143
(305) 735-3555
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Palermo, Brittany, MSN, APNP, APRN, APRNCNP, CRNP, NP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
brittany.palermo@chenaltherapy.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com
Other Languages Spoken by Provider or Office Staff English

Palle, Hysintine, DNP, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
administration@empowermenthealthllc.com

Palomino, Mariaelena, MSED, LMFT ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
info@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
info@behavioralaid.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pandini, Heli, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
credentialing@thriveworks.com

Pando, Ana M, PHD, LMHC, LSP ■
3400 Coral Way
Ste 401
Miami, FL 33145
(305) 567-1155
Digital Contact Information:
asharedvision@bellsouth.net

and
3400 Coral Way
Ste 402
Miami, FL 33145
(305) 567-1155
Digital Contact Information:
asharedvision@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Pardillo, Jacqueline, MS, LMHC ■
10030 Southwest 40th Street
A
Miami, FL 33165
(305) 400-8899
Digital Contact Information:
jackie@miamipsychological.com

and
FL
(305) 400-8899
Digital Contact Information:
jackie@miamipsychological.com

and
8200 Northwest 41st Street
Suite 200
Miami, FL 33166
(305) 721-3128
Digital Contact Information:
jackie@miamipsychological.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Paris, Emilia, MC, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Parodi, Laura, MPSY, LMFT ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
bravosmentalhealthcare@gmail.com

and
2100 West 76th Street
#209
Hialeah, FL 33016
(786) 201-1088
Digital Contact Information:
bravosmentalhealthcare@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Parrado, Arlette C, MSW, LCSW ■
815 Northwest 57th Avenue
325
Miami, FL 33126
(786) 364-6510
Digital Contact Information:
acparradolcsw@gmail.com
Other Languages Spoken by Provider or Office Staff English

Patsicostas, Susan, MS, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
strive@strivementalhealthllc.com

Patterson, Trakeeta A, MSW, LCSW ■
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
dreamagainservices@gmail.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
dreamagainservices@gmail.com

Paula Jorge, Lynette D, MSN, APRN ■
8323 Northwest 12th Street
108
Doral, FL 33126
(305) 400-8511
Digital Contact Information:
http://www.cbhwestcoast.com
info@cbhwestcoast.com

Peicher De Fleischer, Clara, MS, LMHC ■
12000 Biscayne Boulevard
303
Miami, FL 33181
(305) 933-9820
Digital Contact Information:
http://www.jcsfl.org

and
12000 Biscayne Boulevard
609
Miami, FL 33181
(305) 933-9820
Digital Contact Information:
http://www.jcsfl.org

Pellot, Gladys J, MS, LMHC ■
31 N Krome Ave
Homestead, FL 33030
(786) 481-5909
Digital Contact Information:
http://www.infinitecompletecare.com
info@infinitecc.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

Pena, Edgar, MS, LMHC ■
1354 Washington Avenue
221
Miami Beach, FL 33139
(305) 766-8064
Digital Contact Information:
http://www.mbbehavioralhealth.com
mbbehavioralhealth1@yahoo.com

and
15495 Eagle Nest Lane
STE 215
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
mbbehavioralhealth1@yahoo.com

and
6600 Cow Pen Road
250
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
mbbehavioralhealth1@yahoo.com

and
215 Westward Dr
Miami Springs, FL 33166
(305) 887-4494
Digital Contact Information:
mbbehavioralhealth1@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Penaranda, Yohan, MS, LMHC ■
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
http://brightsyhealthfl.com
brightsyhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Peraza Llanes, Alexander, MSN, APRN ■
2000 Northwest 87th Avenue
Suite 201
Doral, FL 33172
(954) 561-6222
Digital Contact Information:
info@ventremedical.com

and
5901 Southwest 74th Street
408
Miami, FL 33143
(305) 735-3555
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by

Provider or Office Staff
Spanish

Peredo, Carolina, MPSY, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
credentialing@banyanhealth.org

Perez Benitez, Carlos I, PHD, LP ■
1701 W Flagler St
Ste 310
Miami, FL 33135
(786) 467-7006
Digital Contact Information:
carlosisraelphd@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Guadalupe, MS, LMHC ■
7875 SW 104th St
Ste 101
Miami, FL 33156
(305) 899-1587
Digital Contact Information:
http://www.jcsfl.org
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Lourdes, MMFT, LMFT ■
9240 Sunset Dr
Ste 202
Miami, FL 33173
(305) 763-3965
Digital Contact Information:
nextchaptercounseling18@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Perez-Carrion, Jessenia, PSYD, LCP ■
100 NE 15th St
Ste 101D
Homestead, FL 33030
(833) 779-8646
Digital Contact Information:
perezc.jessenia@gmail.com

and
FL
(486) 499-5327
Digital Contact Information:
https://www.healinghavenpsychology.com/
perezc.jessenia@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez-Castro, Josefina, MSW, LCSW ■
5001 SW 74th Ct
Ste 104
Miami, FL 33155
(305) 663-0013
Digital Contact Information:
anagabilling@gmail.com

and
6955 NW 77th Ave
Ste 401
Miami, FL 33166
(305) 663-0013
Digital Contact Information:
anagabilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez-Suarez, Neyma, MN, APRN ■
2500 Northwest 79th Avenue
Suite 227
Doral, FL 33122
(305) 456-9396
Digital Contact Information:
admin@pirismedicalcenter.com

and
7483 Southwest 24th Street
201b
Miami, FL 33165
(786) 479-5058
Digital Contact Information:
admin@pirismedicalcenter.com

and
13335 Southwest 124th Street
STE 204
Miami, FL 33186
(786) 732-6192
Digital Contact Information:
admin@pirismedicalcenter.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pettus, Tenisha, PHD, LMFT ■
FL
(786) 724-4224
Digital Contact Information:
admin@vita-cog.com

Pierral, Julimar J, MMH, LMHC ■
3850 SW 87th Ave
Ste 102
Miami, FL 33165
(786) 615-4443
Digital Contact Information:
floridapsychotherapygroup@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pierre, Jason, MSN, APN, PMHNP ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Pineyro, Cindy, MC, LMHC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
http://www.behavioralaid.com
info@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
info@behavioralaid.com

Pitaluga, Iris, MS, LMHC ■
1360 South Dixie Highway
355
Coral Gables, FL 33146
(305) 648-9344
Digital Contact Information:
alternatives1@msn.com
Other Languages Spoken by Provider or Office Staff English

Plasencia, Belkis, MSN, APRN ■
7921 Bird Rd
Ste 41
Miami, FL 33155
(305) 425-1393
Digital Contact Information:
ynhcsaba@gmail.com

and
7971 Bird Road
39
Miami, FL 33155
(786) 910-7179
Digital Contact Information:
ynhcsaba@gmail.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
ynhcsaba@gmail.com

and
7001 SW 97th Ave
Ste 206
Miami, FL 33173
(786) 294-0123
Digital Contact Information:
https://www.chgpsychiatry.com/
ynhcsaba@gmail.com

and
9425 Southwest 72nd Street
Suite 251
Miami, FL 33173
(305) 305-6573
Digital Contact Information:
ynhcsaba@gmail.com

and
13706 Southwest 56th Street
STE 105-106
Miami, FL 331756036
(786) 523-4289
Digital Contact Information:
ynhcsaba@gmail.com

and
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
ynhcsaba@gmail.com

and
13335 Southwest 124th Street
STE 101
Miami, FL 33186
(786) 842-3635
Digital Contact Information:
ynhcsaba@gmail.com

and
13501 Southwest 128th Street
STE 114
Miami, FL 33186
(786) 250-3440
Digital Contact Information:
ynhcsaba@gmail.com

and
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
ynhcsaba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Poitier, Joseph W, MD ■
1469 NW 36th St
Miami, FL 33142
(305) 635-7444
Digital Contact Information:
quietmindsinc@yahoo.com

and
12955 Biscayne Blvd
Ste 320
North Miami, FL 33181
(305) 895-3231
Digital Contact Information:
quietmindsinc@yahoo.com

Porter, J'Briel E, MSW, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
admin@itsofok.com
Other Languages Spoken by Provider or Office Staff
Chinese, Urdu, Spanish, Hindi

Portillo, Cimelitza, MMH, LMHC ■
9425 SW 72nd St
Ste 265
Miami, FL 33173
(305) 279-8400
Digital Contact Information:
safeharbormha@att.net

Posada, Stephanie, MMH, LMHC ■
2500 Southwest 107th Avenue
41
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
lgomez@abcsfl.com

and
FL
(786) 615-3334
Digital Contact Information:
lgomez@abcsfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Poulsen, Raul, MD ■
255 University Dr
Fl 2
Coral Gables, FL 33134
(305) 663-6366
Digital Contact Information:
doctorpoulsen@gmail.com

and
2550 Douglas Road
Ste #301
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
doctorpoulsen@gmail.com

and
1400 NW 12th Ave
E
Miami, FL 33136
(305) 689-1352
Digital Contact Information:
doctorpoulsen@gmail.com

and
1611 NW 12th Ave
Miami, FL 33136
(305) 585-7040
Digital Contact Information:
doctorpoulsen@gmail.com

and
1695 NW 9th Ave
1404
Miami, FL 33136
(305) 355-9128
Digital Contact Information:
doctorpoulsen@gmail.com

and
1695 NW 9th Ave
Fl 14
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
doctorpoulsen@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pozo, Darinka, MSN, APRN ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Presken, Gessica, MS, LMHC ■
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
admin@lotuscounseling.com

and
FL
(831) 920-7907
Digital Contact Information:
http://www.mammha.com
admin@lotuscounseling.com

and
2999 NE 191st St
Miami, FL 33180
(305) 915-5748
Digital Contact Information:
admin@lotuscounseling.com

Preval, Falicia, MC, LMHC ■
1031 Ives Dairy Rd
Ste 228
Miami, FL 33179
(786) 320-5559
Digital Contact Information:
faliciap@aol.com

and
1031 Ives Dairy Road
Miami, FL 33179
(786) 627-3321
Digital Contact Information:
faliciap@aol.com

and
1001 North Miami Beach Boulevard
North Miami Beach, FL 33162
(786) 320-5559

Digital Contact Information:
faliciap@aol.com

Preval, Herve, MS, LPC, LPCC ■
11890 Southwest 8th Street
STE 309
Miami, FL 331841710
(786) 281-3935
Digital Contact Information:
http://www.blueangelcare.net
hpreval@prevalandassociates.net
and
FL
(786) 281-3935
Digital Contact Information:
http://www.prevalandassociates.net
hpreval@prevalandassociates.net
Other Languages Spoken by Provider or Office Staff
English, Creole, French

Prieto, Glenn C, MS, LMHC ■
10994 Southwest 184th Street
Cutler Bay, FL 33157
(305) 964-5530
Digital Contact Information:
kinitrohealth@gmail.com
and
FL
(305) 964-5530
Digital Contact Information:
kinitrohealth@gmail.com

Puech, Andrea, MS, LMHC ■
5001 SW 74th Ct
Ste 104
Miami, FL 33155
(305) 663-0013
Digital Contact Information:
http://www.anagapsychotherapy.com
puech5@gmail.com
and
6955 NW 77th Ave
Ste 401
Miami, FL 33166
(305) 663-0013
Digital Contact Information:
puech5@gmail.com
Other Languages Spoken by Provider or Office Staff
English, French, Spanish

Punjwani, Sohail S, MD ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
http://compasshealthsystems.com
intake@compass.md
and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(888) 852-6672
Digital Contact Information:
http://compasshealthsystems.com
intake@compass.md
Other Languages Spoken by Provider or Office Staff Urdu, Hindi

Quinonez Meza, Javier, MSN, APRN ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com
and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com
and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com
and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Quintana, Noelia M, MD, LMHC ■
8725 Northwest 18th Terrace
Suite 202
Doral, FL 33172
(305) 487-2532
Digital Contact Information:
office@mitierramedicalgroup.com
and
3750 West 16th Avenue
104
Hialeah, FL 33012
(305) 200-5648
Digital Contact Information:
office@mitierramedicalgroup.com
and
1150 Northwest 72nd Avenue
350
Miami, FL 33126
(786) 228-7801
Digital Contact Information:
office@mitierramedicalgroup.com
and
1150 Northwest 72nd Avenue
540
Miami, FL 33126
(786) 228-7801
Digital Contact Information:
office@mitierramedicalgroup.com
and
14201 Southwest 120th Street
suite 110
Miami, FL 33186
(786) 238-7492
Digital Contact Information:
https://mitierramedicalgroup.com
office@mitierramedicalgroup.com
and
14221 Southwest 120th Street
223
Miami, FL 33186
(786) 690-2296
Digital Contact Information:
office@mitierramedicalgroup.com
and
14261 Southwest 120th Street
Suite #113
Miami, FL 33186
(786) 558-4169
Digital Contact Information:
https://mitierramedicalgroup.com
office@mitierramedicalgroup.com
Other Languages Spoken by Provider or Office Staff English

Quintanilla, Claudia, MS, LMHC ■
FL
(786) 258-8499
Digital Contact Information:
http://www.virtual-counseling.com
service@virtual-counseling.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Quintero, Lari J, MSN, APRN, PMHNP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
info@bloommhw.com

Quintero, Rosaly, MMH, LMHC ■
5001 SW 74th Ct
Ste 104
Miami, FL 33155
(305) 663-0013
Digital Contact Information:
anagabilling@gmail.com
and
6955 NW 77th Ave
Ste 401
Miami, FL 33166
(305) 663-0013
Digital Contact Information:
anagabilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Raez, Maria L, MSN, APRN ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
http://www.dgphealthandwellness.com
info@dgphealthandwellness.com

Raiford, Sally T, MACP, LMFT ■
150 Alhambra Circle
Floor 10
Coral Gables, FL 33134
(786) 800-3374
Digital Contact Information:
sallie354@yahoo.com
and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
sallie354@yahoo.com

Raimey, Andrea B, MSW, LISW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
andrear@essentialreflectionscc.com

Rainuzzo, Silvana L, MC, LMHC ■
FL
(954) 682-0264
Digital Contact Information:
insurance@wellnite.com
and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ramirez, Lisandra, MMH, LMHC ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
primementalcare24@gmail.com
and
15260 Southwest 280th Street
113 114
Homestead, FL 33032
(305) 998-7885
Digital Contact Information:
primementalcare24@gmail.com
and
3446 Southwest 8th Street
217
Miami, FL 33135
(786) 769-5046
Digital Contact Information:
primementalcare24@gmail.com
and
2915 Biscayne Boulevard
Suite 300-4
Miami, FL 33137
(786) 398-4747
Digital Contact Information:
primementalcare24@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rankovic, Alecia, DNP, APRN, APRNCNP ■
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(239) 380-8220
Digital Contact Information:
infodesk@bregmanmedicalgroup.com

Regalado, Alejandra, MPSY, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com

Reichard, Michelle, MS, LMHC ■
14400 Northwest 77th Court
#100
Miami Lakes, FL 33016
(786) 916-6073
Digital Contact Information:
http://www.arcmentalhealth.com
yisabel@arcmentalhealth.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Reis, Maria, MC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Reisdorf, Sonia, DNP, APN, ARNP ■
2820 Northeast 214th Street
Ste 801
Aventura, FL 33180
(256) 500-8688
Digital Contact Information:
sreisdorf1@gmail.com
and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
sreisdorf1@gmail.com

Remedioz Gonzalez, Yuri, MSN, APRN ■
5040 Northwest 7th Street
610
Miami, FL 33126
(786) 505-9442
Digital Contact Information:
http://www.gpsycare.com
officeadmin@gpsycare.com
and
8700 West Flagler Street
150
Miami, FL 33174
(305) 479-2584
Digital Contact Information:
http://megamedicalcenter.com
officeadmin@gpsycare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rey, Gustavo J, PHD, CP ■
1150 NW 14th St
Ste 609
Miami, FL 33136
(305) 243-3100
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
English, Spanish

Reyes, Madeline B, MPSY, LMHC ■
5941 Northwest 173rd Drive
6 6
Hialeah, FL 33015
(786) 360-4328
Digital Contact Information:
blueparadisemedicalcenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Reyes, Sarah E, MSW, LCSW ■
4101 Pine Tree Drive
Miami Beach, FL 33140
(352) 345-6218
Digital Contact Information:
http://www.readytoelevate.org
elevatepd.therapy@gmail.com

Reyes, William, MS, LMHC ■
2264 SW 7th St
Miami, FL 33135
(305) 338-9798
Digital Contact Information:
mytherapistwr@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rice, Jeffrey, MS, LMHC ■
1005 N Krome Ave
Ste 121
Homestead, FL 33030
(305) 423-6385
Digital Contact Information:
jillian@thriveworks.com

Richards, Terry, PHD, LP ■
1717 North Bayshore Drive
3456 3456
Miami, FL 33132
(305) 343-3810
Digital Contact Information:
Not Available

and
21110 Biscayne Blvd
Ste 304
Miami, FL 33180
(305) 343-3810
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff English

Rico, Sandra, MS, LMHC ■
10689 SW 88th St
Ste 305
Miami, FL 33176
(415) 941-4109
Digital Contact Information:
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
Spanish

Rios, Rosa, MSW, LCSW ■
FL
(305) 804-9121
Digital Contact Information:
http://www.sfacounseling.org
info@sfacounseling.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rivas-Carrillo, Jorge, MSW, LCSW ■
2124 Northeast 123rd Street
STE 220
North Miami, FL 33181
(786) 828-0947
Digital Contact Information:
https://blossomfl.com
jorge.rivas@thefloridacenter.org
Other Languages Spoken by Provider or Office Staff
Spanish

Rivera, Gretel, MS, LMHC ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com

and
10300 Sunset Drive
Suite 114
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com
Other Languages Spoken by Provider or Office Staff
French, Spanish

Rivera, Yesenia, PSYD, LP ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 317-4478
Digital Contact Information:
https://crystalabatherapy.com/
info@cmpsclinical.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, French, Italian, Spanish

Robaina, Niubis, MPSY, LMHC ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
yavila@avilahealthgroup.com

Roberson, Cranesha E, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@truhealingreality.com

and
111 NW 183rd St
Ste 404
Miami, FL 33169
(786) 524-4001
Digital Contact Information:
info@truhealingreality.com

Roberts, Elizabeth H, MD ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
ap@resurgencebh.com
Other Languages Spoken by Provider or Office Staff
Spanish

Roberts, Nicole, MSN, APN, APRN, CNP, CNS, NP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
billing101@healthandpsychiatry.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
billing101@healthandpsychiatry.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
billing101@healthandpsychiatry.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
billing101@healthandpsychiatry.com

Roberts, Ryan, MS, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
ryanrobertslpc@gmail.com

and
FL
(305) 902-6347
Digital Contact Information:
ryanrobertslpc@gmail.com

Robinson, Jade, MS, LMHC ■
FL
(786) 488-8103
Digital Contact Information:
http://www.sfacounseling.org
info@sfacounseling.org

Roche, Michelle, MS, LMHC ■
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
http://brightsyhealthfl.com
brightsyhealth@gmail.com

and
1031 Ives Dairy Rd
Ste 228
Miami, FL 33179
(786) 320-5559
Digital Contact Information:
brightsyhealth@gmail.com

and
1001 North Miami Beach Boulevard
North Miami Beach, FL 33162
(786) 320-5559
Digital Contact Information:
brightsyhealth@gmail.com

Rochetto, Alexandria, MA, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
andreaburks@bayouwellness.life

Rocker, Jeff, MMH, LMHC ■
777 Brickell Ave
Ste 500
Miami, FL 33131
(786) 490-2181
Digital Contact Information:
askjeffrocker@gmail.com

Rodriguez, Alecia, PHD, LMFT ■
9555 Southwest 175th Terrace
Suite 227
Miami, FL 33157
(888) 241-8802
Digital Contact Information:
contact@myuniquetherapy.com

and
FL
(888) 241-8802
Digital Contact Information:
https://myuniquetherapy.com
contact@myuniquetherapy.com

Rodriguez, Andrea, MC, LMHC ■
8500 SW 92nd Street
203
Miami, FL 33156
(786) 332-4478
Digital Contact Information:
billing@livewelltherapygroup.com

and
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
billing@livewelltherapygroup.com

and
11050 Southwest 88th Street
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
billing@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Arianna, MSN, APRN ■
142 E 49th St
Hialeah, FL 33013
(305) 333-9166
Digital Contact Information:
http://www.lennoxhealth.org
mcarvajal@lennoxhealth.org
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Ayme, MSN, APRN ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
contact@elevatepsychiatry.com

and
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
contact@elevatepsychiatry.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Gloria, MSW, LCSW ■
9010 SW 137th Ave
Ste 233
Miami, FL 33186
(786) 236-1323
Digital Contact Information:
http://healing-recovery.com
mrodriguez@healing-recovery.com

Rodriguez, Irina, MMFT, LMFT ■
2157 Southwest 13th Avenue
3
Miami, FL 33145
(786) 878-1331
Digital Contact Information:
i.rodriguezlmft@gmail.com

and
FL
(786) 254-1572
Digital Contact Information:
i.rodriguezlmft@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Kimberley, MS, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
pandatherapycircle@gmail.com

Rodriguez, Mabel, MMH, LMHC ■
12159 Southwest 132nd Court
100
Miami, FL 33186
(786) 422-2073
Digital Contact Information:
comprehensivecounseling86@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Milian, Karel, MD ■
2500 Northwest 79th Avenue
233
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
andersonbilling1001@gmail.com

and
2500 Northwest 79th Avenue
Suite 189
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
andersonbilling1001@gmail.com

and
351 NW 42nd Ave
Ste 406
Miami, FL 33126
(786) 536-1710
Digital Contact Information:
andersonbilling1001@gmail.com

and
1890 Southwest 57th Avenue
SUITE 106
Miami, FL 33155
(786) 536-1701
Digital Contact Information:
andersonbilling1001@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Miriam, MS, LMHC ■
216 Catalonia Avenue
105
Coral Gables, FL 33134
(786) 236-1323
Digital Contact Information:
mrodriguez@healing-recovery.com

and
9010 SW 137th Ave
Ste 233
Miami, FL 33186
(786) 236-1323
Digital Contact Information:
mrodriguez@healing-recovery.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Ramos, Meilyn, PSYD, LP ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez-Hevia, Victoria, MC, LMHC ■
1450 Madruga Avenue
STE 302

Coral Gables, FL 33146
(305) 333-0181
Digital Contact Information:
theintuitivecouncelingcenter@gmail.com

Rodriguez-Prada, Margarita, MSCC, LMHC ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
tmedina@hbccmhc.com

Rondina, Katherine M, MSN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
hr.credentialing@sohomd.com
Other Languages Spoken by Provider or Office Staff English

Roque, Alicia, MS, LMHC ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
newbeginnignbehavior@yahoo.com

and
7580 Northwest 186th Street
202 202
Hialeah, FL 33015
(786) 385-5347
Digital Contact Information:
newbeginnignbehavior@yahoo.com

and
5455 Southwest 8th Street
230
Miami, FL 33134
(786) 629-8836
Digital Contact Information:
newbeginnignbehavior@yahoo.com

and
11890 Southwest 8th Street
403
Miami, FL 33184
(786) 362-5981
Digital Contact Information:
newbeginnignbehavior@yahoo.com

Rosario, Tamara, MS, LMHC ■
11077 Biscayne Boulevard
410
Miami, FL 33161
(888) 494-0808
Digital Contact Information:
https://tamara-rosario.clientsecure.me
office@sbhss.net
Other Languages Spoken by Provider or Office Staff
Spanish

Ruiz, Tatiana, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
info@ffmhs.com

Russell-Smith, Ashleigh, MN, APRN ■
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
http://brightsyhealthfl.com
brightsyhealth@gmail.com

Ryan, Melanie, MS, LMHC ■
2124 Northeast 123rd Street
STE 220
North Miami, FL 33181
(786) 828-0947
Digital Contact Information:
https://blossomfl.com
info@blossomfl.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rzadkowolsky-Raoli, Cesare, MD ■
8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-0208
Digital Contact Information:
http://www.wellnesstherapyandmedical.com
info@doctorsccs.com

and
9000 Southwest 137th Avenue
Suite 103
Miami, FL 33186
(305) 671-3503
Digital Contact Information:
http://behavioralccs.com
info@doctorsccs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Salas, Aldo Y, MMFT, LMFT ■
15946 Southwest 147th Lane
Miami, FL 33196
(786) 205-4058
Digital Contact Information:
http://www.headway.com
therapyaldosalas@gmail.com

Salazar, Ana, MS, LMHC ■
2500 Northwest 107th Avenue
Suite 102
Doral, FL 33172
(786) 605-9400
Digital Contact Information:
hello@reachlink.com

Saldarriaga, Natalia, MC, LMHC ●
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
https://behavioralaid.com/
nataliasaldarriaga@rocketmail.com

Saltman, Lyudmila, PSYD, LP ■
1120 NW 14th St
1447
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
therapy@miamibeachpsychologistassociates.com

and
FL
(786) 318-1933
Digital Contact Information:
therapy@miamibeachpsychologistassociates.com
Other Languages Spoken by Provider or Office Staff
French, Russian, Spanish

Salvador, Nicole, MC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
fivestarlearningc@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Salvato, Fernando, MD ■
184 Palm Avenue
Miami Beach, FL 33139
(305) 324-6440
Digital Contact Information:
umpsychiatry@icloud.com

Sammartano, Rachel, PA, PA_C ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
http://www.compasshealthsystems.com
intake@compass.md

and
11440 N Kendall Dr
Ste 208
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
intake@compass.md

and
1065 Northeast 125th Street
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
intake@compass.md

Samuel, Vickki Ann S, MD ■
18425 NW 2nd Ave
Ste 404B
Miami, FL 33169
(305) 549-8100
Digital Contact Information:
vssamuelmd@gmail.com

Sanchez, Azucena, MSN, APRN ■
17395 Northwest 59th Avenue
Hialeah, FL 33015
(305) 662-2185
Digital Contact Information:
excellencemed126@gmail.com

and
27 Northwest 13th Street
Homestead, FL 33030
(786) 339-8824
Digital Contact Information:
http://www.sfmhr.com
excellencemed126@gmail.com

and
7959 NW 2nd St
Miami, FL 33126
(305) 267-6060
Digital Contact Information:
excellencemed126@gmail.com

and
3146 Southwest 22nd Street
Miami, FL 33145
(786) 227-6177
Digital Contact Information:
excellencemed126@gmail.com

and
12750 Southwest 128th Street
Suite 108
Miami, FL 33186
(786) 713-0970
Digital Contact Information:
excellencemed126@gmail.com

and
11285 Southwest 211 Street
305
Miami, FL 33189
(786) 980-7496
Digital Contact Information:
excellencemed126@gmail.com

and
9847 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 227-6177
Digital Contact Information:
excellencemed126@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Sanchez, Gabriel, MD ■
9725 South Dixie Highway
Pinecrest, FL 33156
(305) 209-0144
Digital Contact Information:
http://sanchez-md.com
gabriel@sanchez-md.com
Other Languages Spoken by Provider or Office Staff English

Sanchez, Johana, MS, LMHC ■
FL
(305) 302-0087
Digital Contact Information:
http://divine-wellness.net
johanaq0217@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sanchez, Rosa M, MS, LMHC ■
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
morecounseling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sanfiel, Emily C, MS, LMHC ■
5915 Ponce de Leon
48
Coral Gables, FL 33146
(786) 273-7630
Digital Contact Information:
Not Available

and
7700 N Kendall Dr
Ste 415
Miami, FL 33156
(786) 359-4161
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Sanfiel, Ida N, MS, LMHC ■
5915 Ponce de Leon
48
Coral Gables, FL 33146
(786) 325-3285
Digital Contact Information:
isanfiel@gmail.com

and
2500 Northwest 107th Avenue
Suite 102
Doral, FL 33172
(786) 605-9400
Digital Contact Information:
isanfiel@gmail.com

and
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
isanfiel@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Santa, Dorilee, MS, LCMHC, LMHC ■
FL
(786) 258-8499
(786) 237-8501
(415) 941-4109
Digital Contact Information:
http://healinggrowththerapy.com
service@virtual-counseling.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Santiago Acevedo, Adriana, MPSY, LMHC ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
perla@dadefaily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla@dadefaily.com

Santiago Fernandez, Flor De Liz, EDD, LCSW ■
10691 North Kendall Drive
304
Miami, FL 33176
(786) 771-3370
Digital Contact Information:
http://www.familybalancetherapy.com
familybalancetherapy@gmail.com

and
FL
(786) 771-3370
Digital Contact Information:
http://www.familybalancetherapy.com
familybalancetherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Santiago Guia, Rina, PSYD, LP ■
151 NW 11th St
Ste W201
Homestead, FL 33030
(786) 521-5925
Digital Contact Information:
monarchallhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Santos, Marina, MMFT, LMFT ■
8180 Northwest 36th Street

100c
Doral, FL 33166
(305) 773-3335
Digital Contact Information:
marinamsantos@yahoo.com

and
8180 Northwest 36th Street
100d
Doral, FL 33166
(305) 773-3335
Digital Contact Information:
marinamsantos@yahoo.com

Sardinas, Maricruz, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
admin@lifehealthsystem.org
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Satorre, Mayuli C, MSN, APRN ■
3785 Northwest 82nd Avenue
307
Doral, FL 33166
(305) 898-5420
Digital Contact Information:
m.satorre@harmonyatthegables.com

and
33550 South Dixie Highway
106
Florida City, FL 33034
(786) 601-7712
Digital Contact Information:
m.satorre@harmonyatthegables.com

and
1150 Northwest 72nd Avenue
ph 2
Miami, FL 33126
(786) 542-5043
Digital Contact Information:
http://1stcarecms.com
m.satorre@harmonyatthegables.com

and
2650 Southwest 27th Avenue
Suite 305
Miami, FL 33133
(786) 353-9812
Digital Contact Information:
http://www.harmonyatthegablesclinic.com
m.satorre@harmonyatthegables.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sawyer, Robert, MMH, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com

and
3191 Coral Way
Ste 602
Miami, FL 33145
(305) 799-0620
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Schechner, Joanna, PSYD, CP, HSPP, LP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
dmccoy@prodatamgmt.com

Schmid, Cecilia A, MPSY, LMHC ■
9380 SW 72nd St
Ste 238
Miami, FL 33173
(305) 632-2322
Digital Contact Information:
ceciliaschmid@hotmail.com

and
10691 N Kendall Dr
Ste 110
Miami, FL 33176
(305) 632-2322
Digital Contact Information:
ceciliaschmid@hotmail.com

Schroeder, Donald A, MA, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
schroederdn@gmail.com

Schutt, Horacio, MPSY, LMHC ■
20900 Northeast 30th Avenue
200 17
Aventura, FL 33180
(786) 315-0387
Digital Contact Information:
http://www.miamipsychoanalysis.net
floridapsychotherapygroup@gmail.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
floridapsychotherapygroup@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Scotto, Maria, MS, LMHC ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(305) 396-9010
Digital Contact Information:
sasha@livewelltherapygroup.com

and
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
sasha@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff English

Serra, Maria T, MMFT, LMFT ■
12001 Southwest 128th Court
Suite Suite 104
Miami, FL 33186
(786) 868-0505
Digital Contact Information:
agency@juntosbmb.com

and
15305 Northwest 60th Avenue
Ste 100
Miami Lakes, FL 33014
(786) 536-7561
Digital Contact Information:
agency@juntosbmb.com
Other Languages Spoken by Provider or Office Staff
Spanish

Shaheed, Alycia, MS, LMHC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
http://www.behavioralaid.com
info@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
info@behavioralaid.com
Other Languages Spoken by Provider or Office Staff
Spanish

Shakespeare, Ashanti, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
inquiry@dare2emerge.com

Sharma, Manoj Kumar, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
credentialing@wellnite.com
Other Languages Spoken by Provider or Office Staff
Marathi, Hindi

Shervington, Dinora T, MS, LMFT ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
thecouples1@gmail.com

and
12150 Southwest 128th Court
Suite 105
Miami, FL 33186
(305) 338-2231
Digital Contact Information:
thecouples1@gmail.com

and
13383 SW 142nd Ter
Miami, FL 33186
(786) 362-5981
Digital Contact Information:
thecouples1@gmail.com

Silva Hector, Roberto J, MSN, APRN ■
22790 SW 112th Ave
Miami, FL 33170
(305) 235-2616
Digital Contact Information:
http://www.theagapenetwork.org
hcncredentialingcoordinators@hcnetwork.org

and
10691 North Kendall Drive
312
Miami, FL 33176
(786) 592-8470
Digital Contact Information:
hcncredentialingcoordinators@hcnetwork.org

and
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
hcncredentialingcoordinators@hcnetwork.org

Silva-Machado, Lucianne, MPSY, LMFT ■
8955 SW 87th Ct
Ste 212
Miami, FL 33176
(786) 840-3454
Digital Contact Information:
lsilva@blisshealth.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Singer, Gabrielle, MSW, LCSW ■
FL
(508) 202-1011
Digital Contact Information:
info@mosaicmindscounseling.com

Smith, Andrew C, MSN, APRN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
info@riviamind.com

Smith-Swan, Azure, MSW, LCSW ■
FL
(945) 253-8399
Digital Contact Information:
https://www.therealhealco.com/
dr.azure@therealhealco.com

Sobhan, Tanveer, MD ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
tsobhanmd@yahoo.com

and
11430 North Kendall Drive
208
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
tsobhanmd@yahoo.com

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
tsobhanmd@yahoo.com
Other Languages Spoken by Provider or Office Staff
Bengali

Sola-Castellanos, Mailyn, MC, LMHC ■
3625 Northwest 82nd Avenue
400 3
Doral, FL 33166
(305) 209-6399
Digital Contact Information:
julie.berger@drcred.com

and
1125 Northeast 125th Street
112
North Miami, FL 33161
(305) 209-6399
Digital Contact Information:
http://mindsetsolutionsctc.com/
julie.berger@drcred.com

Solares, Nani E, MA, LMHC ■
9240 Sunset Dr
Ste 202
Miami, FL 33173
(786) 803-7922
Digital Contact Information:
http://www.nanisolares.com
nanisolareslmhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Solomon, Evelyn, MSW, LCSW ●
FL
(802) 734-5285
Digital Contact Information:
http://www.evelynsolomontherapy.com
evelynsolomontherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Hebrew

Sommers, Silvia, PSYD, LP ■
3100 SW 62nd Ave
Miami, FL 33155
(305) 663-8439
Digital Contact Information:
shana.johnson@mch.com

and
8525 SW 92nd St
A1
Miami, FL 33156
(305) 439-9957
Digital Contact Information:
shana.johnson@mch.com
Other Languages Spoken by Provider or Office Staff
Spanish

Spanos, Melina, MSN, APRN ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Spasic, Marija, MS, LMHC ■
7600 West 20th Avenue
213
Hialeah, FL 33016
(786) 471-6887
Digital Contact Information:
http://marijaspasic.com
srcetherapy@gmail.com

Springer, Shawndel, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
gethelp@wellqor.com

St Phard, Nancy V, MSW, LMHC ■
12700 Biscayne Boulevard
301
North Miami, FL 33181
(305) 467-4597

Digital Contact Information:
dr.daino@aol.com

Steele, Theresa, MS, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Steinberg, Rachel, MSW, LCSW ■
5901 Southwest 74th Street
408
Miami, FL 33143
(305) 735-3555
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com

Stevenson, Thalia, MS, LCMHC ■
FL
(786) 530-5410
Digital Contact Information:
http://actservicellc.com
actservices2023@gmail.com

Stewart, Kimberly, MSW, LCSW ■
FL
(321) 360-4390
(904) 479-6299
Digital Contact Information:
insightcounselingcorner@gmail.com

Stewart, Tannisha, MC, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
tannishastewart@starzjourneyinc.onmicrosoft.com

Stormont, Catherine, MSW, LCSW ■
FL
(888) 339-9404
Digital Contact Information:
monya@180healthpartners.com

Strauss, Robin, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
robinlindsay1120@gmail.com

Suhail, Sam, MD ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://happierliving.com
hello@joinblossomhealth.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
hello@joinblossomhealth.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com

Sussman, Martin A, MSW, LCSW-R ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Sveinsson, Bjorn, MS, LMHC ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
gina@lotuscounseling.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
gina@lotuscounseling.com

Tanner, Keisha, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
keishatannerlpc@gmail.com

Tarajano, Jesus, MS, LMHC ■
22790 SW 112th Ave
Miami, FL 33170
(305) 235-2616
Digital Contact Information:
http://www.theagapenetwork.org

Tarr, Theodora L, PSYD, LP ■
9729 S Dixie Hwy
Miami, FL 33156
(305) 666-3650
Digital Contact Information:
dr.teddy@griefworksinc.com

and
8740 Southwest 133rd Street
Miami, FL 33176
(305) 666-3650
Digital Contact Information:
http://www.griefworksinc.com/
dr.teddy@griefworksinc.com

and
9202 Southwest 73rd Avrd
Pinecrest, FL 33156
(305) 666-3650
Digital Contact Information:
dr.teddy@griefworksinc.com

Tassy-Lewis, Sabrina, PSYD, LP ■
14411 Commerce Way
Hialeah, FL 33016
(954) 534-0432
Digital Contact Information:
tassy@nova.edu
Other Languages Spoken by Provider or Office Staff Haitian Creole, Creole

Tauler, Antonio, MD ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
Not Available

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
Other Languages Spoken by Provider or Office Staff
Spanish

Taveras, Adam, MA, LMFT ■
FL
(305) 981-6068
Digital Contact Information:
adam.brighterdays@gmail.com

and
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
adam.brighterdays@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Tercero, Vanessa, MSW, LCSW ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Terrell, Charlotte R, MS, LMFT ■
FL
(305) 596-7547
Digital Contact Information:
chaterrell@aol.com

Terron, Rochely, MC, LMHC ■
815 North Homestead Boulevard
228
Homestead, FL 33030
(305) 783-8181
Digital Contact Information:
rochelyterron@gmail.com

Tersy-Tuzo, Iliana, MSW, LCSW ■
1065 Northeast 125th Street
106
Miami, FL 33161
(305) 279-5535
Digital Contact Information:
http://www.compasshealthsystems.com
credentialing@compass.md
Other Languages Spoken by Provider or Office Staff
Spanish

Theiner, Sharon F, MSW, LCSW ■
FL
(508) 202-1011
Digital Contact Information:
https://www.sevenstarling.com
chelsey.butler@credentialing.com

Theis, Deborah, PHD, LP ■
FL
(800) 567-5433
Digital Contact Information:
https://totallife.com/
providerenrollment6@deeroaks.com

Theoc, Phonia, MS, LMHC ●
FL
(786) 644-5248
Digital Contact Information:
transformingmindsandlives@gmail.com

Thompson, Shannon R, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@lifestance.com

Thweatt, Nicole M, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
help@joinuplift.co

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Timerman Barbosa Da Silva, Patricia, PHD, LMFT, LMHC ■
FL
(305) 204-7764
Digital Contact Information:
info@advocate2create.com

and
3625 Northwest 82nd Avenue
400
Doral, FL 33166
(305) 204-7764
Digital Contact Information:
info@advocate2create.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Tinsley, Genee, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
referrals@chrysalishealth.com

Tiongco, Rosalinda, MS, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Torras Ceballos, Gabriela, MSCC, BCBA, LMHC ■
8300 West Flagler Street
STE 258C
Miami, FL 331446002
(786) 633-5171
Digital Contact Information:
counselingsocietymiami@gmail.com

and
2157 Southwest 13th Avenue
3
Miami, FL 33145
(786) 878-1331
Digital Contact Information:
http://www.counselingsociety.com
counselingsocietymiami@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Torres, Sergio, LMHC, MSCC ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
Not Available

Torres, Yuri G, MMFT, LMFT ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
info@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
info@behavioralaid.com
Other Languages Spoken by Provider or Office Staff
Spanish

Trana-Felipes, Silvia, MS, ABA, LMHC ■
2001 Northwest 107th Avenue
412
Doral, FL 33172
(786) 548-8322
Digital Contact Information:
empathybhsbilling@gmail.com

and
7959 NW 2nd St
Miami, FL 33126
(305) 267-6060
Digital Contact Information:
empathybhsbilling@gmail.com

and
1818 West Flagler Street
Miami, FL 33135
(786) 755-2897
Digital Contact Information:
empathybhsbilling@gmail.com

and
7315 Northwest 36th Street
Miami, FL 33166

(786) 345-7734
Digital Contact Information:
empathybhsbilling@gmail.com

and
10661 North Kendall Drive
216
Miami, FL 33176
(786) 631-4158
Digital Contact Information:
empathybhsbilling@gmail.com

and
1134 NW 136th Ave
Miami, FL 33182
(786) 631-4158
Digital Contact Information:
empathybhsbilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Treto, David, MN, APRN ■
13145 Southwest 134th Street
102
Miami, FL 33186
(305) 964-5236
Digital Contact Information:
olympushcs@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Turner, Rosa F, MD ■
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
http://www.
miamipersonalmanagement.
com
klopez@
miamipersonalmanagement.
com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Uribe, Liliana L, DSW, LCSW ■
2555 Northwest 102nd Avenue
STE 205
Doral, FL 33172
(305) 397-4031
Digital Contact Information:
lilyulcsw@aol.com

Ursani, Aneel A, MD ■
18117 Biscayne Boulevard
Po Box 61721
Miami, FL 33160
(206) 495-0724
Digital Contact Information:
ccservices@auctusgrp.com
Other Languages Spoken by Provider or Office Staff
English, Sign Lang Amer

Valdes, Yordanys, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
mendinghealthcare@outlook.com

Valencia, Odalys, MSW, LCSW ■
5979 Northwest 151st Street
STE 230
Miami Lakes, FL 33014
(305) 362-1875
Digital Contact Information:
odalysvalencialcsw@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valencia, Tatiana, PSYD, LP ■
3191 Coral Way
Ste 623
Miami, FL 33145
(786) 344-2849
Digital Contact Information:
tvalencia174@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vance, Melissa, MS, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
pandatherapycircle@gmail.com

Vandhuynslager, Marci, MS, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
milly.cintron@marirecovery.com
Other Languages Spoken by Provider or Office Staff English

Vandy, Damaris, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@hupcfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Varela, Chily, MMH, LMHC ■
3081 Salzedo Street
202 202
Coral Gables, FL 33134
(786) 327-4840
Digital Contact Information:
cvarelalmhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vazquez, Carmene, MA, LMHC ■
2801 Northeast 183rd Street
216 216
Aventura, FL 33160
(305) 931-3845
Digital Contact Information:
vazquezcarmene450@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vazquez De Miguel, Tatiana, MC, LMHC ■
13390 West Dixie Highway
North Miami, FL 33161
(305) 403-0664
Digital Contact Information:
http://www.dgcmhc.org
yrodriguez@dgcmhc.org
Other Languages Spoken by Provider or Office Staff
Russian, Spanish

Vazquez Garcia, Yaimara, MC, LMHC ■
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
http://brightsyhealthfl.com
brightsyhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vazquez Gonzalez, Ludys, MS, LMHC ■
FL
(786) 860-5104
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vazquez-Pausa, Antonio, MSW, LCSW ■
1901 SW 1st St
Miami, FL 33135
(305) 203-5230
Digital Contact Information:
http://careresource.org

and
3510 Biscayne Blvd
Miami, FL 33137
(305) 576-1234
Digital Contact Information:
http://careresource.org

Velasco-Quintero, Dania, MA, LMHC ■
7590 Northwest 186th Street
109
Hialeah, FL 33015
(305) 688-1700
Digital Contact Information:
genesisconsultingservices39@
gmail.com

and
10651 North Kendall Drive
suite 120
Miami, FL 33176
(786) 963-9087
Digital Contact Information:
genesisconsultingservices39@
gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vethencourt, Viviana, MS, LMHC ■
FL
(786) 285-0741
(954) 534-6744
Digital Contact Information:
vethencourt.viviana@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vieira, Caroline, MC, LMHC, PC ■
2212 Northwest 91st Street
Miami, FL 33147
(341) 888-7637
Digital Contact Information:
contact@quelinbilling.com
Other Languages Spoken by Provider or Office Staff
Portuguese

Vila, Dayana, MSN, APRN ■
4005 Northwest 114th Avenue
22 22
Doral, FL 33178
(305) 260-6913
Digital Contact Information:
billingheritagewellness@gmail.com

and
2645 SW 37th Ave
Ste 101
Miami, FL 33133
(786) 530-4080
Digital Contact Information:
billingheritagewellness@gmail.com

and
14221 Southwest 120th Street
126
Miami, FL 33186
(786) 577-3427
Digital Contact Information:
billingheritagewellness@gmail.com

and
13100 West Dixie Highway
North Miami, FL 33161
(786) 442-5021
Digital Contact Information:
billingheritagewellness@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Villa, Brian R, MD ■
4689 Ponce de Leon Boulevard
Suite 200
Coral Gables, FL 33146
(786) 803-8025
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
2500 Northwest 79th Avenue
Suite 227
Doral, FL 33122
(305) 456-9396
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
10520 Northwest 26th Street
STE C101
Doral, FL 33172
(786) 353-9308
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
1400 Northwest 107th Avenue
Suite 310
Doral, FL 33172
(305) 898-0849
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
1840 W 49th St
Ste 605
Hialeah, FL 33012
(305) 456-7785
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
5590 W 20th Ave
Ste 404
Hialeah, FL 33016
(305) 826-9330
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
2311 Northwest 7th Street
Miami, FL 33125
(786) 706-2246
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
1818 West Flagler Street
Miami, FL 33135
(786) 794-2655
Digital Contact Information:
http://www.
goldengatemedicalgroup.com
bvillamdpllcbilling@gmail.com

and
1818 West Flagler Street
202
Miami, FL 33135
(786) 755-2892
Digital Contact Information:
http://www.
goldengatemedicalgroup.com
bvillamdpllcbilling@gmail.com

and
1818 West Flagler Street
300
Miami, FL 33135
(786) 755-2891
Digital Contact Information:
http://www.
goldengatemedicalgroup.com
bvillamdpllcbilling@gmail.com

and
1818 West Flagler Street
Ste 2
Miami, FL 33135
(786) 755-2892
Digital Contact Information:
http://www.
goldengatemedicalgroup.com
bvillamdpllcbilling@gmail.com

and
3080 W Flagler St
Miami, FL 33135
(786) 547-2832
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
FL
(239) 499-0900
(786) 794-2655
(305) 495-9014
(786) 755-2891
Digital Contact Information:
http://www.
goldengatemedicalgroup.com
bvillamdpllcbilling@gmail.com

and
85 Grand Canal Drive
UNIT 203
Miami, FL 33144
(786) 536-7816
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
7116 Southwest 47th Street
Miami, FL 33155
(786) 794-2655
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
4995 Northwest 72nd Avenue
102
Miami, FL 33166
(786) 360-3584
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
11430 North Kendall Drive
d309
Miami, FL 33176
(305) 898-0849
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
13701 Southwest 88th Street
306
Miami, FL 33186
(786) 842-1489
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
17325 Northwest 27th Avenue
206 207
Miami Gardens, FL 33056
(786) 822-7270
Digital Contact Information:
bvillamdpllcbilling@gmail.com

Villa, Veronica, MSCC, LMHC ■
FL
(786) 443-8532
Digital Contact Information:
http://cptftl.square.side
vfvilla72@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Wachholder, Hara, MS, LMHC ■
10700 Caribbean Boulevard
UNIT 203
Cutler Bay, FL 33189
(305) 299-8005
Digital Contact Information:
hara.wachholder@gmail.com

Waldo, Izabella K, DNP, APRN, PMHNP ■
382 Northeast 191st Street
Miami, FL 33179
(305) 609-8634
Digital Contact Information:
scheduling@regionalpsychiatry.com
Other Languages Spoken by Provider or Office Staff German, Russian, Polish

Walker, Audi, MMH, LMHC ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
westmiamicmhc@bellsouth.net

Walker, Ryan, PA, PA_C ■
6303 Waterford District Drive
400 400
Miami, FL 33126
(786) 404-1575
Digital Contact Information:
info@elevatepsychiatry.com

Walker, Scott, MD ■
427 Washington Ave
Miami Beach, FL 33139
(305) 514-0813
Digital Contact Information:
Not Available

and
18360 NW 47th Ave
Miami Gardens, FL 33055
(786) 800-5631
Digital Contact Information:
Not Available

Wallace, Nicole J, MED, LCMHC ■
22027 Southwest 112th Avenue
a
Miami, FL 33170
(786) 957-2988
Digital Contact Information:
http://www.transformcc10.com
transformationcc10@gmail.com

Walterhoefer, Jessica, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
hello@psychplus.com
Other Languages Spoken by Provider or Office Staff Chinese, English, Spanish, Hindi

Waugh, Odalys J, PHD, LMHC ■
5201 Waterford District Drive
888
Miami, FL 33126
(305) 321-7226
Digital Contact Information:
morecounseling@gmail.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
morecounseling@gmail.com

and
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
morecounseling@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

White, Samantha, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
frontdesk@highersightscounseling.com

Whittington, Brittany N, MS, LMHC ■
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
http://www.crystalabatherapy.com
info@cmpsclinical.com

Wilcoxon, Kaffie G, MA, LMHC, LPC ■
1 Alhambra Plaza
1451
Miami, FL 33134
(888) 588-8995
Digital Contact Information:
credentialing@thriveworks.com
Other Languages Spoken by Provider or Office Staff English, Sign Lang Amer

Williams, Julia, MSW, LCSW ■
1951 NW 7th Ave
Fl 3
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
help@joinuplift.co

and
1951 Northwest 7th Avenue
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
help@joinuplift.co

Williams-Jeanty, Miesha N, MED, LMHC ■
FL
(305) 306-7409
Digital Contact Information:
admin@nzingasplace.com

Wilson, Aisya, MSW, LCSW ●
804 Northwest 21st Terrace
Suite 203
Miami, FL 33127
(305) 563-3136
Digital Contact Information:
https://www.myperspectivecounseling.com/
info@myperspectivecounseling.com

Wilson, Carolyn F, MSW, LCSW ■
15260 SW 280th St
Ste 205
Homestead, FL 33032
(305) 707-7237
Digital Contact Information:
http://www.familybehaviorservices.org
info@theracounsel.com

Wilson, Mia R, EDD, CAP, LMHC ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(866) 478-3978
Digital Contact Information:
miarwilson@aol.com

Winters, Heather, MED, LMHC ■
3625 Northwest 82nd Avenue
400 3
Doral, FL 33166
(305) 209-6399
Digital Contact Information:
luke@revive-rcm.com

and
1125 Northeast 125th Street
112
North Miami, FL 33161
(305) 209-6399
Digital Contact Information:
luke@revive-rcm.com

Wong, Carmen, MSN, APRN, CNP, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
hr.credentialing@sohomd.com

Wool, Sorcha, MSW, LCSW ■
1951 Northwest 7th Avenue
Miami, FL 33136
(571) 934-3936
Digital Contact Information:
admin@supportiveengagemet.com

and
FL
(305) 902-6347
Digital Contact Information:
admin@supportiveengagemet.com
Other Languages Spoken by Provider or Office Staff Sign Lang Amer

Woolery, Nickesha, MSN, APRN ■
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
info@aimergency.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
info@aimergency.com
Other Languages Spoken by Provider or Office Staff English, Haitian Creole, Filipino, French, Spanish

Wright, Sonya, MA, LMHC ■
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
info@thejourneytwcc.org
Other Languages Spoken by Provider or Office Staff Creole, Spanish

Yanez, Vicente, MSW, LCSW ■
814 Ponce de Leon Boulevard
STE 418
Coral Gables, FL 33134
(305) 469-1648
Digital Contact Information:
vy@infionline.net
Other Languages Spoken by Provider or Office Staff Spanish

Zaragoza Sosa, Jaime, MN, APRN ■
10024 Southwest 222nd Street
Cutler Bay, FL 33190
(786) 770-9527
Digital Contact Information:
info@providerassist.net

Zerpa, Arelys, MS, LMHC ■
789 Northwest 27th Avenue
Miami, FL 33125
(772) 241-9222
Digital Contact Information:
goldenyearsmedicalcenter@gmail.com

and
10030 Southwest 40th Street
A
Miami, FL 33165
(305) 400-8899
Digital Contact Information:
goldenyearsmedicalcenter@gmail.com

and
9380 Southwest 72nd Street
245
Miami, FL 33173
(305) 381-5434
Digital Contact Information:
goldenyearsmedicalcenter@gmail.com

and
10651 North Kendall Drive
suite 120
Miami, FL 33176
(786) 963-9087
Digital Contact Information:
goldenyearsmedicalcenter@gmail.com

and
13501 Southwest 128th Street
Suite 112
Miami, FL 33186
(786) 732-2383
Digital Contact Information:
goldenyearsmedicalcenter@gmail.com

and
FL
(786) 338-8999
(305) 400-8899
Digital Contact Information:
goldenyearsmedicalcenter@gmail.com

and
8181 Northwest 154th Street
STE 112
Miami Lakes, FL 33016
(407) 572-8053
Digital Contact Information:
goldenyearsmedicalcenter@gmail.com

and
1190 Northwest 95th Street
307
Miami Shores, FL 33150
(407) 572-8053
Digital Contact Information:
goldenyearsmedicalcenter@gmail.com

and
12651 South Dixie Highway
Pinecrest, FL 33156
(305) 554-0808
Digital Contact Information:
goldenyearsmedicalcenter@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Zitnick, Michelle S, MSN, APRN ■
975 West 41st Street
308
Miami Beach, FL 33140
(305) 905-2349
Digital Contact Information:
Not Available

Zoque, Dasniellis, MSN, APRN ■
351 NW 42nd Ave
Ste 406
Miami, FL 33126
(786) 536-1710
Digital Contact Information:
credentialing@premedsys.com

and
1890 Southwest 57th Avenue
SUITE 106
Miami, FL 33155
(786) 536-1701
Digital Contact Information:
http://www.integratedhealthcare.group
credentialing@premedsys.com

Zumar, Lorraine M, MC, LMHC, LPC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

DUAL DIAGNOSIS (MENTAL HEALTH AND SUBSTANCE USE COUNSELING)

Acevedo, Glory A, MMH, LMHC ■
800 Crandon Blvd
Ste 201
Key Biscayne, FL 33149
(786) 239-3055
Digital Contact Information:
keybiscaynecounseling@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Acker, Ashleigh, MS, LMFT ●
1175 Northeast 125th Street
320
Miami, FL 33161
(954) 372-0423
Digital Contact Information:
http://www.marriagefamilyservices.com
mfsfrontdesk1@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, English, Malayalam, Haitian, Italian, Spanish

Acosta, Sarah, MMH, LMHC ■
FL
(786) 708-2221
Digital Contact Information:
helpinghandscounseling1@gmail.com

Aguiar, Heloisa G, MA, LMHC ■
8547 Southwest 214th Lane
Cutler Bay, FL 33189
(305) 775-3105
Digital Contact Information:
lola0211@email.com

and
2000 S Dixie Hwy
Ste 104
Miami, FL 33133
(305) 775-3105
Digital Contact Information:
lola0211@email.com

and
13499 Biscayne Blvd
Ste 208
North Miami, FL 33181
(305) 775-3105
Digital Contact Information:
lola0211@email.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Aguilera, Michelle, MSW, LCSW ■
1603 Northeast 7th Avenue
Miami, FL 33137
(305) 374-1065
Digital Contact Information:
alexo@camillus.org
Other Languages Spoken by Provider or Office Staff
Spanish

Alayon, Carlos, MS, LMHC ■
10500 Northwest 26th Street
Doral, FL 33172
(305) 646-1799
Digital Contact Information:
calayon@hotmail.com

and
1710 Northwest 7th Street
5
Miami, FL 33125
(239) 250-9411
Digital Contact Information:
calayon@hotmail.com

and
2311 Northwest 7th Street
Miami, FL 33125
(786) 706-2246
Digital Contact Information:
calayon@hotmail.com

and
790 Northwest 107th Avenue
Suite 303
Miami, FL 33172
(786) 603-9858
Digital Contact Information:
calayon@hotmail.com

and
11960 SW 39th Ter
Miami, FL 33175
(786) 514-6406
Digital Contact Information:
calayon@hotmail.com

and
13170 Southwest 128th Street
200
Miami, FL 33186
(786) 852-5198
Digital Contact Information:
calayon@hotmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Albury, Opal, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
chandlercounseling@gmail.com

Alcala, Xiomara, MD ■
1840 W 49th St
Ste 607
Hialeah, FL 33012
(305) 828-9980
Digital Contact Information:
info@unitedwellcarecenter.com

and
1840 West 49th Street
#404
Hialeah, FL 33012
(305) 828-9980
Digital Contact Information:
info@unitedwellcarecenter.com

Alcantara, Josie, MS, LMHC ■
FL
(305) 508-0886
Digital Contact Information:
josie@alpinecounseling.miami
Other Languages Spoken by Provider or Office Staff
Spanish

Alea Garcia, Alina, MSSW, BCBA ■
123 N Krome Ave
Ste 104
Homestead, FL 33030
(786) 349-4559
Digital Contact Information:
referrals@ffmhs.com

and
Home Based Services Only
Homestead, FL 33030
(786) 349-4559
Digital Contact Information:
referrals@ffmhs.com

Alegria, Mario R, PHD, LP ●
6360 SW 48th St
Miami, FL 33155
(321) 273-9407
Digital Contact Information:
ma47alegria@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Aleman, Jessica M, PSYD, LP ■
3735 Southwest 8th Street
201
Coral Gables, FL 33134
(305) 200-3921
Digital Contact Information:
http://www.oceanpsychologygroup.com
alemanpsychology@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alison, Rachel H, MD ■
3081 Salzedo Street
Suite 202
Coral Gables, FL 33134
(786) 250-6240
Digital Contact Information:
http://sunflowerpsychiatry.com
info@sunflowerpsychiatry.com

Almeida Wallace, Diana, MC, LMHC ■
5915 Ponce de Leon
48
Coral Gables, FL 33146
(305) 934-6453
Digital Contact Information:
dalmeida87@hotmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, English, French, Spanish

Almonte, Aldriana A, MSW, LCSW ■
31 N Krome Ave
Homestead, FL 33030
(786) 481-5909
Digital Contact Information:
aalmonte@infinitecc.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

Alsakloull, Majd, MS, LMHC ■
3785 Northwest 82nd Avenue
206
Doral, FL 33166
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
ebcg-support@findoctave.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff Arabic

Alvarenga, Alicia, MSSW, LCSW ■
2100 Coral Way
#310
Miami, FL 33145
(786) 320-1677
Digital Contact Information:
ydzmgroup@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Alvarez, Arlinnes, MMH, LMHC ■
FL
(305) 804-9121
Digital Contact Information:
http://www.sfacounseling.org
arlinnes@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Creole, Spanish

Alvarez, Darline, MSW, LCSW ■
FL
(786) 223-6222
Digital Contact Information:
epochjourney@live.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alvarez, Gianinne M, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
info@livewelltherapygroup.com

and
7600 Southwest 57th Avenue
suite 334
South Miami, FL 33143
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
info@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alvarez Hernandez, Jorge A, MSN, APRN ■
12550 Biscayne Boulevard
STE 507
North Miami, FL 33181
(305) 204-1209
Digital Contact Information:
jac-pmhnp@assertivecare.net
Other Languages Spoken by Provider or Office Staff
English, Spanish

Amar, Eliana, MS, BCBA, LMFT ■
1000 Brickell Avenue
Miami, FL 33131
(786) 402-2300
Digital Contact Information:
eliana.amar@yahoo.com

and
14331 Southwest 120th Street
201
Miami, FL 33186
(786) 329-9993
Digital Contact Information:
eliana.amar@yahoo.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Ambush, Latonia M, MMH, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
latonia.ambush@gmail.com

Anderson, Aimee E, MSW, LCSW ■
9260 Sunset Dr
Ste 203
Miami, FL 33173
(305) 279-3640
Digital Contact Information:
Not Available

Anderson, Susan L, MA, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
susanandersonmalpc@gmail.com

Andreu, Claudia M, MMH, LMHC ■
7000 SW 97th Ave
Ste 121
Miami, FL 33173
(305) 342-5044
Digital Contact Information:
claumar.0222@gmail.com

Angel, Nicole, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Anker, Susan C, MSW, LCSW ■
11440 N Kendall Dr
Ste 106
Miami, FL 33176
(305) 668-9090
Digital Contact Information:
eanker7@bellsouth.net

Annan, Grace, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
scheduling@ehomegroup.com
Other Languages Spoken by Provider or Office Staff Italian

Antoine, Nisha, MPSY, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Arango, Alejandra J, MS, LMHC ■
FL
(786) 556-4040
Digital Contact Information:
aarango505@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Aroche, Gladys, MPSY, LMHC ■
5881 Northwest 151st Street
111
Miami Lakes, FL 33014
(305) 440-8920
Digital Contact Information:
gac25@ymail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arvon, Coral, PHD, LCSW, LMFT ■
2627 Northeast 203rd Street
118
Aventura, FL 33180
(305) 936-8000
Digital Contact Information:

http://arvonandassociates.com
drarvon@arvonandassociates.com

and

6919 Southwest 18th Street
219
Miami, FL 33175
(305) 936-8000
Digital Contact Information:
http://arvonandassociates.com
drarvon@arvonandassociates.com

Assinthe, Jeanne, MSW, LCSW ■
FL
(786) 779-8898
Digital Contact Information:
http://www.amitiewellness.com
jeanne@amitiewellness.com
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole, French, Spanish

Astacio, Victor, PSYD, LP ■
3990 West Flagler Street
102
Coral Gables, FL 33134
(786) 332-2602
Digital Contact Information:
blueskymentalhealthcorp@gmail.com

and

Eagle Nest Lane
Hialeah, FL 33014
(786) 534-3457
Digital Contact Information:
blueskymentalhealthcorp@gmail.com

and

Home Based Services Only
Miami Gardens, FL 33014
(305) 640-5739
Digital Contact Information:
blueskymentalhealthcorp@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ayer, Brian, MA, LPCC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
registration@ravenwoodhealth.org
Other Languages Spoken by Provider or Office Staff Sign Lang Amer

Azarian, Eliana, MC, LMHC ■
FL
(561) 590-7063
Digital Contact Information:
http://innerworkscounseling.com
contact@innerworkcounseling.com

Azucena, Natalia, MSW, LCSW ■
18710 Southwest 107th Avenue
UNIT 15
Cutler Bay, FL 33157
(786) 459-9945
Digital Contact Information:
callisiabilling@gmail.com

and

7392 Northwest 35th Terrace
Suite 302
Miami, FL 33122
(786) 353-2792
Digital Contact Information:
callisiabilling@gmail.com

and

2141 Southwest 1st Street
201
Miami, FL 33135
(786) 920-9137
Digital Contact Information:
callisiabilling@gmail.com

and

8390 West Flagler Street
220
Miami, FL 33144
(305) 402-4835
Digital Contact Information:
http://newmooncmhc.com
callisiabilling@gmail.com

and

9425 Southwest 72nd Street
225
Miami, FL 33173
(780) 353-2369
Digital Contact Information:
callisiabilling@gmail.com

and

5209 Northwest 36th Street
Miami Springs, FL 33166
(786) 712-7752
Digital Contact Information:
callisiabilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Badia, Lourdes, MA, LMHC ■
2550 Douglas Road
Ste #301
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
lbadia@aol.com

and

1338 SW 8th St
Miami, FL 33135
(786) 953-8874
Digital Contact Information:
lbadia@aol.com

and

8080 West Flagler Street
2a
Miami, FL 33144
(786) 615-2640
Digital Contact Information:
lbadia@aol.com

and

13270 Southwest 8th Street
Miami, FL 33184
(786) 631-4972
Digital Contact Information:
lbadia@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Baez, Frank A, MD ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
solututiondrivenconsulting@gmail.com

and

26023 South Dixie Highway
Homestead, FL 33032
(786) 504-3365
Digital Contact Information:
solututiondrivenconsulting@gmail.com

and

26027 South Dixie Highway
Homestead, FL 33032
(786) 601-7344
Digital Contact Information:
solututiondrivenconsulting@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Baker, Melissa, EDS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Balan, Maria, MS, LMHC ■
15715 S Dixie Hwy
Ste 403
Miami, FL 33157
(305) 707-5966
Digital Contact Information:
movingtowardagape@gmail.com

Barash, Brian D, MD ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.co

Barciela, Gilberto, MSN, APRNPMH ■
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
forwardwithfc@gmail.com

Barnett, Capus, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Baron, Darlise, MSW, LCSW ■
18441 NW 2nd Ave
Ste 116
Miami, FL 33169
(786) 320-8722
Digital Contact Information:
http://www.baroncounseling.com
info@baroncounseling.com

and

18441 NW 2nd Ave
Ste 216
Miami, FL 33169
(786) 320-8722
Digital Contact Information:
http://www.baroncounseling.com
info@baroncounseling.com
Other Languages Spoken by Provider or Office Staff Creole, Haitian

Barreira, Edith M, MMFT, LMFT ■
11098 Biscayne Blvd
401-27
Miami, FL 33161
(305) 972-4865
Digital Contact Information:
https://edithmariabarreiralmft.com
privatepracticeeb@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barrera, Lourdes, MPSY, LMHC ■
19001 Southwest 106th Avenue
c103
Miami, FL 33157
(786) 523-2352
Digital Contact Information:
hopeandserenity4you@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barreto, Lourdes A, MSSW, LCSW ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
referrals@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barroso, Alina, MD, LMHC ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Barroso, Daisy, MA, LMFT ■
117 Northeast 1st Avenue
9th FL
Miami, FL 33132
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
ebcg-support@findoctave.com

Barthelemy, Shirley, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff Creole

Barzaga, Dayron, MSN, APRN ■
124 Southeast 1st Road
A
Homestead, FL 33030
(786) 255-7979
Digital Contact Information:
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Bates, Colana, MA, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Batista, Maylin, PHD, LMHC ■
6001 Northwest 153rd Street
157
Miami Lakes, FL 33014
(415) 941-4109
Digital Contact Information:
http://www.intent-therapy.com
intenttherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Beams, Kristy L, MSN, APRN, APRNPMH ■
FL
(305) 902-6347
Digital Contact Information:
admin@delraycenter.com

Bean, Anthony, PHD, LP ■
333 Southeast 2nd Avenue
Suite 2000
Miami, FL 33131
(833) 369-1144
Digital Contact Information:
credentialing@asprcmsolutions.com

Beaubrun, Lucika, MA, LMHC ■
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(561) 289-7995
Digital Contact Information:
pandatherapycircle@gmail.com

Bergolla, Johannys, MSN, APRN ■
7950 Northwest 53rd Street
STE 237
Doral, FL 33166
(786) 536-4420
Digital Contact Information:
violethealthcorp@gmail.com

and

10520 Northwest 26th Street
STE C101
Doral, FL 33172
(786) 353-9308
Digital Contact Information:
violethealthcorp@gmail.com

and

5979 Northwest 151st Street
STE 120
Hialeah, FL 33014
(786) 536-4420
Digital Contact Information:
violethealthcorp@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bermudez Toth, Silvia P, PHD, LP ■
10691 N Kendall Dr
Ste 105
Miami, FL 33176
(305) 668-6018
Digital Contact Information:
cartayagroup@gmail.com

Bernal, Jenny A, MSCC, LCSW ■
3414 West 84th Street
Suite D110
Hialeah, FL 33018
(305) 825-4320
Digital Contact Information:
lifestarcmhc@gmail.com

and

3416 West 84th Street
C-108
Hialeah, FL 33018
(305) 557-1555
Digital Contact Information:
http://lifestarwellnesscenter.com
lifestarcmhc@gmail.com

Bernal Moro, Yenima, MS, APRN ■
4810 Southwest 8th Street
Suite 103/104

Coral Gables, FL 33134
(786) 803-8306
Digital Contact Information:
lifetimesolutionsagency@gmail.com

and
5757 Waterford District Drive
Unit 172
Miami, FL 33126
(786) 353-2616
Digital Contact Information:
http://www.lifetimesolutionsagency.com
lifetimesolutionsagency@gmail.com

and
FL
(786) 525-4138
Digital Contact Information:
lifetimesolutionsagency@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Betancourt, Alicia, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Betancourt, Jenny V, MS, LCMHC, LMHC, LPC ■
FL
(305) 330-8114
Digital Contact Information:
https://jenny-betancourt.clientsecure.me/
jmoran@docurapid.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bhaskarla, Niveditha, MD ■
1190 NW 95th St
Ste 110
Miami, FL 33150
(786) 353-2187
Digital Contact Information:
heather.spence@credentialing.com

Biaggini, Daniela, MMFT, LMHC ●
2124 Northeast 123rd Street
STE 220
North Miami, FL 33181
(786) 828-0947
Digital Contact Information:
https://blossomfl.com
info@blossomfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bibas, Silvia M, MACP, LMHC ■
5590 West 20th Avenue
200 201
Hialeah, FL 33016
(305) 557-1555
Digital Contact Information:
http://lifestarwellnesscenter.com
sbibas999@gmail.com

and
3416 West 84th Street
C-108
Hialeah, FL 33018
(305) 557-1555
Digital Contact Information:
http://lifestarwellnesscenter.com
sbibas999@gmail.com

Billings, Denise D, MA, LCMHC, LMHC ●
9350 Sunset Drive
151
Miami, FL 33173
(202) 410-5972
Digital Contact Information:
help@joinuplift.co

Blitzer, Paola, MS, LMHC ■
1045 Kane Concourse
207-208
Bay Harbor Islands, FL 33154
(305) 866-3866
Digital Contact Information:
paolabmhc@gmail.com

and
1045 Kane Concourse
207
Bay Harbor Islands, FL 33154
(561) 901-8846
Digital Contact Information:
paolabmhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bloom, Jennifer, MSW, LCSW, LISW, LMSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Boland, Teresa M, MS, ARNP, LMFT ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
totalhealthsolutions@protonmail.com

Bolt, Giselle M, MSN, APRN, APRNCNP ■
427 Washington Ave
Miami Beach, FL 33139
(305) 514-0813
Digital Contact Information:
credentialing@cancommunityhealth.org

and
18360 NW 47th Ave
Miami Gardens, FL 33055
(786) 800-5631
Digital Contact Information:
credentialing@cancommunityhealth.org
Other Languages Spoken by Provider or Office Staff English

Bonnemort, Laura K, PSYD, CP ■
7600 Southwest 57th Avenue
307
South Miami, FL 33143
(305) 262-0806
Digital Contact Information:
drlaura@reginamendoza.com

Borda, Margarita, MA, LMHC ■
123 Madeira Avenue
204
Coral Gables, FL 33134
(305) 898-6607
Digital Contact Information:
margaritaborda123@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Borges, Ariel, MC, BCBA, LMHC ■
330 Southwest 27th Avenue
STE 301
Miami, FL 33135
(786) 254-1572
Digital Contact Information:
http://www.counselingsociety.com
arborgesu@gmail.com

and
2157 Southwest 13th Avenue
3
Miami, FL 33145
(786) 254-1572
Digital Contact Information:
http://www.counselingsociety.com
arborgesu@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bornacelly, Orietta, MPSY, LMFT ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
hilda@universalcommunityservices.com

and
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
http://universalcommunityservices.com
hilda@universalcommunityservices.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Boswell, Ron, MSED, LMFT ■
7685 SW 104th St
Ste 100
Pinecrest, FL 33156
(305) 666-8000
Digital Contact Information:
chuckcook49@gmail.com

Botero, Sara M, MS, LMFT ■
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
morecounseling@gmail.com

and
9745 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 701-2401
Digital Contact Information:
morecounseling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Botta, Rafael J, PSYD, LP ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
info@dadefamily.com

Bradley, Aniek, MS, LMFT ■
15190 SW 136th St
Ste 25
Miami, FL 33196
(786) 285-2396
Digital Contact Information:
aniekbradley72@gmail.com

Brazzini, Mijanou, MPSY, LMHC ■
13205 Southwest 137th Avenue
suite 126
Miami, FL 33186
(786) 713-0383
Digital Contact Information:
http://yjwcare.com
mbrazzini61@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Brignoni, Candace I, MS, LMHC ■
10689 N Kendall Dr
Ste 314
Miami, FL 33176
(305) 558-7400
Digital Contact Information:
tiffflo@aol.com

Brito, Keity, LCSW, MSW ■
FL
(909) 442-0618
(202) 410-5972
(305) 209-5141
Digital Contact Information:
http://www.joinuplift.co
support@tryminded.com
Other Languages Spoken by Provider or Office Staff
Spanish

Brookes, Ingrid, MS, LMHC ■
10300 Southwest 72nd Street
275d
Miami, FL 33173
(888) 853-7908
Digital Contact Information:
http://www.bettermindtherapycorp.com
vasallojane@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Brown, Kameka L, PHD, APN, APRNCNP, ARNP ■
FL
(508) 202-1011
Digital Contact Information:
office@cartwheelcare.org

Bruno, Julie D, PSYD, LP ■
1550 Madruga Avenue
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
http://www.abc4s.com
support@abc4s.com

Burr, Tamara, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Burrell, Allison, PHD, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Bussey-Martin, Shantara L, MSW, LCSW ■
FL
(786) 751-1565
Digital Contact Information:
https://www.teatimets.com/
sbusseymartin@teatimets.com

Caballero, Marianela, PSYD, LMHC ■
2550 NW 72nd Ave
Ste 309
Miami, FL 33122
(786) 703-2828
Digital Contact Information:
guidanceandinsightinc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cabranes, Gretchen, MA, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 275-8860
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cabrera, Xenia M, MSW, LCSW ■
15476 Northwest 77th Court
112
Miami Lakes, FL 33016
(786) 229-9919
Digital Contact Information:
xcabrera@xmcmentalwellness.com
Other Languages Spoken by Provider or Office Staff
Spanish

Calderon, Eileen C, PSYD, LP ●
100 Miracle Mile
330
Coral Gables, FL 33134
(305) 445-9554
Digital Contact Information:
wellpathbehavior@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Calderon, Patricia, PHD, LMHC ■
6262 Bird Rd
Ste 2F
Miami, FL 33155
(305) 266-3200
Digital Contact Information:
dadecounseling@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Campbell, Mary L, MCAP, LCAS ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
birches@withassured.com

Capriata, Olga J, MSW, LCSW ■

2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
http://lotuscounseling.com
admi@lotuscounseling.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
http://www.lotuscounseling.com
admi@lotuscounseling.com

and
7811 Coral Way
106
Miami, FL 33155
(305) 412-0138
Digital Contact Information:
admi@lotuscounseling.com

and
13930 SW 47th St
Ste 202
Miami, FL 33175
(305) 387-7850
Digital Contact Information:
admi@lotuscounseling.com

and
5600 SW 135th Ave
Ste 116
Miami, FL 33183
(305) 387-7850
Digital Contact Information:
admi@lotuscounseling.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cardenas, Carlos, MSED, LMFT ■
10689 SW 88th St
Ste 305
Miami, FL 33176
(305) 975-9449
Digital Contact Information:
mgme.cc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cardona, Maria E, MBS, LPC ■
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
osaker@ibhflorida.com

Cardoso, Ericka, MS, LMHC ■
12595 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 701-9992
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
17340 Northwest 27th Avenue
Miami Gardens, FL 33056
(786) 255-0613
Digital Contact Information:
http://synergywellnessc.com
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Careaga, Dioskora, MS, BCBA, LMHC ■
2828 Coral Way
Ste 460
Coral Gables, FL 33145
(732) 523-2327
Digital Contact Information:
http://www.hinesandassociates.net
dioskorac@msn.com

and
12550 Biscayne Boulevard
STE 306
North Miami, FL 33181
(305) 642-5255
Digital Contact Information:
http://www.hinesandassociates.net
dioskorac@msn.com
Other Languages Spoken by Provider or Office Staff
Spanish

Carlisle, Muriell, MS, LMHC ■
FL
(786) 224-7111
Digital Contact Information:
muriellcarlisle@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Caro, Marjorie, MD ■
5860 W Flagler St
Miami, FL 33144
(305) 264-7808
Digital Contact Information:
drcaro@hotmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Carrion, Bethania, PSYD, LP ■
175 Fontainebleau Boulevard
Miami, FL 33172
(786) 860-2468
Digital Contact Information:
http://www.guidedinsightpsychology.com
drcarrionb@guided-insight.com
Other Languages Spoken by Provider or Office Staff
Spanish

Carroza, Mirna H, MPSY, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff
Italian, Spanish

Cartaya, Andres, PSYD, LP ■
10691 N Kendall Dr
Ste 105
Miami, FL 33176
(305) 668-6018
Digital Contact Information:
cartayagroup@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Castillo, Karina, MA, LMHC ■
FL
(786) 258-8499
Digital Contact Information:
http://www.virtual-counseling.com
service@virtual-counseling.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Cata, Karina, MN, ARNP ■
4982 Palm Avenue
Hialeah, FL 33012
(305) 479-3262
Digital Contact Information:
kcata@kcm.health
Other Languages Spoken by Provider or Office Staff
Spanish

Caver Jackson Adams, Latoya D, MA, LMHC, LPCC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
ebcg-support@findoctave.com

Cendejas, Marisol, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
members@wellnite.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cerne Constantin, Kery, MMH, LMHC ■
16800 Northeast 15th Avenue
304 304
North Miami Beach, FL 33162
(305) 419-6446
Digital Contact Information:
http://www.plscaw.com
ddunn@unifiedcm.com

Charles, Saskia, MS, LMHC ■
1825 Northwest 167th Street
SUITE 102
Opa-locka, FL 330564838
(305) 624-7450
Digital Contact Information:
http://www.cfcecares.org
rgay@cfceinc.org
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole, Creole, Spanish

Chasteen, Heather, MN, APRN, APRNCNP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
credentialing@flatherapy.com
Other Languages Spoken by Provider or Office Staff
English

Chatelain, Mitsouko, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
referrals@ffmhs.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
referrals@ffmhs.com

Chelak, Elizabeth, MSW, LCSW ■
1110 Brickell Ave
Ste 407
Miami, FL 33131
(561) 501-3092
Digital Contact Information:
info@traumatherapywpb.com
Other Languages Spoken by Provider or Office Staff
Russian

Chemerinsky, Graciela, MPSY, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com

and
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Chevalier, Naomi, MD ■
2 South Biscayne Boulevard
103 32
Miami, FL 33131
(786) 556-7688
Digital Contact Information:
smithvl6@upmc.edu
Other Languages Spoken by Provider or Office Staff
Hebrew, English

Chico, Heidi, MS, LMHC ■
7821 Coral Way
100
Miami, FL 33155
(786) 409-5690
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Chiu, Chantel, PHD, LP ■
15325 Northwest 60th Avenue
#105
Miami Lakes, FL 33014
(305) 512-5388
Digital Contact Information:
docs@trinitycmhc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Chiuchiolo, Marisa, MS, LMHC ■
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 317-4478
Digital Contact Information:
https://crystalabatherapy.com/

Christiansen, Kenneth, PSYD, LP ■
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(305) 801-4388
Digital Contact Information:
alliancepsych21@gmail.com

Cicetti, Lisa, PSYD, LMHC, LP ■
1100 Southwest 57th Avenue
Suite 100
Miami, FL 33144
(786) 556-7688
Digital Contact Information:
lisacicetti@yahoo.com

Cid, Arturo A, MSW, LCSW ■
11900 Biscayne Blvd
Ste 504
Miami, FL 33181
(305) 804-7843
Digital Contact Information:
cidcounseling@gmail.com

and
17071 West Dixie Highway
103 103
North Miami Beach, FL 33160
(305) 804-7843
Digital Contact Information:
cidcounseling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cipriani, Donna C, PHD, LMHC, LP ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
dr.donnacipriani@gmail.com
Other Languages Spoken by Provider or Office Staff Italian

Clark, Altheresa, MSW, LCSW ■
111 NW 183rd St
Ste 404
Miami, FL 33169
(786) 524-4001
Digital Contact Information:
altheresa.clark@yahoo.com

Cnobel Massion, Monica, MC, LCPC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Cofino Matos, Karol, MSN, APRN ■
9849 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 664-4540
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com
Other Languages Spoken by Provider or Office Staff
Spanish

Collazo-Amador, Aylem, MS, LMHC ■
306 Alcazar Avenue
200
Coral Gables, FL 33134
(305) 967-8725
Digital Contact Information:
http://www.ajmmedicalcenter.com
sunshine-advantage@mbhpays.com

and
8500 West Flagler Street
Office 107A
Miami, FL 33144
(786) 907-5141
Digital Contact Information:
sunshine-advantage@mbhpays.com

and
13301 Southwest 132nd Avenue
209 209
Miami, FL 33186
(786) 713-5553
Digital Contact Information:
sunshine-advantage@mbhpays.com

and
FL
(305) 632-3892
Digital Contact Information:
sunshine-advantage@mbhpays.com
Other Languages Spoken by Provider or Office Staff
Spanish

Collins, Danielle, MSN, APRN ●
FL
(954) 295-7333
Digital Contact Information:
bluebutterflypsychserv@gmail.com

Colson, Carrie, MSN, APRNCNP, APRNPMH ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/ccolson@wbma.cc
Other Languages Spoken by Provider or Office Staff
Spanish

Colvin, Cindy, EDS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Commella, Noreen, PSYD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/info@healthyyoungminds.com

Contreras, Joseph L, MS, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentailing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentailing@banyanhealth.org

and
18901 Southwest 106th Avenue
229
Miami, FL 33157
(786) 506-9008
Digital Contact Information:
credentailing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
credentailing@banyanhealth.org

and
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
credentailing@banyanhealth.org
Other Languages Spoken by Provider or Office Staff
Spanish

Cooper, Courtney, MS, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
acc@advancedclientcare.org

Cordiano, Kiera, MS, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Cordova, Carlos A, MS, LMHC ■
2141 SW 1st St
Ste 103
Miami, FL 33135
(305) 644-6024
Digital Contact Information:
help@coralcmhc.net
Other Languages Spoken by Provider or Office Staff
Spanish

Cordoves, Lazaro H, MD ■
1150 Northwest 72nd Avenue
350
Miami, FL 33126
(786) 228-7801
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
1150 Northwest 72nd Avenue
540
Miami, FL 33126
(786) 228-7801
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Corniffe, Khadine, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
pandatherapycircle@gmail.com

Corona, Kathleen, MPSY, LCSW ■
11890 Southwest 8th Street
403
Miami, FL 33184
(305) 433-1396
Digital Contact Information:
brightsyhealth@gmail.com

and
11890 Southwest 8th Street
Suite 207
Miami, FL 33184
(786) 362-5981
Digital Contact Information:
brightsyhealth@gmail.com

and
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
brightsyhealth@gmail.com

Corrieri, Arthur, MS, LMHC ■
9425 SW 72nd St
Ste 265
Miami, FL 33173
(305) 279-8400
Digital Contact Information:
acorrieri_@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Cortada, Maria X, MSW, LCSW ■
10250 Southwest 56th Street
Miami, FL 33165
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff English

Corzo, Samantha R, MS, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
credentialing@banyanhealth.org

Crane, Katrina L, MSN, ARNP, PMHNP ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Crider, Tiffany, MS, LMHC ■
FL
(305) 812-6018
Digital Contact Information:
http://www.prevailandprogress.com
tiffanysimone@prevailandprogress.com

Cross, Kamilah, MSW, LCSW ■
1425 Northwest 193rd Terrace
Miami Gardens, FL 33169
(954) 825-8500
Digital Contact Information:
yourworthllc@gmail.com

Crowdis, Marissa A, DO ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
ehoyos@lotuscounseling.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
ehoyos@lotuscounseling.com

Curras, Michelle M, MSSW, LCSW ■
1000 Brickell Avenue
Miami, FL 33131
(786) 536-5702
Digital Contact Information:
laibehavior@gmail.com

and
981 NW 132nd Ave W
Miami, FL 33182
(786) 536-5702
Digital Contact Information:
laibehavior@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Custidiano, Leonardo, MA, LMHC ■
3580 Mystic Pointe Drive
Aventura, FL 33180
(415) 941-4109
Digital Contact Information:
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Dahab, Faten, MPSY, LMHC ■
9822 Northeast 2nd Avenue
2
Miami Shores, FL 33138
(786) 505-7502
Digital Contact Information:
fatima@mindfuldirectionscc.com

and
FL
(786) 505-1145
Digital Contact Information:
fatima@mindfuldirectionscc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Daino, Giamarie, PSYD, LP ■
12700 Biscayne Boulevard
301
North Miami, FL 33181
(305) 467-4597
Digital Contact Information:
https://www.drdainotherapy.com/
drdaino@protonmail.com

Dangla, Marjorie, MSW, LCSW ■
Doral
Doral, FL 33178
(305) 926-6106
Digital Contact Information:
blissfulsoultherapy01@gmail.com

Darcy-Dowler, Jaimie, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Dashevsky, Jessica, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff
Russian

Davis, Leilani, MSN, APRN ■
790 Northwest 107th Avenue
Suite 107
Miami, FL 33172
(770) 492-2960
Digital Contact Information:
cheryl@qualitycredentialinginc.com

Davis-Rosario, Safiyah R, MSW, LCSW ■
FL
(786) 318-1591
Digital Contact Information:
http://www.sanctuarytcs.com
safiyahdv@hotmail.com

De La Nuez, Laura, PSYD, LP ■
2100 Ponce de Leon
STE 1015
Coral Gables, FL 33134
(786) 797-7788
Digital Contact Information:
lauradelanuez@bellsouth.net

De Sautu-Dominguez, Erika, MS, LMHC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
credentialing@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com
Other Languages Spoken by Provider or Office Staff
Spanish

De Souza, Maria B, PSYD, LP ■
FL
(954) 629-0248
Digital Contact Information:
http://www.drbetinadesouza.com
betina@drbetinadesouza.com

Deamezola, Morgan, MS, LCPC, LMHC ■
8400 Northwest 33rd Street
Suite 310
Doral, FL 33122

(305) 834-4313
Digital Contact Information:
ashley@newnanrcmsolutions.com

and
218 Northwest 24th Street
Miami, FL 33127
(305) 834-4313
Digital Contact Information:
ashley@newnanrcmsolutions.com

and
2916 North Miami Avenue
Miami, FL 33127
(305) 834-4313
Digital Contact Information:
ashley@newnanrcmsolutions.com

and
14 Northeast 1st Avenue
1403 1258
Miami, FL 33132
(970) 680-4143
Digital Contact Information:
ashley@newnanrcmsolutions.com

and
1680 Michigan Ave
Ste 700
Miami Beach, FL 33139
(305) 834-4313
Digital Contact Information:
ashley@newnanrcmsolutions.com

and
15450 New Barn Road
200
Miami Lakes, FL 33014
(305) 834-4313
Digital Contact Information:
ashley@newnanrcmsolutions.com

and
16135 Biscayne Boulevard
North Miami Beach, FL 33160
(305) 834-4313
Digital Contact Information:
ashley@newnanrcmsolutions.com

and
8971 Southwest 182nd Terrace
Palmetto Bay, FL 33157
(315) 873-2936
Digital Contact Information:
ashley@newnanrcmsolutions.com

Debord, Renee R, MA, LMHC ●
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Degraff, Stephane B, MD ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
victoria.l.oswald@powershealth.org
Other Languages Spoken by Provider or Office Staff Creole

Del Llano Lemus, Laura, MSN, APRN ■
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(954) 361-2669
Digital Contact Information:
laura051289@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Delaney, Carol J, PSYD, LP ■
9425 SW 72nd St
Ste 265
Miami, FL 33173
(305) 279-8400
Digital Contact Information:
http://www.safeharbormhc.com
drdelaney2644@att.net
Other Languages Spoken by Provider or Office Staff
Spanish

Delva, Shirley, PHD, LP ■
2020 Northeast 163rd Street
300f
North Miami Beach, FL 33162
(305) 209-1014
Digital Contact Information:
http://behavioralsolutionsmiami.com
sdelva92@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Creole, Haitian

Diaz, Ibrahim, MSN, APRN ■
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
kenia.rodriguez@ffmhs.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com

Diaz, Milagros, MMFT, LMFT ■
7400 Southwest 50th Terrace
STE 303
Miami, FL 33155
(786) 738-4045
Digital Contact Information:
http://psychcarecenter.com/
psychcarecc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz Palmero, Yuranis, MPSY, LMHC ■
3785 Northwest 82nd Avenue
307
Doral, FL 33166
(305) 266-2949
Digital Contact Information:
info@oasismentalhealthcenter.com

and
Northwest 92nd Avenue
Doral, FL 33172
(305) 266-2949
Digital Contact Information:
info@oasismentalhealthcenter.com

and
5901 Northwest 183rd Street
310
Hialeah, FL 33015
(786) 418-9790
Digital Contact Information:
https://oasismentalhealthcenter.com
info@oasismentalhealthcenter.com

and
1250 Southwest 27th Avenue
Suite 506
Miami, FL 33135
(786) 536-9278
Digital Contact Information:
info@oasismentalhealthcenter.com

and
330 Southwest 27th Avenue
STE 609
Miami, FL 33135
(786) 743-0801
Digital Contact Information:
info@oasismentalhealthcenter.com

and
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
info@oasismentalhealthcenter.com

and
9125 SW 87th Ave
Miami, FL 33176
(305) 735-3919
Digital Contact Information:
info@oasismentalhealthcenter.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz-Paniagua, Panny, MED, LMHC ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
credentialing@compass.md

and
9900 Southwest 107th Avenue
STE 101
Miami, FL 33176
(305) 964-5381
Digital Contact Information:
credentialing@compass.md

and
Home Based Services Only
Miami Lakes, FL 33016
(561) 764-7093
Digital Contact Information:
credentialing@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
credentialing@compass.md
Other Languages Spoken by Provider or Office Staff
Spanish

Dieppa, Renan, MS, LMHC ■
8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-2822
Digital Contact Information:
http://www.mgmbehavioral.com
mgmbehavioral@gmail.com

and
13301 Southwest 132nd Avenue
209 209
Miami, FL 33186
(786) 713-5553
Digital Contact Information:
mgmbehavioral@gmail.com

Dietsch, Taimara, MS, LMHC ■
7745 Northwest 146th Street
F1
Miami Lakes, FL 33016
(786) 633-5992
Digital Contact Information:
vidamentalhealth@gmail.com

Dimitrjevitch, Sasha, MS, LMHC ■
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
billing@peaktherapycenter.com

Dixon, Passion, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
ortiz4professionalservicesllc@gmail.com

Dobano Amador, Oscar A, MSN, APRN ■
10031 Southwest 40th Street
Miami, FL 33165
(786) 442-9628
Digital Contact Information:
admin@medicalwellnesscent.com

and
3621 SW 107th Ave
Miami, FL 33165
(786) 534-8366
Digital Contact Information:
http://serenitycommunitycenter.com
admin@medicalwellnesscent.com

Dominguez, Ashley, MS, LMHC ■
FL
(305) 497-4998
Digital Contact Information:
https://thecounselorcare.com
ashley@thecounselorcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Donaldson, Kaeron, MSW, LCSW ■
2124 Northeast 123rd Street
STE 220
North Miami, FL 33181
(786) 828-0947
Digital Contact Information:
https://blossomfl.com
info@blossomfl.com
Other Languages Spoken by Provider or Office Staff
Hebrew, Spanish

Dorney, Rochelle, MA, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/rochelle.frankel@belleve.us

Duquette, Gabriella, PSYD, LP ■
10691 N Kendall Dr
Ste 105
Miami, FL 33176
(305) 668-6018
Digital Contact Information:
gabyd17@bellsouth.net

Durand Marticorena, Dante M, MD ■
1295 NW 14th St
Ste E
Miami, FL 33125
(305) 689-1352
Digital Contact Information:
rwinokur@med.miami.edu

and
1120 NW 14th St
1477
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
rwinokur@med.miami.edu

and
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-6400
Digital Contact Information:
rwinokur@med.miami.edu

and
1611 NW 12th Ave
Miami, FL 33136
(305) 585-1111
Digital Contact Information:
rwinokur@med.miami.edu

and
1695 NW 9th Ave
1404A
Miami, FL 33136
(305) 355-7147
Digital Contact Information:
rwinokur@med.miami.edu

and
1695 NW 9th Ave
3308
Miami, FL 33136
(305) 355-7000
Digital Contact Information:
rwinokur@med.miami.edu

and
1695 NW 9th Ave
Fl 3
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
rwinokur@med.miami.edu
Other Languages Spoken by Provider or Office Staff
Spanish

Durand, Tekisha, MSW, LCSW ■
FL
(305) 833-3203
Digital Contact Information:
https://headway.co/providers/tekisha-durand
yourswagteam@gmail.com
Other Languages Spoken by Provider or Office Staff Creole

Ebert, Linda C, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
referrals@chrysalishealth.com

Ebert, Maryellen, EDS, LMHC ■
5001 SW 74th Ct
Ste 104
Miami, FL 33155
(305) 663-0013
Digital Contact Information:
leleebert@hotmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Edwards, Rebecca, MSW, LCSW, LICSW ■
FL
(508) 202-1011
Digital Contact Information:
http://www.rebeccasolomonlcsw.com
mcables@chcrr.org

Ehrentreu, Dana, MSW, LCSW ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y

nj-patientaccess@harmonybaywellness.com

Eklund, Melissa, MMH, LMHC ■
8200 Northwest 41st Street
Suite 200
Miami, FL 33166
(754) 202-2565
Digital Contact Information:
https://savinglives.clientsecure.me/
melissa@savinglivescounselingcenter.com

Elder, Carol, MS, LMFT ■
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(561) 609-2996
Digital Contact Information:
http://www.pandatherapycircle.com/
pandatherapycircle@gmail.com

Elma, Linda S, MSW, LCSW ■
11601 Biscayne Boulevard
303
Miami, FL 33181
(954) 278-0487
Digital Contact Information:
http://lsmsmentalhealth.com
info@lindaelmalcsw.com
Other Languages Spoken by Provider or Office Staff Creole

Escalona, Ana, MMH, LMHC ■
10700 Caribbean Boulevard
Suite 101
Cutler Bay, FL 33189
(305) 777-3883
Digital Contact Information:
escalonalmhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Estrada, Paola, MSW, LCSW ■
6175 NW 153rd St
Ste 404
Miami Lakes, FL 33014
(305) 558-7400
Digital Contact Information:
kim@appliedbehavior.net

Eth, Spencer, MD ■
1201 NW 16th St
Miami, FL 33125
(305) 575-7000
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
1404A
Miami, FL 33136
(305) 355-9155
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
Fl 3
Miami, FL 33136
(305) 355-9006
Digital Contact Information:
Not Available

Fall, Kevin, PHD, LP ■
FL
(800) 567-5433
Digital Contact Information:
https://totallife.com/
frontdesk@insighttherapy.us

Farrell-Turner, Kristen, PHD, LP ■
7685 Southwest 104th Street
Pinecrest, FL 33156
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
ebcg-support@findoctave.com

Fattori, Joseph D, MMH, LMHC, LPC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
ebcg-support@findoctave.com

Fay, Robert A, MS, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

Feldmann, Amit, MA, LMHC ■
407 Lincoln Road
#11A
Miami Beach, FL 33139
(305) 504-0351
Digital Contact Information:
amitbf@gmail.com

and
407 Lincoln Road
Suite 8C
Miami Beach, FL 33139
(305) 504-0351
Digital Contact Information:
amitbf@gmail.com
Other Languages Spoken by Provider or Office Staff
Hebrew, German, French

Feldmann, Denise, MS, LMHC ■
3580 Mystic Pointe Drive
Aventura, FL 33180
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
ebcg-support@findoctave.com

Fernandez, Daniela, MS, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
ebcg-support@findoctave.com

and
3625 Northwest 82nd Avenue
400
Doral, FL 33166
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
ebcg-support@findoctave.com

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
ebcg-support@findoctave.com

and
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
ebcg-support@findoctave.com

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
ebcg-support@findoctave.com

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
ebcg-support@findoctave.com

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Janelle M, MPSY, LMHC ■
14225 SW 42nd St
Miami, FL 33175
(305) 221-8200
Digital Contact Information:
arvida712@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Nallivy, MPSY, LMHC ■
20334 NW 2nd Ave
Miami, FL 33169
(954) 744-0899
Digital Contact Information:
http://fieldsofivy.com
nallyfdez@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez-Guzman, Natasha V, MMH, LMHC ■
15715 South Dixie Highway
Suite 320
Miami, FL 33157
(786) 475-2309
Digital Contact Information:
natashafdez@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ferrandiz, George, MSW, LCSW ■
101 Majorca Avenue
Coral Gables, FL 33134
(305) 448-6988
Digital Contact Information:
fer101@msn.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ferrari, Taiane, MD ■
FL
(212) 498-8970
Digital Contact Information:
http://www.mybiopsych.com
eric.tate@medibillmd.com

Fiallo, Irma R, MSW, LCSW ■
FL
(909) 442-0618
(202) 410-5972
(786) 471-7485
Digital Contact Information:
http://orendapsych.com
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
Spanish

Fiel, Esmilce, MSN, APRN ■
2141 Southwest 1st Street
204
Miami, FL 33135
(786) 515-4935
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Fields, Melanie, MS, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
ebcg-support@findoctave.com

Findley, Yewande, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
findleyy@yahoo.com
Other Languages Spoken by Provider or Office Staff English

Fishbain, David A, MD ■
1201 NW 16th St
Miami, FL 33125
(305) 575-7000
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
Miami, FL 33136
(305) 355-7777
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
1404A
Miami, FL 33136
(305) 243-4782
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
Fl 14
Miami, FL 33136
(305) 243-4782
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
Fl 3
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Russian, Spanish

Fitzpatrick, Panayiota, MED, LMHC ■
360 Northwest 27th Street
Miami, FL 33127
(929) 209-6109
Digital Contact Information:
fl-patientaccess@harmonybaywellness.com

Fonseca, Joanna, MS, LMHC ■
8600 Northwest South River Drive
222
Medley, FL 33166
(415) 941-4109
Digital Contact Information:
info@dadefamily.com

and
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

Forbes, Laurie J, MSW, LCSW, LMFT ■
2000 S Dixie Hwy
Ste 103
Miami, FL 33133
(305) 794-6685
Digital Contact Information:
ljforbes@aol.com

and
1000 Lincoln Rd
Ste 234A
Miami Beach, FL 33139
(305) 794-6685
Digital Contact Information:
ljforbes@aol.com

and
FL
(305) 794-6685
Digital Contact Information:
ljforbes@aol.com

and
16499 Northeast 19th Avenue
Suite 213
North Miami Beach, FL 33162
(305) 794-6685
Digital Contact Information:
ljforbes@aol.com

Fort Martinez, Gilza M, MS, LMFT ■
7765 SW 87th Ave
Ste 104
Miami, FL 33173
(305) 412-8440
Digital Contact Information:
gmfort1@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fraguela-Lam, Mayren, MSSW, LCSW ■
10691 North Kendall Drive
312
Miami, FL 33176
(786) 592-8470
Digital Contact Information:
bmhealthserv@gmail.com

and
FL
(786) 592-8470
Digital Contact Information:
bmhealthserv@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Freede, Amy, MSW, LCSW ■
FL
(831) 920-7907
Digital Contact Information:
https://www.mammha.com/
ebcg-support@findoctave.com
Other Languages Spoken by

Provider or Office Staff English

Freire, Anthony, MA, LMHC ■
14211 Southwest 120th Street
107
Miami, FL 33186
(917) 592-2345
Digital Contact Information:
anthonyfreire@gmail.com

Fuentes, Yasmani, MSW, LCSW ■
14400 Northwest 77th Court
#100
Miami Lakes, FL 33016
(786) 916-6073
Digital Contact Information:
http://www.arcmentalhealth.com
yisabel@arcmentalhealth.com

Fuller, Omar, MSN, NP ■
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(770) 810-5836
Digital Contact Information:
robinlwhitlow@highlandrivers.org

Gainza Mayo, Mariela D, MSN, APRN ■
7971 Bird Road
15
Miami, FL 33155
(786) 504-5620
Digital Contact Information:
kenia.rodriguez@ffmhs.com

and
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Galvez, Gema, MS, LPC ■
10300 Southwest 72nd Street
275d
Miami, FL 33173
(888) 853-7908
Digital Contact Information:
http://www.bettermindtherapycorp.com
gemagalvez@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Armando, MSSW, LCSW ■
8200 Northwest 41st Street
Suite 200
Miami, FL 33166
(305) 613-2842
Digital Contact Information:
https://savinglives.clientsecure.me/melissa@savinglivescounselingcenter.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Garcia De Porto, Marieta, MMH, LMHC ■
7925 Northwest 12th Street
118
Doral, FL 33126
(786) 536-2143
Digital Contact Information:
http://psrmindandbodyrehab.com
correamentalhealth@gmail.com

and
650 Northeast 22nd Terrace
212 214
Homestead, FL 33033
(786) 312-4478
Digital Contact Information:
correamentalhealth@gmail.com

and
13205 Southwest 137th Avenue
#212
Miami, FL 33186
(786) 732-6298
Digital Contact Information:
correamentalhealth@gmail.com

and
13205 Southwest 137th Avenue
206 208
Miami, FL 33186
(786) 592-2063
Digital Contact Information:
correamentalhealth@gmail.com

and
FL
(786) 385-9838
Digital Contact Information:
correamentalhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia Diaz, Marta, MSN, APRN ■
7490 Southwest 23rd Street
201
Miami, FL 33155
(786) 953-8221
Digital Contact Information:
medilineinc@yahoo.com

and
7315 Northwest 36th Street
Miami, FL 33166
(786) 345-7734
Digital Contact Information:
medilineinc@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Lauren, MED, LMHC ■
2212 Northwest 91st Street
4058
Miami, FL 33147
(341) 888-7637
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
lauren.garcia371@gmail.com

Garcia, Maria, MS, LMHC ■
15715 S Dixie Hwy
Ste 403
Miami, FL 33157
(305) 707-5966
Digital Contact Information:
movingtowardagape@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Maria J, MS, LMFT ■
8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-2822
Digital Contact Information:
tashaneb@4kids.us

and
17801 Northwest 2nd Avenue
202
Miami, FL 33169
(954) 979-7911
Digital Contact Information:
tashaneb@4kids.us
Other Languages Spoken by Provider or Office Staff
English, Spanish

Garcia, Tiffany, MN, PMHNP ■
2650 Southwest 27th Avenue
Suite 305
Miami, FL 33133
(786) 353-9812
Digital Contact Information:
billingheritagewellness@gmail.com

and
20824 W Dixie Hwy
Miami, FL 33180
(407) 851-5121
Digital Contact Information:
billingheritagewellness@gmail.com

Garcia, Veronica, MSSW, LCSW ■
8340 Southwest 30th Street
Miami, FL 33155
(305) 710-3088
Digital Contact Information:
vgarciaele@gmail.com

and
7520 Southwest 57th Avenue
d
South Miami, FL 33143
(786) 244-5040
Digital Contact Information:
vgarciaele@gmail.com

Garcia, Yailyn, MS, NP ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
laurap@azzurrahcc.com

and
17325 Northwest 27th Avenue
Suite 105
Miami Gardens, FL 33056
(786) 819-0209
Digital Contact Information:
laurap@azzurrahcc.com

Garcia-Vilasuso, Teresita, MS, LMHC ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
dr.ingridroman1@gmail.com

and
5455 Southwest 8th Street
230
Miami, FL 33134
(786) 629-8836
Digital Contact Information:
dr.ingridroman1@gmail.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
http://appliedbhs.com
dr.ingridroman1@gmail.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
dr.ingridroman1@gmail.com

Garrett, Khalilah, MSW, LCSW ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
support@thriveworks.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
support@thriveworks.com
Other Languages Spoken by Provider or Office Staff English

Genen, Lawrence R, MD ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
provider@3peaksmedical.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com
Other Languages Spoken by Provider or Office Staff English

Giblin, Jennifer, MA, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole, Spanish

Gomez-Abrue, Carmen B, MSW, LCSW ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and
7400 Southwest 88th Street
Miami, FL 33156
(786) 414-6666
Digital Contact Information:
http://www.memorytrainingflorida.com
info@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and
14505 Commerce Way
Ste 750
Miami Lakes, FL 33016
(305) 362-9989
Digital Contact Information:
info@dadefamily.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Adriana, MSN, APRN ■
11440 N Kendall Dr
Ste 208
Miami, FL 33176
(305) 898-0849
Digital Contact Information:
callisiabilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez Diaz, Vivian D, PSYD, LP ■
3271 NW 7th St
Ste 203
Miami, FL 33125
(786) 220-6902
Digital Contact Information:
http://www.outpatientpsycare.com
viviangonzalezdiaz@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez Gil, Manuel, MSCC, LMHC ■
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net

healingtouchinc@msn.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Gloria, PHD, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
professional_counseling@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Jacqueline, MSSW, LCSW ■
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
sasha@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gonzalez, Luis, DNP, APRN ■
8725 Northwest 18th Terrace
Suite 202
Doral, FL 33172
(305) 487-2532
Digital Contact Information:
eternitylives24@gmail.com

and
7270 Northwest 12th Street
430
Miami, FL 33126
(786) 615-2843
Digital Contact Information:
eternitylives24@gmail.com

and
12001 Southwest 128th Court
Suite Suite 104
Miami, FL 33186
(786) 868-0505
Digital Contact Information:
eternitylives24@gmail.com

and
13170 Southwest 128th Street
200
Miami, FL 33186
(786) 852-5198
Digital Contact Information:
eternitylives24@gmail.com

and
9010 Southwest 137th Avenue
101
Miami, FL 33186
(786) 803-8826
Digital Contact Information:
http://amorementalhealthcorp.com
eternitylives24@gmail.com

Gonzalez, Misleydis, MC, LMHC ■
215 Westward Dr
Miami Springs, FL 33166
(305) 887-4494
Digital Contact Information:
genesisconsultingservices39@gmail.com

Gonzalez Rodriguez, Mileisy, MSCC, LMHC ■
26027 South Dixie Highway
Homestead, FL 33032
(786) 601-7344
Digital Contact Information:
vitaly.credentialing@gmail.com

and
7805 Coral Way
Ste 131
Miami, FL 33155
(786) 307-2066
Digital Contact Information:
vitaly.credentialing@gmail.com

and
7811 SW 24th St
Ste 120
Miami, FL 33155
(305) 916-4310
Digital Contact Information:
vitaly.credentialing@gmail.com

and
FL
(786) 970-6385
Digital Contact Information:
vitaly.credentialing@gmail.com

and
10300 Southwest 72nd Street
414
Miami, FL 33173
(786) 483-7535
Digital Contact Information:
http://www.happydreamsofkids.com
vitaly.credentialing@gmail.com

and
10300 Southwest 72nd Street
300
Miami, FL 33173
(786) 418-9730
Digital Contact Information:
http://www.happydreamsofkids.com
vitaly.credentialing@gmail.com

and
14471 S Dixie Hwy
Miami, FL 33176
(786) 803-8826
Digital Contact Information:
http://www.amorementalhealthcorp.com
vitaly.credentialing@gmail.com

and
9010 Southwest 137th Avenue
101
Miami, FL 33186
(786) 803-8826
Digital Contact Information:
http://amorementalhealthcorp.com
vitaly.credentialing@gmail.com

and
11285 Southwest 211 Street
207
Miami, FL 33189
(786) 217-8510
Digital Contact Information:
vitaly.credentialing@gmail.com

Goodrich, Kenny, MC, LMHC ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
perla.delosrios@dadefamily.com

Gorham, Tania, MMFT, LMFT ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
gorhamtania@gmail.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
gorhamtania@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Goss, Jerron, MSCC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
http://www.wellnite.com
admin@blkhaven.com

Graypel, Ernest A, MD ■
1395 Brickell Avenue
Suite #800
Miami, FL 33131
(954) 247-8790
Digital Contact Information:
office@emergeandsee.com
Other Languages Spoken by Provider or Office Staff
English, Russian

Green-Scott, Alicia, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
allygreen66@aol.com

Greenblatt, Jodi, MS, LMFT ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
acc@advancedclientcare.org
Other Languages Spoken by Provider or Office Staff
Afrikaans

Greene, Danielle N, MSW, LCSW ■
1531 Northwest 173rd Terrace
Miami, FL 33169
(415) 941-4109
(786) 487-8331
Digital Contact Information:
https://www.evernorth.com/behavioral-care
evolvetherapeuticsolutionsllc@gmail.com

Grenier, Ivan, MSN, APRN ■
2001 Northwest 107th Avenue
412
Doral, FL 33172
(786) 548-8322
Digital Contact Information:
xavier@southhealthmed.com

and
7959 NW 2nd St
Miami, FL 33126
(305) 267-6060
Digital Contact Information:
xavier@southhealthmed.com

and
3080 W Flagler St
Miami, FL 33135
(305) 456-1600
Digital Contact Information:
xavier@southhealthmed.com

and
5673 Southwest 137th Avenue
Miami, FL 33183
(305) 385-3949
Digital Contact Information:
xavier@southhealthmed.com
Other Languages Spoken by Provider or Office Staff
Spanish

Grigorova, Marina, MS, LMHC ■
FL
(646) 453-6777
Digital Contact Information:
marinag2804@gmail.com
Other Languages Spoken by Provider or Office Staff
Bulgarian

Grunglasse, Maria E, MS, LCPC ■
FL
(207) 210-2672
Digital Contact Information:
esmeraldagrunglasse@yahoo.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Guemez, Maidember, MMH, LMHC ■
13335 Southwest 124th Street
Suite 212
Miami, FL 33186
(786) 515-4569
Digital Contact Information:
mguemez@sfcounselinggroup.org

and
13590 Southwest 134th Avenue
STE 202
Miami, FL 33186
(786) 515-4569
Digital Contact Information:
mguemez@sfcounselinggroup.org
Other Languages Spoken by Provider or Office Staff
Spanish

Guevara Vazquez, Vladimir A, MD ■
7855 Northwest 12th Street
217
Doral, FL 33126
(786) 473-0632
Digital Contact Information:
imhotepcxinc@gmail.com

and
6187 Northwest 167th Street
STE H26
Hialeah, FL 33015
(305) 705-5666
Digital Contact Information:
imhotepcxinc@gmail.com

and
3408 West 84th Street
STE 301
Hialeah, FL 33018
(786) 661-2971
Digital Contact Information:
imhotepcxinc@gmail.com

and
1150 Northwest 72nd Avenue
220
Miami, FL 33126
(786) 558-4899
Digital Contact Information:
imhotepcxinc@gmail.com

and
1495 NW 54th St
Miami, FL 33142
(305) 205-4328
Digital Contact Information:
imhotepcxinc@gmail.com

and
8550 West Flagler Street
Suite 113
Miami, FL 33144
(305) 755-2200
Digital Contact Information:
imhotepcxinc@gmail.com

and
14261 Southwest 120th Street
Suite #113
Miami, FL 33186
(786) 558-4169
Digital Contact Information:
imhotepcxinc@gmail.com

and
5391 Northwest 36th Street
Miami Springs, FL 33166
(786) 636-1310
Digital Contact Information:
imhotepcxinc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Guilbe, Angelika, MSCC, LMHC ■
FL
(754) 307-6860
Digital Contact Information:
http://www.solrivercounseling.com
angie_guilbe@yahoo.com

Guntin, Yamile, MSW, LCSW ■
3191 Coral Way
607
Miami, FL 33145
(786) 397-7926
Digital Contact Information:
https://headfulloffoliage.com
guntinaleman@gmail.com

and
FL
(786) 397-7926
Digital Contact Information:
https://headfulloffoliage.com
guntinaleman@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gutierrez, Beatriz, MSN, APRN ■
FL
(954) 765-6505
Digital Contact Information:
https://optimalmindandwellness.com/our-focus
beatriz@optimalmindandwellness.com

Gutierrez, Damian, MC, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
credentialing@banyanhealth.org

Haider, Shamshad, MED, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff Farsi, Urdu, Arabic, Hindi

Hakiel-Calcaterra, Judy, MA, LMHC ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
jhctherapy@gmail.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
jhctherapy@gmail.com

Halliday, Anna, MED, LMHC ■
3580 Mystic Pointe Drive
Suite 108
Aventura, FL 33180
(305) 205-3810
Digital Contact Information:
support@hstherapycollective.com

and
820 Northeast 143rd Street
North Miami, FL 33161
(305) 205-3810
Digital Contact Information:
http://hstherapycollective.com
support@hstherapycollective.com

Harker, Kim Kimberly, MPSY, LAC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
grant@soulful-recovery.com

Harvey, Hope, MC, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
hello@jwrgrp.com

Hasboun, Alexandra, MSED, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
hello@talkiatry.com
Other Languages Spoken by Provider or Office Staff Haitian Creole

Hassan, Hamlet R, MD ■
4475 Southwest 8th Street
Coral Gables, FL 33134
(786) 536-2872
Digital Contact Information:
bcd.ahcs@outlook.com

and
3146 Coral Way
FL 2
Coral Gables, FL 33145
(786) 953-8874
Digital Contact Information:
bcd.ahcs@outlook.com

and
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
bcd.ahcs@outlook.com

and
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
bcd.ahcs@outlook.com

and
664 E 25th St
Hialeah, FL 33013
(786) 409-2651
Digital Contact Information:
bcd.ahcs@outlook.com

and
664 East 25th Street
102
Hialeah, FL 33013
(786) 409-5361
Digital Contact Information:
bcd.ahcs@outlook.com

and
7490 Southwest 23rd Street
201
Miami, FL 33155
(786) 953-8221
Digital Contact Information:
bcd.ahcs@outlook.com

and
760 Northwest 107th Avenue
110
Miami, FL 33172
(786) 409-3800
Digital Contact Information:
bcd.ahcs@outlook.com

and
10511 North Kendall Drive
c201
Miami, FL 33176
(305) 274-5319
Digital Contact Information:
bcd.ahcs@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Heard, Chelsea, MSSW, LCSW ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
chelseaheardcounseling@gmail.com

Henderson, Kimberly, MSW, LCSW ■
FL
(305) 804-9121
Digital Contact Information:
http://www.sfacounseling.org
info@sfacounseling.org

Hernandez, Alfredo, MS, LMHC ■
7700 North Kendall Drive
807
Miami, FL 33156
(415) 941-4109
Digital Contact Information:
nicholas@md-access.net

Hernandez, Ania, MS, BCBA ■
12060 Southwest 129th Court
Suite 205
Miami, FL 33186
(786) 864-9113
Digital Contact Information:
Not Available

Hernandez, Diana, MC, LMHC ■
2500 Southwest 107th Avenue
41
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
info@abcsfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Janet, MA, LPC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
birches@withassured.com

Hernandez, Karla P, MS, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
info@mindworkstx.com
Other Languages Spoken by Provider or Office Staff English

Hernandez, Yandy, MMH, LMHC ■
1250 Southwest 27th Avenue
207
Miami, FL 33135
(786) 522-7203
Digital Contact Information:
cabehavior@gmail.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(786) 522-7203
Digital Contact Information:
cabehavior@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Herrera Martinez, Daysi, MSSW, LCSW ●
12540 Northeast 8th Avenue
North Miami, FL 33161
(786) 731-6492
Digital Contact Information:
dherrera@altamiracommunity.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hershman, Kelley P, MA, LMHC ■
14211 Southwest 120th Street
107
Miami, FL 33186
(917) 592-2345
Digital Contact Information:
khershman@thesohocenter.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hidalgo, Rebecca M, MSN, APRN ■
1840 West 49th Street
Ste 408
Hialeah, FL 33012
(305) 964-5013
Digital Contact Information:
bmwellnesscenter24@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Hodgson, Sidney, MS, LMHC ■
10300 Southwest 72nd Street
#123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
myschoolpsychologist@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hope, Maria M, MS, LMHC ■
13054 Southwest 133rd Court
FL 2
Miami, FL 33186
(305) 407-8165
Digital Contact Information:
mercyb.familytherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hubbard, Katheryn G, MSW, LCSW ■
FL
(508) 202-1011
Digital Contact Information:
support@sevenstarling.com

Hunt, Jennifer L, MS, LMHC ■
1 Alhambra Plaza
Miami, FL 33134
(888) 588-8995
Digital Contact Information:
billing@regionalpsychiatry.com

Inguanzo, Yelena, MS, LMHC ■
7745 Northwest 146th Street
F1
Miami Lakes, FL 33016
(786) 633-5992
Digital Contact Information:
vidamentalhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ireton, Vivian L, MSW, LCSW ■
66 W Flagler St
900
Miami, FL 33130
(786) 244-7690
Digital Contact Information:
rgunton@lumenhealthservices.com

and
1221 Brickell Avenue
ste 900
Miami, FL 33131
(786) 244-7690
Digital Contact Information:
rgunton@lumenhealthservices.com

and
2212 Northwest 91st Street
Miami, FL 33147
(341) 888-7637
Digital Contact Information:
rgunton@lumenhealthservices.com

Jaramillo, Kate M, MMFT, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@joinuplift.co

Jefferson, Shanna, MSW, LCSW, LISW-CP ■
FL
(800) 567-5433
Digital Contact Information:
http://therapywithshanna.com
appointments@meetmarvin.com

Jerez, Samir G, MMH, LMHC ■
17225 South Dixie Highway
STE 203
Palmetto Bay, FL 33157
(786) 601-2608
Digital Contact Information:
lifestarcmhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Jimenez, Graciela, MMFT, LMFT ■
7400 SW 87th Ave
260
Miami, FL 33173
(786) 595-8040
Digital Contact Information:
managedcarecredentialing@baptisthealth.net

Johnson, Chermora, MS, LCPC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff English

Johnson, Keisha H, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
gaelbyron@gmail.com

Johnson, Lisa A, MS, LMHC, LPC ■
2212 Northwest 91st Street

Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Johnson-Greene, Douglas E, PHD, LP ■
1120 NW 14th St
Miami, FL 33136
(305) 243-8472
Digital Contact Information:
Not Available

and
1475 NW 12th Ave
Miami, FL 33136
(305) 243-3356
Digital Contact Information:
Not Available

Johny, Geethu, MS, LMHC ■
1951 Northwest 7th Avenue
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
legacycommunityc@gmail.com

and
FL
(305) 902-6347
Digital Contact Information:
legacycommunityc@gmail.com

Jorge, Karen, PA, PA_C ■
8400 Northwest 33rd Street
Ste 201
Miami, FL 33122
(844) 655-4827
Digital Contact Information:
karenj0204@gmail.com

Joseph, Marie I, MSN, APRN ■
111 Northwest 183rd Street
Suite 203
Miami, FL 33169
(786) 809-4101
Digital Contact Information:
heavenlysoulscare@gmail.com
Other Languages Spoken by Provider or Office Staff Creole

Kastrinos, Marlene M, MSW, LCSW ■
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
emotionaltherapy@aol.com

Kburg, Regina I, PSYD, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
office@pasadenaclinicalgroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Kelso, Tracy, MA, CAP, LMHC ■
1951 NW 7th Ave
Fl 3
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
kelsot@bebravehealth.com

Keltgen, Joan, MED, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Kerwin, Mary L, DO ■
7270 Northwest 12th Street
430
Miami, FL 33126
(786) 615-2843
Digital Contact Information:
garciarehab5600@gmail.com

and
5600 Southwest 135th Avenue
100
Miami, FL 33183
(305) 603-9104
Digital Contact Information:
garciarehab5600@gmail.com

Khachatryan, Sunny, PHD, LMHC, LPCC ■
1001 Brickell Bay Dr
2701
Miami, FL 33131
(305) 742-5429
Digital Contact Information:
appointments@meetmarvin.com

Kidane Davis, Pascale, MSN, APRN ■
FL
(786) 761-1155
(888) 947-3888
Digital Contact Information:
https://www.virtualpsychiatriccare.com/
pascalenp11@gmail.com

Kline, Christopher, PHD, LP ■
770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
aswood71@gmail.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
aswood71@gmail.com

and
5201 Blue Lagoon Dr
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
aswood71@gmail.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
aswood71@gmail.com

and
80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
aswood71@gmail.com

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
aswood71@gmail.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
aswood71@gmail.com

and
830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
aswood71@gmail.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(888) 684-2779
Digital Contact Information:
aswood71@gmail.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
aswood71@gmail.com

Knowles, Madison, MS, LCMHC, LCPC, LMHC, LPC, LPCC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
mbknowles772@aim.com

Kockler, Lucas, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Konovalova, Allison, MMFT, LMFT ■
1125 Northeast 125th Street
501
North Miami, FL 33161
(305) 900-7146
Digital Contact Information:
blumcounselinggroup@gmail.com

Krakowski, David, MSSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Kramer, David R, MD ■
2828 Coral Way
Ste 460
Coral Gables, FL 33145
(512) 212-4670
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net

and
12550 Biscayne Boulevard
STE 306
North Miami, FL 33181
(305) 642-5255
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net
Other Languages Spoken by Provider or Office Staff
Spanish

Krywinski, Steven E, MA, LMHC ■
1550 Madruga Avenue
STE 410
Coral Gables, FL 33146
(786) 355-4051
Digital Contact Information:
https://besttherapy4me.clientsecure.me/
drstevenkrywinski@gmail.com

and
1550 Madruga Avenue
Suite 406
Coral Gables, FL 33146
(786) 355-4051
Digital Contact Information:
https://besttherapy4me.clientsecure.me/
drstevenkrywinski@gmail.com

and
9010 SW 137th Ave
Miami, FL 33186
(786) 355-4051
Digital Contact Information:
https://besttherapy4me.clientsecure.me/
drstevenkrywinski@gmail.com

and
9020 SW 137th Ave
Ste 200
Miami, FL 33186
(786) 355-4051
Digital Contact Information:
drstevenkrywinski@gmail.com

Kuilan, Jessica, MSW, LCSW ■
FL
(904) 274-0611
Digital Contact Information:
http://www.magnashaven.com
jessica@magnashaven.com
Other Languages Spoken by Provider or Office Staff
Spanish

Kurtz, Steven R, MSW, LCSW ■
5979 NW 151st St
Ste 201
Miami Lakes, FL 33014
(305) 823-7314
Digital Contact Information:
headjamer@aol.com

Lago, Mercedes M, MMH, LMHC ■
4800 West Flagler Street
215
Coral Gables, FL 33134
(954) 368-4786
Digital Contact Information:
mercedeslago7@gmail.com

and
4689 Ponce de Leon Boulevard
Suite 200
Coral Gables, FL 33146
(786) 803-8025
Digital Contact Information:
mercedeslago7@gmail.com

and
1840 West 49th Street
606 606
Hialeah, FL 33012
(305) 846-9727
Digital Contact Information:
mercedeslago7@gmail.com

and
17670 Northwest 78th Avenue
STE 113
Hialeah, FL 33015
(716) 558-4565
Digital Contact Information:
mercedeslago7@gmail.com

and
9827 Southwest 40th Street
Miami, FL 33165
(786) 762-2922
Digital Contact Information:
mercedeslago7@gmail.com

and
6955 Northwest 77th Avenue
407
Miami, FL 33166
(786) 615-2306
Digital Contact Information:
mercedeslago7@gmail.com

and
14722 Southwest 56th Street
Miami, FL 33185
(305) 456-0572
Digital Contact Information:
mercedeslago7@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lagravere, Rose Mary, MSCC, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
acc@advancedclientcare.org

Lamazares, Mary, MS, LMHC ■
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
morecounseling@gmail.com

and
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
morecounseling@gmail.com

and
9125 SW 87th Ave
Miami, FL 33176
(305) 735-3919
Digital Contact Information:
morecounseling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lamons, Jackie D, DSW, LCSW ■
FL
(954) 348-5230
Digital Contact Information:
https://www.blueoasis.online/
jackielamonsdsw@gmail.com

Lampkin, Craig, MS, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Landes, Debra M, MED, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176

(561) 790-8072
Digital Contact Information:
landeslmhc@gmail.com

Lange, Stephen M, PHD, LP ■
FL
(800) 567-5433
Digital Contact Information:
https://totallife.com/
help@prosperhealth.io

Layden, Paul G, PHD, LP ■
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
pglayden3@bellsouth.net
Other Languages Spoken by Provider or Office Staff English

Lazenberry, Nokomis, MBS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
nlazenberry@arcsj.org

Leal Diaz, Carmen C, MSN, APRN ■
5911 Northwest 173rd Drive
6 6
Hialeah, FL 33015
(786) 380-9229
Digital Contact Information:
office@sweetstartcwc.com

and
2100 West 76th Street
STE 408
Hialeah, FL 33016
(786) 542-5056
Digital Contact Information:
office@sweetstartcwc.com

Lebron Ginorio, Michelle, MD ■
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
rehabcenterag@gmail.com

and
10300 Southwest 72nd Street
300
Miami, FL 33173
(786) 418-9730
Digital Contact Information:
http://www.happydreamsofkids.com
rehabcenterag@gmail.com

and
12150 Southwest 128th Court
Suite 233
Miami, FL 33186
(786) 238-7666
Digital Contact Information:
rehabcenterag@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Ledesma, Mercedes, MSW, LCSW ■
3580 Mystic Pointe Drive
Aventura, FL 33180
(415) 941-4109
Digital Contact Information:
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff Spanish

Ledon, Nicolas I, MS, LMHC ■
4300 Biscayne Boulevard
STE 203
Miami, FL 33137
(786) 514-6362
Digital Contact Information:
http://www.baypoint-therapy.com
nledon@baypoint-therapy.com
Other Languages Spoken by Provider or Office Staff Spanish

Legra, Bertha V, MS, LMHC ■
419 W 49th St
Ste 210
Hialeah, FL 33012
(954) 404-7052
Digital Contact Information:
credentialing@psychiatrist4u.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Lemon, Tinsley, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Lemus, Taylor, MS, LMHC ■
1000 Brickell Avenue
Miami, FL 33131
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com

and
9016 Southwest 152nd Street
Palmetto Bay, FL 33157
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
ebcg-support@findoctave.com

Lenok, Michael, MC, LMHC ■
150 Southeast 2nd Avenue
STE 1010
Miami, FL 33131
(786) 733-0700
Digital Contact Information:
http://www.gia.miami
info@giahealthcare.com

Lensch, Carolyn, MS, LCPC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Lerner, Chaya R, MSW, LCSW ■
231 NE 141st St
Miami, FL 33161
(786) 208-9505
Digital Contact Information:
crlerner09@gmail.com

and
12000 Biscayne Boulevard
303
Miami, FL 33181
(305) 933-9820
Digital Contact Information:
http://www.jcsfl.org
crlerner09@gmail.com

and
12000 Biscayne Boulevard
609
Miami, FL 33181
(305) 899-1587
Digital Contact Information:
http://www.jcsfl.org
crlerner09@gmail.com

Lester, Charles W, MD ■
2828 Coral Way
Ste 460
Coral Gables, FL 33145
(305) 642-5255
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net

and
12550 Biscayne Boulevard
STE 306
North Miami, FL 33181
(305) 642-5255
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net
Other Languages Spoken by Provider or Office Staff Spanish

Lewis, Crystal, MC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Lewis, Mariah, MSW, LCSW ■
FL
(850) 305-1894
Digital Contact Information:
http://www.tpttherapy.org
mariahlewis@tpttherapy.org

Lewis, Tyrone, CAP, LMHC, MSW ■
10689 N Kendall Dr
Ste 306
Miami, FL 33176
(305) 558-7400
Digital Contact Information:
Not Available

and
10689 N Kendall Dr
Ste 314
Miami, FL 33176
(305) 558-7400
Digital Contact Information:
Not Available

Lima, Ruben, MMH, LMHC ■
1000 Brickell Avenue
Miami, FL 33131
(305) 389-9509
Digital Contact Information:
credentialing@premedsys.com

and
FL
(305) 934-9411
Digital Contact Information:
credentialing@premedsys.com

and
8000 W Flagler St
Ste 201
Miami, FL 33144
(786) 805-3021
Digital Contact Information:
credentialing@premedsys.com
Other Languages Spoken by Provider or Office Staff French, Spanish

Llamas, Angelica, MSN, APRN ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
laurap@azzurrahcc.com

and
215 Westward Dr
Miami Springs, FL 33166
(305) 887-4494
Digital Contact Information:
laurap@azzurrahcc.com
Other Languages Spoken by Provider or Office Staff Spanish

Long, Brian L, MA, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
ebcg-support@findoctave.com

Lopez Medrano, Ana M, MS, LMHC, LPC ■
3408 W 84th St
Ste 305
Hialeah, FL 33018
(786) 663-3983
Digital Contact Information:
https://mentalia.us
care@thepeacefulmindfactory.com

and
FL
(786) 663-3983
Digital Contact Information:
https://mentalia.us
care@thepeacefulmindfactory.com

and
13590 Southwest 134th Avenue
210
Miami, FL 33186
(786) 663-3983
Digital Contact Information:
care@thepeacefulmindfactory.com
Other Languages Spoken by Provider or Office Staff Spanish

Lopez, Widlyne, MSW, LCSW ■
FL
(954) 281-2958
Digital Contact Information:
http://www.breakthroughcrc.com
widlynel@breakthroughcrc.org
Other Languages Spoken by Provider or Office Staff Haitian Creole

Lorenzen, Erin, MS, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
payors@emorahealth.com

Lorenzo, Janet, MSN, APRN ■
12963 West Okeechobee Road
1a
Hialeah Gardens, FL 33018
(786) 450-9918
Digital Contact Information:
gardensmedicalcenters@gmail.com

and
12963 West Okeechobee Road
Unit 1
Hialeah Gardens, FL 33018
(786) 536-9329
Digital Contact Information:
gardensmedicalcenters@gmail.com

and
1150 Northwest 72nd Avenue
ph 2
Miami, FL 33126
(786) 542-5043
Digital Contact Information:
gardensmedicalcenters@gmail.com

and
13701 SW 88th St
Ste 305
Miami, FL 33186
(786) 471-6268
Digital Contact Information:
gardensmedicalcenters@gmail.com

and
16464 Southwest 99th Lane
Miami, FL 33196
(786) 471-6268
Digital Contact Information:
gardensmedicalcenters@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Louwagie Gordon, Alissa M, MS, LMHC ■
FL
(786) 615-3334
Digital Contact Information:
info@abcsfl.com

Lucena, Williams, MS, LMHC ■
3446 Southwest 8th Street
217
Miami, FL 33135
(786) 769-5046
Digital Contact Information:
wjlusa11@gmail.com

and
1801 Coral Way
Ste 327
Miami, FL 33145
(786) 227-6020
Digital Contact Information:
http://www.bbisf.com
wjlusa11@gmail.com

and
1801 Coral Way
Ste 405
Miami, FL 33145
(786) 866-5914
Digital Contact Information:
http://www.bbisf.com
wjlusa11@gmail.com

and
12900 Southwest 128th Street
204b
Miami, FL 33186
(786) 227-6020
Digital Contact Information:
wjlusa11@gmail.com

and
13335 Southwest 124th Street
STE 103
Miami, FL 33186
(786) 831-1348
Digital Contact Information:
wjlusa11@gmail.com

and
14100 Palmetto Frontage Road
Ste 112
Miami Lakes, FL 33016

(786) 837-3540
Digital Contact Information:
wjlusa11@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Luna Delaurier, Yalemni, PSYD, LP ■
7600 South Red Road
200
South Miami, FL 33143
(786) 508-2207
Digital Contact Information:
http://www.lunapsychology.com
angelo@lunapsychology.com
Other Languages Spoken by Provider or Office Staff
Spanish

Luna-Concepcion, Maykel, MD ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
bhcredentialing@baycare.org

MAc-Guffie, Nathalie, MMH, LMHC ■
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
nathaliemg@me.com

and
FL
(202) 410-5972
(754) 816-2311
(305) 637-6400
Digital Contact Information:
nathaliemg@me.com

Machuca, Jose R, PHD, LMHC ■
11300 Northeast 2nd Avenue
Miami Shores, FL 33168
(504) 388-5981
Digital Contact Information:
rmachuca@barry.edu
Other Languages Spoken by Provider or Office Staff
Portuguese, English, Spanish

Madison, Marlon, MSW, LCSW ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
acc@advancedclientcare.org

Magarino, Sheyla, MSN, APRN ■
12595 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 701-9992
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Maldonado, Milagros R, MS, LMHC ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
info@avilahealthgroup.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Marini, Martina, MSW, LCSW ■
2141 Southwest 1st Street
204 205
Miami, FL 33135
(786) 515-4935
Digital Contact Information:
martina616@hotmail.com

and
10570 Northwest 27th Street
STE H102
Miami, FL 33172
(786) 409-2197
Digital Contact Information:
martina616@hotmail.com

and
FL
(786) 409-2197
Digital Contact Information:
martina616@hotmail.com

and
17027 W Dixie Hwy
Ste 120
North Miami Beach, FL 33160
(786) 763-2223
Digital Contact Information:
martina616@hotmail.com
Other Languages Spoken by Provider or Office Staff French

Marrero, Arletty, MSN, APRN ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
psychiatry@intergratedhealthcare.group

and
900 West 49th Street
STE 512
Hialeah, FL 33012
(786) 536-1701
Digital Contact Information:
psychiatry@intergratedhealthcare.group

and
777 E 25th St
Ste 306
Hialeah, FL 33013
(786) 838-6092
Digital Contact Information:
psychiatry@intergratedhealthcare.group

and
351 NW 42nd Ave
Ste 406
Miami, FL 33126
(786) 536-1710
Digital Contact Information:
http://www.integratedhealthcare.group
psychiatry@intergratedhealthcare.group

and
1890 Southwest 57th Avenue
SUITE 106
Miami, FL 33155
(786) 536-1701
Digital Contact Information:
psychiatry@intergratedhealthcare.group

and
13370 Southwest 131st Street
Suite 110
Miami, FL 33186
(786) 250-4571
Digital Contact Information:
psychiatry@intergratedhealthcare.group
Other Languages Spoken by Provider or Office Staff
Spanish

Martin, Lawanda, MPSY, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
engeditherapy@gmail.com

Martinez, Lidia A, DMFT, LMHC ■
FL
(786) 565-6916
Digital Contact Information:
http://www.drlidiamartinez.com
info@drlidiamartinez.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez Soto, Yaneisy, APRN ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
info@ffmhs.com

Massop, Franklyn, MPSY, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 275-8860
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Mathew, Allin E, MSN, APRN, APRNCNP, CRNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
ipcpeadmin-west@teamhealth.com

Mayers, Darlene, MS, LMFT ■
66 W Flagler St
900
Miami, FL 33130
(786) 244-7711
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff English

McCoy, Brittney, MMH, LMHC ■
8971 Southwest 142nd Avenue
11 37
Miami, FL 33186
(786) 244-7690
Digital Contact Information:
worcounselingservices@gmail.com

McCready, Lori J, MC, LPCC, PC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@lifestance.com

McKee, Sandra Darby D, MSN, APRN, APRNCNP, CRNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

McKenzie-Plez, Antwan, MA, LCMHC ■
1620 Northeast 148th Street
Miami, FL 33181
(954) 412-9698
Digital Contact Information:
kelly@credentialingconsultants.com

McVan, Melissa, MS, LMHC ■
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(561) 289-7995
Digital Contact Information:
http://pandatherapycircle.com
pandatherapycircle@gmail.com

and
FL
(561) 289-7995
Digital Contact Information:
http://pandatherapycircle.com
pandatherapycircle@gmail.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
pandatherapycircle@gmail.com

Meadowlark, Cheri A, MA, LMFT ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/credentialing@joinuplift.co
Other Languages Spoken by Provider or Office Staff English

Medici, April, MSED, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/aprilmedici@yahoo.com

Medina, Evelyn I, MSW, LCSW ■
1601 NW 12th Ave
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
ebcg-support@findoctave.com

and
1601 NW 12th Ave
Fl 2
Miami, FL 33136
(305) 243-5937
Digital Contact Information:
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff
Spanish

Medina Ramirez, Yuritza, DNP, APRN ■
FL
(786) 398-1326
Digital Contact Information:
admin@onestoppsych.com

and
261 Westward Drive
suite 108-109
Miami, FL 33166
(305) 200-5176
Digital Contact Information:
admin@onestoppsych.com

and
13195 Southwest 134th Street
101
Miami, FL 33186
(786) 227-6830
Digital Contact Information:
http://esperanzagroup.net
admin@onestoppsych.com

and
15660 Southwest 72nd Street
Miami, FL 33193
(786) 697-1150
Digital Contact Information:
admin@onestoppsych.com
Other Languages Spoken by Provider or Office Staff
Spanish

Medina Rojo, Raul, MSN, APRN ■
4445 West 16th Avenue
STE 405
Hialeah, FL 33012
(786) 233-6721
Digital Contact Information:
office@myrtleridge.us

and
1000 Brickell Avenue
Miami, FL 33131
(786) 701-9211
Digital Contact Information:
office@myrtleridge.us

and
9299 SW 152nd St
Ste 206
Palmetto Bay, FL 33157
(786) 883-0339
Digital Contact Information:
office@myrtleridge.us
Other Languages Spoken by Provider or Office Staff
English, Spanish

Medvin, Nadeen B, PHD, LP ■
1550 Madruga Avenue
STE 304
Coral Gables, FL 33146
(305) 815-1129
Digital Contact Information:
http://www.drnadeenmedvin.org
drnadeenmedvin@aol.com

and
2000 S Dixie Hwy
Ste 103
Miami, FL 33133
(305) 815-1129
Digital Contact Information:
drnadeenmedvin@aol.com

Mejia, Alejandra, MSW, LCSW ■
14645 Northwest 77th Avenue
101
Miami Lakes, FL 33014
(833) 769-3524
Digital Contact Information:
http://lifestance.com
dougblessington@gmail.com

Melendez, Manuel A, MD ■
705 Le Jeune Rd
Hialeah, FL 33010
(786) 477-4431
Digital Contact Information:
mamc0708@yahoo.com

and
705 South Le Jeune Road
Hialeah, FL 33010
(305) 264-7808
Digital Contact Information:
mamc0708@yahoo.com

and
5860 W Flagler St
Miami, FL 33144
(786) 477-4431
Digital Contact Information:
mamc0708@yahoo.com

and
10250 SW 56th St
Ste A102
Miami, FL 33165
(786) 477-4431
Digital Contact Information:
mamc0708@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Menard Clinton, Cynthia, MS, LMHC ■
FL
(484) 808-5908
Digital Contact Information:
cynthiamenardclinton@hotmail.com

Mendez, Janette, MS, LMHC ■
2307 Douglas Road
400
Miami, FL 33145
(305) 699-0688
Digital Contact Information:
help@joinuplift.co

Mendez, Lianet, MS, LMHC ■
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
counseling@lianetmendez.com

and
9125 SW 87th Ave
Miami, FL 33176
(305) 735-3919
Digital Contact Information:
counseling@lianetmendez.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mendez Luaces, Luis E, DNP, APRN ■
330 Southwest 27th Avenue
#701
Miami, FL 33135
(305) 363-1880
Digital Contact Information:
http://empowerpsychiatry.net
info@empowerpsychiatry.med
Other Languages Spoken by Provider or Office Staff
Spanish

Mendez, Manuel, MC, LMHC ■
705 East 8th Avenue
201
Hialeah, FL 33010
(786) 655-0774
Digital Contact Information:
healingtouchinc@msn.com

and
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
2387 West 68th Street
301
Hialeah, FL 33016
(786) 655-0774
Digital Contact Information:
healingtouchinc@msn.com

and
3383 Northwest 7th Street
312
Miami, FL 33125
(786) 703-8965
Digital Contact Information:
healingtouchinc@msn.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 695-8672
Digital Contact Information:
healingtouchinc@msn.com

and
3817 West Flagler Street
Miami, FL 33134
(305) 456-2776
Digital Contact Information:
healingtouchinc@msn.com

and
7299 West Flagler Street
Miami, FL 33144
(786) 953-4698
Digital Contact Information:
healingtouchinc@msn.com

and
7360 Southwest 24th Street
17a
Miami, FL 33155
(786) 570-3130
Digital Contact Information:
healingtouchinc@msn.com

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
4155 Southwest 130th Avenue
108
Miami, FL 33175
(786) 695-8672
Digital Contact Information:
healingtouchinc@msn.com

and
14875 Northwest 77th Avenue
Suite 204
Miami Lakes, FL 33014
(786) 321-1400
Digital Contact Information:
healingtouchinc@msn.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mendez, Melonie, EDS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 275-8860
Digital Contact Information:
http://www.abctestingservices.com
frontdesk@abctestingservices.com

Mesa, Leonel E, PSYD, LMHC ■
FL
(786) 208-4831
Digital Contact Information:
drmesa@neurofeedbackofml.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Michaels, S Renee, MSW, LCSW ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
drreneemindworks@gmail.com

Mieses, Yuberilys, MSCC, LMHC ■
9010 Southwest 137th Avenue
232
Miami, FL 33186
(305) 482-3516
Digital Contact Information:
yuberilys.mieses@yahoo.com

and
9010 Southwest 137th Avenue
Suite 241
Miami, FL 33186
(305) 482-3516
Digital Contact Information:
yuberilys.mieses@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Milian, Monica, MS, LMHC ■
5901 SW 74th St
Ste 412
Miami, FL 33143
(786) 717-5028
Digital Contact Information:
http://www.gablespsychology.com
monica.milian@comcast.net

and
15715 S Dixie Hwy
Ste 303
Miami, FL 33157
(786) 380-5084
Digital Contact Information:
monica.milian@comcast.net

and
9260 Sunset Dr
Ste 201
Miami, FL 33173
(786) 380-5084
Digital Contact Information:
monica.milian@comcast.net

and
9380 Sunset Dr
Ste B238
Miami, FL 33173
(786) 380-5084
Digital Contact Information:
monica.milian@comcast.net

and
10691 Southwest 88th Street
Suite 110
Miami, FL 33176
(786) 380-5084
Digital Contact Information:
monica.milian@comcast.net
Other Languages Spoken by Provider or Office Staff
Spanish

Millares, Giselle, MPSY, LMHC ■
9010 SW 137th Ave
Ste 233
Miami, FL 33186
(786) 236-1323
Digital Contact Information:
gmillares@hcnetwork.org

and
9010 Southwest 137th Avenue
231
Miami, FL 33186
(415) 941-4109
Digital Contact Information:
gmillares@hcnetwork.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

Miller, Jennyffer, MD ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
jmiller@orlandorecovery.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
jmiller@orlandorecovery.com

Miller, John W, MD ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
http://www.compasshealthsystem.com
credentialing@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
https://www.compasshealthsystems.com/
credentialing@compass.md

and
FL
(305) 891-0050
(305) 279-5535
Digital Contact Information:
https://www.compasshealthsystems.com/
credentialing@compass.md

Miller, Mark M, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
aycmarc@mail.com

Miller, Tameka S, PHD, LP ■
FL
(508) 202-1011
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Miranda-Tourino, Mary, MSW, LCSW ■
12595 Southwest 137th Avenue
STE 110
Miami, FL 33186
(305) 465-9379
Digital Contact Information:
mary.miranda@mymail.barry.edu
Other Languages Spoken by Provider or Office Staff
English, Spanish

Mizrahi, David, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Mompoint, Guy-Claude, MPS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 275-8860
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
English, Haitian

Monette Roulhac, Kareta, MS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 275-8860
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Montero, Ariadna, PSYD, LP ■
7950 W Flagler St
Ste 106
Miami, FL 33144
(305) 269-3900
Digital Contact Information:
http://www.healthymindspsy.com
drgmartinez.psychologist@gmail.com

and
7950 West Flagler Street
Suite 101
Miami, FL 33144
(305) 239-7725
Digital Contact Information:
http://www.healthymindspsy.com
drgmartinez.psychologist@gmail.com

and
FL
(305) 239-7725
Digital Contact Information:
http://www.healthymindspsy.com
drgmartinez.psychologist@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Montes, Jose, MMH, LMHC ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
http://universalcommunityservices.com
admin@universalcommunityservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Montilla, Claudia A, MS, LMHC ■
8450 Northwest 102nd Avenue
210
Doral, FL 33178
(305) 495-4075
Digital Contact Information:
info@paradisehealthgroup.com

and
5901 Northwest 183rd Street
Suite 264
Hialeah, FL 33015
(786) 418-9790
Digital Contact Information:
https://oasismentalhealthcenter.com
info@paradisehealthgroup.com

and
8591 Northwest South River Drive
Medley, FL 33166
(305) 456-3000
Digital Contact Information:
info@paradisehealthgroup.com

and
4905 Northwest 72nd Avenue
5
Miami, FL 33166
(786) 391-3816
Digital Contact Information:
http://paradisehealthgroup.com
info@paradisehealthgroup.com

and
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
info@paradisehealthgroup.com

and
9125 SW 87th Ave
Miami, FL 33176
(305) 735-3919
Digital Contact Information:
info@paradisehealthgroup.com

and
13335 Southwest 124th Street
STE 101
Miami, FL 33186
(786) 842-3635
Digital Contact Information:
info@paradisehealthgroup.com

and
8100 Northwest 155th Street
100
Miami Lakes, FL 33016
(786) 615-2531
Digital Contact Information:
info@paradisehealthgroup.com

Montoya, E Carolina, PSYD, LP ■
11401 SW 40th St
Ste 305
Miami, FL 33165
(305) 221-4288
Digital Contact Information:
ecmontoya2006@yahoo.com
Other Languages Spoken by Provider or Office Staff Spanish

Montoya, Veronica, MS, LMHC ●
3150 Southwest 38th Avenue
Suite 1307
Miami, FL 33146
(786) 768-8014
Digital Contact Information:
http://insideouttherapycenter.com
vmontoya@insideouttherapycenter.com
Other Languages Spoken by Provider or Office Staff English

Mora, Joseph J, PHD, LP ■
10621 North Kendall Drive
Suite #203
Miami, FL 33176
(305) 456-6976
Digital Contact Information:
davalos.credentialing@novitams.com

Morales, Beatriz, MS, LMHC, LPC ■
975 Arthur Godfrey Rd
Ste 301
Miami Beach, FL 33140
(786) 315-0387
Digital Contact Information:
bmorales@ibhflorida.com

and
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
http://www.ibhflorida.com
bmorales@ibhflorida.com

and
FL
(305) 816-6300
Digital Contact Information:
http://www.ibhflorida.com
bmorales@ibhflorida.com
Other Languages Spoken by Provider or Office Staff Spanish

Morales, Edelis, MSN, APRN ■
7951 Southwest 40th Street
suite 200-a
Miami, FL 33155
(786) 244-9911
Digital Contact Information:
lfortun@keraltybh.com

and
FL
(786) 244-9911
Digital Contact Information:
lfortun@keraltybh.com
Other Languages Spoken by Provider or Office Staff German, Spanish

Morales Gonzalez, Jose, MD ■
299 Alhambra Circle
STE 210
Coral Gables, FL 33134
(786) 558-5729
Digital Contact Information:
http://www.polyclinichc.com
adnanmaqsood@bostonneurobehavioral.com

and
FL
(786) 558-5729
(305) 637-6400
Digital Contact Information:
http://www.polyclinichc.com
adnanmaqsood@bostonneurobehavioral.com

and
4005 Northwest 114th Avenue
22 22
Doral, FL 33178
(305) 260-6913
Digital Contact Information:
adnanmaqsood@bostonneurobehavioral.com

and
395 Northwest 14th Avenue
2
Homestead, FL 33030
(786) 349-4350
Digital Contact Information:
adnanmaqsood@bostonneurobehavioral.com

and
7392 Northwest 35th Terrace
301
Miami, FL 33122
(786) 353-2329
Digital Contact Information:
adnanmaqsood@bostonneurobehavioral.com

and
7392 Northwest 35th Terrace
Suite 302
Miami, FL 33122
(786) 353-2792
Digital Contact Information:
adnanmaqsood@bostonneurobehavioral.com

and
150 Southeast 2nd Avenue
STE 1010
Miami, FL 33131
(786) 733-0700
Digital Contact Information:
adnanmaqsood@bostonneurobehavioral.com

and
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
adnanmaqsood@bostonneurobehavioral.com

and
20612 Northwest 27th Avenue
Miami Gardens, FL 33056
(305) 637-6400
Digital Contact Information:
adnanmaqsood@bostonneurobehavioral.com
Other Languages Spoken by Provider or Office Staff Spanish

Morales, Lisset, MS, LMHC ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 661-5511
Digital Contact Information:
lissetmr@bellsouth.net

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
http://appliedbhs.com
lissetmr@bellsouth.net
Other Languages Spoken by Provider or Office Staff English, Spanish

Morassi, Merceydes, MS, BCBA, LMHC ■
1000 Brickell Avenue
Miami, FL 33131
(954) 325-8558
Digital Contact Information:
help@comprehensivecounselor.org
Other Languages Spoken by Provider or Office Staff Spanish

More, Iris, MSW, LCSW ■
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
morecounseling@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Moreno, Nicole, MA, LMHC ■
7400 SW 87th Ave
260
Miami, FL 33173
(786) 595-8040
Digital Contact Information:
managedcarecredentialing@baptisthealth.net

Morris, Alison R, MS, LMFT ■
17501 Biscayne Boulevard
450
Aventura, FL 33160
(754) 246-4363
Digital Contact Information:
alizoneingroup@gmail.com

Moses, Lia E, MS, LMHC ■
7600 Red Road
102
South Miami, FL 33143
(305) 456-1014
Digital Contact Information:
http://www.mindandsoultherapy.org
liamoses@yahoo.com

and
FL
(305) 456-1014
Digital Contact Information:
http://www.mindandsoultherapy.org
liamoses@yahoo.com
Other Languages Spoken by Provider or Office Staff Spanish

Mouyal, Gabriel I, MC, LMHC ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
help@joinuplift.co

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff Spanish

Muggli, Tina M, MA, LMFT ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
arscredentialing@advancedrecoverysystems.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Muldrow, Edward J, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
emuldrow3@aol.com

Mullowney, Jennifer F, MSW, LCSW ■
FL
(800) 567-5433
(508) 202-1011
Digital Contact Information:
https://totallife.com/
jfmullowney@gmail.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
jfmullowney@gmail.com

Mundt, Eric T, MA, LMFT ■
1175 Northeast 125th Street
320
Miami, FL 33161
(954) 372-0423
Digital Contact Information:
http://www.marriagefamilyservices.com
fodiving@comcast.net

Nagel, Alexandra, MA, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@mhrcflorida.com

Nainaparampil, Jaison, MD ■
698 Northeast 1st Avenue
3309 3309
Miami, FL 33132
(305) 929-3057
Digital Contact Information:
http://www.jjnmdllc.com
jaison@jjnmdllc.com

and
FL
(305) 929-3057
Digital Contact Information:
http://www.jjnmdllc.com
jaison@jjnmdllc.com

Nankivell, Martina, PA, PA_C ■
4300 Biscayne Boulevard
STE 203
Miami, FL 33137
(877) 400-0540
Digital Contact Information:
https://forallmentalhealth.com
info@forallmentalhealth.com
Other Languages Spoken by Provider or Office Staff Spanish

Narvaez, Teresa, PHD, LMHC ■
10637 N Kendall Dr
Ste 7K
Miami, FL 33176
(786) 205-2470
Digital Contact Information:
tetena@bellsouth.net
Other Languages Spoken by Provider or Office Staff English, Spanish

Natalio, Jenny, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770

Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Nava Urdaneta, Mariangela, PSYD, LP ■
7600 South Red Road
127
South Miami, FL 33143
(786) 508-2207
Digital Contact Information:
http://www.lunapsychology.com
angelo@lunapsychology.com

and
7600 South Red Road
200
South Miami, FL 33143
(786) 508-2207
Digital Contact Information:
http://www.lunapsychology.com
angelo@lunapsychology.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Neri, Joshua, MA, LMHC ■
17670 Northwest 78th Avenue
STE 113
Hialeah, FL 33015
(716) 558-4565
Digital Contact Information:
empoweredcommunitysolutons@gmail.com

and
15715 South Dixie Highway
226
Miami, FL 33157
(305) 849-4186
Digital Contact Information:
empoweredcommunitysolutons@gmail.com

and
5600 Southwest 135th Avenue
STE 203
Miami, FL 33183
(786) 953-4962
Digital Contact Information:
empoweredcommunitysolutons@gmail.com

and
12595 Southwest 137th Avenue
STE 201
Miami, FL 33186
(786) 770-4832
Digital Contact Information:
empoweredcommunitysolutons@gmail.com

and
13205 Southwest 137th Avenue
130
Miami, FL 33186
(786) 773-4191
Digital Contact Information:
empoweredcommunitysolutons@gmail.com

and
13335 SW 124th St
Ste 106
Miami, FL 33186
(786) 842-3964
Digital Contact Information:
empoweredcommunitysolutons@gmail.com

and
13590 Southwest 134th Avenue
205c
Miami, FL 33186
(786) 754-6474
Digital Contact Information:
empoweredcommunitysolutons@gmail.com

and
FL
(786) 773-4191
(727) 455-9330
Digital Contact Information:
empoweredcommunitysolutons@gmail.com

and
975 Arthur Godfrey Road
Suite 308
Miami Beach, FL 33140
(305) 456-1014
Digital Contact Information:
http://www.mindandsoultherapy.org
empoweredcommunitysolutons@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Neuhut, Samuel A, MD ■
21150 Biscayne Blvd
Ste 202
Miami, FL 33180
(305) 791-1420
Digital Contact Information:
hcaps.payorrequest@hcahealthcare.com

Nichols, Janice, MSW, LCSW, LICSW, LISW-CP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(866) 478-3978
Digital Contact Information:
birches@withassured.com

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(833) 322-0977
Digital Contact Information:
http://www.joinmonument.com
birches@withassured.com

and
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
birches@withassured.com

Nolan, Robert, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Novak, Mark, MS, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
acc@advancedclientcare.org

Nunez, Sandra, MSW, LCSW ■
13205 Southwest 137th Avenue
Miami, FL 33186
(786) 290-9192
Digital Contact Information:
pcecofmiami@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

O'Neill, Gloria M, MSN, APRN ■
7855 Northwest 52nd Street
Doral, FL 33166
(305) 450-9651
Digital Contact Information:
info@rushcredentialing.com

Occean, Andrelita, MMH, LCMHC ■
7950 W Flagler St
Ste 106
Miami, FL 33144
(305) 269-3900
Digital Contact Information:
drgmartinez.psychologist@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Creole, French

Ochoa Basulto, Anett, MPSY, LMHC ■
9260 Southwest 72nd Street
103 bldg 6
Miami, FL 33173
(786) 359-4448
Digital Contact Information:
anettochoa2015@gmail.com

and
13335 Southwest 124th Street
STE 211
Miami, FL 33186
(786) 551-8253
Digital Contact Information:
anettochoa2015@gmail.com

Odum, Lesli S, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
leslie.odum@gmail.com

Ogugua, Adeola A, MSN, APRN, NP ■
FL
(305) 902-6347
Digital Contact Information:
hr.credentialing@sohomd.com
Other Languages Spoken by Provider or Office Staff English

Okolo Miles, Sada, MA, LMHC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
s.n.okolo_associates@outlook.com

Olti Weissbrun, Vivian, MD ■
1680 Meridian Ave
Ste 501
Miami Beach, FL 33139
(305) 531-5341
Digital Contact Information:
llong@dgcmhc.org

and
1150 Northeast 125th Street
North Miami, FL 33161
(305) 403-0653
Digital Contact Information:
llong@dgcmhc.org
Other Languages Spoken by Provider or Office Staff Haitian Creole, Spanish

Orin, Ramon S, MA, LMHC ■
12030 Southwest 129th Court
Suite 211
Miami, FL 33186
(305) 639-8760
Digital Contact Information:
rorin31@bellsouth.net

and
12360 Southwest 132nd Court
STE 202
Miami, FL 33186
(786) 250-3396
Digital Contact Information:
rorin31@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Orue, Isis, CD, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Osborne, Michael, BA, CADC-II ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
kjohnson@tanner.org

and
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
https://www.emorahealth.com/
kjohnson@tanner.org

Padilla, Americo F, MD ■
3100 SW 62nd Ave
Miami, FL 33155
(305) 666-6511
Digital Contact Information:
americo.padilla@nicklaushealth.org

and
3100 SW 62nd Ave
Fl 2
Miami, FL 33155
(786) 624-5747
Digital Contact Information:
americo.padilla@nicklaushealth.org

and
8955 SW 87th Ct
Ste 112
Miami, FL 33176
(305) 722-7210
Digital Contact Information:
americo.padilla@nicklaushealth.org
Other Languages Spoken by Provider or Office Staff
Spanish

Padron, Felix O, PSYD, LMHC ■
Catalonia Avenue
Coral Gables, FL 33134
(305) 448-6000
Digital Contact Information:
doctorpadron@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Palmero, Magdalena, MMFT, LMFT ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
laurap@azzurrahcc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Papirno, Naomi, MSED, LMFT ■
1951 NW 17th Ave
Miami, FL 33125
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

Pardillo, Jacqueline, MS, LMHC ■
10030 Southwest 40th Street
A
Miami, FL 33165
(305) 400-8899
Digital Contact Information:
jackie@miamipsychological.com

and
FL
(305) 400-8899
Digital Contact Information:
jackie@miamipsychological.com

and
8200 Northwest 41st Street
Suite 200
Miami, FL 33166
(305) 721-3128
Digital Contact Information:
jackie@miamipsychological.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Paris, Emilia, MC, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Parnes, Tanya, MS, LMHC ■
FL
(305) 570-7695
Digital Contact Information:
matterofmindcounseling@gmail.com

Parodi, Laura, MPSY, LMFT ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
bravosmentalhealthcare@gmail.com

and
2100 West 76th Street
#209
Hialeah, FL 33016
(786) 201-1088
Digital Contact Information:
bravosmentalhealthcare@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Patsicostas, Susan, MS, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
strive@strivementalhealthllc.com

Patterson, Trakeeta A, MSW, LCSW ■
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
dreamagainservices@gmail.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
dreamagainservices@gmail.com

Payne, Kurt, CD, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Pazos, Vivian, MS, LMFT ■
4005 Northwest 114th Avenue
22 22
Doral, FL 33178
(305) 260-6913
Digital Contact Information:
ebcg-support@findoctave.com

and
1469 NW 36th St
Miami, FL 33142
(305) 635-7444
Digital Contact Information:
ebcg-support@findoctave.com

Pellot, Gladys J, MS, LMHC ■
31 N Krome Ave
Homestead, FL 33030
(786) 481-5909
Digital Contact Information:
http://www.infinitecompletecare.com
info@infinitecc.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

Pena, Frances, MSW, LCSW ■
8100 SW 81st Dr
Ste 290
Miami, FL 33143
(305) 975-4049
Digital Contact Information:
credentialing@joinuplift.co

and
16095 SW 150th St
Miami, FL 33196
(305) 975-4049
Digital Contact Information:
credentialing@joinuplift.co
Other Languages Spoken by Provider or Office Staff
Spanish

Pena, Giliana G, MSSW, LCSW ■
8300 West Flagler Street
170
Miami, FL 33144
(786) 633-5171
Digital Contact Information:
olympushcs@gmail.com

and
14400 Northwest 77th Court
#100
Miami Lakes, FL 33016
(786) 916-6073
Digital Contact Information:
olympushcs@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pena Pacheco, Nariel, MSN, APRN ■
18901 Southwest 106th Avenue
229
Miami, FL 33157
(786) 506-9008
Digital Contact Information:
advancecommunity71@gmail.com

and
10031 Southwest 40th Street
Miami, FL 33165
(786) 442-9628
Digital Contact Information:
advancecommunity71@gmail.com

Pena Perez, Astrid E, MC, LMHC ■
FL
(786) 975-9866
Digital Contact Information:
astridpena.mhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Peral, Nikita R, MS, LMHC ●
3081 Salzedo Street
Suite 202 -S
Coral Gables, FL 33134
(786) 254-1443
Digital Contact Information:
rootedwellnessmiami@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Peraza Llanes, Alexander, MSN, APRN ■
2000 Northwest 87th Avenue
Suite 201
Doral, FL 33172
(954) 561-6222
Digital Contact Information:
info@ventremedical.com

and
5901 Southwest 74th Street
408
Miami, FL 33143
(305) 735-3555
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perdomo, Marlen, MS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Perez, Belkis B, MSN, NP ■
FL
(305) 579-2885
Digital Contact Information:
http://www.lumimindpsychiatrywellness.com
lumimindpsychwell@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Perez, Elisaul, MS, LMHC ■
FL
(305) 399-5900
Digital Contact Information:
therapeutic.taps@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Lorena, MC, LMHC ■
1603 Northeast 7th Avenue
Miami, FL 33137
(305) 374-1065
Digital Contact Information:
http://camillus.org
alexo@camillus.org
Other Languages Spoken by Provider or Office Staff
Spanish

Perez Lujan, Dalgys, MC, LMHC ■
2500 Northwest 79th Avenue
233
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
gandgmedicalcenter@gmail.com

and
3785 Northwest 82nd Avenue
307
Doral, FL 33166
(305) 898-5420
Digital Contact Information:
gandgmedicalcenter@gmail.com

and
1165 West 49th Street
suite 207
Hialeah, FL 33012
(305) 703-3386
Digital Contact Information:
gandgmedicalcenter@gmail.com

and
15935 Northwest 57th Avenue
Hialeah, FL 33014
(786) 953-5506
Digital Contact Information:
gandgmedicalcenter@gmail.com

and
7392 Northwest 35th Terrace
Suite 302
Miami, FL 33122
(786) 353-2792
Digital Contact Information:
gandgmedicalcenter@gmail.com

and
9900 Southwest 107th Avenue
STE 101
Miami, FL 33176
(305) 964-5381
Digital Contact Information:
gandgmedicalcenter@gmail.com

and
FL
(786) 703-9779
(305) 703-3386
Digital Contact Information:
https://www.gandgmedicalcenter.com
gandgmedicalcenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Nelson M, MS, LMHC ■
2500 Northwest 79th Avenue
Suite 227
Doral, FL 33122
(305) 456-9396
Digital Contact Information:
info@jagcommunityhealth.com

and
10200 Northwest 25th Street
211
Doral, FL 33172
(305) 381-0346
Digital Contact Information:
info@jagcommunityhealth.com

and
1840 West 49th Street
Ste 408
Hialeah, FL 33012
(305) 603-9202
Digital Contact Information:
info@jagcommunityhealth.com

and
10300 Southwest 72nd Street
250b
Miami, FL 33173
(787) 433-7751
Digital Contact Information:
info@jagcommunityhealth.com

and
9350 Southwest 72nd Street
105
Miami, FL 33173
(786) 401-7579
Digital Contact Information:
info@jagcommunityhealth.com

and
FL
(786) 607-2257
Digital Contact Information:
http://www.harmonyhealth.com
info@jagcommunityhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Victoria, MSW, LCSW ■
12540 Southwest 8th Street
Miami, FL 33184
(305) 705-6840
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Perez-Castro, Josefina, MSW, LCSW ■
5001 SW 74th Ct
Ste 104
Miami, FL 33155
(305) 663-0013
Digital Contact Information:
anagabilling@gmail.com

and
6955 NW 77th Ave
Ste 401
Miami, FL 33166
(305) 663-0013
Digital Contact Information:
anagabilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pierre, Urmene, DNP, APRN ■
510 Northwest 98th Street
Miami, FL 33150
(754) 266-5509
Digital Contact Information:
info.goodshepherd20@gmail.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, French

Pineiro, Carmen, MS, LMHC ■
100 NE 38th St
Ste 5
Miami, FL 33137
(305) 576-1599
Digital Contact Information:
cbolivar@borinquenhealth.org

Pino, Fernando, MD ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
fpinomd@gmail.com

and
7700 Southwest 88th Street
503
Miami, FL 33156
(305) 595-1949
Digital Contact Information:
fpinomd@gmail.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
fpinomd@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pitaluga, Iris, MS, LMHC ■
1360 South Dixie Highway
355
Coral Gables, FL 33146
(305) 648-9344
Digital Contact Information:
alternatives1@msn.com

and
1360 South Dixie Highway
350
Coral Gables, FL 33146
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
alternatives1@msn.com
Other Languages Spoken by Provider or Office Staff English

Plasencia, Belkis, MSN, APRN ■
7921 Bird Rd
Ste 41
Miami, FL 33155
(305) 425-1393
Digital Contact Information:
ynhcsaba@gmail.com

and
7971 Bird Road
39
Miami, FL 33155
(786) 910-7179
Digital Contact Information:
ynhcsaba@gmail.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
ynhcsaba@gmail.com

and
7001 SW 97th Ave
Ste 206

Miami, FL 33173
(786) 294-0123
Digital Contact Information:
https://www.chgpsychiatry.com/
ynhcsaba@gmail.com

and
9425 Southwest 72nd Street
Suite 251
Miami, FL 33173
(305) 305-6573
Digital Contact Information:
ynhcsaba@gmail.com

and
13706 Southwest 56th Street
STE 105-106
Miami, FL 331756036
(786) 523-4289
Digital Contact Information:
ynhcsaba@gmail.com

and
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
ynhcsaba@gmail.com

and
13335 Southwest 124th Street
STE 101
Miami, FL 33186
(786) 842-3635
Digital Contact Information:
ynhcsaba@gmail.com

and
13501 Southwest 128th Street
STE 114
Miami, FL 33186
(786) 250-3440
Digital Contact Information:
ynhcsaba@gmail.com

and
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
ynhcsaba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Polites, Nancy, MSW, LCSW ■
55 Miracle Mile
Miami, FL 33134
(772) 486-4417
Digital Contact Information:
nancyelsie@gmail.com

Porter, J'Briel E, MSW, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
admin@itsofok.com
Other Languages Spoken by Provider or Office Staff
Chinese, Urdu, Spanish, Hindi

Posada, Stephanie, MMH, LMHC ■
2500 Southwest 107th Avenue
41
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
lgomez@abcsfl.com

and
FL
(786) 615-3334
Digital Contact Information:
lgomez@abcsfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Powell, Mary, MSN, ARNP ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
mpowell@nextgenerationvillage.com

Pozo, Darinka, MSN, APRN ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pozo, Iraida, MS, LMHC ■
85 Grand Canal Drive
UNIT 203
Miami, FL 33144
(786) 536-7816
Digital Contact Information:
uwhealth2019@gmail.com

and
7805 Coral Way
Ste 131
Miami, FL 33155
(786) 307-2066
Digital Contact Information:
uwhealth2019@gmail.com

and
7815 Coral Way
Ste 108
Miami, FL 33155
(305) 264-1344
Digital Contact Information:
uwhealth2019@gmail.com

and
5600 Southwest 135th Avenue
100
Miami, FL 33183
(305) 603-9104
Digital Contact Information:
uwhealth2019@gmail.com

Preval, Falicia, MC, LMHC ■
1031 Ives Dairy Rd
Ste 228
Miami, FL 33179
(786) 320-5559
Digital Contact Information:
faliciap@aol.com

and
1031 Ives Dairy Road
Miami, FL 33179
(786) 627-3321
Digital Contact Information:
faliciap@aol.com

and
1001 North Miami Beach Boulevard
North Miami Beach, FL 33162
(786) 320-5559
Digital Contact Information:
faliciap@aol.com

Price, Christina, MSW, LCSW, LICSW ■
FL
(800) 567-5433
Digital Contact Information:
Not Available

Proulx, Margaret, MS, LMHC, LPC, LPCMH ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Quintana, Amauri A, DNP, APRN ■
1000 Brickell Avenue
Miami, FL 33131
(786) 238-7364
Digital Contact Information:
abdullah@sixequation.com

and
1 NE 167th St
Miami, FL 33162
(305) 947-7133
Digital Contact Information:
abdullah@sixequation.com

and
2646 Southwest 87th Avenue
Miami, FL 33165
(305) 947-7133
Digital Contact Information:
abdullah@sixequation.com

Quintana, Yanexi, MS, LMHC ■
FL
(305) 520-9686
Digital Contact Information:
healthymindscounselingllc13@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Quintanilla, Claudia, MS, LMHC ■
FL
(786) 258-8499
Digital Contact Information:
http://www.virtual-counseling.com
service@virtual-counseling.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Quintero, Lari J, MSN, APRN, PMHNP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
info@bloommhw.com

Radulich, Mark, MSW, LCSW ■
FL
(305) 902-6347
(202) 410-5972
Digital Contact Information:
help@joinuplift.co

Raiford, Sally T, MACP, LMFT ■
150 Alhambra Circle
Floor 10
Coral Gables, FL 33134
(786) 800-3374
Digital Contact Information:
sallie354@yahoo.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
sallie354@yahoo.com

Rako, Andrea L, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
brittany.irwin@livewellcounselingllc.com

Rapp, Katja M, MC, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
members@wellnite.com
Other Languages Spoken by Provider or Office Staff
German

Revilla, Bernardo, MSN, APRN ■
5190 Northwest 167th Street
201
Hialeah, FL 33014
(305) 705-4289
Digital Contact Information:
http://livelinessinc.com
genesisconsultingservices39@gmail.com

Reyes, Madeline B, MPSY, LMHC ■
5941 Northwest 173rd Drive
6 6
Hialeah, FL 33015
(786) 360-4328
Digital Contact Information:
blueparadisemedicalcenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Reynolds, Stacy, MA, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
ebcg-support@findoctave.com

Rhone, Traci, MS, LMHC ■
FL
(305) 333-6769
Digital Contact Information:
rhonetraci@gmail.com

Richards, Terry, PHD, LP ■
1717 North Bayshore Drive
3456 3456
Miami, FL 33132
(305) 343-3810
Digital Contact Information:
Not Available

and
21110 Biscayne Blvd
Ste 304
Miami, FL 33180
(305) 343-3810
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff English

Riley, Taneisha, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Rios, Rosa, MSW, LCSW ■
FL
(305) 804-9121
Digital Contact Information:
http://www.sfacounseling.org
info@sfacounseling.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rios, Stephanie, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
smrios1979@gmail.com

Rivas-Carrillo, Jorge, MSW, LCSW ■
2124 Northeast 123rd Street
STE 220
North Miami, FL 33181
(786) 828-0947
Digital Contact Information:
https://blossomfl.com
jorge.rivas@thefloridacenter.org
Other Languages Spoken by Provider or Office Staff
Spanish

Rivera, Yesenia, PSYD, LP ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 317-4478
Digital Contact Information:
https://crystalabatherapy.com/
info@cmpsclinical.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, French, Italian, Spanish

Rivero, Anisleidy, MS, LMHC ■
FL
(786) 254-1211
Digital Contact Information:
http://www.healingmindcounseling.com
ani.rivero@healingmindcounseling.com
Other Languages Spoken by Provider or Office Staff
Spanish

Roberson, Cranesha E, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@truhealingreality.com

and
111 NW 183rd St
Ste 404
Miami, FL 33169
(786) 524-4001
Digital Contact Information:
info@truhealingreality.com

Roberts, Elizabeth H, MD ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
ap@resurgencebh.com
Other Languages Spoken by Provider or Office Staff
Spanish

Robinson, Jade, MS, LMHC ■
FL
(786) 488-8103
Digital Contact Information:
http://www.sfacounseling.org
info@sfacounseling.org

Rocker, Jeff, MMH, LMHC ■
777 Brickell Ave
Ste 500
Miami, FL 33131
(786) 490-2181
Digital Contact Information:
askjeffrocker@gmail.com

Rodriguez, Alecia, PHD, LMFT ■
9555 Southwest 175th Terrace
Suite 227
Miami, FL 33157
(888) 241-8802
Digital Contact Information:
contact@myuniquetherapy.com

and
FL
(888) 241-8802
Digital Contact Information:
https://myuniquetherapy.com
contact@myuniquetherapy.com

Rodriguez, Andrea, MC, LMHC ■
8500 SW 92nd Street
203
Miami, FL 33156
(786) 332-4478
Digital Contact Information:
billing@livewelltherapygroup.com

and
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
billing@livewelltherapygroup.com

and
11050 Southwest 88th Street
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
billing@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Freijo, Selma, MSW, LCSW ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
help@joinuplift.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
help@joinuplift.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Garcia, Daniel, MC, LMHC ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
lifetimesolutionsagency@gmail.com

and
5757 Waterford District Drive
Unit 172
Miami, FL 33126
(786) 524-2880
Digital Contact Information:
http://www.lifetimesolutionsagency.com
lifetimesolutionsagency@gmail.com

and
Monterey Street
Miami, FL 33134
(786) 803-8306
Digital Contact Information:
lifetimesolutionsagency@gmail.com

and
14471 S Dixie Hwy
Miami, FL 33176
(786) 803-8826
Digital Contact Information:
http://www.amorementalhealthcorp.com
lifetimesolutionsagency@gmail.com

and
9010 Southwest 137th Avenue
101
Miami, FL 33186
(786) 803-8826
Digital Contact Information:
http://amorementalhealthcorp.com
lifetimesolutionsagency@gmail.com

and
8785 SW 165th Ave
Ste 104
Miami, FL 33193
(786) 703-1538
Digital Contact Information:
lifetimesolutionsagency@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Gloria, MSW, LCSW ■
9010 SW 137th Ave
Ste 233
Miami, FL 33186
(786) 236-1323
Digital Contact Information:
http://healing-recovery.com
mrodriguez@healing-recovery.com

Rodriguez, Julieta, PHD, LP ■
15715 S Dixie Hwy
Ste 401
Miami, FL 33157
(786) 255-4693
Digital Contact Information:
jr3015@aol.com

and
15715 S Dixie Hwy
Ste 406
Miami, FL 33157
(786) 255-4693
Digital Contact Information:
jr3015@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Mabel, MMH, LMHC ■
12159 Southwest 132nd Court
100
Miami, FL 33186
(786) 422-2073
Digital Contact Information:
comprehensivecounseling86@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Miriam, MS, LMHC ■
216 Catalonia Avenue
105
Coral Gables, FL 33134
(786) 236-1323
Digital Contact Information:
mrodriguez@healing-recovery.com

and
9010 SW 137th Ave
Ste 233
Miami, FL 33186
(786) 236-1323
Digital Contact Information:
mrodriguez@healing-recovery.com

and
9010 Southwest 137th Avenue
232
Miami, FL 33186
(415) 941-4109
Digital Contact Information:
mrodriguez@healing-recovery.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Ramos, Meilyn, PSYD, LP ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Romy, MMH, LMHC ■
8200 Northwest 41st Street
Suite 200
Miami, FL 33166
(786) 241-7695
Digital Contact Information:
drgmartinez.psychologist@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez-Cambas, Ailyn, MPSY, LMHC ■
11009 Southwest 186th Street
Cutler Bay, FL 33157
(786) 732-7979
Digital Contact Information:
circleoflifementalhealth@gmail.com

and
2100 Southwest 22nd Street
502
Miami, FL 33145
(786) 963-0128
Digital Contact Information:
circleoflifementalhealth@gmail.com

and
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
circleoflifementalhealth@gmail.com

and
10031 Southwest 40th Street
Miami, FL 33165
(786) 442-9628
Digital Contact Information:
circleoflifementalhealth@gmail.com

and
5600 Southwest 135th Avenue
100
Miami, FL 33183
(305) 603-9104
Digital Contact Information:
circleoflifementalhealth@gmail.com

Rogers, Deanna, MSW, LCSW ■
804 NW 21st St
214
Miami, FL 33127
(401) 855-0860
Digital Contact Information:
deanna.rogers112@gmail.com

and
804 Northwest 21st Street
203
Miami, FL 33127
(305) 563-3136
Digital Contact Information:
deanna.rogers112@gmail.com

Roiko, Kellyn, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Roman, Carla, MS, LMHC ■
FL
(786) 485-3932
Digital Contact Information:
swflmedicalgroupllc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Roman, Ingrid, PSYD, LP ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 661-5511
Digital Contact Information:
dr.ingridroman1@gmail.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
http://appliedbhs.com
dr.ingridroman1@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Romeo, Leticia C, MSN, APRN ■
7971 Bird Road
39
Miami, FL 33155
(786) 910-7179
Digital Contact Information:
ajndcorp@gmail.com

and
9350 SW 72nd St
Ste 116
Miami, FL 33173
(786) 504-5620
Digital Contact Information:
ajndcorp@gmail.com

Romero, Angelica V, MA, LCSW, LICSW, LISW ■
7900 Southwest 57th Avenue
Ste 24
South Miami, FL 33143
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
Spanish

Romero, Karen, MS, LMHC ■
1200 Northwest 78th Avenue
210
Doral, FL 33126
(786) 285-3438
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
5190 Northwest 167th Street
201
Hialeah, FL 33014
(305) 705-4289
Digital Contact Information:
http://livelinessinc.com
genesisconsultingservices39@gmail.com

and
2720 Southwest 97th Avenue
c 104
Miami, FL 33165
(305) 705-4289
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
4995 Northwest 72nd Avenue
209
Miami, FL 33166
(786) 651-4190
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
13195 Southwest 134th Street
102
Miami, FL 33186
(305) 964-5236
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rondina, Katherine M, MSN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
hr.credentialing@sohomd.com
Other Languages Spoken by

Provider or Office Staff English

Ronke, Angelica, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(877) 644-6008
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.com

Rosario, Tamara, MS, LMHC ■
11077 Biscayne Boulevard
410
Miami, FL 33161
(888) 494-0808
Digital Contact Information:
https://tamara-rosario.clientsecure.me
office@sbhss.net
Other Languages Spoken by Provider or Office Staff
Spanish

Rosenberg, Mercedes E, PSYD, LMHC, LP ■
11110 N Kendall Dr
Ste 200
Miami, FL 33176
(305) 596-3335
Digital Contact Information:
mrosenberg12@bellsouth.net
Other Languages Spoken by Provider or Office Staff
French, Spanish

Ross-Bey, Jaresa D, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
nicholas@summittherapeuticservices.com

Rowand-Mills, Angela D, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
start@bebravehealth.com

Rubin, Jamie, PA, PA_C ■
1065 NE 125th St
Ste 206
North Miami, FL 33161
(888) 852-6672
Digital Contact Information:
Not Available

Ruiz Santiago, Mayte S, MD ■
900 West 49th Street
STE 512
Hialeah, FL 33012
(786) 536-1701
Digital Contact Information:
psychiatry@integratedhealthcare.group
and
351 NW 42nd Ave
Ste 406
Miami, FL 33126
(786) 536-1710
Digital Contact Information:
http://www.integratedhealthcare.group
psychiatry@integratedhealthcare.group
and
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
psychiatry@integratedhealthcare.group
and
1890 Southwest 57th Avenue
SUITE 106
Miami, FL 33155
(786) 536-1701
Digital Contact Information:
psychiatry@integratedhealthcare.group
Other Languages Spoken by Provider or Office Staff
Spanish

Ruiz, Tatiana, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
info@ffmhs.com

Ryan, Melanie, MS, LMHC ■
2124 Northeast 123rd Street
STE 220
North Miami, FL 33181
(786) 828-0947
Digital Contact Information:
https://blossomfl.com
info@blossomfl.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ryerson, Deanna, PSYD, LP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
billingdepartrment@howardcenter.org

Rzadkowolsky-Raoli, Cesare, MD ■
8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-0208
Digital Contact Information:
http://www.wellnesstherapyandmedical.com
info@doctorsccs.com
and
9000 Southwest 137th Avenue
Suite 103
Miami, FL 33186
(305) 671-3503
Digital Contact Information:
http://behavioralccs.com
info@doctorsccs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Saathoff, Tommy, MA, LMHC, LPC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
sowinghopecounseling@gmail.com

Saheli, Gezel, MD ■
1065 Southwest 8th Street
570
Miami, FL 33130
(888) 903-5505
Digital Contact Information:
http://www.telapsychiatry.com
scheduling@telapsychiatry.com
Other Languages Spoken by Provider or Office Staff Farsi

Saibu, Mariam, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@happierliving.com

Salazar, Ana, MS, LMHC ■
2500 Northwest 107th Avenue
Suite 102
Doral, FL 33172
(786) 605-9400
Digital Contact Information:
hello@reachlink.com

Salgado, Dalia, MSN, APRN ■
13170 Southwest 128th Street
200
Miami, FL 33186
(786) 852-5198
Digital Contact Information:
renacer@wellnesscmh.com
and
FL
(786) 852-5198
Digital Contact Information:
renacer@wellnesscmh.com
Other Languages Spoken by Provider or Office Staff
Spanish

San Juan, Janella, MS, NP, PMHNP ■
FL
(305) 902-6347
Digital Contact Information:
sara.rydin@caduc.com
Other Languages Spoken by Provider or Office Staff English

Sanchez, Azucena, MSN, APRN ■
17395 Northwest 59th Avenue
Hialeah, FL 33015
(305) 662-2185
Digital Contact Information:
excellencemed126@gmail.com
and
27 Northwest 13th Street
Homestead, FL 33030
(786) 339-8824
Digital Contact Information:
http://www.sfmhr.com
excellencemed126@gmail.com
and
7959 NW 2nd St
Miami, FL 33126
(305) 267-6060
Digital Contact Information:
excellencemed126@gmail.com
and
3146 Southwest 22nd Street
Miami, FL 33145
(786) 227-6177
Digital Contact Information:
excellencemed126@gmail.com
and
12750 Southwest 128th Street
Suite 108
Miami, FL 33186
(786) 713-0970
Digital Contact Information:
excellencemed126@gmail.com
and
11285 Southwest 211 Street
305
Miami, FL 33189
(786) 980-7496
Digital Contact Information:
excellencemed126@gmail.com
and
9847 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 227-6177
Digital Contact Information:
excellencemed126@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Sander, Tiffani, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
joe@beaconhealthinc.com
and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
joe@beaconhealthinc.com

Sanfiel, Emily C, MS, LMHC ■
5915 Ponce de Leon
48
Coral Gables, FL 33146
(786) 273-7630
Digital Contact Information:
Not Available
and
7700 N Kendall Dr
Ste 415
Miami, FL 33156
(786) 359-4161
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Sanfiel, Patrick, MS, LMHC ■
FL
(786) 474-4980
Digital Contact Information:
http://redwheelbarrowtherapy.com
patrick@redwheelbarrowtherapy.com

Sanmiguel, Maria T, MMH, LMHC ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
westmiamicmhc@bellsouth.net

Santa, Dorilee, MS, LCMHC, LMHC ■
250 Catalonia Avenue
Suite 702
Coral Gables, FL 33134
(786) 237-8501
(415) 941-4109
Digital Contact Information:
http://healinggrowththerapy.com
service@virtual-counseling.com
and
FL
(786) 258-8499
(786) 237-8501
(415) 941-4109
Digital Contact Information:
http://healinggrowththerapy.com
service@virtual-counseling.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Santiago Guia, Rina, PSYD, LP ■
151 NW 11th St
Ste W201
Homestead, FL 33030
(786) 521-5925
Digital Contact Information:
monarchallhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Satchell-Ward, Christal, MA, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Satorre, Mayuli C, MSN, APRN ■
3785 Northwest 82nd Avenue
307
Doral, FL 33166
(305) 898-5420
Digital Contact Information:
m.satorre@harmonyatthegables.com
and
33550 South Dixie Highway
106
Florida City, FL 33034
(786) 601-7712
Digital Contact Information:
m.satorre@harmonyatthegables.com
and
1150 Northwest 72nd Avenue
ph 2
Miami, FL 33126
(786) 542-5043
Digital Contact Information:
http://1stcarecms.com
m.satorre@harmonyatthegables.com
and
2650 Southwest 27th Avenue
Suite 305
Miami, FL 33133
(786) 353-9812
Digital Contact Information:
http://www.harmonyatthegablesclinic.com
m.satorre@harmonyatthegables.com
Other Languages Spoken by Provider or Office Staff
Spanish

Schechner, Joanna, PSYD, CP, HSPP, LP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
dmccoy@prodatamgmt.com

Schettino, Lynne, PHD, LP ■
FL
(305) 389-3335
Digital Contact Information:
drlschet@bellsouth.net

Scotto, Maria, MS, LMHC ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(305) 396-9010
Digital Contact Information:
sasha@livewelltherapygroup.com

and
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
sasha@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff English

Scotto, Nicole M, MC, LMHC ■
2875 Northeast 191st Street
528
Aventura, FL 33180
(305) 396-9010
Digital Contact Information:
https://balancedlifetherapygroup.com/
help@joinuplift.co

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff English

Segal, Scott D, MD ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
http://www.compasshealthsystems.com
intake@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
intake@compass.md

Sequeiros, Rosa, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Shakespeare, Ashanti, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
inquiry@dare2emerge.com

Shervington, Dinora T, MS, LMFT ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
thecouples1@gmail.com

and
12150 Southwest 128th Court
Suite 105
Miami, FL 33186
(305) 338-2231
Digital Contact Information:
thecouples1@gmail.com

and
13383 SW 142nd Ter
Miami, FL 33186
(786) 362-5981
Digital Contact Information:
thecouples1@gmail.com

Sherwood, Brittany, MSN, APRN, ARNP ■
FL
(305) 902-6347
Digital Contact Information:
info@personalprivatepsychiatry.com
Other Languages Spoken by Provider or Office Staff Spanish

Shlackman, Jed, MS, LMHC ■
12965 Southwest 112th Avenue
Miami, FL 33176
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff English

Shoumaker, Douglas, MS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 275-8860
Digital Contact Information:
http://www.abctestingservices.com
lisette@abctestingservices.com

Sijo, Yusimi, PSYD, LMHC ■
5901 SW 74th St
Ste 412
Miami, FL 33143
(786) 717-5028
Digital Contact Information:
castroj@bellsouth.net

and
2307 Douglas Road
400
Miami, FL 33145
(305) 205-1965
Digital Contact Information:
castroj@bellsouth.net
Other Languages Spoken by Provider or Office Staff Spanish

Silva, Erik, MS, LMHC ■
8323 Northwest 12th Street
Ste 206
Doral, FL 33126
(305) 373-3424
Digital Contact Information:
info@themind-gym.com

and
FL
(754) 400-1539
Digital Contact Information:
info@themind-gym.com

and
15660 Southwest 72nd Street
Miami, FL 33193
(786) 697-1150
Digital Contact Information:
info@themind-gym.com

Simon, Vania M, MMH, LMHC ■
9425 Sunset Drive
Ste F251
Miami, FL 33173
(786) 310-6004
Digital Contact Information:
http://www.mindingthegap.net
vania@mindingthegap.net

and
FL
(786) 310-6004
Digital Contact Information:
http://www.mindingthegap.net
vania@mindingthegap.net

and
8181 Northwest 154th Street
STE 112
Miami Lakes, FL 33016
(407) 572-8053
Digital Contact Information:
vania@mindingthegap.net

and
1190 Northwest 95th Street
307
Miami Shores, FL 33150
(407) 572-8053
Digital Contact Information:
vania@mindingthegap.net

Skjoldal, Elizabeth, PHD, CP, LP ■
8325 Northeast 2nd Avenue
316
Miami, FL 33138
(305) 503-5758
Digital Contact Information:
kim@cherryhillcounseling.com

and
FL
(305) 790-9957
Digital Contact Information:
kim@cherryhillcounseling.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Smallwood, Richelle, MSW, LCSW ■
FL
(305) 902-6347
(833) 351-8255
Digital Contact Information:
credentialing@lifebulb.com

Smith, Mark C, PSYD, LP ●
2600 S Douglas Rd
Ste 1003
Coral Gables, FL 33134
(305) 445-0477
Digital Contact Information:
ana@coralgablescounseling.com

Smith-Young, Adia E, MA, LMHC ■
15715 S Dixie Hwy
Ste 406
Miami, FL 33157
(786) 269-3728
Digital Contact Information:
adia33@gmail.com
Other Languages Spoken by Provider or Office Staff English

Snipes, Jonathan M, MD ■
44 Northwest 17th Street
Homestead, FL 33030
(305) 209-4750
Digital Contact Information:
credentialing@thriveworks.com

Sockol, Jamie K, MS, LMHC ■
111 NW 183rd St
Ste 404
Miami, FL 33169
(786) 524-4001
Digital Contact Information:
info@selfcarecounselingofsouthflorida.com
Other Languages Spoken by Provider or Office Staff English

Solomon, Evelyn, MSW, LCSW ●
FL
(802) 734-5285
Digital Contact Information:
http://www.evelynsolomontherapy.com
evelynsolomontherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Hebrew

Solorzano, Gina, MSW, LCSW ■
2124 Northeast 123rd Street
STE 220
North Miami, FL 33181
(786) 828-0947
Digital Contact Information:
https://blossomfl.com
info@blossomfl.com
Other Languages Spoken by Provider or Office Staff
Hebrew, Spanish

Spasic, Marija, MS, LMHC ■
7600 West 20th Avenue
213
Hialeah, FL 33016
(786) 471-6887
Digital Contact Information:
http://marijaspasic.com
srcetherapy@gmail.com

Spitzer, Nancy, MS, LMFT ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
birches@withassured.com
Other Languages Spoken by Provider or Office Staff English

Springer, Shawndel, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
gethelp@wellqor.com

Stevenson, Thalia, MS, LCMHC ■
FL
(786) 530-5410
Digital Contact Information:
http://actservicellc.com
actservices2023@gmail.com

Stewart, Laura L, MED, LMHC ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
lstewart@cfdfl.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
lstewart@cfdfl.com

Stewart, Tannisha, MC, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
tannishastewart@starzjourneyinc.onmicrosoft.com

Stibick, Debra L, PHD, LP ■
3663 S Miami Ave
Miami, FL 33133
(713) 789-7560
Digital Contact Information:
talk2drdeb@gmail.com

Stone Palmer, Matthew Luke, MSW, LCSW ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
info@prioritypractice.com

Stubbs, Marcie D, MA, LMHC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@lifestance.com

Suarez, Miriam, MS, LMHC ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and
7221 SW 24th St
Ste 206
Miami, FL 33155
(786) 648-4447
Digital Contact Information:
http://www.fmhpllc.com
info@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

Suhail, Sam, MD ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://happierliving.com
hello@joinblossomhealth.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
hello@joinblossomhealth.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com

Summerson, Acelyne, MD ■
13701 Southwest 88th Street
306
Miami, FL 33186
(786) 842-1489
Digital Contact Information:
infinitywellnessgroup21@gmail.com

Sussman, Abbe B, MSW, LCSW ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

Swain, Cieria D, MC, LCSW, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
appointments@meetmarvin.com
Other Languages Spoken by Provider or Office Staff English

Tassy-Lewis, Sabrina, PSYD, LP ■
14411 Commerce Way
Hialeah, FL 33016
(954) 534-0432
Digital Contact Information:
tassy@nova.edu
Other Languages Spoken by Provider or Office Staff Haitian Creole, Creole

Tatum, Michelle, MS, LMHC, LPCC ■
FL
(786) 281-3935
Digital Contact Information:
http://www.prevalandassociates.net
hpreval@prevalandassociates.net

Taveras, Adam, MA, LMFT ■
FL
(305) 981-6068
Digital Contact Information:
adam.brighterdays@gmail.com

and
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
adam.brighterdays@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Taylor, Alina, MS, LMHC ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
ataylor@therecoveryvillage.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
ataylor@therecoveryvillage.com

Tedesco, Eleanor, MD ■
8700 North Kendall Drive
201
Miami, FL 33176
(786) 464-5496
Digital Contact Information:
etorres@chcfhc.org

Terrell, Charlotte R, MS, LMFT ■
FL
(305) 596-7547
Digital Contact Information:
chaterrell@aol.com

Terron, Rochely, MC, LMHC ■
815 North Homestead Boulevard
228
Homestead, FL 33030
(305) 783-8181
Digital Contact Information:
rochelyterron@gmail.com

Theoc, Phonia, MS, LMHC ●
FL
(786) 644-5248
Digital Contact Information:
transformingmindsandlives@gmail.com

Thomas, Delvena R, DO ■
9730 Hibiscus Street
b
Cutler Bay, FL 33157
(305) 969-7829
Digital Contact Information:
drtbehavioralservices@gmail.com

and
16400 NW 2nd Ave
Ste 100
Miami, FL 33169
(305) 981-1700
Digital Contact Information:
drtbehavioralservices@gmail.com

and
16400 Northwest 2nd Avenue
100 100
Miami, FL 33169
(305) 981-1700
Digital Contact Information:
drtbehavioralservices@gmail.com

and
15800 NW 42nd Ave
Opa Locka, FL 33054
(305) 981-1700
Digital Contact Information:
http://brainlovehelp.com
drtbehavioralservices@gmail.com

Tiongco, Rosalinda, MS, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Torras Ceballos, Gabriela, MSCC, BCBA, LMHC ■
8300 West Flagler Street
STE 258C
Miami, FL 331446002
(786) 633-5171
Digital Contact Information:
counselingsocietymiami@gmail.com

and
2157 Southwest 13th Avenue
3
Miami, FL 33145
(786) 878-1331
Digital Contact Information:
http://www.counselingsociety.com
counselingsocietymiami@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Towne, Angela, MSW, LCSW, LICSW, LMSW ■
FL
(508) 202-1011
Digital Contact Information:
support@sevenstarling.com

Trana-Felipes, Silvia, MS, ABA, LMHC ■
2001 Northwest 107th Avenue
412
Doral, FL 33172
(786) 548-8322
Digital Contact Information:
empathybhsbilling@gmail.com

and
7959 NW 2nd St
Miami, FL 33126
(305) 267-6060
Digital Contact Information:
empathybhsbilling@gmail.com

and
1818 West Flagler Street
Miami, FL 33135
(786) 755-2897
Digital Contact Information:
empathybhsbilling@gmail.com

and
7315 Northwest 36th Street
Miami, FL 33166
(786) 345-7734
Digital Contact Information:
empathybhsbilling@gmail.com

and
10661 North Kendall Drive
216
Miami, FL 33176
(786) 631-4158
Digital Contact Information:
empathybhsbilling@gmail.com

and
1134 NW 136th Ave
Miami, FL 33182
(786) 631-4158
Digital Contact Information:
empathybhsbilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Treto, David, MN, APRN ■
13145 Southwest 134th Street
102
Miami, FL 33186
(305) 964-5236
Digital Contact Information:
olympushcs@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Tunnell, Natalie, PHD, LP ■
FL
(800) 567-5433
Digital Contact Information:
https://totallife.com/
info@totallife.com

Turner, Angela D, PHD, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
fl-credentialing@lifestance.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ukken, Boby, MSN, APRN ■
2828 Coral Way
Ste 460
Coral Gables, FL 33145
(305) 895-0504
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net

and
12550 Biscayne Boulevard
STE 306
North Miami, FL 33181
(305) 642-5255
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net
Other Languages Spoken by Provider or Office Staff
Russian

Urdaneta, Hany D, MMH, LMHC ■
12651 South Dixie Highway
304
Miami, FL 33156
(415) 941-4109
Digital Contact Information:
http://compassmentalhealthservices.com
hurdaneta@compassmentalhealthservices.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Uribe, Ana C, MSW, LCSW, LICSW ■
10500 Northwest 26th Street
Doral, FL 33172
(305) 646-1799
Digital Contact Information:
info@sanvello.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Valdes, Jose G, DNP, APRN ■
FL
(305) 204-9455
Digital Contact Information:
josegvn@gmail.com

and
10689 North Kendall Drive
211
Miami, FL 33176
(305) 204-9499
Digital Contact Information:
josegvn@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valencia, Tatiana, PSYD, LP ■
3191 Coral Way
Ste 623
Miami, FL 33145
(786) 344-2849
Digital Contact Information:
tvalencia174@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valle, Adiaris, MSN, APRN ■
10540 Northwest 26th Street
STE G201
Doral, FL 33172
(786) 879-8040
Digital Contact Information:
office@maximamedicalcenter.com

and
777 E 25th St
Ste 306
Hialeah, FL 33013
(786) 838-6092
Digital Contact Information:
office@maximamedicalcenter.com

Valmy Estivens, Vinia, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Vandhuynslager, Marci, MS, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
milly.cintron@marirecovery.com
Other Languages Spoken by Provider or Office Staff English

Vandy, Damaris, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@hupcfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Varela, Chily, MMH, LMHC ■
3081 Salzedo Street
202 202
Coral Gables, FL 33134
(786) 327-4840
Digital Contact Information:
cvarelalmhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vazquez, Christian, MS, LMHC ■
7950 Northwest 53rd Street
STE 237
Doral, FL 33166
(786) 536-4420
Digital Contact Information:
trey@credentialingconsultants.com

and
5979 Northwest 151st Street

STE 120
Hialeah, FL 33014
(786) 536-4420
Digital Contact Information:
trey@credentialingconsultants.com

and
5979 Northwest 151st Street
111
Miami Lakes, FL 33014
(786) 536-4420
Digital Contact Information:
trey@credentialingconsultants.com

Vega, Herman, PHD, CAP, LMHC ■
14411 Commerce Way
315
Hialeah, FL 33016
(305) 644-7294
Digital Contact Information:
info@totalrehabservices.com

and
14505 Commerce Way
Ste 511
Miami Lakes, FL 33016
(305) 644-7294
Digital Contact Information:
info@totalrehabservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ventre, Peter, MD ■
2000 Northwest 87th Avenue
Suite 201
Doral, FL 33172
(954) 561-6222
Digital Contact Information:
info@ventremedical.com

and
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vethencourt, Viviana, MS, LMHC ■
FL
(786) 285-0741
(954) 534-6744
Digital Contact Information:
vethencourt.viviana@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vieira, Caroline, MC, LMHC, PC ■
2212 Northwest 91st Street
Miami, FL 33147
(341) 888-7637
Digital Contact Information:
contact@quelinbilling.com
Other Languages Spoken by Provider or Office Staff
Portuguese

Villa Livesay, Natasha, MMH, LMHC ■
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
tashavilla88@gmail.com

and
13640 North Kendall Drive
1005
Miami, FL 33186
(305) 859-4522
Digital Contact Information:
tashavilla88@gmail.com

and
FL
(305) 859-4522
Digital Contact Information:
tashavilla88@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Villar-Loubet, Olga M, PSYD, LP ■
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-2301
Digital Contact Information:
Not Available

and
1150 NW 14th St
411
Miami, FL 33136
(305) 689-1352
Digital Contact Information:
Not Available

and
1400 NW 10th Ave
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
Not Available

and
1475 NW 12th Ave
C-023A
Miami, FL 33136
(305) 243-4900
Digital Contact Information:
Not Available

Virdo, Andrea, MS, LMHC, LPC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Walker, Audi, MMH, LMHC ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
westmiamicmhc@bellsouth.net

Walterhoefer, Jessica, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
hello@psychplus.com
Other Languages Spoken by Provider or Office Staff
Chinese, English, Spanish, Hindi

Walton, Diamesha, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Wamahiu, Joan W, MSN, APN ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
credentialing@riviamind.com

Wandler, Kevin R, MD ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
arscredentialing@advancedrecoverysystems.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Wang, Wen AO Dana, MD ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
nwittenborn@riviamind.com

Warner, Randy T, MD ■
3000 Biscayne Boulevard
Suite 216
Miami, FL 33137
(786) 220-1969
Digital Contact Information:
nhurley@npcatlantis.com

and
602 Northeast 36th Street
19
Miami, FL 33137
(786) 220-1969
Digital Contact Information:
nhurley@npcatlantis.com

Wasmer, Denise, MS, LMHC, LPC ■
1221 Brickell Avenue
ste 900
Miami, FL 33131
(786) 244-7690
Digital Contact Information:
denisewasmer@gmail.com

and
15225 SW 68th Ave
Miami, FL 33157
(786) 244-7690
Digital Contact Information:
denisewasmer@gmail.com

Wheeler, Kimberly, MS, APRN, NP ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
start@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Whittington, Brittany N, MS, LMHC ■
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
http://www.crystalabatherapy.com
info@cmpsclinical.com

Wilkins, Anita, MSN, APRNCNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
billing@insynchhealth.com

Williams, Kinya N, MC, LMHC, LPC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@growtherapy.com

Williams-Jeanty, Miesha N, MED, LMHC ■
FL
(305) 306-7409
Digital Contact Information:
admin@nzingasplace.com

Willis, Toni, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Wilson, Mia R, EDD, CAP, LMHC ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(866) 478-3978
Digital Contact Information:
miarwilson@aol.com

Wilson, Valerie, MSW, LCSW ■
1951 Northwest 7th Avenue
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
vallen@brimcounseling.com

and
FL
(305) 902-6347
Digital Contact Information:
vallen@brimcounseling.com

Wong, Carmen, MSN, APRN, CNP, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
hr.credentialing@sohomd.com

Wool, Sorcha, MSW, LCSW ■
1951 Northwest 7th Avenue
Miami, FL 33136
(571) 934-3936
Digital Contact Information:
admin@supportiveengagemet.com

and
FL
(305) 902-6347
Digital Contact Information:
admin@supportiveengagemet.com
Other Languages Spoken by Provider or Office Staff Sign Lang Amer

Wyss, Isabel, MS, LMHC ■
9220 Sunset Drive
104
Miami, FL 33173
(786) 724-4224
Digital Contact Information:
https://www.vita-cog.com/
admin@vita-cog.com

Yasin, Aleyah R, PHD, LMFT ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
credentialing@banyanhealth.org

Yin, Emily G, MN, APRN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamed.com

Zambrano, Karen M, PSYD, LP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 259-6977
Digital Contact Information:
http://www.abctestingservices.com
lisette@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Zamora, Danae, MC, LMHC ■
15190 SW 136th St
Ste 25
Miami, FL 33196
(786) 365-5916
Digital Contact Information:
healingtalkscounseling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

EAP: ASSESSMENT/ REFERRAL

Abraham, Steven K, PSYD, LP ■
150 Alhambra Circle
Floor 10
Coral Gables, FL 33134
(786) 800-3374
Digital Contact Information:
ndcclakeland@gmail.com

and
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
ndcclakeland@gmail.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
ndcclakeland@gmail.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
ndcclakeland@gmail.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
ndcclakeland@gmail.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
ndcclakeland@gmail.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
ndcclakeland@gmail.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
ndcclakeland@gmail.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
ndcclakeland@gmail.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
ndcclakeland@gmail.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
ndcclakeland@gmail.com

Abreu, Rebecca P, MS, LMHC ■
777 E 25th St
Ste 306
Hialeah, FL 33013
(786) 838-6092
Digital Contact Information:
pouabreu@gmail.com

and
2121 Southwest 3rd Avenue
205
Miami, FL 33129
(786) 660-1301
Digital Contact Information:
pouabreu@gmail.com

and
3191 Southwest 22nd Street
406
Miami, FL 33145
(786) 660-1301
Digital Contact Information:
pouabreu@gmail.com

and
1021 Ives Dairy Road
216
Miami, FL 33179
(305) 497-2473
Digital Contact Information:
pouabreu@gmail.com

and
FL
(786) 818-7169
(315) 873-2936
Digital Contact Information:
pouabreu@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Acosta, Annette, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Creole, Haitian, Spanish

Acosta, Carolina, MA, LMHC, LPC ■
10311 Northwest 58th Street
Doral, FL 33178
(800) 438-1772
Digital Contact Information:
lrangel@wlcfs.org
Other Languages Spoken by Provider or Office Staff
Spanish

Acosta, Cary, PSYD, LP ■
5040 NW 7th St
Ste 100
Miami, FL 33126
(305) 576-6611
Digital Contact Information:
yamesa@borinquenhealth.org

and
2691 Northeast 2nd Avenue
Miami, FL 33137
(305) 576-1675
Digital Contact Information:
yamesa@borinquenhealth.org

and
3000 Biscayne Blvd
Fl 5
Miami, FL 33137
(305) 576-6611
Digital Contact Information:
yamesa@borinquenhealth.org

Acosta, Ileana, MC, LMHC ■
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
http://www.btpmentalhealth.com
info@btpmentalhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Acosta, Ingrid E, MC, LCMHC ■
8370 West Flagler Street
STE 242
Miami, FL 33144
(786) 321-1600
Digital Contact Information:
http://www.crystalmindsmh.com
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(239) 431-2629
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Acosta, Manuel, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

and
11430 North Kendall Drive
106
Miami, FL 33176
(888) 852-6672
Digital Contact Information:
credentialing@wellnite.com

Acosta, Sarah, MMH, LMHC ■
FL
(786) 708-2221
Digital Contact Information:
helpinghandscounseling1@gmail.com

Adderley, Brian, MSW, LCSW ■
FL
(305) 902-6347
(315) 873-2936
Digital Contact Information:
jane.mohammad@daybreakhealth.com

Adel, Shaudi, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
insurance@wellnite.com

Adler, Shalom, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Agic, Christine, MSW, LCSW ■
2500 SW 107TH AVE
42
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
inbox.mhcares@gmail.com

Agostinelli, Giovanna, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Aguiar, Heloisa G, MA, LMHC ■
8547 Southwest 214th Lane
Cutler Bay, FL 33189
(305) 775-3105
Digital Contact Information:
lola0211@email.com

and
2000 S Dixie Hwy
Ste 104
Miami, FL 33133
(305) 775-3105
Digital Contact Information:
lola0211@email.com

and
13499 Biscayne Blvd
Ste 208
North Miami, FL 33181
(305) 775-3105
Digital Contact Information:
lola0211@email.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Aguilar, Leonardo, MA, LMHC ■
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
http://www.btpmentalhealth.com
info@btpmentalhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Aguilar, Rosalva, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
lisa.kane@gulfshorescounselingcenter.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Aguilera, Magalis, PSYD, CP, LP ■
9240 SW 72nd St
Ste 106
Miami, FL 33173
(305) 595-8787
Digital Contact Information:
drmagaliaguilera@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Aguilera, Michelle, MSW, LCSW ■
1603 Northeast 7th Avenue
Miami, FL 33137
(305) 374-1065
Digital Contact Information:
alexo@camillus.org
Other Languages Spoken by Provider or Office Staff
Spanish

Akl, Stephanie, PSYD, LP ■
9006 Southwest 214th Lane
Cutler Bay, FL 33189
(954) 885-9500
Digital Contact Information:
drakl@drstephanieakl.com

Albero, Amy, MSW, LCSW, LICSW ■
1110 Brickell Avenue
Suite 502
Miami, FL 33131
(203) 693-4917
Digital Contact Information:
http://www.revivecfw.com
amyalbero@revivecfw.com

Albers, Nancy C, PHD, CP ■
FL
(800) 567-5433
Digital Contact Information:
https://totallife.com/

Albury, Opal, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
chandlercounseling@gmail.com

Alea Garcia, Alina, MSSW, BCBA ■
123 N Krome Ave
Ste 104
Homestead, FL 33030
(786) 349-4559
Digital Contact Information:
referrals@ffmhs.com

and
Home Based Services Only
Homestead, FL 33030
(786) 349-4559
Digital Contact Information:
referrals@ffmhs.com

Alegria, Mario R, PHD, LP ●
6360 SW 48th St
Miami, FL 33155
(321) 273-9407
Digital Contact Information:
ma47alegria@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Aleman, Jessica M, PSYD, LP ■
3735 Southwest 8th Street
201
Coral Gables, FL 33134
(305) 200-3921
Digital Contact Information:
http://www.oceanpsychologygroup.com
alemanpsychology@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ali, Nashat S, MC, LCPC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
scheduling@happierliving.com

Ali, Sharon, MA, LMHC ■
FL

(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
osaker@ibhflorida.com

and
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
osaker@ibhflorida.com
Other Languages Spoken by Provider or Office Staff English

Alleyne, Amanda, MSSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Almagro, Francisco, MC, LMHC ■
4800 West Flagler Street
215
Coral Gables, FL 33134
(954) 368-4786
Digital Contact Information:
pedroramon1@yahoo.com

and
2300 West 84th Street
Ste 601
Hialeah, FL 33016
(305) 363-4001
Digital Contact Information:
pedroramon1@yahoo.com

and
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
pedroramon1@yahoo.com

and
6801 Northwest 77th Avenue
107
Miami, FL 33166
(786) 536-2364
Digital Contact Information:
pedroramon1@yahoo.com

and
12150 Southwest 128th Court
125
Miami, FL 33186
(305) 964-5191
Digital Contact Information:
pedroramon1@yahoo.com

and
FL
(786) 624-1303
Digital Contact Information:
pedroramon1@yahoo.com
Other Languages Spoken by Provider or Office Staff Spanish

Almeida Wallace, Diana, MC, LMHC ■
5915 Ponce de Leon
48
Coral Gables, FL 33146
(305) 934-6453
Digital Contact Information:
dalmeida87@hotmail.com
Other Languages Spoken by Provider or Office Staff Portuguese, English, French, Spanish

Almonte, Aldriana A, MSW, LCSW ■
31 N Krome Ave
Homestead, FL 33030
(786) 481-5909
Digital Contact Information:
aalmonte@infinitecc.org
Other Languages Spoken by Provider or Office Staff English, Spanish

Almonte, Ricardo, MS, LMHC ■
250 Catalonia Avenue
suite 403
Coral Gables, FL 33134
(321) 405-2805
Digital Contact Information:
https://harvestingjoypsychologicalservices.com
harvestingjoycounseling@gmail.com

Alonso, Maria D, PSYD, LCSW ■
3191 Coral Way
Ste 402
Miami, FL 33145
(786) 709-8556
Digital Contact Information:
dr.malonso@yahoo.com

and
3191 Coral Way
Ste 604
Miami, FL 33145
(786) 709-8556
Digital Contact Information:
dr.malonso@yahoo.com
Other Languages Spoken by Provider or Office Staff English

Alonso, Tanya, PSYD, LP ■
FL
(800) 567-5433
Digital Contact Information:
https://totallife.com/
care@totallife.com

Alsakloull, Majd, MS, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff Arabic

Altamiranda, Rosina E, MS, LMHC ●
11921 South Dixie Highway
STE 215
Pinecrest, FL 331564449
(786) 718-3890
Digital Contact Information:
rosina@nhorizonscs.com
Other Languages Spoken by Provider or Office Staff Spanish

Alton, Melissa, MC, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@lionrockrecovery.com

Altu, Amanda, MC, LMHC ■
5805 Blue Lagoon Dr
Ste 440
Miami, FL 33126
(800) 767-4411
Digital Contact Information:
Not Available

Alvarez, Amanda, PSYD, LP ■
6262 Sunset Drive
Suite 500
Miami, FL 33143
(305) 669-6503
Digital Contact Information:
payer.credentialing@nicklaushealth.org

and
3100 SW 62nd Ave
Miami, FL 33155
(305) 663-8439
Digital Contact Information:
payer.credentialing@nicklaushealth.org

Alvarez, Arlinnes, MMH, LMHC ■
FL
(305) 804-9121
Digital Contact Information:
http://www.sfacounseling.org
arlinnes@yahoo.com
Other Languages Spoken by Provider or Office Staff English, Creole, Spanish

Alvarez, Darline, MSW, LCSW ■
FL
(786) 223-6222
Digital Contact Information:
epochjourney@live.com
Other Languages Spoken by Provider or Office Staff Spanish

Alvarez Gonzalez, Alejandro, MA, BCBA ■
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
credentialing@creativekidstherapyinc.com

Alvarez Gonzalez, Lissette M, MS, LMHC ■
2500 Northwest 79th Avenue
Suite 180
Doral, FL 33122
(786) 253-7868
Digital Contact Information:
faithandhope230@gmail.com

and
18522 Southwest 136th Court
Miami, FL 33177
(305) 416-8189
Digital Contact Information:
faithandhope230@gmail.com

and
5881 Northwest 151st Street
Suite: 103
Miami Lakes, FL 33014
(786) 703-4154
Digital Contact Information:
faithandhope230@gmail.com

and
230 Canal Street
APT 202
Miami Springs, FL 33166
(305) 416-8189
Digital Contact Information:
faithandhope230@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Alvarez, Idolidia, MS, BCBA, LMHC ■
941 Southwest 87th Avenue
Suite A
Miami, FL 33174
(786) 873-9392
Digital Contact Information:
dmbehavioralsolutions@gmail.com

and
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 522-3900
Digital Contact Information:
dmbehavioralsolutions@gmail.com

and
6405 Northwest 36th Street
Virginia Gardens, FL 33166
(786) 238-2008
Digital Contact Information:
dmbehavioralsolutions@gmail.com
Other Languages Spoken by Provider or Office Staff English

Alvarez, Marie, MSCC, LMHC ■
7700 North Kendall Drive
707
Miami, FL 33156
(305) 298-8649
Digital Contact Information:
rosorio@miamicounseling.com

Alvarez, Martha, MMFT, LMFT ■
1390 South Dixie Highway
2104
Coral Gables, FL 33146
(305) 446-0333
Digital Contact Information:
info@miamipsychcenter.com
Other Languages Spoken by Provider or Office Staff Spanish

Alvarez, Mayaly, MS, LMHC ●
11921 South Dixie Highway
STE 215
Pinecrest, FL 331564449
(786) 718-3890
Digital Contact Information:
malva@nhorizonscs.com

Alvarez, Stephanie, MS, LMHC ●
FL
(561) 590-7063
Digital Contact Information:
http://innerworkcounseling.com
contact@innerworkcounseling.com
Other Languages Spoken by Provider or Office Staff Spanish

Alvarez-Jimenez, Anabel, PHD, LP ■
6175 NW 153rd St
Ste 205
Miami Lakes, FL 33014
(305) 814-8558
Digital Contact Information:
aalvarez@thrivepsychological.com
Other Languages Spoken by Provider or Office Staff Spanish

Alvey, Tiffany A, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
members@wellnite.com

Alvino, Evelyn C, MHS, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
fl-credentialing@lifestance.com

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
fl-credentialing@lifestance.com

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
fl-credentialing@lifestance.com

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
fl-credentialing@lifestance.com

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
fl-credentialing@lifestance.com

and
14645 Northwest 77th Avenue
101
Miami Lakes, FL 33014
(833) 769-3524
Digital Contact Information:
fl-credentialing@lifestance.com

Amador, Ruth Narumi, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
sheryl.shumate@colapsych.com
Other Languages Spoken by Provider or Office Staff Spanish

Ambrose, Meghan, PSYD, LP ●
360 Northwest 27th Street
Miami, FL 33127
(929) 209-6109
Digital Contact Information:
harry.williams@gettrucare.com

Ambush, Latonia M, MMH, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
latonia.ambush@gmail.com

Amza, Torie, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Anagnos, Grace E, MA, LCMHC, LMHC ■

2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Anderson, Aimee E, MSW, LCSW ■
9260 Sunset Dr
Ste 203
Miami, FL 33173
(305) 279-3640
Digital Contact Information:
Not Available

Anderson, Erica S, MS, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
erica@twcollaborative.org

Anderson, Susan L, MA, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
susanandersonmalpc@gmail.com

Andres, Alice M, PSYD, CP, HSPP, LP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
rainbowlanternpsych@gmail.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
rainbowlanternpsych@gmail.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
rainbowlanternpsych@gmail.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
rainbowlanternpsych@gmail.com
Other Languages Spoken by Provider or Office Staff English

Andreu, Claudia M, MMH, LMHC ■
7000 SW 97th Ave
Ste 121
Miami, FL 33173
(305) 342-5044
Digital Contact Information:
claumar.0222@gmail.com

Angel, Juan, MA, LMFT ■
1533 Sunset Drive
215
Miami, FL 33143
(954) 648-9492
Digital Contact Information:
juanmartinangel83@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Angel, Nicole, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Anker, Susan C, MSW, LCSW ■
11440 N Kendall Dr
Ste 106
Miami, FL 33176
(305) 668-9090
Digital Contact Information:
eanker7@bellsouth.net

Annan, Grace, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
scheduling@ehomegroup.com
Other Languages Spoken by Provider or Office Staff Italian

Antoine, Nisha, MPSY, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Antunes, Alexandra, MS, LMHC ■
12651 South Dixie Highway
Suite 320
Miami, FL 33156
(305) 300-3121
Digital Contact Information:
http://www.happymindswellness.com
contact@happyminds.sprucecare.com

and
8950 Southwest 74th Court
Suite 1808
Miami, FL 33156
(305) 300-3121
Digital Contact Information:
contact@happyminds.sprucecare.com

and
FL
(305) 300-3121
Digital Contact Information:
http://www.happymindswellness.com
contact@happyminds.sprucecare.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(305) 300-3121
Digital Contact Information:
http://happymindswellness.com
contact@happyminds.sprucecare.com

Arana, Ashley, MS, LMHC ■
250 Catalonia Avenue
suite 403
Coral Gables, FL 33134
(321) 405-2805
Digital Contact Information:
https://harvestingjoypsychologicalservices.com
asharanma.harvestingjoy@gmail.com

Arango, Alejandra J, MS, LMHC ■
FL
(786) 556-4040
Digital Contact Information:
aarango505@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arango, Yezid, MSW, LCSW ■
1671 West 37th Street
Suite #3
Hialeah, FL 33012
(305) 995-0152
Digital Contact Information:
vanessa@livingcaretherapy.com

and
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
vanessa@livingcaretherapy.com

and
15600 Northwest 67th Avenue
204 208
Hialeah, FL 33014
(786) 542-6127
Digital Contact Information:
vanessa@livingcaretherapy.com

and
2100 West 76th Street
STE 408
Hialeah, FL 33016
(786) 542-5056
Digital Contact Information:
vanessa@livingcaretherapy.com

and
5890 West 20th Avenue
Hialeah, FL 33016
(239) 202-8998
Digital Contact Information:
vanessa@livingcaretherapy.com

and
124 Southeast 1st Road
A
Homestead, FL 33030
(786) 255-7979
Digital Contact Information:
vanessa@livingcaretherapy.com

and
640 West Palm Drive
b
Homestead, FL 33034
(786) 601-7757
Digital Contact Information:
vanessa@livingcaretherapy.com

and
7392 Northwest 35th Terrace
203 206
Miami, FL 33122
(305) 530-8177
Digital Contact Information:
vanessa@livingcaretherapy.com

and
7570 Northwest 14th Street
Ste 101
Miami, FL 33126
(786) 590-1711
Digital Contact Information:
vanessa@livingcaretherapy.com

and
7480 Southwest 40th Street
430
Miami, FL 33155
(786) 536-4266
Digital Contact Information:
vanessa@livingcaretherapy.com

and
3850 SW 87th Ave
Ste 102
Miami, FL 33165
(786) 615-4443
Digital Contact Information:
vanessa@livingcaretherapy.com

and
9766 Coral Way
17
Miami, FL 33165
(785) 706-1281
Digital Contact Information:
vanessa@livingcaretherapy.com

and
4995 Northwest 72nd Avenue
102
Miami, FL 33166
(786) 360-3584
Digital Contact Information:
vanessa@livingcaretherapy.com

and
1460 Northwest 107th Avenue
41n
Miami, FL 33172
(754) 263-2050
Digital Contact Information:
vanessa@livingcaretherapy.com

and
1470 Northwest 107th Avenue
M
Miami, FL 33172
(786) 238-7282
Digital Contact Information:
vanessa@livingcaretherapy.com

and
18140 Southwest 97th Avenue
Miami, FL 33176
(786) 701-9174
Digital Contact Information:
vanessa@livingcaretherapy.com

and
12595 Southwest 137th Avenue
#203
Miami, FL 33186
(786) 470-9105
Digital Contact Information:
vanessa@livingcaretherapy.com

and
12595 Southwest 137th Avenue
STE 110
Miami, FL 33186
(305) 465-9379
Digital Contact Information:
vanessa@livingcaretherapy.com

and
17325 Northwest 27th Avenue
206 207
Miami Gardens, FL 33056
(786) 822-7270
Digital Contact Information:
vanessa@livingcaretherapy.com

and
18142 Southwest 97th Avenue
Palmetto Bay, FL 33157
(786) 701-9179
Digital Contact Information:
http://www.guevaramedicalservices.com
vanessa@livingcaretherapy.com

and
6101 Southwest 76th Street
South Miami, FL 33143
(786) 640-0602
Digital Contact Information:
http://www.martmedicalgroup.com
vanessa@livingcaretherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arauco, Andrea R, MSW, LCSW ■
FL
(305) 982-7434
Digital Contact Information:
http://www.mamayinbloomcounseling.com/
andreararauco@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Araujo Talledo, Andrea, PSYD, LP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Archilla, Ana M, BS, LMHC ■
7875 SW 104th St
Ste 101
Miami, FL 33156
(305) 740-8998
Digital Contact Information:
insurance@jcsfl.org

and
12000 Biscayne Boulevard
303
Miami, FL 33181
(305) 899-1587
Digital Contact Information:
http://www.jcsfl.org
insurance@jcsfl.org
Other Languages Spoken by Provider or Office Staff
Spanish

Arganza, Tatyana, MC, LMHC ■
8390 West Flagler Street
220
Miami, FL 33144
(305) 402-4835
Digital Contact Information:
http://newmooncmhc.com
nicanoragent83@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arias, Alina, MS, LMHC ■
18505 Northwest 75th Place
104 104
Hialeah, FL 33015
(305) 746-5628
Digital Contact Information:
rossconsultingandcredentialing@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Armstrong, F Daniel, PHD, LP ■
1601 NW 12th Ave
Miami, FL 33136
(305) 585-5635
Digital Contact Information:
Not Available

and
1611 NW 12th Ave
Miami, FL 33136
(305) 585-7040
Digital Contact Information:
Not Available

Aroche, Gladys, MPSY, LMHC ■
5881 Northwest 151st Street
111
Miami Lakes, FL 33014
(305) 440-8920
Digital Contact Information:
gac25@ymail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arrarte, Lorena, MED, LMHC ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
arscredentialing@advancedrecoverysystems.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Arriola, Vivianne, PSYD, LP ■
FL
(786) 206-7723
Digital Contact Information:
vivianne.arriola@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arroyo, Linda M, MC, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
lindaarroyo.mft@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arroyo, Rebecca, MC, LMHC ■
10700 Caribbean Boulevard
UNIT 203
Cutler Bay, FL 33189
(305) 299-8005
Digital Contact Information:
positivemindful@gmail.com

Arteaga, Ulysses, DSW, LCSW ■
135 San Lorenzo Ave
Ste 100
Coral Gables, FL 33146
(305) 502-3760
Digital Contact Information:
synergywellnessc@gmail.com

and
10300 Southwest 72nd Street
310
Miami, FL 33173
(786) 870-5948
Digital Contact Information:
synergywellnessc@gmail.com

and
10661 North Kendall Drive
216
Miami, FL 33176
(786) 631-4158
Digital Contact Information:
http://www.blancomedicalnow.com
synergywellnessc@gmail.com

and
FL
(305) 502-3760
(786) 631-4158
Digital Contact Information:
http://www.blancomedicalnow.com
synergywellnessc@gmail.com

and
8501 Southwest 124th Avenue
Miami, FL 33183
(786) 442-4006
Digital Contact Information:
synergywellnessc@gmail.com

and
12485 Southwest 137th Avenue
STE 104
Miami, FL 33186
(786) 256-5335
Digital Contact Information:
synergywellnessc@gmail.com

and
12485 Southwest 137th Avenue
STE 109
Miami, FL 33186
(786) 592-2748
Digital Contact Information:
synergywellnessc@gmail.com

and
13255 Southwest 137th Avenue
ste 217
Miami, FL 33186
(305) 502-3760
Digital Contact Information:
synergywellnessc@gmail.com

and
17340 Northwest 27th Avenue
Miami Gardens, FL 33056
(786) 255-0613
Digital Contact Information:
http://synergywellnessc.com
synergywellnessc@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Arthur, Felecia M, MSW, LISW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@homefrontha.com

Artiles, Laura M, PHD, LP ■
7100 SW 99th Ave
Ste 203
Miami, FL 33173
(305) 270-3737
Digital Contact Information:
artileslauraphdp@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Arvon, Coral, PHD, LCSW, LMFT ■
2627 Northeast 203rd Street
118
Aventura, FL 33180
(305) 936-8000
Digital Contact Information:
http://arvonandassociates.com
drarvon@arvonandassociates.com

and
6919 Southwest 18th Street
219
Miami, FL 33175
(305) 936-8000
Digital Contact Information:
http://arvonandassociates.com
drarvon@arvonandassociates.com

Asamoah-Duodu, Kwadwo D, PSYD, LP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
jscott@seniorcaretherapy.com
Other Languages Spoken by Provider or Office Staff English

Assinthe, Jeanne, MSW, LCSW ■
FL
(786) 779-8898
Digital Contact Information:
http://www.amitiewellness.com
jeanne@amitiewellness.com
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole, French, Spanish

Astolfo, Therese, MS, LMHC ■
1680 Meridian Ave
Ste 501
Miami Beach, FL 33139
(305) 531-5341
Digital Contact Information:
llong@dgcmhc.org

Athuman, Kimberly, MSW, LCSW, LISW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Atwood, Mayachristine C, MSW, LCSW ■
901 E 10th Ave
Ste 39
Hialeah, FL 33010
(305) 637-6400
Digital Contact Information:
http://jtchs.org

and
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
https://www.jtchs.org/

and
5607 NW 27th Ave
1
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
Not Available

and
1100 NW 71st St
Miami, FL 33150
(305) 637-6400
Digital Contact Information:
https://www.jtchs.orgc

and
1190 NW 95th St
Ste 100
Miami, FL 33150
(305) 637-6400
Digital Contact Information:
https://www.jtchs.orgc

and
20612 Northwest 27th Avenue
Miami Gardens, FL 33056
(305) 637-6400
Digital Contact Information:
https://www.jtchs.org/

and
490 Opa Locka Blvd
100
Opa Locka, FL 33054
(305) 637-6400
Digital Contact Information:
Not Available

Augustin, Sabine, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com
Other Languages Spoken by Provider or Office Staff Haitian Creole

Autie Castro, Yamila, MPSY, BCBA ■
8660 West Flagler Street
STE 121
Miami, FL 33144
(305) 600-4774
Digital Contact Information:
info@sunshinebehavioralhealthservices.com

Avilus, Kristel, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Awosogba, Olufunke O, PHD, LP ■
FL
(800) 567-5433
Digital Contact Information:
https://totallife.com/

Ayer, Brian, MA, LPCC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
registration@ravenwoodhealth.org
Other Languages Spoken by Provider or Office Staff Sign Lang Amer

Azarian, Eliana, MC, LMHC ■
FL
(561) 590-7063
Digital Contact Information:
http://innerworkscounseling.com
contact@innerworkcounseling.com

Azucena, Natalia, MSW, LCSW ■
18710 Southwest 107th Avenue
UNIT 15
Cutler Bay, FL 33157
(786) 459-9945
Digital Contact Information:
callisiabilling@gmail.com

and
7392 Northwest 35th Terrace
Suite 302
Miami, FL 33122
(786) 353-2792
Digital Contact Information:
callisiabilling@gmail.com

and
2141 Southwest 1st Street
201
Miami, FL 33135
(786) 920-9137
Digital Contact Information:
callisiabilling@gmail.com

and
8390 West Flagler Street
220
Miami, FL 33144
(305) 402-4835
Digital Contact Information:
http://newmooncmhc.com
callisiabilling@gmail.com

and
9425 Southwest 72nd Street
225
Miami, FL 33173
(780) 353-2369
Digital Contact Information:
callisiabilling@gmail.com

and
5209 Northwest 36th Street
Miami Springs, FL 33166
(786) 712-7752
Digital Contact Information:
callisiabilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Babadjanian, Angela, PSYD, LCP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Babanin, Ellen P, MMFT, LMFT ■
FL
(786) 488-8103
Digital Contact Information:
http://www.sfacounseling.org
info@monarcabehavioralhealth.com

Badger, Marlowe, MS, LMHC ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
contact@elevatepsychiatry.com

and
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
contact@elevatepsychiatry.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Baer, Rochelle A, MSW, LCSW ■
1601 NW 12th Ave
Miami, FL 33136
(305) 243-6864
Digital Contact Information:
Not Available

Bagner, Daniel, PHD, LP ■
11200 Southwest 8th Street
Miami, FL 33174
(305) 348-0477

Digital Contact Information:
fiucred@fiu.edu

Bagwell, Jennifer, MSW, LCSW ■
FL
(800) 567-5433
(561) 320-2018
Digital Contact Information:
info@totallife.com

Bailey, Michael, MS, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Baird, Christopher, MA, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
cardiganincorporated@gmail.com

Baker, Melissa, EDS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Baker, Traci, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff Spanish

Barkey, Adam D, PSYD, LP ■
11900 Biscayne Boulevard
Miami, FL 33181
(786) 949-0001
Digital Contact Information:
http://www.curectneuro.com
credentialing@curectneuro.com

Barnes, Cassandra D, MC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@thriveworks.com
Other Languages Spoken by Provider or Office Staff English

Barnes, Yvette, MSW, LCSW ■
1150 Northwest 72nd Avenue
640
Miami, FL 33126
(786) 497-3444
Digital Contact Information:
yvette@stellarhealthfl.com
Other Languages Spoken by Provider or Office Staff Spanish

Barnett, Capus, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Baron, Darlise, MSW, LCSW ■
18441 NW 2nd Ave
Ste 116
Miami, FL 33169
(786) 320-8722
Digital Contact Information:
http://www.baroncounseling.com
info@baroncounseling.com

and

18441 NW 2nd Ave
Ste 216
Miami, FL 33169
(786) 320-8722
Digital Contact Information:
http://www.baroncounseling.com
info@baroncounseling.com
Other Languages Spoken by Provider or Office Staff Creole, Haitian

Barosela, Melissa, MC, LMHC ■
3625 Northwest 82nd Avenue
400 3
Doral, FL 33166
(305) 209-6399
Digital Contact Information:
julie.berger@drcred.com

and

1125 Northeast 125th Street
112
North Miami, FL 33161
(305) 209-6399
Digital Contact Information:
julie.berger@drcred.com

Barreira, Edith M, MMFT, LMFT ■
11098 Biscayne Blvd
401-27
Miami, FL 33161
(305) 972-4865
Digital Contact Information:
https://edithmariabarreiralmft.com
privatepracticeeb@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Barrera, Lourdes, MPSY, LMHC ■
19001 Southwest 106th Avenue
c103
Miami, FL 33157
(786) 523-2352
Digital Contact Information:
hopeandserenity4you@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Barreras, Rosemary, MSED, LMFT ●
101 Majorca Avenue
Coral Gables, FL 33134
(954) 998-3372
Digital Contact Information:
rosemarybreiss@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Barreto, Lourdes A, MSSW, LCSW ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
referrals@ffmhs.com
Other Languages Spoken by Provider or Office Staff Spanish

Barrios-Mendez, Maria E, MSCC, LMHC ■
7700 North Kendall Drive
807
Miami, FL 33156
(786) 897-3729
Digital Contact Information:
mebm78@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Barros, Sandra J, MSW, LCSW ■
9920 Southwest 115th Avenue
Miami, FL 33176
(305) 457-9131
Digital Contact Information:
sandrajbarros@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Barroso, Alina, MD, LMHC ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Barroso, Rosa M, MC, LMHC ■
8004 Northwest 154th Street
418
Hialeah, FL 33016
(305) 530-8119
Digital Contact Information:
r@rbarrosolmhc.com

and

FL
(305) 530-8119
(305) 239-7725
Digital Contact Information:
r@rbarrosolmhc.com

and

7950 West Flagler Street
Suite 101
Miami, FL 33144
(305) 239-7725
Digital Contact Information:
r@rbarrosolmhc.com
Other Languages Spoken by Provider or Office Staff Spanish

Barry, Connally, PHD, CP, LP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@thriveworks.com

Barthelemy, Shirley, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff Creole

Bass, Karen, MA, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
onboarding@growtherapy.com

Basulto, Julie M, MS, LMFT ■
6625 Miami Lakes Drive
448
Miami Lakes, FL 33014
(305) 779-8565
Digital Contact Information:
http://www.comprehensive-assessment.com
info@comprehensive-assessment.com

and

6625 Miami Lakes Drive
STE 332
Miami Lakes, FL 33014
(305) 779-8565
Digital Contact Information:
http://www.comprehensive-assessment.com
info@comprehensive-assessment.com

Batista, Maylin, PHD, LMHC ■
6001 Northwest 153rd Street
157
Miami Lakes, FL 33014
(415) 941-4109
Digital Contact Information:
http://www.intent-therapy.com
intenttherapy@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Baumann, Cindy, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Bazaldua, Isabella, MED, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Bean, Anthony, PHD, LP ■
333 Southeast 2nd Avenue
Suite 2000
Miami, FL 33131
(833) 369-1144
Digital Contact Information:
credentialing@asprcmsolutions.com

Beard, Hope, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Beaubrun, Lucika, MA, LMHC ■
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(561) 289-7995
Digital Contact Information:
pandatherapycircle@gmail.com

Bechor Leven, Michele, PSYD, LP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
xmorales@adgcares.com
Other Languages Spoken by Provider or Office Staff English

Beckham, Jalisa, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Begley, Doreen, LMHC, MA ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
Not Available

Belizaire, Nadly, MS, LMHC ■
FL
(786) 708-1478
Digital Contact Information:
http://peacewaytherapy.com
nadly@peacewaytherapy.com
Other Languages Spoken by Provider or Office Staff English, Haitian Creole, Creole, Haitian

Bell, Rebekah, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Benjamin, Andrew P, MSW, LCSW ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com

Bennett, Venetia, MA, LMFT ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Spanish

Benzaquen, Melissa, MSED, LMHC ■
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
http://www.ibhflorida.com
osaker@ibhflorida.com

Berg, Joseph L, PSYD, LCSW ■
909 North Miami Beach Boulevard

STE 301
North Miami Beach, FL 33162
(305) 822-7202
Digital Contact Information:
billing@appliedbehavior.net
Other Languages Spoken by Provider or Office Staff
Spanish

Berkovits, Michelle, PHD, LP ■
1120 Northwest 14th Street
1212
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
Not Available

and
1475 NW 12th Ave
C130
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
Not Available

and
1601 NW 12th Ave
Miami, FL 33136
(305) 243-3669
Digital Contact Information:
Not Available

and
1120 Northwest 14th Street
RM 1213
Miami, FL 331362107
(305) 243-6660
Digital Contact Information:
Not Available

Bermudez, Jose, PSYD, LP ■
9425 SW 72nd St
Ste 267
Miami, FL 33173
(305) 981-6806
Digital Contact Information:
jbpsyd@gmail.com

Bermudez Toth, Silvia P, PHD, LP ■
10691 N Kendall Dr
Ste 105
Miami, FL 33176
(305) 668-6018
Digital Contact Information:
cartayagroup@gmail.com

Bernal, Jenny A, MSCC, LCSW ■
3414 West 84th Street
Suite D110
Hialeah, FL 33018
(305) 825-4320
Digital Contact Information:
lifestarcmhc@gmail.com

and
3416 West 84th Street
C-108
Hialeah, FL 33018
(305) 557-1555
Digital Contact Information:
http://lifestarwellnesscenter.com
lifestarcmhc@gmail.com

Bernal, Liliam, MSW, LCSW ■
FL
(954) 716-1718
Digital Contact Information:
https://www.mswservices.org
sw@yaconsulting.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

Berrios, Lorell, MSW, LCSW ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(503) 427-8094
Digital Contact Information:
qplspc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Berroa, Melida, MSW, LCSW ■
1840 West 49th Street
Suite 727
Hialeah, FL 33012
(786) 715-3086
Digital Contact Information:
mamtherapeutic@gmail.com

and
17670 Northwest 78th Avenue
STE 113
Hialeah, FL 33015
(716) 558-4565
Digital Contact Information:
mamtherapeutic@gmail.com

and
8950 SW 74th Ct
Ste 2201
Miami, FL 33156
(786) 577-3427
Digital Contact Information:
mamtherapeutic@gmail.com

and
20535 Northwest 2nd Avenue
210
Miami, FL 33169
(305) 934-4382
Digital Contact Information:
https://mamtherapeutic.com
mamtherapeutic@gmail.com

and
FL
(305) 934-4382
Digital Contact Information:
https://mamtherapeutic.com
mamtherapeutic@gmail.com

and
14221 Southwest 120th Street
126
Miami, FL 33186
(786) 577-3427
Digital Contact Information:
mamtherapeutic@gmail.com

and
10201 Hammocks Boulevard
Suite 122
Miami, FL 33196
(305) 934-4382
Digital Contact Information:
mamtherapeutic@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Berry, Nicole, PHD, LMHC ■
465 West 41st Street
Miami Beach, FL 33140
(786) 376-0773
Digital Contact Information:
nicoleberrys@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Turkish, Spanish

Bialza, Marie Arlene, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
hello@emorahealth.com

Bianchi, Fiorella, MSW, LCSW ■
2555 Northwest 102nd Avenue
STE 205
Doral, FL 33172
(786) 372-6788
Digital Contact Information:
http://www.holisticmindscollective.org
bianchisw@gmail.com

and
7000 West 12th Avenue
15
Hialeah, FL 33014
(305) 395-4919
Digital Contact Information:
bianchisw@gmail.com

and
FL
(305) 395-4919
Digital Contact Information:
bianchisw@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bibas, Silvia M, MACP, LMHC ■
5590 West 20th Avenue
200 201
Hialeah, FL 33016
(305) 557-1555
Digital Contact Information:
http://lifestarwellnesscenter.com
sbibas999@gmail.com

and
3416 West 84th Street
C-108
Hialeah, FL 33018
(305) 557-1555
Digital Contact Information:
http://lifestarwellnesscenter.com
sbibas999@gmail.com

Bickman, Suzanne, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Billings, Denise D, MA, LCMHC, LMHC ●
9350 Sunset Drive
151
Miami, FL 33173
(202) 410-5972
Digital Contact Information:
help@joinuplift.co

Birdsong, Marianna, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app

Bishop, Amie, MS, LCMHC, LCPC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Bishop, Ryan, MA, LMHC ■
1951 NW 7th Ave
Fl 3
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com

and
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Bishop, Sarah, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Spanish

Bittelmeyer, Paul, PSYD, CP, LP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Blain, Jahmeal, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Blakeman, Jamie, MC, LCPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Blanco, Stephanie, MPSY, BCBA, LBA ■
11276 SW 232nd St
Miami, FL 33170
(732) 523-2327
Digital Contact Information:
freddie.maxwell@amromed.com

Blaylock, Victoria, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
help@joinuplift.co

Bliss, Karie A, MC, LCMHC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
kbliss0122@gmail.com

Blitzer, Paola, MS, LMHC ■
1045 Kane Concourse
207-208
Bay Harbor Islands, FL 33154
(305) 866-3866
Digital Contact Information:
paolabmhc@gmail.com

and
1045 Kane Concourse
207
Bay Harbor Islands, FL 33154
(561) 901-8846
Digital Contact Information:
paolabmhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bloom, Audrey, PHD, LP ■
14707 South Dixie Highway
107
Miami, FL 33176
(305) 301-8251
Digital Contact Information:
audreybloom@bellsouth.net

Bodan, Dayra L, PSYD, LP ■
6405 Northwest 36th Street
112
Virginia Gardens, FL 33166
(305) 871-3131
Digital Contact Information:
therapeuticalli@bellsouth.net
Other Languages Spoken by Provider or Office Staff
English, Spanish

Bofill, Martha, PSYD, LP ■
351 NW 42nd Ave
Ste 401
Miami, FL 33126
(786) 704-5546
Digital Contact Information:
mbofill@aol.com

Bogan, James M, MSW, LCSW ■
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
fl-credentialing@lifestance.com
Other Languages Spoken by Provider or Office Staff English

Bolden, Simone K, MSW, LCSW ■
FL
(800) 567-5433
Digital Contact Information:
https://totallife.com/
asands@claritynwi.com

Boldin, Alyssia N, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
rachaibar@emds.com

Bolivar, Carmen L, MS, LMHC ■
5201 Blue Lagoon Dr
Ste 800
Miami, FL 33126
(305) 707-8615
Digital Contact Information:
highrisewellness@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bonafe, Laura, MS, BCBA ■

12985 Southwest 130th Court
204 204
Miami, FL 33186
(305) 735-3878
Digital Contact Information:
info@mistherapy.com

and
Home Based Services Only
Miami Gardens, FL 33014
(786) 606-7766
Digital Contact Information:
info@mistherapy.com

Bond, Steven, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Bonilla, Alicia, MSW, LCSW ●
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Booker, Ebony C, MSS, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ebonyb135@gmail.com

Borda, Margarita, MA, LMHC ■
123 Madeira Avenue
204
Coral Gables, FL 33134
(305) 898-6607
Digital Contact Information:
margaritaborda123@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Borek, Izayana, MS, LMFT ■
151 Northwest 11th Street
w201 w
Homestead, FL 33030
(786) 521-5925
Digital Contact Information:
http://monarchallhealth.com
monarchallhealth@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Borges, Ariel, MC, BCBA, LMHC ■
330 Southwest 27th Avenue
STE 301
Miami, FL 33135
(786) 254-1572
Digital Contact Information:
http://www.counselingsociety.com
arborgesu@gmail.com

and
2157 Southwest 13th Avenue
3
Miami, FL 33145
(786) 254-1572
Digital Contact Information:
http://www.counselingsociety.com
arborgesu@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Bornacelly, Orietta, MPSY, LMFT ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
hilda@universalcommunityservices.com

and
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
http://universalcommunityservices.com
hilda@universalcommunityservices.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Bortnik, Debora, MA, LMHC ■
9240 SW 72nd St
Ste 202
Miami, FL 33173
(305) 815-2787
Digital Contact Information:
dbortnik@bellsouth.net

Bosch Batule, Monica J, MSW, LCSW ■
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
http://www.hscflorida.com
mbosch@keraltybh.com

and
3621 SW 107th Ave
Miami, FL 33165
(786) 534-8366
Digital Contact Information:
http://serenitycommunitycenter.com
mbosch@keraltybh.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Boswell, Ron, MSED, LMFT ■
7685 SW 104th St
Ste 100
Pinecrest, FL 33156
(305) 666-8000
Digital Contact Information:
chuckcook49@gmail.com

Botero, Sara M, MS, LMFT ■
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
morecounseling@gmail.com

and
9745 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 701-2401
Digital Contact Information:
morecounseling@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Botta, Rafael J, PSYD, LP ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
info@dadefamily.com

Bowen, Dorothy, MED, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/credentialing@bebravehealth.com

Bowers, Derek, MC, LMFT ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
hello@emorahealth.com

Bowes, Jaclyn, PHD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
hello@emorahealth.com

Boyle, Kelly A, MA, LMFT ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
starfamilytherapy@gmail.com

Bradley, Aniek, MS, LMFT ■
15190 SW 136th St
Ste 25
Miami, FL 33196
(786) 285-2396
Digital Contact Information:
aniekbradley72@gmail.com

Brandt, Robert S, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@medpsych.net
Other Languages Spoken by Provider or Office Staff English

Brazlavsky, Jodi L, MSW, LCSW ■
17501 Biscayne Boulevard
450
Aventura, FL 33160
(305) 933-5733
Digital Contact Information:
jbrazlavsky@gmail.com

and
19300 West Dixie Highway
2 2
Miami, FL 33180
(305) 720-5634
Digital Contact Information:
http://www.deltapsychgroup.com
jbrazlavsky@gmail.com

Brazzini, Mijanou, MPSY, LMHC ■
13205 Southwest 137th Avenue
suite 126
Miami, FL 33186
(786) 713-0383
Digital Contact Information:
http://yjwcare.com
mbrazzini61@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Brecht, Melinda S, MA, LMHC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Breva-Ratnasekera, Theresa, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Brignoni, Candace I, MS, LMHC ■
10689 N Kendall Dr
Ste 314
Miami, FL 33176
(305) 558-7400
Digital Contact Information:
tifftflo@aol.com

Brito, Ana, MMH, LMHC ■
3661 S Miami Ave
Ste 503
Miami, FL 33133
(305) 856-1082
Digital Contact Information:
smontano@jcsfl.org

and
7875 SW 104th St
Ste 101
Miami, FL 33156
(305) 899-1587
Digital Contact Information:
http://www.jcsfl.org
smontano@jcsfl.org
Other Languages Spoken by Provider or Office Staff Hebrew, Spanish

Brito, Keity, LCSW, MSW ■
FL
(909) 442-0618
(202) 410-5972
(305) 209-5141
Digital Contact Information:
http://www.joinuplift.co
support@tryminded.com
Other Languages Spoken by Provider or Office Staff Spanish

Broadnax, Jaytavia, PSYD, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/credentialing@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Broche, Anibis, MMH, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(305) 979-7309
Digital Contact Information:
anibisbroche@gmail.com

and
11401 SW 40th St
Ste 340
Miami, FL 33165
(786) 907-4925
Digital Contact Information:
anibisbroche@gmail.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
anibisbroche@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Brook, Robin, PHD, LMHC ■
111 Northeast 1st Street
FL 8
Miami, FL 33132
(888) 344-4549
Digital Contact Information:
rbrooks@transformationalhealth.net
Other Languages Spoken by Provider or Office Staff English, Creole, Haitian, French, Spanish

Brookes, Ingrid, MS, LMHC ■
10300 Southwest 72nd Street
275d
Miami, FL 33173
(888) 853-7908
Digital Contact Information:
http://www.bettermindtherapycorp.com
vasallojane@yahoo.com
Other Languages Spoken by Provider or Office Staff Spanish

Brooks, Maria, PSYD, LP ■
3625 Northwest 82nd Avenue
400 3
Doral, FL 33166
(305) 209-6399
Digital Contact Information:
luke@revive-rcm.com

and
1125 Northeast 125th Street
112
North Miami, FL 33161
(305) 209-6399
Digital Contact Information:
http://mindsetsolutionsctc.com/
luke@revive-rcm.com

Brown, Dustin Q, MC, LMHC ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
myschoolpsychologist@outlook.com
Other Languages Spoken by Provider or Office Staff Spanish

Brown, Kala M, MSW, LCSW ■
FL
(786) 212-0289
Digital Contact Information:
admin@mentalmovement.org

Brown, Kathryn, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Brown, Sophia A, MSW, LCSW ■
295 Biscayne Boulevard
300

Miami, FL 33131
(561) 289-7995
Digital Contact Information:
sophia.brown@soebrownclinicalservices.org

Bruno, Eliz, MS, LMFT ■
FL
(305) 804-9121
(202) 410-5972
(786) 505-4543
Digital Contact Information:
amimft85@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Bruno Harrold, Gania, MSW, LCSW ■
17166 Northeast 19th Avenue
North Miami Beach, FL 33162
(954) 247-4603
Digital Contact Information:
intherapywetrust101@gmail.com
Other Languages Spoken by Provider or Office Staff English

Bruno, Julie D, PSYD, LP ■
1550 Madruga Avenue
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
http://www.abc4s.com
support@abc4s.com

Buigas, Kristen, PSYD, LP ■
11645 Biscayne Boulevard
STE 408
Miami, FL 33181
(305) 538-8835
Digital Contact Information:
https://mbchc.org/
lvgonzalez@hcnetwork.org

and
710 Alton Rd
Miami Beach, FL 33139
(305) 538-8835
Digital Contact Information:
lvgonzalez@hcnetwork.org

and
1221 71st St
Miami Beach, FL 33141
(305) 538-8835
Digital Contact Information:
https://mbchc.org/
lvgonzalez@hcnetwork.org
Other Languages Spoken by Provider or Office Staff Spanish

Bulla, Maria I, MC, LMHC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
mabu820@hotmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Bullock-Funches, Tenecia, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Bunten, Claritza, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Burchett, Kiana, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Bure-Reyes, Annelly, PHD, CP ■
1150 NW 14th St
Ste 604
Miami, FL 33136
(305) 243-7529
Digital Contact Information:
Not Available

and
1150 NW 14th St
Ste 609
Miami, FL 33136
(305) 243-7529
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff Spanish

Burghardt, Elizabeth M, MS, LMHC ■
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
morecounseling@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Burguera, Mayra, PSYD, LP ■
1110 Brickell Ave
Ste 407
Miami, FL 33131
(786) 558-4526
Digital Contact Information:
http://www.lucidminds.com
dr.burguera@gmail.com

Burley, Todd D, MS, LMFT ■
8600 SW 92nd Street
#203
Kendall, FL 33156
(305) 595-6633
Digital Contact Information:
todddburley@gmail.com

Burns, Lonnie, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Burrell, Allison, PHD, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Bush, Jeffrey H, MC, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Bush, Megan V, MSW, LCSW ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Bussey-Martin, Shantara L, MSW, LCSW ■
FL
(786) 751-1565
Digital Contact Information:
https://www.teatimets.com/
sbusseymartin@teatimets.com

Bustos, Josue C, MSW, LCSW ■
FL
(800) 567-5433
Digital Contact Information:
hello@emorahealth.com

Butcher, Stefanie, MSW, LISW-CP ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
provider.enroll@curnahelth.com

Byars, Chelsie D, MS, LMHC ■
13155 Southwest 134th Street
202
Miami, FL 33186
(786) 504-3119
Digital Contact Information:
telehealth@mindfultherapygroup.com
Other Languages Spoken by Provider or Office Staff English

Caballero, Marianela, PSYD, LMHC ■
2550 NW 72nd Ave
Ste 309
Miami, FL 33122
(786) 703-2828
Digital Contact Information:
guidanceandinsightinc@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Caballero, Niyer, MSW, LICSW ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
network@bircheshealth.com

Cabranes, Gretchen, MA, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 275-8860
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com
Other Languages Spoken by Provider or Office Staff Spanish

Cabrera, Gabriela M, MMH, LMHC ■
10691 Southwest 88th Street
Suite 110
Miami, FL 33176
(305) 595-5485
Digital Contact Information:
compuexbilling@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Cabrera, Wendy, MMH, LMHC ●
2828 Coral Way
Ste 460
Coral Gables, FL 33145
(877) 897-6987
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net

and
12550 Biscayne Boulevard
308
North Miami, FL 33181
(305) 895-0504
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net
Other Languages Spoken by Provider or Office Staff Spanish

Cabrera, Xenia M, MSW, LCSW ■
15476 Northwest 77th Court
112
Miami Lakes, FL 33016
(786) 229-9919
Digital Contact Information:
xcabrera@xmcmentalwellness.com
Other Languages Spoken by Provider or Office Staff Spanish

Caceres, Daniris, MMH, LMHC ■
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
morecounseling@gmail.com

Caine, Mareayna, MC, LPC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
birches@withassured.com

Caines, Jeveyne, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@thriveworks.com

Calderon, Eileen C, PSYD, LP ●
100 Miracle Mile
330
Coral Gables, FL 33134
(305) 445-9554
Digital Contact Information:
wellpathbehavior@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Calderon, Patricia, PHD, LMHC ■
6262 Bird Rd
Ste 2F
Miami, FL 33155
(305) 266-3200
Digital Contact Information:
dadecounseling@aol.com
Other Languages Spoken by Provider or Office Staff Spanish

Calloway, Crystal, MSW, LCSW ■
FL
(704) 298-9914
Digital Contact Information:
http://www.asehealingcenter06.org
setzertherapist22@gmail.com

Calvo, Greta, MMH, LMHC ●
6175 NW 153rd St
Ste 205
Miami Lakes, FL 33014
(305) 814-8558
Digital Contact Information:
http://www.thrivepsychological.com
gcalvo@thrivepsychological.com
Other Languages Spoken by Provider or Office Staff Spanish

Calzadilla, Sandra, MS, LMHC ■
2464 Southwest 22nd Street
Miami, FL 33145
(305) 204-9355
Digital Contact Information:
http://ampmentalhealth.com
ampmentalhealth@gmail.com

and
FL
(305) 204-9355
Digital Contact Information:
http://ampmentalhealth.com
ampmentalhealth@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Camejo, Stephanie, PSYD, LP ■
8500 SW 92nd Street
206
Miami, FL 33156
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
sasha@livewelltherapygroup.com

Camille, Anael, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff Creole

Campagna Bonomo, Samantha E, MS, LMHC ■
1550 Madruga Ave
Ste 509
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
campagnatherapy@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Campbell, Mary L, MCAP, LCAS ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
birches@withassured.com

Campbell, Valencia L, MSW, LCSW, LICSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Campos, Catherine, MSSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com
Other Languages Spoken by Provider or Office Staff Spanish

Campos, Ivy, MS, LMHC ■
2103 Coral Way
Ste 405
Miami, FL 33145
(305) 445-9554
Digital Contact Information:
herrerasoffice@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Camps, Juan C, MSW, LCSW ■
11615 Pinkston Dr
Miami, FL 33176
(541) 671-9748
Digital Contact Information:
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff English, Spanish

Canales, Jenny, MA, LPC ■
FL
(305) 902-6347
Digital Contact Information:
http://www.bebravehealth.com
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff English

Cancemi, Alexis, PHD, LMHC ■
FL
(754) 201-4741
Digital Contact Information:
http://www.alexismentalhealth.com
acancemi7099@yahoo.com

Cantave, Marie Jean Isabelle, MS, LMFT ■
1404 NW 22nd St
Miami, FL 33142
(305) 325-1050
Digital Contact Information:
http://vitaehs.com
redentialing@vitaehealthportal.com

Capote, Anna M, MSW, LCSW ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
perla@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla@dadefamily.com

Carabantes, Mariana, PSYD, LP ■
4675 Ponce de Leon
303
Coral Gables, FL 33146
(786) 554-3868
Digital Contact Information:
http://drmarianacarabantes.com
miamipsychologist@drmarianacarabantes.com

and
FL
(786) 554-3868
Digital Contact Information:
http://drmarianacarabantes.com
miamipsychologist@drmarianacarabantes.com
Other Languages Spoken by Provider or Office Staff Spanish

Carballo, Clarisa, MS, LMHC ■
5901 Northwest 183rd Street
Suite 128
Hialeah, FL 33015
(786) 409-4872
Digital Contact Information:
http://onesoulcmh.com
onesoulbilling@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Carballo, Grettel, MC, LMHC ■
1901 West Flagler Street
7
Miami, FL 33135
(786) 612-5973
Digital Contact Information:
grettel2587@gmail.com

and
13195 Southwest 134th Street
101
Miami, FL 33186
(786) 227-6830
Digital Contact Information:
http://esperanzagroup.net
grettel2587@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Carballo, Mercedes, MC, LMHC ■
10689 N Kendall Dr
Ste 215
Miami, FL 33176
(305) 310-4245
Digital Contact Information:
http://mentalwellness.care
mercy.carballo@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Cardenas, Carlos, MSED, LMFT ■
10689 SW 88th St
Ste 305
Miami, FL 33176
(305) 975-9449
Digital Contact Information:
mgme.cc@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Cardentey, Maidelin, MMH, LMHC ■
11300 Northwest 87th Court
149
Hialeah Gardens, FL 33018
(786) 518-3452
Digital Contact Information:
gardenshc@gmail.com

Cardona, Diana C, MS, LMHC ■
5201 Blue Lagoon Dr
Ste 848
Miami, FL 33126
(855) 634-0984
Digital Contact Information:
contact@influentialtherapy.com

Cardona, Maria E, MBS, LPC ■
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
osaker@ibhflorida.com

Cardoso, Ericka, MS, LMHC ■
12595 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 701-9992
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
17340 Northwest 27th Avenue
Miami Gardens, FL 33056
(786) 255-0613
Digital Contact Information:
http://synergywellnessc.com
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Careaga, Dioskora, MS, BCBA, LMHC ■
2828 Coral Way
Ste 460
Coral Gables, FL 33145
(732) 523-2327
Digital Contact Information:
http://www.hinesandassociates.net
dioskorac@msn.com

and
12550 Biscayne Boulevard
STE 306
North Miami, FL 33181
(305) 642-5255
Digital Contact Information:
http://www.hinesandassociates.net
dioskorac@msn.com
Other Languages Spoken by Provider or Office Staff Spanish

Carey, Penny, MA, LMHC ■
66 W Flagler St
900
Miami, FL 33130
(786) 244-7690
Digital Contact Information:
admissions@advancedrecoverysystems.com

Carey, Robert, PSYD, LP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

Carlisle, Muriell, MS, LMHC ■
FL
(786) 224-7111
Digital Contact Information:
muriellcarlisle@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Carlyon, Corey, MA, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Carmody, Jaclyn, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Carne, Taylor, MA, LMFT ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Carr, Michelle, LMHC, MA ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com
Other Languages Spoken by Provider or Office Staff Spanish

Carr, Satara, MA, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
blisscounseling2019@outlook.com
Other Languages Spoken by Provider or Office Staff English

Carrascal, Jonh, MS, LMHC ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Carrion, Bethania, PSYD, LP ■
175 Fontainebleau Boulevard
Miami, FL 33172
(786) 860-2468
Digital Contact Information:
http://www.guidedinsightpsychology.com
drcarrionb@guided-insight.com
Other Languages Spoken by Provider or Office Staff Spanish

Carrita, Nicole, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
carritacounseling@gmail.com
Other Languages Spoken by Provider or Office Staff Italian

Carroll, Christian, MS, LMFT, LMHC, LPC, LPCMH ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Carrow, Norma Jean, MSW, LCSW, LICSW ■
1951 NW 7th Ave
Ste 600
Miami, FL 33136
(800) 567-5433
Digital Contact Information:
info@totallife.com

and
FL
(800) 567-5433
(617) 249-6854
Digital Contact Information:
https://totallife.com/
info@totallife.com

Carroza, Mirna H, MPSY, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff Italian, Spanish

Carson, Tammy A, MSW, LCSW, LICSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@thriveworks.com

Cartaya, Andres, PSYD, LP ■
10691 N Kendall Dr
Ste 105
Miami, FL 33176
(305) 668-6018

Digital Contact Information:
cartayagroup@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Cartaya, Rosa M, MA, LMHC ■
9370 Southwest 72nd Street
Suite #A-213
Miami, FL 33173
(305) 972-9530
Digital Contact Information:
rmcartay@hotmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Carter, Carol, MSW, LCSW ■
FL
(305) 400-8511
Digital Contact Information:
http://www.cbhwestcoast.com
credentialing@hcsflorida.com
Other Languages Spoken by Provider or Office Staff English

Carter, Dana, PHD, LMHC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com

Carter, Michelle, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Carter, Nakylia, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Casal, Beatriz T, MSW, LCSW ■
9010 SW 137th Ave
Ste 236
Miami, FL 33186
(305) 279-4966
Digital Contact Information:
munlily217@aol.com
Other Languages Spoken by Provider or Office Staff Spanish

Casas, Joanna, MC, LMHC ■
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
http://www.btpmentalhealth.com
info@btpmentalhealth.com
Other Languages Spoken by Provider or Office Staff Spanish

Casas-Justice, Libia T, MSW, LCSW ■
10631 North Kendall Drive
Suite 1201
Miami, FL 33176
(305) 270-6100
Digital Contact Information:
libiacasas@bellsouth.net
Other Languages Spoken by Provider or Office Staff Spanish

Casiano, Ada L, MS, LMFT ■
7765 SW 87th Ave
Ste 104
Miami, FL 33173
(305) 494-0956
Digital Contact Information:
acasiano@bellsouth.net
Other Languages Spoken by Provider or Office Staff Spanish

Castellanos, Ivette, MS, LMHC ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
laurap@azzurrahcc.com
Other Languages Spoken by Provider or Office Staff Spanish

Caster, Valjeanne, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Casthely, Patrick, MC, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Castillo, Edmundo, MSW, LCSW ■
4445 West 16th Avenue
STE 100
Hialeah, FL 33012
(786) 876-5087
Digital Contact Information:
kmauricio@regahealth.com
Other Languages Spoken by Provider or Office Staff Spanish

Castillo, Fiorella Paola, MC, LMHC ●
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
info@elevatepsychiatry.com

and
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
info@elevatepsychiatry.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Castillo, Karina, MA, LMHC ■
FL
(786) 258-8499
Digital Contact Information:
http://www.virtual-counseling.com
service@virtual-counseling.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Castillo-Fundora, Evelyn T, EDS, LSP ■
10300 Southwest 72nd Street
#123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://myschoolpsychologistinc.com
info@myschoolpsychologistinc.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Castro, Anthony M, PHD, LP ■
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
1404A
Miami, FL 33136
(305) 243-4782
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
Fl 14
Miami, FL 33136
(305) 243-4782
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
Fl 3
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff Spanish

Castro, Georgia K, MS, LMHC ■
111 NW 183rd St
Ste 404
Miami, FL 33169
(786) 524-4001
Digital Contact Information:
fl-credentialing@lifestance.com

and
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
fl-credentialing@lifestance.com

Castro, Katia, MED, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
credentialing@thriveworks.com
Other Languages Spoken by Provider or Office Staff English, Sign Lang Amer, Spanish

Castro, Mabel, MSW, LCSW ■
20535 NW 2nd Ave
Ste 204
Miami, FL 33169
(305) 900-3566
Digital Contact Information:
http://www.merakiliving.net
mcastro@merakiliving.net
Other Languages Spoken by Provider or Office Staff Spanish

Castro, Mairelis, MS, LMHC ■
2450 Southwest 137th Avenue
Suite# 230
Miami, FL 33175
(305) 459-3207
Digital Contact Information:
http://www.hidalgopsychiatry.com
calvarez@blueangelcare.net

and
2460 Southwest 137th Avenue
250
Miami, FL 33175
(305) 459-3207
Digital Contact Information:
http://www.hidalgopsychiatry.com
calvarez@blueangelcare.net

and
11890 Southwest 8th Street
STE 309
Miami, FL 331841710
(305) 220-6060
Digital Contact Information:
http://www.blueangelcare.net
calvarez@blueangelcare.net

Castro, Olga M, MS, LMHC ■
11890 Southwest 8th Street
STE 309
Miami, FL 331841710
(305) 220-6060
Digital Contact Information:
http://www.blueangelcare.net
calvarez@blueangelcare.net
Other Languages Spoken by Provider or Office Staff Spanish

Castro, Yahaira, PHD, LMHC ■
13335 Southwest 124th Street
Miami, FL 33186
(786) 738-6468
Digital Contact Information:
frontdesk@mentalhealthofmiami.com

and
FL
(786) 738-6468
Digital Contact Information:
http://mentalhealthofmiami.com
frontdesk@mentalhealthofmiami.com
Other Languages Spoken by Provider or Office Staff Spanish

Catenacci, Kathryn Y, MS, LCPC, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Catoe, Whitney, MA, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Cazeau, B Winnifred, MSW, LCSW-C ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Ceballo, Mayelin, MPSY, LMHC ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
office@neurobehavioral.health

and
12060 Southwest 129th Court
201
Miami, FL 33186
(786) 615-3349
Digital Contact Information:
office@neurobehavioral.health
Other Languages Spoken by Provider or Office Staff Spanish

Ceballos Marin, Veronica I, MMH, LMHC ■
14221 Southwest 120th Street
225
Miami, FL 33186
(786) 373-7359
Digital Contact Information:
inspirationaljourneymhc@gmail.com
Other Languages Spoken by Provider or Office Staff English

Celestin, Jaceline, MS, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
jcelestherapist@gmail.com

Cendan, Tianny, MC, LMHC ■
22790 SW 112th Ave
Miami, FL 33170
(305) 235-6178
Digital Contact Information:
http://www.theagapenetwork.org
rgrossmiller@hcnetwork.org

Centeno, Jousseliett, MSW, LCSW ■
9425 Sunset Dr
Ste 267
Miami, FL 33173
(305) 981-6806
Digital Contact Information:
joussecenteno@gmail.com
Other Languages Spoken by Provider or Office Staff English

Center, Steve S, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
anne.lawson@bowencenter.org

Cevallos, Roxana, MSW, LCSW-C ■
3750 West 16th Avenue
140u
Hialeah, FL 33012
(786) 609-1765
Digital Contact Information:
yudelkyscamallea@gmail.com

and
22790 SW 112th Ave
Miami, FL 33170

(305) 235-2616
Digital Contact Information:
http://www.theagapenetwork.org
yudelkyscamallea@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Chacon Asusta, Leonardo, MS, BCBA, LCSW ■
8500 Southwest 8th Street
Ste 258
Miami, FL 33144
(305) 810-8869
Digital Contact Information:
http://www.raisegroup.us
contact@raisegrp.com

and
22133 South Dixie Highway
Miami, FL 33170
(786) 504-3119
Digital Contact Information:
https://fpmflorida.org/
contact@raisegrp.com

and
13155 Southwest 134th Street
202
Miami, FL 33186
(786) 504-3119
Digital Contact Information:
contact@raisegrp.com

Chambre, Karen F, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
wardchambre@gmail.com
Other Languages Spoken by Provider or Office Staff Afar

Charlemagne, Leila T, PSYD, LP ■
100 NE 38th St
Ste 5
Miami, FL 33137
(305) 576-1599
Digital Contact Information:
cbolivar@borinquenhealth.org
Other Languages Spoken by Provider or Office Staff Spanish

Charles, Richard, MA, LMFT ■
5190 Northwest 167th Street
113
Hialeah, FL 33014
(786) 716-1166
Digital Contact Information:
pierreamoreau@familyempowermentmhc.org
Other Languages Spoken by Provider or Office Staff Haitian Creole, French

Chatman, Sheila, MC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Chaves, Yelitza, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Chavez, Katerin, MC, LMHC ■
FL
(786) 490-6828
Digital Contact Information:
https://www.psychologytoday.com/profile/467192
katerin0_01@yahoo.com
Other Languages Spoken by Provider or Office Staff Spanish

Chelak, Elizabeth, MSW, LCSW ■
1110 Brickell Ave
Ste 407
Miami, FL 33131
(561) 501-3092
Digital Contact Information:
info@traumatherapywpb.com
Other Languages Spoken by Provider or Office Staff Russian

Chemerinsky, Graciela, MPSY, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com

and
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff Spanish

Chiarenza, Daniella, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Chiarini, Stephan G, MSED, LMFT ■
10241 SW 103rd Ct
Miami, FL 33176
(305) 790-2899
Digital Contact Information:
ovichsan@yahoo.com

and
9010 SW 137th Ave
Ste 212
Miami, FL 33186
(305) 790-2899
Digital Contact Information:
ovichsan@yahoo.com

Childers, Janice L, MA, LMHC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff English

Chiu, Chantel, PHD, LP ■
15325 Northwest 60th Avenue
#105
Miami Lakes, FL 33014
(305) 512-5388
Digital Contact Information:
docs@trinitycmhc.com
Other Languages Spoken by Provider or Office Staff Spanish

Chiuchiolo, Marisa, MS, LMHC ■
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 317-4478
Digital Contact Information:
https://crystalabatherapy.com/

Choute, Daphne, MS, LMHC ■
FL
(305) 804-9121
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Christensen, Latisha S, MSW, LCSW, LCSW-C, LISW-CP ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
birches@withassured.com

Christiansen, Kenneth, PSYD, LP ■
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(305) 801-4388
Digital Contact Information:
alliancepsych21@gmail.com

Cid, Arturo A, MSW, LCSW ■
11900 Biscayne Blvd
Ste 504
Miami, FL 33181
(305) 804-7843
Digital Contact Information:
cidcounseling@gmail.com

and
17071 West Dixie Highway
103 103
North Miami Beach, FL 33160
(305) 804-7843
Digital Contact Information:
cidcounseling@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Ciminero, Anthony R, PHD, LP ■
7685 SW 104th St
Ste 100
Pinecrest, FL 33156
(305) 666-8000
Digital Contact Information:
tciminero@aol.com

Cipolla, Anthony, MSW, LCSW ■
2500 SW 107TH AVE
42
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
info@abcsfl.com

and
FL
(415) 941-4109
(909) 442-0618
(202) 410-5972
(415) 342-6011
(786) 615-3334
Digital Contact Information:
http://www.joinuplift.co
info@abcsfl.com
Other Languages Spoken by Provider or Office Staff English

Cipriani, Donna C, PHD, LMHC, LP ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
dr.donnacipriani@gmail.com
Other Languages Spoken by Provider or Office Staff Italian

Clark, Altheresa, MSW, LCSW ■
111 NW 183rd St
Ste 404
Miami, FL 33169
(786) 524-4001
Digital Contact Information:
altheresa.clark@yahoo.com

Clark, Sandra, MC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
sjohnson@gmhcinc.org

Clerkin, Amanda, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Cliche, Rachelle, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Spanish

Clicque, Chelsea A, PSYD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
support@dallastherapeutic.com

Closner, Jonathan, MC, LCPC, LMHC, LPC ■
1000 5th St
Ste 200
Miami Beach, FL 33139
(786) 389-0094
Digital Contact Information:
jonathan@turningpointsandbeyond.com

Cloud, Kayla, MC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Cnobel Massion, Monica, MC, LCPC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Cohen, Ofri, LMFT, LMHC, MS ■
3363 NE 163rd St
Ste 709
Miami, FL 33160
(786) 556-5546
Digital Contact Information:
Not Available

and
3363 Northeast 163rd Street
STE 709
North Miami Beach, FL 33160
(786) 556-5546
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff Hebrew

Cohen, Sari, MC, LMHC ■
1951 Northwest 7th Avenue
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
sari.creativepathllc@gmail.com

and
FL
(305) 902-6347
(352) 515-0000
Digital Contact Information:
sari.creativepathllc@gmail.com

Cohen, Yuka, PSYD, LP ■
FL
(786) 949-0001
Digital Contact Information:
http://www.curectneuro.com
credentialing@curectneuro.com

Cole, Tila, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Coleman, Lora A, DSW, LCSW ■
10750 Caribbean Boulevard
203
Cutler Bay, FL 33189
(305) 298-6561
Digital Contact Information:
lcinnervisions@aol.com
Other Languages Spoken by Provider or Office Staff English

Collins, Eddie, MA, LMHC, LPC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
hello@bircheshealth.com

Coloccia, Elinor G, PSYD, CP, LP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
admin@psychologyaz.com

Colvin, Cindy, EDS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Compte, Kailee, MS, LMHC ●
11200 Southwest 8th Street
Miami, FL 33174
(305) 348-0477
Digital Contact Information:
fiucred@fiu.edu
Other Languages Spoken by Provider or Office Staff
Spanish

Concepcion, Sailys, MA, LMHC, LPC ■
FL
(508) 202-1011
Digital Contact Information:
sailysc@pm.me

and
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
sailysc@pm.me

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
sailysc@pm.me

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
sailysc@pm.me

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
sailysc@pm.me

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
sailysc@pm.me

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
sailysc@pm.me

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
sailysc@pm.me

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
sailysc@pm.me

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
sailysc@pm.me

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
sailysc@pm.me
Other Languages Spoken by Provider or Office Staff
Spanish

Consolo, Jennifer, MSW, LCSW ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Contos, David E, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Contreras, Alejandra, LMHC, MMH ■
5901 Northwest 183rd Street
310
Hialeah, FL 33015
(786) 418-9790
Digital Contact Information:
info@oasismentalhealthcenter.com
Other Languages Spoken by Provider or Office Staff
Spanish

Contreras, Joseph L, MS, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentailing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentailing@banyanhealth.org

and
18901 Southwest 106th Avenue
229
Miami, FL 33157
(786) 506-9008
Digital Contact Information:
credentailing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
credentailing@banyanhealth.org

and
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
credentailing@banyanhealth.org
Other Languages Spoken by Provider or Office Staff
Spanish

Contreras-Schwartz, Joanna, PHD, LCSW, LCSW-R, LISW-CP, LMSW ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
ajcheney@sosapartners.com

Cook, Chaz, MS, LMHC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
http://sunbeamfamilyservices.org
drandall@teampathways.com

Cook, Shawndrika, MS, LMHC, PC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Cooley-Neals, Shakeela, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Cooper, Catherine, MC, LPC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Cooper, Courtney, MS, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
acc@advancedclientcare.org

Cooper, Garrett, MC, LMHC ■
5975 Sunset Drive
504
South Miami, FL 33143
(561) 444-3512
Digital Contact Information:
amelia@credentialingconsultants.com
Other Languages Spoken by Provider or Office Staff English

Corbeille, Lisette, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
https://www.bebravehealth.com

Cordiano, Kiera, MS, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Cordova, Carlos A, MS, LMHC ■
2141 SW 1st St
Ste 103
Miami, FL 33135
(305) 644-6024
Digital Contact Information:
help@coralcmhc.net
Other Languages Spoken by Provider or Office Staff
Spanish

Corona, Kathleen, MPSY, LCSW ■
11890 Southwest 8th Street
403
Miami, FL 33184
(305) 433-1396
Digital Contact Information:
brightsyhealth@gmail.com

and
11890 Southwest 8th Street
Suite 207
Miami, FL 33184
(786) 362-5981
Digital Contact Information:
brightsyhealth@gmail.com

and
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
brightsyhealth@gmail.com

Corona Martinez, Delaney, MS, LCPC, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
home@christianpsychological.org

Correa, Larisa A, MSW, CSW, LCSW, LICSW, LISW-CP ■
FL
(561) 567-8795
(347) 738-1199
(315) 873-2936
Digital Contact Information:
http://www.joinuplift.co
mpowercounselingpllc@gmail.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
mpowercounselingpllc@gmail.com

and
FL
(561) 567-8795
(347) 738-1199
(315) 873-2936
Digital Contact Information:
http://www.joinuplift.co
mpowercounselingpllc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Correa, Richard, MSW, LCSW, LMFT ■
123 N Krome Ave
Ste 201
Homestead, FL 33030
(786) 339-0686
Digital Contact Information:
richardcorrea2@aol.com

Corrieri, Arthur, MS, LMHC ■
9425 SW 72nd St
Ste 265
Miami, FL 33173
(305) 279-8400
Digital Contact Information:
acorrieri_@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Cortez, Nancy, MED, LMHC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
http://www.bebravehealth.com
help@joinuplift.co

Corthell, Kimere, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(877) 644-6008
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Corzo, Samantha R, MS, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
credentialing@banyanhealth.org

Cotayo, Michael J, MSW, LCSW ■
2212 Northwest 91st Street

Miami, FL 33147
(650) 761-9770
Digital Contact Information:
http://www.wellnite.com
Other Languages Spoken by Provider or Office Staff English

Cox, Ashley N, MS, LMHC, LPC ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
ghines@hinesandassociates.net

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
ghines@hinesandassociates.net

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
ghines@hinesandassociates.net

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
ghines@hinesandassociates.net

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
ghines@hinesandassociates.net

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
ghines@hinesandassociates.net

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
ghines@hinesandassociates.net

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
ghines@hinesandassociates.net

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
ghines@hinesandassociates.net
Other Languages Spoken by Provider or Office Staff
Spanish

Cox, Ester, MSW, CSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Cox, Tatiana, PSYD, LP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Crabtree, Amanda, MC, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Crane, Damarys, MS, LMHC ■
3750 West 16th Avenue
140u
Hialeah, FL 33012
(786) 609-1765
Digital Contact Information:
vdacommunitycenter@gmail.com

and
5941 Northwest 173rd Drive
2 2
Hialeah, FL 33015
(754) 701-0221
Digital Contact Information:
vdacommunitycenter@gmail.com

and
15325 Northwest 60th Avenue
101
Miami Lakes, FL 33014
(786) 703-8085
Digital Contact Information:
vdacommunitycenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Crawford, Cecilia, PSYD, LP ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Crawford, Marsae, MSW, LCSW, LISW ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
start@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Crespo, Maria R, MMFT, LMFT ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
laurap@azzurrahcc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Crews, Grant Shane, MS, LMHC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
billing@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Crider, Tiffany, MS, LMHC ■
FL
(305) 812-6018
Digital Contact Information:
http://www.prevailandprogress.com
tiffanysimone@prevailandprogress.com

Crisp, Nicholas S, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
info@improvinglivescounseling.com

Crocker, Gayle, PSYD, LMHC ■
16400 NW 2nd Ave
Ste 100
Miami, FL 33169
(954) 588-3612
Digital Contact Information:
gaylecrocker@hotmail.com

and
FL
(954) 588-3612
Digital Contact Information:
gaylecrocker@hotmail.com

Cronin, Kathleen, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
scheduling@happierliving.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
scheduling@happierliving.com

Croskey, Luvernice, PHD, LCSW, LMFT ■
12955 Biscayne Boulevard
STE 204
Miami, FL 33181
(305) 895-3307
Digital Contact Information:
luvernicecroskey@gmail.com
Other Languages Spoken by Provider or Office Staff English

Cross, Kamilah, MSW, LCSW ■
1425 Northwest 193rd Terrace
Miami Gardens, FL 33169
(954) 825-8500
Digital Contact Information:
yourworthllc@gmail.com

Crumbley, Kristin, MS, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com

Cruz, Grace Marlyn, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Cruz-Torres, Nichole, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
nichole@therapywithnichole.com

Cuadra, Anai M, PHD, LP ■
1601 NW 12th Ave
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
French, Spanish

Cue, Liz, MSW, LCSW ■
5901 Southwest 74th Street
408
Miami, FL 33143
(305) 735-3555
Digital Contact Information:
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cue, Zandra, MPSY, LMHC ■
3191 Coral Way
Ste 402
Miami, FL 33145
(786) 218-4039
Digital Contact Information:
zandracue@yahoo.com

Cuevas, Nardelis, MPSY, LMFT ■
4982 Palm Avenue
Hialeah, FL 33012
(305) 479-3262
Digital Contact Information:
admin@kcm.health

and
215 Westward Dr
Miami Springs, FL 33166
(305) 887-4494
Digital Contact Information:
admin@kcm.health
Other Languages Spoken by Provider or Office Staff
Spanish

Curiel, Rosie E, PSYD, LP ■
1120 NW 14th St
1477
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
rwinokur@med.miami.edu

and
1695 NW 9th Ave
1404A
Miami, FL 33136
(305) 355-9155
Digital Contact Information:
rwinokur@med.miami.edu
Other Languages Spoken by Provider or Office Staff
Spanish

Curras, Glender, MPSY, LMHC ■
1125 Northeast 125th Street
300 7n
North Miami, FL 33161
(786) 487-3948
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
English, Spanish

Curras, Michelle M, MSSW, LCSW ■
1000 Brickell Avenue
Miami, FL 33131
(786) 536-5702
Digital Contact Information:
laibehavior@gmail.com

and
981 NW 132nd Ave W
Miami, FL 33182
(786) 536-5702
Digital Contact Information:
laibehavior@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Curtis, Kormasah K, MMFT, LMFT ■
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
contactus@embracecounselingusa.com

D'Agostino, Leah, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

D'Souza, Connolly G, MSW, CAP, LCSW ■
2929 SW 3rd Ave
Ste 510
Miami, FL 33129
(305) 858-0662
Digital Contact Information:
healingsolutionllc@att.net
Other Languages Spoken by Provider or Office Staff Indian, Spanish

Dacosta, Georgianna R, MSW, LCSW ■
17801 Northwest 2nd Avenue
212
Miami, FL 33169
(305) 235-2616
Digital Contact Information:
Not Available

and
11000 Southwest 220th Street
Miami, FL 33170
(305) 235-2616
Digital Contact Information:
Not Available

and
22790 SW 112th Ave
Miami, FL 33170
(305) 235-2616
Digital Contact Information:
http://www.theagapenetwork.org

Dahab, Faten, MPSY, LMHC ■
9822 Northeast 2nd Avenue
2
Miami Shores, FL 33138
(786) 505-7502
Digital Contact Information:
fatima@mindfuldirectionscc.com

and
FL
(786) 505-1145
Digital Contact Information:
fatima@mindfuldirectionscc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Dahan, Shoshana, MSW, LCSW ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
http://banyanhealth.org
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
credentialing@banyanhealth.org

Daino, Giamarie, PSYD, LP ■
12700 Biscayne Boulevard
301
North Miami, FL 33181
(305) 467-4597
Digital Contact Information:
https://www.drdainotherapy.com/
drdaino@protonmail.com

Damron, Heather, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
Bulgarian

Damus, Harry, PSYD, LP ■
8200 SW 117th Ave
Ste 306
Miami, FL 33183
(305) 274-0640
Digital Contact Information:
hdamus@therapeuticbehavioral.com
Other Languages Spoken by Provider or Office Staff Creole

Dangla, Marjorie, MSW, LCSW ■
Doral
Doral, FL 33178
(305) 926-6106
Digital Contact Information:
blissfulsoultherapy01@gmail.com

Darcy-Dowler, Jaimie, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Dashevsky, Jessica, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff
Russian

Davidson, Iyana, MS, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff English

Davis, Shane, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Davis, Shelena, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Davis-Rosario, Safiyah R, MSW, LCSW ■
FL
(786) 318-1591
Digital Contact Information:
http://www.sanctuarytcs.com
safiyahdv@hotmail.com

De Aguayo, Andrea, PSYD, LP ■
3625 Northwest 82nd Avenue
400o
Doral, FL 33166
(786) 407-3375
Digital Contact Information:
drandrea@srfhealinghelp.com

De Armas, Dayanei, MMFT, BCBA, LMHC ■
30392 Old Dixie Highway
Homestead, FL 33030
(786) 283-0175
Digital Contact Information:
beyondpositivepsychology@yahoo.com

and
30350 SW 156th Ave
Homestead, FL 33033
(305) 975-3126
Digital Contact Information:
beyondpositivepsychology@yahoo.com

and
12039 Southwest 132nd Court
28 4
Miami, FL 33186
(786) 355-5654
Digital Contact Information:
beyondpositivepsychology@yahoo.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
beyondpositivepsychology@yahoo.com

and
27132 South Dixie Highway
Naranja, FL 33032
(786) 283-0175
Digital Contact Information:
beyondpositivepsychology@yahoo.com

De La Llama, Vanessa A, MS, LMHC ■
4445 West 16th Avenue
STE 602
Hialeah, FL 33012
(813) 999-1524
Digital Contact Information:
info@nationalhealthcareoperations.com

and
3416 West 84th Street
100
Hialeah, FL 33018
(786) 468-9677
Digital Contact Information:
info@nationalhealthcareoperations.com

and
1401 Southwest 1st Street
210
Miami, FL 33135
(786) 334-5663
Digital Contact Information:
info@nationalhealthcareoperations.com

and
330 Southwest 27th Avenue
307 309
Miami, FL 33135
(786) 762-2644
Digital Contact Information:
info@nationalhealthcareoperations.com

and
330 Southwest 27th Avenue
STE 307
Miami, FL 33135
(786) 253-9971
Digital Contact Information:
info@nationalhealthcareoperations.com

and
8181 Northwest 154th Street
STE 112
Miami Lakes, FL 33016
(407) 572-8053
Digital Contact Information:
info@nationalhealthcareoperations.com

and
1190 Northwest 95th Street
307
Miami Shores, FL 33150
(407) 572-8053
Digital Contact Information:
info@nationalhealthcareoperations.com
Other Languages Spoken by Provider or Office Staff
Spanish

De La Nuez, Laura, PSYD, LP ■
2100 Ponce de Leon
STE 1015
Coral Gables, FL 33134
(786) 797-7788
Digital Contact Information:
lauradelanuez@bellsouth.net

De La Prida, Yohandra, MC, LMHC ■
2500 Northwest 79th Avenue
Suite 227
Doral, FL 33122
(305) 456-9396
Digital Contact Information:
healthymindsmc@outlook.com

and
3785 Northwest 82nd Avenue
307
Doral, FL 33166
(305) 898-5420
Digital Contact Information:
healthymindsmc@outlook.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 255-6203
Digital Contact Information:
healthymindsmc@outlook.com

and
8100 Northwest 155th Street
100
Miami Lakes, FL 33016
(786) 615-2531
Digital Contact Information:
healthymindsmc@outlook.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

De Souza, Maria B, PSYD, LP ■
FL
(954) 629-0248
Digital Contact Information:
http://www.drbetinadesouza.com
betina@drbetinadesouza.com

DeStefano, Nancy, MSW, LCSW ■
FL
(800) 567-5433
Digital Contact Information:
care@totallife.com

Deamezola, Morgan, MS, LCPC, LMHC ■
8400 Northwest 33rd Street
Suite 310
Doral, FL 33122
(305) 834-4313
Digital Contact Information:
ashley@newnanrcmsolutions.com

and
218 Northwest 24th Street
Miami, FL 33127
(305) 834-4313
Digital Contact Information:
ashley@newnanrcmsolutions.com

and
2916 North Miami Avenue
Miami, FL 33127
(305) 834-4313
Digital Contact Information:
ashley@newnanrcmsolutions.com

and
14 Northeast 1st Avenue
1403 1258
Miami, FL 33132
(970) 680-4143
Digital Contact Information:
ashley@newnanrcmsolutions.com

and
1680 Michigan Ave
Ste 700
Miami Beach, FL 33139
(305) 834-4313
Digital Contact Information:
ashley@newnanrcmsolutions.com

and
15450 New Barn Road
200
Miami Lakes, FL 33014
(305) 834-4313
Digital Contact Information:
ashley@newnanrcmsolutions.com

and
16135 Biscayne Boulevard
North Miami Beach, FL 33160
(305) 834-4313
Digital Contact Information:
ashley@newnanrcmsolutions.com

and
8971 Southwest 182nd Terrace
Palmetto Bay, FL 33157
(315) 873-2936
Digital Contact Information:
ashley@newnanrcmsolutions.com

Dean, Brooke, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Deane, Yanique, MSW, LCSW ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
itsyourtime1086@gmail.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
itsyourtime1086@gmail.com

Dearmas, Vanessa M, MMH, LMHC ■
FL
(305) 505-7558
Digital Contact Information:
empoweringmindsetllc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Debord, Renee R, MA, LMHC ●
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Debrady, Denise, MSSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ddebrady@yahoo.com

Decastelli, Florencia, MS, LMHC ■
Home Based Services Only
Miami Gardens, FL 33014
(305) 417-1535
Digital Contact Information:
newhopecasemanagementservices@gmail.com

Other Languages Spoken by Provider or Office Staff English

Decker, Sallee, MSW, LCSW, LICSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
noah@medsolercm.com

Deforges, Laure, MC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Dejimenez, Emily, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Del Cueto, Flora M, MED, LMHC ■
6401 SW 87th Ave
Ste 207
Miami, FL 33173
(305) 279-8400
Digital Contact Information:
floradelcuetolmhc@earthlink.net

and
9425 SW 72nd St
Ste 265
Miami, FL 33173
(305) 279-8400
Digital Contact Information:
floradelcuetolmhc@earthlink.net

and
11755 SW 90th St
Ste 201
Miami, FL 33186
(305) 279-8400
Digital Contact Information:
floradelcuetolmhc@earthlink.net
Other Languages Spoken by Provider or Office Staff
Spanish

Del Rio, Giannina, MMFT, LMFT ■
610 Española Way
Miami Beach, FL 33139
(305) 899-1587
Digital Contact Information:
insurance@jcsfl.org

Delamater, Alan M, PHD, LP ■
1601 NW 12th Ave
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
Not Available

Delaney, Carol J, PSYD, LP ■
9425 SW 72nd St
Ste 265
Miami, FL 33173
(305) 279-8400
Digital Contact Information:
http://www.safeharbormhc.com
drdelaney2644@att.net
Other Languages Spoken by Provider or Office Staff
Spanish

Deleon, Orlando, MSSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
providerenrollment5@deeroaks.com
Other Languages Spoken by Provider or Office Staff
Spanish

Delgado, Beatriz, MSSW, LCSW ■
1550 Madruga Ave
Ste 509
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
http://www.abc4s.com
admin@abc4s.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Delgado, Elizabeth, MSW, LCSW ■
Home Based Services Only
Doral, FL 33122
(305) 591-7898
Digital Contact Information:
newhopecasemanagementservices@gmail.com

and
8180 Northwest 36th Street
Suite #307
Doral, FL 33166
(305) 591-7898
Digital Contact Information:
newhopecasemanagementservices@gmail.com

and
12150 Southwest 128th Court
222
Miami, FL 33186
(786) 701-8164
Digital Contact Information:
newhopecasemanagementservices@gmail.com

Delgado, Miguel, MED, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Delgado-Abraham, Saily, LMHC, MS ■
1250 SW 27th Ave
Miami, FL 33135
(786) 536-9278
Digital Contact Information:
rehabcenterag@gmail.com

and
5950 Southwest 40th Street
Miami, FL 33155
(786) 633-5960
Digital Contact Information:
rehabcenterag@gmail.com

and
7001 SW 97th Ave
Ste 208
Miami, FL 33173
(786) 380-7171
Digital Contact Information:
rehabcenterag@gmail.com

and
14201 Southwest 120th Street
suite 110
Miami, FL 33186
(786) 803-8826
Digital Contact Information:
rehabcenterag@gmail.com

and
975 Arthur Godfrey Rd
Ste 308
Miami Beach, FL 33140
(305) 456-1014
Digital Contact Information:
https://mindandsoultherapy.org/
rehabcenterag@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Delicio, Elizabeth, MMH, LMHC ■
7789 Northwest 48th Street
375
Doral, FL 33166
(786) 409-3800
Digital Contact Information:
zulma.alvarado@dynastymentalhealth.com

and
1840 W 49th St
Ste 517
Hialeah, FL 33012
(786) 558-8465
Digital Contact Information:
zulma.alvarado@dynastymentalhealth.com

and
1840 W 49th St
Ste 605
Hialeah, FL 33012
(305) 456-7785
Digital Contact Information:
zulma.alvarado@dynastymentalhealth.com

and
3701 Southwest 107th Avenue
Miami, FL 33165
(305) 553-8343
Digital Contact Information:
zulma.alvarado@dynastymentalhealth.com

and
8200 Northwest 41st Street
Suite 200
Miami, FL 33166
(786) 587-9432
Digital Contact Information:
zulma.alvarado@dynastymentalhealth.com

and
760 Northwest 107th Avenue
110
Miami, FL 33172
(786) 409-3800
Digital Contact Information:
zulma.alvarado@dynastymentalhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Deller, Cletus, MS, LMHC, LPCC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Delouche, Agenia, PHD, LP ■
6262 Sunset Drive
Suite 500
Miami, FL 33143
(305) 669-6503
Digital Contact Information:
payer.credentialing@nicklaushealth.org

and
3100 SW 62nd Ave
Miami, FL 33155
(305) 663-8439
Digital Contact Information:
payer.credentialing@nicklaushealth.org

Delva, Shirley, PHD, LP ■
2020 Northeast 163rd Street
300f
North Miami Beach, FL 33162
(305) 209-1014
Digital Contact Information:
http://behavioralsolutionsmiami.com
sdelva92@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Creole, Haitian

Demerritt, Magda, MSW, LCSW ■
FL
(786) 906-8656
Digital Contact Information:
referrals@wonderfulcounselorllc.com
Other Languages Spoken by Provider or Office Staff Creole

Denski, Johanna, MS, BCBA, LMFT ■
5455 Southwest 8th Street
230
Miami, FL 33134
(786) 629-8836
Digital Contact Information:
vidacounselinggroup@gmail.com

Der Rohe-Borghese, Gema Y, MSW, BCBA, LBA, LCSW ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
orlando@pbhd.health

and
2525 Ponce de Leon Boulevard
370
Miami, FL 33134
(954) 408-1568
Digital Contact Information:
orlando@pbhd.health
Other Languages Spoken by Provider or Office Staff Haitian Creole

Dergan, Jose J, PSYD, LP ■
8249 Northwest 36th Street
100
Doral, FL 33166
(305) 599-1970
Digital Contact Information:
derganj@aol.com

Desir, Fallon, PSYD, CP, LP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Devale, Jeri, PSYD, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
fbmadmin@fbm-fl.com

Diarra, Sory I, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
in-credentialing@lifestance.com

Diaz, Arlene E, MS, LMHC ■
1360 South Dixie Highway
355
Coral Gables, FL 33146
(305) 342-9761
Digital Contact Information:
arly07@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz, Elisa, PSYD, LP ■
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-2301
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
Miami, FL 33136
(305) 355-7000
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
1404A
Miami, FL 33136
(305) 355-7777
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
Fl 14
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
Not Available

Diaz, Lazaro, MSW, LCSW ■
313 Palm Avenue
Hialeah, FL 33010
(786) 470-9144
Digital Contact Information:

jxross12@gmail.com

and
3420 West 84th Street
104
Hialeah, FL 33018
(786) 409-3338
Digital Contact Information:
jxross12@gmail.com

and
317 North Krome Avenue
Homestead, FL 33030
(305) 257-8065
Digital Contact Information:
jxross12@gmail.com

and
3080 W Flagler St
Miami, FL 33135
(786) 547-2832
Digital Contact Information:
jxross12@gmail.com

and
8360 West Flagler Street
201
Miami, FL 33144
(786) 870-5487
Digital Contact Information:
jxross12@gmail.com

and
10021 Southwest 40th Street
Miami, FL 33165
(786) 464-0673
Digital Contact Information:
jxross12@gmail.com

and
10300 Southwest 72nd Street
414
Miami, FL 33173
(813) 468-7905
Digital Contact Information:
jxross12@gmail.com

and
9600 Southwest 8th Street
47
Miami, FL 33174
(305) 456-9035
Digital Contact Information:
jxross12@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Diaz, Milagros, MMFT, LMFT ■
7400 Southwest 50th Terrace
STE 303
Miami, FL 33155
(786) 738-4045
Digital Contact Information:
http://psychcarecenter.com/
psychcarecc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz Palmero, Yuranis, MPSY, LMHC ■
3785 Northwest 82nd Avenue
307
Doral, FL 33166
(305) 266-2949
Digital Contact Information:
info@oasismentalhealthcenter.com

and
Northwest 92nd Avenue
Doral, FL 33172
(305) 266-2949
Digital Contact Information:
info@oasismentalhealthcenter.com

and
5901 Northwest 183rd Street
310
Hialeah, FL 33015
(786) 418-9790
Digital Contact Information:
https://oasismentalhealthcenter.com
info@oasismentalhealthcenter.com

and
1250 Southwest 27th Avenue
Suite 506
Miami, FL 33135
(786) 536-9278
Digital Contact Information:
info@oasismentalhealthcenter.com

and
330 Southwest 27th Avenue
STE 609
Miami, FL 33135
(786) 743-0801
Digital Contact Information:
info@oasismentalhealthcenter.com

and
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
info@oasismentalhealthcenter.com

and
9125 SW 87th Ave
Miami, FL 33176
(305) 735-3919
Digital Contact Information:
info@oasismentalhealthcenter.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz-Amaran, Yosvel, MSW, LCSW ■
3901 Northwest 79th Avenue
STE 120
Doral, FL 33166
(786) 310-4480
Digital Contact Information:
yosveld@yahoo.es

and
640 W Palm Dr
Ste D
Homestead, FL 33034
(786) 601-7757
Digital Contact Information:
yosveld@yahoo.es

and
640 West Palm Drive
c
Homestead, FL 33034
(305) 793-4701
Digital Contact Information:
yosveld@yahoo.es

and
1150 Northwest 72nd Avenue
220
Miami, FL 33126
(786) 558-4899
Digital Contact Information:
yosveld@yahoo.es

and
1150 Northwest 72nd Avenue
350
Miami, FL 33126
(786) 228-7801
Digital Contact Information:
yosveld@yahoo.es

and
1150 Northwest 72nd Avenue
540
Miami, FL 33126
(786) 228-7801
Digital Contact Information:
yosveld@yahoo.es

and
7805 Coral Way
Ste 131
Miami, FL 33155
(786) 307-2066
Digital Contact Information:
yosveld@yahoo.es

and
7811 Coral Way
Ste 130
Miami, FL 33155
(786) 307-2066
Digital Contact Information:
yosveld@yahoo.es

and
280 Westward Drive
Miami Springs, FL 33166
(786) 391-0744
Digital Contact Information:
http://www.rosswellnesscenters.com
yosveld@yahoo.es

and
Home Based Services Only
Naranja, FL 33032
(786) 953-3599
Digital Contact Information:
yosveld@yahoo.es
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz-Paniagua, Panny, MED, LMHC ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
credentialing@compass.md

and
9900 Southwest 107th Avenue
STE 101
Miami, FL 33176
(305) 964-5381
Digital Contact Information:
credentialing@compass.md

and
Home Based Services Only
Miami Lakes, FL 33016
(561) 764-7093
Digital Contact Information:
credentialing@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
credentialing@compass.md
Other Languages Spoken by Provider or Office Staff
Spanish

Dieguez, Beyazly, MS, LMFT ■
3000 Biscayne Boulevard
Suite 5
Miami, FL 33137
(305) 576-6611
Digital Contact Information:
credentialing@borinquenhealth.org

and
3601 Federal Hwy
Miami, FL 33137
(305) 576-6611
Digital Contact Information:
credentialing@borinquenhealth.org
Other Languages Spoken by Provider or Office Staff
Spanish

Dieguez, Nora, PHD, LP ■
385 Alhambra Circle
suite c
Coral Gables, FL 33134
(305) 445-9554
Digital Contact Information:
http://wearemindtherapy.com
info@mindpromanagement.com
Other Languages Spoken by Provider or Office Staff
Spanish

Dieppa, Jessica B, MS, LMHC ●
10815 Southwest 145th Place
Miami, FL 33186
(305) 989-0493
Digital Contact Information:
http://www.guidedpathstherapy.com
jessica.dieppa22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Dietsch, Taimara, MS, LMHC ■
7745 Northwest 146th Street
F1
Miami Lakes, FL 33016
(786) 633-5992
Digital Contact Information:
vidamentalhealth@gmail.com

Diez De Sollano, Carina, MSW, LCSW ■
2100 Coral Way
Coral Gables, FL 33145
(786) 320-1677
Digital Contact Information:
http://www.ydzm.org
rossconsultingandcredentialing@gmail.com

and
7925 Northwest 12th Street
225
Doral, FL 33126
(305) 456-4378
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
3750 West 16th Avenue
208 210
Hialeah, FL 33012
(305) 301-3283
Digital Contact Information:
https://www.serenitytms.com/
rossconsultingandcredentialing@gmail.com

and
2100 West 76th Street
201 206
Hialeah, FL 33016
(786) 353-2324
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
5590 W 20th Ave
Ste 404
Hialeah, FL 33016
(305) 826-9330
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
FL
(305) 338-6219
Digital Contact Information:
rossconsultingandcredentialing@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diggs, Teanna, MSW, LCSW ●
1065 Southwest 8th Street
1136
Miami, FL 33130
(703) 772-5097
Digital Contact Information:
https://www.postpartumwell.com
info@postpartumwell.com

and
FL
(703) 772-5097
Digital Contact Information:
https://www.postpartumwell.com
info@postpartumwell.com

Dimitrjevitch, Sasha, MS, LMHC ■
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
billing@peaktherapycenter.com

Dixon, Passion, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
ortiz4professionalservicesllc@gmail.com

Dobkowski, Jonathan, PSYD, LP ■
300 West 41st Street
223
Miami Beach, FL 33140
(347) 693-4975
Digital Contact Information:
ashleighmuhlrad@gmail.com

Dogan, Louise J, MSW, LCSW ■
901 E 10th Ave
Ste 39
Hialeah, FL 33010
(305) 637-6400
Digital Contact Information:
onehuntwenfive@yahoo.com

and
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
https://www.jtchs.org/
onehuntwenfive@yahoo.com

and
1100 NW 71st St
Miami, FL 33150
(305) 637-6400
Digital Contact Information:
onehuntwenfive@yahoo.com

and
1190 NW 95th St
Ste 100
Miami, FL 33150
(305) 637-6400
Digital Contact Information:
onehuntwenfive@yahoo.com

and
20612 Northwest 27th Avenue
Miami Gardens, FL 33056
(305) 637-6400
Digital Contact Information:
onehuntwenfive@yahoo.com

and
490 Opa Locka Blvd
100
Opa Locka, FL 33054
(646) 262-1389
Digital Contact Information:
onehuntwenfive@yahoo.com

Doiron, Victoria E, MA, LMHC ■
1951 NW 7th Ave
Fl 3

Miami, FL 33136
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Dole, Kathryn, PSYD, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Domenech, Alvaro, MSSW, LCSW ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
gina@lotuscounseling.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 644-6024
Digital Contact Information:
gina@lotuscounseling.com

and
2141 SW 1st St
Ste 103
Miami, FL 33135
(305) 644-6024
Digital Contact Information:
gina@lotuscounseling.com

and
FL
(786) 369-9254
Digital Contact Information:
http://deepwaterstherapeuticservices.com
gina@lotuscounseling.com

Dominguez, Arturo, MMH, LMHC ■
FL
(305) 967-9201
(786) 233-6127
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
8551 Northwest South River Drive
Medley, FL 33166
(305) 603-9344
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
8660 West Flagler Street
209
Miami, FL 33144
(305) 603-9985
Digital Contact Information:
http://www.newhealthrehab.com
rossconsultingandcredentialing@gmail.com

and
15715 South Dixie Highway
226
Miami, FL 33157
(305) 849-4186
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
10300 Sunset Drive
Suite 310
Miami, FL 33173
(786) 238-7063
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
5600 Southwest 135th Avenue
STE 216
Miami, FL 33183
(786) 536-6196
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

Dominguez, Ashley, MS, LMHC ■
FL
(305) 497-4998
Digital Contact Information:
https://thecounselorcare.com
ashley@thecounselorcare.com
Other Languages Spoken by Provider or Office Staff Spanish

Dominguez, Doris M, MSW, LCSW ■
9010 SW 137th Ave
Ste 236
Miami, FL 33186
(305) 772-9681
Digital Contact Information:
doris@dmdtherapy.com
Other Languages Spoken by Provider or Office Staff Spanish

Dominique-Sturrup, Joan, MSW, LCSW ■
FL
(508) 202-1011
Digital Contact Information:
Not Available

and
1400 Northeast Miami Gardens Drive
103
Miami, FL 33179
(954) 265-6966
Digital Contact Information:
http://infinitewaysnetwork.org

Don, Arturo, MC, LMHC ■
17670 Northwest 78th Avenue
STE 113
Hialeah, FL 33015
(716) 558-4565
Digital Contact Information:
sseastcoast22@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
sseastcoast22@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Donaldson, Kaeron, MSW, LCSW ■
2124 Northeast 123rd Street
STE 220
North Miami, FL 33181
(786) 828-0947
Digital Contact Information:
https://blossomfl.com
info@blossomfl.com
Other Languages Spoken by Provider or Office Staff Hebrew, Spanish

Dorney, Rochelle, MA, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/rochelle.frankel@belleve.us

Dorrough-Ewing, Elisa W, MSW, LCSW, LICSW ■
FL
(305) 902-6347
(239) 652-0260
Digital Contact Information:
https://bebravehealth.com/roxanne.jubithana@aspirehp.org
Other Languages Spoken by Provider or Office Staff English

Dowd, David, MSW, LCSW ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com
Other Languages Spoken by Provider or Office Staff Spanish

Downs, Darrell L, PHD, LP ■
5825 Sunset Drive
STE 205
South Miami, FL 33143
(305) 663-0704
Digital Contact Information:
dldphd@gmail.com

Downum, Jana, LMHC, LPC, MA, PHD ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Drago, Prince R, MMH, LMHC ■
2780 Southwest 37th Avenue
Suite 206
Miami, FL 33133
(786) 351-0836
Digital Contact Information:
hc@healthyconnectionscmhc.org

Drake, Maureen Z, MC, LMHC ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
diana.casciato@outlook.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
http://www.lotuscounseling.com
diana.casciato@outlook.com

Dreher, Faatimah, MS, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
acc@advancedclientcare.org

Drury, Pamela, PHD, LP ■
FL
(832) 301-9992
Digital Contact Information:
contracting@adgcares.com

Duarte, Eliette, MS, LMHC ■
8785 SW 165th Ave
Ste 103
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
yamile@behavioralfamilysolutions.com

and
8785 SW 165th Ave
Ste 104
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
yamile@behavioralfamilysolutions.com

Duba, William J, MS, LMHC ■
1666 79th Street Causeway
211
North Bay Village, FL 33141
(305) 244-0090
Digital Contact Information:
billduba@gmail.com

and
7525 East Treasure Drive
1016 1016
North Bay Village, FL 33141
(305) 244-0090
Digital Contact Information:
billduba@gmail.com
Other Languages Spoken by Provider or Office Staff Portuguese, Spanish

Dubner, Rebecca, LP, PSYD ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(410) 538-2574
Digital Contact Information:
Not Available

Ducca, Emma, LP, PHD, PSYD ■
8950 N Kendall Dr
Ste 405W
Miami, FL 33176
(786) 596-3876
Digital Contact Information:
Not Available

Ducey, Rhiannon R, PHD, LP ■
FL
(832) 301-9992
Digital Contact Information:
http://www.adgcares.com
help@prosperhealth.io

Duenas, Barbara, MS, LMFT ■
FL
(786) 671-4939
Digital Contact Information:
http://www.duenasmentalhealth.com
barbara@duenasmentalhealth.com

Dufresne, Rachel, MSW, LCSW ■
FL
(786) 505-4485
Digital Contact Information:
rdufresnelcsw@gmail.com

Dumenigo, Natasha, PSYD, LP ■
8850 NW 122nd St
Hialeah, FL 33018
(786) 607-8924
Digital Contact Information:
Not Available

and
2525 SW 75th Ave
Miami, FL 33155
(786) 607-8924
Digital Contact Information:
Not Available

Dunlap, Rod, MMFT, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
rod_dunlap@hotmail.com

Dunwoody, Circe A, MSW, LCSW ■
FL
(786) 512-2161
Digital Contact Information:
circedunwoody@ymail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Duran, Gladys A, MSW, LCSW ●
FL
(305) 321-9998
Digital Contact Information:
http://pivotalbeginnings.com
gduran@pivotalbeginnings.com
Other Languages Spoken by Provider or Office Staff Spanish

Duran, Larissa E, MS, LMFT ■
7700 N Kendall Dr
Ste 415
Miami, FL 33156
(786) 359-4161
Digital Contact Information:
https://www.vaccarobhg.com/providerrelations@vaccarobhg.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Durand, Tekisha, MSW, LCSW ■
FL
(305) 833-3203
Digital Contact Information:
https://headway.co/providers/tekisha-durand
yourswagteam@gmail.com
Other Languages Spoken by Provider or Office Staff Creole

Durham, Ellen K, PSYD, LP ■
7600 South Red Road
200
South Miami, FL 33143
(786) 508-2207
Digital Contact Information:
http://www.lunapsychology.com
ylunad@lunapsychology.com

Durkin, Michelle L, MA, LCPC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
mdurkin@riseabovecs.com

Duvalier, Leanne J, MS, LMHC ■

2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ljdtherapy@ljdtherapy.onmicrosoft.com

Duvall, Charsie, MS, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
Not Available

Duvert, Nathaniel, MMFT, LMFT ■
1065 Southwest 8th Street
1287
Miami, FL 33130
(617) 333-8740
Digital Contact Information:
http://www.joinhopscotch.com
nduvert2005@yahoo.com
Other Languages Spoken by Provider or Office Staff Creole

Ebert, Maryellen, EDS, LMHC ■
5001 SW 74th Ct
Ste 104
Miami, FL 33155
(305) 663-0013
Digital Contact Information:
leleebert@hotmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Echemendia Hernandez, Keiliss, MSW, LCSW ■
9862 Southwest 196th Street
Cutler Bay, FL 33157
(786) 252-8982
Digital Contact Information:
info@smartendeavorsaba.com

and

7789 Northwest 48th Street
375
Doral, FL 33166
(163) 963-1047
Digital Contact Information:
info@smartendeavorsaba.com

and

13590 Southwest 134th Avenue
210
Miami, FL 33186
(786) 732-4299
Digital Contact Information:
info@smartendeavorsaba.com

Echenique, Maria I, PSYD, LP ■
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-2301
Digital Contact Information:
Not Available

and

1695 NW 9th Ave
2423
Miami, FL 33136
(305) 355-8255
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff Spanish

Eckard, Sarah, MS, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/credentialing@bebravehealth.com

Edwards, Chavekka, MC, LMHC ■
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
http://www.btpmentalhealth.com
info@btpmentalhealth.com

Edwards, Madeline, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Edwards, Shanica, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
comptherapeutic@gmail.com

Eisenstein, Irene M, MPSY, LMHC ■
3850 Mystic Pointe Dr
Miami, FL 33180
(305) 525-6306
Digital Contact Information:
http://psicoterapiaespanol.com
ireneeisenstein@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Eklund, Melissa, MMH, LMHC ■
8200 Northwest 41st Street
Suite 200
Miami, FL 33166
(754) 202-2565
Digital Contact Information:
https://savinglives.clientsecure.me/
melissa@savinglivescounselingcenter.com

Elder, Carol, MS, LMFT ■
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(561) 609-2996
Digital Contact Information:
http://www.pandatherapycircle.com/
pandatherapycircle@gmail.com

Elder, Michelle D, MSW, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Elkin, Belkys, PSYD, LP ■
2655 South Le Jeune Road
ph 2 # a-10
Coral Gables, FL 33134
(305) 928-1466
Digital Contact Information:
http://www.doctorelkin.com
belkysandy@msn.com
Other Languages Spoken by Provider or Office Staff Spanish

Elliott, Avedon, MS, LPC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
hello@talkiatry.com
Other Languages Spoken by Provider or Office Staff English

Elysee, Sara, MS, LMHC ●
18495 South Dixie Highway
Cutler Bay, FL 33157
(954) 613-9414
Digital Contact Information:
http://www.soundmindwellness.com
connect@soundmindwellness.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian

Emerson, Amanda S, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
amanda@alignhw.net

Emmerich, Eva-Mae, MMFT, LMFT ■
804 Northwest 21st Terrace
Suite 203
Miami, FL 33127
(612) 568-0868
Digital Contact Information:
https://www.heartandsoulwellnessmn.com/evaemmerich@heartandsoulwellnessmn.com

and

FL
(612) 568-0868
Digital Contact Information:
https://www.heartandsoulwellnessmn.com/evaemmerich@heartandsoulwellnessmn.com

Encio, Reina, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
jenny.silverio@lifehealthsystem.org
Other Languages Spoken by Provider or Office Staff Spanish

Enea, Cassie, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Escalona, Ana, MMH, LMHC ■
10700 Caribbean Boulevard
Suite 101
Cutler Bay, FL 33189
(305) 777-3883
Digital Contact Information:
escalonalmhc@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Eshgh, Cameron, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Eslait, Maria M, MPSY, LMHC ■
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
info@acaciahealthgrp.com

and

8950 SW 74th Ct
Ste 2201
Miami, FL 33156
(786) 577-3427
Digital Contact Information:
info@acaciahealthgrp.com

and

9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
info@acaciahealthgrp.com

and

14221 Southwest 120th Street
126
Miami, FL 33186
(786) 577-3427
Digital Contact Information:
info@acaciahealthgrp.com

and

10201 Hammocks Boulevard
Suite 122
Miami, FL 33196
(786) 557-3427
Digital Contact Information:
info@acaciahealthgrp.com

Espinal, Daylied, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Espinosa, Kristina, PSYD, LP ■
8900 N Kendall Dr
Miami, FL 33176
(786) 596-2000
Digital Contact Information:
managedcarecredentialing@baptisthealth.net

Espinoza, Priscilla M, MS, LMHC ■
13054 SW 133rd Ct
Miami, FL 33186
(305) 771-2755
Digital Contact Information:
https://pecounseling.com/
pespinoza@pecounseling.com

Essen, Laura A, MSW, LCSW ■
401 Miracle Mile Ste 204
Miami, FL 33134
(305) 823-3438
Digital Contact Information:
laura@lauraessen.com

and

6460 Main St Apt 110
110
Miami Gardens, FL 33014
(305) 823-3438
Digital Contact Information:
laura@lauraessen.com

and

15485 Eagle Nest Lane
#130
Miami Lakes, FL 33014
(305) 823-3438
Digital Contact Information:
laura@lauraessen.com

Estrada, Giselle, MS, LMHC ■
250 Catalonia Avenue
Suite 702
Coral Gables, FL 33134
(321) 405-2805
Digital Contact Information:
https://harvestingjoypsychologicalservices.com
harvestingjoycounseling@gmail.com

Estrada, Paola, MSW, LCSW ■
6175 NW 153rd St
Ste 404
Miami Lakes, FL 33014
(305) 558-7400
Digital Contact Information:
kim@appliedbehavior.net

Eusebio, Julia, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Evans-Gean, Amy, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Ewald, Claudia, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

and

1400 Northeast Miami Gardens Drive
103
Miami, FL 33179
(305) 244-0971
Digital Contact Information:
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Exum, Angela L, PHD, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(341) 888-7637
Digital Contact Information:
Not Available

Fabal, Kali, MSW, LCSW ■
111 NW 183rd St
Ste 404
Miami, FL 33169
(786) 524-4001
Digital Contact Information:
http://www.inspire4purpose.com
info@inspire4purpose.com

Factor, Edie, MSW, LCSW ■
3231 McDonald Street
Miami, FL 33133
(305) 318-2231
Digital Contact Information:
edifac305@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fajardo, Marianela, MSW, LCSW ■
9245 Southwest 157th Street
Suite 203
Miami, FL 33157
(305) 642-7600
Digital Contact Information:
http://www.regishouse.org
credentialing@regishouse.org
Other Languages Spoken by Provider or Office Staff
Spanish

Fall, Kevin, PHD, LP ■
FL
(800) 567-5433
Digital Contact Information:
https://totallife.com/
frontdesk@insighttherapy.us

Fang, Tianbin, MS, LMHC ■
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
http://brightsyhealthfl.com
brightsyhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Mandarin

Fantauzzi, Mariela, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Fay, Robert A, MS, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

Fearday, Frederick, MSW, LCSW ■
1 Alhambra Plaza
Miami, FL 33134
(888) 588-8995
Digital Contact Information:
ciga-office@foresightmentalhealth.com

Fedd, Roslyn, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Federick, Jasmine, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Federico, Angela D, MSW, LCSW ■
25 Southeast 2nd Avenue
550
Miami, FL 33131
(910) 375-1124
Digital Contact Information:
sydney.neighbors@credentialing.com

Feldmann, Amit, MA, LMHC ■
407 Lincoln Road
#11A
Miami Beach, FL 33139
(305) 504-0351
Digital Contact Information:
amitbf@gmail.com

and
407 Lincoln Road
Suite 8C
Miami Beach, FL 33139
(305) 504-0351
Digital Contact Information:
amitbf@gmail.com
Other Languages Spoken by Provider or Office Staff
Hebrew, German, French

Fellas, Cheryl D, MA, LMHC ■
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
tranquillivingcounseling@outlook.com
Other Languages Spoken by Provider or Office Staff English

Fenby, Malia, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Feng, Jojo, MSW, LCSW, LCSW-R ■
FL
(347) 687-8895
Digital Contact Information:
jojo.feng@protonmail.com
Other Languages Spoken by Provider or Office Staff
Chinese, Russian, Mandarin

Ferguson, Camira, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Fernandez, Carla A, MS, LMHC ■
999 Ponce de Leon
102
Coral Gables, FL 33134
(844) 309-6676
Digital Contact Information:
http://www.yourwholehealth.net
info@yourwholehealth.net

and
FL
(844) 309-6676
Digital Contact Information:
http://www.yourwholehealth.net
info@yourwholehealth.net

Fernandez De Castro, Erika, MSW, LCSW ■
1450 Madruga Avenue
407
Coral Gables, FL 33146
(786) 395-9162
Digital Contact Information:
morecounseling@gmail.com

and
FL
(786) 395-9162
Digital Contact Information:
morecounseling@gmail.com

and
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
morecounseling@gmail.com

Fernandez, Ismarie, MSW, LCSW ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
ismarie.fernandez@gmail.com

and
2999 Northeast 191st Street
600
Miami, FL 33180
(786) 981-0640
Digital Contact Information:
ismarie.fernandez@gmail.com

Fernandez, Jadira L, MS, LMHC ■
2645 SW 37th Ave
Ste 101
Miami, FL 33133
(786) 530-4080
Digital Contact Information:
jadirafernandez@aol.com

and
FL
(786) 973-8792
Digital Contact Information:
jadirafernandez@aol.com

Fernandez, Janelle M, MPSY, LMHC ■
14225 SW 42nd St
Miami, FL 33175
(305) 221-8200
Digital Contact Information:
arvida712@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Lianny, MPSY, LMHC ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
yavila@avilahealthgroup.com

and
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
yavila@avilahealthgroup.com

and
306 Westward Dr
Miami Springs, FL 33166
(786) 588-7894
Digital Contact Information:
yavila@avilahealthgroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez Manso, Cinira, MPSY, BCBA ■
11890 Southwest 8th Street
405
Miami, FL 33184
(786) 439-7098
Digital Contact Information:
Not Available

Fernandez, Maria E, MSW, LCSW ■
5001 SW 74th Ct
Ste 104
Miami, FL 33155
(305) 663-0013
Digital Contact Information:
marifdez@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Nallivy, MPSY, LMHC ■
20334 NW 2nd Ave
Miami, FL 33169
(954) 744-0899
Digital Contact Information:
http://fieldsofivy.com
nallyfdez@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Norys T, MSW, LCSW ■
9055 Southwest 73rd Court
1003 1003
Miami, FL 33156
(786) 473-9252
Digital Contact Information:
norysfernandez@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Rebeca P, MC, LMHC ■
7100 Southwest 99th Avenue
STE 201
Miami, FL 33173
(305) 607-9248
Digital Contact Information:
fernandezcounseling@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Soraya, MMH, LMHC ■
2300 West 84th Street
STE 104
Hialeah, FL 33016
(305) 903-3168
Digital Contact Information:
cgomezbmcmhc@gmail.com

and
13416 Southwest 128th Street
Miami, FL 33186
(786) 732-0247
Digital Contact Information:
cgomezbmcmhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Yaimara, PSYD, LMHC ■
10700 Caribbean Boulevard
UNIT 402
Cutler Bay, FL 33189
(786) 250-3040
Digital Contact Information:
newlifemhccc@gmail.com

and
5455 Southwest 8th Street
230
Miami, FL 33134
(786) 629-8836
Digital Contact Information:
newlifemhccc@gmail.com

and
760 Northwest 107th Avenue
110
Miami, FL 33172
(786) 409-3800
Digital Contact Information:
newlifemhccc@gmail.com

and
18522 Southwest 136th Court
Miami, FL 33177
(305) 416-8189
Digital Contact Information:
newlifemhccc@gmail.com

and
11780 Southwest 89th Street
Suite 201
Miami, FL 33186
(786) 536-5765
Digital Contact Information:
newlifemhccc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez-Guzman, Natasha V, MMH, LMHC ■
15715 South Dixie Highway
Suite 320
Miami, FL 33157
(786) 475-2309
Digital Contact Information:
natashafdez@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ferradaz-Lago, Melissa, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ferran, Ana M, MS, LMHC ■
10631 N Kendall Dr
Ste 110
Miami, FL 33176
(305) 774-9570
Digital Contact Information:
jitmedical@bellsouth.net

and
10631 North Kendall Drive
Ste 1210
Miami, FL 33176
(305) 774-9570
Digital Contact Information:
jitmedical@bellsouth.net

Ferrandiz, George, MSW, LCSW ■
101 Majorca Avenue
Coral Gables, FL 33134
(305) 448-6988
Digital Contact Information:
fer101@msn.com

Other Languages Spoken by Provider or Office Staff Spanish

Ferrer, Barbara, MS, BCBA, LMHC ■
FL
(786) 724-4224
Digital Contact Information:
https://www.vita-cog.com/
enrollpriv@bikhamhealthcare.com
and
9220 Sunset Drive
104
Miami, FL 33173
(786) 724-4224
Digital Contact Information:
enrollpriv@bikhamhealthcare.com
Other Languages Spoken by Provider or Office Staff Spanish

Ferro, Maria J, MSW, CEAP, LCSW, LMFT ■
9370 Southwest 72nd Street
Suite #A-213
Miami, FL 33173
(305) 205-4244
Digital Contact Information:
http://psychologytoday.com
psychotherapy@humanpotentialinc.com
Other Languages Spoken by Provider or Office Staff Spanish

Fesperman, Patricia, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Fiallo, Irma R, MSW, LCSW ■
FL
(909) 442-0618
(202) 410-5972
(786) 471-7485
Digital Contact Information:
http://orendapsych.com
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff Spanish

Fiallo, Liset, MSW, LCSW ■
401 Coral Way
Ste # 105
Coral Gables, FL 33134
(786) 534-4979
Digital Contact Information:
autonomyoffice@gmail.com
and
401 Miracle Mile
#105
Coral Gables, FL 33134
(786) 534-4979
Digital Contact Information:
autonomyoffice@gmail.com
and
7855 Northwest 12th Street
221
Doral, FL 33126
(305) 648-7174
Digital Contact Information:
autonomyoffice@gmail.com
and
8500 SW 92nd Street
106b
Kendall, FL 33156
(305) 720-6118
Digital Contact Information:
autonomyoffice@gmail.com
and
330 Southwest 27th Avenue
307 309
Miami, FL 33135
(786) 762-2644
Digital Contact Information:
autonomyoffice@gmail.com
and
8260 West Flagler Street
2E
Miami, FL 33144
(305) 427-7906
Digital Contact Information:
autonomyoffice@gmail.com
and
1797 Coral Way
Miami, FL 33145
(786) 464-0673
Digital Contact Information:
autonomyoffice@gmail.com
and
1800 Southwest 27th Avenue
505
Miami, FL 33145
(786) 542-9914
Digital Contact Information:
autonomyoffice@gmail.com
and
10300 Southwest 72nd Street
250b
Miami, FL 33173
(787) 433-7751
Digital Contact Information:
autonomyoffice@gmail.com
and
12595 Southwest 137th Avenue
176
Miami, FL 33186
(786) 701-9992
Digital Contact Information:
autonomyoffice@gmail.com
and
12595 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 701-9992
Digital Contact Information:
autonomyoffice@gmail.com
and
13195 Southwest 134th Street
102
Miami, FL 33186
(305) 964-5236
Digital Contact Information:
autonomyoffice@gmail.com
and
9000 Southwest 137th Avenue
STE 211
Miami, FL 33186
(786) 515-7106
Digital Contact Information:
autonomyoffice@gmail.com
and
14865 South Dixie Highway
Palmetto Bay, FL 33176
(786) 732-2176
Digital Contact Information:
autonomyoffice@gmail.com
and
7500 Sw A St # 203
West Miami, FL 33144
(786) 542-5244
Digital Contact Information:
autonomyoffice@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Fields, Maria, MA, LCSW, LICSW ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
mariafields@dadefamily.com
and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
mariafields@dadefamily.com
and
10691 N Candle Dr # 110
Miami, FL 33176
(305) 774-9570
Digital Contact Information:
mariafields@dadefamily.com
and
10691 N Kendall Dr
Ste 110
Miami, FL 33176
(305) 774-9570
Digital Contact Information:
mariafields@dadefamily.com
Other Languages Spoken by Provider or Office Staff Spanish, Greek

Figuereo Sabeta, Solange, MC, LMHC ■
10300 Florida 986
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com
Other Languages Spoken by Provider or Office Staff Spanish

Figueroa, Bianca, MC, LMHC ■
7875 SW 104th St
Ste 101
Miami, FL 33156
(305) 899-1587
Digital Contact Information:
Not Available
and
12000 Biscayne Boulevard
303
Miami, FL 33181
(305) 899-1587
Digital Contact Information:
http://www.jcsfl.org
Other Languages Spoken by Provider or Office Staff Hebrew, English, Russian, Spanish

Filkins, Kaitlin, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Findley, Yewande, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
findleyy@yahoo.com
Other Languages Spoken by Provider or Office Staff English

Fisher, Gerard K, MSW, LCSW ■
427 Washington Ave
Miami Beach, FL 33139
(305) 514-0813
Digital Contact Information:
credentialing@cancommunityhealth.org

Fitzpatrick, Panayiota, MED, LMHC ■
360 Northwest 27th Street
Miami, FL 33127
(929) 209-6109
Digital Contact Information:
fl-patientaccess@harmonybaywellness.com

Fletcher, Jeffrey, MS, LPC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Creole, Haitian, Spanish

Flores, Aida A, MS, LMHC ■
FL
(305) 494-9791
Digital Contact Information:
aflores@kaaficounseling.com
Other Languages Spoken by Provider or Office Staff Spanish

Flores, Alexis, MPSY, LMHC ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Fluxa-Cutie, Alina, MPSY, LMHC ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
afmpsychologicalservices@gmail.com
Other Languages Spoken by Provider or Office Staff English

Fogel, Vivian, MS, LMFT ■
1001 North Miami Beach Boulevard
North Miami Beach, FL 33162
(786) 320-5559
Digital Contact Information:
growthllc@growthcounselingandtherapy.com
Other Languages Spoken by Provider or Office Staff Spanish

Fonseca, Joanna, MS, LMHC ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com
and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

Fonseca, Martha L, MSW, LCSW ■
FL
(833) 233-7773
Digital Contact Information:
http://www.heal-psychotherapyservices.com
mfonseca@healpsychotherapyservices.com
Other Languages Spoken by Provider or Office Staff Spanish

Fontanes, Paula, MS, LMFT ■
FL
(786) 378-4565
Digital Contact Information:
paulafontanes10@gmail.com
and
9745 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 378-4565
Digital Contact Information:
paulafontanes10@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Foraker, Michelle, MS, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
http://www.btgcoaching.com
michelle@btgcoaching.com

Forbes, Laurie J, MSW, LCSW, LMFT ■
2000 S Dixie Hwy
Ste 103
Miami, FL 33133
(305) 794-6685
Digital Contact Information:
ljforbes@aol.com
and
1000 Lincoln Rd
Ste 234A
Miami Beach, FL 33139
(305) 794-6685
Digital Contact Information:
ljforbes@aol.com
and
FL
(305) 794-6685
Digital Contact Information:
ljforbes@aol.com
and
16499 Northeast 19th Avenue
Suite 213
North Miami Beach, FL 33162
(305) 794-6685
Digital Contact Information:
ljforbes@aol.com

Forman, Bruce D, PHD, LP ■
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(415) 840-8911
Digital Contact Information:
rise@withassured.com

Formul, Dieunane, MSW, LCSW ■
1580 NW 10th Ave
Miami, FL 33136
(305) 243-4546
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

invictusbhealth@gmail.com

and
9425 SW 72nd St
Miami, FL 33173
(501) 747-1448
Digital Contact Information:
invictusbhealth@gmail.com

and
9425 SW 72nd St
Ste 267
Miami, FL 33173
(305) 243-2245
(954) 601-3445
Digital Contact Information:
invictusbhealth@gmail.com
Other Languages Spoken by Provider or Office Staff Creole

Fort Martinez, Gilza M, MS, LMFT ■
7765 SW 87th Ave
Ste 104
Miami, FL 33173
(305) 412-8440
Digital Contact Information:
gmfort1@aol.com
Other Languages Spoken by Provider or Office Staff Spanish

Forte, Parker, MC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
contact@fortifiedcounseling.com

Fox, Iris T, MSW, LCSW ■
3580 Mystic Pointe Drive
Aventura, FL 33180
(786) 414-1574
Digital Contact Information:
iris@ifoxtherapy.com

Fraguela, Eduardo R, MHS, LMHC ■
8300 West Flagler Street
STE 258C
Miami, FL 331446002
(786) 592-8470
Digital Contact Information:
olympushcs@gmail.com

and
10691 North Kendall Drive
312
Miami, FL 33176
(786) 592-8470
Digital Contact Information:
olympushcs@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Fraguela-Lam, Mayren, MSSW, LCSW ■
10691 North Kendall Drive
312
Miami, FL 33176
(786) 592-8470
Digital Contact Information:
bmhealthserv@gmail.com

and
FL
(786) 592-8470
Digital Contact Information:
bmhealthserv@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Francis, Ashley, MSW, LCSW, LISW ■
FL
(508) 202-1011
Digital Contact Information:
hello@havenroomtherapy.com
Other Languages Spoken by Provider or Office Staff English

Francois, Rodna, MA, LMHC ■
3580 Mystic Pointe Drive
Aventura, FL 33180
(786) 759-9394
Digital Contact Information:
balanceyourworldyouth@gmail.com
Other Languages Spoken by Provider or Office Staff English, Creole, Haitian

Frank, Randi, MC, LMHC ■
9822 Northeast 2nd Avenue
2
Miami Shores, FL 33138
(786) 505-7502
Digital Contact Information:
http://www.mindfuldirectionscc.com
randi@mindfuldirectionscc.com

Frazier, Susan, MSW, LCSW ■
1825 Northwest 167th Street
SUITE 102
Opa-locka, FL 330564838
(305) 624-7450
Digital Contact Information:
susanyfrazier@gmail.com

Freede, Amy, MSW, LCSW ■
FL
(831) 920-7907
Digital Contact Information:
https://www.mammha.com/
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff English

Freire, Anthony, MA, LMHC ■
14211 Southwest 120th Street
107
Miami, FL 33186
(917) 592-2345
Digital Contact Information:
anthonyfreire@gmail.com

Friedman, Rachel, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Frigerio, Ailema, PSYD, LP ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
info@myschoolpsychologistinc.com

Froah, Cristina, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
http://www.bebravehealth.com
start@bebravehealth.com

Froehler, Luisa V, MMH, LMHC ■
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
http://www.miamipersonalmanagement.com
klopez@miamipersonalmanagement.com

Frontczak-Armstrong, Karen, MC, LMHC, LPC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
help@joinuplift.co

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff English

Fruge, Candace, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Fuentes, Gretzky K, MC, LMHC ■
2500 Northwest 79th Avenue
233
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
pmcibilling228@gmail.com

and
2500 Northwest 79th Avenue
Suite 189
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
pmcibilling228@gmail.com

and
1414 Northwest 107th Avenue
410
Doral, FL 33172
(305) 560-5742
Digital Contact Information:
pmcibilling228@gmail.com

and
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
pmcibilling228@gmail.com

and
15600 Southwest 288th Street
Suite 405
Homestead, FL 33033
(786) 334-3515
Digital Contact Information:
pmcibilling228@gmail.com

and
261 Westward Drive
suite 108-109
Miami, FL 33166
(305) 200-5176
Digital Contact Information:
pmcibilling228@gmail.com

and
931 Southwest 122nd Avenue
Miami, FL 33184
(305) 603-9235
Digital Contact Information:
pmcibilling228@gmail.com

and
12001 SW 128th Ct
Ste 102
Miami, FL 33186
(786) 971-7920
Digital Contact Information:
pmcibilling228@gmail.com

and
12255 Southwest 132nd Court
Miami, FL 33186
(305) 964-5157
Digital Contact Information:
pmcibilling228@gmail.com

and
12595 Southwest 137th Avenue
STE 110
Miami, FL 33186
(305) 465-9379
Digital Contact Information:
pmcibilling228@gmail.com

and
13335 Southwest 124th Street
106 106
Miami, FL 33186
(877) 811-0553
Digital Contact Information:
pmcibilling228@gmail.com

and
13335 Southwest 124th Street
Suite 107
Miami, FL 33186
(305) 964-5013
Digital Contact Information:
pmcibilling228@gmail.com

and
5209 Northwest 36th Street
Miami Springs, FL 33166
(786) 712-7752
Digital Contact Information:
pmcibilling228@gmail.com

and
18142 Southwest 97th Avenue
Palmetto Bay, FL 33157
(786) 701-9179
Digital Contact Information:
http://www.guevaramedicalservices.com
pmcibilling228@gmail.com

and
14865 South Dixie Highway
Palmetto Bay, FL 33176
(786) 732-2176
Digital Contact Information:
pmcibilling228@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Fuentes, Monica M, MMH, LMHC ■
18901 Southwest 106th Avenue
#224
Miami, FL 33157
(786) 732-0071
Digital Contact Information:
http://www.peaceofmindmh.com
monicafuentes@peaceofmindmh.com
Other Languages Spoken by Provider or Office Staff Spanish

Fuentes, Stephanie, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff English, Haitian Creole, Spanish

Fuentes, Yasmani, MSW, LCSW ■
14400 Northwest 77th Court
#100
Miami Lakes, FL 33016
(786) 916-6073
Digital Contact Information:
http://www.arcmentalhealth.com
yisabel@arcmentalhealth.com

Fuller, Lisa B, PSYD, LP ■
1450 Madruga Avenue
300
Coral Gables, FL 33146
(786) 202-0474
Digital Contact Information:
doctorfuller@mail.com

and
2627 NE 203rd St
Ste 113
Miami, FL 33180
(786) 202-0474
Digital Contact Information:
doctorfuller@mail.com

and
FL
(786) 202-0474
Digital Contact Information:
doctorfuller@mail.com
Other Languages Spoken by Provider or Office Staff Spanish

Fumero, Norialys, MS, LMHC ■
FL
(772) 361-8581
Digital Contact Information:
norialysfumero@gmail.com

and
17670 Northwest 78th Avenue
STE 113
Hialeah, FL 33015
(716) 558-4565
Digital Contact Information:
norialysfumero@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Fundora, Gladys, MMH, BCBA, LMHC ■
1000 Brickell Avenue
Miami, FL 33131
(786) 817-2356
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
http://kidsspotrehab.com
rossconsultingandcredentialing@gmail.com

and
19100 Southwest 106th Avenue
12 12
Miami, FL 33157
(786) 360-2852
Digital Contact Information:
rossconsultingandcredentialing@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Funes, Catherine F, PSYD, LP ■
1900 North Bayshore Drive
108
Miami, FL 33132
(954) 362-8677
Digital Contact Information:
bh@hgdoctors.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gaddis, Virginia B, MA, LMHC, LPC ■
299 Alhambra Circle
STE 210
Coral Gables, FL 33134
(786) 558-5729
Digital Contact Information:
credentialing@growtherapy.com

and
FL
(786) 244-7690
(786) 558-5729
Digital Contact Information:
credentialing@growtherapy.com

and
26023 South Dixie Highway
Homestead, FL 33032
(786) 504-3365
Digital Contact Information:
credentialing@growtherapy.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@growtherapy.com

and
3898 West Flagler Street
Miami, FL 33134
(954) 280-2056
Digital Contact Information:
credentialing@growtherapy.com

Gallimore, Ingrid, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Galvez, Gema, MS, LPC ■
10300 Southwest 72nd Street
275d
Miami, FL 33173
(888) 853-7908
Digital Contact Information:
http://www.bettermindtherapycorp.com
gemagalvez@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Galvez, Maria, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Spanish

Galvis Lundstrom, Silvia, MS, LMHC ■
FL
(305) 866-2242
Digital Contact Information:
silvia.lundstrom@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gammage, Traci, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Garcia, Armando, MSSW, LCSW ■
8200 Northwest 41st Street
Suite 200
Miami, FL 33166
(305) 613-2842
Digital Contact Information:
https://savinglives.clientsecure.me/melissa@savinglivescounselingcenter.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Garcia Bonhomme, Carla, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Garcia, Calixto, PHD, LP ■
2001 Northwest 107th Avenue
412
Doral, FL 33172
(786) 548-8322
Digital Contact Information:
drcgarciaphd@gmail.com

and
8390 West Flagler Street
107
Miami, FL 33144
(305) 856-9090
Digital Contact Information:
drcgarciaphd@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia De Porto, Marieta, MMH, LMHC ■
7925 Northwest 12th Street
118
Doral, FL 33126
(786) 536-2143
Digital Contact Information:
http://psrmindandbodyrehab.com
correamentalhealth@gmail.com

and
650 Northeast 22nd Terrace
212 214
Homestead, FL 33033
(786) 312-4478
Digital Contact Information:
correamentalhealth@gmail.com

and
13205 Southwest 137th Avenue
#212
Miami, FL 33186
(786) 732-6298
Digital Contact Information:
correamentalhealth@gmail.com

and
13205 Southwest 137th Avenue
206 208
Miami, FL 33186
(786) 592-2063
Digital Contact Information:
correamentalhealth@gmail.com

and
FL
(786) 385-9838
Digital Contact Information:
correamentalhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Dennise, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Garcia, Gertrudis, MMFT, LMFT ■
1414 Northwest 107th Avenue
204
Doral, FL 33172
(305) 225-8711
Digital Contact Information:
toplifecaresolutions@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 536-7470
Digital Contact Information:
toplifecaresolutions@gmail.com

and
175 Fontainebleau Boulevard
Miami, FL 33172
(305) 960-7124
Digital Contact Information:
toplifecaresolutions@gmail.com

and
10677 North Kendall Drive
ste 5-a
Miami, FL 33176
(305) 225-8711
Digital Contact Information:
http://toplifecaresolutions.com
toplifecaresolutions@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Garcia, James, MSW, LCSW ■
4689 Ponce de Leon Boulevard
Suite 200
Coral Gables, FL 33146
(786) 803-8025
Digital Contact Information:
jamesgarcia2013@fau.edu

and
10700 Caribbean Boulevard
Suite 214
Cutler Bay, FL 33189
(786) 740-0516
Digital Contact Information:
http://www.genesiswellnesscorp.com
jamesgarcia2013@fau.edu

and
5901 Northwest 183rd Street
310
Hialeah, FL 33015
(786) 803-2664
Digital Contact Information:
jamesgarcia2013@fau.edu

and
1480 Northwest North River Drive
2010
Miami, FL 33125
(786) 375-7882
Digital Contact Information:
jamesgarcia2013@fau.edu

and
2311 Northwest 7th Street
Miami, FL 33125
(786) 706-2246
Digital Contact Information:
jamesgarcia2013@fau.edu

and
8390 West Flagler Street
220
Miami, FL 33144
(305) 402-4835
Digital Contact Information:
http://newmooncmhc.com
jamesgarcia2013@fau.edu

and
10379 Southwest 186th Street
Miami, FL 33157
(720) 314-4727
Digital Contact Information:
jamesgarcia2013@fau.edu

and
790 Northwest 107th Avenue
Suite 303
Miami, FL 33172
(786) 605-1660
Digital Contact Information:
jamesgarcia2013@fau.edu

and
FL
(786) 605-1660
Digital Contact Information:
jamesgarcia2013@fau.edu

and
9600 SW 8th St
Ste 16
Miami, FL 33174
(786) 803-8827
Digital Contact Information:
jamesgarcia2013@fau.edu

and
12150 Southwest 128th Court
Suite 233
Miami, FL 33186
(786) 238-7666
Digital Contact Information:
jamesgarcia2013@fau.edu
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Jose A, MS, LCSW ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
esrehabpc@gmail.com

and
5600 Southwest 135th Avenue
STE 203
Miami, FL 33183
(786) 953-4962
Digital Contact Information:
esrehabpc@gmail.com

and
5600 Southwest 135th Avenue
STE 216
Miami, FL 33183
(786) 536-6196
Digital Contact Information:
esrehabpc@gmail.com

and
11981 Southwest 144th Court
202
Miami, FL 33186
(786) 640-0613
Digital Contact Information:
esrehabpc@gmail.com

Garcia, Lisette, MC, LMHC ■
12030 Southwest 129th Court
Suite 211
Miami, FL 33186
(305) 639-8760
Digital Contact Information:
http://www.believeandtrusttcm.com
info@believeandtrusttcm.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Maria, MS, LMHC ■
15715 S Dixie Hwy
Ste 403
Miami, FL 33157
(305) 707-5966
Digital Contact Information:
movingtowardagape@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Marianela, MSW, LCSW ■
FL
(786) 493-2351
Digital Contact Information:
rocafirme@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Mario, MDIV, LMHC ■
12280 Southwest 100th Street
Miami, FL 33186
(305) 480-5800
Digital Contact Information:
http://www.neurostrategiccoach.com
drmario@neurostrategiccoach.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Orlando, MMFT, LMFT ■
FL
(202) 410-5972
(786) 260-3985
Digital Contact Information:
http://www.choosingtherapy.com
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
English, Spanish

Garcia Ribbi, Claudia, MS, LMHC ■
1401 Southwest 1st Street
#209
Miami, FL 33135
(305) 902-3880
Digital Contact Information:
claudia@ribbiwellness.com

and
1401 Southwest 1st Street
FL 2
Miami, FL 33135
(786) 361-7787
Digital Contact Information:
claudia@ribbiwellness.com

and
8353 Southwest 124th Street
207
Miami, FL 33156
(786) 320-1677
Digital Contact Information:
claudia@ribbiwellness.com

and

12030 Southwest 129th Court
Suite 103
Miami, FL 33186
(786) 701-8892
Digital Contact Information:
claudia@ribbiwellness.com
Other Languages Spoken by Provider or Office Staff Spanish

Garcia Sanchez, Lilian I, MS, ABA, LMHC ■
30392 Old Dixie Highway
Homestead, FL 33030
(786) 283-0175
Digital Contact Information:
behaviorplusservices@gmail.com

and
30350 SW 156th Ave
Homestead, FL 33033
(786) 481-9833
Digital Contact Information:
behaviorplusservices@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
behaviorplusservices@gmail.com

and
8300 NW 53rd St
Ste 350
Miami, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
behaviorplusservices@gmail.com

and
27132 South Dixie Highway
Naranja, FL 33032
(786) 283-0175
Digital Contact Information:
behaviorplusservices@gmail.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com

Garcia, Veronica, MSSW, LCSW ■
8340 Southwest 30th Street
Miami, FL 33155
(305) 710-3088
Digital Contact Information:
vgarciaele@gmail.com

and
7520 Southwest 57th Avenue
d
South Miami, FL 33143
(786) 244-5040
Digital Contact Information:
vgarciaele@gmail.com

Garcia, Yunaysis E, MPSY, LMHC ■
15413 Southwest 137th Avenue
Miami, FL 33177
(305) 964-5594
Digital Contact Information:
solutiondrivenconsulting@gmail.com

Garcia-Vilasuso, Teresita, MS, LMHC ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
dr.ingridroman1@gmail.com

and
5455 Southwest 8th Street
230
Miami, FL 33134
(786) 629-8836
Digital Contact Information:
dr.ingridroman1@gmail.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
http://appliedbhs.com
dr.ingridroman1@gmail.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
dr.ingridroman1@gmail.com

Garcon, Jose Nadine, PSYD, LP ■
419 W 49th St
Ste 219
Hialeah, FL 33012
(954) 404-7052
Digital Contact Information:
dr.garcon@comcast.net
Other Languages Spoken by Provider or Office Staff Creole

Garrett, Khalilah, MSW, LCSW ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
support@thriveworks.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
support@thriveworks.com
Other Languages Spoken by Provider or Office Staff English

Garriott, Jennifer, MSW, CSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
contractsma@elliementalhealth.com

Garthwaite, Rebecca L, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com

Gaston-Toussaint, Gloriann, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Gazabon, Shirley A, PHD, LP ■
3650 NW 82nd Ave
Ste 302
Doral, FL 33166
(305) 689-1910
Digital Contact Information:
Not Available

and
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-2301
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
Miami, FL 33136
(305) 355-7777
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
1404A
Miami, FL 33136
(305) 355-7777
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
Fl 3
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
Not Available

and
1695 Northwest 9th Avenue
FL 2
Miami, FL 33136
(305) 355-7077
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff Spanish

Gear, Steven, PHD, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
http://www.bebravehealth.com
credentialing@bebravehealth.com

Gedeum, Mikerlande, MED, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
lisette@abctestingservices.com
Other Languages Spoken by Provider or Office Staff Spanish

Gerstein, Myriam, MSW, LCSW ■
901 E 10th Ave
Ste 39
Hialeah, FL 33010
(305) 637-6400
Digital Contact Information:
http://www.jtchs.org
mgerstein@jtchs.org

and
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
http://jtchs.org
mgerstein@jtchs.org

and
5607 NW 27th Ave
1
Miami, FL 33142
(305) 805-1700
Digital Contact Information:
mgerstein@jtchs.org

and
1100 NW 71st St
Miami, FL 33150
(305) 637-6400
Digital Contact Information:
mgerstein@jtchs.org

and
1190 NW 95th St
Ste 100
Miami, FL 33150
(305) 637-6400
Digital Contact Information:
mgerstein@jtchs.org

and
FL
(305) 637-6400
Digital Contact Information:
mgerstein@jtchs.org

and
20612 Northwest 27th Avenue
Miami Gardens, FL 33056
(305) 637-6400
Digital Contact Information:
http://jtchs.org
mgerstein@jtchs.org

and
490 Opa Locka Blvd
Opa Locka, FL 33054
(305) 637-6400
Digital Contact Information:
http://www.jtchs.org
mgerstein@jtchs.org
Other Languages Spoken by Provider or Office Staff Spanish

Gibala, Virginia, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@refreshmentalhealth.com

Gibbons, Denise, MC, LMHC ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
info@hupcfl.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
info@hupcfl.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
info@hupcfl.com

Gibbs, Charles C, PHD, LP ■
7590 NW 186th St
Ste 208
Hialeah, FL 33015
(305) 362-8326
Digital Contact Information:
gola1863@gmail.com

Giblin, Jennifer, MA, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff English, Haitian Creole, Spanish

Gibson, Mary E, MSW, LCSW ●
FL
(305) 779-8565
Digital Contact Information:
https://www.comprehensive-assessment.com/
info@comprehensive-assessment.com

Gil, Lissette, MC, LMHC ■
1000 Brickell Avenue
Miami, FL 33131
(305) 903-3505
Digital Contact Information:
glorialissettegil@gmail.com

and
10661 North Kendall Drive
Suite 228
Miami, FL 33176
(305) 595-5485
Digital Contact Information:
glorialissettegil@gmail.com

and
10691 Southwest 88th Street
Suite 110
Miami, FL 33176
(305) 595-5485
Digital Contact Information:
glorialissettegil@gmail.com

and
12150 Southwest 128th Court
Suite 233
Miami, FL 33186
(786) 238-7666
Digital Contact Information:
glorialissettegil@gmail.com

and
12485 Southwest 137th Avenue
STE 109
Miami, FL 33186
(786) 592-2748
Digital Contact Information:
glorialissettegil@gmail.com

and
8765 Southwest 165th Avenue
203
Miami, FL 33193
(786) 238-7666
Digital Contact Information:
glorialissettegil@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Gil, Margarita I, PHD, LP ■
419 W 49th St
Ste 218
Hialeah, FL 33012
(786) 277-9565
Digital Contact Information:
psychology@drmargaritagil.com
Other Languages Spoken by Provider or Office Staff Spanish

Gillems, Tina, MSW, LCSW ■
18117 Biscayne Boulevard

1229
Miami, FL 33160
(305) 900-3836
Digital Contact Information:
tinagillems@gmail.com

Gingerich, Elizabeth A, MSS, LCSW ■
7855 Northwest 12th Street
217
Doral, FL 33126
(786) 473-0632
Digital Contact Information:
alicia@credentialingconsultants.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ginyard, Domoniquie, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Giobio, Agostina L, MPSY, LMHC ■
22790 SW 112th Ave
Miami, FL 33170
(305) 235-2616
Digital Contact Information:
http://www.theagapenetwork.org
Other Languages Spoken by Provider or Office Staff
Spanish

Glasgow, Carla D, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@simplibill.io

Gobbi, Erika B, MSW, LCSW, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
hello@emorahealth.com
Other Languages Spoken by Provider or Office Staff Italian

Goicoechea, Alejandro, MPSY, LMHC ■
15190 SW 136th St
Ste 25
Miami, FL 33196
(786) 626-3970
Digital Contact Information:
alegoicoe@yahoo.com

Gold, Stuart G, PHD, LP ■
1900 North Bayshore Drive
108
Miami, FL 33132
(954) 362-8677
Digital Contact Information:
lrengifo@hgdoctors.com

Gold, Suzanne, MSW, LCSW ■
9990 Southwest 77th Avenue
217
Miami, FL 33156
(305) 323-1994
Digital Contact Information:
suzy@goldcounseling.net

Goldman, Gabriella D, MC, LMHC ■
9245 Southwest 157th Street
Suite 203
Miami, FL 33157
(305) 642-7600
Digital Contact Information:
http://www.regishouse.org
referrals@regishouse.org

Goldstein, Eric, PHD, LP ■
5975 Sunset Drive
803
South Miami, FL 33143
(305) 662-5299
Digital Contact Information:
egold1953@gmail.com

Gomez, Claudia, MC, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
lifetherapycoach@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gomez, Kelly R, MS, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
credentialing@banyanhealth.org

Gomez, Lissette, MA, LMFT ■
2500 SW 107TH AVE
42
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
info@abcsfl.com

and
FL
(786) 615-3334
Digital Contact Information:
info@abcsfl.com
Other Languages Spoken by Provider or Office Staff
English, Creole, Spanish

Gomez-Abrue, Carmen B, MSW, LCSW ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and
7400 Southwest 88th Street
Miami, FL 33156
(786) 414-6666
Digital Contact Information:
http://www.memorytrainingflorida.com
info@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and
14505 Commerce Way
Ste 750
Miami Lakes, FL 33016
(305) 362-9989
Digital Contact Information:
info@dadefamily.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Alain, MSSW, LCSW ■
2500 SW 107TH AVE
42
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
luciano@mymbcinc.com

and
FL
(786) 615-3334
Digital Contact Information:
luciano@mymbcinc.com

and
9560 SW 107th Ave
Ste 106
Miami, FL 33176
(786) 899-0308
Digital Contact Information:
luciano@mymbcinc.com

Gonzalez Diaz, Vivian D, PSYD, LP ■
3271 NW 7th St
Ste 203
Miami, FL 33125
(786) 220-6902
Digital Contact Information:
http://www.outpatientpsycare.com
viviangonzalezdiaz@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez Gil, Manuel, MSCC, LMHC ■
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Gloria, PHD, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
professional_counseling@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez Ibarra, Maria L, MS, LMHC ■
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
http://www.hscflorida.com
credentialing@hcsflorida.com

and
4090 Northwest 97th Avenue
300
Doral, FL 33178
(786) 332-4705
Digital Contact Information:
credentialing@hcsflorida.com

and
900 East 9th Street
Hialeah, FL 33010
(305) 381-5294
Digital Contact Information:
credentialing@hcsflorida.com

and
8001 West 26th Avenue
6 6
Hialeah, FL 33016
(786) 372-3262
Digital Contact Information:
credentialing@hcsflorida.com

and
7392 Northwest 35th Terrace
301
Miami, FL 33122
(786) 666-0475
Digital Contact Information:
credentialing@hcsflorida.com

and
7392 Northwest 35th Terrace
Suite 302
Miami, FL 33122
(786) 353-2792
Digital Contact Information:
credentialing@hcsflorida.com

and
1800 Southwest 27th Avenue
505
Miami, FL 33145
(786) 542-9914
Digital Contact Information:
credentialing@hcsflorida.com

and
9350 SW 72nd St
Ste 116
Miami, FL 33173
(305) 992-9768
Digital Contact Information:
credentialing@hcsflorida.com

and
7500 Sw A St # 203
West Miami, FL 33144
(786) 542-5244
Digital Contact Information:
credentialing@hcsflorida.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Jacqueline, MSSW, LCSW ■
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
sasha@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gonzalez, Jamie, MMH, LMHC ■
17801 Northwest 2nd Avenue
202
Miami, FL 33169
(954) 979-7911
Digital Contact Information:
Not Available

Gonzalez, Karina, MSW, LCSW ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

Gonzalez, Maria, MS, LMFT ■
2020 Ponce de Leon
Suite 1201
Miami, FL 33134
(305) 917-5414
Digital Contact Information:
http://www.psychologybeyond.com
mariatgonzalez.lmft@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Maria C, DMFT, LMFT ■
306 Alcazar Avenue
200
Coral Gables, FL 33134
(305) 967-8725
Digital Contact Information:
cristalchcl1@gmail.com

and
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
cristalchcl1@gmail.com

and
8245 Northwest 36th Street
#3
Doral, FL 33166
(786) 326-6308
Digital Contact Information:
cristalchcl1@gmail.com

and
1840 W 49th St
Ste 607
Hialeah, FL 33012
(305) 828-9980
Digital Contact Information:
cristalchcl1@gmail.com

and
2100 West 76th Street
#209
Hialeah, FL 33016
(786) 201-1088
Digital Contact Information:
cristalchcl1@gmail.com

and
5353 Southwest 8th Street
Miami, FL 33134
(786) 452-0149
Digital Contact Information:
cristalchcl1@gmail.com

and
8080 West Flagler Street
1a
Miami, FL 33144
(786) 615-2640
Digital Contact Information:
cristalchcl1@gmail.com

and
8500 West Flagler Street
Office 107A
Miami, FL 33144
(786) 907-5141
Digital Contact Information:
cristalchcl1@gmail.com

and
7420 Southwest 48th Street
a
Miami, FL 33155
(786) 362-5981
Digital Contact Information:
cristalchcl1@gmail.com

and
10300 Southwest 72nd Street
414
Miami, FL 33173
(813) 468-7905
Digital Contact Information:
cristalchcl1@gmail.com

and
11890 Southwest 8th Street
Suite 207
Miami, FL 33184
(786) 362-5981
Digital Contact Information:
cristalchcl1@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Marinel, MPSY, LMFT ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
http://www.dgphealthandwellness.com
info@dgphealthandwellness.com

and
7900 Oak Lane
464
Hialeah, FL 33016
(786) 542-9915
Digital Contact Information:
info@dgphealthandwellness.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Pierre A, MC, LMHC ■
901 East 10th Avenue
39
Hialeah, FL 33010
(305) 637-6400
Digital Contact Information:
jtchc@hcnetwork.org

Gonzalez, Sabrina, DSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Gonzalez Santana, Gleidys, MS, LMHC ■
142 E 49th St
Hialeah, FL 33013
(305) 333-9166
Digital Contact Information:
gleidysgs80@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0429
Digital Contact Information:
gleidysgs80@gmail.com

and
10691 North Kendall Drive
312
Miami, FL 33176
(786) 592-8470
Digital Contact Information:
gleidysgs80@gmail.com

and
11272 Southwest 137th Avenue
Miami, FL 33186
(786) 600-4809
Digital Contact Information:
http://www.generalmhs.com
gleidysgs80@gmail.com

and
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
gleidysgs80@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gonzalez, Yolanda, MS, LMHC ■
7221 SW 24th St
Ste 206
Miami, FL 33155
(786) 648-4447
Digital Contact Information:
http://www.fmhpllc.com
yoly@fmhpllc.com

and
7221 SW 24th St
Ste 213
Miami, FL 33155
(786) 239-4405
Digital Contact Information:
http://www.fmhpllc.com
yoly@fmhpllc.com

Gonzalez-Joya, Diana, MSW, LCSW ■
3081 Salzedo Street
Suite 202
Coral Gables, FL 33134
(786) 229-6074
Digital Contact Information:
tdjoya@msn.com

Gooden, Lashawn, CP, LP, PSYD ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

Goodrich, Kenny, MC, LMHC ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
perla.delosrios@dadefamily.com

Goolkasian, Alexis, MC, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Gordon, Natalie, MSW, LCSW, LMFT ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
melissa1amaya@yahoo.com

Gorham, Tania, MMFT, LMFT ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
gorhamtania@gmail.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
gorhamtania@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gorman, Douglas P, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@thriveworks.com

Goss, Jerron, MSCC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
http://www.wellnite.com
admin@blkhaven.com

Gosset, Stephanie M, MS, LMHC ■
2600 S Douglas Rd
Ste 1003
Coral Gables, FL 33134
(305) 445-0477
Digital Contact Information:
niegosset@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gotthold, Bessie, MS, LMHC ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
westmiamicmhc@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Gould, Emily L, MSW, LCSW ■
3625 Northwest 82nd Avenue
400 3
Doral, FL 33166
(305) 209-6399
Digital Contact Information:
julie.berger@drcred.com

and
1125 Northeast 125th Street
112
North Miami, FL 33161
(305) 209-6399
Digital Contact Information:
julie.berger@drcred.com

Gould, Felicia, PHD, LP ■
1120 NW 14th St
1447
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
Not Available

and
1120 NW 14th St
1450
Miami, FL 33136
(305) 243-6400
Digital Contact Information:
Not Available

and
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-6400
Digital Contact Information:
Not Available

Graham Deans, Ardene M, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com

Grand, Cristina, PSYD, LP ■
4770 Biscayne Blvd
Ste 1440
Miami, FL 33137
(305) 596-4663
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Granja, Karen, MS, LMHC ■
5805 Blue Lagoon Dr
Ste 440
Miami, FL 33126
(800) 767-4411
Digital Contact Information:
Not Available

Graziano, Paul, PHD, LP ●
11200 Southwest 8th Street
Miami, FL 33174
(305) 348-0477
Digital Contact Information:
fiucred@fiu.edu

Green, E'Ula, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Green, Lindolyn, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Green, Nikole, MC, LCPC, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Green, Sari, MS, LCMHC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Green-Scott, Alicia, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
allygreen66@aol.com

Green-Scott, Dashima, MSED, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Greenblatt, Jodi, MS, LMFT ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
acc@advancedclientcare.org
Other Languages Spoken by Provider or Office Staff
Afrikaans

Greene, Danielle N, MSW, LCSW ■
1531 Northwest 173rd Terrace
Miami, FL 33169
(415) 941-4109
(786) 487-8331
Digital Contact Information:
evolvetherapeuticsolutionsllc@gmail.com

and
14645 Northwest 77th Avenue
101
Miami Lakes, FL 33014
(833) 769-3524
Digital Contact Information:
http://lifestance.com
evolvetherapeuticsolutionsllc@gmail.com

Griff, Richard, PSYD, LP ■
3081 Salzedo Street
Suite 202
Coral Gables, FL 33134
(305) 330-0588
Digital Contact Information:
griff_pysch@yahoo.com

and
3625 Northwest 82nd Avenue
400
Doral, FL 33166
(305) 330-0588
Digital Contact Information:
griff_pysch@yahoo.com

and
19300 West Dixie Highway
2 2
Miami, FL 33180
(305) 330-0588
Digital Contact Information:
griff_pysch@yahoo.com

Grosse-Cardinale, Veronica, PSYD, LP ■
1900 North Bayshore Drive
108
Miami, FL 33132
(954) 362-8677
Digital Contact Information:
bh@hgdoctors.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Grossfeld, Brooke L, MMH, LMHC ■
FL
(305) 501-1674
Digital Contact Information:
https://www.psychologytoday.com/us/therapists/broo
brookegtherapy@gmail.com

Grunglasse, Maria E, MS, LCPC ■
FL
(207) 210-2672
Digital Contact Information:
esmeraldagrunglasse@yahoo.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Guardo, Estela, MSCC, LMHC ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
perla.delosrios@dadefamily.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Guas, Valeria, MS, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
11890 Southwest 8th Street
STE 309
Miami, FL 331841710
(305) 220-6060
Digital Contact Information:
http://www.blueangelcare.net
credentialing@happierliving.com

Guedes, Jordan, MSW, LCSW ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
http://banyanhealth.org
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
credentialing@banyanhealth.org

Guemez, Maidember, MMH, LMHC ■
13335 Southwest 124th Street
Suite 212
Miami, FL 33186
(786) 515-4569
Digital Contact Information:
mguemez@sfcounselinggroup.org

and
13590 Southwest 134th Avenue
STE 202
Miami, FL 33186
(786) 515-4569
Digital Contact Information:
mguemez@sfcounselinggroup.org
Other Languages Spoken by Provider or Office Staff
Spanish

Gueron, Orly, MSED, LMFT ■
2999 NE 191st St
Ste 705
Miami, FL 33180
(305) 924-6555
Digital Contact Information:
orly@orlygueron.com
Other Languages Spoken by Provider or Office Staff
Hebrew

Guerra, Evelyn, MS, LMHC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
credentialing@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com
Other Languages Spoken by Provider or Office Staff
Spanish

Guerra, Roberto, MBS, APRN ■
4302 Alton Rd
Ste 820
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com

and
4304 Alton Rd
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com

Guerrelus, Elange, MC, LMHC ■
2801 Northeast 213th Street
Suite 1215
Aventura, FL 33180
(833) 769-3524
Digital Contact Information:
fl-credentialing@lifestance.com
Other Languages Spoken by Provider or Office Staff
English, French

Guerrero, Mariel, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Spanish

Guntin, Yamile, MSW, LCSW ■
3191 Coral Way
607
Miami, FL 33145
(786) 397-7926
Digital Contact Information:
https://headfulloffoliage.com
guntinaleman@gmail.com

and
FL
(786) 397-7926
Digital Contact Information:
https://headfulloffoliage.com
guntinaleman@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Guskovict, Kristen, MSW, LCSW ■
FL
(917) 628-6231
Digital Contact Information:
kguskovict@heartofaidwork.com

Gutierrez, Azucena R, MC, LMHC ■
12039 Southwest 132nd Court
4 4
Miami, FL 33186
(754) 281-3662
Digital Contact Information:
nicanoragent83@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gutierrez, Damian, MC, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
credentialing@banyanhealth.org

Gutierrez, Giselle E, PSYD, LP ■
10691 N Kendall Dr
Ste 105
Miami, FL 33176
(305) 668-6018
Digital Contact Information:
cartayagroup@gmail.com

Gutierrez, Helen, MS, BCBA ■
5901 Northwest 151st Street
Suite #124
Miami Lakes, FL 33014
(786) 432-5099
Digital Contact Information:
credentialing@creativekidstherapyinc.com

Gutierrez, Rina L, MS, LMFT ■
10229 Northwest 9th Street Circle
204 204
Miami, FL 33172
(786) 457-9963
Digital Contact Information:
http://rinagutierrez.com
lic.rinagutierrez@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gutierrez, Silvia, MSW, LCSW ■
489 East Okeechobee Road
Hialeah, FL 33010
(305) 390-7992
Digital Contact Information:
contact@balancedwellbeingllc.com

and
5040 Northwest 7th Street
Suite 660
Miami, FL 33126
(305) 900-2361
Digital Contact Information:
contact@balancedwellbeingllc.com

and
11055 Southwest 186th Street
#101
Miami, FL 33157
(305) 342-4893
Digital Contact Information:
contact@balancedwellbeingllc.com

and
FL
(305) 342-4893
(305) 390-7992
Digital Contact Information:
contact@balancedwellbeingllc.com

Guzman, Francisco J, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
providerenrollment@geodehealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Haber, Alberto H, MHS, LMHC ■
1045 Kane Concourse
207-208
Bay Harbor Islands, FL 33154
(305) 866-3866
Digital Contact Information:
ahaberlmhc@aol.com

and
1045 Kane Concourse
207
Bay Harbor Islands, FL 33154
(305) 866-3866
Digital Contact Information:
ahaberlmhc@aol.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Hagstrom, Morgan, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Haider, Shamshad, MED, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff Farsi, Urdu, Arabic, Hindi

Hakiel-Calcaterra, Judy, MA, LMHC ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
jhctherapy@gmail.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:

jhctherapy@gmail.com

Hale, Mecia, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
rcm_enrollment@eastersealsmorc.org

Hall, Stephanie, MSW, LCSW, LICSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
info@kbtcounseling.com

Halliday, Anna, MED, LMHC ■
3580 Mystic Pointe Drive
Suite 108
Aventura, FL 33180
(305) 205-3810
Digital Contact Information:
support@hstherapycollective.com

and
820 Northeast 143rd Street
North Miami, FL 33161
(305) 205-3810
Digital Contact Information:
http://hstherapycollective.com
support@hstherapycollective.com

Hamilton, Andrea, MC, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
help@joinuplift.co

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Hamilton, Richard A, PHD, LP ■
8900 N Kendall Dr
Miami, FL 33176
(786) 596-2000
Digital Contact Information:
hamiltonphd@hotmail.com

and
8950 N Kendall Dr
Ste 104W
Miami, FL 33176
(305) 665-8700
Digital Contact Information:
hamiltonphd@hotmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Hampton, Megan, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Hansard, Tahsha, MS, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Hanson, Jaitesha, MS, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com

Harker, Kim Kimberly, MPSY, LAC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
grant@soulful-recovery.com

Harmon, Aprill, MSSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Harmon, Portia, MC, LMHC, LPCC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Harper, Jannet, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Harris, Brian, MA, LMHC ■
FL
(786) 733-6422
Digital Contact Information:
http://www.elliementalhealth.com
fl-credentialing@lifestance.com

Harris, Dawnchele, MSW, LCSW ■
FL
(508) 202-1011
Digital Contact Information:
Not Available

Harris, Gail L, MSW, LCSW ■
975 Arthur Godfrey Rd
Ste 303
Miami Beach, FL 33140
(786) 210-4814
Digital Contact Information:
gailkayharris@gmail.com

Harris, Glenda C, PHD, LP ■
1475 NW 12th Ave
C-023A
Miami, FL 33136
(305) 243-1470
Digital Contact Information:
Not Available

Harris, Keith, MSW, LMSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Harris, Thais T, MSW, LCSW, LISW-CP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
sc-credentialing@lifestance.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
sc-credentialing@lifestance.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
sc-credentialing@lifestance.com

Harrison, Doris, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Harrison, Michelle, MS, LMHC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
http://www.bebravehealth.com
start@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Hart, Monique, MSW, LCSW, LICSW ■
FL
(508) 202-1011
Digital Contact Information:
http://orendapsych.com
mohart@3qhartcounseling.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
mohart@3qhartcounseling.com

Hart, Phyllis, EDD, LMHC, MA ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Harvey, Hope, MC, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
hello@jwrgrp.com

Harvey, Philip D, PHD, LP ■
1120 NW 14th St
1450
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
Not Available

and
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-6400
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
3308
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
Fl 3
Miami, FL 33136
(305) 355-9006
Digital Contact Information:
Not Available

Hasbun, Rene, MSED, LMHC ■
7000 Southwest 70th Avenue
600
Miami, FL 33143
(305) 284-7577
Digital Contact Information:
rhasbun@larkinhospital.com

Hass, Natasha, MA, LMFT ■
FL
(305) 345-3385
Digital Contact Information:
natasha.hass7@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Hassell-Walker, Leigh, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Hatcher, Laurie A, MSW, LCSW ■
770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
Not Available

and
7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
Not Available

and
5201 Blue Lagoon Dr
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
Not Available

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
Not Available

and
80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
Not Available

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
Not Available

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

and
830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
Not Available

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(888) 684-2779
Digital Contact Information:
Not Available

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff English

Havemann, Katherine, MA, LMHC ■
5805 Blue Lagoon Dr
Ste 440
Miami, FL 33126
(800) 767-4411
Digital Contact Information:
Not Available

Hawkins, Erin, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
sanderson@medicalbillingwholesaler.com

Hayes, Karen O, MSW, LCSW ■
FL
(352) 530-3344
Digital Contact Information:
kpomiami@gmail.com

Hayes, Lakisha, MA, LPC ■
1221 Brickell Avenue
Suite 900

Miami, FL 33131
(503) 427-8094
Digital Contact Information:
info@findbestself.com

Heard, Chelsea, MSSW, LCSW ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
chelseaheardcounseling@gmail.com

Hecker, Jillanne K, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
arscredentialing@advancedrecoverysystems.com

Henderson, Davetta A, EDD, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
insurance@wellnite.com

Henderson, Kimberly, MSW, LCSW ■
FL
(305) 804-9121
Digital Contact Information:
http://www.sfacounseling.org
info@sfacounseling.org

Hendricks-Marx, Donna H, MS, LMHC ■
1175 Northeast 125th Street
320
Miami, FL 33161
(954) 372-0423
Digital Contact Information:
http://www.marriagefamilyservices.com
donnamarx@yahoo.com

Hendrickson, Michael E, PHD, LP ■
8600 SW 92nd Street
#203
Kendall, FL 33156
(786) 247-5575
Digital Contact Information:
michaelhendricksonphd@gmail.com

Hennings, Sydne, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Henriquez, Maribi, MSW, LCSW ■
14261 Southwest 120th Street
108 628
Miami, FL 33186
(786) 372-0096
Digital Contact Information:
contact@projectchula.com

and

FL
(786) 372-0096
Digital Contact Information:
contact@projectchula.com

Henry, Sheryl, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Herbert, Queenesha G, MA, LCPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
credentialing@wellnite.com

Heretoiu, Luminita D, MC, LMHC ■
2650 Biscayne Blvd
Miami, FL 33137
(954) 639-9873
Digital Contact Information:
http://www.artoftalktherapy.com
lthouriee@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Hernandez, Anabelle, MMFT, LMFT ■
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
annabellehernandez@brightsyhealthfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Ania, MS, BCBA ■
12060 Southwest 129th Court
Suite 205
Miami, FL 33186
(786) 864-9113
Digital Contact Information:
Not Available

Hernandez, Belkis, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
office@cartwheelcare.org

Hernandez Cardenache, Rene D, PSYD, LP ■
1295 NW 14th St
Ste E
Miami, FL 33125
(305) 689-1352
Digital Contact Information:
ccardenache@yahoo.com

and

1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-2301
Digital Contact Information:
ccardenache@yahoo.com

and

1695 NW 9th Ave
1404A
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
ccardenache@yahoo.com

and

1695 NW 9th Ave
Fl 14
Miami, FL 33136
(305) 243-4782
Digital Contact Information:
ccardenache@yahoo.com

and

1695 NW 9th Ave
Fl 3
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
ccardenache@yahoo.com

and

12955 SW 42nd St
Miami, FL 33175
(305) 559-0050
Digital Contact Information:
ccardenache@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Cibeles, PHD, LP ■
3400 Coral Way
Ste 402
Miami, FL 33145
(305) 567-0270
Digital Contact Information:
chernandezphd@bellsouth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Diana, MC, LMHC ■
2500 Southwest 107th Avenue
41
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
info@abcsfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Edgar, LCMHC, MMH ■
2828 Coral Way
560
Coral Gables, FL 33145
(786) 238-7298
Digital Contact Information:
Not Available

Hernandez Escajadillo, Gloria, MS, LMHC ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(415) 941-4109
Digital Contact Information:
http://www.azzurrahcc.com
hdezescajadillo@yahoo.com

Hernandez, Janet, MA, LPC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
birches@withassured.com

Hernandez, Karla P, MS, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
info@mindworkstx.com
Other Languages Spoken by Provider or Office Staff English

Hernandez, Lecsy, MA, BCBA, LMHC ■
770 Ponce de Leon
307
Coral Gables, FL 33134
(786) 344-8757
Digital Contact Information:
mtherapy@hushmail.com

and

770 Ponce de Leon
Ste 305
Coral Gables, FL 33134
(786) 344-8757
Digital Contact Information:
mtherapy@hushmail.com

and

1000 Brickell Avenue
Miami, FL 33131
(786) 695-8672
Digital Contact Information:
mtherapy@hushmail.com

and

4155 Southwest 130th Avenue
108
Miami, FL 33175
(786) 695-8672
Digital Contact Information:
mtherapy@hushmail.com

Hernandez, Luisa F, PSYD, LP ■
2020 Ponce de Leon
Suite 1201
Miami, FL 33134
(305) 917-5414
Digital Contact Information:
http://www.psychologybeyond.com
luisa@psychologybeyond.com

and

8900 N Kendall Dr
Miami, FL 33176
(786) 596-2000
Digital Contact Information:
luisa@psychologybeyond.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Madeline, PHD, LMHC ■
3408 W 84th St
Ste 317
Hialeah, FL 33018
(305) 822-6772
Digital Contact Information:
mhernandezpsyd@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Maria, MC, LMHC ■
4649 Ponce de Leon
STE 404
Coral Gables, FL 33146
(786) 653-3719
Digital Contact Information:
kenia.romero@abc4s.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Hernandez, Maria, MMH, LMHC ■
3901 Northwest 79th Avenue
STE 120
Doral, FL 33166
(786) 310-4480
Digital Contact Information:
truelifebehavioral@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Maria, MC, LMHC ■
3498 Northwest 7th Street
Miami, FL 33125
(786) 653-3719
Digital Contact Information:
kenia.romero@abc4s.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Hernandez, Maria, MMH, LMHC ■
13500 North Kendall Drive
STE 129
Miami, FL 33186
(786) 628-2530
Digital Contact Information:
truelifebehavioral@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Maria, MC, LMHC ■
Home Based Services Only
South Miami, FL 33146
(786) 536-9714
Digital Contact Information:
kenia.romero@abc4s.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Hernandez Ruiz, Katiana E, MS, LMHC ■
5901 Southwest 74th Street
Suite 201
South Miami, FL 33143
(786) 638-9074
Digital Contact Information:
hummingmindsmia@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Yandy, MMH, LMHC ■
1250 Southwest 27th Avenue
207
Miami, FL 33135
(786) 522-7203
Digital Contact Information:
cabehavior@gmail.com

and

Home Based Services Only
Virginia Gardens, FL 33166
(786) 522-7203
Digital Contact Information:
cabehavior@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez-Cuevas, Maria, MS, LMHC ■
10691 Southwest 88th Street
Suite 110
Miami, FL 33176
(305) 595-5485
Digital Contact Information:
mariahcuevas@gmail.com

Herrera, Carolina, MA, LMHC ■
FL
(786) 770-0618

(315) 873-2936
Digital Contact Information:
cherrera@youremotionsmatter.org
Other Languages Spoken by Provider or Office Staff
Spanish

Herrera, Isabella M, MA, LMHC ■
3625 Northwest 82nd Avenue
400
Doral, FL 33166
(954) 372-7584
Digital Contact Information:
http://isabellaherrera.com
isabellaherreramg@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Herrera, Korina, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Herrera, Lourdes L, PSYD, LMHC ■
9370 Southwest 72nd Street
240
Miami, FL 33173
(305) 968-8640
Digital Contact Information:
lourdesherrera180@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hershman, Kelley P, MA, LMHC ■
14211 Southwest 120th Street
107
Miami, FL 33186
(917) 592-2345
Digital Contact Information:
khershman@thesohocenter.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hester, Karina, MS, LMFT ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Hicks, Alicia B, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
hello@emorahealth.com

Hicks, Beth, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
http://happierliving.com
hello@emorahealth.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
hello@emorahealth.com

Hill, Amanda J, MS, LPC ■
FL
(305) 902-6347
Digital Contact Information:
start@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Hill, Denise, CAP, MA ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
Not Available

Hill, Marchita, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@happierliving.com

Hincapie, Diana, PSYD, LP ■
1900 North Bayshore Drive
108
Miami, FL 33132
(954) 362-8677
Digital Contact Information:
bh@hgdoctors.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Hirsch, Amanda, PSYD, LP ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(833) 458-0386
Digital Contact Information:
https://tillytherapy.com/
credentialing@elemy.com
Other Languages Spoken by Provider or Office Staff English

Ho, Kalai, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com

Hodgson, Sidney, MS, LMHC ■
10300 Southwest 72nd Street
#123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
myschoolpsychologist@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hodgson, Tiffany Y, MSW, LCSW ■
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
admin@ampmentalhealth.com

Hope, Maria M, MS, LMHC ■
13054 Southwest 133rd Court
FL 2
Miami, FL 33186
(305) 407-8165
Digital Contact Information:
mercyb.familytherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hopkins, Sharon B, PHD, LP ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
cpadilla@deeroaks.com
Other Languages Spoken by Provider or Office Staff French

Horwitz, Andrea, MSW, LCSW ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
contact@daopl.rog

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
contact@daopl.rog

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
contact@daopl.rog

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
contact@daopl.rog

Hoyos, Julieth, MS, LMHC ■
1175 Northeast 125th Street
320
Miami, FL 33161
(786) 842-0444
Digital Contact Information:
http://www.marriagefamilyservices.com
marriagefamilyservices@comcast.net

Hubbard, Katheryn G, MSW, LCSW ■
FL
(508) 202-1011
Digital Contact Information:
support@sevenstarling.com

Huber, Rose, PSYD, LP ■
7330 Southwest 62nd Place
STE 210
South Miami, FL 33143
(786) 801-3883
Digital Contact Information:
info@miamivipsurgery.com

Huberman, Milagros, MS, LMHC ■
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(305) 562-9585
Digital Contact Information:
lmhcnccpa@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Huezo, Adriana, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Creole, Haitian, Spanish

Huff, Jessica, MS, LMHC ■
FL
(305) 902-6347
(315) 873-2936
Digital Contact Information:
credentialing@bebravehealth.com

Hunt, Megan, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Huss, Margaret R, MC, LCMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
credentialing@thriveworks.com

Hussain, Jasmine, MA, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Ibarra, Melissa J, MS, LMHC ■
9220 Sunset Drive
104
Miami, FL 33173
(786) 724-4224
Digital Contact Information:
admin@vita-cog.com

and
FL
(786) 497-3375
Digital Contact Information:
https://www.srfhealinghelp.net/
admin@vita-cog.com
Other Languages Spoken by Provider or Office Staff English

Iglesias, Claudia O, MA, LMHC ■
1401 SW 1st St
100
Miami, FL 33135
(305) 400-8998
Digital Contact Information:
ciglesias@cif-counseling.com

Iglesias, Marta, MS, LMHC ■
3081 Salzedo Street
Suite 202
Coral Gables, FL 33134
(786) 294-5624
Digital Contact Information:
http://www.mi-counselor.com
lyam@credentialingconsultants.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ihekona, Steve, MS, LPC ■
FL
(305) 902-6347
Digital Contact Information:
https://www.bebravehealth.com

Incera, Cesar B, MPSY, LMHC ■
9485 SW 72nd St
Ste A202
Miami, FL 33173
(305) 670-0204
Digital Contact Information:
cince3@aol.com
Other Languages Spoken by Provider or Office Staff
French, Spanish

Infante Lobaina, Ruth, PSYD, LP ■
5200 NE 2nd Ave
Miami, FL 33137
(305) 762-1450
Digital Contact Information:
iruth95@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ingram, Teresa, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/

Inguanzo, Yelena, MS, LMHC ■
7745 Northwest 146th Street
F1
Miami Lakes, FL 33016
(786) 633-5992
Digital Contact Information:
vidamentalhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ireton, Vivian L, MSW, LCSW ■
66 W Flagler St
900
Miami, FL 33130
(786) 244-7690
Digital Contact Information:
rgunton@lumenhealthservices.com

and
1221 Brickell Avenue
ste 900
Miami, FL 33131
(786) 244-7690
Digital Contact Information:
rgunton@lumenhealthservices.com

and
2212 Northwest 91st Street
Miami, FL 33147
(341) 888-7637
Digital Contact Information:
rgunton@lumenhealthservices.com

Ishii, Mary I, PSYD, LP ■
1800 NW 10th Ave
T331
Miami, FL 33136
(305) 585-1178
Digital Contact Information:
Not Available

Isma, Laguerda, MS, LMHC ●
1001 North Miami Beach Boulevard
North Miami Beach, FL 33162
(786) 320-5559
Digital Contact Information:
kimberly@growthcounselingandtherapy.com

Izquierdo, Carlos, MS, LMHC ■
901 East 10th Avenue
39
Hialeah, FL 33010
(305) 637-6400
Digital Contact Information:
Not Available

and
FL
(305) 637-6400
Digital Contact Information:
Not Available

and
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
Not Available

and
FL
(305) 637-6400
Digital Contact Information:
Not Available

and
20612 Northwest 27th Avenue
Miami Gardens, FL 33056
(305) 637-6400
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff Spanish

Jackson, Candice, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Jackson Dorman, Lynn, MS, LCSW, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
resolutionlynn@gmail.com

Jackson, Karla, MS, LCMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
payors@emorahealth.com

Jacobs, Jessica, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Jacobstein, Amy J, PSYD, LP ■
10305 NW 41st St
Ste 205
Doral, FL 33178
(305) 718-9800
Digital Contact Information:
amyjacobstein@gmail.com

and
8200 SW 117th Ave
Ste 202
Miami, FL 33183
(305) 274-9206
Digital Contact Information:
amyjacobstein@gmail.com

Jangira, Henry, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Jaramillo, Kate M, MMFT, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@joinuplift.co

Jaramillo Mangia, Mary, MMH, LMHC ■
4302 Alton Rd
Ste 500
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com
Other Languages Spoken by Provider or Office Staff Spanish

Jasper, Wesley, MED, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Jean-Baptiste, Odeline, MSW, LCSW ■
12000 Biscayne Boulevard
Ste 211
North Miami, FL 33181
(305) 705-5611
Digital Contact Information:
http://therapywalkinnovativecounseling.com
odeline@therapywalkinnovativecounseling.com

and
FL
(305) 705-5611
Digital Contact Information:
http://therapywalkinnovativecounseling.com
odeline@therapywalkinnovativecounseling.com

Jefferson, Shanna, MSW, LCSW, LISW-CP ■
FL
(800) 567-5433
Digital Contact Information:
http://therapywithshanna.com
appointments@meetmarvin.com

Jenssen, Mary, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Jent, Jason F, PHD, LP ■
1150 NW 14th St
411
Miami, FL 33136
(305) 243-7550
Digital Contact Information:
jjent@med.miami.edu

and
1601 NW 12th Ave
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
jjent@med.miami.edu

and
1601 NW 12th Ave
4046
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
jjent@med.miami.edu

Jerez, Samir G, MMH, LMHC ■
17225 South Dixie Highway
STE 203
Palmetto Bay, FL 33157
(786) 601-2608
Digital Contact Information:
lifestarcmhc@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Jerome-Saintil, Magdala, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, French

Jerry, Trondi, MC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
anewyou86@gmail.com

Jimenez, Airely, PSYD, LP ■
1951 NW 7th Ave
Ste 600
Miami, FL 33136
(800) 567-5433
Digital Contact Information:
drmendoza@reginamendoza.com

and
FL
(800) 567-5433
Digital Contact Information:
https://totallife.com/
drmendoza@reginamendoza.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Jimenez, Alyssa, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Jimenez, Daniel E, PHD, CP ■
1120 NW 14th St
1477
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
Fl 3
Miami, FL 33136
(305) 355-7000
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff Spanish

Jimenez, Giselle L, MS, LMFT ■
11890 Southwest 8th Street
STE 309
Miami, FL 331841710
(305) 220-6060
Digital Contact Information:
http://www.blueangelcare.net
info@blueangelcare.net

Jimenez, Graciela, MMFT, LMFT ■
7400 SW 87th Ave
260
Miami, FL 33173
(786) 595-8040
Digital Contact Information:
managedcarecredentialing@baptisthealth.net

Jit, Jamie, MC, LPCC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
counseling@connectionchurch.net

Johnson, Chermora, MS, LCPC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff English

Johnson, Delisea K, MSW, LCSW ■
FL
(508) 202-1011
Digital Contact Information:
http://www.bpoqe.org
support@advantagepointbehavioral.com

Johnson, Dione N, PHD, LP ■
FL
(800) 567-5433
Digital Contact Information:
https://totallife.com/
help@prosprhealth.io
Other Languages Spoken by Provider or Office Staff English

Johnson, Kamla D, MSW, LCSW ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
http://www.dgphealthandwellness.com
adams@pcmgfl.com
Other Languages Spoken by Provider or Office Staff English

Johnson, Kimberly, PSYD, HSPP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
ldragos@mmds-inc.com

Johnson, Lisa A, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Johnson, Sherika, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Johnson-Greene, Douglas E, PHD, LP ■
1120 NW 14th St
Miami, FL 33136
(305) 243-8472
Digital Contact Information:
Not Available

and
1475 NW 12th Ave
Miami, FL 33136
(305) 243-3356
Digital Contact Information:
Not Available

Johnston, Meshalle, MED, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
oh-credentialing@lifestance.com
Other Languages Spoken by Provider or Office Staff English

Johny, Geethu, MS, LMHC ■
1951 Northwest 7th Avenue
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
legacycommunityc@gmail.com

and
FL
(305) 902-6347
Digital Contact Information:
legacycommunityc@gmail.com

Jones, Alicia, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.

app
insurance@wellnite.com

Jones, Amy, MSW, LCSW ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Jones, Toni-Anne, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Joseph, Emmanuela, MSW, LCSW ■
2201 NE 170th St
North Miami Beach, FL 33160
(305) 945-1401
Digital Contact Information:
credentialing@vitaehealthportal.com

Jubiz, Norella, PHD, LP ■
385 Alhambra Circle
suite c
Coral Gables, FL 33134
(305) 445-9554
Digital Contact Information:
njubiz@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Junco, Gladys, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Spanish

Kanenbley, Melissa, MSW, LCSW ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
acc@advancedclientcare.org

Kang, Hyun H, MSW, LCSW ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
ppoon@riviamind.com
Other Languages Spoken by Provider or Office Staff Korean

Kaplan, Alexander, MS, LCSW ■
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
btaalex11@yahoo.com

Karacevic, Ela, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
http://www.bebravehealth.com
start@bebravehealth.com
Other Languages Spoken by Provider or Office Staff Bosnian

Karoub, Arielle E, MS, LCMHC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Kastrinos, Marlene M, MSW, LCSW ■
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
emotionaltherapy@aol.com

Katz, Zachary R, MS, LMHC ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com

Kauffman, Jennifer L, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
jkauffman@reboundmh.org

Kavoussi, Nazanin, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English, Farsi

Kay, Alexander, MSW, LCSW ■
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(561) 289-7995
Digital Contact Information:
pandatherapycircle@gmail.com

Kburg, Regina I, PSYD, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
office@pasadenaclinicalgroup.com
Other Languages Spoken by Provider or Office Staff Spanish

Keaton, Latanya B, MED, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Keith, Aimee, PSYD, CP, LP ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
enrollment@volunteerhealthassoc.com

and
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
enrollment@volunteerhealthassoc.com

and
255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
enrollment@volunteerhealthassoc.com

and
370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
enrollment@volunteerhealthassoc.com

and
333 Southeast 2nd Avenue
Suite #2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
enrollment@volunteerhealthassoc.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
enrollment@volunteerhealthassoc.com

and
3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
enrollment@volunteerhealthassoc.com

and
350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
enrollment@volunteerhealthassoc.com

and
429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
enrollment@volunteerhealthassoc.com

and
323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
enrollment@volunteerhealthassoc.com
Other Languages Spoken by Provider or Office Staff English

Kelso, Tracy, MA, CAP, LMHC ■
1951 NW 7th Ave
Fl 3
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
kelsot@bebravehealth.com

Kember, Santiago, MMH, LMHC ■
9245 Southwest 157th Street
Suite 203
Miami, FL 33157
(305) 642-7600
Digital Contact Information:
http://www.regishouse.org
credentialing@regishouse.org

Kempler, Arielle, MSW, LCSW ■
1110 Brickell Avenue
Suite 502
Miami, FL 33131
(203) 693-4917
Digital Contact Information:
info@revivecfw.com

Kennedy, Bonnie K, MS, LMHC ■
22790 SW 112th Ave
Miami, FL 33170
(305) 235-2616
Digital Contact Information:
rgrossmiller@hcnetwork.org

Kepley, Gabriela, MSSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
colgate5326@gmail.com

Kerker, Austin, MA, LCSW ■
16499 Northeast 19th Avenue
Suite 106
Miami, FL 33162
(305) 337-6237
Digital Contact Information:
http://recovery112.com
recovery112info@gmail.com

Kessler, David S, MSW, LCSW ■
245 Northeast 14th Street
Ste. 209
Miami, FL 33132
(305) 987-1748
Digital Contact Information:
http://www.davidskessler.com
david@davidskessler.com
Other Languages Spoken by Provider or Office Staff Spanish

Khachatryan, Sunny, PHD, LMHC, LPCC ■
1001 Brickell Bay Dr
2701
Miami, FL 33131
(305) 742-5429
Digital Contact Information:
appointments@meetmarvin.com

Kibbe, Charles, MA, LPC ■
FL
(305) 902-6347
Digital Contact Information:
http://www.bebravehealth.com

Kifer, Koyt B, MC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff Sign Lang Amer

Killackey, Debra, MMH, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
professional_counseling@yahoo.com

and
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
professional_counseling@yahoo.com

Kimball, Alison R, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@directionsforliving.org

King, Lakendra, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
jane.mohammad@daybreakhealth.com

Kinney, Shane, MA, LMHC ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(305) 587-7737
Digital Contact Information:
fl-credentialing@lifestance.com

and
2332 Galiano Street
Coral Gables, FL 33134
(305) 587-7737
Digital Contact Information:
fl-credentialing@lifestance.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(305) 587-7737
Digital Contact Information:
fl-credentialing@lifestance.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(305) 587-7737
Digital Contact Information:

fl-credentialing@lifestance.com

and
3350 Virginia Street
Miami, FL 33133
(305) 587-7737
Digital Contact Information:
fl-credentialing@lifestance.com

and
7700 North Kendall Drive
601
Miami, FL 33156
(305) 587-7737
Digital Contact Information:
fl-credentialing@lifestance.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(305) 587-7737
Digital Contact Information:
fl-credentialing@lifestance.com

and
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
fl-credentialing@lifestance.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(305) 587-7737
Digital Contact Information:
fl-credentialing@lifestance.com

Kirkwood, Pamela, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Kitaigorodsky, Marcela, PSYD, LP ■
3580 Mystic Pointe Drive
suite 133
Aventura, FL 33180
(786) 209-3334
Digital Contact Information:
doctor@flneurohealth.com

and
1900 North Bayshore Drive
108
Miami, FL 33132
(954) 362-8677
Digital Contact Information:
doctor@flneurohealth.com

Klee, Savannah K, MED, LMHC ■
12550 Biscayne Boulevard
STE 507
North Miami, FL 33181
(305) 204-1209
Digital Contact Information:
amontgomery@emds.com

Kleiman, Nicole R, MS, LMHC ■
66 W Flagler St
900
Miami, FL 33130
(407) 875-3700
Digital Contact Information:
onboarding@growtherapy.com

Kline, Christopher, PHD, LP ■
770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
aswood71@gmail.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
aswood71@gmail.com

and
5201 Blue Lagoon Dr
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
aswood71@gmail.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
aswood71@gmail.com

and
80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
aswood71@gmail.com

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
aswood71@gmail.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
aswood71@gmail.com

and
830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
aswood71@gmail.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(888) 684-2779
Digital Contact Information:
aswood71@gmail.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
aswood71@gmail.com

Kluver-Williams, Alethea M, MTH, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Knight, Myah, MED, LCPC, LMHC, LPC, LPCC ■
FL
(561) 730-2398
(508) 202-1011
Digital Contact Information:
hello@lbeehealth.com

Knuth, John, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Kockler, Lucas, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Konicki, Emily, MS, LMFT ■
1175 Northeast 125th Street
320
Miami, FL 33161
(786) 842-0444
Digital Contact Information:
http://www.marriagefamilyservices.com
marriagefamilyservices@comcast.net

Kononowech, Jennifer, MSW, LMSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Konovalova, Allison, MMFT, LMFT ■
1125 Northeast 125th Street
501
North Miami, FL 33161
(305) 900-7146
Digital Contact Information:
blumcounselinggroup@gmail.com

Kossmann, Marc, PSYD, LP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Kovacs, Jamie, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Krakowski, David, MSSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Kreisberg, Gary J, PHD, LP ■
9260 Sunset Dr
Ste 203
Miami, FL 33173
(305) 279-3640
Digital Contact Information:
gjkphd@aol.com

Kremin, Daniel P, PHD, LP ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
doctorkrem@aol.com

and
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
doctorkrem@aol.com

and
255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
doctorkrem@aol.com

and
370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
doctorkrem@aol.com

and
333 Southeast 2nd Avenue
Suite #2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
doctorkrem@aol.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
doctorkrem@aol.com

and
3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
doctorkrem@aol.com

and
350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
doctorkrem@aol.com

and
429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
doctorkrem@aol.com

and
323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
doctorkrem@aol.com

Kristelle Malval, Marie S, EDS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
lisette@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Kromke, Dana, MA, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole, Spanish

Krupp, Robin E, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@happierliving.com

Kruszel, Liliana B, MA, LMHC ■
782 NW Le Jeune Rd
Ste 533
Miami, FL 33126
(305) 558-7400
Digital Contact Information:
daliamer@aol.com

and
6175 NW 153rd St
Ste 404
Miami Lakes, FL 33014
(305) 558-7400
Digital Contact Information:
daliamer@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Krywinski, Steven E, MA, LMHC ■
1550 Madruga Avenue
STE 410
Coral Gables, FL 33146
(786) 355-4051
Digital Contact Information:
https://besttherapy4me.clientsecure.me/
drstevenkrywinski@gmail.com

and
1550 Madruga Avenue
Suite 406
Coral Gables, FL 33146
(786) 355-4051
Digital Contact Information:
https://besttherapy4me.clientsecure.me/
drstevenkrywinski@gmail.com

and
9010 SW 137th Ave
Miami, FL 33186
(786) 355-4051
Digital Contact Information:
https://besttherapy4me.clientsecure.me/
drstevenkrywinski@gmail.com

and
9020 SW 137th Ave
Ste 200
Miami, FL 33186
(786) 355-4051
Digital Contact Information:
drstevenkrywinski@gmail.com

Kudolo, Diane, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
dmk.lpc2011@gmail.com

Kugel, Elina, PSYD, LP ■
11900 Biscayne Boulevard
Miami, FL 33181
(786) 949-0001
Digital Contact Information:
http://www.curectneurotx.com
credentialing@curectneuro.com

Kuilan, Jessica, MSW, LCSW ■
FL
(904) 274-0611
Digital Contact Information:
http://www.magnashaven.com
jessica@magnashaven.com
Other Languages Spoken by Provider or Office Staff
Spanish

Kunkel, Tracii, LP, PHD ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Kuppers, Alan, MS, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
Not Available

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
3850 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
http://banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

Kurtz, Steven R, MSW, LCSW ■
5979 NW 151st St
Ste 201
Miami Lakes, FL 33014
(305) 823-7314
Digital Contact Information:
headjamer@aol.com

Kushner, David, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Kushnir, Sharone, LMHC, PSYD ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Kwarchak, Matthew, MS, LMHC ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
credentialing@vitaehealthportal.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
credentialing@vitaehealthportal.com

La Banca, Karina V, MC, LMHC ■
747 Ponce de Leon
Coral Gables, FL 33134
(786) 254-7394
Digital Contact Information:
healthy.solutions@att.net

and
135 San Lorenzo Ave
Ste 100
Coral Gables, FL 33146
(305) 502-3760
Digital Contact Information:
healthy.solutions@att.net

and
1200 Northwest 78th Avenue
210
Doral, FL 33126
(786) 285-3438
Digital Contact Information:
healthy.solutions@att.net

and
6329 Southwest 23rd Street
Miami, FL 33155
(786) 355-7541
Digital Contact Information:
healthy.solutions@att.net

and
7951 Southwest 40th Street
suite 200-a
Miami, FL 33155
(786) 244-9911
Digital Contact Information:
healthy.solutions@att.net

and
FL
(786) 244-9911
Digital Contact Information:
healthy.solutions@att.net

and
175 Fontainebleau Boulevard
Miami, FL 33172
(305) 343-0673
Digital Contact Information:
healthy.solutions@att.net

Labossiere, Danielle H, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com

Lacasse, Jennifer, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Lacayo, Irma A, MS, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
perla.delosrios@dadefamily.com

and
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
perla.delosrios@dadefamily.com

Lacayo, Kassandra, MMFT, LMFT ■
7400 Southwest 50th Terrace
STE 303
Miami, FL 33155
(786) 738-4045
Digital Contact Information:
http://psychcarecenter.com/
psychcarecc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lafratta, Joanna, MSW, LCSW ■
FL
(831) 920-7907
Digital Contact Information:
https://www.mammha.com/
alex@getmammha.com

Lagravere, Rose Mary, MSCC, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
acc@advancedclientcare.org

Lake, Laverne, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Lake, Michelle, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
frontdesk@insighttherapy.us

Lam, Maria, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Lamazares, Mary, MS, LMHC ■
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
morecounseling@gmail.com

and
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
morecounseling@gmail.com

and
9125 SW 87th Ave
Miami, FL 33176
(305) 735-3919
Digital Contact Information:
morecounseling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lamons, Jackie D, DSW, LCSW ■
FL
(954) 348-5230
Digital Contact Information:
https://www.blueoasis.online/
jackielamonsdsw@gmail.com

Lampkin, Craig, MS, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Lance, Katherine M, MA, LPC, LPCC, PC ■
1 Alhambra Plaza
Miami, FL 33134
(888) 588-8995
Digital Contact Information:
ciga-office@foresightmentalhealth.com

Landa, Rosario, MS, LMHC ■
8353 SW 124th St
Ste 204E
Miami, FL 33156
(305) 283-7039
Digital Contact Information:
youthedmiami@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Landes, Debra M, MED, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
landeslmhc@gmail.com

Landino, Sonia, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lane, Tisha J, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
soundmindstherapy@gmail.com

Lange, Stephen M, PHD, LP ■
FL
(800) 567-5433
Digital Contact Information:
https://totallife.com/
help@prosperhealth.io

Langford, Stephanie, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Lann, Brian F, MA, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Laplace, Arthur, PHD, LP ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
caqh@citrusmedassociates.com

and
150 Alhambra Circle
Floor 10
Coral Gables, FL 33134
(786) 800-3374
Digital Contact Information:
caqh@citrusmedassociates.com

and
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
caqh@citrusmedassociates.com

and
255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
caqh@citrusmedassociates.com

and
370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
caqh@citrusmedassociates.com

and
333 Southeast 2nd Avenue
Suite 2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
caqh@citrusmedassociates.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131

(888) 684-2779
Digital Contact Information:
http://happierliving.com
caqh@citrusmedassociates.com

and
3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
caqh@citrusmedassociates.com

and
350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
caqh@citrusmedassociates.com

and
429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
caqh@citrusmedassociates.com

and
323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
caqh@citrusmedassociates.com

Lara, Xiomara, MMH, LMHC ■
FL
(305) 303-0581
Digital Contact Information:
conflict62@hotmail.com

and
11055 Southwest 186th Street
#101
Miami, FL 33157
(305) 342-4893
Digital Contact Information:
conflict62@hotmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lashley, Lisa, LP, PSYD ■
16853 Northeast 2nd Avenue
s102
North Miami Beach, FL 33162
(954) 262-4317
Digital Contact Information:
Not Available

Lathan, Lennard D, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(800) 647-2905
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ldlathan@tcmcgpllc.com

Lau, Scheree, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Lauren, Misty Elle, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
start@bebravehealth.com

Lawrence, Andre, MS, LMHC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/

Layden, Paul G, PHD, LP ■
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
pglayden3@bellsouth.net
Other Languages Spoken by Provider or Office Staff English

Lazar, Michael, MSW, LCSW ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
network@bircheshealth.com

Lazaro, Paulo G, MSW, LCSW ■
13499 Biscayne Blvd
Ste 208
North Miami, FL 33181
(305) 206-2899
Digital Contact Information:
paulolazarolcsw@gmail.com

and
13499 Biscayne Boulevard
218
North Miami, FL 33181
(305) 206-2899
Digital Contact Information:
paulolazarolcsw@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Lazenberry, Nokomis, MBS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
nlazenberry@arcsj.org

Lebeau, Marcia, LMHC, MS ■
1951 Northwest 7th Avenue
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com

Ledon, Nicolas I, MS, LMHC ■
4300 Biscayne Boulevard
STE 203
Miami, FL 33137
(786) 514-6362
Digital Contact Information:
http://www.baypoint-therapy.com
nledon@baypoint-therapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lee, Joycelyn M, PHD, LP ■
5555 Ponce De Leon Blvd
Coral Gables, FL 33146
(305) 355-9028
Digital Contact Information:
Not Available

and
1295 NW 14th St
Ste E
Miami, FL 33125
(305) 355-7000
Digital Contact Information:
Not Available

and
1120 NW 14th St
1463
Miami, FL 33136
(305) 243-6400
Digital Contact Information:
Not Available

and
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-6400
Digital Contact Information:
Not Available

and
1121 NW 14th St
Fl 1
Miami, FL 33136
(305) 243-4129
Digital Contact Information:
Not Available

Lee-Ferreira, Stephanie, LCSW, MSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

Legra, Bertha V, MS, LMHC ■
419 W 49th St
Ste 210
Hialeah, FL 33012
(954) 404-7052
Digital Contact Information:
credentialing@psychiatrist4u.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Lehman, Helen G, MED, PCC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ben.lehman@feaad.org

Lemon, Tinsley, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Lemus, Robert, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Lemus, Taylor, MS, LMHC ■
1000 Brickell Avenue
Miami, FL 33131
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com

Len, Mary E, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Lensch, Carolyn, MS, LCPC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Leon, Carlina D, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ksanders@statmedcaresolutions.com

Leon, Erika, MSW, LCSW ●
FL
(305) 348-0477
Digital Contact Information:
fiucred@fiu.edu
Other Languages Spoken by Provider or Office Staff
Spanish

Leon Vega, Diego M, MPSY, LMHC ■
13590 Southwest 134th Avenue
STE 202
Miami, FL 33186
(786) 515-4569
Digital Contact Information:
luther.blisset123@gmail.com

and
FL
(305) 588-4988
(786) 515-4569
Digital Contact Information:
luther.blisset123@gmail.com

Leonce-James, Hyacynthia M, PSYD, LMHC ■
FL
(305) 219-9861
Digital Contact Information:
hleonce@yahoo.com

Lequerica Ziemba, Adriana, PSYD, LP ●
6175 NW 153rd St
Ste 205
Miami Lakes, FL 33014
(305) 502-9589
Digital Contact Information:
http://thrivepsychological.com
admin@thrivepsychological.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lerner, Chaya R, MSW, LCSW ■
231 NE 141st St
Miami, FL 33161
(786) 208-9505
Digital Contact Information:
crlerner09@gmail.com

and
12000 Biscayne Boulevard
303
Miami, FL 33181
(305) 933-9820
Digital Contact Information:
http://www.jcsfl.org
crlerner09@gmail.com

and
12000 Biscayne Boulevard
609
Miami, FL 33181
(305) 899-1587
Digital Contact Information:
http://www.jcsfl.org
crlerner09@gmail.com

Leuschner, Siobhon, MA, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
sleuschner@kaaficounseling.com

Leveille, Dominique C, PHD, LMFT ■
15715 South Dixie Highway
STE 325
Miami, FL 33157
(305) 922-3436
Digital Contact Information:
http://blisstherapy.me
dr.dominique@blisstherapy.me
Other Languages Spoken by Provider or Office Staff
English, Creole, French

Levin, Bonnie, PHD, CP ■
1150 NW 14th St
Ste 609
Miami, FL 33136
(305) 243-3100
Digital Contact Information:
Not Available

Lewis, Crystal, MC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Lewis, Mariah, MSW, LCSW ■
FL
(850) 305-1894
Digital Contact Information:
http://www.tpttherapy.org
mariahlewis@tpttherapy.org

Lewis, Sharon, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Lewis, Tammara, MS, LMHC ●
1175 Northeast 125th Street
320
Miami, FL 33161
(786) 842-0444
Digital Contact Information:
http://www.marriagefamilyservices.com
mariposawakeningtherapysvcs@gmail.com

Lewis, Tyree, MHS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Lewis, Tyrone, CAP, LMHC, MSW ■
10689 N Kendall Dr

Ste 306
Miami, FL 33176
(305) 558-7400
Digital Contact Information:
Not Available

and
10689 N Kendall Dr
Ste 314
Miami, FL 33176
(305) 558-7400
Digital Contact Information:
Not Available

Lewis-Allen, Edith, MS, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Lewis-Payton, Tomecia, MS, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Leyva Rosales, Idalmis, MPSY, LMHC ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
idalmis@neurobehavioral.health

and
12060 SW 129th Ct
Miami, FL 33186
(786) 615-3349
Digital Contact Information:
idalmis@neurobehavioral.health
Other Languages Spoken by Provider or Office Staff
Spanish

Lichtfuss, Susan, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Lieberman, Brett, MS, LMFT ■
66 W Flagler St
900
Miami, FL 33130
(786) 244-7690
Digital Contact Information:
windsongwellness@hotmail.com

Lima, Mayelin, MSW, LCSW ■
Home Based Services Only
Homestead, FL 33033
(305) 224-6402
Digital Contact Information:
freddie.maxwell@amromed.com

Lima, Ruben, MMH, LMHC ■
1000 Brickell Avenue
Miami, FL 33131
(305) 389-9509
Digital Contact Information:
credentialing@premedsys.com

and
FL
(305) 934-9411
Digital Contact Information:
credentialing@premedsys.com

and
8000 W Flagler St
Ste 201
Miami, FL 33144
(786) 805-3021
Digital Contact Information:
credentialing@premedsys.com
Other Languages Spoken by Provider or Office Staff
French, Spanish

Linden, Kerry, MA, LMHC, LPC, LPCC ■
FL
(305) 902-6347
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff English

Little, Jacinta L, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Liu, Xing, LCSW, MSW ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
info@riviamind.com

Llewellyn, Stephonia, MS, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
tracy@caringtherapistsofbroward.com

Loewenstein, David, PHD, LP ■
1695 NW 9th Ave
1404A
Miami, FL 33136
(305) 355-7000
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
Fl 3
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
Not Available

Loftus, Stacy, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Logan, Jalinia, MSW, LCSW ■
6303 Waterford District Drive
400
Miami, FL 33126
(312) 678-1822
Digital Contact Information:
support@growthguidancecounseling.com

Logan, Lesley, PSYD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
hello@emorahealth.com

Long, Thelma, MA, LMHC ■
909 North Miami Beach Boulevard
STE 301
North Miami Beach, FL 33162
(305) 822-7202
Digital Contact Information:
http://www.appliedbehavior.net
insurance@appliedbehavior.net

Longa, Alexandra, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Longman, Melissa, MSW, LCSW ■
7600 Southwest 57th Avenue
suite 334
South Miami, FL 33143
(786) 332-4478
Digital Contact Information:
info@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Alexis, MS, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Lopez, Angel, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Elaine, MSW, LCSW ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
risingtidetherapyllc@gmail.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
risingtidetherapyllc@gmail.com

and
13195 Southwest 134th Street
101
Miami, FL 33186
(786) 227-6830
Digital Contact Information:
http://esperanzagroup.net
risingtidetherapyllc@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Lopez, Idalmis, MSN, APRN ■
13170 Southwest 128th Street
200
Miami, FL 33186
(786) 852-5198
Digital Contact Information:
https://clarityapproach.com/
clarityhealth@approachteam.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Jennifer, MA, LMFT ■
3750 West 16th Avenue
232u
Hialeah, FL 33012
(786) 332-3396
Digital Contact Information:
jennylmft@gmail.com

and
10671 North Kendall Drive
5d
Miami, FL 33176
(786) 474-6469
Digital Contact Information:
jennylmft@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Juan C, MS, LMFT ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
perla@dadefamily.com

and
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
perla@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla@dadefamily.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
http://www.dadefamily.com
perla@dadefamily.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Lopez, Kety, MS, LMHC ■
2730 Southwest 3rd Avenue
Suite 202 O
Miami, FL 33129
(786) 244-3520
Digital Contact Information:
http://www.psychblossom.com
info@psychblossom.com

and
FL
(786) 244-3520
Digital Contact Information:
http://www.psychblossom.com
info@psychblossom.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Liliana, MA, LMHC ■
7270 Northwest 12th Street
810
Miami, FL 33126
(786) 718-2390
Digital Contact Information:
http://www.globalrehab.com
yjwexcellentcare@yahoo.com

and
7270 Northwest 12th Street
870 870
Miami, FL 33126
(786) 206-1040
Digital Contact Information:
http://www.globalrehab.com
yjwexcellentcare@yahoo.com

and
10300 Southwest 72nd Street
Suite 350
Miami, FL 33173
(786) 963-0121
Digital Contact Information:
yjwexcellentcare@yahoo.com

and
13205 Southwest 137th Avenue
suite 126
Miami, FL 33186
(786) 713-0383
Digital Contact Information:
http://dominguezcommunitycenter.com
yjwexcellentcare@yahoo.com

and
13255 Southwest 137th Avenue
SUITE 215
Miami, FL 33186
(786) 713-0383
Digital Contact Information:
http://dominguezcommunitycenter.com
yjwexcellentcare@yahoo.com

and
13590 Southwest 134th Avenue
201
Miami, FL 33186
(786) 227-6258
Digital Contact Information:
yjwexcellentcare@yahoo.com

and
13205 Southwest 137th Avenue
STE 132
Miami, FL 331865334
(786) 478-6369
Digital Contact Information:
http://dominguezcommunitycenter.com
yjwexcellentcare@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Lopez, Maria Elena, EDS, LMHC ■
7600 Southwest 57th Avenue
302
South Miami, FL 33143
(305) 255-6362
Digital Contact Information:
travel925@aol.com
Other Languages Spoken by Provider or Office Staff

Portuguese, French, Italian, Spanish

Lopez, Mariafernanda, MS, LMHC ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
mlopezlmhc@gmail.com

and
175 SW 7th St
Ste 1100
Miami, FL 33130
(305) 908-1115
Digital Contact Information:
http://www.elevatepsychiatry.com
mlopezlmhc@gmail.com

and
175 SW 7th St
Ste 2108
Miami, FL 33130
(305) 908-1115
Digital Contact Information:
http://www.elevatepsychiatry.com
mlopezlmhc@gmail.com

and
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
http://www.elevatepsychiatry.com
mlopezlmhc@gmail.com

Lopez Medrano, Ana M, MS, LMHC, LPC ■
3408 W 84th St
Ste 305
Hialeah, FL 33018
(786) 663-3983
Digital Contact Information:
https://mentalia.us
care@thepeacefulmindfactory.com

and
FL
(786) 663-3983
Digital Contact Information:
https://mentalia.us
care@thepeacefulmindfactory.com

and
13590 Southwest 134th Avenue
210
Miami, FL 33186
(786) 663-3983
Digital Contact Information:
care@thepeacefulmindfactory.com
Other Languages Spoken by Provider or Office Staff Spanish

Lopez, Widlyne, MSW, LCSW ■
FL
(954) 281-2958
Digital Contact Information:
http://www.breakthroughcrc.com
widlynel@breakthroughcrc.org
Other Languages Spoken by Provider or Office Staff Haitian Creole

Lorenzen, Erin, MS, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
payors@emorahealth.com

Lorenzen, Lynette T, EDD, LMHC ■
2655 South Le Jeune Road
534
Coral Gables, FL 33134
(305) 450-1454
Digital Contact Information:
drllorenzen@yahoo.com

Lorenzo, Omar, PSYD, LP ■
5801 Northwest 151st Street
STE 202
Miami Lakes, FL 33014
(305) 557-6755
Digital Contact Information:
cognitivehealthnet@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Louis, Meagan, MA, LMHC ■
8325 Northeast 2nd Avenue
316
Miami, FL 33138
(305) 503-5758
Digital Contact Information:
i@thejourneytwcc.org
Other Languages Spoken by Provider or Office Staff Portuguese

Louis XVI, Roseline, MCAP, CAP ■
9526 Northeast 2nd Avenue
202d
Miami Shores, FL 33138
(305) 754-5701
Digital Contact Information:
http://www.communityrightfulcenter.org
rlouisxvi@communityrightfulcenter.org
Other Languages Spoken by Provider or Office Staff Creole, French

Louwagie Gordon, Alissa M, MS, LMHC ■
FL
(786) 615-3334
Digital Contact Information:
info@abcsfl.com

Lozada, Jeremy A, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
admin@lifehealthsystem.org
Other Languages Spoken by Provider or Office Staff Portuguese, Spanish

Lozada, Wimar, MMH, LMHC ■
175 Fontainebleau Boulevard
Miami, FL 33172
(407) 749-3580
Digital Contact Information:
http://www.elitemindsfl.com
eliteminds.services@gmail.com

Lozzi-Toscano, Bettina, PHD, LMHC ■
3625 Northwest 82nd Avenue
400
Doral, FL 33166
(305) 814-2981
Digital Contact Information:
intake.metmorph@gmail.com

and
FL
(305) 814-2981
Digital Contact Information:
intake.metmorph@gmail.com

and
13200 SW 128th St
Ste F2
Miami, FL 33186
(305) 964-7598
Digital Contact Information:
intake.metmorph@gmail.com

and
13205 Southwest 137th Avenue
suite 126
Miami, FL 33186
(786) 478-6688
Digital Contact Information:
intake.metmorph@gmail.com
Other Languages Spoken by Provider or Office Staff Italian, Spanish

Lucena, Williams, MS, LMHC ■
3446 Southwest 8th Street
217
Miami, FL 33135
(786) 769-5046
Digital Contact Information:
wjlusa11@gmail.com

and
1801 Coral Way
Ste 327
Miami, FL 33145
(786) 227-6020
Digital Contact Information:
http://www.bbisf.com
wjlusa11@gmail.com

and
1801 Coral Way
Ste 405
Miami, FL 33145
(786) 866-5914
Digital Contact Information:
http://www.bbisf.com
wjlusa11@gmail.com

and
12900 Southwest 128th Street
204b
Miami, FL 33186
(786) 227-6020
Digital Contact Information:
wjlusa11@gmail.com

and
13335 Southwest 124th Street
STE 103
Miami, FL 33186
(786) 831-1348
Digital Contact Information:
wjlusa11@gmail.com

and
14100 Palmetto Frontage Road
Ste 112
Miami Lakes, FL 33016
(786) 837-3540
Digital Contact Information:
wjlusa11@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Luckhoo, Gajendranath, MS, LMHC, LPC ■
FL
(305) 902-6347
(202) 410-5972
Digital Contact Information:
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff English

Lugaro Vidal, Jacquenine M, MSW, LCSW ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
perla.delosrios@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Lukasik, Linda, MSW, LCSW ●
17801 Northwest 2nd Avenue
202
Miami, FL 33169
(954) 979-7911
Digital Contact Information:
tashaneb@4kids.us
Other Languages Spoken by Provider or Office Staff English, Spanish

Luna Delaurier, Yalemni, PSYD, LP ■
7600 South Red Road
200
South Miami, FL 33143
(786) 508-2207
Digital Contact Information:
http://www.lunapsychology.com
angelo@lunapsychology.com
Other Languages Spoken by Provider or Office Staff Spanish

Luttrell, Stefanie, MA, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
infosa@stmha.com

Lyell, Edward, MA, LMHC, LPCC ■
FL
(305) 902-6347
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff English

MAc-Guffie, Nathalie, MMH, LMHC ■
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
nathaliemg@me.com

and
FL
(202) 410-5972
(754) 816-2311
(305) 637-6400
Digital Contact Information:
nathaliemg@me.com

MacDonald, Kacie, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Machado, Nikolette M, MMH, LMHC ■
9220 Sunset Drive
104
Miami, FL 33173
(786) 724-4224
Digital Contact Information:
nmachado@elliementalhealth.com
Other Languages Spoken by Provider or Office Staff Spanish

Machuca, Jose R, PHD, LMHC ■
11300 Northeast 2nd Avenue
Miami Shores, FL 33168
(504) 388-5981
Digital Contact Information:
rmachuca@barry.edu
Other Languages Spoken by Provider or Office Staff Portuguese, English, Spanish

Madden, Eileen, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
maddenei@bc.edu

Maddox, Emily, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Spanish

Madison, Marlon, MSW, LCSW ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
acc@advancedclientcare.org

Mahany-Schunk, Carolyn, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Mahfood, Jacqueline, PHD, LP ■
6262 Sunset Drive
Suite 500
Miami, FL 33143
(305) 669-6503
Digital Contact Information:
payer.credentialing@nicklaushealth.org

and
3100 SW 62nd Ave
Miami, FL 33155
(305) 663-8439
Digital Contact Information:
payer.credentialing@nicklaushealth.org

Major, Marlea, MS, CAC, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org

contact@majormhm.com

Makintubee, Susana, MA, LPC ■
FL
(305) 902-6347
Digital Contact Information:
Not Available

Maldonado, Milagros R, MS, LMHC ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
info@avilahealthgroup.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Mallett, Tracy, PSYD, LMFT, LP ■
FL
(800) 567-5433
Digital Contact Information:
https://totallife.com/
providerenrollment@mcrhs.org

Mallo, Lisaimy, MSW, LCSW ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
alexandra.galvis@mypsychiatrist.com
Other Languages Spoken by Provider or Office Staff
Spanish

Manning, April, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Manrique-Reichard, Marta E, PHD, LP ■
5940 SW 73rd St
Ste 203
South Miami, FL 33143
(305) 669-0019
Digital Contact Information:
drmmrsec@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Manso, Krystyna I, MPS, LMHC ■
5040 NW 7th St
Ste 100
Miami, FL 33126
(305) 438-2348
Digital Contact Information:
Not Available

and
100 NE 38th St
Ste 5
Miami, FL 33137
(305) 576-1599
Digital Contact Information:
Not Available

and
3000 Biscayne Blvd
Fl 5
Miami, FL 33137
(305) 576-6611
Digital Contact Information:
Not Available

Maqueira, Elvira, MSW, LCSW ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
tmedina@hbccmhc.com

Marban, Elsa M, PSYD, LP ■
2264 SW 7th St
Miami, FL 33135
(305) 631-0778
Digital Contact Information:
themarbaninstitute@hotmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Marcelin, Jeannie P, MS, LMFT, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
jeanniemarcelin@protonmail.com

Marcellus, Chizoba L, MS, LMHC ■
536 Northeast 206th Lane
Miami, FL 33179
(305) 761-9584
Digital Contact Information:
http://www.therapyislove.com
info@therapyislove.com

Marcus, Phyllis C, MC, LMFT ■
540 Northwest 165th Street
114
Miami, FL 33169
(786) 648-6550
Digital Contact Information:
horebhealthclinic@gmail.com

and
540 Northwest 165th Street
STE 110
Miami, FL 33169
(786) 648-6550
Digital Contact Information:
horebhealthclinic@gmail.com

Marin, Adrian, MMH, LMHC ■
7875 SW 104th St
Ste 101
Miami, FL 33156
(305) 899-1587
Digital Contact Information:
http://www.jcsfl.org

and
12000 Biscayne Boulevard
609
Miami, FL 33181
(305) 899-1587
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Creole, Spanish

Marin, Leonardo, MSCC, LMHC ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
mariafields@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
mariafields@dadefamily.com

Marini, Martina, MSW, LCSW ■
2141 Southwest 1st Street
204 205
Miami, FL 33135
(786) 515-4935
Digital Contact Information:
martina616@hotmail.com

and
10570 Northwest 27th Street
STE H102
Miami, FL 33172
(786) 409-2197
Digital Contact Information:
martina616@hotmail.com

and
FL
(786) 409-2197
Digital Contact Information:
martina616@hotmail.com

and
17027 W Dixie Hwy
Ste 120
North Miami Beach, FL 33160
(786) 763-2223
Digital Contact Information:
martina616@hotmail.com
Other Languages Spoken by Provider or Office Staff
French

Marquez, Martha, MS, CAP, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff
Spanish

Marr, Janice, MSW, LCSW, LISW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Marsal, Lesley C, PSYD, CP, LP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Marti Padron, Mauricio, MA, BCBA ■
7900 Oak Ln
400
Hialeah, FL 33016
(786) 482-0495
Digital Contact Information:
martibehavioral@yahoo.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 482-0495
Digital Contact Information:
martibehavioral@yahoo.com

and
4180 Southwest 74th Court
204
Miami, FL 33155
(786) 401-7327
Digital Contact Information:
martibehavioral@yahoo.com

and
18951 Southwest 106th Avenue
105 106
Miami, FL 33157
(305) 233-4448
Digital Contact Information:
martibehavioral@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Martin, Ashley, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Martin, Latoya, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Martin, Lawanda, MPSY, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
engeditherapy@gmail.com

Martin, Precious, MSW, LCSW ■
1801 Northeast 123rd Street
334
North Miami, FL 33181
(888) 718-4915
Digital Contact Information:
http://www.rrrinc.org
info@rrrinc.org

Martinez, Amos, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Daniel, PSYD, CP ■
1900 North Bayshore Drive
108
Miami, FL 33132
(954) 362-8677
Digital Contact Information:
info@hgdoctors.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Martinez, Glenda, PHD, LP ■
3408 West 84th Street
Suite 302
Hialeah, FL 33018
(305) 826-6969
Digital Contact Information:
glendam18@gmail.com

and
FL
(305) 826-6969
Digital Contact Information:
glendam18@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Lidia A, DMFT, LMHC ■
FL
(786) 565-6916
Digital Contact Information:
http://www.drlidiamartinez.com
info@drlidiamartinez.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez, Mitzi, MA, LMHC ■
2020 Ponce de Leon
Suite 1201
Miami, FL 33134
(305) 917-5414
Digital Contact Information:
http://www.psychologybeyond.com
mitzim.therapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martinez Vera, Yaquelyn, MA, LMHC ■
2300 West 84th Street
STE 304
Hialeah, FL 33016
(786) 201-5718
Digital Contact Information:
carmonalinda07@gmail.com

and
2121 Southwest 3rd Avenue
205
Miami, FL 33129
(786) 660-1301
Digital Contact Information:
carmonalinda07@gmail.com

and
3191 Southwest 22nd Street
406
Miami, FL 33145
(786) 660-1301
Digital Contact Information:
carmonalinda07@gmail.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
carmonalinda07@gmail.com

and
10300 SW 72nd St
Ste 230
Miami, FL 33173
(786) 536-5710
Digital Contact Information:
carmonalinda07@gmail.com

and
14100 Palmetto Frontage Road
Ste 108
Miami Lakes, FL 33016
(305) 640-8342
Digital Contact Information:
carmonalinda07@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Marvin, Jennifer, MA, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
akfilson@aol.com

Mas, Alexandra, MS, LMFT ■
3970 West Flagler Street
204
Coral Gables, FL 33134
(786) 953-5978
Digital Contact Information:
lasagradafamiliacenter@gmail.com

and
9600 Northwest 25th Street
3C
Doral, FL 33172
(786) 615-2843
Digital Contact Information:
http://lasagradafamiliacenter.com
lasagradafamiliacenter@gmail.com

and
4896 Northwest 7th Street
Unit S
Miami, FL 33126
(786) 534-2023
Digital Contact Information:
lasagradafamiliacenter@gmail.com

and
5950 Southwest 40th Street
Miami, FL 33155
(786) 633-5960
Digital Contact Information:
lasagradafamiliacenter@gmail.com

and
7340 Southwest 48th Street
107
Miami, FL 33155
(305) 846-9775
Digital Contact Information:
lasagradafamiliacenter@gmail.com

and
13055 Southwest 42nd Street
STE 104
Miami, FL 33175
(305) 480-7839
Digital Contact Information:
lasagradafamiliacenter@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Mason, Shatema, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Mason-Callaway, Alani, PSYD, LP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Massop, Franklyn, MPSY, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 275-8860
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Mateo, Ana, MS, LMHC ■
10700 Caribbean Boulevard
UNIT 203
Cutler Bay, FL 33189
(305) 299-8005
Digital Contact Information:
hr.saludablemente@gmail.com

and
8180 Northwest 36th Street
Suite 100J
Doral, FL 33166
(305) 985-6488
Digital Contact Information:
hr.saludablemente@gmail.com

and
FL
(786) 267-2798
Digital Contact Information:
hr.saludablemente@gmail.com
Other Languages Spoken by Provider or Office Staff English

Mateo, Martha, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
ksmedicalbilling1@gmail.com

Mathew, Charly, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

Matos, Marta N, PSYD, LP ■
8525 SW 92nd St
Ste B8
Miami, FL 33156
(305) 598-8879
Digital Contact Information:
matosllc@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Matos, Mirta N, PSYD, LP ■
8525 SW 92nd St
Ste B8
Miami, FL 33156
(305) 596-9989
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Maurice, Sabra R, MA, LCPC, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@thirdeyetherapychicago.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
info@thirdeyetherapychicago.com

May, Ashley, MC, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Mayabb, Laura, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Mazzotti, Lisa, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

McBay, Emily, MS, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

McCann, Danica, MSW, LCSW ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
credentialing@medallion.co

McCarter, Ellen, MSW, LCSW ■
1065 Southwest 8th Street
1136
Miami, FL 33130
(703) 397-8620
Digital Contact Information:
http://postpartumwell.com
info@postpartumwell.com

and
FL
(703) 397-8620
Digital Contact Information:
http://postpartumwell.com
info@postpartumwell.com

McCarthy, Michael, MSW, LCSW ■
12550 Biscayne Boulevard
STE 800
North Miami, FL 33181
(305) 479-7068
Digital Contact Information:
biscaynebaycounseling@mdofficemail.com
Other Languages Spoken by Provider or Office Staff
Spanish

McCoy, Brittney, MMH, LMHC ■
8971 Southwest 142nd Avenue
11 37
Miami, FL 33186
(786) 244-7690
Digital Contact Information:
worcounselingservices@gmail.com

McCray, Valerie, PHD, HSPP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
drvaleriemccray@gmail.com

McDaniel, Andrea N, PHD, LP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

McDevitt, Omayra, MA, LPC ■
FL
(305) 902-6347
Digital Contact Information:
start@bebravehealth.com

McKenzie-Plez, Antwan, MA, LCMHC ■
1620 Northeast 148th Street
Miami, FL 33181
(954) 412-9698
Digital Contact Information:
kelly@credentialingconsultants.com

McKiernan, Kathleen, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

McLaughlin, Brianna, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

McLean, Herman, MS, LMHC ■
760 Northwest 53rd Street
Miami, FL 33127
(786) 277-2552
Digital Contact Information:
mcleanherman@gmail.com

and
17121 Northwest 9th Place
Miami, FL 33169
(786) 277-2552
Digital Contact Information:
mcleanherman@gmail.com

McLeod, Devin, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@thriveworks.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

McLeod, Karla, MS, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
providers@empathyhealthclinic.com

McShane, Cassidy, PSYD, LP ■
1900 North Bayshore Drive
108
Miami, FL 33132
(954) 362-8677
Digital Contact Information:
bh@hgdoctors.com

McVan, Melissa, MS, LMHC ■
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(561) 289-7995
Digital Contact Information:
http://pandatherapycircle.com
pandatherapycircle@gmail.com

and
FL
(561) 289-7995
Digital Contact Information:
http://pandatherapycircle.com
pandatherapycircle@gmail.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
pandatherapycircle@gmail.com

Medici, April, MSED, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
aprilmedici@yahoo.com

Medina, Maria E, MS, LMHC ■
5881 Northwest 151st Street
Suite: 103
Miami Lakes, FL 33014
(786) 703-4154
Digital Contact Information:
peaceofmindmhs@hotmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Medina, Muriel, MSW, LCSW ■
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
info@aimergency.org

Medvin, Nadeen B, PHD, LP ■
1550 Madruga Avenue
STE 304
Coral Gables, FL 33146
(305) 815-1129
Digital Contact Information:
http://www.drnadeenmedvin.org
drnadeenmedvin@aol.com

and
2000 S Dixie Hwy
Ste 103
Miami, FL 33133
(305) 815-1129
Digital Contact Information:
drnadeenmedvin@aol.com

Mejia, Alejandra, MSW, LCSW ■
14645 Northwest 77th Avenue
101
Miami Lakes, FL 33014
(833) 769-3524
Digital Contact Information:
http://lifestance.com
dougblessington@gmail.com

Melchor Beaupre, Regina, PSYD, LP ■
4302 Alton Rd
Ste 820
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com

and
4304 Alton Rd

Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com

and
4306 Alton Rd
Fl 2
Miami Beach, FL 33140
(305) 535-3300
Digital Contact Information:
kowens@msmc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Melegi, Soraya F, MSW, LCSW ■
1550 Madruga Ave
Ste 509
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
sorayamelegi7@gmail.com

and
4649 Ponce de Leon
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
sorayamelegi7@gmail.com

and
8900 Southwest 192nd Drive
Cutler Bay, FL 33157
(786) 536-9714
Digital Contact Information:
sorayamelegi7@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Melman, Angela J, MMH, LMHC ■
FL
(786) 805-7098
Digital Contact Information:
angelamelman1@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Melo, Evelyn, MA, LMHC ■
8785 SW 165th Ave
Ste 200
Miami, FL 33193
(786) 587-9656
Digital Contact Information:
melopsych@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mena, Rebekah, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
admin@lifehealthsystem.org
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Menachem, Kari, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Menard Clinton, Cynthia, MS, LMHC ■
FL
(484) 808-5908
Digital Contact Information:
cynthiamenardclinton@hotmail.com

Mendez, Janette, MS, LMHC ■
2307 Douglas Road
400
Miami, FL 33145
(305) 699-0688
Digital Contact Information:
help@joinuplift.co

Mendez, Lianet, MS, LMHC ■
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
counseling@lianetmendez.com

and
9125 SW 87th Ave
Miami, FL 33176
(305) 735-3919
Digital Contact Information:
counseling@lianetmendez.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mendez, Manuel, MC, LMHC ■
705 East 8th Avenue
201
Hialeah, FL 33010
(786) 655-0774
Digital Contact Information:
healingtouchinc@msn.com

and
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
2387 West 68th Street
301
Hialeah, FL 33016
(786) 655-0774
Digital Contact Information:
healingtouchinc@msn.com

and
3383 Northwest 7th Street
312
Miami, FL 33125
(786) 703-8965
Digital Contact Information:
healingtouchinc@msn.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 695-8672
Digital Contact Information:
healingtouchinc@msn.com

and
3817 West Flagler Street
Miami, FL 33134
(305) 456-2776
Digital Contact Information:
healingtouchinc@msn.com

and
7299 West Flagler Street
Miami, FL 33144
(786) 953-4698
Digital Contact Information:
healingtouchinc@msn.com

and
7360 Southwest 24th Street
17a
Miami, FL 33155
(786) 570-3130
Digital Contact Information:
healingtouchinc@msn.com

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
4155 Southwest 130th Avenue
108
Miami, FL 33175
(786) 695-8672
Digital Contact Information:
healingtouchinc@msn.com

and
14875 Northwest 77th Avenue
Suite 204
Miami Lakes, FL 33014
(786) 321-1400
Digital Contact Information:
healingtouchinc@msn.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mendez, Rossana, MSW, LCSW ■
11367 Southwest 248th Terrace
Princeton, FL 33032
(786) 879-5355
Digital Contact Information:
http://themind-gym.com
rossanamendezcole@themissingkeyllc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mendez Tamayo, Cynthia M, MS, LMFT ■
7100 SW 99th Ave
Ste 203
Miami, FL 33173
(305) 720-4774
Digital Contact Information:
cynmendez8@gmail.com

and
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
cynmendez8@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mendoza, Regina, PSYD, LP ■
7600 Southwest 57th Avenue
307
South Miami, FL 33143
(305) 262-0806
Digital Contact Information:
drmendoza@reginamendoza.com
Other Languages Spoken by Provider or Office Staff
Spanish

Menendez-Martinez, Geysha M, PSYD, LP ■
9570 SW 107th Ave
Ste 202
Miami, FL 33176
(786) 391-1383
Digital Contact Information:
drmenendez@psydservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mercado, Michelle, MSW, LCSW ■
1951 NW 17th Ave
Miami, FL 33125
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla@dadefaily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla@dadefaily.com

Merritt, Christopher, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Mesa, Leonel E, PSYD, LMHC ■
FL
(786) 208-4831
Digital Contact Information:
drmesa@neurofeedbackofml.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Meyer, Sean P, PHD, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
information@flces.com
Other Languages Spoken by Provider or Office Staff
German

Michaels, S Renee, MSW, LCSW ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
drreneemindworks@gmail.com

Middlebrooks, Quilette, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Mieses, Yuberilys, MSCC, LMHC ■
9010 Southwest 137th Avenue
232
Miami, FL 33186
(305) 482-3516
Digital Contact Information:
yuberilys.mieses@yahoo.com

and
9010 Southwest 137th Avenue
Suite 241
Miami, FL 33186
(305) 482-3516
Digital Contact Information:
yuberilys.mieses@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mikhaylova, Tatiana, MSED, BCBA ■
3530 Mystic Pointe Drive
608 608
Aventura, FL 33180
(786) 540-0458
Digital Contact Information:
tatiana@mistherapy.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(929) 617-6362
Digital Contact Information:
tatiana@mistherapy.com

Milano, Elizabeth, MSW, LCSW ■
FL
(904) 345-0548
Digital Contact Information:
http://www.emilanocounseling.com
elizabeth.milano.lcsw@gmail.com

Milian, Monica, MS, LMHC ■
5901 SW 74th St
Ste 412
Miami, FL 33143
(786) 717-5028
Digital Contact Information:
http://www.gablespsychology.com
monica.milian@comcast.net

and
15715 S Dixie Hwy
Ste 303
Miami, FL 33157
(786) 380-5084
Digital Contact Information:
monica.milian@comcast.net

and
9260 Sunset Dr
Ste 201
Miami, FL 33173
(786) 380-5084
Digital Contact Information:
monica.milian@comcast.net

and
9380 Sunset Dr
Ste B238
Miami, FL 33173
(786) 380-5084
Digital Contact Information:
monica.milian@comcast.net

and
10691 Southwest 88th Street
Suite 110
Miami, FL 33176
(786) 380-5084
Digital Contact Information:
monica.milian@comcast.net
Other Languages Spoken by Provider or Office Staff
Spanish

Millar, Jennifer, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
hello@talkiatry.com

Millares, Giselle, MPSY, LMHC ■
9010 SW 137th Ave
Ste 233
Miami, FL 33186
(786) 236-1323
Digital Contact Information:
gmillares@hcnetwork.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

Miller, Carmen F, MMFT, LMFT ■
15600 Northwest 67th Avenue
204 208
Hialeah, FL 33014
(786) 542-6127
Digital Contact Information:
credentialing@chrysalishealth.com

and
640 W Palm Dr
Ste D
Homestead, FL 33034
(786) 601-7757
Digital Contact Information:
credentialing@chrysalishealth.com

and
640 West Palm Drive
c
Homestead, FL 33034
(305) 793-4701
Digital Contact Information:
credentialing@chrysalishealth.com

and
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com

and
10250 Southwest 56th Street
C202
Miami, FL 33165
(754) 816-5001
Digital Contact Information:
credentialing@chrysalishealth.com

and
10511 Southwest 88th Street
c103
Miami, FL 33176
(786) 530-7427
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Miller, Jeffrey A, MA, LCSW ■
5801 Northeast 4th Court
Miami, FL 33137
(786) 218-7937
Digital Contact Information:
dhbilling3@gmail.com

and
9999 Northeast 2nd Avenue
301
Miami Shores, FL 33138
(786) 218-7937
Digital Contact Information:
dhbilling3@gmail.com
Other Languages Spoken by Provider or Office Staff
French, Spanish

Miller, Mark B, MSSA, LCSW ■
12955 Biscayne Boulevard
Suite 200
North Miami, FL 33181
(727) 465-3931
Digital Contact Information:
https://www.lifespringtherapy.net
info@lifespringtherapy.net

Miller, Mark M, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
aycmarc@mail.com

Milton, Dorothy, MS, LCSW ■
10810 Northwest 22nd Court
Miami, FL 33167
(786) 879-1162
Digital Contact Information:
aristokatzpsychotherapy@gmail.com

Minnella, Michael E, MA, LCPC ●
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
admin@growingclaritycounseling.com

Miora, Deborah, LP, MA, PHD ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

Miranda, Ivania, MS, LMHC ■
717 Ponce de Leon Boulevard
Suite 209
Coral Gables, FL 33134
(305) 381-0839
Digital Contact Information:
https://www.winglessangelsbs.com/
yamile@behavioralfamilysolutions.com

and
8785 SW 165th Ave
Ste 104
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
yamile@behavioralfamilysolutions.com

Miro Rivera, Chelimer, MA, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
payors@emorahealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mirtenbaum, Daniel S, PSYD, LP ■
6175 NW 153rd St
Ste 404
Miami Lakes, FL 33014
(305) 558-7400
Digital Contact Information:
credentialing.tifft@gmail.com

Mitchell, Cheryl L, MC, LPCC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@lionrockrecovery.com

and
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
https://www.emorahealth.com/
info@lionrockrecovery.com
Other Languages Spoken by Provider or Office Staff English

Mizrahi, David, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Molina, Judith, MS, LMHC ●
11200 Southwest 8th Street
Miami, FL 33174
(305) 348-0477
Digital Contact Information:
fiucred@fiu.edu

Molina, Margie, PSYD, LP ■
FL
(305) 669-2549
Digital Contact Information:
drmargiemolina@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mompoint, Guy-Claude, MPS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 275-8860
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
English, Haitian

Monestine, Janice B, MSW, LCSW ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

Monette Roulhac, Kareta, MS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 275-8860
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Montanez, Alyssa, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Montes De Oca, Yilian, MS, LCMHC, LCPC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ymontesy@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Montes, Jose, MMH, LMHC ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
http://universalcommunityservices.com
admin@universalcommunityservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Montgomery, Karon, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
titancbh@gmail.com

Montgomery, Millie, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Montoya, E Carolina, PSYD, LP ■
11401 SW 40th St
Ste 305
Miami, FL 33165
(305) 221-4288
Digital Contact Information:
ecmontoya2006@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Montoya, Veronica, MS, LMHC ●
3150 Southwest 38th Avenue
Suite 1307
Miami, FL 33146
(786) 768-8014
Digital Contact Information:
http://insideouttherapycenter.com
vmontoya@insideouttherapycenter.com
Other Languages Spoken by Provider or Office Staff English

Montpellier, Olga, MMH, LMHC ■
306 Alcazar Avenue
200
Coral Gables, FL 33134
(305) 967-8725
Digital Contact Information:
http://www.ajmmedicalcenter.com
eternitylives24@gmail.com

and
2100 West 76th Street
STE 201
Hialeah, FL 33016
(786) 353-2324
Digital Contact Information:
eternitylives24@gmail.com

and
FL
(786) 353-2324
Digital Contact Information:
eternitylives24@gmail.com

and
7811 Coral Way
103
Miami, FL 33155
(305) 484-8371
Digital Contact Information:
http://www.iq-medical-center.com
eternitylives24@gmail.com

and
3421 SW 107th Ave
Miami, FL 33165
(305) 392-1774
Digital Contact Information:
eternitylives24@gmail.com

and
12955 Southwest 42nd Street
STE 2
Miami, FL 33175
(305) 364-5711
Digital Contact Information:
eternitylives24@gmail.com

and
9010 Southwest 137th Avenue
suite 116
Miami, FL 33186
(305) 639-8685
Digital Contact Information:
eternitylives24@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Monzon, Mercede, MMH, LMHC ■
14850 Southwest 26th Street
STE 207
Miami, FL 33185
(786) 263-3949
Digital Contact Information:
jvictores@merceyole.com

Moore, Aareon C, MA, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
hello@emorahealth.com

Moore, Angela L, MSW, PMHNP ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Moore, Audrea, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
3amcounselingservices@gmail.com

Moore, Brandi, MS, LMHC ■

1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/payors@emorahealth.com

Moore, Constance, LCSW, MSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
insurance@wellnite.com

Moore, Monique, MC, LMHC ■
1951 Northwest 7th Avenue
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
moniquem.lmhc@gmail.com

and
FL
(305) 902-6347
(904) 960-3119
Digital Contact Information:
moniquem.lmhc@gmail.com

Moore, Shauntae, MC, LPC ■
FL
(508) 202-1011
Digital Contact Information:
https://www.ehomebehavioralcare.com/scheduling@ehomegroup.com

Mora, Brenda, MS, LMHC ■
FL
(786) 488-8103
Digital Contact Information:
http://www.sfacounseling.org
info@sfacounseling.org
Other Languages Spoken by Provider or Office Staff
Spanish

Moradi, Shahrzad, PHD, LP ●
3100 SW 62nd Ave
Miami, FL 33155
(305) 663-8439
Digital Contact Information:
payer.credentialing@nicklaushealth.org

Morales, Alfonso, MSSW, LCSW ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Morales, Annemarie, MSW, LCSW ■
9220 Sunset Drive
104
Miami, FL 33173
(786) 724-4224
Digital Contact Information:
dpinadelgado@vita-cog.com
Other Languages Spoken by Provider or Office Staff
Spanish

Morales, Beatriz, MS, LMHC, LPC ■
975 Arthur Godfrey Rd
Ste 301
Miami Beach, FL 33140
(786) 315-0387
Digital Contact Information:
bmorales@ibhflorida.com

and
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
http://www.ibhflorida.com
bmorales@ibhflorida.com

and
FL
(305) 816-6300
Digital Contact Information:
http://www.ibhflorida.com
bmorales@ibhflorida.com
Other Languages Spoken by Provider or Office Staff
Spanish

Morales, Judith M, MS, LMFT ■
12360 SW 132nd Ct
Ste 201
Miami, FL 33186
(786) 701-9605
Digital Contact Information:
aba-ojtcorp@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Morales, Lisset, MS, LMHC ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 661-5511
Digital Contact Information:
lissetmr@bellsouth.net

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
http://appliedbhs.com
lissetmr@bellsouth.net
Other Languages Spoken by Provider or Office Staff
English, Spanish

Morales, Marielsie, MSW, LCSW ■
8950 Southwest 74th Court
Suite 2201
Miami, FL 33156
(786) 306-8200
Digital Contact Information:
http://www.onyiamind.com
info@onyiamind.com
Other Languages Spoken by Provider or Office Staff
Spanish

Morales, Mayelin, MSW, LCSW ■
10200 Northwest 25th Street
211
Doral, FL 33172
(305) 381-0346
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and
1444 West 49th Street
Hialeah, FL 33012
(786) 703-5459
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and
900 West 49th Street
STE 400
Hialeah, FL 33012
(305) 587-2231
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and
5941 Northwest 173rd Drive
6
Hialeah, FL 33015
(786) 360-4328
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and
8001 West 26th Avenue
6 6
Hialeah, FL 33016
(786) 372-3262
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and
8551 Northwest South River Drive
Medley, FL 33166
(305) 603-9344
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and
7925 Northwest 12th Street
405
Miami, FL 33126
(786) 401-7278
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and
5455 Southwest 8th Street
230
Miami, FL 33134
(786) 629-8836
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and
1250 Southwest 27th Avenue
Suite 506
Miami, FL 33135
(786) 536-9278
Digital Contact Information:
http://rehabcenterag.com
mayelinmoraleslcsw@gmail.com

and
4905 Northwest 72nd Avenue
5
Miami, FL 33166
(786) 391-3816
Digital Contact Information:
http://paradisehealthgroup.com
mayelinmoraleslcsw@gmail.com

and
5080 Northwest 74th Avenue
Miami, FL 33166
(786) 372-3262
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and
13335 Southwest 124th Street
STE 211
Miami, FL 33186
(786) 429-1770
Digital Contact Information:
mayelinmoraleslcsw@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Morales, Natasha, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com
Other Languages Spoken by Provider or Office Staff Creole

Morales, Odelkys, MS, LMHC ■
151 NW 11th St
Ste W201
Homestead, FL 33030
(786) 521-5925
Digital Contact Information:
http://www.monarchallhealth.com
monarchallhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

More, Iris, MSW, LCSW ■
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
morecounseling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

More, Rosemary, PSYD, LP ■
10691 N Kendall Dr
Ste 105
Miami, FL 33176
(305) 668-6018
Digital Contact Information:
rmorepsyd@cartayamedpsy.net

Moreno, Jesus E, MS, LMHC ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
perla@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla@dadefamily.com

Moreno, Nicole, MA, LMHC ■
7400 SW 87th Ave
260
Miami, FL 33173
(786) 595-8040
Digital Contact Information:
managedcarecredentialing@baptisthealth.net

Morgan, Christina R, PSYD, LP ■
15715 S Dixie Hwy
Ste 222
Miami, FL 33157
(786) 469-8973
Digital Contact Information:
drcmorgan@instituteofwellnessandlearning.com

and
FL
(210) 617-3443
Digital Contact Information:
http://www.adgcares.com
drcmorgan@instituteofwellnessandlearning.com

Morgan, Jennifer, MC, LMHC ■
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
wavespsychotherapybilling@gmail.com

and
19300 West Dixie Highway
2 2
Miami, FL 33180
(786) 396-0359
Digital Contact Information:
wavespsychotherapybilling@gmail.com

Morphis, Melissa, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Morris, Alison R, MS, LMFT ■
17501 Biscayne Boulevard
450
Aventura, FL 33160
(754) 246-4363
Digital Contact Information:
alizoneingroup@gmail.com

Morris, Elaine, MA, LMHC ■
1038 NE 215th St
Miami, FL 33179
(954) 804-6119
Digital Contact Information:
morrise14@gmail.com

Morris, Shezetta, MA, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
jenny.silverio@lifehealthsystem.org

Moses, Lia E, MS, LMHC ■
7600 Red Road
102
South Miami, FL 33143
(305) 456-1014
Digital Contact Information:
http://www.mindandsoultherapy.org
liamoses@yahoo.com

and
FL
(305) 456-1014
Digital Contact Information:
http://www.mindandsoultherapy.org
liamoses@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mosquera, Aracelis, MSW, LCSW ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
info@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and

10691 N Kendall Dr
Ste 110
Miami, FL 33176
(786) 548-1022
Digital Contact Information:
info@dadefamily.com

Moss, Melissa, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Mouyal, Gabriel I, MC, LMHC ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
help@joinuplift.co

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff Spanish

Mowery, Meghan, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Mrabet, Sanaa, PSYD, LP ■
3081 Salzedo Street
Suite 202
Coral Gables, FL 33134
(786) 655-8231
Digital Contact Information:
drsanaamrabet@potentialitysolutions.com
Other Languages Spoken by Provider or Office Staff English

Mueller-Schrader, Karla A, PHD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
help@prosperhealth.io

Muffett, Stephanie, MSED, LMHC ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Muldrow, Edward J, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
emuldrow3@aol.com

Mullen, Cindy Cynthia, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
cindytbroker@outlook.com
Other Languages Spoken by Provider or Office Staff English

Mullowney, Jennifer F, MSW, LCSW ■
FL
(800) 567-5433
(508) 202-1011
Digital Contact Information:
https://totallife.com/
jfmullowney@gmail.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
jfmullowney@gmail.com

Mundt, Eric T, MA, LMFT ■
1175 Northeast 125th Street
320
Miami, FL 33161
(954) 372-0423
Digital Contact Information:
http://www.marriagefamilyservices.com
fodiving@comcast.net

Mungo, Amani Amanda, MA, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
amungoppcc@gmail.com

Mungur, Vyata, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff French

Muniz Garcia, Gretta E, MS, BCBA ■
FL
(786) 257-8485
Digital Contact Information:
http://www.gabehaviortherapy.com
admissions@abaalliancecareservices.com

and
7500 Northwest 25th Street
Suite 254
Miami, FL 33122
(786) 391-8613
Digital Contact Information:
admissions@abaalliancecareservices.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 254-1033
Digital Contact Information:
admissions@abaalliancecareservices.com

and
14081 Southwest 168th Lane
Miami, FL 33177
(786) 254-1033
Digital Contact Information:
admissions@abaalliancecareservices.com
Other Languages Spoken by Provider or Office Staff Spanish

Muniz, Lissette, MA, LMHC ■
1 Alhambra Plaza
PH # 1451
Miami, FL 33134
(888) 588-8995
Digital Contact Information:
http://www.foresightmentalhealth.com
lm.becomingwellness@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Munoz-Bustamante, Jorge, MSW, LCSW ■
385 Alhambra Circle
suite c
Coral Gables, FL 33134
(305) 445-9554
Digital Contact Information:
http://wearemindtherapy.com
info@mindpromanagement.com

and
2103 Coral Way
Ste 405
Miami, FL 33145
(305) 445-9554
Digital Contact Information:
info@mindpromanagement.com
Other Languages Spoken by Provider or Office Staff Spanish

Murphy, Cassandra, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff English, Haitian Creole, Spanish

Myer, Sharon M, PHD, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
drsmyer@gmail.com

Naghvi, Marjan, PHD, LMHC ■
1065 Southwest 8th Street
570
Miami, FL 33130
(888) 903-5505
Digital Contact Information:
credentialing@extendedhealthservices.us

Nahrstedt, Thomas R, MS, LMHC ■
1550 Madruga Avenue
suite 329
Coral Gables, FL 33146
(305) 860-6435
Digital Contact Information:
tom@tjpgrove.com
Other Languages Spoken by Provider or Office Staff English

Nammur, Sarai, MC, LMHC ■
15325 Northwest 60th Avenue
#105
Miami Lakes, FL 33014
(305) 512-5388
Digital Contact Information:
sarai@sarainammur.com
Other Languages Spoken by Provider or Office Staff Spanish

Narvaez, Teresa, PHD, LMHC ■
10637 N Kendall Dr
Ste 7K
Miami, FL 33176
(786) 205-2470
Digital Contact Information:
tetena@bellsouth.net
Other Languages Spoken by Provider or Office Staff English, Spanish

Nash, Donald P, PSYD, LP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
credentialing@caravelautism.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@caravelautism.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@caravelautism.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
credentialing@caravelautism.com

Natalio, Jenny, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Navarrete, Thais, MMFT, LMFT ●
12150 Southwest 128th Court
136
Miami, FL 33186
(305) 562-8804
Digital Contact Information:
thais@thaisnavarrete.com
Other Languages Spoken by Provider or Office Staff Spanish

Naves-Arellano, Kristine A, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@lifestance.com

Neapolitan, Vickie M, MSW, LCSW, LISW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Nedock, Shirley, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Nelson, Bonice, MSSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Nelson, Jennifer D, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Nesci, Jacqueline C, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(305) 395-5978
Digital Contact Information:
Not Available

and
FL
(305) 395-5978
Digital Contact Information:
Not Available

Nesic, Natasha, MC, LMHC ■
951 Northeast 167th Street
102c
North Miami Beach, FL 33162
(786) 333-9097
Digital Contact Information:
info@mentalhealthandarttherapy.com
Other Languages Spoken by Provider or Office Staff English, Croatian, Bosnian, Serbian

Newbold, Portia J, MSCC, LMHC ■
1469 NW 36th St
Miami, FL 33142
(305) 635-7444
Digital Contact Information:
mstoker@nhcmhc.org

Newkirk, Sherri L, MSW, LCSW ■

1951 NW 7th Ave
Fl 3
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com

and
1951 Northwest 7th Avenue
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com

and
FL
(305) 902-6347
Digital Contact Information:
http://www.bebravehealth.com
credentialing@bebravehealth.com

Newman, Steven D, PSYD, LP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
steve@drstevenewman.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
steve@drstevenewman.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
steve@drstevenewman.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
steve@drstevenewman.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
steve@drstevenewman.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
steve@drstevenewman.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
steve@drstevenewman.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
steve@drstevenewman.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
steve@drstevenewman.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
steve@drstevenewman.com
Other Languages Spoken by Provider or Office Staff English

Nicholas, Nichelle, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Nichols, Janet C, MSW, LCSW ■
901 East 10th Avenue
39
Hialeah, FL 33010
(305) 637-6400
Digital Contact Information:
Not Available

and
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
https://www.jtchs.org/

and
5607 NW 27th Ave
1
Miami, FL 33142
(305) 805-1700
Digital Contact Information:
Not Available

and
1100 NW 71st St
Miami, FL 33150
(305) 637-6400
Digital Contact Information:
https://www.jtchs.org/

and
20612 Northwest 27th Avenue
Miami Gardens, FL 33056
(305) 637-6400
Digital Contact Information:
https://www.jtchs.org/
Other Languages Spoken by Provider or Office Staff
Spanish

Nichols, Janice, MSW, LCSW, LICSW, LISW-CP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(866) 478-3978
Digital Contact Information:
birches@withassured.com

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(833) 322-0977
Digital Contact Information:
http://www.joinmonument.com
birches@withassured.com

and
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
birches@withassured.com

Nicks, Darlene, MSW, LCSW, LICSW ■
333 Southeast 2nd Avenue
Suite #2000
Miami, FL 33131
(256) 701-4502
Digital Contact Information:
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Nji-Mbah, Comfort, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
help@joinuplift.co

Nodal, Idalmis, MC, LMHC ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
tmedina@hbccmhc.com
Other Languages Spoken by Provider or Office Staff English

Nodarse, Linette, MPSY, LMHC ■
6625 Miami Lakes Drive
448
Miami Lakes, FL 33014
(305) 779-8565
Digital Contact Information:
http://www.comprehensive-assessment.com
lnodarselmhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Noel, Natacha, EDS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
lisette@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Nolan, Robert, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Nord-Roseau, Rachell, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Norelus, Ekiuwa, MSW, LCSW ■
FL
(786) 655-7300
Digital Contact Information:
http://www.noreluscounseling.com
noreluscounseling@gmail.com

Novak, Mark, MS, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
acc@advancedclientcare.org

Novales, Rosabel, MS, LMHC ■
2500 Northwest 79th Avenue
Suite 211
Doral, FL 33122
(786) 675-8650
Digital Contact Information:
ymbehavioralhealth@gmail.com

and
Home Based Services Only
Doral, FL 33122
(786) 675-8650
Digital Contact Information:
ymbehavioralhealth@gmail.com

and
782 Northwest 42nd Avenue
Suite 4
Miami, FL 33126
(786) 337-0885
Digital Contact Information:
ymbehavioralhealth@gmail.com

and
Home Based Services Only
Miami Lakes, FL 33016
(786) 622-5743
Digital Contact Information:
ymbehavioralhealth@gmail.com

Novoa, Trilce, MSCC, LMHC ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
solutiondrivenconsulting@gmail.com

Nunez, Sandra, MSW, LCSW ■
13205 Southwest 137th Avenue
Miami, FL 33186
(786) 290-9192
Digital Contact Information:
pcecofmiami@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Nunez, Shannon, MA, LMHC ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
arscredentialing@advancedrecoverysystems.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

O'Farrill-Berges, Betsy, MS, LMFT ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

O'Leary, Moya, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Ochoa Basulto, Anett, MPSY, LMHC ■
9260 Southwest 72nd Street
103 bldg 6
Miami, FL 33173
(786) 359-4448
Digital Contact Information:
anettochoa2015@gmail.com

and
13335 Southwest 124th Street
STE 211
Miami, FL 33186
(786) 551-8253
Digital Contact Information:
anettochoa2015@gmail.com

Octa, Christina, MC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
tocta.me@gmail.com

Odum, Lesli S, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
leslie.odum@gmail.com

Okolo Miles, Sada, MA, LMHC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
s.n.okolo_associates@outlook.com

Oliva-Garcia, Isbell, MS, ABA, LMHC ■
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
info@newlifeaba.com

and
FL
(305) 303-6631
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Oliver, Natasha, MC, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
safespace@therapyterrace.com

Olivera Fria, Beatriz, MSW, LCSW ■
12448 Southwest 127th Avenue
Miami, FL 33186
(786) 864-1030
Digital Contact Information:
psolis@vecinohealthcenters.org
Other Languages Spoken by Provider or Office Staff

Spanish

Olszanski, Leandro, EDM, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
lolszanski@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Onibudo, Jennifer, MED, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Opie, Melissa, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Orama, Kamir A, PSYD, LP ■
2020 Ponce de Leon
Suite 1201
Miami, FL 33134
(305) 917-5414
Digital Contact Information:
http://www.psychologybeyond.com
oramapsyd@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Orfao-Martin, Claudia, MSW, LICSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
mollymar@yahoo.com
Other Languages Spoken by Provider or Office Staff
Portuguese, English

Orin, Ramon S, MA, LMHC ■
12030 Southwest 129th Court
Suite 211
Miami, FL 33186
(305) 639-8760
Digital Contact Information:
rorin31@bellsouth.net

and
12360 Southwest 132nd Court
STE 202
Miami, FL 33186
(786) 250-3396
Digital Contact Information:
rorin31@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Orozco, Amanda, MA, LMHC ■
9220 Sunset Drive
104
Miami, FL 33173
(786) 724-4224
Digital Contact Information:
https://www.vita-cog.com/
admin@vita-cog.com

Orr, Christiana, MA, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
credentialing@thriveworks.com
Other Languages Spoken by Provider or Office Staff Sign Lang Amer

Ortega, Laura R, MS, LMFT ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
contact@elevatepsychiatry.com

and
1711 W 38th Pl
Ste 1207
Hialeah, FL 33012
(786) 592-0940
Digital Contact Information:
contact@elevatepsychiatry.com

and
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
contact@elevatepsychiatry.com

and
16201 SW 95th Ave
Ste 101
Miami, FL 33157
(786) 592-0940
Digital Contact Information:
contact@elevatepsychiatry.com

Ortega, Melissa, MPSY, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
melissaortegams@gmail.com

and
12485 Southwest 137th Avenue
STE 212
Miami, FL 33186
(305) 998-8060
Digital Contact Information:
melissaortegams@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ortega, Patricia L, MSED, LMHC ■
9010 Southwest 137th Avenue
Ste 216
Miami, FL 33186
(305) 794-7078
Digital Contact Information:
p.ortegalmhc@gmail.com

Ortega-Goggins, Enid, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole, Spanish

Ortiz, Alexa, MSW, BCBA, LCSW ■
13195 Southwest 134th Street
Ste. 201
Miami, FL 33186
(786) 206-6500
Digital Contact Information:
http://behavioralfamilysolutions.com
alexa@behavioralfamilysolutions.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ortiz, Cindy-Joy, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Ortiz Villegas, Yenitza I, MS, LMHC ■
2828 Coral Way
560
Coral Gables, FL 33145
(786) 238-7298
Digital Contact Information:
yortizlmhc@gmail.com

and
3785 Northwest 82nd Avenue
117
Doral, FL 33166
(786) 238-7321
(786) 238-7298
Digital Contact Information:
yortizlmhc@gmail.com

and
FL
(786) 238-7321
(786) 238-7298
Digital Contact Information:
yortizlmhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Orue, Isis, CD, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Osher, Carol, MSSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Otero Desantiago, Luis A, MMH, LMHC ■
FL
(954) 850-1859
Digital Contact Information:
luis@ctraumacare.com

Oubadji, Michelle, MSW, LCSW ■
FL
(415) 941-4109
(754) 444-8004
Digital Contact Information:
http://www.bundletherapy.com
admin@bundletherapy.com

and
1400 Northeast Miami Gardens Drive
212
Miami, FL 33179
(415) 941-4109
(754) 444-8004
Digital Contact Information:
http://www.bundletherapy.com
admin@bundletherapy.com
Other Languages Spoken by Provider or Office Staff
Portuguese, English, Spanish

Overholt, Kristen P, MSCC, LMHC ■
2600 S Douglas Rd
Ste 1003
Coral Gables, FL 33134
(305) 445-0477
Digital Contact Information:
ana@coralgablescounseling.com

Owens, Alana, MC, LCSW ■
1951 Northwest 7th Avenue
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
Not Available

Owens, Connie, MSW, LCSW, LMSW ■
1 Alhambra Plaza
Miami, FL 33134
(888) 588-8995
Digital Contact Information:
help@joinuplift.co

Pace, Caroline, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Pacheco, Sandra, MS, LMHC ■
1801 Northeast 123rd Street
303
North Miami, FL 33181
(305) 510-0912
Digital Contact Information:
spachecolmhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Padilla, Vicki, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Padron, Barbara, MS, LMFT ■
1575 West 53rd Street
Hialeah, FL 33012
(305) 707-5966
Digital Contact Information:
movingtowardagape@gmail.com

and
15715 S Dixie Hwy
Ste 403
Miami, FL 33157
(305) 707-5966
Digital Contact Information:
movingtowardagape@gmail.com

Padron, Felix O, PSYD, LMHC ■
Catalonia Avenue
Coral Gables, FL 33134
(305) 448-6000
Digital Contact Information:
doctorpadron@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pages, Vanessa L, PSYD, LP ■
255 University Drive
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
v.pages@harmonyatthegables.com

and
2550 Douglas Road
201
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
v.pages@harmonyatthegables.com

and
401 Coral Way
Ste # 105
Coral Gables, FL 33134
(786) 534-4979
Digital Contact Information:
v.pages@harmonyatthegables.com

and
717 Ponce de Leon
STE 307
Coral Gables, FL 33134
(305) 952-3247
Digital Contact Information:
v.pages@harmonyatthegables.com

and
1840 West 49th Street
709
Hialeah, FL 33012
(786) 393-0315
Digital Contact Information:
v.pages@harmonyatthegables.com

and
419 West 49th Street
212
Hialeah, FL 33012
(305) 299-1614
Digital Contact Information:
v.pages@harmonyatthegables.com

and
4445 West 16th Avenue
STE 602
Hialeah, FL 33012
(813) 999-1524
Digital Contact Information:
v.pages@harmonyatthegables.com

and
5911 Northwest 173rd Drive
6 6
Hialeah, FL 33015
(786) 380-9229
Digital Contact Information:
v.pages@harmonyatthegables.com

and
10550 Northwest 77th Court
401
Hialeah Gardens, FL 33016
(786) 332-3340
Digital Contact Information:
v.pages@harmonyatthegables.com

and
7392 Northwest 35th Terrace
Ste 203-204
Miami, FL 33122
(786) 310-7667
Digital Contact Information:
v.pages@harmonyatthegables.com

and
815 NW 57th Ave
Ste 400
Miami, FL 33126
(786) 693-6500
Digital Contact Information:
v.pages@harmonyatthegables.com

and
1428 Brickell Ave
Ste 403
Miami, FL 33131
(305) 915-5708
Digital Contact Information:
v.pages@harmonyatthegables.com

and
2650 Southwest 27th Avenue
Suite 305
Miami, FL 33133
(786) 353-9812
Digital Contact Information:
http://www.harmonyatthegablesclinic.com
v.pages@harmonyatthegables.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
v.pages@harmonyatthegables.com

and
4471 Northwest 36th Street
Unit 202
Miami, FL 33166
(786) 558-4800
Digital Contact Information:
v.pages@harmonyatthegables.com

and
9375 Fontainebleau Boulevard
l119 l119
Miami, FL 33172
(305) 889-8015
Digital Contact Information:
v.pages@harmonyatthegables.com

and
9380 Southwest 72nd Street
245
Miami, FL 33173
(305) 381-5434
Digital Contact Information:
v.pages@harmonyatthegables.com

and
9380 Sunset Drive
b240
Miami, FL 33173
(786) 534-4979
Digital Contact Information:
v.pages@harmonyatthegables.com

and
931 Southwest 122nd Avenue
Miami, FL 33184
(305) 603-9235
Digital Contact Information:
v.pages@harmonyatthegables.com

and
12001 SW 128th Ct
Ste 102
Miami, FL 33186
(786) 971-7920
Digital Contact Information:
v.pages@harmonyatthegables.com

and
13255 Southwest 137th Avenue
ste 217
Miami, FL 33186
(305) 502-3760
Digital Contact Information:
v.pages@harmonyatthegables.com

and
5803 Northwest 151st Street
suite#200 B
Miami Lakes, FL 33014
(786) 612-4461
Digital Contact Information:
v.pages@harmonyatthegables.com

and
8181 Northwest 154th Street
STE 112
Miami Lakes, FL 33016
(786) 360-5883
Digital Contact Information:
v.pages@harmonyatthegables.com

and
1190 Northwest 95th Street
307
Miami Shores, FL 33150
(407) 572-8053
Digital Contact Information:
v.pages@harmonyatthegables.com
Other Languages Spoken by Provider or Office Staff
French, Spanish

Palaez, Alexandra, MS, LMFT ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
draida@mpsmentalhealth.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
draida@mpsmentalhealth.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
draida@mpsmentalhealth.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
draida@mpsmentalhealth.com
Other Languages Spoken by Provider or Office Staff
French, Russian, Spanish

Palamara, Sherry A, PSYD, LP ■
3105 Northwest 107th Avenue
Suite: 400
Doral, FL 33172
(305) 920-3921
Digital Contact Information:
shpalamara@aol.com

and
10305 NW 41st St
Ste 205
Doral, FL 33178
(305) 994-7420
Digital Contact Information:
shpalamara@aol.com

and
407 Lincoln Rd
Ste 6L
Miami Beach, FL 33139
(305) 994-7420
Digital Contact Information:
shpalamara@aol.com

Palatianos-Sifakis, Stacie M, MS, LMHC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
info@dadefamily.com

and
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

Palau, Barbara K, MSS, LMHC ■
12970 SW 133rd Ct
Miami, FL 33186
(786) 263-3676
Digital Contact Information:
bkpalau@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Palmero, Magdalena, MMFT, LMFT ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
laurap@azzurrahcc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pandini, Heli, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
credentialing@thriveworks.com

Pando, Ana M, PHD, LMHC, LSP ■
3400 Coral Way
Ste 401
Miami, FL 33145
(305) 567-1155
Digital Contact Information:
asharedvision@bellsouth.net

and
3400 Coral Way
Ste 402
Miami, FL 33145
(305) 567-1155
Digital Contact Information:
asharedvision@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Pantano, Lisa, MC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
leigh.pantano@gmail.com

Papirno, Naomi, MSED, LMFT ■
1951 NW 17th Ave
Miami, FL 33125
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

Papuchis, Kristie, MSW, CSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
help@joinuplift.com

Pardillo, Jacqueline, MS, LMHC ■
10030 Southwest 40th Street
A
Miami, FL 33165
(305) 400-8899
Digital Contact Information:
jackie@miamipsychological.com

and
FL
(305) 400-8899
Digital Contact Information:
jackie@miamipsychological.com

and
8200 Northwest 41st Street
Suite 200
Miami, FL 33166
(305) 721-3128
Digital Contact Information:
jackie@miamipsychological.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Paris, Emilia, MC, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Parnes, Tanya, MS, LMHC ■
FL
(305) 570-7695
Digital Contact Information:
matterofmindcounseling@gmail.com

Parodi, Laura, MPSY, LMFT ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
bravosmentalhealthcare@gmail.com

and
2100 West 76th Street
#209
Hialeah, FL 33016
(786) 201-1088
Digital Contact Information:
bravosmentalhealthcare@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Parrado, Arlette C, MSW, LCSW ■
815 Northwest 57th Avenue
325
Miami, FL 33126
(786) 364-6510
Digital Contact Information:
acparradolcsw@gmail.com
Other Languages Spoken by Provider or Office Staff English

Parsons, Charity, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Patel-Steingart, Gita M, MA, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@elitedna.com

Patsicostas, Susan, MS, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
strive@strivementalhealthllc.com

Patterson, Elizabeth A, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
billing@ddsistems.com

Patterson, Trakeeta A, MSW, LCSW ■
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
dreamagainservices@gmail.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
dreamagainservices@gmail.com

Patton, Jacquelyn, MACP, LMHC ●
8500 SW 92nd Street
206
Miami, FL 33156
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
billing@livewelltherapygroup.com

and
7600 Southwest 57th Avenue
suite 334

South Miami, FL 33143
(786) 332-4478
Digital Contact Information:
billing@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Payne, Kurt, CD, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Pazos, Flora, MA, CSW, LMHC ■
3785 Northwest 82nd Avenue
307
Doral, FL 33166
(239) 491-2753
Digital Contact Information:
peacefulprogressmiami@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Peana, Ana M, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Pelaez, Dally M, MSW, LCSW ■
9370 Southwest 72nd Street
Suite #A-213
Miami, FL 33173
(305) 999-1083
Digital Contact Information:
upliftbhs@gmail.com

and

FL
(305) 807-9545
Digital Contact Information:
upliftbhs@gmail.com

Peleg-Oren, Neta, PHD, LCSW ■
2627 NE 203rd St
Ste 113
Miami, FL 33180
(786) 877-0919
Digital Contact Information:
npelegoren@gmail.com
Other Languages Spoken by Provider or Office Staff
Hebrew

Pellot, Gladys J, MS, LMHC ■
31 N Krome Ave
Homestead, FL 33030
(786) 481-5909
Digital Contact Information:
http://www.infinitecompletecare.com
info@infinitecc.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

Peluso, Mark, MSW, LCSW ■
66 W Flagler St
900
Miami, FL 33130
(786) 244-7690
Digital Contact Information:
http://provider.growtherapy.com/search
mark.humanup@gmail.com

Pena, Edgar, MS, LMHC ■
1354 Washington Avenue
221
Miami Beach, FL 33139
(305) 766-8064
Digital Contact Information:
http://www.mbbehavioralhealth.com
mbbehavioralhealth1@yahoo.com

and

15495 Eagle Nest Lane
STE 215
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
mbbehavioralhealth1@yahoo.com

and

6600 Cow Pen Road
250
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
mbbehavioralhealth1@yahoo.com

and

215 Westward Dr
Miami Springs, FL 33166
(305) 887-4494
Digital Contact Information:
mbbehavioralhealth1@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pena, Frances, MSW, LCSW ■
8100 SW 81st Dr
Ste 290
Miami, FL 33143
(305) 975-4049
Digital Contact Information:
credentialing@joinuplift.co

and

16095 SW 150th St
Miami, FL 33196
(305) 975-4049
Digital Contact Information:
credentialing@joinuplift.co
Other Languages Spoken by Provider or Office Staff
Spanish

Pena, Francisco, MMH, LMHC ■
FL
(786) 536-9714
Digital Contact Information:
http://www.abc4s.com
admin@abc4s.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pena Garcia, Ibis, PSYD, LP ■
8200 Northwest 41st Street
135
Doral, FL 33166
(305) 599-2111
Digital Contact Information:
cdps.doral@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pena Perez, Astrid E, MC, LMHC ■
FL
(786) 975-9866
Digital Contact Information:
astridpena.mhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Penaranda, Yohan, MS, LMHC ■
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
http://brightsyhealthfl.com
brightsyhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Peral, Nikita R, MS, LMHC ●
3081 Salzedo Street
Suite 202 -S
Coral Gables, FL 33134
(786) 254-1443
Digital Contact Information:
rootedwellnessmiami@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Peralta, Luisa, PSYD, LP ■
2525 Ponce de Leon
Suite 300
Coral Gables, FL 33134
(954) 608-1739
Digital Contact Information:
dr.luisaperalta@gmail.com

Perdomo, Dolores, PHD, LCSW ■
5555 Ponce De Leon Blvd
Coral Gables, FL 33146
(305) 355-9028
Digital Contact Information:
Not Available

and

1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-2301
Digital Contact Information:
Not Available

and

1695 NW 9th Ave
1404A
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
Not Available

and

1695 NW 9th Ave
Fl 3
Miami, FL 33136
(305) 355-7000
Digital Contact Information:
Not Available

Perdomo, Marlen, MS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Pereda, Raquel, MS, LMHC, LPCC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Pereira, Zamira, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
Haitian Creole, Spanish

Perez Benitez, Carlos I, PHD, LP ■
1701 W Flagler St
Ste 310
Miami, FL 33135
(786) 467-7006
Digital Contact Information:
carlosisraelphd@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Claudia, MMH, BCBA ■
Home Based Services Only
Miami, FL 33155
(786) 262-5559
Digital Contact Information:
namastebehaviortherapy@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Perez, Elisaul, MS, LMHC ■
FL
(305) 399-5900
Digital Contact Information:
therapeutic.taps@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Jesus, PSYD, LP ■
215 Westward Dr
Miami Springs, FL 33166
(305) 887-4494
Digital Contact Information:
perez_29993@msn.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Lorena, MC, LMHC ■
1603 Northeast 7th Avenue
Miami, FL 33137
(305) 374-1065
Digital Contact Information:
http://camillus.org
alexo@camillus.org
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Lourdes, MMFT, LMFT ■
9240 Sunset Dr
Ste 202
Miami, FL 33173
(305) 763-3965
Digital Contact Information:
nextchaptercounseling18@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Perez, Magalys D, PHD, LMFT ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
info@myschoolpsychologistinc.com
Other Languages Spoken by Provider or Office Staff English

Perez, Mario, MS, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and

140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and

3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and

3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
http://banyanhealth.org
credentialing@banyanhealth.org

and

10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
credentialing@banyanhealth.org

Perez, Milena J, MBS, LMHC ■
782 Northwest 42nd Avenue
suite 329
Miami, FL 33126
(305) 766-3159
Digital Contact Information:
mjpatherapy@gmail.com

and

160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
mjpatherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Perez, Nelson M, MS, LMHC ■
2500 Northwest 79th Avenue
Suite 227
Doral, FL 33122
(305) 456-9396
Digital Contact Information:
info@jagcommunityhealth.com

and

10200 Northwest 25th Street
211
Doral, FL 33172
(305) 381-0346
Digital Contact Information:
info@jagcommunityhealth.com

and

1840 West 49th Street
Ste 408
Hialeah, FL 33012
(305) 603-9202
Digital Contact Information:
info@jagcommunityhealth.com

and

10300 Southwest 72nd Street
250b
Miami, FL 33173
(787) 433-7751
Digital Contact Information:
info@jagcommunityhealth.com

and
9350 Southwest 72nd Street
105
Miami, FL 33173
(786) 401-7579
Digital Contact Information:
info@jagcommunityhealth.com

and
FL
(786) 607-2257
Digital Contact Information:
http://www.harmonyhealth.com
info@jagcommunityhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez Verdecia, Frank, PSYD, LP ■
2020 Ponce de Leon
Suite 1201
Miami, FL 33134
(305) 917-5414
Digital Contact Information:
perezverdecia@psychologybeyond.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Victoria, MSW, LCSW ■
12540 Southwest 8th Street
Miami, FL 33184
(305) 705-6840
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Perez-Carrion, Jessenia, PSYD, LCP ■
100 NE 15th St
Ste 101D
Homestead, FL 33030
(833) 779-8646
Digital Contact Information:
perezc.jessenia@gmail.com

and
FL
(486) 499-5327
Digital Contact Information:
https://www.healinghavenpsychology.com/
perezc.jessenia@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez-Castro, Josefina, MSW, LCSW ■
5001 SW 74th Ct
Ste 104
Miami, FL 33155
(305) 663-0013
Digital Contact Information:
anagabilling@gmail.com

and
6955 NW 77th Ave
Ste 401
Miami, FL 33166
(305) 663-0013
Digital Contact Information:
anagabilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez-Pacheco, Robinson A, MSW, LCSW ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com

Perez-Ritter, Massiel, MS, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
massielps23@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Peters-Kurtz, Andee, MSW, LCSW, LICSW ■
333 Southeast 2nd Avenue
Suite 2000
Miami, FL 33131
(323) 454-3659
Digital Contact Information:
andeelicsw@gmail.com

Petit-Jean, Christine, MSW, LCSW, LICSW ■
FL
(786) 967-7873
Digital Contact Information:
https://parakletostherapeutic.com/
ptsdatyourservice@gmail.com
Other Languages Spoken by Provider or Office Staff English

Pettus, Tenisha, PHD, LMFT ■
FL
(786) 724-4224
Digital Contact Information:
admin@vita-cog.com

Pettyjohn, Sarah, MSW, LCSW ●
804 Northwest 21st Terrace
Suite 203
Miami, FL 33127
(305) 563-3136
Digital Contact Information:
http://myperspectivecounseling.com
deanna.rogers112@gmail.com

Pfeifle, Shannon, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Phelan, Sean M, MS, LMHC ■
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
fl-credentialing@lifestance.com

and
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
fl-credentialing@lifestance.com

Phelps, Sharion, MS, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Phillips, Kasi L, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@thriveworks.com

and
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
credentialing@thriveworks.com

Phillips, Meghan A, MS, LCSW ■
14645 Northwest 77th Avenue
101
Miami Lakes, FL 33014
(833) 769-3524
Digital Contact Information:
http://lifestance.com
fl-credentialing@lifestance.com

Pico-Guardado, Daima, PSYD, LP ■
10691 N Kendall Dr
Ste 105
Miami, FL 33176
(305) 668-6018
Digital Contact Information:
cartayagroup@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Piernik, Nancelina, MC, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
payors@emorahealth.com

Pierral, Julimar J, MMH, LMHC ■
3850 SW 87th Ave
Ste 102
Miami, FL 33165
(786) 615-4443
Digital Contact Information:
floridapsychotherapygroup@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pina-Delgado, Daema, PSYD, LP ■
9220 Sunset Drive
104
Miami, FL 33173
(786) 724-4224
Digital Contact Information:
dpinadelgado@vita-cog.com

Pineiro, Carmen, MS, LMHC ■
100 NE 38th St
Ste 5
Miami, FL 33137
(305) 576-1599
Digital Contact Information:
cbolivar@borinquenhealth.org

Pinnock, Sarina, LCSW, MSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

Pino Paez, Marielys, MC, LMHC ■
1665 West 68th Street
208
Hialeah, FL 33014
(305) 519-2546
Digital Contact Information:
childrensbehavioralint@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pitaluga, Iris, MS, LMHC ■
1360 South Dixie Highway
355
Coral Gables, FL 33146
(305) 648-9344
Digital Contact Information:
alternatives1@msn.com
Other Languages Spoken by Provider or Office Staff English

Plattor, Joel R, PHD, LP ■
15715 South Dixie Highway
Suite 210
Miami, FL 33157
(305) 663-5808
Digital Contact Information:
drjoel@bellsouth.net

Pola, Lourdes E, PHD, LP ■
1840 W 49th St
Ste 306
Hialeah, FL 33012
(305) 826-9293
Digital Contact Information:
lourdespola@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Polites, Nancy, MSW, LCSW ■
55 Miracle Mile
Miami, FL 33134
(772) 486-4417
Digital Contact Information:
nancyelsie@gmail.com

Pollock, Kimberly A, MSW, LCSW ■
FL
(305) 902-6347
(202) 410-5972
Digital Contact Information:
https://bebravehealth.com/
help@joinuplift.co

Polvado, Teah, MSSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Ponce, Jessica M, MC, LMHC ■
2601 SW 37th Ave
Ste 904
Miami, FL 33133
(800) 457-4573
Digital Contact Information:
http://www.hupcfl.com
info@hupcfl.com

Ponce, Paula L, MA, LMHC ■
FL
(305) 798-3389
Digital Contact Information:
paulaponce@bellsouth.net

Poole, Jennifer, MC, LMHC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
christina@credentialingconsultants.com

Poole-Parks, Clarissa, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Porras, Maria, MS, LMHC ■
6175 NW 153rd St
Ste 404
Miami Lakes, FL 33014
(305) 558-7400
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Portales, Rocio A, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
Spanish

Porter, J'Briel E, MSW, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
admin@itsofok.com
Other Languages Spoken by Provider or Office Staff
Chinese, Urdu, Spanish, Hindi

Portillo, Cimelitza, MMH, LMHC ■
9425 SW 72nd St
Ste 265
Miami, FL 33173
(305) 279-8400
Digital Contact Information:
safeharbormha@att.net

Posada, Stephanie, MMH, LMHC ■
2500 Southwest 107th Avenue
41
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
lgomez@abcsfl.com

and
FL
(786) 615-3334
Digital Contact Information:
lgomez@abcsfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Potts, Payton, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Potwin, Tiffany, MC, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Poulton, Nigel G, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@psychplus.com

Powell, Brooke, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Power, Vanessa, MSW, LCSW ■
FL
(888) 339-9404
Digital Contact Information:
https://180healthpartners.com
credentialing@sagesocialservices.com

Pozo, Iraida, MS, LMHC ■
85 Grand Canal Drive
UNIT 203
Miami, FL 33144
(786) 536-7816
Digital Contact Information:
uwhealth2019@gmail.com

and
7805 Coral Way
Ste 131
Miami, FL 33155
(786) 307-2066
Digital Contact Information:
uwhealth2019@gmail.com

and
7815 Coral Way
Ste 108
Miami, FL 33155
(305) 264-1344
Digital Contact Information:
uwhealth2019@gmail.com

and
5600 Southwest 135th Avenue
100
Miami, FL 33183
(305) 603-9104
Digital Contact Information:
uwhealth2019@gmail.com

Prado, Haydee, PSYD, LP ■
8550 W Flagler St
Ste 105
Miami, FL 33144
(305) 551-5787
Digital Contact Information:
haydeeprado@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Presswood, William K, LPC ■
151 NW 11th St
Ste W201
Homestead, FL 33030
(786) 521-5925
Digital Contact Information:
http://www.monarchallhealth.com
monarchallhealth@gmail.com

Preval, Herve, MS, LPC, LPCC ■
11890 Southwest 8th Street
STE 309
Miami, FL 331841710
(786) 281-3935
Digital Contact Information:
http://www.blueangelcare.net
hpreval@prevalandassociates.net

and
FL
(786) 281-3935
Digital Contact Information:
http://www.prevalandassociates.net
hpreval@prevalandassociates.net
Other Languages Spoken by Provider or Office Staff
English, Creole, French

Prevor, Ruth C, PHD, LP ■
2020 Northeast 163rd Street
OFFICE 300P
North Miami Beach, FL 33162
(305) 680-9544
Digital Contact Information:
ruthprevor@msn.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Prevost, Daniella, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Price, Christina, MSW, LCSW, LICSW ■
FL
(800) 567-5433
Digital Contact Information:
Not Available

Price, Janice, MSW, LCSW ■
1469 NW 36th St
Miami, FL 33142
(305) 635-7444
Digital Contact Information:
mstoker@nhcmhc.org

Price, Tushanna N, MA, LMFT ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Prieto, Glenn C, MS, LMHC ■
10994 Southwest 184th Street
Cutler Bay, FL 33157
(305) 964-5530
Digital Contact Information:
kinitrohealth@gmail.com

and
FL
(305) 964-5530
Digital Contact Information:
kinitrohealth@gmail.com

Probst, Weston, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Puech, Andrea, MS, LMHC ■
5001 SW 74th Ct
Ste 104
Miami, FL 33155
(305) 663-0013
Digital Contact Information:
http://www.anagapsychotherapy.com
puech5@gmail.com

and
6955 NW 77th Ave
Ste 401
Miami, FL 33166
(305) 663-0013
Digital Contact Information:
puech5@gmail.com
Other Languages Spoken by Provider or Office Staff
English, French, Spanish

Pujula, Yolanda, MS, LMFT ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
westmiamicmhc@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Pulgaron, Elizabeth, PHD, LP ■
1601 NW 12th Ave
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Pyritz, Beth, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Quann, Aaron, MS, LMHC ■
FL
(305) 902-6347
(909) 442-0618
(202) 410-5972
Digital Contact Information:
http://www.joinuplift.co
help@joinuplift.co

Quevedo, Katia, PSYD, LP ■
6955 Northwest 77th Avenue
310
Miami, FL 33166
(786) 558-5637
Digital Contact Information:
recoverybehavioral@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Quinonez, Anais, MS, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
counselingoncall@gmail.com

Quintero, Rosaly, MMH, LMHC ■
5001 SW 74th Ct
Ste 104
Miami, FL 33155
(305) 663-0013
Digital Contact Information:
anagabilling@gmail.com

and
6955 NW 77th Ave
Ste 401
Miami, FL 33166
(305) 663-0013
Digital Contact Information:
anagabilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rabatin, Stephanie, MED, LPCC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Rabinowitz, Carla, MMFT, LMFT ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
soflotherapygroup@gmail.com

and
13205 Southwest 137th Avenue
STE 132
Miami, FL 331865334
(754) 269-5304
Digital Contact Information:
http://dominguezcommunitycenter.com
soflotherapygroup@gmail.com

and
975 Arthur Godfrey Rd
Ste 301
Miami Beach, FL 33140
(786) 315-0387
Digital Contact Information:
soflotherapygroup@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rabkin-Turner, Jodi, MS, LMHC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
bellaneph@yahoo.com

Radulich, Mark, MSW, LCSW ■
FL
(305) 902-6347
(202) 410-5972
Digital Contact Information:
help@joinuplift.co

Raiford, Sally T, MACP, LMFT ■
150 Alhambra Circle
Floor 10
Coral Gables, FL 33134
(786) 800-3374
Digital Contact Information:
sallie354@yahoo.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
sallie354@yahoo.com

Raigeluw, Lisa, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Raimey, Andrea B, MSW, LISW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
andrear@essentialreflectionscc.com

Rainuzzo, Silvana L, MC, LMHC ■
FL
(954) 682-0264
Digital Contact Information:
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ramirez, Leidy, MS, LMHC ●
7950 Northwest 53rd Street
STE 237
Doral, FL 33166
(786) 536-4420
Digital Contact Information:
emilie@credentialingconsultants.com

and
5979 Northwest 151st Street
STE 120
Hialeah, FL 33014
(786) 536-4420
Digital Contact Information:
emilie@credentialingconsultants.com

Ramirez, Lisandra, MMH, LMHC ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
primementalcare24@gmail.com

and
15260 Southwest 280th Street
113 114
Homestead, FL 33032
(305) 998-7885
Digital Contact Information:

primementalcare24@gmail.com

and

3446 Southwest 8th Street
217
Miami, FL 33135
(786) 769-5046
Digital Contact Information:
primementalcare24@gmail.com

and

2915 Biscayne Boulevard
Suite 300-4
Miami, FL 33137
(786) 398-4747
Digital Contact Information:
primementalcare24@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ramirez, Luisa, MS, LCSW ■
5911 Northwest 173rd Drive
11 11
Hialeah, FL 33015
(786) 655-9992
Digital Contact Information:
http://arkprov.com
ian.martineau@credentialing.com

Ramirez-Velasquez, Karla D, MS, LMHC ■
3785 Northwest 82nd Avenue
117
Doral, FL 33166
(786) 238-7321
Digital Contact Information:
http://www.kydsmiamitherapy.com
kramirezpsychotherapy@gmail.com

and

FL
(786) 238-7321
Digital Contact Information:
http://www.kydsmiamitherapy.com
kramirezpsychotherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ramos, Alfredo, MSW, LMHC ■
10700 Caribbean Boulevard
UNIT 203
Cutler Bay, FL 33189
(305) 299-8005
Digital Contact Information:
http://www.positivemindful.com
positivemindful@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rampersad, Tricia, MC, LPC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
care@forthealth.com

Ramsey, Kathleen, PHD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
hello@emorahealth.com

Ransom, Courtney, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Rappoport, Elisa M, MSW, LCSW-R ■
FL
(516) 458-1705
Digital Contact Information:
lisarw2690@gmail.com
Other Languages Spoken by Provider or Office Staff
Hebrew

Ray, Jeffrey L, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
jraylmhc@icloud.com

and

2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
jraylmhc@icloud.com

Ray, Taylor, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Rebuck, Jasmine, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
ellieil19701@elliementalhealth.com

Reece, Danielle E, MS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
lisette@abctestingservices.com

Reed, Andrew J, PHD, HSPP, LP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Reeves, Margaret, PHD, LMHC ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
mreeves2005@aol.com

and

150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
mreeves2005@aol.com

and

201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
mreeves2005@aol.com

and

47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
mreeves2005@aol.com

and

801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
mreeves2005@aol.com

and

2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
mreeves2005@aol.com

and

1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
mreeves2005@aol.com

and

20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
mreeves2005@aol.com

and

1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
mreeves2005@aol.com

and

1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
mreeves2005@aol.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Regalado, Alejandra, MPSY, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com

Reichard, Michelle, MS, LMHC ■
14400 Northwest 77th Court
#100
Miami Lakes, FL 33016
(786) 916-6073
Digital Contact Information:
http://www.arcmentalhealth.com
yisabel@arcmentalhealth.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Reis, Maria, MC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Reitkopf, Thalia, MMH, LMHC ■
FL
(510) 842-5421
Digital Contact Information:
https://growthegarden.wixsite.com/grow
thaliareitkopf@gmail.com

Remsen, Caitlyn, MSW, LMHC ■
8500 SW 92nd Street
206
Miami, FL 33156
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
info@livewelltherapygroup.com

and

7600 Southwest 57th Avenue
suite 334
South Miami, FL 33143
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
info@livewelltherapygroup.com

Renner, Mikaela, MS, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Resnik, Susan, MED, LMHC ■
1065 Southwest 8th Street
1109
Miami, FL 33130
(786) 651-4198
Digital Contact Information:
http://www.perfectmatchcouplecounseling.com
oxfordcounselingservices@gmail.com

and

1000 5th St
Ste 207
Miami Beach, FL 33139
(786) 651-4198
Digital Contact Information:
oxfordcounselingservices@gmail.com

Restrepo, Lisette D, PSYD, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 275-8860
Digital Contact Information:
http://www.abctestingservices.com
lisette@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rey, Gustavo J, PHD, CP ■
1150 NW 14th St
Ste 609
Miami, FL 33136
(305) 243-3100
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
English, Spanish

Reyes, Kristal A, MSW, LMSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com
Other Languages Spoken by Provider or Office Staff
Swedish, Chinese, Zulu, Tigrigna, German, Telugu, Urdu, Lebanese, Spanish, Polish, Indian, Tagalog, Portuguese, English, Arabic, French, Russian, Danish, Italian, Yoruba, Hindi

Reyes, Madeline B, MPSY, LMHC ■
5941 Northwest 173rd Drive
6 6
Hialeah, FL 33015
(786) 360-4328
Digital Contact Information:
blueparadisemedicalcenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Reyes, Sarah E, MSW, LCSW ■
4101 Pine Tree Drive
Miami Beach, FL 33140
(352) 345-6218
Digital Contact Information:
http://www.readytoelevate.org
elevatepd.therapy@gmail.com

Rhone, Traci, MS, LMHC ■
FL
(305) 333-6769
Digital Contact Information:
rhonetraci@gmail.com

Ricci, Jason B, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Rice, Jeffrey, MS, LMHC ■
1005 N Krome Ave
Ste 121
Homestead, FL 33030
(305) 423-6385
Digital Contact Information:
jillian@thriveworks.com

Richard, Rachel, MSW, LCSW ●
8500 SW 92nd Street
206
Miami, FL 33156
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
billing@livewelltherapygroup.com

and

11050 Southwest 88th Street
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
billing@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Richards, Terry, PHD, LP ■
1717 North Bayshore Drive

3456 3456
Miami, FL 33132
(305) 343-3810
Digital Contact Information:
Not Available

and
21110 Biscayne Blvd
Ste 304
Miami, FL 33180
(305) 343-3810
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff English

Richardson, Kallyn, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Richardson, Vanessa, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
contact@balancedwellbeingllc.com

Richmond, Laquana, EDS, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
lrichmond@assuredcs.org

Rico, Sandra, MS, LMHC ■
10689 SW 88th St
Ste 305
Miami, FL 33176
(415) 941-4109
Digital Contact Information:
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
Spanish

Ridgeway, Deborah, MSW, LCSW, LMSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Rife, Tammy, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Rikard, Deborra C, MED, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
intake@healecounseling.com

Riley, James, MSW, LCSW ■
4308 Alton Rd
Ste 870
Miami Beach, FL 33140
(305) 538-1400
Digital Contact Information:
ahfcredentialing@practiceworx.com

Riley, Taneisha, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Riojas, Johanna, PSYD, LP ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
333 Southeast 2nd Avenue
Suite 2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

and
3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

Rios, Rosa, MSW, LCSW ■
FL
(305) 804-9121
Digital Contact Information:
http://www.sfacounseling.org
info@sfacounseling.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rios, Stephanie, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
smrios1979@gmail.com

Riter, James A, MSW, LCSW ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
credentialing@medallion.co

Rivas-Vazquez, Rafael, PSYD, LP ■
925 NE 30th Ter
Ste 318
Homestead, FL 33033
(305) 595-4041
Digital Contact Information:
rrvazquez@fcneurology.net

and
8940 N Kendall Dr
Miami, FL 33176
(305) 595-4041
Digital Contact Information:
rrvazquez@fcneurology.net

Rivera, Audrey, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Rivera, Eva, MC, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rivera, Gretel, MS, LMHC ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com

and
10300 Sunset Drive
Suite 114
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com
Other Languages Spoken by Provider or Office Staff
French, Spanish

Rivera, Ian, MSW, CAC, LCSW ■
FL
(909) 442-0618
(800) 567-5433
(202) 410-5972
Digital Contact Information:
https://totallife.com/
help@joinuplift.co

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff English

Rivero, Anisleidy, MS, LMHC ■
FL
(786) 254-1211
Digital Contact Information:
http://www.healingmindcounseling.com
ani.rivero@healingmindcounseling.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rizo, Naylin, MMH, LMHC ■
1840 West 49th Street
709
Hialeah, FL 33012
(786) 393-0315
Digital Contact Information:
flnewvision@gmail.com

and
2100 West 76th Street
STE 408
Hialeah, FL 33016
(786) 542-5056
Digital Contact Information:
flnewvision@gmail.com

and
730 Northwest 107th Avenue
104
Miami, FL 33172
(305) 504-1749
Digital Contact Information:
flnewvision@gmail.com

and
730 Northwest 107th Avenue
110
Miami, FL 33172
(305) 249-1183
Digital Contact Information:
flnewvision@gmail.com

and
12150 Southwest 128th Court
Ste 228
Miami, FL 33186
(786) 227-6314
Digital Contact Information:
flnewvision@gmail.com

and
12150 Southwest 128th Court
Suite 233
Miami, FL 33186
(786) 238-7666
Digital Contact Information:
flnewvision@gmail.com

and
13701 Southwest 88th Street
306
Miami, FL 33186
(786) 842-1489
Digital Contact Information:
flnewvision@gmail.com

and
15305 Northwest 60th Avenue
Ste 100
Miami Lakes, FL 33014
(786) 536-7561
Digital Contact Information:
flnewvision@gmail.com

and
5803 Northwest 151st Street
STE 206
Miami Lakes, FL 33014
(305) 504-1749
Digital Contact Information:
flnewvision@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rizzo, Nicole, MMFT, LMFT ■
Home Based Services Only
Doral, FL 33122
(305) 591-7898
Digital Contact Information:
goodchoicemhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Robaina, Niubis, MPSY, LMHC ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
yavila@avilahealthgroup.com

Robbins, Molli, LCSW, MSW ■
7241 Southwest 63rd Avenue
STE 102
South Miami, FL 33143
(305) 244-3590
Digital Contact Information:
Not Available

Roberson, Cranesha E, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@truhealingreality.com

and
111 NW 183rd St
Ste 404
Miami, FL 33169
(786) 524-4001
Digital Contact Information:
info@truhealingreality.com

Roberts, Jazmin, MS, LCMHC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@growtherapy.com

Roberts, Kimberly, MED, LMHC ■
1031 Ives Dairy Road
rm 239
Miami, FL 33179
(786) 589-7248
Digital Contact Information:
kimberly@

growthcounselingandtherapy.com

and
1001 North Miami Beach Boulevard
North Miami Beach, FL 33162
(786) 320-5559
Digital Contact Information:
kimberly@growthcounselingandtherapy.com

Roberts, Nikole K, PHD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
credentialing@cerebral.com

Roberts, Ryan, MS, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
ryanrobertslpc@gmail.com

and
FL
(305) 902-6347
Digital Contact Information:
ryanrobertslpc@gmail.com

Robinson, Ashley, MS, LCPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
hello@emorahealth.com

Robinson, Jade, MS, LMHC ■
FL
(786) 488-8103
Digital Contact Information:
http://www.sfacounseling.org
info@sfacounseling.org

Robinson, Kent A, MA, LPC ■
10311 Northwest 58th Street
Doral, FL 33178
(800) 438-1772
Digital Contact Information:
lrangel@wlcfs.org

Rocha, Leslie, MS, LMHC ■
8500 SW 92nd Street
206
Miami, FL 33156
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
billing@livewelltherapygroup.com

and
7600 Southwest 57th Avenue
suite 334
South Miami, FL 33143
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
billing@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rocha, Rene, PHD, LP ■
717 Ponce De Leon Blvd
Ste 205
Coral Gables, FL 33134
(305) 859-4911
Digital Contact Information:
drrocha@msn.com

Roche, Michelle, MS, LMHC ■
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
http://brightsyhealthfl.com
brightsyhealth@gmail.com

and
1031 Ives Dairy Rd
Ste 228
Miami, FL 33179
(786) 320-5559
Digital Contact Information:
brightsyhealth@gmail.com

and
1001 North Miami Beach Boulevard
North Miami Beach, FL 33162
(786) 320-5559
Digital Contact Information:
brightsyhealth@gmail.com

Rochetto, Alexandria, MA, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
andreaburks@bayouwellness.life

Rocker, Jeff, MMH, LMHC ■
777 Brickell Ave
Ste 500
Miami, FL 33131
(786) 490-2181
Digital Contact Information:
askjeffrocker@gmail.com

Rockman, Isatta, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Rodriguez, Alecia, PHD, LMFT ■
9555 Southwest 175th Terrace
Suite 227
Miami, FL 33157
(888) 241-8802
Digital Contact Information:
contact@myuniquetherapy.com

and
FL
(888) 241-8802
Digital Contact Information:
https://myuniquetherapy.com
contact@myuniquetherapy.com

Rodriguez, Alissa, MC, LMHC ■
3081 Salzedo Street
202u
Coral Gables, FL 33134
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com

and
3081 Salzedo Street
Suite 202
Coral Gables, FL 33134
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com

and
3625 Northwest 82nd Avenue
Doral, FL 33166
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com

and
3625 Northwest 82nd Avenue
400
Doral, FL 33166
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com

and
1911 Southwest 87th Avenue
Miami, FL 33165
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com

and
FL
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com

and
9016 Southwest 152nd Street
Palmetto Bay, FL 33157
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Andrea, MC, LMHC ■
8500 SW 92nd Street
203
Miami, FL 33156
(786) 332-4478
Digital Contact Information:
billing@livewelltherapygroup.com

and
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
billing@livewelltherapygroup.com

and
11050 Southwest 88th Street
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
billing@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Annmarie, MC, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Arianna, MSN, APRN ■
142 E 49th St
Hialeah, FL 33013
(305) 333-9166
Digital Contact Information:
http://www.lennoxhealth.org
mcarvajal@lennoxhealth.org
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Correa, Sandy, MSCC, LMHC ■
427 Washington Ave
Miami Beach, FL 33139
(305) 514-0813
Digital Contact Information:
credentialing@cancommunityhealth.org

Rodriguez, Dayana, PSYD, LP ■
FL
(786) 684-7809
Digital Contact Information:
serenityneurocare@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Freijo, Selma, MSW, LCSW ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
help@joinuplift.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
help@joinuplift.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Garcia, Daniel, MC, LMHC ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
lifetimesolutionsagency@gmail.com

and
5757 Waterford District Drive
Unit 172
Miami, FL 33126
(786) 524-2880
Digital Contact Information:
http://www.lifetimesolutionsagency.com
lifetimesolutionsagency@gmail.com

and
Monterey Street
Miami, FL 33134
(786) 803-8306
Digital Contact Information:
lifetimesolutionsagency@gmail.com

and
14471 S Dixie Hwy
Miami, FL 33176
(786) 803-8826
Digital Contact Information:
http://www.amorementalhealthcorp.com
lifetimesolutionsagency@gmail.com

and
9010 Southwest 137th Avenue
101
Miami, FL 33186
(786) 803-8826
Digital Contact Information:
http://amorementalhealthcorp.com
lifetimesolutionsagency@gmail.com

and
8785 SW 165th Ave
Ste 104
Miami, FL 33193
(786) 703-1538
Digital Contact Information:
lifetimesolutionsagency@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Irina, MMFT, LMFT ■
2157 Southwest 13th Avenue
3
Miami, FL 33145
(786) 878-1331
Digital Contact Information:
i.rodriguezlmft@gmail.com

and
FL
(786) 254-1572
Digital Contact Information:
i.rodriguezlmft@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Isabel, MSW, LCSW ■
11200 Southwest 8th Street
Miami, FL 33174
(305) 348-0477
Digital Contact Information:
fiucred@fiu.edu

Rodriguez, Jan, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
admin@lifehealthsystem.org
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Jennicke, MC, LMHC ■
151 NW 11th St
Ste W201
Homestead, FL 33030
(786) 521-5925
Digital Contact Information:
monarchallhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Julieta, PHD, LP ■
15715 S Dixie Hwy
Ste 401
Miami, FL 33157
(786) 255-4693
Digital Contact Information:
jr3015@aol.com

and
15715 S Dixie Hwy
Ste 406
Miami, FL 33157
(786) 255-4693
Digital Contact Information:
jr3015@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Kathleen, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770

Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Kimberley, MS, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
pandatherapycircle@gmail.com

Rodriguez, Linda M, MC, LMHC ■
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
fl-intake@lifestance.com

Rodriguez, Luann, MS, LMFT ■
18901 Southwest 106th Avenue
Suite #108
Miami, FL 33157
(786) 231-0910
Digital Contact Information:
luann.rodriguezlmft@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Miguel, Galina, MPSY, ABA ■
10691 North Kendall Drive
#202
Miami, FL 33176
(786) 534-7172
Digital Contact Information:
admin@excellentmc.com

and
12448 Southwest 127th Avenue
Miami, FL 33186
(786) 864-1030
Digital Contact Information:
admin@excellentmc.com

and
9020 Southwest 137th Avenue
210
Miami, FL 33186
(786) 558-5042
Digital Contact Information:
admin@excellentmc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Miriam, MS, LMHC ■
216 Catalonia Avenue
105
Coral Gables, FL 33134
(786) 236-1323
Digital Contact Information:
mrodriguez@healing-recovery.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Miriam, MSSW, LCSW ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Rodriguez, Miriam, MS, LMHC ■
9010 SW 137th Ave
Ste 233
Miami, FL 33186
(786) 236-1323
Digital Contact Information:
mrodriguez@healing-recovery.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Pablo R, MPSY, LMHC ■
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
http://novacommunityservice.com
info@novacshealth.com
Other Languages Spoken by Provider or Office Staff
German, Spanish

Rodriguez Perez, Jacnery, MPSY, LMFT ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
Not Available

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
http://banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
Not Available

Rodriguez Ramos, Meilyn, PSYD, LP ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Romy, MMH, LMHC ■
8200 Northwest 41st Street
Suite 200
Miami, FL 33166
(786) 241-7695
Digital Contact Information:
drgmartinez.psychologist@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Von Marie, DSW, LCSW ■
15600 Southwest 288th Street
UNIT 404
Homestead, FL 33033
(305) 963-8928
Digital Contact Information:
http://rootedhealingwellness.com
dr.v@consultwithv.com

Rodriguez, Yaritza, MSW, LICSW ■
FL
(855) 757-7273
Digital Contact Information:
http://www.rebuildinghope.org
yaritza@hopesacpc.org
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Yesenia, MS, LMHC ●
11200 Southwest 8th Street
Miami, FL 33174
(305) 348-0477
Digital Contact Information:
fiucred@fiu.edu
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez-Prada, Margarita, MSCC, LMHC ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
tmedina@hbccmhc.com

Rodriguez-Ruiz, Franchesca, MA, LMFT ■
770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
5201 Blue Lagoon Dr
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(305) 395-5978
Digital Contact Information:
credentialing@happierliving.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Rodriguez-Ruiz, Tania, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
fl-credentialing@lifestance.com

Roiko, Kellyn, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Rojas, Jonathan, MS, LMFT ■
14221 Southwest 120th Street
suite 207
Miami, FL 33186
(786) 247-1308
Digital Contact Information:
ksmedicalbilling1@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rojas, Yamile, MS, LMHC ■
4302 Alton Rd
Ste 500
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
hpreval@prevalandassociates.net

and
FL
(786) 281-3935
Digital Contact Information:
hpreval@prevalandassociates.net
Other Languages Spoken by Provider or Office Staff
Spanish

Roman, Ingrid, PSYD, LP ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 661-5511
Digital Contact Information:
dr.ingridroman1@gmail.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
http://appliedbhs.com
dr.ingridroman1@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Romero, Karen, MS, LMHC ■
1200 Northwest 78th Avenue
210
Doral, FL 33126
(786) 285-3438
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
5190 Northwest 167th Street
201
Hialeah, FL 33014
(305) 705-4289
Digital Contact Information:
http://livelinessinc.com
genesisconsultingservices39@gmail.com

and
2720 Southwest 97th Avenue
c 104
Miami, FL 33165
(305) 705-4289
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
4995 Northwest 72nd Avenue
209
Miami, FL 33166
(786) 651-4190
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
13195 Southwest 134th Street
102
Miami, FL 33186
(305) 964-5236
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Romero-Ramos, Maria, MSW, LCSW ■
11750 SW 40th St
Miami, FL 33175
(706) 204-1366
Digital Contact Information:
sheree.meyers@inpatientpsych.org
Other Languages Spoken by Provider or Office Staff

Spanish

Rondon, Anna, MS, LMHC ■
15495 Eagle Nest Lane
STE 215
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
credentialing@springsdr.com

and
6600 Cow Pen Road
250
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
credentialing@springsdr.com

and
215 Westward Dr
Miami Springs, FL 33166
(305) 887-4494
Digital Contact Information:
credentialing@springsdr.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ronke, Angelica, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(877) 644-6008
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.com

Rooks, Joshua, PHD, LP ■
FL
(305) 204-5664
Digital Contact Information:
http://www.joshuarookspHD.com
rooksjoshua@gmail.com

Roque, Alicia, MS, LMHC ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
newbeginnignbehavior@yahoo.com

and
7580 Northwest 186th Street
202 202
Hialeah, FL 33015
(786) 385-5347
Digital Contact Information:
newbeginnignbehavior@yahoo.com

and
5455 Southwest 8th Street
230
Miami, FL 33134
(786) 629-8836
Digital Contact Information:
newbeginnignbehavior@yahoo.com

and
11890 Southwest 8th Street
403
Miami, FL 33184
(786) 362-5981
Digital Contact Information:
newbeginnignbehavior@yahoo.com

Rosado, Stephanie, PSYD, LP ■
FL
(786) 738-6468
Digital Contact Information:
http://mentalhealthofmiami.com
frontdesk@mentalhealthofmiami.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rosario, Tamara, MS, LMHC ■
11077 Biscayne Boulevard
410
Miami, FL 33161
(888) 494-0808
Digital Contact Information:
https://tamara-rosario.clientsecure.me
office@sbhss.net
Other Languages Spoken by Provider or Office Staff
Spanish

Rosario-Rosa, Junisa, MA, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
lisette@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rose, Barbara Krystal, MS, LMHC ■
1065 NE 125th St
Ste 206
North Miami, FL 33161
(888) 852-6672
Digital Contact Information:
http://www.compasshealthsystems.com
credentialing@compass.md

and
1065 NE 125th St
Ste 409
North Miami, FL 33161
(888) 852-6672
Digital Contact Information:
http://www.compasshealthsystems.com
credentialing@compass.md

and
FL
(888) 852-6672
Digital Contact Information:
http://www.compasshealthsystems.com
credentialing@compass.md

Rosen, Tanya, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ar@growthandtransitionscounseling.com

Rosenberg, Mercedes E, PSYD, LMHC, LP ■
11110 N Kendall Dr
Ste 200
Miami, FL 33176
(305) 596-3335
Digital Contact Information:
mrosenberg12@bellsouth.net
Other Languages Spoken by Provider or Office Staff
French, Spanish

Rosenson, Robert, EDD, LMHC ■
2000 S Dixie Hwy
Ste 104
Miami, FL 33133
(305) 562-2873
Digital Contact Information:
reachdrrosenson@gmail.com

Ross-Copes, Stephanie N, MC, LCPC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
shreekanth.k@bikhamhealthcare.com
Other Languages Spoken by Provider or Office Staff English

Rouse, Kerrie, PHD, LMHC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
network@bircheshealth.com

Rowand-Mills, Angela D, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
start@bebravehealth.com

Rowe, Davin, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Ruano, Edgar O, MC, LMHC, LPCC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Rubio, Isabel, MC, LMHC ■
6001 Northwest 153rd Street
201
Miami Lakes, FL 33014
(786) 390-6192
Digital Contact Information:
rubiopsychcare@gmailc.om

Ryan, Melanie, MS, LMHC ■
2124 Northeast 123rd Street
STE 220
North Miami, FL 33181
(786) 828-0947
Digital Contact Information:
https://blossomfl.com
info@blossomfl.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ryan, Nannette, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Ryerson, Deanna, PSYD, LP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
billingdepartrment@howardcenter.org

Saathoff, Tommy, MA, LMHC, LPC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
sowinghopecounseling@gmail.com

Saavedra, Briana, MC, LMHC ■
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
http://www.btpmentalhealth.com
info@btpmentalhealth.com

Saez, Pedro, PSYD, LP ■
7700 North Kendall Drive
809
Miami, FL 33156
(888) 456-2545
Digital Contact Information:
https://neuropsychologymiami.com/
neuropsycho90@gmail.com

Saibu, Mariam, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@happierliving.com

Salama, Sarine, MS, LMHC ■
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
sarine@serenitycounselingsolutions.org
Other Languages Spoken by Provider or Office Staff
Spanish

Saland, Deborah, MSW, CAP, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Salas, Aldo Y, MMFT, LMFT ■
15946 Southwest 147th Lane
Miami, FL 33196
(786) 205-4058
Digital Contact Information:
http://www.headway.com
therapyaldosalas@gmail.com

Salas, Julia S, MA, LMHC ■
7900 Oak Ln
400
Hialeah, FL 33016
(786) 617-8078
Digital Contact Information:
http://www.miamilakescounseling.com
hello@miamilakescounseling.com

Salazar, Ana, MS, LMHC ■
2500 Northwest 107th Avenue
Suite 102
Doral, FL 33172
(786) 605-9400
Digital Contact Information:
hello@reachlink.com

Salgado, Patricia, MS, LMHC ■
3625 Northwest 82nd Avenue
400 3
Doral, FL 33166
(305) 209-6399
Digital Contact Information:
leticia@alvarezconsultant.com

and
16191 Northwest 57th Avenue
Miami Gardens, FL 33014
(305) 740-5319
Digital Contact Information:
leticia@alvarezconsultant.com

and
1125 Northeast 125th Street
112
North Miami, FL 33161
(305) 209-6399
Digital Contact Information:
http://mindsetsolutionsctc.com/
leticia@alvarezconsultant.com

Salvador, Nicole, MC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
fivestarlearningc@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

San Martin, Jimmy, MS, LMFT ■
3625 Northwest 82nd Avenue
400 3
Doral, FL 33166
(305) 209-6399
Digital Contact Information:
luke@revive-rcm.com

and
1125 Northeast 125th Street
112
North Miami, FL 33161
(305) 209-6399
Digital Contact Information:
http://mindsetsolutionsctc.com/
luke@revive-rcm.com

San Salvador, Donna, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Sanchez, Johana, MS, LMHC ■
FL
(305) 302-0087
Digital Contact Information:
http://divine-wellness.net
johanaq0217@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sanchez, Nathaly, MS, LMHC ■
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
https://www.chgpsychiatry.com/
coastalhcbilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sanchez, Rosa M, MS, LMHC ■
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
morecounseling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sander, Tiffani, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
joe@beaconhealthinc.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
joe@beaconhealthinc.com

Sanfiel, Emily C, MS, LMHC ■
5915 Ponce de Leon
48
Coral Gables, FL 33146
(786) 273-7630
Digital Contact Information:
Not Available

and
7700 N Kendall Dr
Ste 415
Miami, FL 33156
(786) 359-4161
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Sanfiel, Ida N, MS, LMHC ■
5915 Ponce de Leon
48
Coral Gables, FL 33146
(786) 325-3285
Digital Contact Information:
isanfiel@gmail.com

and
2500 Northwest 107th Avenue
Suite 102
Doral, FL 33172
(786) 605-9400
Digital Contact Information:
isanfiel@gmail.com

and
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
isanfiel@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Sanfiel, Patrick, MS, LMHC ■
FL
(786) 474-4980
Digital Contact Information:
http://redwheelbarrowtherapy.com
patrick@redwheelbarrowtherapy.com

Sanmiguel, Maria T, MMH, LMHC ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
westmiamicmhc@bellsouth.net

Santa, Dorilee, MS, LCMHC, LMHC ■
FL
(786) 258-8499
(786) 237-8501
(415) 941-4109
Digital Contact Information:
http://healinggrowththerapy.com
service@virtual-counseling.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Santa Maria, Elizabeth C, MS, LCPC, LCSW ■
FL
(508) 202-1011
Digital Contact Information:
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff English

Santiago Acevedo, Adriana, MPSY, LMHC ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
perla@dadefaily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla@dadefaily.com

Santiago Fernandez, Flor De Liz, EDD, LCSW ■
10691 North Kendall Drive
304
Miami, FL 33176
(786) 771-3370
Digital Contact Information:
http://www.familybalancetherapy.com
familybalancetherapy@gmail.com

and
FL
(786) 771-3370
Digital Contact Information:
http://www.familybalancetherapy.com
familybalancetherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Santiago Guia, Rina, PSYD, LP ■
151 NW 11th St
Ste W201
Homestead, FL 33030
(786) 521-5925
Digital Contact Information:
monarchallhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Santiago, Joshua, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Santiago, Melissa, MA, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Santiago, Wildelia, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
English, Spanish

Santos, Christian, MS, LMHC ●
701 Southeast 8th Place
Hialeah, FL 33010
(305) 528-1256
Digital Contact Information:
browardtherapists@gmail.com

Santos, Marina, MMFT, LMFT ■
8180 Northwest 36th Street
100c
Doral, FL 33166
(305) 773-3335
Digital Contact Information:
marinamsantos@yahoo.com

and
8180 Northwest 36th Street
100d
Doral, FL 33166
(305) 773-3335
Digital Contact Information:
marinamsantos@yahoo.com

Santos, Selin, PSYD, LP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@cerebral.com

and
FL
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@cerebral.com
Other Languages Spoken by Provider or Office Staff English

Sarandrea, Jillian M, MA, LMHC ■
1 Alhambra Plaza
1451
Miami, FL 33134
(888) 588-8995
Digital Contact Information:
scheduling@foresightmentalhealth.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
scheduling@foresightmentalhealth.com
Other Languages Spoken by Provider or Office Staff English

Sardinas, Maricruz, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
admin@lifehealthsystem.org
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Sarno, Marina L, PSYD, CP ■
1150 NW 14th St
Ste 609
Miami, FL 33136
(305) 243-7529
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Satter, Jessica, EDS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
lisette@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sawh, Prateema, MC, LMHC ■
111 NW 183rd St
Ste 404
Miami, FL 33169
(786) 524-4001
Digital Contact Information:
http://www.inspire4purpose.com
info@inspire4purpose.com

Sawyer, Robert, MMH, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com

and
3191 Coral Way
Ste 602
Miami, FL 33145
(305) 799-0620
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Sawyers, Althea, MMFT, LMFT ■
FL
(202) 410-5972
(833) 322-0977
(786) 277-5563
Digital Contact Information:
http://www.quality-therapy.com
asawyers.biz@gmail.com

Scales, Ari'Ton, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Scannell, Pamela, PSYD, LP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
Other Languages Spoken by Provider or Office Staff English

Scharf, Linda S, PHD, LP ■
19300 West Dixie Highway
Unit 1
Aventura, FL 331802201
(305) 653-0098
Digital Contact Information:
scharflinda@outlook.com

Schatz, Nicole, PHD, LP ●
11200 Southwest 8th Street
Miami, FL 33174
(305) 348-0477
Digital Contact Information:
fiucred@fiu.edu

Schechner, Joanna, PSYD, CP, HSPP, LP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
dmccoy@prodatamgmt.com

Schettino, Lynne, PHD, LP ■
FL
(305) 389-3335
Digital Contact Information:
drlschet@bellsouth.net

Schindler, Alina, MC, LMFT ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
rebekah@lscounseling.com
Other Languages Spoken by Provider or Office Staff English

Schlussel, Samantha, MSW, LCSW ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
birches@withassured.com

Schmid, Cecilia A, MPSY, LMHC ■
9380 SW 72nd St
Ste 238
Miami, FL 33173
(305) 632-2322
Digital Contact Information:
ceciliaschmid@hotmail.com

and
10691 N Kendall Dr
Ste 110
Miami, FL 33176
(305) 632-2322
Digital Contact Information:
ceciliaschmid@hotmail.com

Schmidt, Sandra, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
help@joinuplift.co

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff English

Schutt, Horacio, MPSY, LMHC ■
20900 Northeast 30th Avenue
200 17
Aventura, FL 33180
(786) 315-0387
Digital Contact Information:
http://www.miamipsychoanalysis.net
floridapsychotherapygroup@gmail.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
floridapsychotherapygroup@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Schwartz, Cynthia, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Scordato, Michele, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Scott, Deborah, MC, LMHC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
credentialing@growtherapy.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@growtherapy.com

Scott, Heather, MS, LMHC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Scotto, Maria, MS, LMHC ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(305) 396-9010
Digital Contact Information:
sasha@livewelltherapygroup.com

and
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
sasha@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff English

Scotto, Nicole M, MC, LMHC ■
2875 Northeast 191st Street
528
Aventura, FL 33180
(305) 396-9010
Digital Contact Information:
https://balancedlifetherapygroup.com/
help@joinuplift.co

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff English

Seals, Latoya, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@bestselfwny.org

Searight, Joyel D, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
fl-credentialing@lifestance.com

Sebreros, Jennifer, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Seidler, Jessica C, MSW, LCSW ■
2915 Biscayne Boulevard
Suite 300-4
Miami, FL 33137
(786) 398-4747
Digital Contact Information:
contactus@miamivibescounselingcenter.com

Sequeiros, Rosa, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Seraphin, Sandrina, MSW, LCSW ■
175 Northwest 125th Street
201
North Miami, FL 33168
(954) 900-8348
Digital Contact Information:
sseraphin@transparentspace.net
Other Languages Spoken by Provider or Office Staff English, Creole

Serna, Jairo, MSW, LCSW ●
FL
(305) 445-0477
Digital Contact Information:
jairoserna@hotmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Serra, Maria T, MMFT, LMFT ■
12001 Southwest 128th Court
Suite Suite 104
Miami, FL 33186
(786) 868-0505
Digital Contact Information:
agency@juntosbmb.com

and
15305 Northwest 60th Avenue
Ste 100
Miami Lakes, FL 33014
(786) 536-7561
Digital Contact Information:
agency@juntosbmb.com
Other Languages Spoken by Provider or Office Staff Spanish

Sexton, Suzanne, MSW, LCSW ■
FL
(800) 567-5433
Digital Contact Information:
https://totallife.com/
care@totallife.com

Shakespeare, Ashanti, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
inquiry@dare2emerge.com

Sharp, Katherine, MS, LMHC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Shasha, Noah, MS, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
Not Available

Shaw, Brittney, MC, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/payors@emorahealth.com

Shervington, Dinora T, MS, LMFT ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
thecouples1@gmail.com

and
12150 Southwest 128th Court
Suite 105
Miami, FL 33186
(305) 338-2231
Digital Contact Information:
thecouples1@gmail.com

and
13383 SW 142nd Ter
Miami, FL 33186
(786) 362-5981
Digital Contact Information:
thecouples1@gmail.com

Shoumaker, Douglas, MS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 275-8860
Digital Contact Information:
http://www.abctestingservices.com
lisette@abctestingservices.com

Siegel, Sammi L, PHD, LMHC ■
5900 Southwest 73rd Street
207
South Miami, FL 33143
(305) 613-1101
Digital Contact Information:
siegelcounseling@gmail.com

Sifran, Susana E, MA, LMHC ■
2040 Northeast 163rd Street
305
North Miami Beach, FL 33162
(786) 553-6038
Digital Contact Information:
susanasifran@hotmail.com
Other Languages Spoken by Provider or Office Staff Hebrew, Spanish

Sijo, Yusimi, PSYD, LMHC ■
5901 SW 74th St
Ste 412
Miami, FL 33143
(786) 717-5028
Digital Contact Information:
castroj@bellsouth.net

and
2307 Douglas Road
400
Miami, FL 33145
(305) 205-1965
Digital Contact Information:
castroj@bellsouth.net
Other Languages Spoken by Provider or Office Staff Spanish

Silber, Anita, MS, LMHC ■
6175 NW 153rd St
Ste 404
Miami Lakes, FL 33014
(305) 558-7400
Digital Contact Information:
credentialing@wellnite.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Silebi, Candice, MSED, LMHC ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
westmiamicmhc@bellsouth.net
Other Languages Spoken by Provider or Office Staff Spanish

Silva, Erik, MS, LMHC ■
8323 Northwest 12th Street
Ste 206
Doral, FL 33126
(305) 373-3424
Digital Contact Information:
info@themind-gym.com

and
FL
(754) 400-1539
Digital Contact Information:
info@themind-gym.com

and
15660 Southwest 72nd Street
Miami, FL 33193
(786) 697-1150
Digital Contact Information:
info@themind-gym.com

Silverio, Ashley, MSW, LCSW ■
FL
(305) 209-8921
Digital Contact Information:
http://www.journeytothrivetherapy.com
ashleysilveriolcsw@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Silverio, Jenny, PSYD, LMHC, LP ■
12360 Southwest 132nd Court
113 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
lifecenterhg@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Silverman, Lillian, MS, LMHC ■
2801 Northeast 213th Street
Suite 1215
Aventura, FL 33180
(833) 769-3524
Digital Contact Information:
http://lifestance.com
fl-credentialing@lifestance.com

Silverman, Sarah, PSYD, LP ■
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(415) 854-8911
Digital Contact Information:
tampacred@newportcredentialing.com

Simmons, Jeff, PSYD, LP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779

Digital Contact Information:
http://happierliving.com
Other Languages Spoken by Provider or Office Staff English

Simon, Vania M, MMH, LMHC ■
9425 Sunset Drive
Ste F251
Miami, FL 33173
(786) 310-6004
Digital Contact Information:
http://www.mindingthegap.net
vania@mindingthegap.net

and
FL
(786) 310-6004
Digital Contact Information:
http://www.mindingthegap.net
vania@mindingthegap.net

and
8181 Northwest 154th Street
STE 112
Miami Lakes, FL 33016
(407) 572-8053
Digital Contact Information:
vania@mindingthegap.net

and
1190 Northwest 95th Street
307
Miami Shores, FL 33150
(407) 572-8053
Digital Contact Information:
vania@mindingthegap.net

Simpson, Zilla, MPSY, LMHC ■
18951 Southwest 106th Avenue
105 106
Miami, FL 33157
(305) 233-4448
Digital Contact Information:
stepstherapycenter@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Sims, Bridgett, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@red-rock.com

Singh, Robbie, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@aspirehp.org

Siracusa, Shannon, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Sjostrom, Lady, LMHC, MA, MS ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
info@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
info@dadefamily.com
Other Languages Spoken by Provider or Office Staff Spanish

Skidmore, Jon B, PSYD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@utahvalleypsychology.com
Other Languages Spoken by Provider or Office Staff Italian

Skjoldal, Elizabeth, PHD, CP, LP ■
8325 Northeast 2nd Avenue
316
Miami, FL 33138
(305) 503-5758
Digital Contact Information:
kim@cherryhillcounseling.com

and
FL
(305) 790-9957
Digital Contact Information:
kim@cherryhillcounseling.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Slaughter, Kimberly, MED, LMHC, LPCC ■
FL
(305) 902-6347
Digital Contact Information:
http://www.bebravehealth.com
start@bebravehealth.com

Smallwood, Richelle, MSW, LCSW ■
FL
(305) 902-6347
(833) 351-8255
Digital Contact Information:
credentialing@lifebulb.com

Smith, Devin, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
referrals@chrysalishealth.com

Smith, Erika, MC, LMHC ■
4302 Alton Rd
Ste 500
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com
Other Languages Spoken by Provider or Office Staff Spanish

Smith, Heather, MA, LMFT ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Smith, Jennifer, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Smith, Joshua, PSYD, HSPP, LP ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Smith, Kimberly L, MSW, LCSW ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
arscredentialing@advancedrecoverysystems.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Smith, Mark C, PSYD, LP ●
2600 S Douglas Rd
Ste 1003
Coral Gables, FL 33134
(305) 445-0477
Digital Contact Information:
ana@coralgablescounseling.com

Smith, Melissa, MSW, LCSW ■
1951 Northwest 7th Avenue
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Smith, Mica, MC, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Smith, Nicole A, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
start@bebravehealth.com

Smith, Ronny, MS, LPC ■
FL
(305) 902-6347
Digital Contact Information:
msabree@sabreets.com

Smith, Shatema, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Smith, Teresa, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Smith, Virginia L, MS, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@growtherapy.com
Other Languages Spoken by Provider or Office Staff English

Smith-Swan, Azure, MSW, LCSW ■
FL
(945) 253-8399
Digital Contact Information:
https://www.therealhealco.com/
dr.azure@therealhealco.com

Smith-Young, Adia E, MA, LMHC ■
15715 S Dixie Hwy
Ste 406
Miami, FL 33157
(786) 269-3728
Digital Contact Information:
adia33@gmail.com
Other Languages Spoken by Provider or Office Staff English

Smulowitz, Leeba M, MSW, LCSW ■
FL
(347) 380-6424
Digital Contact Information:
libby@levtherapy.onmicrosoft.com

Sobiech, Rachel, MSSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
rachel@feelnhealwellness.com
Other Languages Spoken by Provider or Office Staff English

Sochaczewski, Isaac, MS, LMHC ■
17071 West Dixie Highway
103 103
North Miami Beach, FL 33160
(305) 505-4284
Digital Contact Information:
isaacsoch@gmail.com

Sockol, Jamie K, MS, LMHC ■
111 NW 183rd St
Ste 404
Miami, FL 33169
(786) 524-4001
Digital Contact Information:
info@selfcarecounselingofsouthflorida.com
Other Languages Spoken by Provider or Office Staff English

Sola-Castellanos, Mailyn, MC, LMHC ■
3625 Northwest 82nd Avenue
400 3
Doral, FL 33166
(305) 209-6399
Digital Contact Information:
julie.berger@drcred.com

and
1125 Northeast 125th Street
112
North Miami, FL 33161
(305) 209-6399
Digital Contact Information:
http://mindsetsolutionsctc.com/
julie.berger@drcred.com

Solares, Nani E, MA, LMHC ■
9240 Sunset Dr
Ste 202
Miami, FL 33173
(786) 803-7922
Digital Contact Information:
http://www.nanisolares.com
nanisolareslmhc@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Soloker, Heather, MA, LMHC, LPCC ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com

Solomon, Evelyn, MSW, LCSW ●
FL
(802) 734-5285
Digital Contact Information:
http://www.evelynsolomontherapy.com
evelynsolomontherapy@gmail.com
Other Languages Spoken by Provider or Office Staff Hebrew

Solorzano, Gina, MSW, LCSW ■
2124 Northeast 123rd Street
STE 220
North Miami, FL 33181
(786) 828-0947
Digital Contact Information:
https://blossomfl.com
info@blossomfl.com
Other Languages Spoken by Provider or Office Staff Hebrew, Spanish

Soto, Lugannys M, MS, LMHC ■
6601 Southwest 80th Street
STE 121
South Miami, FL 33143
(305) 453-4833
Digital Contact Information:
http://www.themodernpsychology.com
admin@themodernpsychology.com
Other Languages Spoken by Provider or Office Staff Spanish

Soto, Maricarmen, MSW, LCSW ■
10300 SW 216th St
Cutler Bay, FL 33190
(305) 253-5100
Digital Contact Information:
Not Available

Sotolongo, Jennifer, MS, LMHC ■
14740 Southwest 26th Street
Miami, FL 33185
(786) 464-5981
Digital Contact Information:
info@flcfd.org

Sotolongo, Niurka, MSW, LMHC ■
3955 SW 59th Ave
Miami, FL 33155
(954) 624-6016
Digital Contact Information:
niurkasotolongo@yahoo.com

Soutien, Kimberly, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Spall, Christopher, MA, CAP, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Spease, Jada, MS, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Spencer Rose, Sharon, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Spinks, Laura, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
samantha@hudsonvalleycounseling.com

Spinner, Lynn R, MSW, LCSW ■
6175 NW 153rd St
Ste 404
Miami Lakes, FL 33014
(305) 558-7400
Digital Contact Information:
lrspin@aol.com

Sporrer, Kristy, MSW, LCSW ●
FL
(305) 999-5177
Digital Contact Information:
http://www.sunlittherapy.com
kristy@sunlittherapy.com

Springer, Shawndel, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
gethelp@wellqor.com

St Hubert, Sheldy, MSW, LCSW ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

St Phard, Nancy V, MSW, LMHC ■
12700 Biscayne Boulevard
301
North Miami, FL 33181
(305) 467-4597
Digital Contact Information:
dr.daino@aol.com

Staubs, Jade, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com

Steadman, Tiarra, MSW, LCSW ■
1150 Northwest 72nd Avenue
455
Miami, FL 33126
(561) 356-9991
Digital Contact Information:
brittani@dljclinicalservices.com

Steele, Paul, MED, LMHC, LPC ■
FL
(305) 902-6347
(202) 410-5972
Digital Contact Information:
support@joinhopscotch.com
Other Languages Spoken by Provider or Office Staff English

Steele, Theresa, MS, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Steiner, Joy, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Stephens, Alexia, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Spanish

Stevens, Stephanie, MSW, LCSW ■
14411 Commerce Way
310
Hialeah, FL 33016
(786) 307-9484
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Stevenson, Thalia, MS, LCMHC ■
FL
(786) 530-5410
Digital Contact Information:
http://actservicellc.com
actservices2023@gmail.com

Stewart, Kimberly, MSW, LCSW ■
FL
(321) 360-4390
(904) 479-6299
Digital Contact Information:
insightcounselingcorner@gmail.com

Stewart, Laura L, MED, LMHC ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
lstewart@cfdfl.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
lstewart@cfdfl.com

Stewart, Tannisha, MC, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
tannishastewart@starzjourneyinc.onmicrosoft.com

Stibick, Debra L, PHD, LP ■
3663 S Miami Ave
Miami, FL 33133
(713) 789-7560
Digital Contact Information:
talk2drdeb@gmail.com

Stockhausen, Dana, MS, LCMHC, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Stone, Margaret, MS, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
support@joinhopscotch.com
Other Languages Spoken by Provider or Office Staff English

Stone Palmer, Matthew Luke, MSW, LCSW ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
info@prioritypractice.com

Stowe, Jennifer, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
patientinfo@lucidlane.com
Other Languages Spoken by Provider or Office Staff French

Strauss, Robin, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
robinlindsay1120@gmail.com

Stubbs, Marcie D, MA, LMHC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@lifestance.com

Suarez, Cindy, MS, LMFT ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@joinuplift.co
Other Languages Spoken by Provider or Office Staff English

Suarez, Lazaro N, MED, LMHC ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(305) 244-5299
Digital Contact Information:
https://rainbowbehavioralservices.com
rainbowbehavioralservices@gmail.com

and
11055 Southwest 186th Street
#101
Miami, FL 33157
(305) 342-4893
Digital Contact Information:
rainbowbehavioralservices@gmail.com
Other Languages Spoken by Provider or Office Staff Portuguese, Spanish

Suarez, Mercy, MA, LMHC ■
66 Valencia Avenue
402 402
Coral Gables, FL 33134
(305) 439-5939
Digital Contact Information:
mercysuarezeds@gmail.com

and
66 Valencia Avenue
903 903
Coral Gables, FL 33134
(305) 439-5939
Digital Contact Information:
mercysuarezeds@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Suarez, Miriam, MS, LMHC ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and
7221 SW 24th St
Ste 206
Miami, FL 33155
(786) 648-4447
Digital Contact Information:
http://www.fmhpllc.com
info@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

Suarez Rosa, Rosana, MS, LMHC ■
385 Alhambra Circle
suite c
Coral Gables, FL 33134
(305) 445-9554
Digital Contact Information:
info@mindpromanagement.com

and
FL
(305) 445-9554
Digital Contact Information:
info@mindpromanagement.com
Other Languages Spoken by Provider or Office Staff Spanish

Suchanic, Joseph B, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
jsuchanic@elliementalhealth.com

Sue Logan, Casey, MC, LMHC, LPCC ■
FL
(859) 517-4633
Digital Contact Information:
https://divinesoultherapy.clientsecure.me
caseyjameslpc@gmail.com

Summer, Linda R, MSW, LCSW ■
FL
(305) 467-8384
Digital Contact Information:
lrsummer@yahoo.com

Suna, Elise, LMFT, MA, MSED ■
1390 South Dixie Highway
#1307
Coral Gables, FL 33146
(305) 204-2601
Digital Contact Information:
elise.suna@gmail.com

Sussman, Abbe B, MSW, LCSW ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

Swain, Cieria D, MC, LCSW, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
appointments@meetmarvin.com
Other Languages Spoken by Provider or Office Staff English

Swick, Haylee, MS, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com
Other Languages Spoken by Provider or Office Staff
English, Sign Lang Amer

TSO, Yanlin, MSW, CSW, LCSW, LICSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Tanner, Keisha, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
keishatannerlpc@gmail.com

Tanona, Anthony W, PSYD, LP ■
19300 West Dixie Highway
2 2
Miami, FL 33180
(305) 933-5733
Digital Contact Information:
http://www.deltapsychgroup.com
drtanona@gmail.com
Other Languages Spoken by Provider or Office Staff English

Tapia, Maria I, PHD, LCSW ■
1801 Coral Way
Ste 401
Miami, FL 33145
(305) 323-2807
Digital Contact Information:
tapialcsw@gmail.com

and
13230 SW 37th Ter
Miami, FL 33175
(305) 225-1144
Digital Contact Information:
tapialcsw@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Taquechel, Elizabeth T, MSW, LCSW ■
14401 Old Cutler Road
Miami, FL 33158
(786) 573-7010
Digital Contact Information:
insurance@wellspringmiami.org
Other Languages Spoken by Provider or Office Staff
Spanish

Tarajano, Jesus, MS, LMHC ■
22790 SW 112th Ave
Miami, FL 33170
(305) 235-2616
Digital Contact Information:
http://www.theagapenetwork.org

Tarr, Theodora L, PSYD, LP ■
9729 S Dixie Hwy
Miami, FL 33156
(305) 666-3650
Digital Contact Information:
dr.teddy@griefworksinc.com

and
8740 Southwest 133rd Street
Miami, FL 33176
(305) 666-3650
Digital Contact Information:
http://www.griefworksinc.com/
dr.teddy@griefworksinc.com

and
9202 Southwest 73rd Avrd
Pinecrest, FL 33156
(305) 666-3650
Digital Contact Information:
dr.teddy@griefworksinc.com

Tassy-Lewis, Sabrina, PSYD, LP ■
14411 Commerce Way
Hialeah, FL 33016
(954) 534-0432
Digital Contact Information:
tassy@nova.edu
Other Languages Spoken by Provider or Office Staff Haitian Creole, Creole

Tatum, Michelle, MS, LMHC, LPCC ■
FL
(786) 281-3935
Digital Contact Information:
http://www.prevalandassociates.net
hpreval@prevalandassociates.net

Taveras, Adam, MA, LMFT ■
FL
(305) 981-6068
Digital Contact Information:
adam.brighterdays@gmail.com

and
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
adam.brighterdays@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Taveras, Madelin, MC, LMHC, PC ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
westmiamicmhc@bellsouth.net
Other Languages Spoken by Provider or Office Staff
English, Spanish

Taylor, Alina, MS, LMHC ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
ataylor@therecoveryvillage.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
ataylor@therecoveryvillage.com

Taylor Hernandez, Glenda, MSW, LCSW ■
4475 Southwest 8th Street
Coral Gables, FL 33134
(786) 536-2872
Digital Contact Information:
admin@fpmagency.com

and
777 E 25th St
Ste 212
Hialeah, FL 33013
(786) 542-5646
Digital Contact Information:
admin@fpmagency.com

and
22133 South Dixie Highway
Miami, FL 33170
(786) 504-3119
Digital Contact Information:
https://fpmflorida.org/
admin@fpmagency.com
Other Languages Spoken by Provider or Office Staff
Spanish

Taylor, Jasmine, MA, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com

Taylor, Nicole A, PSYD, LMHC ■
20295 Northwest 2nd Avenue
Suite 110
Miami Gardens, FL 33169
(305) 974-4426
Digital Contact Information:
olympusbillingkevinp@gmail.com

Taylor, Rachael, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Taylor, Tanashia S, MSW, LCSW ■
18117 Biscayne Boulevard
2159
Miami, FL 33160
(305) 306-2513
Digital Contact Information:
info@favortherapy.com

Tedesco, Nicole, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Tejera, Amelie, PHD, LP ■
13930 SW 47th St
220
Miami, FL 33175
(305) 387-7850
Digital Contact Information:
Not Available

and
13930 SW 47th St
Ste 202
Miami, FL 33175
(305) 387-7850
Digital Contact Information:
Not Available

and
5600 SW 135th Ave
Ste 116
Miami, FL 33183
(305) 387-7850
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Tenenbaum, Karina, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Tenn-Chamberlain, Tauralee, PHD, LP ■
770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
Not Available

and
7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
Not Available

and
5201 Blue Lagoon Dr
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
Not Available

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
Not Available

and
80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
Not Available

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
Not Available

and
830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
Not Available

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(888) 684-2779
Digital Contact Information:
Not Available

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff English

Tenorio, Jaclyn, MS, LMHC, LPC ●
FL
(678) 259-9298
Digital Contact Information:
http://www.trust2change.com
info@trust2change.com
Other Languages Spoken by Provider or Office Staff
Spanish

Tercero, Vanessa, MSW, LCSW ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Terrell, Charlotte R, MS, LMFT ■
FL
(305) 596-7547
Digital Contact Information:
chaterrell@aol.com

Terron, Rochely, MC, LMHC ■
815 North Homestead Boulevard
228
Homestead, FL 33030
(305) 783-8181
Digital Contact Information:
rochelyterron@gmail.com

Terry, Lisa J, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Tersy-Tuzo, Iliana, MSW, LCSW ■
1065 Northeast 125th Street
106

Miami, FL 33161
(305) 279-5535
Digital Contact Information:
http://www.compasshealthsystems.com
credentialing@compass.md
Other Languages Spoken by Provider or Office Staff Spanish

Theiner, Sharon F, MSW, LCSW ■
FL
(508) 202-1011
Digital Contact Information:
https://www.sevenstarling.com
chelsey.butler@credentialing.com

Theoc, Phonia, MS, LMHC ●
FL
(786) 644-5248
Digital Contact Information:
transformingmindsandlives@gmail.com

Thomas, Marcdala, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
marcdalathomas2006@gmail.com
Other Languages Spoken by Provider or Office Staff English, Haitian Creole

Thompson, Emily, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Thompson, Miquia, MPSY, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Thompson, Winsome S, PHD, LP ■
1601 NW 12th Ave
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
Not Available

Thurston, Kim, MA, LP ■
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(888) 684-2779
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff English

Thweatt, Nicole M, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
help@joinuplift.co

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Tibby, Tanya, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com

Timoteo, Milton M, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
miltontimoteo@yahoo.com

Tinsley, Genee, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
referrals@chrysalishealth.com

Tippit, Pamela L, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
info@blissbh.com

Tiska Caton, Cami, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Spanish

Todman, Aminah, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Tokar, Ephraim, MA, LMFT ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
birches@withassured.com
Other Languages Spoken by Provider or Office Staff English

Tolbert, Kristen, EDD, LMHC, LPC ■
FL
(877) 799-1506
Digital Contact Information:
kristentolbert@gmail.com

and
18117 Biscayne Boulevard
2052
Miami, FL 33160
(954) 591-8526
Digital Contact Information:
kristentolbert@gmail.com

Toledo, Tijuana, MSW, LCSW ■
2332 Galiano Street
Coral Gables, FL 33134
(305) 204-1665
Digital Contact Information:
nadir@bilwiz.com

and
FL
(305) 204-1665
Digital Contact Information:
http://www.tikvahhealinggroup.com
nadir@bilwiz.com

Tolman, Matthew, PSYD, LP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Tomczak, Kristin, MA, LMHC ■
936 Southwest 1st Avenue
106
Miami, FL 33130
(786) 936-4085
Digital Contact Information:
credentialing@resilientmbs.com

and
1010 Brickell Avenue
Unit 1806
Miami, FL 33131
(786) 936-4085
Digital Contact Information:
https://cignathn.my.salesforce-sites.com/cbus/inde
credentialing@resilientmbs.com

Topalian, Sona, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff Armenian

Tormo, Jesus W, MC, LMHC ■
22790 SW 112th Ave
Miami, FL 33170
(305) 235-2616
Digital Contact Information:
http://www.theagapenetwork.org
rgrossmiller@hcnetwork.org

Torra, Lizet, MS, LMHC ■
11440 North Kendall Drive
e208
Miami, FL 33176
(305) 898-0849
Digital Contact Information:
billing@callisiahealthgroup.com
Other Languages Spoken by Provider or Office Staff Spanish

Torre, Emilia, MD, LMHC ■
1022 East 8th Avenue
Hialeah, FL 33010
(786) 615-7829
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
2100 West 76th Street
STE 408
Hialeah, FL 33016
(786) 615-7829
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
3412 West 84th Street
e106
Hialeah, FL 33018
(305) 827-7344
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Torres, Amanda G, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
credentialing@joinuplift.co
Other Languages Spoken by Provider or Office Staff English

Torres, Sergio, LMHC, MSCC ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
Not Available

Torres, Shanika D, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
deltorresbhw@gmail.com

Tortosa, Jared, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
gbaird@counselingassociatesutah.com

Totten, Renee, MA, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
khaase@focusedsolution.net

Touch, Sovannchampa, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Tourgeman, Isaac, PSYD, LP ■
1900 North Bayshore Drive
108
Miami, FL 33132
(954) 362-8677
Digital Contact Information:
http://www.hgdoctors.com
bh@hgdoctors.com

and
1900 North Bayshore Drive
116
Miami, FL 33132
(954) 362-8677
Digital Contact Information:
http://www.hgdoctors.com
bh@hgdoctors.com

and
1900 North Bayshore Drive
2515 2515
Miami, FL 33132
(305) 794-8756
Digital Contact Information:
http://www.hgdoctors.com
bh@hgdoctors.com

and
FL
(305) 794-8756
Digital Contact Information:
http://www.hgdoctors.com
bh@hgdoctors.com

and
2525 Southwest 75th Avenue
2515
Miami, FL 33155
(305) 794-8756
Digital Contact Information:
bh@hgdoctors.com

Toussaint, Oliene, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Trana-Felipes, Silvia, MS, ABA, LMHC ■
2001 Northwest 107th Avenue
412
Doral, FL 33172
(786) 548-8322
Digital Contact Information:
empathybhsbilling@gmail.com

and
7959 NW 2nd St
Miami, FL 33126
(305) 267-6060
Digital Contact Information:
empathybhsbilling@gmail.com

and
1818 West Flagler Street
Miami, FL 33135
(786) 755-2897
Digital Contact Information:
empathybhsbilling@gmail.com

and
7315 Northwest 36th Street
Miami, FL 33166
(786) 345-7734
Digital Contact Information:
empathybhsbilling@gmail.com

and
10661 North Kendall Drive
216
Miami, FL 33176
(786) 631-4158
Digital Contact Information:
empathybhsbilling@gmail.com

and
1134 NW 136th Ave
Miami, FL 33182
(786) 631-4158
Digital Contact Information:
empathybhsbilling@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Trenker, Brittany L, MS, LMHC ■
2212 Northwest 91st Street

Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Treston, Sandra, MA, LMHC ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
arscredentialing@advancedrecoverysystems.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Trimikliniotis, Georgia, MSED, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Trombly, Theresa N, MSCC, LMHC ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
jrunyan@orlandorecovery.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
jrunyan@orlandorecovery.com

Tsirigotis, Elizabeth L, MC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
http://www.bebravehealth.com
start@bebravehealth.com

Tucholski-Dekeles, Yvette, MS, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
ytucholskidekeles@gmail.com

Tucker-Lewis, Apollonia, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Spanish

Tunnell, Natalie, PHD, LP ■
FL
(800) 567-5433
Digital Contact Information:
https://totallife.com/
info@totallife.com

Turino, Berkis, MA, LMHC ■
2500 Northwest 79th Avenue
Suite 227
Doral, FL 33122
(305) 456-9396
Digital Contact Information:
healingtouchinc@msn.com

and
FL
(305) 824-0637
Digital Contact Information:
healingtouchinc@msn.com

and
5590 West 20th Avenue
200 201
Hialeah, FL 33016
(305) 557-1555
Digital Contact Information:
healingtouchinc@msn.com

and
3414 West 84th Street
Suite D110
Hialeah, FL 33018
(305) 825-4320
Digital Contact Information:
healingtouchinc@msn.com

and
3416 West 84th Street
C-108
Hialeah, FL 33018
(305) 557-1555
Digital Contact Information:
http://lifestarwellnesscenter.com
healingtouchinc@msn.com

Turner, Angela D, PHD, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
fl-credentialing@lifestance.com
Other Languages Spoken by Provider or Office Staff
Spanish

Turner, Delores E, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Tyson, Darcel P, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Tyson, Deborah K, PHD, LP ■
FL
(305) 595-8225
Digital Contact Information:
debaeiou@aol.com

Ubfal, Fabiana S, MMH, LMHC ■
16375 Northeast 18th Avenue
206
North Miami Beach, FL 33162
(786) 246-4050
Digital Contact Information:
fabianamiami27@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ucciferri, Veronica, MS, LCMHC, LMHC, LPC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
veronicaucciferri@gmail.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
veronicaucciferri@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Uribe, Ana C, MSW, LCSW, LICSW ■
10500 Northwest 26th Street
Doral, FL 33172
(305) 646-1799
Digital Contact Information:
info@sanvello.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Uribe, Liliana L, DSW, LCSW ■
2555 Northwest 102nd Avenue
STE 205
Doral, FL 33172
(305) 397-4031
Digital Contact Information:
lilyulcsw@aol.com

Utrera, Tahlia, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
admin@lifehealthsystem.org
Other Languages Spoken by Provider or Office Staff
Spanish

Vaccaro, Terrence, PHD, LP ■
7700 N Kendall Dr
Ste 415
Miami, FL 33156
(786) 359-4161
Digital Contact Information:
morecounseling@gmail.com

and
12368 SW 82nd Ave
Pinecrest, FL 33156
(786) 227-6570
Digital Contact Information:
morecounseling@gmail.com

Valcourt Rodriguez, Maria L, PSYD, LP ■
15495 Eagle Nest Lane
STE 215
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
yazmin@valcourtbehavioral.com

and
6600 Cow Pen Road
250
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
yazmin@valcourtbehavioral.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valdes Vallejo, Katia, MSW, LCSW ■
Telehealth Only
Hialeah, FL 33010
(786) 656-5953
Digital Contact Information:
katia8489@gmail.com

and
4640 West Flagler Street
2
Miami, FL 33134
(305) 565-0723
Digital Contact Information:
katia8489@gmail.com

and
FL
(305) 565-0723
Digital Contact Information:
katia8489@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Valdivieso, Manuela, MA, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Valencia, Tatiana, PSYD, LP ■
3191 Coral Way
Ste 623
Miami, FL 33145
(786) 344-2849
Digital Contact Information:
tvalencia174@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valladares, Christina, MS, LMFT ■
FL
(786) 803-2595
Digital Contact Information:
cmvalladares16@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valle, Martha, MMH, LMHC ■
Home Based Services Only
Miami Gardens, FL 33014
(305) 777-3883
Digital Contact Information:
acebehavioral2@gmail.com

Valmy Estivens, Vinia, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Valverde, Deborah, MA, LMHC ■
2300 West 84th Street
Ste 601
Hialeah, FL 33016
(305) 363-4001
Digital Contact Information:
dgp.healthandwellness@gmail.com

and
12030 Southwest 129th Court
Suite 211
Miami, FL 33186
(305) 639-8760
Digital Contact Information:
dgp.healthandwellness@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Vanbenschoten, Mary E, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Vance, Melissa, MS, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
pandatherapycircle@gmail.com

Vandhuynslager, Marci, MS, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
milly.cintron@marirecovery.com
Other Languages Spoken by Provider or Office Staff English

Vandy, Damaris, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@hupcfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vargas, Jacqueline M, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
start@bebravehealth.com

Varona, Monica, PSYD, LMHC ■
3625 Northwest 82nd Avenue
400 3
Doral, FL 33166
(305) 209-6399
Digital Contact Information:
mindsetsolutionsctc@gmail.com

and
900 W 49th St
Ste 522
Hialeah, FL 33012
(305) 698-7525
Digital Contact Information:
mindsetsolutionsctc@gmail.com

and
1125 Northeast 125th Street
112

North Miami, FL 33161
(305) 209-6399
Digital Contact Information:
http://mindsetsolutionsctc.com/
mindsetsolutionsctc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vaughan, Mary E, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Vazquez, Carmene, MA, LMHC ■
2801 Northeast 183rd Street
216 216
Aventura, FL 33160
(305) 931-3845
Digital Contact Information:
vazquezcarmene450@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vazquez, Christian, MS, LMHC ■
7950 Northwest 53rd Street
STE 237
Doral, FL 33166
(786) 536-4420
Digital Contact Information:
trey@credentialingconsultants.com

and
5979 Northwest 151st Street
STE 120
Hialeah, FL 33014
(786) 536-4420
Digital Contact Information:
trey@credentialingconsultants.com

and
5979 Northwest 151st Street
111
Miami Lakes, FL 33014
(786) 536-4420
Digital Contact Information:
trey@credentialingconsultants.com

Vazquez De Miguel, Tatiana, MC, LMHC ■
13390 West Dixie Highway
North Miami, FL 33161
(305) 403-0664
Digital Contact Information:
http://www.dgcmhc.org
yrodriguez@dgcmhc.org
Other Languages Spoken by Provider or Office Staff
Russian, Spanish

Vazquez Garcia, Yaimara, MC, LMHC ■
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
http://brightsyhealthfl.com
brightsyhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vazquez Gonzalez, Ludys, MS, LMHC ■
FL
(786) 860-5104
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vazquez-Bragan, Francesca, PSYD, LP ■
2550 Douglas Road
Ste #301
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
Not Available

Vazquez-Pausa, Antonio, MSW, LCSW ■
1901 SW 1st St
Miami, FL 33135
(305) 203-5230
Digital Contact Information:
http://careresource.org

and
3510 Biscayne Blvd
Miami, FL 33137
(305) 576-1234
Digital Contact Information:
http://careresource.org

Vega, Herman, PHD, CAP, LMHC ■
14411 Commerce Way
315
Hialeah, FL 33016
(305) 644-7294
Digital Contact Information:
info@totalrehabservices.com

and
14505 Commerce Way
Ste 511
Miami Lakes, FL 33016
(305) 644-7294
Digital Contact Information:
info@totalrehabservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vega, Monica, MA, LMHC ■
2500 Northwest 79th Avenue
233
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
angelcmhcorp@gmail.com

and
2500 Northwest 79th Avenue
Suite 189
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
angelcmhcorp@gmail.com

and
10300 Southwest 72nd Street
300
Miami, FL 33173
(786) 418-9730
Digital Contact Information:
http://www.happydreamsofkids.com
angelcmhcorp@gmail.com

and
17325 Northwest 27th Avenue
206 207
Miami Gardens, FL 33056
(786) 822-7270
Digital Contact Information:
angelcmhcorp@gmail.com

Vega Suarez, Carolina, PSYD, LP ■
7600 South Red Road
200
South Miami, FL 33143
(786) 508-2207
Digital Contact Information:
http://www.lunapsychology.com
angelo@lunapsychology.com

Velasco-Quintero, Dania, MA, LMHC ■
7590 Northwest 186th Street
109
Hialeah, FL 33015
(305) 688-1700
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
10651 North Kendall Drive
suite 120
Miami, FL 33176
(786) 963-9087
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Velasquez, Vanessa, MN, APRN ■
2925 Northeast 199th Street
Suite 302
Aventura, FL 33180
(786) 991-2600
Digital Contact Information:
http://synergytms.com
credentialing@psychiatrist4u.com

Veliz, Diana, MSW, LCSW ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
hello@talkiatry.com

Ventura, Rene E, MC, LMHC ■
16650 North Kendall Drive
Unit# 204
Miami, FL 33196
(786) 327-6209
Digital Contact Information:
https://www.nrhpg.com
info@nrhpg.com
Other Languages Spoken by Provider or Office Staff
Spanish

Verdin, Javier, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Verneus, Jean K, MS, LMFT ■
1825 Northwest 167th Street
SUITE 102
Opa-locka, FL 330564838
(305) 624-7450
Digital Contact Information:
http://www.cfcecares.org
jverneus@connectionpointtherapy.com
Other Languages Spoken by Provider or Office Staff Creole

Vethencourt, Viviana, MS, LMHC ■
FL
(786) 285-0741
(954) 534-6744
Digital Contact Information:
vethencourt.viviana@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vidal-Zas, Alicia R, PSYD, LP ■
14225 SW 42nd St
Miami, FL 33175
(305) 221-8200
Digital Contact Information:
arvida712@aol.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Viera, Tisela, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Villa Livesay, Natasha, MMH, LMHC ■
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
tashavilla88@gmail.com

and
13640 North Kendall Drive
1005
Miami, FL 33186
(305) 859-4522
Digital Contact Information:
tashavilla88@gmail.com

and
FL
(305) 859-4522
Digital Contact Information:
tashavilla88@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Villa, Veronica, MSCC, LMHC ■
FL
(786) 443-8532
Digital Contact Information:
http://cptftl.square.side
vfvilla72@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Villar-Loubet, Olga M, PSYD, LP ■
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-2301
Digital Contact Information:
Not Available

and
1150 NW 14th St
411
Miami, FL 33136
(305) 689-1352
Digital Contact Information:
Not Available

and
1400 NW 10th Ave
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
Not Available

and
1475 NW 12th Ave
C-023A
Miami, FL 33136
(305) 243-4900
Digital Contact Information:
Not Available

Viltz, Leslie R, MED, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@talbertsmedical.com

Virdo, Andrea, MS, LMHC, LPC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Virella, Betty, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole, Spanish

Virts, Emily, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Von Schirach, Alicia, PHD, LMHC ■
2655 S Le Jeune Rd
Fl 5
Miami, FL 33134
(305) 993-9413
Digital Contact Information:
dravonschirach@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Wachholder, Hara, MS, LMHC ■
10700 Caribbean Boulevard
UNIT 203
Cutler Bay, FL 33189
(305) 299-8005
Digital Contact Information:
hara.wachholder@gmail.com

Waddell, Mashonda, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Waddle, Heather, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.

app
credentialing@wellnite.com

Wahid, Rebecca, MC, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Waldsmith, Kara N, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
http://www.bebravehealth.com
start@bebravehealth.com

Walker, Audi, MMH, LMHC ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
westmiamicmhc@bellsouth.net

Wallace, Henry H, MS, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Wallace, Nicole J, MED, LCMHC ■
22027 Southwest 112th Avenue
a
Miami, FL 33170
(786) 957-2988
Digital Contact Information:
http://www.transformcc10.com
transformationcc10@gmail.com

Wallace-Collins, Sharaya, MA, LMHC, LPC, LPCMH ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
info@forthealth.com

Wallman, Mark, MA, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
help@joinuplift.co

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Ward, Kristina L, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Ware, Laverne, MC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Wasmer, Denise, MS, LMHC, LPC ■
1221 Brickell Avenue
ste 900
Miami, FL 33131
(786) 244-7690
Digital Contact Information:
denisewasmer@gmail.com

and
15225 SW 68th Ave
Miami, FL 33157
(786) 244-7690
Digital Contact Information:
denisewasmer@gmail.com

Watson, Rebecca, LMHC, LPC, MS ■
333 Southeast 2nd Avenue
Suite 2000
Miami, FL 33131
(323) 545-3659
Digital Contact Information:
flowly@withassured.com

Weatherly, Charmaine, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Weatherman, Amanda, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
hello@emorahealth.com

Weaver, Adriane, MSW, LCSW ■
19821 Northwest 2nd Avenue
157
Miami Gardens, FL 33169
(954) 281-2958
Digital Contact Information:
help@joinuplift.co

Weaver, Timothy L, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
lildecor01@gmail.com

Weinstein, Allison, PHD, CP ■
1475 NW 12th Ave
C130
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
Not Available

and
1601 NW 12th Ave
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
Not Available

Weiss, Ziona, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
info@hupcfl.com

Werner, Andrew, EDS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
lisette@abctestingservices.com

Weuste, Michael, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

White, Sharice, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
mshain@seniorcaretherapy.com

Whiteside, Deon D, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@thriveworks.com

Whiting, Detra, MSW, LICSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Whittington, Brittany N, MS, LMHC ■
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
http://www.crystalabatherapy.com
info@cmpsclinical.com

Wigder, Rivka, MSW, LCSW ■
1110 Brickell Ave
Ste 407
Miami, FL 33131
(786) 800-9207
Digital Contact Information:
info@collectivecounselingsolutions.com

and
FL
(786) 800-9207
(844) 222-0550
Digital Contact Information:
info@collectivecounselingsolutions.com

Wiggins, Carter T, MSW, LCSW ■
12955 Biscayne Boulevard
STE 204
Miami, FL 33181
(305) 895-3307
Digital Contact Information:
carterwiggins1806@gmail.com

Wilcoxon, Kaffie G, MA, LMHC, LPC ■
1 Alhambra Plaza
1451
Miami, FL 33134
(888) 588-8995
Digital Contact Information:
credentialing@thriveworks.com
Other Languages Spoken by Provider or Office Staff
English, Sign Lang Amer

Wilder, Laquitta A, MSW, LCSW ■
306 Westward Dr
Miami Springs, FL 33166
(786) 588-7894
Digital Contact Information:
http://www.smartbatherapy.com
mslawilder@gmail.com

Williams, Belle, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Williams, Betty, MC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Williams Dauphin, Jinia, MS, LMHC ■
540 Northwest 165th Street
114
Miami, FL 33169
(786) 648-6550
Digital Contact Information:
jiniaw@msn.com

and
12555 Biscayne Boulevard
1001
North Miami, FL 33181
(786) 925-4656
Digital Contact Information:
http://adatherapyccc.com
jiniaw@msn.com

and
FL
(786) 925-4657
Digital Contact Information:
jiniaw@msn.com

Williams, Diamond T, MS, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
info@maraslighthouse.com
Other Languages Spoken by Provider or Office Staff English

Williams, Julia, MSW, LCSW ■
1951 NW 7th Ave
Fl 3
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
help@joinuplift.co

and
1951 Northwest 7th Avenue
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
help@joinuplift.co

Williams, Kinya N, MC, LMHC, LPC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@growtherapy.com

Williams, Melissa D, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
drmissywilliams@gmail.com

Williams, Morgan, MS, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
insurance@wellnite.com

Williams, Richard, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Williams, Whitney, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Williams-Jeanty, Miesha N, MED, LMHC ■
FL
(305) 306-7409
Digital Contact Information:
admin@nzingasplace.com

Willis, Toni, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Willis, Tyler, MSW, LCSW ■
FL
(858) 224-2692
Digital Contact Information:
tyler@willishealth.com

Wilson, Carolyn F, MSW, LCSW ■
15260 SW 280th St
Ste 205
Homestead, FL 33032
(305) 707-7237
Digital Contact Information:
http://www.familybehaviorservices.org
info@theracounsel.com

Wilson, Kristian M, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
aspirationsjax@gmail.com

Wilson, Mia R, EDD, CAP, LMHC ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(866) 478-3978
Digital Contact Information:
miarwilson@aol.com

Wilson, Valerie, MSW, LCSW ■
1951 Northwest 7th Avenue
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
vallen@brimcounseling.com

and
FL
(305) 902-6347
Digital Contact Information:
vallen@brimcounseling.com

Wilson, Woodrow, PHD, LP ■
9361 SW 62nd St
Miami, FL 33173
(305) 342-3425
Digital Contact Information:
pepwilson@aol.com

Winstrom, Jeanie M, MC, LMHC, LPC ■
1065 Southwest 8th Street
570
Miami, FL 33130
(888) 903-5505
Digital Contact Information:
credentialing@happierliving.com

Winters, Heather, MED, LMHC ■
3625 Northwest 82nd Avenue
400 3
Doral, FL 33166
(305) 209-6399
Digital Contact Information:
luke@revive-rcm.com

and
1125 Northeast 125th Street
112
North Miami, FL 33161
(305) 209-6399
Digital Contact Information:
luke@revive-rcm.com

Wise, Shaquila, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Wolford-Ward, Stephenie J, MA, LCMHC, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
stepheniewolfordlmt@gmail.com

Wonesh, Bria, MED, LMHC ■
1175 Northeast 125th Street
320
Miami, FL 33161
(786) 842-0444
Digital Contact Information:
http://www.marriagefamilyservices.com
marriagefamilyservices@comcast.net

Wood, Shaniqua T, MSW, LCSW ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
shae@orbitbilling.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
shae@orbitbilling.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
shae@orbitbilling.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
shae@orbitbilling.com

Wooden, Johneisha, MA, LMHC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@thriveworks.com

Woods, Yvonne, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Wright, Sonya, MA, LMHC ■
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
info@thejourneytwcc.org
Other Languages Spoken by Provider or Office Staff Creole, Spanish

Wunderman, Terilee, PHD, LP ■
8600 SW 92nd Street
#203
Kendall, FL 33156
(305) 595-6633
Digital Contact Information:
https://www.drwunderman.com/
tw@drwunderman.com

Wyss, Isabel, MS, LMHC ■
9220 Sunset Drive
104
Miami, FL 33173
(786) 724-4224
Digital Contact Information:
https://www.vita-cog.com/
admin@vita-cog.com

Xavier, Elisabeth, MED, LMHC ■
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(714) 274-7577
Digital Contact Information:
https://sensiblecare.com/
contact@sensiblecare.com

Yanez, Vicente, MSW, LCSW ■
814 Ponce de Leon Boulevard
STE 418
Coral Gables, FL 33134
(305) 469-1648
Digital Contact Information:
vy@infionline.net
Other Languages Spoken by Provider or Office Staff
Spanish

Yasin, Aleyah R, PHD, LMFT ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
credentialing@banyanhealth.org

Yepez, Maria, MS, LMHC ■
2020 Ponce de Leon
Suite 1201
Miami, FL 33134
(305) 917-5414
Digital Contact Information:
http://www.psychologybeyond.com
mariay.therapy@gmail.com

Yepez, Rosaura M, MSSW, LCSW ■
650 Northeast 22nd Terrace
Suite 202-06
Homestead, FL 33033
(786) 377-6487
Digital Contact Information:
http://homesteadtherapyservicesllc.com
ryepez@homesteadtherapyservicesllc.com

Yera-Abad, Natalia, MA, LMHC ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
arscredentialing@advancedrecoverysystems.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Yorker, Erin, MPSY, LMHC ■
1065 Southwest 8th Street
1136
Miami, FL 33130
(703) 772-5097
Digital Contact Information:
https://www.postpartumwell.com
office@postpartumwell.org

Young, Megan, MA, LMHC ■
FL
(305) 902-6347
(202) 410-5972
Digital Contact Information:
https://bebravehealth.com/
help@joinuplift.co

Zadok, Alexia, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
care@joinuplift.co

Zambrana Nieves, Thayra, PSYD, LP ■
381 North Krome Avenue
11
Homestead, FL 33030
(305) 824-6801
Digital Contact Information:
monarchallhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Zamora, Danae, MC, LMHC ■
15190 SW 136th St
Ste 25
Miami, FL 33196
(786) 365-5916
Digital Contact Information:
healingtalkscounseling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Zapatha, Susan, MC, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Zappalorta, George, MSW, LCSW ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
help@joinuplift.co

Zerpa, Arelys, MS, LMHC ■
789 Northwest 27th Avenue
Miami, FL 33125
(772) 241-9222
Digital Contact Information:
goldenyearsmedicalcenter@gmail.com

and
10030 Southwest 40th Street
A
Miami, FL 33165
(305) 400-8899
Digital Contact Information:
goldenyearsmedicalcenter@gmail.com

and
9380 Southwest 72nd Street
245
Miami, FL 33173
(305) 381-5434
Digital Contact Information:
goldenyearsmedicalcenter@gmail.com

and
10651 North Kendall Drive
suite 120
Miami, FL 33176
(786) 963-9087
Digital Contact Information:
goldenyearsmedicalcenter@gmail.com

and
13501 Southwest 128th Street
Suite 112
Miami, FL 33186
(786) 732-2383
Digital Contact Information:
goldenyearsmedicalcenter@gmail.com

and
FL
(786) 338-8999
(305) 400-8899
Digital Contact Information:
goldenyearsmedicalcenter@gmail.com

and
8181 Northwest 154th Street
STE 112
Miami Lakes, FL 33016
(407) 572-8053
Digital Contact Information:
goldenyearsmedicalcenter@gmail.com

and
1190 Northwest 95th Street
307
Miami Shores, FL 33150
(407) 572-8053
Digital Contact Information:
goldenyearsmedicalcenter@gmail.com

and

12651 South Dixie Highway
Pinecrest, FL 33156
(305) 554-0808
Digital Contact Information:
goldenyearsmedicalcenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Zervigon, Estela, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Spanish

Zipper, Rachel, PSYD, CP, LP ■
150 Alhambra Circle
Floor 10
Coral Gables, FL 33134
(786) 800-3374
Digital Contact Information:
dr.rachel@compassionatepsych.com

and
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
dr.rachel@compassionatepsych.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
dr.rachel@compassionatepsych.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
dr.rachel@compassionatepsych.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
dr.rachel@compassionatepsych.com
Other Languages Spoken by Provider or Office Staff English

Zubillaga, Julia, PSYD, LP ■
6262 Sunset Drive
Suite 500
Miami, FL 33143
(305) 669-6503
Digital Contact Information:
payer.credentialing@nicklaushealth.org

and
3100 SW 62nd Ave
Miami, FL 33155
(305) 663-8439
Digital Contact Information:
payer.credentialing@nicklaushealth.org

Zumar, Lorraine M, MC, LMHC, LPC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Zuniga, Ana M, PSYD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
azunigapsyd@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

EATING DISORDERS

Adel, Shaudi, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
insurance@wellnite.com

Agic, Christine, MSW, LCSW ■
2500 SW 107TH AVE
42
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
inbox.mhcares@gmail.com

Alea Garcia, Alina, MSSW, BCBA ■
123 N Krome Ave
Ste 104
Homestead, FL 33030
(786) 349-4559
Digital Contact Information:
referrals@ffmhs.com

and
Home Based Services Only
Homestead, FL 33030
(786) 349-4559
Digital Contact Information:
referrals@ffmhs.com

Alexander, Rachene, MSN, APN, APRN, CRNP, PMHNP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://happierliving.com
provider.enrollment@meditelecare.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
provider.enrollment@meditelecare.com

Alison, Rachel H, MD ■
3081 Salzedo Street
Suite 202
Coral Gables, FL 33134
(786) 250-6240
Digital Contact Information:
http://sunflowerpsychiatry.com
info@sunflowerpsychiatry.com

Almeida Wallace, Diana, MC, LMHC ■
5915 Ponce de Leon
48
Coral Gables, FL 33146
(305) 934-6453
Digital Contact Information:
dalmeida87@hotmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, English, French, Spanish

Almonte, Aldriana A, MSW, LCSW ■
31 N Krome Ave
Homestead, FL 33030
(786) 481-5909
Digital Contact Information:
aalmonte@infinitecc.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

Alvarenga, Alicia, MSSW, LCSW ■
2100 Coral Way
#310
Miami, FL 33145
(786) 320-1677
Digital Contact Information:
ydzmgroup@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Alvarez, Arlinnes, MMH, LMHC ■
FL
(305) 804-9121
Digital Contact Information:
http://www.sfacounseling.org
arlinnes@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Creole, Spanish

Alvarez, Gianinne M, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
info@livewelltherapygroup.com

and
7600 Southwest 57th Avenue
suite 334
South Miami, FL 33143
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
info@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alvarez-Salvat, Rose M, PHD, LP ■
6262 Sunset Drive
Suite 500
Miami, FL 33143
(305) 669-6503
Digital Contact Information:
shana.johnson@mch.com

and
3100 SW 62nd Ave
Fl 2
Miami, FL 33155
(305) 663-8439
Digital Contact Information:
shana.johnson@mch.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Anderson, Aimee E, MSW, LCSW ■
9260 Sunset Dr
Ste 203
Miami, FL 33173
(305) 279-3640
Digital Contact Information:
Not Available

Andres, Alice M, PSYD, CP, HSPP, LP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
rainbowlanternpsych@gmail.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
rainbowlanternpsych@gmail.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
rainbowlanternpsych@gmail.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
rainbowlanternpsych@gmail.com
Other Languages Spoken by Provider or Office Staff English

Angel, Laurie R, MSN, APRN ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
momofben@bellsouth.net

Anglade-Pascal, Fabiola, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
alvin.brooks@physiciancure.com

Anias, Carlos, MSN, APRN ■
2000 Northwest 87th Avenue
Suite 201
Doral, FL 33172
(954) 561-6222
Digital Contact Information:
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Anker, Susan C, MSW, LCSW ■
11440 N Kendall Dr
Ste 106
Miami, FL 33176
(305) 668-9090
Digital Contact Information:
eanker7@bellsouth.net

Arango, Alejandra J, MS, LMHC ■
FL
(786) 556-4040
Digital Contact Information:
aarango505@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arvon, Coral, PHD, LCSW, LMFT ■
2627 Northeast 203rd Street
118
Aventura, FL 33180
(305) 936-8000
Digital Contact Information:
http://arvonandassociates.com
drarvon@arvonandassociates.com

and
6919 Southwest 18th Street
219
Miami, FL 33175
(305) 936-8000
Digital Contact Information:
http://arvonandassociates.com
drarvon@arvonandassociates.com

Astacio, Victor, PSYD, LP ■
3990 West Flagler Street
102
Coral Gables, FL 33134
(786) 332-2602
Digital Contact Information:
blueskymentalhealthcorp@gmail.com

and
Eagle Nest Lane
Hialeah, FL 33014
(786) 534-3457
Digital Contact Information:
blueskymentalhealthcorp@gmail.com

and
Home Based Services Only
Miami Gardens, FL 33014
(305) 640-5739
Digital Contact Information:
blueskymentalhealthcorp@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ayer, Brian, MA, LPCC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
registration@ravenwoodhealth.org
Other Languages Spoken by Provider or Office Staff Sign Lang Amer

Badia, Lourdes, MA, LMHC ■
2550 Douglas Road
Ste #301
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
lbadia@aol.com

and
1338 SW 8th St
Miami, FL 33135
(786) 953-8874
Digital Contact Information:
lbadia@aol.com

and

8080 West Flagler Street
2a
Miami, FL 33144
(786) 615-2640
Digital Contact Information:
lbadia@aol.com

and
13270 Southwest 8th Street
Miami, FL 33184
(786) 631-4972
Digital Contact Information:
lbadia@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bagwell, Jennifer, MSW, LCSW ■
FL
(800) 567-5433
(561) 320-2018
Digital Contact Information:
info@totallife.com

Baker, Shukairo M, MSN, APRNCNP, LCSW, PMHNP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
sbaker@affinityhealthcenter.org

Barash, Brian D, MD ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.co

Barciela, Gilberto, MSN, APRNPMH ■
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
forwardwithfc@gmail.com

Barreto, Lourdes A, MSSW, LCSW ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
referrals@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barros, Sandra J, MSW, LCSW ■
9920 Southwest 115th Avenue
Miami, FL 33176
(305) 457-9131
Digital Contact Information:
sandrajbarros@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barzaga, Dayron, MSN, APRN ■
124 Southeast 1st Road
A
Homestead, FL 33030
(786) 255-7979
Digital Contact Information:
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Batista, Maylin, PHD, LMHC ■
6001 Northwest 153rd Street
157
Miami Lakes, FL 33014
(415) 941-4109
Digital Contact Information:
http://www.intent-therapy.com
intenttherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Beaubrun, Lucika, MA, LMHC ■
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(561) 289-7995
Digital Contact Information:
pandatherapycircle@gmail.com

Belot, Max A, MN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

Benito, Jorge, MD ■
5590 W 20th Ave
Ste 404
Hialeah, FL 33016
(305) 826-9330
Digital Contact Information:
taimtano@gmail.com

and
13240 SW 82nd Ave
Miami, FL 33156
(786) 718-7073
Digital Contact Information:
taimtano@gmail.com

and
17325 Northwest 27th Avenue
206 207
Miami Gardens, FL 33056
(786) 822-7270
Digital Contact Information:
taimtano@gmail.com

and
7000 SW 62nd Ave
Ste 600
South Miami, FL 33143
(786) 718-7073
Digital Contact Information:
taimtano@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bentel, Eliana S, MMFT, LMFT ■
FL
(786) 286-5779
Digital Contact Information:
medicalocean205@gmail.com

and
2500 Northwest 79th Avenue
Suite 189
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
medicalocean205@gmail.com

and
7855 Northwest 12th Street
221
Doral, FL 33126
(305) 648-7174
Digital Contact Information:
medicalocean205@gmail.com

and
1414 Northwest 107th Avenue
410
Doral, FL 33172
(305) 560-5742
Digital Contact Information:
medicalocean205@gmail.com

and
7614 Northwest 186th Street
Hialeah, FL 33015
(786) 534-3457
Digital Contact Information:
medicalocean205@gmail.com

and
14411 Commerce Way
330
Hialeah, FL 33016
(786) 701-8416
Digital Contact Information:
http://nossmedicalcorp.com/
medicalocean205@gmail.com

and
15600 Southwest 288th Street
Suite 405
Homestead, FL 33033
(786) 334-3515
Digital Contact Information:
medicalocean205@gmail.com

and
10379 Southwest 186th Street
Miami, FL 33157
(720) 314-4727
Digital Contact Information:
medicalocean205@gmail.com

and
11055 Southwest 186th Street
#101
Miami, FL 33157
(305) 342-4893
Digital Contact Information:
medicalocean205@gmail.com

and
9350 Sunset Drive
suit 150
Miami, FL 33173
(786) 356-3613
Digital Contact Information:
medicalocean205@gmail.com

and
9380 Southwest 72nd Street
245
Miami, FL 33173
(305) 381-5434
Digital Contact Information:
medicalocean205@gmail.com

and
931 Southwest 122nd Avenue
Miami, FL 33184
(305) 603-9235
Digital Contact Information:
medicalocean205@gmail.com

and
12001 SW 128th Ct
Ste 102
Miami, FL 33186
(786) 971-7920
Digital Contact Information:
medicalocean205@gmail.com

and
12255 Southwest 132nd Court
Miami, FL 33186
(305) 964-5157
Digital Contact Information:
medicalocean205@gmail.com

and
12595 Southwest 137th Avenue
STE 201
Miami, FL 33186
(786) 770-4832
Digital Contact Information:
medicalocean205@gmail.com

and
13335 SW 124th St
Ste 106
Miami, FL 33186
(786) 842-3964
Digital Contact Information:
medicalocean205@gmail.com

and
13335 Southwest 124th Street
Suite 205
Miami, FL 33186
(305) 964-5082
Digital Contact Information:
medicalocean205@gmail.com

and
13590 Southwest 134th Avenue
205c
Miami, FL 33186
(786) 754-6474
Digital Contact Information:
medicalocean205@gmail.com

and
14750 Northwest 77th Court
SUITE 206
Miami Lakes, FL 33016
(796) 238-7959
Digital Contact Information:
medicalocean205@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bergolla, Johannys, MSN, APRN ■
7950 Northwest 53rd Street
STE 237
Doral, FL 33166
(786) 536-4420
Digital Contact Information:
violethealthcorp@gmail.com

and
10520 Northwest 26th Street
STE C101
Doral, FL 33172
(786) 353-9308
Digital Contact Information:
violethealthcorp@gmail.com

and
5979 Northwest 151st Street
STE 120
Hialeah, FL 33014
(786) 536-4420
Digital Contact Information:
violethealthcorp@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Berry, Nicole, PHD, LMHC ■
465 West 41st Street
Miami Beach, FL 33140
(786) 376-0773
Digital Contact Information:
nicoleberrys@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Turkish, Spanish

Bez, Yasin, MD ■
1695 NW 9th Ave
3308
Miami, FL 33136
(305) 355-7148
Digital Contact Information:
yasinbez.us@gmail.com

and
1695 NW 9th Ave
Fl 14
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
yasinbez.us@gmail.com

and
1695 NW 9th Ave
Fl 3
Miami, FL 33136
(305) 243-2301
Digital Contact Information:
yasinbez.us@gmail.com
Other Languages Spoken by Provider or Office Staff Turkish

Bibas, Silvia M, MACP, LMHC ■
5590 West 20th Avenue
200 201
Hialeah, FL 33016
(305) 557-1555
Digital Contact Information:
http://lifestarwellnesscenter.com
sbibas999@gmail.com

and
3416 West 84th Street
C-108
Hialeah, FL 33018
(305) 557-1555
Digital Contact Information:
http://lifestarwellnesscenter.com
sbibas999@gmail.com

Blair, Caryn, DNP, APRN ■
2999 NE 191st St
Ste 705
Miami, FL 33180
(305) 721-0748
Digital Contact Information:
mphealth4145@gmail.com

and
FL
(305) 721-0748
Digital Contact Information:
mphealth4145@gmail.com

Blanco, Mercy, MD ■
4175 W 20th Ave
Hialeah, FL 33012
(786) 631-4158
Digital Contact Information:
info@blancomedicalcenter.com

and
1645 Southwest 107th Avenue
Ste 114A
Miami, FL 33165
(786) 631-4158
Digital Contact Information:
info@blancomedicalcenter.com

and
10661 North Kendall Drive
216
Miami, FL 33176
(786) 631-4158
Digital Contact Information:
info@blancomedicalcenter.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Blitzer, Paola, MS, LMHC ■
1045 Kane Concourse
207-208
Bay Harbor Islands, FL 33154
(305) 866-3866
Digital Contact Information:
paolabmhc@gmail.com

and
1045 Kane Concourse
207
Bay Harbor Islands, FL 33154
(561) 901-8846
Digital Contact Information:
paolabmhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bloise, Gabriela, MS, LMHC ■

Home Based Services Only
Miami Gardens, FL 33014
(305) 777-3883
Digital Contact Information:
acebehavioral2@gmail.com

and
5881 Northwest 151st Street
Suite: 103
Miami Lakes, FL 33014
(786) 703-4154
Digital Contact Information:
acebehavioral2@gmail.com

Bolt, Giselle M, MSN, APRN, APRNCNP ■
427 Washington Ave
Miami Beach, FL 33139
(305) 514-0813
Digital Contact Information:
credentialing@cancommunityhealth.org

and
18360 NW 47th Ave
Miami Gardens, FL 33055
(786) 800-5631
Digital Contact Information:
credentialing@cancommunityhealth.org
Other Languages Spoken by Provider or Office Staff English

Borda, Margarita, MA, LMHC ■
123 Madeira Avenue
204
Coral Gables, FL 33134
(305) 898-6607
Digital Contact Information:
margaritaborda123@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Botero, Sara M, MS, LMFT ■
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
morecounseling@gmail.com

and
9745 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 701-2401
Digital Contact Information:
morecounseling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bradley, Aniek, MS, LMFT ■
15190 SW 136th St
Ste 25
Miami, FL 33196
(786) 285-2396
Digital Contact Information:
aniekbradley72@gmail.com

Brinones, Keilan, MSW, LCSW ■
33550 South Dixie Highway
106
Florida City, FL 33034
(786) 601-7712
Digital Contact Information:
sunshinecommunitybs@gmail.com

and
7171 Southwest 24th Street
Suite 417
Miami, FL 33155
(305) 200-3488
Digital Contact Information:
sunshinecommunitybs@gmail.com

Broadwater, India, MSN, APRN ■
2801 Northeast 213th Street
Suite 1215
Aventura, FL 33180
(833) 769-3524
Digital Contact Information:
http://lifestance.com
fl-credentialing@lifestance.com

Brook, Robin, PHD, LMHC ■
111 Northeast 1st Street
FL 8
Miami, FL 33132
(888) 344-4549
Digital Contact Information:
rbrooks@transformationalhealth.net
Other Languages Spoken by Provider or Office Staff
English, Creole, Haitian, French, Spanish

Brookes, Ingrid, MS, LMHC ■
10300 Southwest 72nd Street
275d
Miami, FL 33173
(888) 853-7908
Digital Contact Information:
http://www.bettermindtherapycorp.com
vasallojane@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Brown, Georgiette, MSN, APRN ■
FL
(305) 771-1302
Digital Contact Information:
https://drghealthandwellness.com/
drghealthandwellness@gmail.com

Bruno, Julie D, PSYD, LP ■
1550 Madruga Avenue
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
http://www.abc4s.com
support@abc4s.com

Cabal, Dayanis, PSYD, LP ■
11645 Biscayne Boulevard
STE 408
Miami, FL 33181
(305) 538-8835
Digital Contact Information:
https://mbchc.org/
lvgonzalez@hcnetwork.org

and
710 Alton Rd
Miami Beach, FL 33139
(305) 538-8835
Digital Contact Information:
lvgonzalez@hcnetwork.org

and
1221 71st St
Miami Beach, FL 33141
(305) 538-8835
Digital Contact Information:
https://mbchc.org/
lvgonzalez@hcnetwork.org
Other Languages Spoken by Provider or Office Staff English

Cabrera, Erik A, MD ■
8500 SW 92nd Street
202
Miami, FL 33156
(305) 697-7924
Digital Contact Information:
ecabreramd5@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Cantave, Marie Jean Isabelle, MS, LMFT ■
1404 NW 22nd St
Miami, FL 33142
(305) 325-1050
Digital Contact Information:
http://vitaehs.com
redentialing@vitaehealthportal.com

Capote, Lindsey, MC, LMHC ■
14401 Old Cutler Road
Miami, FL 33158
(305) 722-5380
Digital Contact Information:
http://www.wellspringmiami.org
insurance@wellspringmiami.org

Capriata, Olga J, MSW, LCSW ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
http://lotuscounseling.com
admi@lotuscounseling.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
http://www.lotuscounseling.com
admi@lotuscounseling.com

and
7811 Coral Way
106
Miami, FL 33155
(305) 412-0138
Digital Contact Information:
admi@lotuscounseling.com

and
13930 SW 47th St
Ste 202
Miami, FL 33175
(305) 387-7850
Digital Contact Information:
admi@lotuscounseling.com

and
5600 SW 135th Ave
Ste 116
Miami, FL 33183
(305) 387-7850
Digital Contact Information:
admi@lotuscounseling.com
Other Languages Spoken by Provider or Office Staff
Spanish

Carroza, Mirna H, MPSY, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff Italian, Spanish

Castillo, Karina, MA, LMHC ■
FL
(786) 258-8499
Digital Contact Information:
http://www.virtual-counseling.com
service@virtual-counseling.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Castillo Llanes, Lisandra, MSN, APRN ■
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
contact@balancedwellbeingllc.com

and
5607 NW 27th Ave
1
Miami, FL 33142
(239) 278-3660
Digital Contact Information:
contact@balancedwellbeingllc.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(786) 833-7633
Digital Contact Information:
contact@balancedwellbeingllc.com

and
20612 Northwest 27th Avenue
Miami Gardens, FL 33056
(305) 637-6400
Digital Contact Information:
contact@balancedwellbeingllc.com

Cata, Karina, MN, ARNP ■
4982 Palm Avenue
Hialeah, FL 33012
(305) 479-3262
Digital Contact Information:
kcata@kcm.health
Other Languages Spoken by Provider or Office Staff
Spanish

Chambre, Karen F, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
wardchambre@gmail.com
Other Languages Spoken by Provider or Office Staff Afar

Charlemagne, Leila T, PSYD, LP ■
100 NE 38th St
Ste 5
Miami, FL 33137
(305) 576-1599
Digital Contact Information:
cbolivar@borinquenhealth.org
Other Languages Spoken by Provider or Office Staff
Spanish

Charles, Abbdady, MSN, APRN ■
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
help@joinuplift.co

Chelak, Elizabeth, MSW, LCSW ■
1110 Brickell Ave
Ste 407
Miami, FL 33131
(561) 501-3092
Digital Contact Information:
info@traumatherapywpb.com
Other Languages Spoken by Provider or Office Staff
Russian

Chemerinsky, Graciela, MPSY, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com

and
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cherry, Patricia, MED, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
steven.smith@mangalaminfotech.com

Chinea, Marianela, MSN, APRN ■
3971 Southwest 8th Street
STE 206
Coral Gables, FL 33134
(786) 633-5960
Digital Contact Information:
agauna@bmsbill.com

and
FL
(786) 980-7496
Digital Contact Information:
http://www.vidahealthcarenetworks.com
agauna@bmsbill.com

and
13590 Southwest 134th Avenue
201
Miami, FL 33186
(786) 227-6258
Digital Contact Information:
agauna@bmsbill.com

Cipriani, Donna C, PHD, LMHC, LP ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
dr.donnacipriani@gmail.com
Other Languages Spoken by Provider or Office Staff Italian

Cnobel Massion, Monica, MC, LCPC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Commella, Noreen, PSYD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@healthyyoungminds.com

Cordova, Carlos A, MS, LMHC ■
2141 SW 1st St
Ste 103
Miami, FL 33135
(305) 644-6024
Digital Contact Information:
help@coralcmhc.net
Other Languages Spoken by Provider or Office Staff
Spanish

Corniffe, Khadine, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
pandatherapycircle@gmail.com

Corzo, Samantha R, MS, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
credentialing@banyanhealth.org

Crespo, Maria R, MMFT, LMFT ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
laurap@azzurrahcc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Crowdis, Marissa A, DO ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
ehoyos@lotuscounseling.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
ehoyos@lotuscounseling.com

Cruz, Jose, MD ■
4302 Alton Rd
Ste 820
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com

and
4304 Alton Rd
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com

and
4304 Alton Rd
Fl 1
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com

Curras, Michelle M, MSSW, LCSW ■
1000 Brickell Avenue
Miami, FL 33131
(786) 536-5702
Digital Contact Information:
laibehavior@gmail.com

and
981 NW 132nd Ave W
Miami, FL 33182
(786) 536-5702
Digital Contact Information:
laibehavior@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Dangla, Marjorie, MSW, LCSW ■
Doral
Doral, FL 33178
(305) 926-6106
Digital Contact Information:
blissfulsoultherapy01@gmail.com

De La Nuez, Laura, PSYD, LP ■
2100 Ponce de Leon
STE 1015
Coral Gables, FL 33134
(786) 797-7788
Digital Contact Information:
lauradelanuez@bellsouth.net

De Souza Morais, Michele, MD ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
https://www.compasshealthsystems.com/
credentialing@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(888) 852-6672
Digital Contact Information:
http://www.compasshealthsystems.com
credentialing@compass.md
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Degraff, Stephane B, MD ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
victoria.l.oswald@powershealth.org
Other Languages Spoken by Provider or Office Staff Creole

Delaney, Carol J, PSYD, LP ■
9425 SW 72nd St
Ste 265
Miami, FL 33173
(305) 279-8400
Digital Contact Information:
http://www.safeharbormhc.com
drdelaney2644@att.net
Other Languages Spoken by Provider or Office Staff
Spanish

Delgado Alvarez, Guadalupe, MS, APRN ■
4300 Biscayne Boulevard
STE 203
Miami, FL 33137
(877) 400-0540
Digital Contact Information:
globalbehavioralhealthgroup@gmail.com

and
7951 Southwest 40th Street
suite 200-a
Miami, FL 33155
(305) 876-6960
Digital Contact Information:
globalbehavioralhealthgroup@gmail.com

Delgado, Beatriz, MSSW, LCSW ■
1550 Madruga Ave
Ste 509
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
http://www.abc4s.com
admin@abc4s.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Delicio, Elizabeth, MMH, LMHC ■
7789 Northwest 48th Street
375
Doral, FL 33166
(786) 409-3800
Digital Contact Information:
zulma.alvarado@dynastymentalhealth.com

and
1840 W 49th St
Ste 517
Hialeah, FL 33012
(786) 558-8465
Digital Contact Information:
zulma.alvarado@dynastymentalhealth.com

and
1840 W 49th St
Ste 605
Hialeah, FL 33012
(305) 456-7785
Digital Contact Information:
zulma.alvarado@dynastymentalhealth.com

and
3701 Southwest 107th Avenue
Miami, FL 33165
(305) 553-8343
Digital Contact Information:
zulma.alvarado@dynastymentalhealth.com

and
8200 Northwest 41st Street
Suite 200
Miami, FL 33166
(786) 587-9432
Digital Contact Information:
zulma.alvarado@dynastymentalhealth.com

and
760 Northwest 107th Avenue
110
Miami, FL 33172
(786) 409-3800
Digital Contact Information:
zulma.alvarado@dynastymentalhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz, Ibrahim, MSN, APRN ■
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
kenia.rodriguez@ffmhs.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com

Diaz Palmero, Yuranis, MPSY, LMHC ■
3785 Northwest 82nd Avenue
307
Doral, FL 33166
(305) 266-2949
Digital Contact Information:
info@oasismentalhealthcenter.com

and
Northwest 92nd Avenue
Doral, FL 33172
(305) 266-2949
Digital Contact Information:
info@oasismentalhealthcenter.com

and
5901 Northwest 183rd Street
310
Hialeah, FL 33015
(786) 418-9790
Digital Contact Information:
https://oasismentalhealthcenter.com
info@oasismentalhealthcenter.com

and
1250 Southwest 27th Avenue
Suite 506
Miami, FL 33135
(786) 536-9278
Digital Contact Information:
info@oasismentalhealthcenter.com

and
330 Southwest 27th Avenue
STE 609
Miami, FL 33135
(786) 743-0801
Digital Contact Information:
info@oasismentalhealthcenter.com

and
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
info@oasismentalhealthcenter.com

and
9125 SW 87th Ave
Miami, FL 33176
(305) 735-3919
Digital Contact Information:
info@oasismentalhealthcenter.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz, Yiranda, MN, APRN ■
4601 Ponce De Leon Blvd
Ste 100
Coral Gables, FL 33146
(786) 758-3875
Digital Contact Information:
http://www.greenbrooktms.com
greenbrook@sutherlandglobal.com

Doran, Brianna, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
help@joinuplift.co

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Dreher, Faatimah, MS, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
acc@advancedclientcare.org

Durand Marticorena, Dante M, MD ■
1295 NW 14th St
Ste E
Miami, FL 33125
(305) 689-1352
Digital Contact Information:
rwinokur@med.miami.edu

and
1120 NW 14th St
1477
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
rwinokur@med.miami.edu

and
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-6400
Digital Contact Information:
rwinokur@med.miami.edu

and
1611 NW 12th Ave
Miami, FL 33136
(305) 585-1111
Digital Contact Information:
rwinokur@med.miami.edu

and
1695 NW 9th Ave
1404A
Miami, FL 33136
(305) 355-7147
Digital Contact Information:
rwinokur@med.miami.edu

and
1695 NW 9th Ave
3308
Miami, FL 33136
(305) 355-7000
Digital Contact Information:
rwinokur@med.miami.edu

and
1695 NW 9th Ave
Fl 3

Miami, FL 33136
(305) 243-0214
Digital Contact Information:
rwinokur@med.miami.edu
Other Languages Spoken by Provider or Office Staff
Spanish

Ebert, Maryellen, EDS, LMHC ■
5001 SW 74th Ct
Ste 104
Miami, FL 33155
(305) 663-0013
Digital Contact Information:
leleebert@hotmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

El-Bahtity, Bassem F, MD ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
credentialing@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
credentialing@compass.md

Elder, Carol, MS, LMFT ■
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(561) 609-2996
Digital Contact Information:
http://www.pandatherapycircle.com/
pandatherapycircle@gmail.com

Elma, Linda S, MSW, LCSW ■
11601 Biscayne Boulevard
303
Miami, FL 33181
(954) 278-0487
Digital Contact Information:
http://lsmsmentalhealth.com
info@lindaelmalcsw.com
Other Languages Spoken by Provider or Office Staff Creole

Enamorado, Yanko, MD ■
4302 Alton Rd
Ste 820
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com

and
4304 Alton Rd
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com

and
4304 Alton Rd
Fl 1
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com

Espaillat, Ricardo K, MD ■
3219 W 4th Ave
Na
Hialeah, FL 33012
(305) 261-6633
Digital Contact Information:
rkespaillat@yahoo.com

and
1975 West 76th Street
Hialeah, FL 33014
(305) 479-3262
Digital Contact Information:
rkespaillat@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Espinosa, Hugo, MD ■
4982 Palm Avenue
Hialeah, FL 33012
(305) 479-3262
Digital Contact Information:
madyryanllc@gmail.com

and
1975 West 76th Street
Hialeah, FL 33014
(305) 479-3262
Digital Contact Information:
http://www.kcmhealthcare.com
madyryanllc@gmail.com

and
5965 Southwest 8th Street
Miami, FL 33144
(305) 479-3262
Digital Contact Information:
http://www.kcm.healthcare.com
madyryanllc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Espinoza Marin, Ennyluz, MMH, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Esquenazi, Moises, MD ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
credentialer@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Essen, Laura A, MSW, LCSW ■
401 Miracle Mile Ste 204
Miami, FL 33134
(305) 823-3438
Digital Contact Information:
laura@lauraessen.com

and
6460 Main St Apt 110
110
Miami Gardens, FL 33014
(305) 823-3438
Digital Contact Information:
laura@lauraessen.com

and
15485 Eagle Nest Lane
#130
Miami Lakes, FL 33014
(305) 823-3438
Digital Contact Information:
laura@lauraessen.com

Ewald, Claudia, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

and
585 Northwest 116th Street
Miami, FL 33168
(305) 244-0971
Digital Contact Information:
https://www.evernorth.com/behavioral-care
insurance@wellnite.com

and
1400 Northeast Miami Gardens Drive
103
Miami, FL 33179
(305) 244-0971
Digital Contact Information:
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Farrell-Turner, Kristen, PHD, LP ■
7685 Southwest 104th Street
Pinecrest, FL 33156
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
ebcg-support@findoctave.com

Feldmann, Denise, MS, LMHC ■
3580 Mystic Pointe Drive
Aventura, FL 33180
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
ebcg-support@findoctave.com

Feliciano, Emily N, MSN, APRN ■
8950 North Kendall Drive
Suite 403W
Miami, FL 33176
(786) 596-3876
Digital Contact Information:
managedcarecredentialing@baptisthealth.net

Fernandes, Florinda, PA, PA_C ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
intake@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://:www.compasshealthsystems.com
intake@compass.md
Other Languages Spoken by Provider or Office Staff
Cantonese, Spanish

Figuereo Sabeta, Solange, MC, LMHC ■
10300 Florida 986
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fishberger, Andrea J, MSW, LCSW ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
andreafishberger@me.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
andreafishberger@me.com

and
FL
(914) 924-4827
Digital Contact Information:
andreafishberger@me.com

Fitzpatrick, Panayiota, MED, LMHC ■
360 Northwest 27th Street
Miami, FL 33127
(929) 209-6109
Digital Contact Information:
fl-patientaccess@harmonybaywellness.com

Fleisher, Rebecca, MSN, APRN ■
5915 Ponce de Leon
23 26
Coral Gables, FL 33146
(786) 664-7810
Digital Contact Information:
https://southfloridaintegrativemed.com
vfalu@healthassets.com

Flores, Aida A, MS, LMHC ■
FL
(305) 494-9791
Digital Contact Information:
aflores@kaaficounseling.com
Other Languages Spoken by Provider or Office Staff
Spanish

Forbes, Laurie J, MSW, LCSW, LMFT ■
2000 S Dixie Hwy
Ste 103
Miami, FL 33133
(305) 794-6685
Digital Contact Information:
ljforbes@aol.com

and
1000 Lincoln Rd
Ste 234A
Miami Beach, FL 33139
(305) 794-6685
Digital Contact Information:
ljforbes@aol.com

and
FL
(305) 794-6685
Digital Contact Information:
ljforbes@aol.com

and
16499 Northeast 19th Avenue
Suite 213
North Miami Beach, FL 33162
(305) 794-6685
Digital Contact Information:
ljforbes@aol.com

Force, Ali-Reza, MD ■
5911 Northwest 173rd Drive
6 6
Hialeah, FL 33015
(786) 380-9229
Digital Contact Information:
extwebsupport@hcdpbc.org
Other Languages Spoken by Provider or Office Staff Haitian Creole, Spanish

Frank, Randi, MC, LMHC ■
9822 Northeast 2nd Avenue
2
Miami Shores, FL 33138
(786) 505-7502
Digital Contact Information:
http://www.mindfuldirectionscc.com
randi@mindfuldirectionscc.com

Frasier, Hazel D, MSN, APRN, LNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
hazel.frasier@ncgcommunity.com

Fuentes, Gretzky K, MC, LMHC ■
2500 Northwest 79th Avenue
233
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
pmcibilling228@gmail.com

and
2500 Northwest 79th Avenue
Suite 189
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
pmcibilling228@gmail.com

and
1414 Northwest 107th Avenue
410
Doral, FL 33172
(305) 560-5742
Digital Contact Information:
pmcibilling228@gmail.com

and
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
pmcibilling228@gmail.com

and
15600 Southwest 288th Street
Suite 405
Homestead, FL 33033
(786) 334-3515
Digital Contact Information:
pmcibilling228@gmail.com

and
261 Westward Drive
suite 108-109
Miami, FL 33166
(305) 200-5176
Digital Contact Information:
pmcibilling228@gmail.com

and
931 Southwest 122nd Avenue
Miami, FL 33184
(305) 603-9235
Digital Contact Information:
pmcibilling228@gmail.com

and
12001 SW 128th Ct
Ste 102
Miami, FL 33186
(786) 971-7920
Digital Contact Information:

pmcibilling228@gmail.com

and
12255 Southwest 132nd Court
Miami, FL 33186
(305) 964-5157
Digital Contact Information:
pmcibilling228@gmail.com

and
12595 Southwest 137th Avenue
STE 110
Miami, FL 33186
(305) 465-9379
Digital Contact Information:
pmcibilling228@gmail.com

and
13335 Southwest 124th Street
106 106
Miami, FL 33186
(877) 811-0553
Digital Contact Information:
pmcibilling228@gmail.com

and
13335 Southwest 124th Street
Suite 107
Miami, FL 33186
(305) 964-5013
Digital Contact Information:
pmcibilling228@gmail.com

and
5209 Northwest 36th Street
Miami Springs, FL 33166
(786) 712-7752
Digital Contact Information:
pmcibilling228@gmail.com

and
18142 Southwest 97th Avenue
Palmetto Bay, FL 33157
(786) 701-9179
Digital Contact Information:
http://www.guevaramedicalservices.com
pmcibilling228@gmail.com

and
14865 South Dixie Highway
Palmetto Bay, FL 33176
(786) 732-2176
Digital Contact Information:
pmcibilling228@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fuentes, Monica M, MMH, LMHC ■
18901 Southwest 106th Avenue
#224
Miami, FL 33157
(786) 732-0071
Digital Contact Information:
http://www.peaceofmindmh.com
monicafuentes@peaceofmindmh.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gainza Mayo, Mariela D, MSN, APRN ■
7971 Bird Road
15
Miami, FL 33155
(786) 504-5620
Digital Contact Information:
kenia.rodriguez@ffmhs.com

and
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Galvez, Gema, MS, LPC ■
10300 Southwest 72nd Street
275d
Miami, FL 33173
(888) 853-7908
Digital Contact Information:
http://www.bettermindtherapycorp.com
gemagalvez@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Armando, MSSW, LCSW ■
8200 Northwest 41st Street
Suite 200
Miami, FL 33166
(305) 613-2842
Digital Contact Information:
https://savinglives.clientsecure.me/melissa@savinglivescounselingcenter.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Garcia, Glenda, MSN, APRN ■
15260 Southwest 280th Street
113 114
Homestead, FL 33032
(305) 998-7885
Digital Contact Information:
infogarciahs@gmail.com

and
13370 Southwest 131st Street
Suite 110
Miami, FL 33186
(786) 250-4571
Digital Contact Information:
infogarciahs@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Maria, MS, LMHC ■
15715 S Dixie Hwy
Ste 403
Miami, FL 33157
(305) 707-5966
Digital Contact Information:
movingtowardagape@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia Serrano, Lisandra, MSN, APRN ■
2720 Southwest 97th Avenue
C-105
Miami, FL 33165
(786) 332-4330
Digital Contact Information:
lisandragarcia1985@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Tiffany, MN, PMHNP ■
2650 Southwest 27th Avenue
Suite 305
Miami, FL 33133
(786) 353-9812
Digital Contact Information:
billingheritagewellness@gmail.com

and
20824 W Dixie Hwy
Miami, FL 33180
(407) 851-5121
Digital Contact Information:
billingheritagewellness@gmail.com

Garcia-Vilasuso, Teresita, MS, LMHC ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
dr.ingridroman1@gmail.com

and
5455 Southwest 8th Street
230
Miami, FL 33134
(786) 629-8836
Digital Contact Information:
dr.ingridroman1@gmail.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
http://appliedbhs.com
dr.ingridroman1@gmail.com

and
12485 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 250-4423
Digital Contact Information:
dr.ingridroman1@gmail.com

Genen, Lawrence R, MD ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
provider@3peaksmedical.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com
Other Languages Spoken by Provider or Office Staff English

Gerenz, Matthew, MD ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
js@mdgain.com

Gerstein, Myriam, MSW, LCSW ■
901 E 10th Ave
Ste 39
Hialeah, FL 33010
(305) 637-6400
Digital Contact Information:
http://www.jtchs.org
mgerstein@jtchs.org

and
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
http://jtchs.org
mgerstein@jtchs.org

and
5607 NW 27th Ave
1
Miami, FL 33142
(305) 805-1700
Digital Contact Information:
mgerstein@jtchs.org

and
1100 NW 71st St
Miami, FL 33150
(305) 637-6400
Digital Contact Information:
mgerstein@jtchs.org

and
1190 NW 95th St
Ste 100
Miami, FL 33150
(305) 637-6400
Digital Contact Information:
mgerstein@jtchs.org

and
FL
(305) 637-6400
Digital Contact Information:
mgerstein@jtchs.org

and
20612 Northwest 27th Avenue
Miami Gardens, FL 33056
(305) 637-6400
Digital Contact Information:
http://jtchs.org
mgerstein@jtchs.org

and
490 Opa Locka Blvd
Opa Locka, FL 33054
(305) 637-6400
Digital Contact Information:
http://www.jtchs.org
mgerstein@jtchs.org
Other Languages Spoken by Provider or Office Staff
Spanish

Gessesse, Daniel, MD ■
15715 S Dixie Hwy
Ste 303
Miami, FL 33157
(800) 813-8037
Digital Contact Information:
mcg01216@hotmail.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(800) 813-8037
Digital Contact Information:
mcg01216@hotmail.com

Gillespie, Marjorie, PHD, APRN ■
64 W 63rd St
B202
Hialeah, FL 33012
(954) 431-7676
Digital Contact Information:
dr.gillespie@hotmail.com

and
16400 NW 2nd Ave
Ste 100
Miami, FL 33169
(954) 431-7676
Digital Contact Information:
dr.gillespie@hotmail.com

Goicoechea, Alejandro, MPSY, LMHC ■
15190 SW 136th St
Ste 25
Miami, FL 33196
(786) 626-3970
Digital Contact Information:
https://www.evernorth.com/behavioral-care
alegoicoe@yahoo.com

Gomez, Luis M, MSN, APRN ■
14400 Northwest 77th Court
#100
Miami Lakes, FL 33016
(786) 916-6073
Digital Contact Information:
soflabillers@gmail.com

Gonzalez, Adriana, MSN, APRN ■
11440 N Kendall Dr
Ste 208
Miami, FL 33176
(305) 898-0849
Digital Contact Information:
callisiabilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez Diaz, Vivian D, PSYD, LP ■
3271 NW 7th St
Ste 203
Miami, FL 33125
(786) 220-6902
Digital Contact Information:
http://www.outpatientpsycare.com
viviangonzalezdiaz@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Elizabeth, MPSY, LMHC ●
FL
(727) 712-7014
Digital Contact Information:
elizabethahcf@gmail.com

Gonzalez Garcia, Freysdman, MSW, LCSW ■
900 West 49th Street
B001
Hialeah, FL 33012
(305) 850-3316
Digital Contact Information:
credentialing@billimd.com

and
900 West 49th Street
b505
Hialeah, FL 33012
(786) 663-2822
Digital Contact Information:
credentialing@billimd.com

and
10300 Southwest 72nd Street
261d
Miami, FL 33173
(786) 327-3694
Digital Contact Information:
credentialing@billimd.com

and
12595 Southwest 137th Avenue
STE 110
Miami, FL 33186
(305) 465-9379
Digital Contact Information:
credentialing@billimd.com

Gonzalez Gil, Manuel, MSCC, LMHC ■
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Jacqueline, MSSW, LCSW ■
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
sasha@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gorham, Tania, MMFT, LMFT ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
gorhamtania@gmail.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
gorhamtania@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gratia, Vladymir, MSN, APRN ■
11440 N Kendall Dr
Ste 208
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
gratiaadvancedhealth@gmail.com

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
gratiaadvancedhealth@gmail.com
Other Languages Spoken by Provider or Office Staff Haitian Creole

Green-Scott, Alicia, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
allygreen66@aol.com

Guilbe, Angelika, MSCC, LMHC ■
FL
(754) 307-6860
Digital Contact Information:
http://www.solrivercounseling.com
angie_guilbe@yahoo.com

Gutierrez, Beatriz, MSN, APRN ■
FL
(954) 765-6505
Digital Contact Information:
https://optimalmindandwellness.com/our-focus
beatriz@optimalmindandwellness.com

Gutierrez, Damian, MC, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
credentialing@banyanhealth.org

Gutierrez, Giselle E, PSYD, LP ■
10691 N Kendall Dr
Ste 105
Miami, FL 33176
(305) 668-6018
Digital Contact Information:
cartayagroup@gmail.com

Halliday, Anna, MED, LMHC ■
3580 Mystic Pointe Drive
Suite 108
Aventura, FL 33180
(305) 205-3810
Digital Contact Information:
support@hstherapycollective.com

and
820 Northeast 143rd Street
North Miami, FL 33161
(305) 205-3810
Digital Contact Information:
http://hstherapycollective.com
support@hstherapycollective.com

Hassan, Hamlet R, MD ■
4475 Southwest 8th Street
Coral Gables, FL 33134
(786) 536-2872
Digital Contact Information:
bcd.ahcs@outlook.com

and
3146 Coral Way
FL 2
Coral Gables, FL 33145
(786) 953-8874
Digital Contact Information:
bcd.ahcs@outlook.com

and
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
bcd.ahcs@outlook.com

and
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
bcd.ahcs@outlook.com

and
664 E 25th St
Hialeah, FL 33013
(786) 409-2651
Digital Contact Information:
bcd.ahcs@outlook.com

and
664 East 25th Street
102
Hialeah, FL 33013
(786) 409-5361
Digital Contact Information:
bcd.ahcs@outlook.com

and
7490 Southwest 23rd Street
201
Miami, FL 33155
(786) 953-8221
Digital Contact Information:
bcd.ahcs@outlook.com

and
760 Northwest 107th Avenue
110
Miami, FL 33172
(786) 409-3800
Digital Contact Information:
bcd.ahcs@outlook.com

and
10511 North Kendall Drive
c201
Miami, FL 33176
(305) 274-5319
Digital Contact Information:
bcd.ahcs@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Heard, Chelsea, MSSW, LCSW ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
chelseaheardcounseling@gmail.com

Henderson, Kimberly, MSW, LCSW ■
FL
(305) 804-9121
Digital Contact Information:
http://www.sfacounseling.org
info@sfacounseling.org

Hernandez, Ania, MS, BCBA ■
12060 Southwest 129th Court
Suite 205
Miami, FL 33186
(786) 864-9113
Digital Contact Information:
Not Available

Hernandez, Juan D, MED, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
contracting@confidanthealth.com

Hernandez, Lecsy, MA, BCBA, LMHC ■
770 Ponce de Leon
307
Coral Gables, FL 33134
(786) 344-8757
Digital Contact Information:
mtherapy@hushmail.com

and
770 Ponce de Leon
Ste 305
Coral Gables, FL 33134
(786) 344-8757
Digital Contact Information:
mtherapy@hushmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 695-8672
Digital Contact Information:
mtherapy@hushmail.com

and
4155 Southwest 130th Avenue
108
Miami, FL 33175
(786) 695-8672
Digital Contact Information:
mtherapy@hushmail.com

Hernandez, Madeline, PHD, LMHC ■
3408 W 84th St
Ste 317
Hialeah, FL 33018
(305) 822-6772
Digital Contact Information:
mhernandezpsyd@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez Ruiz, Katiana E, MS, LMHC ■
5901 Southwest 74th Street
Suite 201
South Miami, FL 33143
(786) 638-9074
Digital Contact Information:
hummingmindsmia@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Yanet, MSN, APRN ■
FL
(239) 244-2022
(786) 440-0904
Digital Contact Information:
http://www.mdpsclinic.com
consulting@fdgmso.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Herrera Martinez, Daysi, MSSW, LCSW ●
12540 Northeast 8th Avenue
North Miami, FL 33161
(786) 731-6492
Digital Contact Information:
dherrera@altamiracommunity.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hershman, Kelley P, MA, LMHC ■
14211 Southwest 120th Street
107
Miami, FL 33186
(917) 592-2345
Digital Contact Information:
khershman@thesohocenter.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hill, Felicia M, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@lifestance.com

Hood, Linda, PHD, LMHC ■
1351 Meridian Avenue
Miami Beach, FL 33139
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
ebcg-support@findoctave.com

Hopkins, Sharon B, PHD, LP ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
cpadilla@deeroaks.com
Other Languages Spoken by

Provider or Office Staff French

Hopps, Allison M, MSN, APRN ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Huber, Rose, PSYD, LP ■
7330 Southwest 62nd Place
STE 210
South Miami, FL 33143
(786) 801-3883
Digital Contact Information:
info@miamivipsurgery.com

Humphery, Hugh, MD ●
5915 Ponce de Leon
23 26
Coral Gables, FL 33146
(786) 664-7810
Digital Contact Information:
vfalu@healthassets.com

Jean, Ange-Fennie, MS, LMFT ■
14645 Northwest 77th Avenue
101
Miami Lakes, FL 33014
(833) 769-3524
Digital Contact Information:
http://lifestance.com
fl-credentialing@lifestance.com
Other Languages Spoken by Provider or Office Staff Creole, Haitian

Jean Mary, Jean Rony, MD ■
3500 NW 17th Ave
Miami, FL 33142
(305) 633-6777
Digital Contact Information:
jmrmedicalservicesinc@gmail.com
Other Languages Spoken by Provider or Office Staff Creole

Jean-Baptiste, Odeline, MSW, LCSW ■
12000 Biscayne Boulevard
Ste 211
North Miami, FL 33181
(305) 705-5611
Digital Contact Information:
http://therapywalkinnovativecounseling.com
odeline@therapywalkinnovativecounseling.com

and

FL
(305) 705-5611
Digital Contact Information:
http://therapywalkinnovativecounseling.com
odeline@therapywalkinnovativecounseling.com

Johnson, Ashley, MPSY, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
steven.smith@mangalaminfotech.com

Johnson, Kamla D, MSW, LCSW ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
http://www.dgphealthandwellness.com
adams@pcmgfl.com
Other Languages Spoken by Provider or Office Staff English

Jones, Savannah L, PA, PA_C ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
https://www.compasshealthsystems.com
intake@compass.md

and

1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
intake@compass.md

Joseph, Emmanuela, MSW, LCSW ■
2201 NE 170th St
North Miami Beach, FL 33160
(305) 945-1401
Digital Contact Information:
credentialing@vitaehealthportal.com

Karoub, Arielle E, MS, LCMHC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Khachatryan, Sunny, PHD, LMHC, LPCC ■
1001 Brickell Bay Dr
2701
Miami, FL 33131
(305) 742-5429
Digital Contact Information:
appointments@meetmarvin.com

Khalif, Salaha N, MSN, APRN, ARNP, CNP, CRNP, NP ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
oh-credentialing@lifestance.com

and

2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
oh-credentialing@lifestance.com

and

255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
oh-credentialing@lifestance.com

and

370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
oh-credentialing@lifestance.com

and

333 Southeast 2nd Avenue
Suite #2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
oh-credentialing@lifestance.com

and

801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
oh-credentialing@lifestance.com

and

3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
oh-credentialing@lifestance.com

and

350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
oh-credentialing@lifestance.com

and

429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
oh-credentialing@lifestance.com

and

323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
oh-credentialing@lifestance.com
Other Languages Spoken by Provider or Office Staff English

Kidane Davis, Pascale, MSN, APRN ■
FL
(786) 761-1155
(888) 947-3888
Digital Contact Information:
https://www.virtualpsychiatriccare.com/
pascalenp11@gmail.com

Konovalova, Allison, MMFT, LMFT ■
1125 Northeast 125th Street
501
North Miami, FL 33161
(305) 900-7146
Digital Contact Information:
blumcounselinggroup@gmail.com

Kudolo, Diane, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
dmk.lpc2011@gmail.com

Labossiere, Danielle H, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com

Landes, Debra M, MED, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
landeslmhc@gmail.com

Leal, Julio O, MS, LMHC ■
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
la.herrera@lifestance.com

Lebron Ginorio, Michelle, MD ■
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
rehabcenterag@gmail.com

and

10300 Southwest 72nd Street
300
Miami, FL 33173
(786) 418-9730
Digital Contact Information:
http://www.happydreamsofkids.com
rehabcenterag@gmail.com

and

12150 Southwest 128th Court
Suite 233
Miami, FL 33186
(786) 238-7666
Digital Contact Information:
rehabcenterag@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Lester, Charles W, MD ■
2828 Coral Way
Ste 460
Coral Gables, FL 33145
(305) 642-5255
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net

and

12550 Biscayne Boulevard
STE 306
North Miami, FL 33181
(305) 642-5255
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net
Other Languages Spoken by Provider or Office Staff Spanish

Lewis, Mariah, MSW, LCSW ■
FL
(850) 305-1894
Digital Contact Information:
http://www.tpttherapy.org
mariahlewis@tpttherapy.org

Lewis, Tyrone, CAP, LMHC, MSW ■
10689 N Kendall Dr
Ste 306
Miami, FL 33176
(305) 558-7400
Digital Contact Information:
Not Available

and

10689 N Kendall Dr
Ste 314
Miami, FL 33176
(305) 558-7400
Digital Contact Information:
Not Available

Leydig, Tammie, MSN, APRN, CNP ■
FL
(305) 902-6347
Digital Contact Information:
sid@instic.health

Lieberman, Anat G, MSW, LCSW ■
2875 Northeast 191st Street
Suite 552
Aventura, FL 33180
(786) 417-2492
Digital Contact Information:
insurance@jcsfl.org
Other Languages Spoken by Provider or Office Staff Hebrew

Lieberman, Brett, MS, LMFT ■
66 W Flagler St
900
Miami, FL 33130
(786) 244-7690
Digital Contact Information:
windsongwellness@hotmail.com

Lima, Olivia, MS, LMHC ●
15715 S Dixie Hwy
Ste 403
Miami, FL 33157
(305) 707-5966
Digital Contact Information:
http://movingtowardagape.com
movingtowardagape@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Llenin, Mercedes, PHD, LMHC, LP ■
7791 Northwest 46th Street
Suite 221
Doral, FL 33166
(786) 910-9670
Digital Contact Information:
Not Available

and

6262 Bird Rd
Ste 2F
Miami, FL 33155
(305) 387-7850
Digital Contact Information:
Not Available

and

13930 SW 47th St
Ste 202
Miami, FL 33175
(305) 387-7850
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff Spanish

Lopez, Angel, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com

and

2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:

https://www.wellnite-cigna.lovable.app
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Spanish

Lopez Medrano, Ana M, MS, LMHC, LPC ■
3408 W 84th St
Ste 305
Hialeah, FL 33018
(786) 663-3983
Digital Contact Information:
https://mentalia.us
care@thepeacefulmindfactory.com

and

FL
(786) 663-3983
Digital Contact Information:
https://mentalia.us
care@thepeacefulmindfactory.com

and

13590 Southwest 134th Avenue
210
Miami, FL 33186
(786) 663-3983
Digital Contact Information:
care@thepeacefulmindfactory.com
Other Languages Spoken by Provider or Office Staff Spanish

Lucci, Alex, MD ■
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
fl-credentialing@lifestance.com

Luther, Jasmine M, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
fl-credentialing@lifestance.com
Other Languages Spoken by Provider or Office Staff English

Madruga Pau, Rogelio D, MMH, APRN ■
3901 Northwest 79th Avenue
STE 120
Doral, FL 33166
(786) 310-4480
Digital Contact Information:
hccms.corp@gmail.com

and

4155 Southwest 130th Avenue
114
Miami, FL 33175
(956) 293-5008
Digital Contact Information:
hccms.corp@gmail.com

and

9963 Southwest 142nd Avenue
Miami, FL 33186
(956) 253-5008
Digital Contact Information:
hccms.corp@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Maldonado, Milagros R, MS, LMHC ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
info@avilahealthgroup.com
Other Languages Spoken by Provider or Office Staff Portuguese, Spanish

Marcus, Phyllis C, MC, LMFT ■
540 Northwest 165th Street
114
Miami, FL 33169
(786) 648-6550
Digital Contact Information:
horebhealthclinic@gmail.com

and

540 Northwest 165th Street
STE 110
Miami, FL 33169
(786) 648-6550
Digital Contact Information:
horebhealthclinic@gmail.com

Martinez Soto, Yaneisy, APRN ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
info@ffmhs.com

McKee, Sandra Darby D, MSN, APRN, APRNCNP, CRNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

McMakin, Dana L, PHD, LP ■
6262 Sunset Drive
Suite 500
Miami, FL 33143
(305) 669-6503
Digital Contact Information:
payer.credentialing@nicklaushealth.org

and

3100 SW 62nd Ave
Miami, FL 33155
(305) 669-6503
Digital Contact Information:
payer.credentialing@nicklaushealth.org

Meadowlark, Cheri A, MA, LMFT ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
credentialing@joinuplift.co
Other Languages Spoken by Provider or Office Staff English

Medina Rojo, Raul, MSN, APRN ■
4445 West 16th Avenue
STE 405
Hialeah, FL 33012
(786) 233-6721
Digital Contact Information:
office@myrtleridge.us

and

1000 Brickell Avenue
Miami, FL 33131
(786) 701-9211
Digital Contact Information:
office@myrtleridge.us

and

9299 SW 152nd St
Ste 206
Palmetto Bay, FL 33157
(786) 883-0339
Digital Contact Information:
office@myrtleridge.us
Other Languages Spoken by Provider or Office Staff English, Spanish

Mejia, Alejandra, MSW, LCSW ■
14645 Northwest 77th Avenue
101
Miami Lakes, FL 33014
(833) 769-3524
Digital Contact Information:
http://lifestance.com
dougblessington@gmail.com

Mendez Luaces, Luis E, DNP, APRN ■
330 Southwest 27th Avenue
#701
Miami, FL 33135
(305) 363-1880
Digital Contact Information:
http://empowerpsychiatry.net
info@empowerpsychiatry.med
Other Languages Spoken by Provider or Office Staff Spanish

Mendez, Manuel, MC, LMHC ■
705 East 8th Avenue
201
Hialeah, FL 33010
(786) 655-0774
Digital Contact Information:
healingtouchinc@msn.com

and

4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and

15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and

2387 West 68th Street
301
Hialeah, FL 33016
(786) 655-0774
Digital Contact Information:
healingtouchinc@msn.com

and

3383 Northwest 7th Street
312
Miami, FL 33125
(786) 703-8965
Digital Contact Information:
healingtouchinc@msn.com

and

1000 Brickell Avenue
Miami, FL 33131
(786) 695-8672
Digital Contact Information:
healingtouchinc@msn.com

and

3817 West Flagler Street
Miami, FL 33134
(305) 456-2776
Digital Contact Information:
healingtouchinc@msn.com

and

7299 West Flagler Street
Miami, FL 33144
(786) 953-4698
Digital Contact Information:
healingtouchinc@msn.com

and

7360 Southwest 24th Street
17a
Miami, FL 33155
(786) 570-3130
Digital Contact Information:
healingtouchinc@msn.com

and

12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and

4155 Southwest 130th Avenue
108
Miami, FL 33175
(786) 695-8672
Digital Contact Information:
healingtouchinc@msn.com

and

14875 Northwest 77th Avenue
Suite 204
Miami Lakes, FL 33014
(786) 321-1400
Digital Contact Information:
healingtouchinc@msn.com
Other Languages Spoken by Provider or Office Staff Spanish

Merenfeld, Ronit, MPSY, LMHC ■
2801 Northeast 213th Street
Suite 1215
Aventura, FL 33180
(833) 769-3524
Digital Contact Information:
fl-credentialing@lifestance.com
Other Languages Spoken by Provider or Office Staff Spanish

Miller, Jeffrey A, MA, LCSW ■
5801 Northeast 4th Court
Miami, FL 33137
(786) 218-7937
Digital Contact Information:
dhbilling3@gmail.com

and

9999 Northeast 2nd Avenue
301
Miami Shores, FL 33138
(786) 218-7937
Digital Contact Information:
dhbilling3@gmail.com
Other Languages Spoken by Provider or Office Staff French, Spanish

Miller, Jennyffer, MD ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
jmiller@orlandorecovery.com

and

8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
jmiller@orlandorecovery.com

Mondeja, Yanisleidy, DNP, APRN ■
9000 Southwest 137th Avenue
107
Miami, FL 33186
(305) 603-7824
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff Spanish

Mora, Joseph J, PHD, LP ■
10621 North Kendall Drive
Suite #203
Miami, FL 33176
(305) 456-6976
Digital Contact Information:
davalos.credentialing@novitams.com

Moreda-Mendez, Yanet, MSN, APRN ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
http://www.dgphealthandwellness.com
info@kaaficounseling.com

and

1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
info@kaaficounseling.com
Other Languages Spoken by Provider or Office Staff Spanish

Moreno, Nicole, MA, LMHC ■
7400 SW 87th Ave
260
Miami, FL 33173
(786) 595-8040
Digital Contact Information:
managedcarecredentialing@baptisthealth.net

Morris, Alison R, MS, LMFT ■
17501 Biscayne Boulevard
450
Aventura, FL 33160
(754) 246-4363
Digital Contact Information:
alizoneingroup@gmail.com

Muldrow, Edward J, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
emuldrow3@aol.com

Myer, Sharon M, PHD, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
drsmyer@gmail.com

Nainaparampil, Jaison, MD ■
698 Northeast 1st Avenue
3309 3309

Miami, FL 33132
(305) 929-3057
Digital Contact Information:
http://www.jjnmdllc.com
jaison@jjnmdllc.com

and
FL
(305) 929-3057
Digital Contact Information:
http://www.jjnmdllc.com
jaison@jjnmdllc.com

Napoles Garcia, Amed, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Nava Urdaneta, Mariangela, PSYD, LP ■
7600 South Red Road
127
South Miami, FL 33143
(786) 508-2207
Digital Contact Information:
http://www.lunapsychology.com
angelo@lunapsychology.com

and
7600 South Red Road
200
South Miami, FL 33143
(786) 508-2207
Digital Contact Information:
http://www.lunapsychology.com
angelo@lunapsychology.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Naves-Arellano, Kristine A, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@lifestance.com

Nesic, Natasha, MC, LMHC ■
951 Northeast 167th Street
102c
North Miami Beach, FL 33162
(786) 333-9097
Digital Contact Information:
info@mentalhealthandarttherapy.com
Other Languages Spoken by Provider or Office Staff
English, Croatian, Bosnian, Serbian

Nichols, Janice, MSW, LCSW, LICSW, LISW-CP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(866) 478-3978
Digital Contact Information:
birches@withassured.com

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(833) 322-0977
Digital Contact Information:
http://www.joinmonument.com
birches@withassured.com

and
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
birches@withassured.com

Nightingale, Atara, PA, PA_C ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
http://www.compasshealthsystem.com
credentialing@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystem.com
credentialing@compass.md

and
FL
(305) 891-0050
(305) 279-5535
(954) 771-7743
(954) 447-0010
(561) 752-9490
Digital Contact Information:
http://www.compasshealthsystem.com
credentialing@compass.md
Other Languages Spoken by Provider or Office Staff
Hebrew

Norton, Jeanne, MSN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

O'Connor, Knequisha L, MSN, APRN ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
Not Available

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
Not Available

O'Neill, Gloria M, MSN, APRN ■
7855 Northwest 52nd Street
Doral, FL 33166
(305) 450-9651
Digital Contact Information:
info@rushcredentialing.com

Ochoa Basulto, Anett, MPSY, LMHC ■
9260 Southwest 72nd Street
103 bldg 6
Miami, FL 33173
(786) 359-4448
Digital Contact Information:
anettochoa2015@gmail.com

and
13335 Southwest 124th Street
STE 211
Miami, FL 33186
(786) 551-8253
Digital Contact Information:
anettochoa2015@gmail.com

Odum, Lesli S, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
leslie.odum@gmail.com

Ojeda, Ana, PSYD, LP ■
3100 SW 62nd Ave
Miami, FL 33155
(305) 666-6511
Digital Contact Information:
payer.credentialing@mch.com

Onusuru, Vitus M, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ca-credentialing@lifestance.com

Ortega, Laura R, MS, LMFT ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
contact@elevatepsychiatry.com

and
1711 W 38th Pl
Ste 1207
Hialeah, FL 33012
(786) 592-0940
Digital Contact Information:
contact@elevatepsychiatry.com

and
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
contact@elevatepsychiatry.com

and
16201 SW 95th Ave
Ste 101
Miami, FL 33157
(786) 592-0940
Digital Contact Information:
contact@elevatepsychiatry.com

Oubadji, Michelle, MSW, LCSW ■
FL
(415) 941-4109
(754) 444-8004
Digital Contact Information:
http://www.bundletherapy.com
admin@bundletherapy.com

and
1400 Northeast Miami Gardens Drive
212
Miami, FL 33179
(415) 941-4109
(754) 444-8004
Digital Contact Information:
http://www.bundletherapy.com
admin@bundletherapy.com
Other Languages Spoken by Provider or Office Staff
Portuguese, English, Spanish

Pabon, Hernan, MD ■
7374 SW 93rd Ave
Ste 201A
Miami, FL 33173
(786) 753-7467
Digital Contact Information:
info@doctorsccs.com

and
9000 Southwest 137th Avenue
#116
Miami, FL 33186
(305) 671-3503
Digital Contact Information:
http://www.behavioralccs.com
info@doctorsccs.com

and
9000 Southwest 137th Avenue
Suite 103
Miami, FL 33186
(305) 671-3503
Digital Contact Information:
http://www.behavioralccs.com
info@doctorsccs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pacheco, Sandra, MS, LMHC ■
1801 Northeast 123rd Street
303
North Miami, FL 33181
(305) 510-0912
Digital Contact Information:
spachecolmhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Padilla, Americo F, MD ■
3100 SW 62nd Ave
Miami, FL 33155
(305) 666-6511
Digital Contact Information:
americo.padilla@nicklaushealth.org

and
3100 SW 62nd Ave
Fl 2
Miami, FL 33155
(786) 624-5747
Digital Contact Information:
americo.padilla@nicklaushealth.org

and
8955 SW 87th Ct
Ste 112
Miami, FL 33176
(305) 722-7210
Digital Contact Information:
americo.padilla@nicklaushealth.org
Other Languages Spoken by Provider or Office Staff
Spanish

Palaez, Alexandra, MS, LMFT ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
draida@mpsmentalhealth.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
draida@mpsmentalhealth.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
draida@mpsmentalhealth.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
draida@mpsmentalhealth.com
Other Languages Spoken by Provider or Office Staff
French, Russian, Spanish

Palermo, Brittany, MSN, APNP, APRN, APRNCNP, CRNP, NP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
brittany.palermo@chenaltherapy.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com
Other Languages Spoken by Provider or Office Staff English

Paris, Emilia, MC, LMHC ■

15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pascal, Shlomo, MD ■
900 East 9th Street
Hialeah, FL 33010
(305) 381-5294
Digital Contact Information:
info@btpmentalhealth.com

and
790 Northwest 107th Avenue
Suite 110
Miami, FL 33172
(305) 964-5426
Digital Contact Information:
info@btpmentalhealth.com

and
13205 Southwest 137th Avenue
suite 126
Miami, FL 33186
(786) 478-6688
Digital Contact Information:
info@btpmentalhealth.com

and
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
info@btpmentalhealth.com
Other Languages Spoken by Provider or Office Staff
Hebrew, Spanish, Romanian

Patsicostas, Susan, MS, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
strive@strivementalhealthllc.com

Peleg-Oren, Neta, PHD, LCSW ■
2627 NE 203rd St
Ste 113
Miami, FL 33180
(786) 877-0919
Digital Contact Information:
npelegoren@gmail.com
Other Languages Spoken by Provider or Office Staff
Hebrew

Perera, Mirbelys, MD ■
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Guadalupe, MS, LMHC ■
7875 SW 104th St
Ste 101
Miami, FL 33156
(305) 899-1587
Digital Contact Information:
http://www.jcsfl.org
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
Spanish

Perez Lujan, Dalgys, MC, LMHC ■
2500 Northwest 79th Avenue
233
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
gandgmedicalcenter@gmail.com

and
3785 Northwest 82nd Avenue
307
Doral, FL 33166
(305) 898-5420
Digital Contact Information:
gandgmedicalcenter@gmail.com

and
1165 West 49th Street
suite 207
Hialeah, FL 33012
(305) 703-3386
Digital Contact Information:
gandgmedicalcenter@gmail.com

and
15935 Northwest 57th Avenue
Hialeah, FL 33014
(786) 953-5506
Digital Contact Information:
gandgmedicalcenter@gmail.com

and
7392 Northwest 35th Terrace
Suite 302
Miami, FL 33122
(786) 353-2792
Digital Contact Information:
gandgmedicalcenter@gmail.com

and
9900 Southwest 107th Avenue
STE 101
Miami, FL 33176
(305) 964-5381
Digital Contact Information:
gandgmedicalcenter@gmail.com

and
FL
(786) 703-9779
(305) 703-3386
Digital Contact Information:
https://www.gandgmedicalcenter.com
gandgmedicalcenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez Verdecia, Frank, PSYD, LP ■
2020 Ponce de Leon
Suite 1201
Miami, FL 33134
(305) 917-5414
Digital Contact Information:
perezverdecia@psychologybeyond.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Victoria, MSW, LCSW ■
12540 Southwest 8th Street
Miami, FL 33184
(305) 705-6840
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Perez-Delgado, Julio C, MBS, BCBA, LMHC ■
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(786) 592-2323
Digital Contact Information:
contact@emphourinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Petras, Amber, MSN, APRN, CNP ■
5915 Ponce de Leon
23 26
Coral Gables, FL 33146
(786) 664-7810
Digital Contact Information:
https://southfloridaintegrativemed.com
sm@southfloridaintegrativemed.com

Phillips, Meghan A, MS, LCSW ■
14645 Northwest 77th Avenue
101
Miami Lakes, FL 33014
(833) 769-3524
Digital Contact Information:
http://lifestance.com
fl-credentialing@lifestance.com

Philogene, Sherline, MSN, APRN ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
credentialing@pscpalmbeach.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
credentialing@pscpalmbeach.com

Pierre, Urmene, DNP, APRN ■
510 Northwest 98th Street
Miami, FL 33150
(754) 266-5509
Digital Contact Information:
info.goodshepherd20@gmail.com
Other Languages Spoken by Provider or Office Staff
Haitian Creole, French

Pineiro, Carmen, MS, LMHC ■
100 NE 38th St
Ste 5
Miami, FL 33137
(305) 576-1599
Digital Contact Information:
cbolivar@borinquenhealth.org

Pino, Fernando, MD ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
fpinomd@gmail.com

and
7700 Southwest 88th Street
503
Miami, FL 33156
(305) 595-1949
Digital Contact Information:
fpinomd@gmail.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
fpinomd@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pitaluga, Iris, MS, LMHC ■
1360 South Dixie Highway
355
Coral Gables, FL 33146
(305) 648-9344
Digital Contact Information:
alternatives1@msn.com

and
1360 South Dixie Highway
350
Coral Gables, FL 33146
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
alternatives1@msn.com
Other Languages Spoken by Provider or Office Staff English

Polites, Nancy, MSW, LCSW ■
55 Miracle Mile
Miami, FL 33134
(772) 486-4417
Digital Contact Information:
nancyelsie@gmail.com

Portales, Rocio A, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
Spanish

Portillo, Cimelitza, MMH, LMHC ■
9425 SW 72nd St
Ste 265
Miami, FL 33173
(305) 279-8400
Digital Contact Information:
safeharbormha@att.net

Powell, Mary, MSN, ARNP ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
mpowell@nextgenerationvillage.com

Pozo, Darinka, MSN, APRN ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Prebble, Christine, MS, LPC ■
FL
(929) 209-6109
Digital Contact Information:
harry.williams@gettrucare.com

Prevor, Ruth C, PHD, LP ■
2020 Northeast 163rd Street
OFFICE 300P
North Miami Beach, FL 33162
(305) 680-9544
Digital Contact Information:
ruthprevor@msn.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Punjwani, Sohail S, MD ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
http://compasshealthsystems.com
intake@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(888) 852-6672
Digital Contact Information:
http://compasshealthsystems.com
intake@compass.md
Other Languages Spoken by Provider or Office Staff Urdu, Hindi

Quinonez Meza, Javier, MSN, APRN ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Quintana, Amauri A, DNP, APRN ■
1000 Brickell Avenue
Miami, FL 33131
(786) 238-7364
Digital Contact Information:
abdullah@sixequation.com

and

1 NE 167th St
Miami, FL 33162
(305) 947-7133
Digital Contact Information:
abdullah@sixequation.com

and
2646 Southwest 87th Avenue
Miami, FL 33165
(305) 947-7133
Digital Contact Information:
abdullah@sixequation.com

Quintanilla, Claudia, MS, LMHC ■
FL
(786) 258-8499
Digital Contact Information:
http://www.virtual-counseling.com
service@virtual-counseling.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Quintero, Lari J, MSN, APRN, PMHNP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
info@bloommhw.com

Qureshi, Sana, MD ■
3661 S Miami Ave
Ste 301A
Miami, FL 33133
(305) 392-3270
Digital Contact Information:
sanaqureshimd@gmail.com
Other Languages Spoken by Provider or Office Staff Creole, Spanish

Raffaele, Jacqueline L, DNP, APRN, NP, PMHNP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
credentialing@thriveworks.com

Ramsey, Kathleen, PHD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
hello@emorahealth.com

Rankovic, Alecia, DNP, APRN, APRNCNP ■
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(239) 380-8220
Digital Contact Information:
infodesk@bregmanmedicalgroup.com

Rapp, Katja M, MC, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
members@wellnite.com
Other Languages Spoken by Provider or Office Staff German

Rejas Cabrera, Dennis, DNP, APRN ■
2740 Southwest 19th Terrace
Miami, FL 33145
(786) 318-1778
Digital Contact Information:
http://www.vitalmindpsychiatrycare.com
dennisr92@yahoo.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Rey, Gustavo J, PHD, CP ■
1150 NW 14th St
Ste 609
Miami, FL 33136
(305) 243-3100
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff English, Spanish

Reyes, Madeline B, MPSY, LMHC ■
5941 Northwest 173rd Drive
6 6
Hialeah, FL 33015
(786) 360-4328
Digital Contact Information:
blueparadisemedicalcenter@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Richard, Rachel, MSW, LCSW ●
8500 SW 92nd Street
206
Miami, FL 33156
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
billing@livewelltherapygroup.com

and
11050 Southwest 88th Street
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
billing@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff Spanish

Ricketts, Charlene A, MSN, APRN ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
credentialing@compass.md

and
FL
(305) 279-5535
(954) 771-7743
(888) 852-6672
(561) 752-9490
Digital Contact Information:
http://www.compasshealthsystems.com
credentialing@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(888) 852-6672
Digital Contact Information:
http://www.compasshealthsystems.com
credentialing@compass.md

Rivera, Yesenia, PSYD, LP ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 317-4478
Digital Contact Information:
https://crystalabatherapy.com/
info@cmpsclinical.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, French, Italian, Spanish

Roberson, Cranesha E, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@truhealingreality.com

and
111 NW 183rd St
Ste 404
Miami, FL 33169
(786) 524-4001
Digital Contact Information:
info@truhealingreality.com

Roberts, Elizabeth H, MD ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
ap@resurgencebh.com
Other Languages Spoken by Provider or Office Staff Spanish

Rocker, Jeff, MMH, LMHC ■
777 Brickell Ave
Ste 500
Miami, FL 33131
(786) 490-2181
Digital Contact Information:
askjeffrocker@gmail.com

Rodriguez, Andrea, MC, LMHC ■
8500 SW 92nd Street
203
Miami, FL 33156
(786) 332-4478
Digital Contact Information:
billing@livewelltherapygroup.com

and
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
billing@livewelltherapygroup.com

and
11050 Southwest 88th Street
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
billing@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff Spanish

Rodriguez, Arianna, MSN, APRN ■
142 E 49th St
Hialeah, FL 33013
(305) 333-9166
Digital Contact Information:
http://www.lennoxhealth.org
mcarvajal@lennoxhealth.org
Other Languages Spoken by Provider or Office Staff Spanish

Rodriguez, Julieta, PHD, LP ■
15715 S Dixie Hwy
Ste 401
Miami, FL 33157
(786) 255-4693
Digital Contact Information:
jr3015@aol.com

and
15715 S Dixie Hwy
Ste 406
Miami, FL 33157
(786) 255-4693
Digital Contact Information:
jr3015@aol.com
Other Languages Spoken by Provider or Office Staff Spanish

Rodriguez, Luann, MS, LMFT ■
18901 Southwest 106th Avenue
Suite #108
Miami, FL 33157
(786) 231-0910
Digital Contact Information:
luann.rodriguezlmft@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Rodriguez, Miriam, MS, LMHC ■
216 Catalonia Avenue
105
Coral Gables, FL 33134
(786) 236-1323
Digital Contact Information:
mrodriguez@healing-recovery.com

and
9010 SW 137th Ave
Ste 233
Miami, FL 33186
(786) 236-1323
Digital Contact Information:
mrodriguez@healing-recovery.com
Other Languages Spoken by Provider or Office Staff Spanish

Rodriguez Ramos, Meilyn, PSYD, LP ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com
Other Languages Spoken by Provider or Office Staff Spanish

Roero, Lauren, PA, PA_C ■
1065 NE 125th St
Ste 206
North Miami, FL 33161
(888) 852-6672
Digital Contact Information:
laurenroero@yahoo.com

Ronke, Angelica, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(877) 644-6008
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.com

Rosario, Tamara, MS, LMHC ■
11077 Biscayne Boulevard
410
Miami, FL 33161
(888) 494-0808
Digital Contact Information:
https://tamara-rosario.clientsecure.me
office@sbhss.net
Other Languages Spoken by Provider or Office Staff Spanish

Rosenberg, Mercedes E, PSYD, LMHC, LP ■
11110 N Kendall Dr
Ste 200
Miami, FL 33176
(305) 596-3335
Digital Contact Information:
mrosenberg12@bellsouth.net
Other Languages Spoken by Provider or Office Staff French, Spanish

Rubin, Jamie, PA, PA_C ■
1065 NE 125th St
Ste 206
North Miami, FL 33161
(888) 852-6672
Digital Contact Information:
Not Available

Ruiz, Tatiana, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
info@ffmhs.com

Saheli, Gezel, MD ■
1065 Southwest 8th Street
570
Miami, FL 33130
(888) 903-5505
Digital Contact Information:
http://www.telapsychiatry.com
scheduling@telapsychiatry.com
Other Languages Spoken by Provider or Office Staff Farsi

Saibu, Mariam, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@happierliving.com

Salazar, Ana, MS, LMHC ■
2500 Northwest 107th Avenue
Suite 102
Doral, FL 33172
(786) 605-9400
Digital Contact Information:
hello@reachlink.com

San Juan, Janella, MS, NP, PMHNP ■
FL
(305) 902-6347
Digital Contact Information:
sara.rydin@caduc.com
Other Languages Spoken by Provider or Office Staff English

Sanchez, Carmela, PA, PA_C ■
18117 Biscayne Boulevard
306
Miami, FL 33160
(847) 979-9095
Digital Contact Information:
yturcih@yahoo.com

Sanchez, Johana, MS, LMHC ■
FL
(305) 302-0087
Digital Contact Information:
http://divine-wellness.net
johanaq0217@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Sanfiel, Ida N, MS, LMHC ■
5915 Ponce de Leon
48
Coral Gables, FL 33146
(786) 325-3285
Digital Contact Information:
isanfiel@gmail.com

and
2500 Northwest 107th Avenue
Suite 102
Doral, FL 33172
(786) 605-9400
Digital Contact Information:
isanfiel@gmail.com

and
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
isanfiel@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Santana, Mailyn, MD ■
5901 Southwest 74th Street
208
Miami, FL 33143
(954) 884-5626
Digital Contact Information:
admin@santanamhs.com
Other Languages Spoken by Provider or Office Staff Spanish

Santana Sparber, Jacqueline, PSYD, LP ■
100 NE 15th St
Ste 101D
Homestead, FL 33030
(833) 779-8646
Digital Contact Information:
drsantanasparber@keysgatewellness.com
Other Languages Spoken by Provider or Office Staff Spanish

Santiago Fernandez, Flor De Liz, EDD, LCSW ■
10691 North Kendall Drive
304
Miami, FL 33176
(786) 771-3370
Digital Contact Information:
http://www.familybalancetherapy.com
familybalancetherapy@gmail.com

and
FL
(786) 771-3370
Digital Contact Information:
http://www.familybalancetherapy.com
familybalancetherapy@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Sarandrea, Jillian M, MA, LMHC ■
1 Alhambra Plaza
1451
Miami, FL 33134
(888) 588-8995
Digital Contact Information:
scheduling@foresightmentalhealth.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
scheduling@foresightmentalhealth.com
Other Languages Spoken by Provider or Office Staff English

Satchell-Ward, Christal, MA, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Satorre, Mayuli C, MSN, APRN ■
3785 Northwest 82nd Avenue
307
Doral, FL 33166
(305) 898-5420
Digital Contact Information:
m.satorre@harmonyatthegables.com

and
33550 South Dixie Highway
106
Florida City, FL 33034
(786) 601-7712
Digital Contact Information:
m.satorre@harmonyatthegables.com

and
1150 Northwest 72nd Avenue
ph 2
Miami, FL 33126
(786) 542-5043
Digital Contact Information:
http://1stcarecms.com
m.satorre@harmonyatthegables.com

and
2650 Southwest 27th Avenue
Suite 305
Miami, FL 33133
(786) 353-9812
Digital Contact Information:
http://www.harmonyatthegablesclinic.com
m.satorre@harmonyatthegables.com
Other Languages Spoken by Provider or Office Staff Spanish

Saturne, Casandra, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
thoughtsofhopellc@gmail.com
Other Languages Spoken by Provider or Office Staff Dutch, Spanish

Schechner, Joanna, PSYD, CP, HSPP, LP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
dmccoy@prodatamgmt.com

Scotto, Nicole M, MC, LMHC ■
2875 Northeast 191st Street
528
Aventura, FL 33180
(305) 396-9010
Digital Contact Information:
https://balancedlifetherapygroup.com/
help@joinuplift.co

and
2875 Northeast 191st Street
Suite 500
Aventura, FL 33180
(415) 941-4109
Digital Contact Information:
https://balancedlifetherapygroup.com/
help@joinuplift.co

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff English

Segal, Scott D, MD ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
http://www.compasshealthsystems.com
intake@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
intake@compass.md

Severins, Alicia, MSED, LCPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Shah, Ruiy, DNP, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
credentialing@riviamind.com

Shervington, Dinora T, MS, LMFT ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
thecouples1@gmail.com

and
12150 Southwest 128th Court
Suite 105
Miami, FL 33186
(305) 338-2231
Digital Contact Information:
thecouples1@gmail.com

and
13383 SW 142nd Ter
Miami, FL 33186
(786) 362-5981
Digital Contact Information:
thecouples1@gmail.com

Shlackman, Jed, MS, LMHC ■
12965 Southwest 112th Avenue
Miami, FL 33176
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff English

Shupe, Ginger, MD ■
7000 SW 62nd Ave
Ste 600
South Miami, FL 33143
(305) 284-7577
Digital Contact Information:
ammscredentialing@larkinhospital.com

Siegel, Sammi L, PHD, LMHC ■
5900 Southwest 73rd Street
207
South Miami, FL 33143
(305) 613-1101
Digital Contact Information:
siegelcounseling@gmail.com

Sifran, Susana E, MA, LMHC ■
2040 Northeast 163rd Street
305
North Miami Beach, FL 33162
(786) 553-6038
Digital Contact Information:
susanasifran@hotmail.com
Other Languages Spoken by Provider or Office Staff Hebrew, Spanish

Sijo, Yusimi, PSYD, LMHC ■
5901 SW 74th St
Ste 412
Miami, FL 33143
(786) 717-5028
Digital Contact Information:
castroj@bellsouth.net

and
2307 Douglas Road
400
Miami, FL 33145
(305) 205-1965
Digital Contact Information:
castroj@bellsouth.net
Other Languages Spoken by Provider or Office Staff Spanish

Silva-Duluc, Silvia I, MD ■
5590 West 20th Avenue
200 201
Hialeah, FL 33016
(305) 557-1555
Digital Contact Information:
http://lifestarwellnesscenter.com
drsilva@bellsouth.net

and
3414 West 84th Street
Suite D110
Hialeah, FL 33018
(305) 825-4320
Digital Contact Information:
drsilva@bellsouth.net

and
3416 West 84th Street
C-108
Hialeah, FL 33018
(305) 557-1555
Digital Contact Information:
http://lifestarwellnesscenter.com
drsilva@bellsouth.net

and
7811 Coral Way
106
Miami, FL 33155
(305) 412-0138
Digital Contact Information:
drsilva@bellsouth.net

and
9995 SW 72nd St
Ste 208
Miami, FL 33173
(305) 412-6034
Digital Contact Information:
drsilva@bellsouth.net
Other Languages Spoken by Provider or Office Staff Spanish

Silverman, Lillian, MS, LMHC ■
2801 Northeast 213th Street
Suite 1215
Aventura, FL 33180
(833) 769-3524
Digital Contact Information:
http://lifestance.com
fl-credentialing@lifestance.com

Smith-Young, Adia E, MA, LMHC ■
15715 S Dixie Hwy
Ste 406
Miami, FL 33157
(786) 269-3728
Digital Contact Information:
adia33@gmail.com
Other Languages Spoken by Provider or Office Staff English

Sobiech, Rachel, MSSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
rachel@feelnhealwellness.com
Other Languages Spoken by Provider or Office Staff English

Solorzano, Gina, MSW, LCSW ■
2124 Northeast 123rd Street
STE 220
North Miami, FL 33181
(786) 828-0947
Digital Contact Information:
https://blossomfl.com
info@blossomfl.com
Other Languages Spoken by Provider or Office Staff Hebrew, Spanish

Sommers, Silvia, PSYD, LP ■
3100 SW 62nd Ave
Miami, FL 33155
(305) 663-8439
Digital Contact Information:
shana.johnson@mch.com

and
8525 SW 92nd St
A1
Miami, FL 33156
(305) 439-9957

Digital Contact Information:
shana.johnson@mch.com
Other Languages Spoken by Provider or Office Staff
Spanish

Spinner, Lynn R, MSW, LCSW ■
6175 NW 153rd St
Ste 404
Miami Lakes, FL 33014
(305) 558-7400
Digital Contact Information:
lrspin@aol.com

Stubbs, Marcie D, MA, LMHC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@lifestance.com

Suarez, Rogelio, MD ■
4302 Alton Rd
Ste 820
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com

and
4304 Alton Rd
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com

and
4304 Alton Rd
Fl 1
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Summer, Linda R, MSW, LCSW ■
FL
(305) 467-8384
Digital Contact Information:
lrsummer@yahoo.com

Tamayo, Anakarla, MC, LMHC ■
FL
(786) 344-8757
Digital Contact Information:
mtherapy@hushmail.com

Tassy-Lewis, Sabrina, PSYD, LP ■
14411 Commerce Way
Hialeah, FL 33016
(954) 534-0432
Digital Contact Information:
tassy@nova.edu
Other Languages Spoken by Provider or Office Staff Haitian Creole, Creole

Taylor, Alina, MS, LMHC ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
ataylor@therecoveryvillage.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
ataylor@therecoveryvillage.com

Terron, Rochely, MC, LMHC ■
815 North Homestead Boulevard
228
Homestead, FL 33030
(305) 783-8181
Digital Contact Information:
rochelyterron@gmail.com

Thomas, Delvena R, DO ■
9730 Hibiscus Street
b
Cutler Bay, FL 33157
(305) 969-7829
Digital Contact Information:
drtbehavioralservices@gmail.com

and
16400 NW 2nd Ave
Ste 100
Miami, FL 33169
(305) 981-1700
Digital Contact Information:
drtbehavioralservices@gmail.com

and
16400 Northwest 2nd Avenue
100 100
Miami, FL 33169
(305) 981-1700
Digital Contact Information:
drtbehavioralservices@gmail.com

and
15800 NW 42nd Ave
Opa Locka, FL 33054
(305) 981-1700
Digital Contact Information:
http://brainlovehelp.com
drtbehavioralservices@gmail.com

Toussaint, Nimrode, MSN, APRN ■
1000 Brickell Avenue
Miami, FL 33131
(305) 725-3379
Digital Contact Information:
credentialing@resilientmbs.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@resilientmbs.com

Towne, Angela, MSW, LCSW, LICSW, LMSW ■
FL
(508) 202-1011
Digital Contact Information:
support@sevenstarling.com

Trana-Felipes, Silvia, MS, ABA, LMHC ■
2001 Northwest 107th Avenue
412
Doral, FL 33172
(786) 548-8322
Digital Contact Information:
empathybhsbilling@gmail.com

and
7959 NW 2nd St
Miami, FL 33126
(305) 267-6060
Digital Contact Information:
empathybhsbilling@gmail.com

and
1818 West Flagler Street
Miami, FL 33135
(786) 755-2897
Digital Contact Information:
empathybhsbilling@gmail.com

and
7315 Northwest 36th Street
Miami, FL 33166
(786) 345-7734
Digital Contact Information:
empathybhsbilling@gmail.com

and
10661 North Kendall Drive
216
Miami, FL 33176
(786) 631-4158
Digital Contact Information:
empathybhsbilling@gmail.com

and
1134 NW 136th Ave
Miami, FL 33182
(786) 631-4158
Digital Contact Information:
empathybhsbilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Tsyrulnykov, Eduard, MSN, APNP, NP, PMHNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
rtmssupport@truercm.com

and
1951 Northwest 7th Avenue
Miami, FL 33136
(407) 462-1254
Digital Contact Information:
rtmssupport@truercm.com
Other Languages Spoken by Provider or Office Staff
English, Ukrainian, Russian

Turner, Angela D, PHD, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
fl-credentialing@lifestance.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valdes, Yordanys, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
mendinghealthcare@outlook.com

Valdez, Aileen, MSCC, LMHC ●
1550 Madruga Ave
Ste 509
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
https://www.abc4s.com/
inf0@abc4s.com

and
FL
(786) 536-9714
Digital Contact Information:
https://www.abc4s.com/
inf0@abc4s.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valencia, Odalys, MSW, LCSW ■
5979 Northwest 151st Street
STE 230
Miami Lakes, FL 33014
(305) 362-1875
Digital Contact Information:
odalysvalencialcsw@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vance, Melissa, MS, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
pandatherapycircle@gmail.com

Vega, Herman, PHD, CAP, LMHC ■
14411 Commerce Way
315
Hialeah, FL 33016
(305) 644-7294
Digital Contact Information:
info@totalrehabservices.com

and
14505 Commerce Way
Ste 511
Miami Lakes, FL 33016
(305) 644-7294
Digital Contact Information:
info@totalrehabservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Velasquez, Vanessa, MN, APRN ■
2925 Northeast 199th Street
Suite 302
Aventura, FL 33180
(786) 991-2600
Digital Contact Information:
http://synergytms.com
credentialing@psychiatrist4u.com

Ventre, Peter, MD ■
2000 Northwest 87th Avenue
Suite 201
Doral, FL 33172
(954) 561-6222
Digital Contact Information:
info@ventremedical.com

and
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vieira, Caroline, MC, LMHC, PC ■
2212 Northwest 91st Street
Miami, FL 33147
(341) 888-7637
Digital Contact Information:
contact@quelinbilling.com
Other Languages Spoken by Provider or Office Staff
Portuguese

Virdo, Andrea, MS, LMHC, LPC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Wachholder, Hara, MS, LMHC ■
10700 Caribbean Boulevard
UNIT 203
Cutler Bay, FL 33189
(305) 299-8005
Digital Contact Information:
hara.wachholder@gmail.com

Wamahiu, Joan W, MSN, APN ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
credentialing@riviamind.com

Wanis, Morcos, MD ■
7000 SW 62nd Ave
Ste 600
South Miami, FL 33143
(305) 284-7577
Digital Contact Information:
ammscredentialing@larkinhospital.com
Other Languages Spoken by Provider or Office Staff Arabic

Warner, Randy T, MD ■
3000 Biscayne Boulevard
Suite 216
Miami, FL 33137
(786) 220-1969
Digital Contact Information:
nhurley@npcatlantis.com

and
602 Northeast 36th Street
19
Miami, FL 33137
(786) 220-1969
Digital Contact Information:
nhurley@npcatlantis.com

Wheeler, Kimberly, MS, APRN, NP ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
start@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Wilkins, Anita, MSN, APRNCNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
billing@insynchhealth.com

Williams-Jeanty, Miesha N, MED, LMHC ■
FL
(305) 306-7409
Digital Contact Information:
admin@nzingasplace.com

Worthalter, Dr Peysaf, MD ■
20824 W Dixie Hwy
Miami, FL 33180
(305) 654-0907

Digital Contact Information:
http://worthaltermd.com
worthaltermd@aol.com

and
20900 Biscayne Blvd
Miami, FL 33180
(305) 682-7000
Digital Contact Information:
worthaltermd@aol.com

and
1825 Northwest 167th Street
SUITE 102
Opa-locka, FL 330564838
(305) 624-7450
Digital Contact Information:
http://www.cfcecares.org
worthaltermd@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Zambrano, Karen M, PSYD, LP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 259-6977
Digital Contact Information:
http://www.abctestingservices.com
lisette@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

EMERGENCY RESPONDER COUNSELING

Acosta Heredia, Erick, MD ■
11272 Southwest 137th Avenue
Miami, FL 33186
(786) 792-4928
Digital Contact Information:
http://www.generalmhs.com
erickacostah79@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Acosta Romero, Diana, MSN, APRN ■
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
info@cbhwestcoast.com

and
8323 Northwest 12th Street
108
Doral, FL 33126
(305) 400-8511
Digital Contact Information:
http://www.cbhwestcoast.com
info@cbhwestcoast.com

and
FL
(305) 400-8511
Digital Contact Information:
info@cbhwestcoast.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alexander, Rachene, MSN, APN, APRN, CRNP, PMHNP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://happierliving.com
provider.enrollment@meditelecare.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
provider.enrollment@meditelecare.com

Altamiranda, Rosina E, MS, LMHC ●
11921 South Dixie Highway
STE 215
Pinecrest, FL 331564449
(786) 718-3890
Digital Contact Information:
rosina@nhorizonscs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alvarez, Mayaly, MS, LMHC ●
11921 South Dixie Highway
STE 215
Pinecrest, FL 331564449
(786) 718-3890
Digital Contact Information:
malva@nhorizonscs.com

Amado, Sandra J, MC, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@usmso.com

Ambrose, Meghan, PSYD, LP ●
360 Northwest 27th Street
Miami, FL 33127
(929) 209-6109
Digital Contact Information:
harry.williams@gettrucare.com

Annan, Grace, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
scheduling@ehomegroup.com
Other Languages Spoken by Provider or Office Staff Italian

Arroyo, Linda M, MC, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
lindaarroyo.mft@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ayer, Brian, MA, LPCC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
registration@ravenwoodhealth.org
Other Languages Spoken by Provider or Office Staff Sign Lang Amer

Barroso, Alina, MD, LMHC ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Beaubrun, Lucika, MA, LMHC ■
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(561) 289-7995
Digital Contact Information:
pandatherapycircle@gmail.com

Benzaquen, Melissa, MSED, LMHC ■
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
http://www.ibhflorida.com
osaker@ibhflorida.com

Boland, Teresa M, MS, ARNP, LMFT ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
totalhealthsolutions@protonmail.com

Booker, Ebony C, MSS, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ebonyb135@gmail.com

Brazzini, Mijanou, MPSY, LMHC ■
13205 Southwest 137th Avenue
suite 126
Miami, FL 33186
(786) 713-0383
Digital Contact Information:
http://yjwcare.com
mbrazzini61@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Brookes, Ingrid, MS, LMHC ■
10300 Southwest 72nd Street
275d
Miami, FL 33173
(888) 853-7908
Digital Contact Information:
http://www.bettermindtherapycorp.com
vasallojane@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Burr, Tamara, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Cabrera, Gabriela M, MMH, LMHC ■
10691 Southwest 88th Street
Suite 110
Miami, FL 33176
(305) 595-5485
Digital Contact Information:
compuexbilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cabrera, Wendy, MMH, LMHC ●
2828 Coral Way
Ste 460
Coral Gables, FL 33145
(877) 897-6987
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net

and
12550 Biscayne Boulevard
308
North Miami, FL 33181
(305) 895-0504
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net
Other Languages Spoken by Provider or Office Staff
Spanish

Caceres, Daniris, MMH, LMHC ■
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
morecounseling@gmail.com

Carroza, Mirna H, MPSY, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff Italian, Spanish

Castillo, Karina, MA, LMHC ■
FL
(786) 258-8499
Digital Contact Information:
http://www.virtual-counseling.com
service@virtual-counseling.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Chavez, Katerin, MC, LMHC ■
FL
(786) 490-6828
Digital Contact Information:
https://www.psychologytoday.com/profile/467192
katerin0_01@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Chemerinsky, Graciela, MPSY, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com

and
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Chinea, Marianela, MSN, APRN ■
3971 Southwest 8th Street
STE 206
Coral Gables, FL 33134
(786) 633-5960
Digital Contact Information:
agauna@bmsbill.com

and
FL
(786) 980-7496
Digital Contact Information:
http://www.vidahealthcarenetworks.com
agauna@bmsbill.com

and
13590 Southwest 134th Avenue
201
Miami, FL 33186
(786) 227-6258
Digital Contact Information:
agauna@bmsbill.com

Colunga, Eduardo, MSN, APRN ■
900 East 9th Street
Hialeah, FL 33010
(305) 381-5294
Digital Contact Information:
info@cbhwestcoast.com
Other Languages Spoken by Provider or Office Staff
Spanish

Commella, Noreen, PSYD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@healthyyoungminds.com

Corniffe, Khadine, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
pandatherapycircle@gmail.com

Corzo, Samantha R, MS, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602

Digital Contact Information:
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
credentialing@banyanhealth.org

Cross, Kamilah, MSW, LCSW ■
1425 Northwest 193rd Terrace
Miami Gardens, FL 33169
(954) 825-8500
Digital Contact Information:
yourworthllc@gmail.com

Cruz-Torres, Nichole, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
nichole@therapywithnichole.com

Curtis, Kormasah K, MMFT, LMFT ■
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
contactus@embracecounselingusa.com

Delgado, Beatriz, MSSW, LCSW ■
1550 Madruga Ave
Ste 509
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
http://www.abc4s.com
admin@abc4s.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Dey, Joel P, MD ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
credentialing@yacoubmd.com

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
credentialing@yacoubmd.com

Diaz-Amaran, Yosvel, MSW, LCSW ■
3901 Northwest 79th Avenue
STE 120
Doral, FL 33166
(786) 310-4480
Digital Contact Information:
yosveld@yahoo.es

and
640 W Palm Dr
Ste D
Homestead, FL 33034
(786) 601-7757
Digital Contact Information:
yosveld@yahoo.es

and
640 West Palm Drive
c
Homestead, FL 33034
(305) 793-4701
Digital Contact Information:
yosveld@yahoo.es

and
1150 Northwest 72nd Avenue
220
Miami, FL 33126
(786) 558-4899
Digital Contact Information:
yosveld@yahoo.es

and
1150 Northwest 72nd Avenue
350
Miami, FL 33126
(786) 228-7801
Digital Contact Information:
yosveld@yahoo.es

and
1150 Northwest 72nd Avenue
540
Miami, FL 33126
(786) 228-7801
Digital Contact Information:
yosveld@yahoo.es

and
7805 Coral Way
Ste 131
Miami, FL 33155
(786) 307-2066
Digital Contact Information:
yosveld@yahoo.es

and
7811 Coral Way
Ste 130
Miami, FL 33155
(786) 307-2066
Digital Contact Information:
yosveld@yahoo.es

and
280 Westward Drive
Miami Springs, FL 33166
(786) 391-0744
Digital Contact Information:
http://www.rosswellnesscenters.com
yosveld@yahoo.es

and
Home Based Services Only
Naranja, FL 33032
(786) 953-3599
Digital Contact Information:
yosveld@yahoo.es
Other Languages Spoken by Provider or Office Staff
Spanish

Dieppa, Jessica B, MS, LMHC ●
10815 Southwest 145th Place
Miami, FL 33186
(305) 989-0493
Digital Contact Information:
http://www.guidedpathstherapy.com
jessica.dieppa22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Dobie, Patricia A, MS, LCMHC, LCPC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
appointments@meetmarvin.com

Durkin, Michelle L, MA, LCPC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
mdurkin@riseabovecs.com

Duvalier, Leanne J, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ljdtherapy@ljdtherapy.onmicrosoft.com

Echemendia, Maikel, MSN, APRN ■
1111 Northwest 22nd Avenue
Miami, FL 33125
(305) 530-8164
Digital Contact Information:
jgonzalez@fdgmso.com

and
10371 Southwest 60th Street
Miami, FL 33173
(305) 799-7676
Digital Contact Information:
jgonzalez@fdgmso.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ehrentreu, Dana, MSW, LCSW ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
nj-patientaccess@harmonybaywellness.com

Elder, Carol, MS, LMFT ■
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(561) 609-2996
Digital Contact Information:
http://www.pandatherapycircle.com/
pandatherapycircle@gmail.com

Elma, Linda S, MSW, LCSW ■
11601 Biscayne Boulevard
303
Miami, FL 33181
(954) 278-0487
Digital Contact Information:
http://lsmsmentalhealth.com
info@lindaelmalcsw.com
Other Languages Spoken by Provider or Office Staff Creole

Eth, Spencer, MD ■
1201 NW 16th St
Miami, FL 33125
(305) 575-7000
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
1404A
Miami, FL 33136
(305) 355-9155
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
Fl 3
Miami, FL 33136
(305) 355-9006
Digital Contact Information:
Not Available

Fernandez De Castro, Erika, MSW, LCSW ■
1450 Madruga Avenue
407
Coral Gables, FL 33146
(786) 395-9162
Digital Contact Information:
morecounseling@gmail.com

and
FL
(786) 395-9162
Digital Contact Information:
morecounseling@gmail.com

and
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
morecounseling@gmail.com

Fernandez, Isabel, MSN, APRN ■
15450 New Barn Road
200
Miami Lakes, FL 33014
(305) 900-3970
Digital Contact Information:
http://www.neurozenpsychiatry.com
isabelfernandezrn@gmail.com

and
FL
(305) 900-3970
Digital Contact Information:
http://www.neurozenpsychiatry.com
isabelfernandezrn@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Lianny, MPSY, LMHC ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
yavila@avilahealthgroup.com

and
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
yavila@avilahealthgroup.com

and
306 Westward Dr
Miami Springs, FL 33166
(786) 588-7894
Digital Contact Information:
yavila@avilahealthgroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez Paul, Katheryn, MSN, APRN ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
tnovoa@believetherapycenter.com

and
7765 SW 87th Ave
Ste 105
Miami, FL 33173
(786) 550-7176
Digital Contact Information:
tnovoa@believetherapycenter.com

and
15413 Southwest 137th Avenue
Miami, FL 33177
(305) 964-5594
Digital Contact Information:
tnovoa@believetherapycenter.com

Ferro, Maria J, MSW, CEAP, LCSW, LMFT ■
9370 Southwest 72nd Street
Suite #A-213
Miami, FL 33173
(305) 205-4244
Digital Contact Information:
http://psychologytoday.com
psychotherapy@humanpotentialinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fitzpatrick, Panayiota, MED, LMHC ■
360 Northwest 27th Street
Miami, FL 33127
(929) 209-6109
Digital Contact Information:
fl-patientaccess@harmonybaywellness.com

Forman, Bruce D, PHD, LP ■
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(415) 840-8911
Digital Contact Information:
rise@withassured.com

Francois, Esther, MA, BCBA ■
14125 Northwest 80th Avenue
304
Miami Lakes, FL 33016
(786) 305-7222
Digital Contact Information:
christy@southfloridaaba.org

Frigerio, Ailema, PSYD, LP ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
info@myschoolpsychologistinc.com

Funes, Catherine F, PSYD, LP ■
1900 North Bayshore Drive
108
Miami, FL 33132
(954) 362-8677
Digital Contact Information:
bh@hgdoctors.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gainza Mayo, Mariela D, MSN, APRN ■
7971 Bird Road
15
Miami, FL 33155
(786) 504-5620
Digital Contact Information:
kenia.rodriguez@ffmhs.com

and
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
kenia.rodriguez@ffmhs.com

Other Languages Spoken by Provider or Office Staff
Spanish

Galvez, Gema, MS, LPC ■
10300 Southwest 72nd Street
275d
Miami, FL 33173
(888) 853-7908
Digital Contact Information:
http://www.bettermindtherapycorp.com
gemagalvez@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Lauren, MED, LMHC ■
2212 Northwest 91st Street
4058
Miami, FL 33147
(341) 888-7637
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
lauren.garcia371@gmail.com

Garcia, Tiffany, MN, PMHNP ■
2650 Southwest 27th Avenue
Suite 305
Miami, FL 33133
(786) 353-9812
Digital Contact Information:
billingheritagewellness@gmail.com
and
20824 W Dixie Hwy
Miami, FL 33180
(407) 851-5121
Digital Contact Information:
billingheritagewellness@gmail.com

Gatliff, Benjamin, MS, BCBA, LMHC, LPC ■
66 W Flagler St
900
Miami, FL 33130
(610) 306-2618
Digital Contact Information:
delegation@psychplus.com
and
777 Brickell Ave
Ste 500
Miami, FL 33131
(786) 490-2181
Digital Contact Information:
http://rockerhealth.org
delegation@psychplus.com
and
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(561) 289-7995
Digital Contact Information:
http://pandatherapycircle.com
delegation@psychplus.com

Gomez, Lissette, MA, LMFT ■
2500 SW 107TH AVE
42
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
info@abcsfl.com
and
FL
(786) 615-3334
Digital Contact Information:
info@abcsfl.com
Other Languages Spoken by Provider or Office Staff
English, Creole, Spanish

Gonzalez, Adriana, MSN, APRN ■
11440 N Kendall Dr
Ste 208
Miami, FL 33176
(305) 898-0849
Digital Contact Information:
callisiabilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Gloria, PHD, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
professional_counseling@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Jacqueline, MSSW, LCSW ■
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
sasha@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gordon, Natalie, MSW, LCSW, LMFT ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
melissa1amaya@yahoo.com

Gutierrez, Damian, MC, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org
and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org
and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org
and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org
and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
credentialing@banyanhealth.org

Harris, Teresa Q, MA, LPC ■
FL
(650) 761-9770
Digital Contact Information:
psychoanalyst42@protonmail.com

Heard, Chelsea, MSSW, LCSW ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
chelseaheardcounseling@gmail.com

Heretoiu, Luminita D, MC, LMHC ■
2650 Biscayne Blvd
Miami, FL 33137
(954) 639-9873
Digital Contact Information:
http://www.artoftalktherapy.com
lthouriee@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Hernandez, Diana, MC, LMHC ■
2500 Southwest 107th Avenue
41
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
info@abcsfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Niurvict, MBS, BCBA ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
dabs@appliedbhs.com
and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
http://appliedbhs.com
dabs@appliedbhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hill, Felicia M, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@lifestance.com

Hope, Maria M, MS, LMHC ■
13054 Southwest 133rd Court
FL 2
Miami, FL 33186
(305) 407-8165
Digital Contact Information:
mercyb.familytherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Incera, Cesar B, MPSY, LMHC ■
9485 SW 72nd St
Ste A202
Miami, FL 33173
(305) 670-0204
Digital Contact Information:
cince3@aol.com
Other Languages Spoken by Provider or Office Staff
French, Spanish

Jimenez, Graciela, MMFT, LMFT ■
7400 SW 87th Ave
260
Miami, FL 33173
(786) 595-8040
Digital Contact Information:
managedcarecredentialing@baptisthealth.net

Jit, Jamie, MC, LPCC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
counseling@connectionchurch.net

Johnson, Kamla D, MSW, LCSW ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
http://www.dgphealthandwellness.com
adams@pcmgfl.com
Other Languages Spoken by Provider or Office Staff English

Killackey, Debra, MMH, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
professional_counseling@yahoo.com
and
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
professional_counseling@yahoo.com

Lamons, Jackie D, DSW, LCSW ■
FL
(954) 348-5230
Digital Contact Information:
https://www.blueoasis.online/
jackielamonsdsw@gmail.com

Leydig, Tammie, MSN, APRN, CNP ■
FL
(305) 902-6347
Digital Contact Information:
sid@instic.health

Lo, Lorinda, MSN, APRN ■
2464 Southwest 22nd Street
Miami, FL 33145
(305) 204-9355
Digital Contact Information:
http://www.ampmentalhealth.com
admin@ampmentalhealth.com
Other Languages Spoken by Provider or Office Staff
Cantonese, Spanish

Lopez, Jennifer, MA, LMFT ■
3750 West 16th Avenue
232u
Hialeah, FL 33012
(786) 332-3396
Digital Contact Information:
jennylmft@gmail.com
and
10671 North Kendall Drive
5d
Miami, FL 33176
(786) 474-6469
Digital Contact Information:
jennylmft@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Maria Elena, EDS, LMHC ■
7600 Southwest 57th Avenue
302
South Miami, FL 33143
(305) 255-6362
Digital Contact Information:
travel925@aol.com
Other Languages Spoken by Provider or Office Staff
Portuguese, French, Italian, Spanish

Louwagie Gordon, Alissa M, MS, LMHC ■
FL
(786) 615-3334
Digital Contact Information:
info@abcsfl.com

Major, Marlea, MS, CAC, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
contact@majormhm.com

Martin, Lawanda, MPSY, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
engeditherapy@gmail.com

McDevitt, Omayra, MA, LPC ■
FL
(305) 902-6347
Digital Contact Information:
start@bebravehealth.com

Medina, Muriel, MSW, LCSW ■
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
info@aimergency.org

Medvin, Nadeen B, PHD, LP ■
1550 Madruga Avenue
STE 304
Coral Gables, FL 33146
(305) 815-1129
Digital Contact Information:
http://www.drnadeenmedvin.org
drnadeenmedvin@aol.com
and
2000 S Dixie Hwy
Ste 103
Miami, FL 33133
(305) 815-1129
Digital Contact Information:
drnadeenmedvin@aol.com

Melo, Evelyn, MA, LMHC ■
8785 SW 165th Ave
Ste 200
Miami, FL 33193
(786) 587-9656
Digital Contact Information:
melopsych@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mendez Luaces, Luis E, DNP, APRN ■
330 Southwest 27th Avenue
#701
Miami, FL 33135
(305) 363-1880
Digital Contact Information:
http://empowerpsychiatry.net
info@empowerpsychiatry.med
Other Languages Spoken by Provider or Office Staff
Spanish

Mesa, Leonel E, PSYD, LMHC ■
FL
(786) 208-4831
Digital Contact Information:
drmesa@neurofeedbackofml.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Meyer, Sean P, PHD, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
information@flces.com
Other Languages Spoken by Provider or Office Staff
German

Mirtenbaum, Daniel S, PSYD, LP ■
6175 NW 153rd St
Ste 404
Miami Lakes, FL 33014
(305) 558-7400
Digital Contact Information:
credentialing.tifft@gmail.com

Moore, Siobhan T, MS, APRN ■
2464 Southwest 22nd Street
Miami, FL 33145
(305) 204-9355
Digital Contact Information:
http://www.ampmentalhealth.com
admin@ampmentalhealth.com

Mora, Joseph J, PHD, LP ■
10621 North Kendall Drive
Suite #203
Miami, FL 33176
(305) 456-6976
Digital Contact Information:
davalos.credentialing@novitams.com

Morales, Mayelin, MSW, LCSW ■
10200 Northwest 25th Street
211
Doral, FL 33172
(305) 381-0346
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and
1444 West 49th Street
Hialeah, FL 33012
(786) 703-5459
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and
900 West 49th Street
STE 400
Hialeah, FL 33012
(305) 587-2231
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and
5941 Northwest 173rd Drive
6
Hialeah, FL 33015
(786) 360-4328
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and
8001 West 26th Avenue
6 6
Hialeah, FL 33016
(786) 372-3262
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and
8551 Northwest South River Drive
Medley, FL 33166
(305) 603-9344
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and
7925 Northwest 12th Street
405
Miami, FL 33126
(786) 401-7278
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and
5455 Southwest 8th Street
230
Miami, FL 33134
(786) 629-8836
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and
1250 Southwest 27th Avenue
Suite 506
Miami, FL 33135
(786) 536-9278
Digital Contact Information:
http://rehabcenterag.com
mayelinmoraleslcsw@gmail.com

and
4905 Northwest 72nd Avenue
5
Miami, FL 33166
(786) 391-3816
Digital Contact Information:
http://paradisehealthgroup.com
mayelinmoraleslcsw@gmail.com

and
5080 Northwest 74th Avenue
Miami, FL 33166
(786) 372-3262
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and
13335 Southwest 124th Street
STE 211
Miami, FL 33186
(786) 429-1770
Digital Contact Information:
mayelinmoraleslcsw@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

More, Rosemary, PSYD, LP ■
10691 N Kendall Dr
Ste 105
Miami, FL 33176
(305) 668-6018
Digital Contact Information:
rmorepsyd@cartayamedpsy.net

Moreno, Nicole, MA, LMHC ■
7400 SW 87th Ave
260
Miami, FL 33173
(786) 595-8040
Digital Contact Information:
managedcarecredentialing@baptisthealth.net

Moriyon, Milko, MN, APRN ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
yavila@avilahealthgroup.com

and
664 East 25th Street
102
Hialeah, FL 33013
(786) 409-5361
Digital Contact Information:
yavila@avilahealthgroup.com

Nagel, Alexandra, MA, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@mhrcflorida.com

Nedock, Shirley, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Norton, Jeanne, MSN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

O'Neill, Gloria M, MSN, APRN ■
7855 Northwest 52nd Street
Doral, FL 33166
(305) 450-9651
Digital Contact Information:
info@rushcredentialing.com

Occean, Andrelita, MMH, LCMHC ■
7950 W Flagler St
Ste 106
Miami, FL 33144
(305) 269-3900
Digital Contact Information:
drgmartinez.psychologist@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Creole, French

Orfao-Martin, Claudia, MSW, LICSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
mollymar@yahoo.com
Other Languages Spoken by Provider or Office Staff
Portuguese, English

Owens, Alana, MC, LCSW ■
1951 Northwest 7th Avenue
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
Not Available

Pabon, Hernan, MD ■
7374 SW 93rd Ave
Ste 201A
Miami, FL 33173
(786) 753-7467
Digital Contact Information:
info@doctorsccs.com

and
9000 Southwest 137th Avenue
#116
Miami, FL 33186
(305) 671-3503
Digital Contact Information:
http://www.behavioralccs.com
info@doctorsccs.com

and
9000 Southwest 137th Avenue
Suite 103
Miami, FL 33186
(305) 671-3503
Digital Contact Information:
http://www.behavioralccs.com
info@doctorsccs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Padron, Felix O, PSYD, LMHC ■
Catalonia Avenue
Coral Gables, FL 33134
(305) 448-6000
Digital Contact Information:
doctorpadron@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Padron, Solangel, PSYD, BCBA ■
3025 Northwest 11th Street
Miami, FL 33125
(786) 715-3175
Digital Contact Information:
http://brightsidebehavioralcenter.com
padronsolangel@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 715-3175
Digital Contact Information:
padronsolangel@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Paris, Emilia, MC, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Patterson, Trakeeta A, MSW, LCSW ■
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
dreamagainservices@gmail.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
dreamagainservices@gmail.com

Paula Jorge, Lynette D, MSN, APRN ■
8323 Northwest 12th Street
108
Doral, FL 33126
(305) 400-8511
Digital Contact Information:
http://www.cbhwestcoast.com
info@cbhwestcoast.com

Pena, Frances, MSW, LCSW ■
8100 SW 81st Dr
Ste 290
Miami, FL 33143
(305) 975-4049
Digital Contact Information:
credentialing@joinuplift.co

and
16095 SW 150th St
Miami, FL 33196
(305) 975-4049
Digital Contact Information:
credentialing@joinuplift.co
Other Languages Spoken by Provider or Office Staff
Spanish

Perlata Pena, Junior, MSN, APRN ■
5705 West 12th Lane
Hialeah, FL 33012
(786) 682-6393
Digital Contact Information:
rcarmona@rcpsychiatryim.net
Other Languages Spoken by Provider or Office Staff English

Plasencia, Belkis, MSN, APRN ■
7921 Bird Rd
Ste 41
Miami, FL 33155
(305) 425-1393
Digital Contact Information:
ynhcsaba@gmail.com

and
7971 Bird Road
39
Miami, FL 33155
(786) 910-7179
Digital Contact Information:
ynhcsaba@gmail.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
ynhcsaba@gmail.com

and
7001 SW 97th Ave
Ste 206
Miami, FL 33173
(786) 294-0123
Digital Contact Information:
https://www.chgpsychiatry.com/
ynhcsaba@gmail.com

and
9425 Southwest 72nd Street
Suite 251

Miami, FL 33173
(305) 305-6573
Digital Contact Information:
ynhcsaba@gmail.com

and
13706 Southwest 56th Street
STE 105-106
Miami, FL 331756036
(786) 523-4289
Digital Contact Information:
ynhcsaba@gmail.com

and
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
ynhcsaba@gmail.com

and
13335 Southwest 124th Street
STE 101
Miami, FL 33186
(786) 842-3635
Digital Contact Information:
ynhcsaba@gmail.com

and
13501 Southwest 128th Street
STE 114
Miami, FL 33186
(786) 250-3440
Digital Contact Information:
ynhcsaba@gmail.com

and
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
ynhcsaba@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Polites, Nancy, MSW, LCSW ■
55 Miracle Mile
Miami, FL 33134
(772) 486-4417
Digital Contact Information:
nancyelsie@gmail.com

Portillo, Cimelitza, MMH, LMHC ■
9425 SW 72nd St
Ste 265
Miami, FL 33173
(305) 279-8400
Digital Contact Information:
safeharbormha@att.net

Posada, Stephanie, MMH, LMHC ■
2500 Southwest 107th Avenue
41
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
lgomez@abcsfl.com

and
FL
(786) 615-3334
Digital Contact Information:
lgomez@abcsfl.com
Other Languages Spoken by Provider or Office Staff Spanish

Poulton, Nigel G, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@psychplus.com

Preval, Falicia, MC, LMHC ■
1031 Ives Dairy Rd
Ste 228
Miami, FL 33179
(786) 320-5559
Digital Contact Information:
faliciap@aol.com

and
1031 Ives Dairy Road
Miami, FL 33179
(786) 627-3321
Digital Contact Information:
faliciap@aol.com

and
1001 North Miami Beach Boulevard
North Miami Beach, FL 33162
(786) 320-5559
Digital Contact Information:
faliciap@aol.com

Quintanilla, Claudia, MS, LMHC ■
FL
(786) 258-8499
Digital Contact Information:
http://www.virtual-counseling.com
service@virtual-counseling.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Rico, Sandra, MS, LMHC ■
10689 SW 88th St
Ste 305
Miami, FL 33176
(415) 941-4109
Digital Contact Information:
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff Spanish

Robaina, Niubis, MPSY, LMHC ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
yavila@avilahealthgroup.com

Rodriguez, Luann, MS, LMFT ■
18901 Southwest 106th Avenue
Suite #108
Miami, FL 33157
(786) 231-0910
Digital Contact Information:
luann.rodriguezlmft@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Rodriguez Milian, Karel, MD ■
2500 Northwest 79th Avenue
233
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
andersonbilling1001@gmail.com

and
2500 Northwest 79th Avenue
Suite 189
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
andersonbilling1001@gmail.com

and
351 NW 42nd Ave
Ste 406
Miami, FL 33126
(786) 536-1710
Digital Contact Information:
andersonbilling1001@gmail.com

and
1890 Southwest 57th Avenue
SUITE 106
Miami, FL 33155
(786) 536-1701
Digital Contact Information:
andersonbilling1001@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Rodriguez, Miriam, MSSW, LCSW ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Rosario, Tamara, MS, LMHC ■
11077 Biscayne Boulevard
410
Miami, FL 33161
(888) 494-0808
Digital Contact Information:
https://tamara-rosario.clientsecure.me
office@sbhss.net
Other Languages Spoken by Provider or Office Staff Spanish

Salazar, Ana, MS, LMHC ■
2500 Northwest 107th Avenue
Suite 102
Doral, FL 33172
(786) 605-9400
Digital Contact Information:
hello@reachlink.com

Schmid, Cecilia A, MPSY, LMHC ■
9380 SW 72nd St
Ste 238
Miami, FL 33173
(305) 632-2322
Digital Contact Information:
ceciliaschmid@hotmail.com

and
10691 N Kendall Dr
Ste 110
Miami, FL 33176
(305) 632-2322
Digital Contact Information:
ceciliaschmid@hotmail.com

Simon, Vania M, MMH, LMHC ■
9425 Sunset Drive
Ste F251
Miami, FL 33173
(786) 310-6004
Digital Contact Information:
http://www.mindingthegap.net
vania@mindingthegap.net

and
FL
(786) 310-6004
Digital Contact Information:
http://www.mindingthegap.net
vania@mindingthegap.net

and
8181 Northwest 154th Street
STE 112
Miami Lakes, FL 33016
(407) 572-8053
Digital Contact Information:
vania@mindingthegap.net

and
1190 Northwest 95th Street
307
Miami Shores, FL 33150
(407) 572-8053
Digital Contact Information:
vania@mindingthegap.net

Sockol, Jamie K, MS, LMHC ■
111 NW 183rd St
Ste 404
Miami, FL 33169
(786) 524-4001
Digital Contact Information:
info@selfcarecounselingofsouthflorida.com
Other Languages Spoken by Provider or Office Staff English

Solomon, Evelyn, MSW, LCSW ●
FL
(802) 734-5285
Digital Contact Information:
http://www.evelynsolomontherapy.com
evelynsolomontherapy@gmail.com
Other Languages Spoken by Provider or Office Staff Hebrew

Spasic, Marija, MS, LMHC ■
7600 West 20th Avenue
213
Hialeah, FL 33016
(786) 471-6887
Digital Contact Information:
http://marijaspasic.com
srcetherapy@gmail.com

Spinner, Lynn R, MSW, LCSW ■
6175 NW 153rd St
Ste 404
Miami Lakes, FL 33014
(305) 558-7400
Digital Contact Information:
lrspin@aol.com

Tassy-Lewis, Sabrina, PSYD, LP ■
14411 Commerce Way
Hialeah, FL 33016
(954) 534-0432
Digital Contact Information:
tassy@nova.edu
Other Languages Spoken by Provider or Office Staff Haitian Creole, Creole

Taveras, Adam, MA, LMFT ■
FL
(305) 981-6068
Digital Contact Information:
adam.brighterdays@gmail.com

and
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
adam.brighterdays@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Tolbert, Kristen, EDD, LMHC, LPC ■
FL
(877) 799-1506
Digital Contact Information:
kristentolbert@gmail.com

and
18117 Biscayne Boulevard
2052
Miami, FL 33160
(954) 591-8526
Digital Contact Information:
kristentolbert@gmail.com

Trejo, Ana, MMH, LMHC ■
FL
(786) 361-9784
Digital Contact Information:
loveandabundance2020@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Treto, David, MN, APRN ■
13145 Southwest 134th Street
102
Miami, FL 33186
(305) 964-5236
Digital Contact Information:
olympushcs@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Tyson, Darcel P, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Valdez, Aileen, MSCC, LMHC ●
1550 Madruga Ave
Ste 509
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
https://www.abc4s.com/
inf0@abc4s.com

and
FL
(786) 536-9714
Digital Contact Information:
https://www.abc4s.com/
inf0@abc4s.com
Other Languages Spoken by Provider or Office Staff Spanish

Vega, Herman, PHD, CAP, LMHC ■
14411 Commerce Way
315
Hialeah, FL 33016
(305) 644-7294
Digital Contact Information:
info@totalrehabservices.com

and
14505 Commerce Way
Ste 511
Miami Lakes, FL 33016
(305) 644-7294
Digital Contact Information:
info@totalrehabservices.com
Other Languages Spoken by Provider or Office Staff Spanish

Vieira, Caroline, MC, LMHC, PC ■
2212 Northwest 91st Street
Miami, FL 33147
(341) 888-7637
Digital Contact Information:
contact@quelinbilling.com
Other Languages Spoken by Provider or Office Staff Portuguese

Vila, Dayana, MSN, APRN ■
4005 Northwest 114th Avenue
22 22
Doral, FL 33178
(305) 260-6913
Digital Contact Information:
billingheritagewellness@gmail.com

and
2645 SW 37th Ave
Ste 101
Miami, FL 33133
(786) 530-4080
Digital Contact Information:
billingheritagewellness@gmail.com

and
14221 Southwest 120th Street
126
Miami, FL 33186
(786) 577-3427
Digital Contact Information:
billingheritagewellness@gmail.com

and
13100 West Dixie Highway
North Miami, FL 33161
(786) 442-5021
Digital Contact Information:
billingheritagewellness@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Weiss, Robert, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
credentialer@gmail.com

White, Samantha, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
frontdesk@highersightscounseling.com

Woolery, Nickesha, MSN, APRN ■
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
info@aimergency.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
info@aimergency.com
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole, Filipino, French, Spanish

Zitnick, Michelle S, MSN, APRN ■
975 West 41st Street
308
Miami Beach, FL 33140
(305) 905-2349
Digital Contact Information:
Not Available

Zumar, Lorraine M, MC, LMHC, LPC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

EMERGENCY RESPONDER AND PUBLIC SAFETY CERTIFIED CLINICIAN

Brito, Keity, LCSW, MSW ■
FL
(909) 442-0618
(202) 410-5972
(305) 209-5141
Digital Contact Information:
http://www.joinuplift.co
support@tryminded.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mesa, Leonel E, PSYD, LMHC ■
FL
(786) 208-4831
Digital Contact Information:
drmesa@neurofeedbackofml.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

EYE MOVEMENT DESENSITIZATION AND REPROCESSING (EMDR)

Acker, Ashleigh, MS, LMFT ●
1175 Northeast 125th Street
320
Miami, FL 33161
(954) 372-0423
Digital Contact Information:
http://www.marriagefamilyservices.com
mfsfrontdesk1@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, English, Malayalam, Haitian, Italian, Spanish

Agic, Christine, MSW, LCSW ■
2500 SW 107TH AVE
42
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
inbox.mhcares@gmail.com

Alayon, Carlos, MS, LMHC ■
10500 Northwest 26th Street
Doral, FL 33172
(305) 646-1799
Digital Contact Information:
calayon@hotmail.com

and
1710 Northwest 7th Street
5
Miami, FL 33125
(239) 250-9411
Digital Contact Information:
calayon@hotmail.com

and
2311 Northwest 7th Street
Miami, FL 33125
(786) 706-2246
Digital Contact Information:
calayon@hotmail.com

and
790 Northwest 107th Avenue
Suite 303
Miami, FL 33172
(786) 603-9858
Digital Contact Information:
calayon@hotmail.com

and
11960 SW 39th Ter
Miami, FL 33175
(786) 514-6406
Digital Contact Information:
calayon@hotmail.com

and
13170 Southwest 128th Street
200
Miami, FL 33186
(786) 852-5198
Digital Contact Information:
calayon@hotmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Almeida Wallace, Diana, MC, LMHC ■
5915 Ponce de Leon
48
Coral Gables, FL 33146
(305) 934-6453
Digital Contact Information:
dalmeida87@hotmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, English, French, Spanish

Alvarado, Gizelle, MED, LPC ■
1951 Northwest 7th Avenue
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
pinnacleeptx@aol.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Anaya, Alissa, MS, LMHC ●
FL
(561) 590-7063
Digital Contact Information:
http://innerworkcounseling.com
contact@innerworkcounseling.com

Andres, Alice M, PSYD, CP, HSPP, LP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
rainbowlanternpsych@gmail.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
rainbowlanternpsych@gmail.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
rainbowlanternpsych@gmail.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
rainbowlanternpsych@gmail.com
Other Languages Spoken by Provider or Office Staff English

Arroyo, Linda M, MC, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
lindaarroyo.mft@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arvon, Coral, PHD, LCSW, LMFT ■
2627 Northeast 203rd Street
118
Aventura, FL 33180
(305) 936-8000
Digital Contact Information:
http://arvonandassociates.com
drarvon@arvonandassociates.com

and
6919 Southwest 18th Street
219
Miami, FL 33175
(305) 936-8000
Digital Contact Information:
http://arvonandassociates.com
drarvon@arvonandassociates.com

Avila, Corrieann M, MSW, LCSW ■
5335 Northwest 87th Avenue
c109
Doral, FL 33178
(786) 551-9550
Digital Contact Information:
corrie@monarchcounselinggroup.com

Baird, Christopher, MA, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
cardiganincorporated@gmail.com

Barreras, Rosemary, MSED, LMFT ●
101 Majorca Avenue
Coral Gables, FL 33134
(954) 998-3372
Digital Contact Information:
rosemarybreiss@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bass, India, MMH, LMHC ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://myschoolpsychologistinc.com
india.lmhc@gmail.com

and
FL
(305) 520-9813
Digital Contact Information:
http://www.myschoolpsychologistinc.com
india.lmhc@gmail.com

Basulto, Julie M, MS, LMFT ■
6625 Miami Lakes Drive
448
Miami Lakes, FL 33014
(305) 779-8565
Digital Contact Information:
http://www.comprehensive-assessment.com
info@comprehensive-assessment.com

and
6625 Miami Lakes Drive
STE 332
Miami Lakes, FL 33014
(305) 779-8565
Digital Contact Information:
http://www.comprehensive-assessment.com
info@comprehensive-assessment.com

Beaubrun, Lucika, MA, LMHC ■
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(561) 289-7995
Digital Contact Information:
pandatherapycircle@gmail.com

Bermudez, Jose, PSYD, LP ■
9425 SW 72nd St
Ste 267
Miami, FL 33173
(305) 981-6806
Digital Contact Information:
jbpsyd@gmail.com

Borda, Margarita, MA, LMHC ■
123 Madeira Avenue
204
Coral Gables, FL 33134
(305) 898-6607
Digital Contact Information:
margaritaborda123@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Borek, Izayana, MS, LMFT ■
151 Northwest 11th Street
w201 w
Homestead, FL 33030
(786) 521-5925
Digital Contact Information:
http://monarchallhealth.com
monarchallhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Botero, Sara M, MS, LMFT ■
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
morecounseling@gmail.com

and
9745 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 701-2401
Digital Contact Information:
morecounseling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Capote, Lindsey, MC, LMHC ■
14401 Old Cutler Road
Miami, FL 33158
(305) 722-5380
Digital Contact Information:
http://www.wellspringmiami.org
insurance@wellspringmiami.org

Castro, Yahaira, PHD, LMHC ■
13335 Southwest 124th Street
Miami, FL 33186
(786) 738-6468
Digital Contact Information:

frontdesk@mentalhealthofmiami.com

and

FL
(786) 738-6468
Digital Contact Information:
http://mentalhealthofmiami.com
frontdesk@mentalhealthofmiami.com
Other Languages Spoken by Provider or Office Staff
Spanish

Chelak, Elizabeth, MSW, LCSW ■

1110 Brickell Ave
Ste 407
Miami, FL 33131
(561) 501-3092
Digital Contact Information:
info@traumatherapywpb.com
Other Languages Spoken by Provider or Office Staff
Russian

Clicque, Chelsea A, PSYD, LP ■

1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
support@dallastherapeutic.com

Cohen, Ofri, LMFT, LMHC, MS ■

3363 NE 163rd St
Ste 709
Miami, FL 33160
(786) 556-5546
Digital Contact Information:
Not Available

and

3363 Northeast 163rd Street
STE 709
North Miami Beach, FL 33160
(786) 556-5546
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Hebrew

Commella, Noreen, PSYD, LP ■

1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@healthyyoungminds.com

Corzo, Samantha R, MS, LMHC ■

3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and

140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and

3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and

3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org

and

10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
credentialing@banyanhealth.org

Crabtree, Amanda, MC, LMHC ■

1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Crider, Tiffany, MS, LMHC ■

FL
(305) 812-6018
Digital Contact Information:
http://www.prevailandprogress.com
tiffanysimone@prevailandprogress.com

Curiel, Rosie E, PSYD, LP ■

1120 NW 14th St
1477
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
rwinokur@med.miami.edu

and

1695 NW 9th Ave
1404A
Miami, FL 33136
(305) 355-9155
Digital Contact Information:
rwinokur@med.miami.edu
Other Languages Spoken by Provider or Office Staff
Spanish

Davis-Pope, Jordyn, MSW, LCSW ■

5335 Northwest 87th Avenue
Doral, FL 33178
(786) 551-9550
Digital Contact Information:
info@monarchcounselinggroup.com
Other Languages Spoken by Provider or Office Staff English

De Souza, Maria B, PSYD, LP ■

FL
(954) 629-0248
Digital Contact Information:
http://www.drbetinadesouza.com
betina@drbetinadesouza.com

Deblasio, Kristie, PHD, LCP ■

FL
(800) 567-5433
Digital Contact Information:
southcoastpsychotherapy@gmail.com
Other Languages Spoken by Provider or Office Staff English

Doran, Brianna, MS, LMHC ■

1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
help@joinuplift.co

and

2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Duba, William J, MS, LMHC ■

1666 79th Street Causeway
211
North Bay Village, FL 33141
(305) 244-0090
Digital Contact Information:
billduba@gmail.com

and

7525 East Treasure Drive
1016 1016
North Bay Village, FL 33141
(305) 244-0090
Digital Contact Information:
billduba@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Duenas, Barbara, MS, LMFT ■

FL
(786) 671-4939
Digital Contact Information:
http://www.duenasmentalhealth.com
barbara@duenasmentalhealth.com

Ehrentreu, Dana, MSW, LCSW ■

2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
nj-patientaccess@harmonybaywellness.com

Eklund, Melissa, MMH, LMHC ■

8200 Northwest 41st Street
Suite 200
Miami, FL 33166
(754) 202-2565
Digital Contact Information:
https://savinglives.clientsecure.me/
melissa@savinglivescounselingcenter.com

Elysee, Sara, MS, LMHC ●

18495 South Dixie Highway
Cutler Bay, FL 33157
(954) 613-9414
Digital Contact Information:
http://www.soundmindwellness.com
connect@soundmindwellness.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian

Emerson, Amanda S, MSW, LCSW ■

2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
amanda@alignhw.net

Fernandez, Nallivy, MPSY, LMHC ■

20334 NW 2nd Ave
Miami, FL 33169
(954) 744-0899
Digital Contact Information:
http://fieldsofivy.com
nallyfdez@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Figuereo Sabeta, Solange, MC, LMHC ■

10300 Florida 986
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fitzpatrick, Panayiota, MED, LMHC ■

360 Northwest 27th Street
Miami, FL 33127
(929) 209-6109
Digital Contact Information:
fl-patientaccess@harmonybaywellness.com

Garcia, Armando, MSSW, LCSW ■

8200 Northwest 41st Street
Suite 200
Miami, FL 33166
(305) 613-2842
Digital Contact Information:
https://savinglives.clientsecure.me/
melissa@savinglivescounselingcenter.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Garcia, Mario, MDIV, LMHC ■

12280 Southwest 100th Street
Miami, FL 33186
(305) 480-5800
Digital Contact Information:
http://www.neurostrategiccoach.com
drmario@neurostrategiccoach.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gardey, Alison, MMFT, LMFT ■

FL
(916) 402-4254
Digital Contact Information:
http://alisongardey.com
alisongardey@gmail.com

Gibson, Mary E, MSW, LCSW ●

FL
(305) 779-8565
Digital Contact Information:
https://www.comprehensive-assessment.com/
info@comprehensive-assessment.com

Gomez, Amelia, MBS, BCBA ■

2500 SW 107TH AVE
42
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
info@abcsfl.com

and

FL
(786) 615-3334
Digital Contact Information:
info@abcsfl.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gomez, Lissette, MA, LMFT ■

2500 SW 107TH AVE
42
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
info@abcsfl.com

and

FL
(786) 615-3334
Digital Contact Information:
info@abcsfl.com
Other Languages Spoken by Provider or Office Staff
English, Creole, Spanish

Gordon, Natalie, MSW, LCSW, LMFT ■

815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
melissa1amaya@yahoo.com

Greenblatt, Jodi, MS, LMFT ■

2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
acc@advancedclientcare.org
Other Languages Spoken by Provider or Office Staff
Afrikaans

Guskovict, Kristen, MSW, LCSW ■

FL
(917) 628-6231
Digital Contact Information:
kguskovict@heartofaidwork.com

Gutierrez, Damian, MC, LMHC ■

3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and

140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and

3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and

3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
credentialing@banyanhealth.org

Harris, Dawnchele, MSW, LCSW ■
FL
(508) 202-1011
Digital Contact Information:
Not Available

Heard, Chelsea, MSSW, LCSW ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
chelseaheardcounseling@gmail.com

Henderson, Kimberly, MSW, LCSW ■
FL
(305) 804-9121
Digital Contact Information:
http://www.sfacounseling.org
info@sfacounseling.org

Hendrickson, Michael E, PHD, LP ■
8600 SW 92nd Street
#203
Kendall, FL 33156
(786) 247-5575
Digital Contact Information:
michaelhendricksonphd@gmail.com

Hernandez, Janet, MA, LPC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
birches@withassured.com

Hernandez-Cuevas, Maria, MS, LMHC ■
10691 Southwest 88th Street
Suite 110
Miami, FL 33176
(305) 595-5485
Digital Contact Information:
mariahcuevas@gmail.com

Iglesias, Marta, MS, LMHC ■
3081 Salzedo Street
Suite 202
Coral Gables, FL 33134
(786) 294-5624
Digital Contact Information:
http://www.mi-counselor.com
lyam@credentialingconsultants.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Incera, Cesar B, MPSY, LMHC ■
9485 SW 72nd St
Ste A202
Miami, FL 33173
(305) 670-0204
Digital Contact Information:
cince3@aol.com
Other Languages Spoken by Provider or Office Staff French, Spanish

Joffe, Wendy, PHD, LP ■
7711 Southwest 62nd Avenue
203
Miami, FL 33143
(305) 667-5232
Digital Contact Information:
4wendyjoffe@gmail.com

Johnson, Ashley, MPSY, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
steven.smith@mangalaminfotech.com

Kay, Alexander, MSW, LCSW ■
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(561) 289-7995
Digital Contact Information:
pandatherapycircle@gmail.com

Kempler, Arielle, MSW, LCSW ■
1110 Brickell Avenue
Suite 502
Miami, FL 33131
(203) 693-4917
Digital Contact Information:
info@revivecfw.com

Lagravere, Rose Mary, MSCC, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
acc@advancedclientcare.org

Landes, Debra M, MED, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
landeslmhc@gmail.com

Lazaro, Paulo G, MSW, LCSW ■
13499 Biscayne Blvd
Ste 208
North Miami, FL 33181
(305) 206-2899
Digital Contact Information:
paulolazarolcsw@gmail.com

and
13499 Biscayne Boulevard
218
North Miami, FL 33181
(305) 206-2899
Digital Contact Information:
paulolazarolcsw@gmail.com
Other Languages Spoken by Provider or Office Staff Portuguese, Spanish

Lebron Ginorio, Michelle, MD ■
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
rehabcenterag@gmail.com

and
10300 Southwest 72nd Street
300
Miami, FL 33173
(786) 418-9730
Digital Contact Information:
http://www.happydreamsofkids.com
rehabcenterag@gmail.com

and
12150 Southwest 128th Court
Suite 233
Miami, FL 33186
(786) 238-7666
Digital Contact Information:
rehabcenterag@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Legra, Bertha V, MS, LMHC ■
419 W 49th St
Ste 210
Hialeah, FL 33012
(954) 404-7052
Digital Contact Information:
credentialing@psychiatrist4u.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Lenok, Michael, MC, LMHC ■
150 Southeast 2nd Avenue
STE 1010
Miami, FL 33131
(786) 733-0700
Digital Contact Information:
http://www.gia.miami
info@giahealthcare.com

Lopez, Kety, MS, LMHC ■
2730 Southwest 3rd Avenue
Suite 202 O
Miami, FL 33129
(786) 244-3520
Digital Contact Information:
http://www.psychblossom.com
info@psychblossom.com

and
FL
(786) 244-3520
Digital Contact Information:
http://www.psychblossom.com
info@psychblossom.com
Other Languages Spoken by Provider or Office Staff Spanish

Lopez, Widlyne, MSW, LCSW ■
FL
(954) 281-2958
Digital Contact Information:
http://www.breakthroughcrc.com
widlynel@breakthroughcrc.org
Other Languages Spoken by Provider or Office Staff Haitian Creole

Lukasik, Linda, MSW, LCSW ●
17801 Northwest 2nd Avenue
202
Miami, FL 33169
(954) 979-7911
Digital Contact Information:
tashaneb@4kids.us
Other Languages Spoken by Provider or Office Staff English, Spanish

Madison, Marlon, MSW, LCSW ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
acc@advancedclientcare.org

Mare, Nicole, MSW, LCSW ■
FL
(786) 309-5635
Digital Contact Information:
innerbloom_psychotherapy@outlook.com
Other Languages Spoken by Provider or Office Staff Spanish

Mateo, Ana, MS, LMHC ■
10700 Caribbean Boulevard
UNIT 203
Cutler Bay, FL 33189
(305) 299-8005
Digital Contact Information:
hr.saludablemente@gmail.com

and
8180 Northwest 36th Street
Suite 100J
Doral, FL 33166
(305) 985-6488
Digital Contact Information:
hr.saludablemente@gmail.com

and
FL
(786) 267-2798
Digital Contact Information:
hr.saludablemente@gmail.com
Other Languages Spoken by Provider or Office Staff English

McKenzie-Plez, Antwan, MA, LCMHC ■
1620 Northeast 148th Street
Miami, FL 33181
(954) 412-9698
Digital Contact Information:
kelly@credentialingconsultants.com

Mora, Brenda, MS, LMHC ■
FL
(786) 488-8103
Digital Contact Information:
http://www.sfacounseling.org
info@sfacounseling.org
Other Languages Spoken by Provider or Office Staff Spanish

Mora, Joseph J, PHD, LP ■
10621 North Kendall Drive
Suite #203
Miami, FL 33176
(305) 456-6976
Digital Contact Information:
davalos.credentialing@novitams.com

Morales, Marielsie, MSW, LCSW ■
8950 Southwest 74th Court
Suite 2201
Miami, FL 33156
(786) 306-8200
Digital Contact Information:
http://www.onyiamind.com
info@onyiamind.com
Other Languages Spoken by Provider or Office Staff Spanish

More, Rosemary, PSYD, LP ■
10691 N Kendall Dr
Ste 105
Miami, FL 33176
(305) 668-6018
Digital Contact Information:
rmorepsyd@cartayamedpsy.net

Morgan, Jennifer, MC, LMHC ■
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
wavespsychotherapybilling@gmail.com

and
19300 West Dixie Highway
2 2
Miami, FL 33180
(786) 396-0359
Digital Contact Information:
wavespsychotherapybilling@gmail.com

Muldrow, Edward J, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
emuldrow3@aol.com

Novak, Mark, MS, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
acc@advancedclientcare.org

Ochoa Basulto, Anett, MPSY, LMHC ■
9260 Southwest 72nd Street
103 bldg 6
Miami, FL 33173
(786) 359-4448
Digital Contact Information:
anettochoa2015@gmail.com

and
13335 Southwest 124th Street
STE 211
Miami, FL 33186
(786) 551-8253
Digital Contact Information:
anettochoa2015@gmail.com

Orin, Ramon S, MA, LMHC ■
12030 Southwest 129th Court
Suite 211
Miami, FL 33186
(305) 639-8760
Digital Contact Information:
rorin31@bellsouth.net

and
12360 Southwest 132nd Court
STE 202
Miami, FL 33186
(786) 250-3396
Digital Contact Information:
rorin31@bellsouth.net
Other Languages Spoken by Provider or Office Staff Spanish

Ortiz, Cindy-Joy, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Otero Desantiago, Luis A, MMH, LMHC ■
FL
(954) 850-1859

Digital Contact Information:
luis@ctraumacare.com

Pandini, Heli, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
credentialing@thriveworks.com

Peral, Nikita R, MS, LMHC ●
3081 Salzedo Street
Suite 202 -S
Coral Gables, FL 33134
(786) 254-1443
Digital Contact Information:
rootedwellnessmiami@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Perez, Claudia, MMH, BCBA ■
Home Based Services Only
Miami, FL 33155
(786) 262-5559
Digital Contact Information:
namastebehaviortherapy@yahoo.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Portillo, Cimelitza, MMH, LMHC ■
9425 SW 72nd St
Ste 265
Miami, FL 33173
(305) 279-8400
Digital Contact Information:
safeharbormha@att.net

Poulton, Nigel G, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@psychplus.com

Quintanilla, Claudia, MS, LMHC ■
FL
(786) 258-8499
Digital Contact Information:
http://www.virtual-counseling.com
service@virtual-counseling.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Radulich, Mark, MSW, LCSW ■
FL
(305) 902-6347
(202) 410-5972
Digital Contact Information:
help@joinuplift.co

Remsen, Caitlyn, MSW, LMHC ■
8500 SW 92nd Street
206
Miami, FL 33156
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
info@livewelltherapygroup.com

and
7600 Southwest 57th Avenue
suite 334
South Miami, FL 33143
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
info@livewelltherapygroup.com

Rios, Stephanie, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
smrios1979@gmail.com

Roberts, Ryan, MS, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
ryanrobertslpc@gmail.com

and
FL
(305) 902-6347
Digital Contact Information:
ryanrobertslpc@gmail.com

Robinson, Jade, MS, LMHC ■
FL
(786) 488-8103
Digital Contact Information:
http://www.sfacounseling.org
info@sfacounseling.org

Rodriguez Garcia, Daniel, MC, LMHC ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
lifetimesolutionsagency@gmail.com

and
5757 Waterford District Drive
Unit 172
Miami, FL 33126
(786) 524-2880
Digital Contact Information:
http://www.lifetimesolutionsagency.com
lifetimesolutionsagency@gmail.com

and
Monterey Street
Miami, FL 33134
(786) 803-8306
Digital Contact Information:
lifetimesolutionsagency@gmail.com

and
14471 S Dixie Hwy
Miami, FL 33176
(786) 803-8826
Digital Contact Information:
http://www.amorementalhealthcorp.com
lifetimesolutionsagency@gmail.com

and
9010 Southwest 137th Avenue
101
Miami, FL 33186
(786) 803-8826
Digital Contact Information:
http://amorementalhealthcorp.com
lifetimesolutionsagency@gmail.com

and
8785 SW 165th Ave
Ste 104
Miami, FL 33193
(786) 703-1538
Digital Contact Information:
lifetimesolutionsagency@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Rodriguez Ramos, Meilyn, PSYD, LP ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com
Other Languages Spoken by Provider or Office Staff Spanish

Rodriguez, Yaritza, MSW, LICSW ■
FL
(855) 757-7273
Digital Contact Information:
http://www.rebuildinghope.org
yaritza@hopesacpc.org
Other Languages Spoken by Provider or Office Staff Spanish

Ryan, Melanie, MS, LMHC ■
2124 Northeast 123rd Street
STE 220
North Miami, FL 33181
(786) 828-0947
Digital Contact Information:
https://blossomfl.com
info@blossomfl.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Sammartano, Rachel, PA, PA_C ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
http://www.compasshealthsystems.com
intake@compass.md

and
11440 N Kendall Dr
Ste 208
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
intake@compass.md

and
1065 Northeast 125th Street
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
intake@compass.md

San Juan, Janella, MS, NP, PMHNP ■
FL
(305) 902-6347
Digital Contact Information:
sara.rydin@caduc.com
Other Languages Spoken by Provider or Office Staff English

Schild, Sven, PHD, LP ●
FL
(858) 602-2847
Digital Contact Information:
http://www.svenschild.com
sven.schild@gmail.com
Other Languages Spoken by Provider or Office Staff Sign Lang Amer

Serna, Jairo, MSW, LCSW ●
FL
(305) 445-0477
Digital Contact Information:
jairoserna@hotmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Shakespeare, Ashanti, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
inquiry@dare2emerge.com

Sherrill, Jenniffer, PHD, LMHC ■
FL
(786) 258-8499
(786) 309-8667
Digital Contact Information:
http://www.virtual-counseling.com
drsherill@transcendingtraumatherapy.com

Simon, Vania M, MMH, LMHC ■
9425 Sunset Drive
Ste F251
Miami, FL 33173
(786) 310-6004
Digital Contact Information:
http://www.mindingthegap.net
vania@mindingthegap.net

and
FL
(786) 310-6004
Digital Contact Information:
http://www.mindingthegap.net
vania@mindingthegap.net

and
8181 Northwest 154th Street
STE 112
Miami Lakes, FL 33016
(407) 572-8053
Digital Contact Information:
vania@mindingthegap.net

and
1190 Northwest 95th Street
307
Miami Shores, FL 33150
(407) 572-8053
Digital Contact Information:
vania@mindingthegap.net

Smith, Melissa, MSW, LCSW ■
1951 Northwest 7th Avenue
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Smith-Swan, Azure, MSW, LCSW ■
FL
(945) 253-8399
Digital Contact Information:
https://www.therealhealco.com/
dr.azure@therealhealco.com

Spasic, Marija, MS, LMHC ■
7600 West 20th Avenue
213
Hialeah, FL 33016
(786) 471-6887
Digital Contact Information:
http://marijaspasic.com
srcetherapy@gmail.com

Springer, Shawndel, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
gethelp@wellqor.com

Stibick, Debra L, PHD, LP ■
3663 S Miami Ave
Miami, FL 33133
(713) 789-7560
Digital Contact Information:
talk2drdeb@gmail.com

Stowe, Jennifer, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
patientinfo@lucidlane.com
Other Languages Spoken by Provider or Office Staff French

Stubbs, Marcie D, MA, LMHC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@lifestance.com

Taque, Jose C, MS, LMHC ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
ehoyos@lotuscounseling.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
http://www.lotuscounseling.com
ehoyos@lotuscounseling.com
Other Languages Spoken by Provider or Office Staff Italian, Spanish

Vidal-Zas, Alicia R, PSYD, LP ■
14225 SW 42nd St
Miami, FL 33175
(305) 221-8200
Digital Contact Information:
arvida712@aol.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Villa, Veronica, MSCC, LMHC ■
FL
(786) 443-8532
Digital Contact Information:
http://cptftl.square.side
vfvilla72@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Von Schirach, Alicia, PHD, LMHC ■
2655 S Le Jeune Rd
Fl 5
Miami, FL 33134
(305) 993-9413

Digital Contact Information:
dravonschirach@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Warner, Randy T, MD ■
3000 Biscayne Boulevard
Suite 216
Miami, FL 33137
(786) 220-1969
Digital Contact Information:
nhurley@npcatlantis.com

and
602 Northeast 36th Street
19
Miami, FL 33137
(786) 220-1969
Digital Contact Information:
nhurley@npcatlantis.com

Wheeler, Kimberly, MS, APRN, NP ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
start@bebravehealth.com
Other Languages Spoken by Provider or Office Staff
English

Wilson, Mia R, EDD, CAP, LMHC ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(866) 478-3978
Digital Contact Information:
miarwilson@aol.com

Wool, Sorcha, MSW, LCSW ■
1951 Northwest 7th Avenue
Miami, FL 33136
(571) 934-3936
Digital Contact Information:
admin@supportiveengagemet.com

and
FL
(305) 902-6347
Digital Contact Information:
admin@supportiveengagemet.com
Other Languages Spoken by Provider or Office Staff
Sign Lang Amer

Zadok, Alexia, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
care@joinuplift.co

FACILITY

●
651 E 25th St
Hialeah, FL 33013
(305) 693-6100
Digital Contact Information:
Not Available

and
1411 Coral Way
Miami, FL 33145
(800) 988-9960
Digital Contact Information:
info@adaptivecenter.net

and
1100 NW 95th St
Miami, FL 33150
(305) 835-6000
Digital Contact Information:
Not Available

and
2500 SW 75th Ave
Miami, FL 33155
(305) 264-5252
Digital Contact Information:
info@westchesterhospital.com

and
16499 Northeast 19th Avenue
Suite 106
Miami, FL 33162
(305) 537-6237
Digital Contact Information:
http://recovery112.com
info@southfloridacounselingservices.com

and
11750 Bird Rd
Miami, FL 33175
(305) 223-3000
Digital Contact Information:
Not Available

A&S Wellness Center ●
1840 West 49th Street
606
Hialeah, FL 33012
(305) 846-9727
Digital Contact Information:
asmentalhealth@gmail.com

Agape Network, Inc ●
22790 SW 112th Ave
Miami, FL 33170
(305) 235-2616
Digital Contact Information:
http://www.theagapenetwork.org
jruddock@agapenet.org

Alternativa ●
2150 Southwest 13th Avenue
Miami, FL 33145
(786) 536-7525
Digital Contact Information:
info@alter-nativa.com

Bridge of Care ●
11401 Southwest 40th Street
#345
Miami, FL 33165
(305) 603-7063
Digital Contact Information:
http://www.bridgeofcaregroup.com
carebridgegroup@gmail.com

Care Mental Solutions ●
11780 Southwest 89th Street
Suite 201
Miami, FL 33186
(786) 536-5765
Digital Contact Information:
homesteadbhp@gmail.com

Cerp Residential Mental Health Program ●
1560 Southwest 1st Street
Miami, FL 33135
(305) 644-2667
Digital Contact Information:
akuppers@banyanhealth.org

Clementine Pinecrest ●
11382 SW 95th Ct
Miami, FL 33176
(305) 663-1738
Digital Contact Information:
http://www.montenido.com
cfraser@montenido.com

Comprehensive Psychiatric Center South ●
9735 East Fern Street
Miami, FL 33157
(305) 238-5121
Digital Contact Information:
airojen@att.net

and
240 NW 183rd St
Miami, FL 33169
(305) 651-2332
Digital Contact Information:
airojen@att.net

Csu ●
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
akuppers@banyanhealth.org

Dade Chase Residential ●
140 Northwest 59th Street
Miami, FL 33127
(305) 759-8888
Digital Contact Information:
akuppers@banyanhealth.org

Dade Family Counseling, CMHC ●
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla@dadefamily.com

Elevate Psychiatry ●
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
contact@elevatepsychiatry.com

Evolutions Treatment Center ●
16565 NE 4th Ave
Miami, FL 33162
(833) 818-3031
Digital Contact Information:
james@evolutionstreatment.com

Family United Health Community ●
8725 Northwest 18th Terrace
Ste 206
Doral, FL 33172
(786) 451-8700
Digital Contact Information:
familyunitedhealthcommunity@gmail.com

Galen Hope Holdings ●
806 Douglas Road
Suite 650
Coral Gables, FL 33134
(877) 780-2187
Digital Contact Information:
http://www.galenhope.com
belonging@galenhope.com

and
6041 Southwest 82nd Street
Miami, FL 33143
(877) 780-2187
Digital Contact Information:
belonging@galenhope.com

HCA Florida Aventura Hospital ●
20900 Biscayne Blvd
Miami, FL 33180
(305) 682-7000
Digital Contact Information:
denise.oconnell@hcahealthcare.com

Homestead Behavioral Health Plus ●
395 Northwest 14th Avenue
2
Homestead, FL 33030
(786) 349-4350
Digital Contact Information:
homesteadbhp@gmail.com

Improving Lives Community Mental Health ●
7171 Southwest 62nd Avenue
STE 300
South Miami, FL 33143
(305) 270-5305
Digital Contact Information:
info@improvinglivesnow.com

Infinity Life Wellness Center ●
13701 Southwest 88th Street
302
Miami, FL 33186
(786) 842-1489
Digital Contact Information:
https://infinitylifewellness.com/
infinitywellnessgroup21@gmail.com

Jackson Memorial Hospital ●
1611 NW 12th Ave
Miami, FL 33136
(305) 585-9600
Digital Contact Information:
ggibson@jhsmiami.org

and
1695 NW 9th Ave
Miami, FL 33136
(305) 585-1111
Digital Contact Information:
ggibson@jhsmiami.org

Jackson North Community Mental Health Center-Main ●
1611 NW 12th Ave
Miami, FL 33136
(305) 585-1111
Digital Contact Information:
ggibson@jhsmiami.org

and
9333 SW 152nd St
Palmetto Bay, FL 33157
(305) 256-5309
Digital Contact Information:
ggibson@jhsmiami.org

Jackson North Medical Center ●
160 NW 170th St
North Miami Beach, FL 33169
(305) 651-1100
Digital Contact Information:
Not Available

Jackson South Community Hospital ●
9333 SW 152nd St
Palmetto Bay, FL 33157
(305) 251-2500
Digital Contact Information:
ggibson@jhsmiami.org

La Sagrada Familia Medical Center ●
7270 Northwest 12th Street
430
Miami, FL 33126
(786) 615-2843
Digital Contact Information:
lasagradafamiliacenter@gmail.com

Miami Dade Community Services, Inc ●
1901 SW 1st St
Miami, FL 33135
(305) 631-8931
Digital Contact Information:
subsabu@miami-dade-community.com

Mount Sinai Medical Center of Florida, Inc ●
4300 Alton Rd
Miami Beach, FL 33140
(305) 674-2121
Digital Contact Information:
mary.burne@msmc.com

Nicklaus Children's Hospital ●
3100 SW 62nd Ave
Miami, FL 33155
(305) 666-6511
Digital Contact Information:
adriana.dominguez@nicklaushealth.org

Oliver-Pyatt Centers ●
6100 Southwest 76th Street
fl 1
South Miami, FL 33143
(305) 663-1738
Digital Contact Information:
http://www.montenido.com

Plantation General ●
3663 S Miami Ave
Miami, FL 33133
(305) 854-4400
Digital Contact Information:
Not Available

Rega Mental Health Center ●
5511 Southwest 8th Street
SUITE 101
Coral Gables, FL 33134
(305) 261-6633
Digital Contact Information:
kmaurico@regahealth.com

Rogers Behavioral Health Tampa Bay ●
5805 Blue Lagoon Dr
Ste 440
Miami, FL 33126
(800) 767-4411
Digital Contact Information:
http://rogersbh.org
credentialing@rogersbh.org

Rosada Residential Treatment Center ●
7990 Southwest 57th Avenue
South Miami, FL 33143
(305) 663-1738
Digital Contact Information:
http://www.montenido.com
rcollins@montenidoaffiliates.com

Ross Wellness Centers ●
280 Westward Drive
Miami Springs, FL 33166
(786) 391-0744
Digital Contact Information:
http://www.rosswellnesscenters.com
rosswellnesscenters@gmail.com

Safe Haven Behavioral Center ●
6187 Northwest 167th Street
STE H26
Hialeah, FL 33015
(305) 705-5666
Digital Contact Information:

http://www.safehavenbehavioral.com
safehavenbehavioral@gmail.com

Safe Landing ●
638 NE 83rd Ter
Miami, FL 33138
(786) 823-3318
Digital Contact Information:
Not Available

and
1515 Northwest 167th Street
180
Miami, FL 33169
(888) 649-3323
Digital Contact Information:
Not Available

South Beach Detox, LLC ●
85 Northwest 168th Street
North Miami Beach, FL 33169
(305) 430-6040
Digital Contact Information:
belizab@sbdetox.com

South Miami Hospital ●
9915 NW 41st St
Doral, FL 33178
(786) 596-3830
Digital Contact Information:
Not Available

and
2660 Brickell Ave
Miami, FL 33129
(786) 467-5350
Digital Contact Information:
Not Available

and
14701 NW 77th Ave
Miami Lakes, FL 33014
(786) 662-0700
Digital Contact Information:
Not Available

and
6200 SW 73rd St
South Miami, FL 33143
(786) 662-4000
Digital Contact Information:
Not Available

Southern Winds Hospital ●
4225 W 20th Ave
Hialeah, FL 33012
(305) 558-9700
Digital Contact Information:
Not Available

Steward Palmetto General Hospital ●
2001 W 68th St
Hialeah, FL 33016
(305) 823-5000
Digital Contact Information:
melissa.leblanc@steward.org

Summer House ●
13550 Memorial Hwy
Miami, FL 33161
(305) 892-8440
Digital Contact Information:
rootie@summerhousedetox.com

Synergy Wellness Center ●
17340 Northwest 27th Avenue
Miami Gardens, FL 33056
(786) 953-6414
Digital Contact Information:
synergywellnessc@gmail.com

Universal Community Services ●
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
http://www.universalcommunityservices.com
hilda@universalcommunityservices.com

Westchester General Hospital ●
2500 SW 75th Ave
Miami, FL 33155
(305) 267-3800
Digital Contact Information:
Not Available

Within Health ●
2665 South Bayshore Drive
Suite 220-19
Miami, FL 33133
(866) 618-4568
Digital Contact Information:
credentialing@withinhealth.com

FAITH-BASED COUNSELING

Abraham, Steven K, PSYD, LP ■
150 Alhambra Circle
Floor 10
Coral Gables, FL 33134
(786) 800-3374
Digital Contact Information:
ndcclakeland@gmail.com

and
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
ndcclakeland@gmail.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
ndcclakeland@gmail.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
ndcclakeland@gmail.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
ndcclakeland@gmail.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
ndcclakeland@gmail.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
ndcclakeland@gmail.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
ndcclakeland@gmail.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
ndcclakeland@gmail.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
ndcclakeland@gmail.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
ndcclakeland@gmail.com

Acker, Ashleigh, MS, LMFT ●
1175 Northeast 125th Street
320
Miami, FL 33161
(954) 372-0423
Digital Contact Information:
http://www.marriagefamilyservices.com
mfsfrontdesk1@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, English, Malayalam, Haitian, Italian, Spanish

Acosta, Carolina, MA, LMHC, LPC ■
10311 Northwest 58th Street
Doral, FL 33178
(800) 438-1772
Digital Contact Information:
lrangel@wlcfs.org
Other Languages Spoken by Provider or Office Staff
Spanish

Acosta, Sarah, MMH, LMHC ■
FL
(786) 708-2221
Digital Contact Information:
helpinghandscounseling1@gmail.com

Aday, Reyna, PHD, LMHC ■
7990 Southwest 117th Avenue
Ste 215
Kendall, FL 33183
(786) 963-9770
Digital Contact Information:
http://www.wholeisticcg.com
wholeisticpsychiatry@gmail.com

and
FL
(786) 583-4725
(786) 963-9770
Digital Contact Information:
http://www.reynaaday.com
wholeisticpsychiatry@gmail.com

and
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
http://www.wholeisticcg.com
wholeisticpsychiatry@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Aguilar, Leonardo, MA, LMHC ■
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
http://www.btpmentalhealth.com
info@btpmentalhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Albers, Nancy C, PHD, CP ■
FL
(800) 567-5433
Digital Contact Information:
https://totallife.com/

Allen, Caitlin, MC, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
hello@emorahealth.com

Almonte, Aldriana A, MSW, LCSW ■
31 N Krome Ave
Homestead, FL 33030
(786) 481-5909
Digital Contact Information:
aalmonte@infinitecc.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

Amado, Sandra J, MC, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@usmso.com

Anderson, Susan L, MA, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
susanandersonmalpc@gmail.com

Andres, Alice M, PSYD, CP, HSPP, LP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
rainbowlanternpsych@gmail.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
rainbowlanternpsych@gmail.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
rainbowlanternpsych@gmail.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
rainbowlanternpsych@gmail.com
Other Languages Spoken by Provider or Office Staff English

Anias, Carlos, MSN, APRN ■
2000 Northwest 87th Avenue
Suite 201
Doral, FL 33172
(954) 561-6222
Digital Contact Information:
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Arroyo, Linda M, MC, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
lindaarroyo.mft@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Artiles, Laura M, PHD, LP ■
7100 SW 99th Ave
Ste 203
Miami, FL 33173
(305) 270-3737
Digital Contact Information:
artileslauraphdp@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Assinthe, Jeanne, MSW, LCSW ■
FL
(786) 779-8898
Digital Contact Information:
http://www.amitiewellness.com
jeanne@amitiewellness.com
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole, French, Spanish

Astacio, Victor, PSYD, LP ■
3990 West Flagler Street
102
Coral Gables, FL 33134
(786) 332-2602
Digital Contact Information:
blueskymentalhealthcorp@gmail.com

and
Eagle Nest Lane
Hialeah, FL 33014
(786) 534-3457
Digital Contact Information:
blueskymentalhealthcorp@gmail.com

and
Home Based Services Only
Miami Gardens, FL 33014
(305) 640-5739
Digital Contact Information:
blueskymentalhealthcorp@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barnes, Cassandra D, MC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@thriveworks.com

Other Languages Spoken by Provider or Office Staff English

Barreto, Lourdes A, MSSW, LCSW ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
referrals@ffmhs.com
Other Languages Spoken by Provider or Office Staff Spanish

Barrington-Cruz, Chala, MSW, LCSW ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(866) 478-3978
Digital Contact Information:
beginningnew4u@gmail.com

Barroso, Alina, MD, LMHC ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Barthelemy, Shirley, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff Creole

Beaubrun, Lucika, MA, LMHC ■
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(561) 289-7995
Digital Contact Information:
pandatherapycircle@gmail.com

Belizaire, Nadly, MS, LMHC ■
FL
(786) 708-1478
Digital Contact Information:
http://peacewaytherapy.com
nadly@peacewaytherapy.com
Other Languages Spoken by Provider or Office Staff English, Haitian Creole, Creole, Haitian

Bennett, Nicholas, PSYD, LP ■
390 Northeast 191st Street
Miami, FL 33179
(805) 225-4446
Digital Contact Information:
doctor.bennett@outlook.com

Benzaquen, Melissa, MSED, LMHC ■
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
http://www.ibhflorida.com
osaker@ibhflorida.com

Bermudez, Jose, PSYD, LP ■
9425 SW 72nd St
Ste 267
Miami, FL 33173
(305) 981-6806
Digital Contact Information:
jbpsyd@gmail.com

Bowers, Derek, MC, LMFT ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
hello@emorahealth.com

Brazzini, Mijanou, MPSY, LMHC ■
13205 Southwest 137th Avenue
suite 126
Miami, FL 33186
(786) 713-0383
Digital Contact Information:
http://yjwcare.com
mbrazzini61@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Brook, Robin, PHD, LMHC ■
111 Northeast 1st Street
FL 8
Miami, FL 33132
(888) 344-4549
Digital Contact Information:
rbrooks@transformationalhealth.net
Other Languages Spoken by Provider or Office Staff English, Creole, Haitian, French, Spanish

Brown, Kameka L, PHD, APN, APRNCNP, ARNP ■
FL
(508) 202-1011
Digital Contact Information:
office@cartwheelcare.org

Bussey-Martin, Shantara L, MSW, LCSW ■
FL
(786) 751-1565
Digital Contact Information:
https://www.teatimets.com/
sbusseymartin@teatimets.com

Cabal, Dayanis, PSYD, LP ■
11645 Biscayne Boulevard
STE 408
Miami, FL 33181
(305) 538-8835
Digital Contact Information:
https://mbchc.org/
lvgonzalez@hcnetwork.org

and
710 Alton Rd
Miami Beach, FL 33139
(305) 538-8835
Digital Contact Information:
lvgonzalez@hcnetwork.org

and
1221 71st St
Miami Beach, FL 33141
(305) 538-8835
Digital Contact Information:
https://mbchc.org/
lvgonzalez@hcnetwork.org
Other Languages Spoken by Provider or Office Staff English

Cabrera, Yalile T, MSN, APRN ■
2450 Southwest 137th Avenue
Suite# 230
Miami, FL 33175
(305) 459-3207
Digital Contact Information:
http://www.hidalgopsychiatry.com
hidalgopsychiatry@gmail.com

and
2460 Southwest 137th Avenue
250
Miami, FL 33175
(786) 449-4707
Digital Contact Information:
http://www.hidalgopsychiatry.com
hidalgopsychiatry@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Calderin, Claudia, MSN, APRN ■
12001 Southwest 128th Court
Suite Suite 104
Miami, FL 33186
(786) 868-0505
Digital Contact Information:
clarityhealth@approachteam.com

and
13170 Southwest 128th Street
200
Miami, FL 33186
(786) 852-5198
Digital Contact Information:
https://clarityapproach.com/
clarityhealth@approachteam.com

and
14201 Southwest 120th Street
suite 110
Miami, FL 33186
(786) 238-7492
Digital Contact Information:
clarityhealth@approachteam.com

and
14221 Southwest 120th Street
223
Miami, FL 33186
(786) 690-2296
Digital Contact Information:
clarityhealth@approachteam.com
Other Languages Spoken by Provider or Office Staff Spanish

Capote, Lindsey, MC, LMHC ■
14401 Old Cutler Road
Miami, FL 33158
(305) 722-5380
Digital Contact Information:
http://www.wellspringmiami.org
insurance@wellspringmiami.org

Cardona, Maria E, MBS, LPC ■
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
osaker@ibhflorida.com

Careaga, Dioskora, MS, BCBA, LMHC ■
2828 Coral Way
Ste 460
Coral Gables, FL 33145
(732) 523-2327
Digital Contact Information:
http://www.hinesandassociates.net
dioskorac@msn.com

and
12550 Biscayne Boulevard
STE 306
North Miami, FL 33181
(305) 642-5255
Digital Contact Information:
http://www.hinesandassociates.net
dioskorac@msn.com
Other Languages Spoken by Provider or Office Staff Spanish

Carrion, Bethania, PSYD, LP ■
175 Fontainebleau Boulevard
Miami, FL 33172
(786) 860-2468
Digital Contact Information:
http://www.guidedinsightpsychology.com
drcarrionb@guided-insight.com
Other Languages Spoken by Provider or Office Staff Spanish

Carroza, Mirna H, MPSY, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff Italian, Spanish

Castellon, Nestor, MS, LMHC ■
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
fl-credentialing@lifestance.com
Other Languages Spoken by Provider or Office Staff Spanish

Castillo Llanes, Lisandra, MSN, APRN ■
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
contact@balancedwellbeingllc.com

and
5607 NW 27th Ave
1
Miami, FL 33142
(239) 278-3660
Digital Contact Information:
contact@balancedwellbeingllc.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(786) 833-7633
Digital Contact Information:
contact@balancedwellbeingllc.com

and
20612 Northwest 27th Avenue
Miami Gardens, FL 33056
(305) 637-6400
Digital Contact Information:
contact@balancedwellbeingllc.com

Center, Steve S, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
anne.lawson@bowencenter.org

Charles, Abbdady, MSN, APRN ■
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
help@joinuplift.co

Charles, Richard, MA, LMFT ■
5190 Northwest 167th Street
113
Hialeah, FL 33014
(786) 716-1166
Digital Contact Information:
pierreamoreau@familyempowermentmhc.org
Other Languages Spoken by Provider or Office Staff Haitian Creole, French

Chatman, Sheila, MC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Chemerinsky, Graciela, MPSY, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com

and
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff Spanish

Chico, Heidi, MS, LMHC ■
7821 Coral Way
100
Miami, FL 33155
(786) 409-5690
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Chinea, Marianela, MSN, APRN ■
3971 Southwest 8th Street
STE 206
Coral Gables, FL 33134
(786) 633-5960
Digital Contact Information:
agauna@bmsbill.com

and
FL
(786) 980-7496
Digital Contact Information:
http://www.vidahealthcarenetworks.com
agauna@bmsbill.com

and
13590 Southwest 134th Avenue
201
Miami, FL 33186
(786) 227-6258
Digital Contact Information:
agauna@bmsbill.com

Clark, Altheresa, MSW, LCSW ■
111 NW 183rd St
Ste 404
Miami, FL 33169
(786) 524-4001

Digital Contact Information:
altheresa.clark@yahoo.com

Clayton, Lakeytha, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
lakeytha@lgmrestorationwellness.org

Collazo-Amador, Aylem, MS, LMHC ■
306 Alcazar Avenue
200
Coral Gables, FL 33134
(305) 967-8725
Digital Contact Information:
http://www.ajmmedicalcenter.com
sunshine-advantage@mbhpays.com
and
8500 West Flagler Street
Office 107A
Miami, FL 33144
(786) 907-5141
Digital Contact Information:
sunshine-advantage@mbhpays.com
and
13301 Southwest 132nd Avenue
209 209
Miami, FL 33186
(786) 713-5553
Digital Contact Information:
sunshine-advantage@mbhpays.com
and
FL
(305) 632-3892
Digital Contact Information:
sunshine-advantage@mbhpays.com
Other Languages Spoken by Provider or Office Staff
Spanish

Commella, Noreen, PSYD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@healthyyoungminds.com

Corrieri, Arthur, MS, LMHC ■
9425 SW 72nd St
Ste 265
Miami, FL 33173
(305) 279-8400
Digital Contact Information:
acorrieri_@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Corzo, Samantha R, MS, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org
and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org
and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org
and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org
and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
credentialing@banyanhealth.org

Crider, Tiffany, MS, LMHC ■
FL
(305) 812-6018
Digital Contact Information:
http://www.prevailandprogress.com
tiffanysimone@prevailandprogress.com

Crocker, Gayle, PSYD, LMHC ■
16400 NW 2nd Ave
Ste 100
Miami, FL 33169
(954) 588-3612
Digital Contact Information:
gaylecrocker@hotmail.com
and
FL
(954) 588-3612
Digital Contact Information:
gaylecrocker@hotmail.com

Cyronak, Ashley R, MSN, PMHNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
coastalpsych@gmail.com

DO Valle, Monika, DO ■
1065 Southwest 8th Street
570
Miami, FL 33130
(888) 903-5505
Digital Contact Information:
pioneering100@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese

Dangla, Marjorie, MSW, LCSW ■
Doral
Doral, FL 33178
(305) 926-6106
Digital Contact Information:
blissfulsoultherapy01@gmail.com

Davis, Joy J, MSW, LCSW ●
150 NW 79th St
342
Miami, FL 33150
(305) 230-4598
Digital Contact Information:
http://www.affirmingyouth.org
joy@affirmingyouth.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

DeStefano, Nancy, MSW, LCSW ■
FL
(800) 567-5433
Digital Contact Information:
care@totallife.com

Debord, Renee R, MA, LMHC ●
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Dejimenez, Emily, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Demerritt, Magda, MSW, LCSW ■
FL
(786) 906-8656
Digital Contact Information:
referrals@wonderfulcounselorllc.com
Other Languages Spoken by Provider or Office Staff Creole

Dey, Joel P, MD ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
credentialing@yacoubmd.com
and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
credentialing@yacoubmd.com

Diaz, Milagros, MMFT, LMFT ■
7400 Southwest 50th Terrace
STE 303
Miami, FL 33155
(786) 738-4045
Digital Contact Information:
http://psychcarecenter.com/
psychcarecc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz Palmero, Yuranis, MPSY, LMHC ■
3785 Northwest 82nd Avenue
307
Doral, FL 33166
(305) 266-2949
Digital Contact Information:
info@oasismentalhealthcenter.com
and
Northwest 92nd Avenue
Doral, FL 33172
(305) 266-2949
Digital Contact Information:
info@oasismentalhealthcenter.com
and
5901 Northwest 183rd Street
310
Hialeah, FL 33015
(786) 418-9790
Digital Contact Information:
https://oasismentalhealthcenter.com
info@oasismentalhealthcenter.com
and
1250 Southwest 27th Avenue
Suite 506
Miami, FL 33135
(786) 536-9278
Digital Contact Information:
info@oasismentalhealthcenter.com
and
330 Southwest 27th Avenue
STE 609
Miami, FL 33135
(786) 743-0801
Digital Contact Information:
info@oasismentalhealthcenter.com
and
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
info@oasismentalhealthcenter.com
and
9125 SW 87th Ave
Miami, FL 33176
(305) 735-3919
Digital Contact Information:
info@oasismentalhealthcenter.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz-Paniagua, Panny, MED, LMHC ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
credentialing@compass.md
and
9900 Southwest 107th Avenue
STE 101
Miami, FL 33176
(305) 964-5381
Digital Contact Information:
credentialing@compass.md
and
Home Based Services Only
Miami Lakes, FL 33016
(561) 764-7093
Digital Contact Information:
credentialing@compass.md
and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
credentialing@compass.md
Other Languages Spoken by Provider or Office Staff
Spanish

Dixon, Passion, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
ortiz4professionalservicesllc@gmail.com

Dominguez, Ashley, MS, LMHC ■
FL
(305) 497-4998
Digital Contact Information:
https://thecounselorcare.com
ashley@thecounselorcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Dominguez, Rebecca A, MS, LMHC ■
14645 Northwest 77th Avenue
101
Miami Lakes, FL 33014
(833) 769-3524
Digital Contact Information:
http://lifestance.com
fl-credentialing@lifestance.com

Dorney, Rochelle, MA, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
rochelle.frankel@belleve.us

Duenas, Barbara, MS, LMFT ■
FL
(786) 671-4939
Digital Contact Information:
http://www.duenasmentalhealth.com
barbara@duenasmentalhealth.com

Dufresne, Rachel, MSW, LCSW ■
FL
(786) 505-4485
Digital Contact Information:
rdufresnelcsw@gmail.com

Dunlap, Rod, MMFT, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
rod_dunlap@hotmail.com

Duvalier, Leanne J, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ljdtherapy@ljdtherapy.onmicrosoft.com

Ebert, Linda C, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
referrals@chrysalishealth.com

Ebert, Maryellen, EDS, LMHC ■
5001 SW 74th Ct
Ste 104
Miami, FL 33155
(305) 663-0013
Digital Contact Information:
leleebert@hotmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ehrentreu, Dana, MSW, LCSW ■
2125 Biscayne Boulevard
FL 3

Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
nj-patientaccess@harmonybaywellness.com

Elder, Carol, MS, LMFT ■
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(561) 609-2996
Digital Contact Information:
http://www.pandatherapycircle.com/
pandatherapycircle@gmail.com

Elma, Linda S, MSW, LCSW ■
11601 Biscayne Boulevard
303
Miami, FL 33181
(954) 278-0487
Digital Contact Information:
http://lsmsmentalhealth.com
info@lindaelmalcsw.com
Other Languages Spoken by Provider or Office Staff Creole

Elysee, Sara, MS, LMHC ●
18495 South Dixie Highway
Cutler Bay, FL 33157
(954) 613-9414
Digital Contact Information:
http://www.soundmindwellness.com
connect@soundmindwellness.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian

Fall, Kevin, PHD, LP ■
FL
(800) 567-5433
Digital Contact Information:
https://totallife.com/
frontdesk@insighttherapy.us

Feng, Jojo, MSW, LCSW, LCSW-R ■
FL
(347) 687-8895
Digital Contact Information:
jojo.feng@protonmail.com
Other Languages Spoken by Provider or Office Staff Chinese, Russian, Mandarin

Fernandez De Castro, Erika, MSW, LCSW ■
1450 Madruga Avenue
407
Coral Gables, FL 33146
(786) 395-9162
Digital Contact Information:
morecounseling@gmail.com

and
FL
(786) 395-9162
Digital Contact Information:
morecounseling@gmail.com

and
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
morecounseling@gmail.com

Fernandez, Isabel, MSN, APRN ■
15450 New Barn Road
200
Miami Lakes, FL 33014
(305) 900-3970
Digital Contact Information:
http://www.neurozenpsychiatry.com
isabelfernandezrn@gmail.com

and
FL
(305) 900-3970
Digital Contact Information:
http://www.neurozenpsychiatry.com
isabelfernandezrn@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Fernandez, Lianny, MPSY, LMHC ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
yavila@avilahealthgroup.com

and
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
yavila@avilahealthgroup.com

and
306 Westward Dr
Miami Springs, FL 33166
(786) 588-7894
Digital Contact Information:
yavila@avilahealthgroup.com
Other Languages Spoken by Provider or Office Staff Spanish

Fernandez, Soraya, MMH, LMHC ■
2300 West 84th Street
STE 104
Hialeah, FL 33016
(305) 903-3168
Digital Contact Information:
cgomezbmcmhc@gmail.com

and
13416 Southwest 128th Street
Miami, FL 33186
(786) 732-0247
Digital Contact Information:
cgomezbmcmhc@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Fitzpatrick, Panayiota, MED, LMHC ■
360 Northwest 27th Street
Miami, FL 33127
(929) 209-6109
Digital Contact Information:
fl-patientaccess@harmonybaywellness.com

Foraker, Michelle, MS, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
http://www.btgcoaching.com
michelle@btgcoaching.com

Forte, Parker, MC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
contact@fortifiedcounseling.com

Frazier, Susan, MSW, LCSW ■
1825 Northwest 167th Street
SUITE 102
Opa-locka, FL 330564838
(305) 624-7450
Digital Contact Information:
susanyfrazier@gmail.com

Freede, Amy, MSW, LCSW ■
FL
(831) 920-7907
Digital Contact Information:
https://www.mammha.com/
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff English

Froehler, Luisa V, MMH, LMHC ■
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
http://www.miamipersonalmanagement.com
klopez@miamipersonalmanagement.com

Gainza Mayo, Mariela D, MSN, APRN ■
7971 Bird Road
15
Miami, FL 33155
(786) 504-5620
Digital Contact Information:
kenia.rodriguez@ffmhs.com

and
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff Spanish

Gallimore, Ingrid, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Garcia Diaz, Marta, MSN, APRN ■
7490 Southwest 23rd Street
201
Miami, FL 33155
(786) 953-8221
Digital Contact Information:
medilineinc@yahoo.com

and
7315 Northwest 36th Street
Miami, FL 33166
(786) 345-7734
Digital Contact Information:
medilineinc@yahoo.com
Other Languages Spoken by Provider or Office Staff Spanish

Garcia, Lauren, MED, LMHC ■
2212 Northwest 91st Street
4058
Miami, FL 33147
(341) 888-7637
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
lauren.garcia371@gmail.com

Garcia, Marianela, MSW, LCSW ■
FL
(786) 493-2351
Digital Contact Information:
rocafirme@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Garcia, Mario, MDIV, LMHC ■
12280 Southwest 100th Street
Miami, FL 33186
(305) 480-5800
Digital Contact Information:
http://www.neurostrategiccoach.com
drmario@neurostrategiccoach.com
Other Languages Spoken by Provider or Office Staff Spanish

Garcia, Tiffany, MN, PMHNP ■
2650 Southwest 27th Avenue
Suite 305
Miami, FL 33133
(786) 353-9812
Digital Contact Information:
billingheritagewellness@gmail.com

and
20824 W Dixie Hwy
Miami, FL 33180
(407) 851-5121
Digital Contact Information:
billingheritagewellness@gmail.com

Garrett, Khalilah, MSW, LCSW ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
support@thriveworks.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
support@thriveworks.com
Other Languages Spoken by Provider or Office Staff English

Gatliff, Benjamin, MS, BCBA, LMHC, LPC ■
66 W Flagler St
900
Miami, FL 33130
(610) 306-2618
Digital Contact Information:
delegation@psychplus.com

and
777 Brickell Ave
Ste 500
Miami, FL 33131
(786) 490-2181
Digital Contact Information:
http://rockerhealth.org
delegation@psychplus.com

and
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(561) 289-7995
Digital Contact Information:
http://pandatherapycircle.com
delegation@psychplus.com

Gonzalez Diaz, Vivian D, PSYD, LP ■
3271 NW 7th St
Ste 203
Miami, FL 33125
(786) 220-6902
Digital Contact Information:
http://www.outpatientpsycare.com
viviangonzalezdiaz@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Gonzalez, Francisca, MS, LMHC ■
777 E 25th St
Ste 212
Hialeah, FL 33013
(786) 409-7329
Digital Contact Information:
laluzmentalhealthservices@gmail.com

and
5911 Northwest 173rd Drive
6 6
Hialeah, FL 33015
(786) 380-9229
Digital Contact Information:
laluzmentalhealthservices@gmail.com

and
6187 Northwest 167th Street
STE H26
Hialeah, FL 33015
(305) 705-5666
Digital Contact Information:
laluzmentalhealthservices@gmail.com

and
11401 Southwest 40th Street
#345
Miami, FL 33165
(305) 603-7063
Digital Contact Information:
http://bridgeofcaregroup.com
laluzmentalhealthservices@gmail.com

and
5600 Southwest 135th Avenue
100
Miami, FL 33183
(305) 603-9104
Digital Contact Information:
laluzmentalhealthservices@gmail.com

and
12311 Southwest 133rd Court
23
Miami, FL 33186
(786) 257-7423
Digital Contact Information:
laluzmentalhealthservices@gmail.com

and
12700 Southwest 128th Street
STE 108
Miami, FL 33186
(786) 732-0865
Digital Contact Information:
laluzmentalhealthservices@gmail.com

and
13416 Southwest 128th Street
Miami, FL 33186
(786) 732-0247
Digital Contact Information:
laluzmentalhealthservices@gmail.com

and
5391 Northwest 36th Street
Miami Springs, FL 33166
(305) 418-0580
Digital Contact Information:
laluzmentalhealthservices@gmail.com

and
7500 Sw A St # 203
West Miami, FL 33144
(786) 542-5244
Digital Contact Information:
laluzmentalhealthservices@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Gonzalez, Jacqueline, MSSW, LCSW ■
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
sasha@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Guilbe, Angelika, MSCC, LMHC ■
FL
(754) 307-6860
Digital Contact Information:
http://www.solrivercounseling.com
angie_guilbe@yahoo.com

Gutierrez, Damian, MC, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
credentialing@banyanhealth.org

Gutierrez, Rina L, MS, LMFT ■
10229 Northwest 9th Street Circle
204 204
Miami, FL 33172
(786) 457-9963
Digital Contact Information:
http://rinagutierrez.com
lic.rinagutierrez@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Haider, Shamshad, MED, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff Farsi, Urdu, Arabic, Hindi

Hansard, Tahsha, MS, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Henderson, Kimberly, MSW, LCSW ■
FL
(305) 804-9121
Digital Contact Information:
http://www.sfacounseling.org
info@sfacounseling.org

Hernandez, Diana, MC, LMHC ■
2500 Southwest 107th Avenue
41
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
info@abcsfl.com
Other Languages Spoken by Provider or Office Staff Spanish

Herrera Martinez, Daysi, MSSW, LCSW ●
12540 Northeast 8th Avenue
North Miami, FL 33161
(786) 731-6492
Digital Contact Information:
dherrera@altamiracommunity.com
Other Languages Spoken by Provider or Office Staff Spanish

Hill, Felicia M, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@lifestance.com

Hoffmann, Adriana, MC, LMHC ■
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
http://www.miamipersonalmanagement.com
klopez@miamipersonalmanagement.com
Other Languages Spoken by Provider or Office Staff Spanish

Hopkins, Sharon B, PHD, LP ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
cpadilla@deeroaks.com
Other Languages Spoken by Provider or Office Staff French

Hoyos, Julieth, MS, LMHC ■
1175 Northeast 125th Street
320
Miami, FL 33161
(786) 842-0444
Digital Contact Information:
http://www.marriagefamilyservices.com
marriagefamilyservices@comcast.net

Ireton, Vivian L, MSW, LCSW ■
66 W Flagler St
900
Miami, FL 33130
(786) 244-7690
Digital Contact Information:
rgunton@lumenhealthservices.com

and
1221 Brickell Avenue
ste 900
Miami, FL 33131
(786) 244-7690
Digital Contact Information:
rgunton@lumenhealthservices.com

and
2212 Northwest 91st Street
Miami, FL 33147
(341) 888-7637
Digital Contact Information:
rgunton@lumenhealthservices.com

Jackson, Candice, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Jackson, Karla, MS, LCMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
payors@emorahealth.com

Jaramillo, Kate M, MMFT, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@joinuplift.co

Jean-Baptiste, Odeline, MSW, LCSW ■
12000 Biscayne Boulevard
Ste 211
North Miami, FL 33181
(305) 705-5611
Digital Contact Information:
http://therapywalkinnovativecounseling.com
odeline@therapywalkinnovativecounseling.com

and
FL
(305) 705-5611
Digital Contact Information:
http://therapywalkinnovativecounseling.com
odeline@therapywalkinnovativecounseling.com

Jefferson, Shanna, MSW, LCSW, LISW-CP ■
FL
(800) 567-5433
Digital Contact Information:
http://therapywithshanna.com
appointments@meetmarvin.com

Johnson, Kamla D, MSW, LCSW ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
http://www.dgphealthandwellness.com
adams@pcmgfl.com
Other Languages Spoken by Provider or Office Staff English

Joseph, Emmanuela, MSW, LCSW ■
2201 NE 170th St
North Miami Beach, FL 33160
(305) 945-1401
Digital Contact Information:
credentialing@vitaehealthportal.com

Joseph, Shatavia, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Kanenbley, Melissa, MSW, LCSW ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
acc@advancedclientcare.org

Killackey, Debra, MMH, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
professional_counseling@yahoo.com

and
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
professional_counseling@yahoo.com

Kniess, Lorinda, MED, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Kuilan, Jessica, MSW, LCSW ■
FL
(904) 274-0611
Digital Contact Information:
http://www.magnashaven.com
jessica@magnashaven.com
Other Languages Spoken by Provider or Office Staff Spanish

Lacayo, Kassandra, MMFT, LMFT ■
7400 Southwest 50th Terrace
STE 303
Miami, FL 33155
(786) 738-4045
Digital Contact Information:
http://psychcarecenter.com/
psychcarecc@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Landes, Debra M, MED, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
landeslmhc@gmail.com

Lathan, Lennard D, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(800) 647-2905
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ldlathan@tcmcgpllc.com

Leonce-James, Hyacynthia M, PSYD, LMHC ■
FL
(305) 219-9861
Digital Contact Information:
hleonce@yahoo.com

Lerner, Chaya R, MSW, LCSW ■
231 NE 141st St
Miami, FL 33161
(786) 208-9505
Digital Contact Information:
crlerner09@gmail.com

and
12000 Biscayne Boulevard
303
Miami, FL 33181
(305) 933-9820
Digital Contact Information:
http://www.jcsfl.org
crlerner09@gmail.com

and
12000 Biscayne Boulevard
609
Miami, FL 33181
(305) 899-1587
Digital Contact Information:
http://www.jcsfl.org
crlerner09@gmail.com

Leydig, Tammie, MSN, APRN, CNP ■
FL
(305) 902-6347
Digital Contact Information:
sid@instic.health

Lopez, Idalmis, MSN, APRN ■

13170 Southwest 128th Street
200
Miami, FL 33186
(786) 852-5198
Digital Contact Information:
https://clarityapproach.com/
clarityhealth@approachteam.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Maria Elena, EDS, LMHC ■
7600 Southwest 57th Avenue
302
South Miami, FL 33143
(305) 255-6362
Digital Contact Information:
travel925@aol.com
Other Languages Spoken by Provider or Office Staff
Portuguese, French, Italian, Spanish

Louwagie Gordon, Alissa M, MS, LMHC ■
FL
(786) 615-3334
Digital Contact Information:
info@abcsfl.com

Lukasik, Linda, MSW, LCSW ●
17801 Northwest 2nd Avenue
202
Miami, FL 33169
(954) 979-7911
Digital Contact Information:
tashaneb@4kids.us
Other Languages Spoken by Provider or Office Staff
English, Spanish

Machado, Nikolette M, MMH, LMHC ■
9220 Sunset Drive
104
Miami, FL 33173
(786) 724-4224
Digital Contact Information:
nmachado@elliementalhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Madison, Marlon, MSW, LCSW ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
acc@advancedclientcare.org

Manrique-Reichard, Marta E, PHD, LP ■
5940 SW 73rd St
Ste 203
South Miami, FL 33143
(305) 669-0019
Digital Contact Information:
drmmrsec@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Manso, Krystyna I, MPS, LMHC ■
5040 NW 7th St
Ste 100
Miami, FL 33126
(305) 438-2348
Digital Contact Information:
Not Available

and
100 NE 38th St
Ste 5
Miami, FL 33137
(305) 576-1599
Digital Contact Information:
Not Available

and
3000 Biscayne Blvd
Fl 5
Miami, FL 33137
(305) 576-6611
Digital Contact Information:
Not Available

Marin, Adrian, MMH, LMHC ■
7875 SW 104th St
Ste 101
Miami, FL 33156
(305) 899-1587
Digital Contact Information:
http://www.jcsfl.org

and
12000 Biscayne Boulevard
609
Miami, FL 33181
(305) 899-1587
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff Creole, Spanish

Martin, Precious, MSW, LCSW ■
1801 Northeast 123rd Street
334
North Miami, FL 33181
(888) 718-4915
Digital Contact Information:
http://www.rrrinc.org
info@rrrinc.org

Martinez, Lidia A, DMFT, LMHC ■
FL
(786) 565-6916
Digital Contact Information:
http://www.drlidiamartinez.com
info@drlidiamartinez.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mays, Linda, DNSC, ARNP ■
633 Northeast 167th Street
824
Miami, FL 33162
(305) 530-8262
Digital Contact Information:
http://www.lmaysarnp.com
drtbehavioralservices@gmail.com

and
FL
(305) 530-8262
Digital Contact Information:
http://www.lmaysarnp.com
drtbehavioralservices@gmail.com

McCoy, Brittney, MMH, LMHC ■
8971 Southwest 142nd Avenue
11 37
Miami, FL 33186
(786) 244-7690
Digital Contact Information:
worcounselingservices@gmail.com

McDevitt, Omayra, MA, LPC ■
FL
(305) 902-6347
Digital Contact Information:
start@bebravehealth.com

Medici, April, MSED, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
aprilmedici@yahoo.com

Medina, Muriel, MSW, LCSW ■
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
info@aimergency.org

Mejia, Alejandra, MSW, LCSW ■
14645 Northwest 77th Avenue
101
Miami Lakes, FL 33014
(833) 769-3524
Digital Contact Information:
http://lifestance.com
dougblessington@gmail.com

Mena, Yaima M, MMH, LMHC ■
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
sseacoast22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Menendez, Ibis M, MSN, APRN ■
1840 West 49th Street
#404
Hialeah, FL 33012
(305) 828-9980
Digital Contact Information:
empathybhsbilling@gmail.com

and
900 West 49th Street
STE 400
Hialeah, FL 33012
(305) 587-2231
Digital Contact Information:
empathybhsbilling@gmail.com

and
5911 Northwest 173rd Drive
6 6
Hialeah, FL 33015
(786) 380-9229
Digital Contact Information:
empathybhsbilling@gmail.com

and
7590 Northwest 186th Street
109
Hialeah, FL 33015
(305) 688-1700
Digital Contact Information:
empathybhsbilling@gmail.com

and
5590 W 20th Ave
Ste 404
Hialeah, FL 33016
(305) 826-9330
Digital Contact Information:
empathybhsbilling@gmail.com

and
7315 Northwest 36th Street
Miami, FL 33166
(786) 345-7734
Digital Contact Information:
empathybhsbilling@gmail.com

and
12030 Southwest 129th Court
107a
Miami, FL 33186
(305) 432-4032
Digital Contact Information:
empathybhsbilling@gmail.com

and
17325 Northwest 27th Avenue
206 207
Miami Gardens, FL 33056
(786) 822-7270
Digital Contact Information:
empathybhsbilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mesa, Leonel E, PSYD, LMHC ■
FL
(786) 208-4831
Digital Contact Information:
drmesa@neurofeedbackofml.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Millares, Sylma M, MSN, APRN ■
2001 Northwest 107th Avenue
412
Doral, FL 33172
(786) 548-8322
Digital Contact Information:
milarefbilling@gmail.com

and
14740 Southwest 26th Street
Miami, FL 33185
(305) 388-1118
Digital Contact Information:
milarefbilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Miller, Mark M, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
aycmarc@mail.com

Miranda-Tourino, Mary, MSW, LCSW ■
12595 Southwest 137th Avenue
STE 110
Miami, FL 33186
(305) 465-9379
Digital Contact Information:
mary.miranda@mymail.barry.edu
Other Languages Spoken by Provider or Office Staff
English, Spanish

Moore, Shauntae, MC, LPC ■
FL
(508) 202-1011
Digital Contact Information:
https://www.ehomebehavioralcare.com/
scheduling@ehomegroup.com

Moore, Siobhan T, MS, APRN ■
2464 Southwest 22nd Street
Miami, FL 33145
(305) 204-9355
Digital Contact Information:
http://www.ampmentalhealth.com
admin@ampmentalhealth.com

Mora, Joseph J, PHD, LP ■
10621 North Kendall Drive
Suite #203
Miami, FL 33176
(305) 456-6976
Digital Contact Information:
davalos.credentialing@novitams.com

Morales, Mayelin, MSW, LCSW ■
10200 Northwest 25th Street
211
Doral, FL 33172
(305) 381-0346
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and
1444 West 49th Street
Hialeah, FL 33012
(786) 703-5459
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and
900 West 49th Street
STE 400
Hialeah, FL 33012
(305) 587-2231
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and
5941 Northwest 173rd Drive
6
Hialeah, FL 33015
(786) 360-4328
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and
8001 West 26th Avenue
6 6
Hialeah, FL 33016
(786) 372-3262
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and
8551 Northwest South River Drive
Medley, FL 33166
(305) 603-9344
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and
7925 Northwest 12th Street
405
Miami, FL 33126
(786) 401-7278
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and
5455 Southwest 8th Street
230
Miami, FL 33134
(786) 629-8836
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and
1250 Southwest 27th Avenue
Suite 506
Miami, FL 33135
(786) 536-9278
Digital Contact Information:
http://rehabcenterag.com
mayelinmoraleslcsw@gmail.com

and
4905 Northwest 72nd Avenue
5
Miami, FL 33166
(786) 391-3816
Digital Contact Information:
http://paradisehealthgroup.com
mayelinmoraleslcsw@gmail.com

and
5080 Northwest 74th Avenue
Miami, FL 33166
(786) 372-3262
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and
13335 Southwest 124th Street

STE 211
Miami, FL 33186
(786) 429-1770
Digital Contact Information:
mayelinmoraleslcsw@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Moreda-Mendez, Yanet, MSN, APRN ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
http://www.dgphealthandwellness.com
info@kaaficounseling.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
info@kaaficounseling.com
Other Languages Spoken by Provider or Office Staff
Spanish

Moreno, Nicole, MA, LMHC ■
7400 SW 87th Ave
260
Miami, FL 33173
(786) 595-8040
Digital Contact Information:
managedcarecredentialing@baptisthealth.net

Morgan, Jennifer, MC, LMHC ■
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
wavespsychotherapybilling@gmail.com

and
19300 West Dixie Highway
2 2
Miami, FL 33180
(786) 396-0359
Digital Contact Information:
wavespsychotherapybilling@gmail.com

Moriyon, Milko, MN, APRN ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
yavila@avilahealthgroup.com

and
664 East 25th Street
102
Hialeah, FL 33013
(786) 409-5361
Digital Contact Information:
yavila@avilahealthgroup.com

Morris, Elaine, MA, LMHC ■
1038 NE 215th St
Miami, FL 33179
(954) 804-6119
Digital Contact Information:
morrise14@gmail.com

Muggli, Tina M, MA, LMFT ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
arscredentialing@advancedrecoverysystems.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Muniz, Lissette, MA, LMHC ■
1 Alhambra Plaza
PH # 1451
Miami, FL 33134
(888) 588-8995
Digital Contact Information:
http://www.foresightmentalhealth.com
lm.becomingwellness@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Nainaparampil, Jaison, MD ■
698 Northeast 1st Avenue
3309 3309
Miami, FL 33132
(305) 929-3057
Digital Contact Information:
http://www.jjnmdllc.com
jaison@jjnmdllc.com

and
FL
(305) 929-3057
Digital Contact Information:
http://www.jjnmdllc.com
jaison@jjnmdllc.com

Nelson, Bonice, MSSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Neves, Tirza, MS, LMHC ■
975 Arthur Godfrey Road
Suite 308
Miami Beach, FL 33140
(305) 456-1014
Digital Contact Information:
administration@mindandsoultherapy.com

and
7600 Red Road
102
South Miami, FL 33143
(305) 456-1014
Digital Contact Information:
administration@mindandsoultherapy.com

and
7600 Southwest 57th Avenue
102
South Miami, FL 33143
(305) 456-1014
Digital Contact Information:
administration@mindandsoultherapy.com
Other Languages Spoken by Provider or Office Staff
Portuguese, English, Spanish

O'Neill, Gloria M, MSN, APRN ■
7855 Northwest 52nd Street
Doral, FL 33166
(305) 450-9651
Digital Contact Information:
info@rushcredentialing.com

Occean, Andrelita, MMH, LCMHC ■
7950 W Flagler St
Ste 106
Miami, FL 33144
(305) 269-3900
Digital Contact Information:
drgmartinez.psychologist@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Creole, French

Odum, Lesli S, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
leslie.odum@gmail.com

Oliver, Natasha, MC, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
safespace@therapyterrace.com

Olszanski, Leandro, EDM, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
lolszanski@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Onusuru, Vitus M, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ca-credentialing@lifestance.com

Padron, Barbara, MS, LMFT ■
1575 West 53rd Street
Hialeah, FL 33012
(305) 707-5966
Digital Contact Information:
movingtowardagape@gmail.com

and
15715 S Dixie Hwy
Ste 403
Miami, FL 33157
(305) 707-5966
Digital Contact Information:
movingtowardagape@gmail.com

Pages, Vanessa L, PSYD, LP ■
255 University Drive
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
v.pages@harmonyatthegables.com

and
2550 Douglas Road
201
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
v.pages@harmonyatthegables.com

and
401 Coral Way
Ste # 105
Coral Gables, FL 33134
(786) 534-4979
Digital Contact Information:
v.pages@harmonyatthegables.com

and
717 Ponce de Leon
STE 307
Coral Gables, FL 33134
(305) 952-3247
Digital Contact Information:
v.pages@harmonyatthegables.com

and
1840 West 49th Street
709
Hialeah, FL 33012
(786) 393-0315
Digital Contact Information:
v.pages@harmonyatthegables.com

and
419 West 49th Street
212
Hialeah, FL 33012
(305) 299-1614
Digital Contact Information:
v.pages@harmonyatthegables.com

and
4445 West 16th Avenue
STE 602
Hialeah, FL 33012
(813) 999-1524
Digital Contact Information:
v.pages@harmonyatthegables.com

and
5911 Northwest 173rd Drive
6 6
Hialeah, FL 33015
(786) 380-9229
Digital Contact Information:
v.pages@harmonyatthegables.com

and
10550 Northwest 77th Court
401
Hialeah Gardens, FL 33016
(786) 332-3340
Digital Contact Information:
v.pages@harmonyatthegables.com

and
7392 Northwest 35th Terrace
Ste 203-204
Miami, FL 33122
(786) 310-7667
Digital Contact Information:
v.pages@harmonyatthegables.com

and
815 NW 57th Ave
Ste 400
Miami, FL 33126
(786) 693-6500
Digital Contact Information:
v.pages@harmonyatthegables.com

and
1428 Brickell Ave
Ste 403
Miami, FL 33131
(305) 915-5708
Digital Contact Information:
v.pages@harmonyatthegables.com

and
2650 Southwest 27th Avenue
Suite 305
Miami, FL 33133
(786) 353-9812
Digital Contact Information:
http://www.harmonyatthegablesclinic.com
v.pages@harmonyatthegables.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
v.pages@harmonyatthegables.com

and
4471 Northwest 36th Street
Unit 202
Miami, FL 33166
(786) 558-4800
Digital Contact Information:
v.pages@harmonyatthegables.com

and
9375 Fontainebleau Boulevard
l119 l119
Miami, FL 33172
(305) 889-8015
Digital Contact Information:
v.pages@harmonyatthegables.com

and
9380 Southwest 72nd Street
245
Miami, FL 33173
(305) 381-5434
Digital Contact Information:
v.pages@harmonyatthegables.com

and
9380 Sunset Drive
b240
Miami, FL 33173
(786) 534-4979
Digital Contact Information:
v.pages@harmonyatthegables.com

and
931 Southwest 122nd Avenue
Miami, FL 33184
(305) 603-9235
Digital Contact Information:
v.pages@harmonyatthegables.com

and
12001 SW 128th Ct
Ste 102
Miami, FL 33186
(786) 971-7920
Digital Contact Information:
v.pages@harmonyatthegables.com

and
13255 Southwest 137th Avenue
ste 217
Miami, FL 33186
(305) 502-3760
Digital Contact Information:
v.pages@harmonyatthegables.com

and
5803 Northwest 151st Street
suite#200 B
Miami Lakes, FL 33014
(786) 612-4461
Digital Contact Information:
v.pages@harmonyatthegables.com

and
8181 Northwest 154th Street
STE 112
Miami Lakes, FL 33016
(786) 360-5883
Digital Contact Information:
v.pages@harmonyatthegables.com

and
1190 Northwest 95th Street
307
Miami Shores, FL 33150
(407) 572-8053
Digital Contact Information:
v.pages@harmonyatthegables.com
Other Languages Spoken by Provider or Office Staff
French, Spanish

Palaez, Alexandra, MS, LMFT ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
draida@mpsmentalhealth.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
draida@mpsmentalhealth.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
draida@mpsmentalhealth.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
draida@mpsmentalhealth.com
Other Languages Spoken by Provider or Office Staff French, Russian, Spanish

Palermo, Brittany, MSN, APNP, APRN, APRNCNP, CRNP, NP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
brittany.palermo@chenaltherapy.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com
Other Languages Spoken by Provider or Office Staff English

Pandini, Heli, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
credentialing@thriveworks.com

Paris, Emilia, MC, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff Spanish

Patterson, Trakeeta A, MSW, LCSW ■
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
dreamagainservices@gmail.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
dreamagainservices@gmail.com

Perez, Guadalupe, MS, LMHC ■
7875 SW 104th St
Ste 101
Miami, FL 33156
(305) 899-1587
Digital Contact Information:
http://www.jcsfl.org
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff Spanish

Perez, Jesus, PSYD, LP ■
215 Westward Dr
Miami Springs, FL 33166
(305) 887-4494
Digital Contact Information:
perez_29993@msn.com
Other Languages Spoken by Provider or Office Staff Spanish

Petit-Jean, Christine, MSW, LCSW, LICSW ■
FL
(786) 967-7873
Digital Contact Information:
https://parakletostherapeutic.com/
ptsdatyourservice@gmail.com
Other Languages Spoken by Provider or Office Staff English

Pico-Guardado, Daima, PSYD, LP ■
10691 N Kendall Dr
Ste 105
Miami, FL 33176
(305) 668-6018
Digital Contact Information:
cartayagroup@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Pierre, Urmene, DNP, APRN ■
510 Northwest 98th Street
Miami, FL 33150
(754) 266-5509
Digital Contact Information:
info.goodshepherd20@gmail.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, French

Plasencia, Belkis, MSN, APRN ■
7921 Bird Rd
Ste 41
Miami, FL 33155
(305) 425-1393
Digital Contact Information:
ynhcsaba@gmail.com

and
7971 Bird Road
39
Miami, FL 33155
(786) 910-7179
Digital Contact Information:
ynhcsaba@gmail.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
ynhcsaba@gmail.com

and
7001 SW 97th Ave
Ste 206
Miami, FL 33173
(786) 294-0123
Digital Contact Information:
https://www.chgpsychiatry.com/
ynhcsaba@gmail.com

and
9425 Southwest 72nd Street
Suite 251
Miami, FL 33173
(305) 305-6573
Digital Contact Information:
ynhcsaba@gmail.com

and
13706 Southwest 56th Street
STE 105-106
Miami, FL 331756036
(786) 523-4289
Digital Contact Information:
ynhcsaba@gmail.com

and
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
ynhcsaba@gmail.com

and
13335 Southwest 124th Street
STE 101
Miami, FL 33186
(786) 842-3635
Digital Contact Information:
ynhcsaba@gmail.com

and
13501 Southwest 128th Street
STE 114
Miami, FL 33186
(786) 250-3440
Digital Contact Information:
ynhcsaba@gmail.com

and
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
ynhcsaba@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Polanco, Diliana B, MSW, LCSW ■
2140 West Flagler Street
202
Miami, FL 33135
(786) 663-2822
Digital Contact Information:
jxross12@gmail.com

and
FL
(786) 663-2822
Digital Contact Information:
jxross12@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Porter, J'Briel E, MSW, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
admin@itsofok.com
Other Languages Spoken by Provider or Office Staff Chinese, Urdu, Spanish, Hindi

Portillo, Cimelitza, MMH, LMHC ■
9425 SW 72nd St
Ste 265
Miami, FL 33173
(305) 279-8400
Digital Contact Information:
safeharbormha@att.net

Posada, Stephanie, MMH, LMHC ■
2500 Southwest 107th Avenue
41
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
lgomez@abcsfl.com

and
FL
(786) 615-3334
Digital Contact Information:
lgomez@abcsfl.com
Other Languages Spoken by Provider or Office Staff Spanish

Preval, Falicia, MC, LMHC ■
1031 Ives Dairy Rd
Ste 228
Miami, FL 33179
(786) 320-5559
Digital Contact Information:
faliciap@aol.com

and
1031 Ives Dairy Road
Miami, FL 33179
(786) 627-3321
Digital Contact Information:
faliciap@aol.com

and
1001 North Miami Beach Boulevard
North Miami Beach, FL 33162
(786) 320-5559
Digital Contact Information:
faliciap@aol.com

Quinonez Meza, Javier, MSN, APRN ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Quintanilla, Claudia, MS, LMHC ■
FL
(786) 258-8499
Digital Contact Information:
http://www.virtual-counseling.com
service@virtual-counseling.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Rainuzzo, Silvana L, MC, LMHC ■
FL
(954) 682-0264
Digital Contact Information:
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Reyes, Madeline B, MPSY, LMHC ■
5941 Northwest 173rd Drive
6 6
Hialeah, FL 33015
(786) 360-4328
Digital Contact Information:
blueparadisemedicalcenter@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Rhone, Traci, MS, LMHC ■

FL
(305) 333-6769
Digital Contact Information:
rhonetraci@gmail.com

Ridgeway, Deborah, MSW, LCSW, LMSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Rios, Rosa, MSW, LCSW ■
FL
(305) 804-9121
Digital Contact Information:
http://www.sfacounseling.org
info@sfacounseling.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rios, Tyra, MA, LMFT ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Robaina, Niubis, MPSY, LMHC ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
yavila@avilahealthgroup.com

Robinson, Kent A, MA, LPC ■
10311 Northwest 58th Street
Doral, FL 33178
(800) 438-1772
Digital Contact Information:
lrangel@wlcfs.org

Rochford Buckley, Rebecca M, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com

Rocker, Jeff, MMH, LMHC ■
777 Brickell Ave
Ste 500
Miami, FL 33131
(786) 490-2181
Digital Contact Information:
askjeffrocker@gmail.com

Rodriguez, Annmarie, MC, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Milian, Karel, MD ■
2500 Northwest 79th Avenue
233
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
andersonbilling1001@gmail.com

and
2500 Northwest 79th Avenue
Suite 189
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
andersonbilling1001@gmail.com

and
351 NW 42nd Ave
Ste 406
Miami, FL 33126
(786) 536-1710
Digital Contact Information:
andersonbilling1001@gmail.com

and
1890 Southwest 57th Avenue
SUITE 106
Miami, FL 33155
(786) 536-1701
Digital Contact Information:
andersonbilling1001@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Ramos, Meilyn, PSYD, LP ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sam, Pedro D, MS, LMHC ■
3000 Biscayne Boulevard
Suite 210C
Miami, FL 33137
(239) 999-1029
Digital Contact Information:
support@thriveworks.com

Sanchez, Johana, MS, LMHC ■
FL
(305) 302-0087
Digital Contact Information:
http://divine-wellness.net
johanaq0217@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Santiago Fernandez, Flor De Liz, EDD, LCSW ■
10691 North Kendall Drive
304
Miami, FL 33176
(786) 771-3370
Digital Contact Information:
http://www.familybalancetherapy.com
familybalancetherapy@gmail.com

and
FL
(786) 771-3370
Digital Contact Information:
http://www.familybalancetherapy.com
familybalancetherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Satorre, Mayuli C, MSN, APRN ■
3785 Northwest 82nd Avenue
307
Doral, FL 33166
(305) 898-5420
Digital Contact Information:
m.satorre@harmonyatthegables.com

and
33550 South Dixie Highway
106
Florida City, FL 33034
(786) 601-7712
Digital Contact Information:
m.satorre@harmonyatthegables.com

and
1150 Northwest 72nd Avenue
ph 2
Miami, FL 33126
(786) 542-5043
Digital Contact Information:
http://1stcarecms.com
m.satorre@harmonyatthegables.com

and
2650 Southwest 27th Avenue
Suite 305
Miami, FL 33133
(786) 353-9812
Digital Contact Information:
http://www.harmonyatthegablesclinic.com
m.satorre@harmonyatthegables.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sexton, Suzanne, MSW, LCSW ■
FL
(800) 567-5433
Digital Contact Information:
https://totallife.com/
care@totallife.com

Shakespeare, Ashanti, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
inquiry@dare2emerge.com

Sharma, Manoj Kumar, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
credentialing@wellnite.com
Other Languages Spoken by Provider or Office Staff
Marathi, Hindi

Siegel, Sammi L, PHD, LMHC ■
5900 Southwest 73rd Street
207
South Miami, FL 33143
(305) 613-1101
Digital Contact Information:
siegelcounseling@gmail.com

Silebi, Candice, MSED, LMHC ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
westmiamicmhc@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Skjoldal, Elizabeth, PHD, CP, LP ■
8325 Northeast 2nd Avenue
316
Miami, FL 33138
(305) 503-5758
Digital Contact Information:
kim@cherryhillcounseling.com

and
FL
(305) 790-9957
Digital Contact Information:
kim@cherryhillcounseling.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Smulowitz, Leeba M, MSW, LCSW ■
FL
(347) 380-6424
Digital Contact Information:
libby@levtherapy.onmicrosoft.com

Solares, Nani E, MA, LMHC ■
9240 Sunset Dr
Ste 202
Miami, FL 33173
(786) 803-7922
Digital Contact Information:
http://www.nanisolares.com
nanisolareslmhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Solitaire, Bianca, MC, LMHC, LPCC ■
FL
(786) 882-4532
Digital Contact Information:
https://fearlessfocusmentalhealth.com/
counselingwithbianca@gmail.com
Other Languages Spoken by Provider or Office Staff English

Sommers, Silvia, PSYD, LP ■
3100 SW 62nd Ave
Miami, FL 33155
(305) 663-8439
Digital Contact Information:
shana.johnson@mch.com

and
8525 SW 92nd St
A1
Miami, FL 33156
(305) 439-9957
Digital Contact Information:
shana.johnson@mch.com
Other Languages Spoken by Provider or Office Staff
Spanish

Springer, Shawndel, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
gethelp@wellqor.com

St Phard, Nancy V, MSW, LMHC ■
12700 Biscayne Boulevard
301
North Miami, FL 33181
(305) 467-4597
Digital Contact Information:
dr.daino@aol.com

Steadman, Tiarra, MSW, LCSW ■
1150 Northwest 72nd Avenue
455
Miami, FL 33126
(561) 356-9991
Digital Contact Information:
brittani@dljclinicalservices.com

Stevenson, Thalia, MS, LCMHC ■
FL
(786) 530-5410
Digital Contact Information:
http://actservicellc.com
actservices2023@gmail.com

Sue Logan, Casey, MC, LMHC, LPCC ■
FL
(859) 517-4633
Digital Contact Information:
https://divinesoultherapy.clientsecure.me
caseyjameslpc@gmail.com

Swain, Cieria D, MC, LCSW, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
appointments@meetmarvin.com
Other Languages Spoken by Provider or Office Staff English

Talley, Kendra, MS, LMHC ■
111 NW 183rd St
Ste 404
Miami, FL 33169
(786) 524-4001
Digital Contact Information:
enrollment@welterhp.com

Taquechel, Elizabeth T, MSW, LCSW ■
14401 Old Cutler Road
Miami, FL 33158
(786) 573-7010
Digital Contact Information:
insurance@wellspringmiami.org
Other Languages Spoken by Provider or Office Staff
Spanish

Tarr, Theodora L, PSYD, LP ■
9729 S Dixie Hwy
Miami, FL 33156
(305) 666-3650
Digital Contact Information:
dr.teddy@griefworksinc.com

and
8740 Southwest 133rd Street
Miami, FL 33176
(305) 666-3650
Digital Contact Information:
http://www.griefworksinc.com/
dr.teddy@griefworksinc.com

and
9202 Southwest 73rd Avrd
Pinecrest, FL 33156
(305) 666-3650
Digital Contact Information:
dr.teddy@griefworksinc.com

Taylor, Tanashia S, MSW, LCSW ■

18117 Biscayne Boulevard
2159
Miami, FL 33160
(305) 306-2513
Digital Contact Information:
info@favortherapy.com

Toledo, Lismerys M, MSW, LCSW ■
3580 Mystic Pointe Drive
Suite #107
Aventura, FL 33180
(305) 423-9671
Digital Contact Information:
services@tcctherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Toledo, Tijuana, MSW, LCSW ■
2332 Galiano Street
Coral Gables, FL 33134
(305) 204-1665
Digital Contact Information:
nadir@bilwiz.com

and
FL
(305) 204-1665
Digital Contact Information:
http://www.tikvahhealinggroup.com
nadir@bilwiz.com

Tous, Ana Maria, MD ■
1360 South Dixie Highway
350
Coral Gables, FL 33146
(305) 648-9344
Digital Contact Information:
info.alternativesbehavior@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Treto, David, MN, APRN ■
13145 Southwest 134th Street
102
Miami, FL 33186
(305) 964-5236
Digital Contact Information:
olympushcs@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Turner, Delores E, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Tyson, Darcel P, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Ubfal, Fabiana S, MMH, LMHC ■
16375 Northeast 18th Avenue
206
North Miami Beach, FL 33162
(786) 246-4050
Digital Contact Information:
fabianamiami27@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Valdes, Debora, MSN, APRN ■
7315 Northwest 36th Street
Miami, FL 33166
(786) 345-7734
Digital Contact Information:
Not Available

Valladares, Christina, MS, LMFT ■
FL
(786) 803-2595
Digital Contact Information:
cmvalladares16@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Verneus, Jean K, MS, LMFT ■
1825 Northwest 167th Street
SUITE 102
Opa-locka, FL 330564838
(305) 624-7450
Digital Contact Information:
http://www.cfcecares.org
jverneus@connectionpointtherapy.com
Other Languages Spoken by Provider or Office Staff Creole

Vieira, Caroline, MC, LMHC, PC ■
2212 Northwest 91st Street
Miami, FL 33147
(341) 888-7637
Digital Contact Information:
contact@quelinbilling.com
Other Languages Spoken by Provider or Office Staff
Portuguese

Vila, Dayana, MSN, APRN ■
4005 Northwest 114th Avenue
22 22
Doral, FL 33178
(305) 260-6913
Digital Contact Information:
billingheritagewellness@gmail.com

and
2645 SW 37th Ave
Ste 101
Miami, FL 33133
(786) 530-4080
Digital Contact Information:
billingheritagewellness@gmail.com

and
14221 Southwest 120th Street
126
Miami, FL 33186
(786) 577-3427
Digital Contact Information:
billingheritagewellness@gmail.com

and
13100 West Dixie Highway
North Miami, FL 33161
(786) 442-5021
Digital Contact Information:
billingheritagewellness@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Walker, Audi, MMH, LMHC ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
westmiamicmhc@bellsouth.net

Warring, Joelle B, MMFT, LMFT ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
referrals@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Weatherly, Charmaine, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/payors@emorahealth.com

White, Samantha, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
frontdesk@highersightscounseling.com

Williams, Julia, MSW, LCSW ■
1951 NW 7th Ave
Fl 3
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
help@joinuplift.co

and
1951 Northwest 7th Avenue
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
help@joinuplift.co

Woolery, Nickesha, MSN, APRN ■
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
info@aimergency.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
info@aimergency.com
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole, Filipino, French, Spanish

Zitnick, Michelle S, MSN, APRN ■
975 West 41st Street
308
Miami Beach, FL 33140
(305) 905-2349
Digital Contact Information:
Not Available

Zoque, Dasniellis, MSN, APRN ■
351 NW 42nd Ave
Ste 406
Miami, FL 33126
(786) 536-1710
Digital Contact Information:
credentialing@premedsys.com

and
1890 Southwest 57th Avenue
SUITE 106
Miami, FL 33155
(786) 536-1701
Digital Contact Information:
http://www.integratedhealthcare.group
credentialing@premedsys.com

Zumar, Lorraine M, MC, LMHC, LPC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

FAMILY/PARENTING THERAPY

Abreu, Alba, MD ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
Not Available

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
http://banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

Abreu, Rebecca P, MS, LMHC ■
777 E 25th St
Ste 306
Hialeah, FL 33013
(786) 838-6092
Digital Contact Information:
pouabreu@gmail.com

and
2121 Southwest 3rd Avenue
205
Miami, FL 33129
(786) 660-1301
Digital Contact Information:
pouabreu@gmail.com

and
3191 Southwest 22nd Street
406
Miami, FL 33145
(786) 660-1301
Digital Contact Information:
pouabreu@gmail.com

and
1021 Ives Dairy Road
216
Miami, FL 33179
(305) 497-2473
Digital Contact Information:
pouabreu@gmail.com

and
FL
(786) 818-7169
(315) 873-2936
Digital Contact Information:
pouabreu@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Acea, Yanisleidy, MSN, NP ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Acevedo, Glory A, MMH, LMHC ■
800 Crandon Blvd
Ste 201
Key Biscayne, FL 33149
(786) 239-3055
Digital Contact Information:
keybiscaynecounseling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Acker, Ashleigh, MS, LMFT ●
1175 Northeast 125th Street
320
Miami, FL 33161
(954) 372-0423
Digital Contact Information:
http://www.marriagefamilyservices.com
mfsfrontdesk1@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, English, Malayalam, Haitian, Italian, Spanish

Acosta, Ileana, MC, LMHC ■
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
http://www.btpmentalhealth.com
info@btpmentalhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Acosta, Ingrid E, MC, LCMHC ■
8370 West Flagler Street
STE 242
Miami, FL 33144
(786) 321-1600
Digital Contact Information:
http://www.crystalmindsmh.com
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(239) 431-2629
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Acosta, Liza M, MMFT, LMFT ■
3970 West Flagler Street
203 204
Miami, FL 33134
(786) 953-5978
Digital Contact Information:
healchoicecorp2019@gmail.com

Other Languages Spoken by Provider or Office Staff English, Spanish

Acosta, Manuel, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

and
11430 North Kendall Drive
106
Miami, FL 33176
(888) 852-6672
Digital Contact Information:
credentialing@wellnite.com

Acosta Romero, Diana, MSN, APRN ■
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
info@cbhwestcoast.com

and
8323 Northwest 12th Street
108
Doral, FL 33126
(305) 400-8511
Digital Contact Information:
http://www.cbhwestcoast.com
info@cbhwestcoast.com

and
FL
(305) 400-8511
Digital Contact Information:
info@cbhwestcoast.com
Other Languages Spoken by Provider or Office Staff Spanish

Acuna, Nancy M, MSN, APRN ■
10031 Southwest 40th Street
Miami, FL 33165
(786) 442-9628
Digital Contact Information:
encantohealthcommunityservices@gmail.com

and
9732 SW 24th St
Miami, FL 33165
(305) 221-0660
Digital Contact Information:
encantohealthcommunityservices@gmail.com

and
11430 North Kendall Drive
106
Miami, FL 33176
(786) 703-1605
Digital Contact Information:
encantohealthcommunityservices@gmail.com

Adderley, Brian, MSW, LCSW ■
FL
(305) 902-6347
(315) 873-2936
Digital Contact Information:
jane.mohammad@daybreakhealth.com

Adle, Joy, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Adler, Shalom, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Agic, Christine, MSW, LCSW ■
2500 SW 107TH AVE
42
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
inbox.mhcares@gmail.com

Agostinelli, Giovanna, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Aguilar, Rosalva, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
lisa.kane@gulfshorescounselingcenter.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Aguilera, Maribel, MD ■
8049 NW 155th St
Miami Lakes, FL 33016
(305) 822-2330
Digital Contact Information:
maguileramd@aol.com
Other Languages Spoken by Provider or Office Staff English

Aguilera, Michelle, MSW, LCSW ■
1603 Northeast 7th Avenue
Miami, FL 33137
(305) 374-1065
Digital Contact Information:
alexo@camillus.org
Other Languages Spoken by Provider or Office Staff Spanish

Aguirre, Nelda, PHD, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Ahmed, Michelle, MS, LMFT ■
FL
(312) 912-1033
Digital Contact Information:
http://foodforheartherapy.com
michelleahmedmft@gmail.com
Other Languages Spoken by Provider or Office Staff Bengali

Ait Belkacem, Kamilia, PA, PA_C ■
801 Brickell Avenue
8
Miami, FL 33131
(516) 505-7200
Digital Contact Information:
https://mindful.care/
vnedilia@mindful.care

Alayon, Carlos, MS, LMHC ■
10500 Northwest 26th Street
Doral, FL 33172
(305) 646-1799
Digital Contact Information:
calayon@hotmail.com

and
1710 Northwest 7th Street
5
Miami, FL 33125
(239) 250-9411
Digital Contact Information:
calayon@hotmail.com

and
2311 Northwest 7th Street
Miami, FL 33125
(786) 706-2246
Digital Contact Information:
calayon@hotmail.com

and
790 Northwest 107th Avenue
Suite 303
Miami, FL 33172
(786) 603-9858
Digital Contact Information:
calayon@hotmail.com

and
11960 SW 39th Ter
Miami, FL 33175
(786) 514-6406
Digital Contact Information:
calayon@hotmail.com

and
13170 Southwest 128th Street
200
Miami, FL 33186
(786) 852-5198
Digital Contact Information:
calayon@hotmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Albero, Amy, MSW, LCSW, LICSW ■
1110 Brickell Avenue
Suite 502
Miami, FL 33131
(203) 693-4917
Digital Contact Information:
http://www.revivecfw.com
amyalbero@revivecfw.com

Albury, Opal, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
chandlercounseling@gmail.com

Aldad, Tamir, MD ■
801 Brickell Avenue
8
Miami, FL 33131
(516) 505-7200
Digital Contact Information:
https://mindful.care/
draldad@mindfulurgentcare.com

Alea Garcia, Alina, MSSW, BCBA ■
123 N Krome Ave
Ste 104
Homestead, FL 33030
(786) 349-4559
Digital Contact Information:
referrals@ffmhs.com

and
Home Based Services Only
Homestead, FL 33030
(786) 349-4559
Digital Contact Information:
referrals@ffmhs.com

Alexandre, Shanorah, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Alfonso, Hiran, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Alleyne, Amanda, MSSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Almeida Wallace, Diana, MC, LMHC ■
5915 Ponce de Leon
48
Coral Gables, FL 33146
(305) 934-6453
Digital Contact Information:
dalmeida87@hotmail.com
Other Languages Spoken by Provider or Office Staff Portuguese, English, French, Spanish

Almonte, Aldriana A, MSW, LCSW ■
31 N Krome Ave
Homestead, FL 33030
(786) 481-5909
Digital Contact Information:
aalmonte@infinitecc.org
Other Languages Spoken by Provider or Office Staff English, Spanish

Almonte, Ricardo, MS, LMHC ■
250 Catalonia Avenue
suite 403
Coral Gables, FL 33134
(321) 405-2805
Digital Contact Information:
https://harvestingjoypsychologicalservices.com
harvestingjoycounseling@gmail.com

Alonso, Maria D, PSYD, LCSW ■
3191 Coral Way
Ste 402
Miami, FL 33145
(786) 709-8556
Digital Contact Information:
dr.malonso@yahoo.com

and
3191 Coral Way
Ste 604
Miami, FL 33145
(786) 709-8556
Digital Contact Information:
dr.malonso@yahoo.com
Other Languages Spoken by Provider or Office Staff English

Alton, Melissa, MC, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@lionrockrecovery.com

Alvarenga, Alicia, MSSW, LCSW ■
2100 Coral Way
#310
Miami, FL 33145
(786) 320-1677
Digital Contact Information:
ydzmgroup@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Alvarez, Arlinnes, MMH, LMHC ■
FL
(305) 804-9121
Digital Contact Information:
http://www.sfacounseling.org
arlinnes@yahoo.com
Other Languages Spoken by Provider or Office Staff English, Creole, Spanish

Alvarez, Darline, MSW, LCSW ■
FL
(786) 223-6222
Digital Contact Information:
epochjourney@live.com
Other Languages Spoken by Provider or Office Staff Spanish

Alvarez, Gianinne M, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
info@livewelltherapygroup.com

and
7600 Southwest 57th Avenue
suite 334
South Miami, FL 33143
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
info@livewelltherapygroup.com
Other Languages Spoken by

Provider or Office Staff Spanish

Alvarez Gonzalez, Lissette M, MS, LMHC ■
2500 Northwest 79th Avenue
Suite 180
Doral, FL 33122
(786) 253-7868
Digital Contact Information:
faithandhope230@gmail.com

and
18522 Southwest 136th Court
Miami, FL 33177
(305) 416-8189
Digital Contact Information:
faithandhope230@gmail.com

and
5881 Northwest 151st Street
Suite: 103
Miami Lakes, FL 33014
(786) 703-4154
Digital Contact Information:
faithandhope230@gmail.com

and
230 Canal Street
APT 202
Miami Springs, FL 33166
(305) 416-8189
Digital Contact Information:
faithandhope230@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Alvarez, Martha, MMFT, LMFT ■
1390 South Dixie Highway
2104
Coral Gables, FL 33146
(305) 446-0333
Digital Contact Information:
info@miamipsychcenter.com
Other Languages Spoken by Provider or Office Staff Spanish

Alvarez, Mayaly, MS, LMHC ●
11921 South Dixie Highway
STE 215
Pinecrest, FL 331564449
(786) 718-3890
Digital Contact Information:
malva@nhorizonscs.com

Alvarez, Mayelin, MSN, APRN ■
8300 West Flagler Street
STE 258C
Miami, FL 331446002
(786) 633-5171
Digital Contact Information:
olympushcs@gmail.com

Alvarez, Stephanie, MS, LMHC ●
FL
(561) 590-7063
Digital Contact Information:
http://innerworkcounseling.com
contact@innerworkcounseling.com
Other Languages Spoken by Provider or Office Staff Spanish

Alvarez-Jimenez, Anabel, PHD, LP ■
6175 NW 153rd St
Ste 205
Miami Lakes, FL 33014
(305) 814-8558
Digital Contact Information:
aalvarez@thrivepsychological.com
Other Languages Spoken by Provider or Office Staff Spanish

Amado, Sandra J, MC, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@usmso.com

Amar, Eliana, MS, BCBA, LMFT ■
1000 Brickell Avenue
Miami, FL 33131
(786) 402-2300
Digital Contact Information:
eliana.amar@yahoo.com

and
14331 Southwest 120th Street
201
Miami, FL 33186
(786) 329-9993
Digital Contact Information:
eliana.amar@yahoo.com
Other Languages Spoken by Provider or Office Staff Portuguese, Spanish

Ambrose, Meghan, PSYD, LP ●
360 Northwest 27th Street
Miami, FL 33127
(929) 209-6109
Digital Contact Information:
harry.williams@gettrucare.com

Ambush, Latonia M, MMH, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
latonia.ambush@gmail.com

Amza, Torie, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Anderson, Aimee E, MSW, LCSW ■
9260 Sunset Dr
Ste 203
Miami, FL 33173
(305) 279-3640
Digital Contact Information:
Not Available

Anderson, Susan L, MA, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
susanandersonmalpc@gmail.com

Andres, Alice M, PSYD, CP, HSPP, LP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
rainbowlanternpsych@gmail.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
rainbowlanternpsych@gmail.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
rainbowlanternpsych@gmail.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
rainbowlanternpsych@gmail.com
Other Languages Spoken by Provider or Office Staff English

Angel, Laurie R, MSN, APRN ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
momofben@bellsouth.net

Anias, Carlos, MSN, APRN ■
2000 Northwest 87th Avenue
Suite 201
Doral, FL 33172
(954) 561-6222
Digital Contact Information:
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Anker, Susan C, MSW, LCSW ■
11440 N Kendall Dr
Ste 106
Miami, FL 33176
(305) 668-9090
Digital Contact Information:
eanker7@bellsouth.net

Antoine, Nisha, MPSY, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Applefield, Christine, MA, LMFT ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
hello@emorahealth.com

Arandia, Eloisa, MMFT, BCBA, LMHC ■
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Arango, Alejandra J, MS, LMHC ■
FL
(786) 556-4040
Digital Contact Information:
aarango505@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Arauco, Andrea R, MSW, LCSW ■
FL
(305) 982-7434
Digital Contact Information:
http://www.mamayinbloomcounseling.com/
andreararauco@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Arguelles, Doris, BA, BCABA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 356-8754
Digital Contact Information:
cubanitadori@yahoo.com

and
14536 Southwest 170th Street
Miami, FL 33177
(786) 356-8754
Digital Contact Information:
cubanitadori@yahoo.com
Other Languages Spoken by Provider or Office Staff Spanish

Armstrong, Sharifa, MSW, LCSW ■
1825 Northwest 167th Street
SUITE 102
Opa-locka, FL 330564838
(305) 624-7450
Digital Contact Information:
http://www.cfcecares.org
wbrown@cfceinc.org
Other Languages Spoken by Provider or Office Staff Haitian Creole, Creole, Spanish

Arnaez, Elizabeth, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
jenny.silverio@lifechg.org
Other Languages Spoken by Provider or Office Staff Spanish

Aroche, Gladys, MPSY, LMHC ■
5881 Northwest 151st Street
111
Miami Lakes, FL 33014
(305) 440-8920
Digital Contact Information:
gac25@ymail.com
Other Languages Spoken by Provider or Office Staff Spanish

Arroyo, Linda M, MC, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
lindaarroyo.mft@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Arteaga, Ulysses, DSW, LCSW ■
135 San Lorenzo Ave
Ste 100
Coral Gables, FL 33146
(305) 502-3760
Digital Contact Information:
synergywellnessc@gmail.com

and
10300 Southwest 72nd Street
310
Miami, FL 33173
(786) 870-5948
Digital Contact Information:
synergywellnessc@gmail.com

and
10661 North Kendall Drive
216
Miami, FL 33176
(786) 631-4158
Digital Contact Information:
http://www.blancomedicalnow.com
synergywellnessc@gmail.com

and
FL
(305) 502-3760
(786) 631-4158
Digital Contact Information:
http://www.blancomedicalnow.com
synergywellnessc@gmail.com

and
8501 Southwest 124th Avenue
Miami, FL 33183
(786) 442-4006
Digital Contact Information:
synergywellnessc@gmail.com

and
12485 Southwest 137th Avenue
STE 104
Miami, FL 33186
(786) 256-5335
Digital Contact Information:
synergywellnessc@gmail.com

and
12485 Southwest 137th Avenue
STE 109
Miami, FL 33186
(786) 592-2748
Digital Contact Information:
synergywellnessc@gmail.com

and
13255 Southwest 137th Avenue
ste 217
Miami, FL 33186
(305) 502-3760
Digital Contact Information:
synergywellnessc@gmail.com

and
17340 Northwest 27th Avenue
Miami Gardens, FL 33056
(786) 255-0613
Digital Contact Information:
http://synergywellnessc.com
synergywellnessc@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Asamoah-Duodu, Kwadwo D, PSYD, LP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
jscott@seniorcaretherapy.com

Other Languages Spoken by Provider or Office Staff English

Assinthe, Jeanne, MSW, LCSW ■
FL
(786) 779-8898
Digital Contact Information:
http://www.amitiewellness.com
jeanne@amitiewellness.com
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole, French, Spanish

Athuman, Kimberly, MSW, LCSW, LISW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Augustin, Sabine, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com
Other Languages Spoken by Provider or Office Staff Haitian Creole

Avilus, Kristel, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Ayer, Brian, MA, LPCC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
registration@ravenwoodhealth.org
Other Languages Spoken by Provider or Office Staff Sign Lang Amer

Ayers, Jesse, MSW, LISW ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
info@lionrockrecovery.com

Azarian, Eliana, MC, LMHC ■
FL
(561) 590-7063
Digital Contact Information:
http://innerworkscounseling.com
contact@innerworkcounseling.com

Azucena, Natalia, MSW, LCSW ■
18710 Southwest 107th Avenue
UNIT 15
Cutler Bay, FL 33157
(786) 459-9945
Digital Contact Information:
callisiabilling@gmail.com

and

7392 Northwest 35th Terrace
Suite 302
Miami, FL 33122
(786) 353-2792
Digital Contact Information:
callisiabilling@gmail.com

and

2141 Southwest 1st Street
201
Miami, FL 33135
(786) 920-9137
Digital Contact Information:
callisiabilling@gmail.com

and

8390 West Flagler Street
220
Miami, FL 33144
(305) 402-4835
Digital Contact Information:
http://newmooncmhc.com
callisiabilling@gmail.com

and

9425 Southwest 72nd Street
225
Miami, FL 33173
(780) 353-2369
Digital Contact Information:
callisiabilling@gmail.com

and

5209 Northwest 36th Street
Miami Springs, FL 33166
(786) 712-7752
Digital Contact Information:
callisiabilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Babanin, Ellen P, MMFT, LMFT ■
FL
(786) 488-8103
Digital Contact Information:
http://www.sfacounseling.org
info@monarcabehavioralhealth.com

Baer, Rochelle A, MSW, LCSW ■
1601 NW 12th Ave
Miami, FL 33136
(305) 243-6864
Digital Contact Information:
Not Available

Bailey, Paul, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
bailey.pauliii@gmail.com
Other Languages Spoken by Provider or Office Staff English

Bailey, Zafria, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Baird, Christopher, MA, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
cardiganincorporated@gmail.com

Baker, Melissa, EDS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Baker, Traci, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff
Spanish

Balan, Maria, MS, LMHC ■
15715 S Dixie Hwy
Ste 403
Miami, FL 33157
(305) 707-5966
Digital Contact Information:
movingtowardagape@gmail.com

Banegas, Kelvin, MSW, LCSW ■
FL
(516) 469-2135
Digital Contact Information:
kelvinbanegaslcsw@gmail.com

Baquero, Callie, LMFT, MA, MC ■
4302 Alton Rd
Ste 500
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Barciela, Gilberto, MSN, APRNPMH ■
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
forwardwithfc@gmail.com

Barnes, Cassandra D, MC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@thriveworks.com
Other Languages Spoken by Provider or Office Staff English

Barnes, Yvette, MSW, LCSW ■
1150 Northwest 72nd Avenue
640
Miami, FL 33126
(786) 497-3444
Digital Contact Information:
yvette@stellarhealthfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barnett, Capus, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Barreira, Edith M, MMFT, LMFT ■
11098 Biscayne Blvd
401-27
Miami, FL 33161
(305) 972-4865
Digital Contact Information:
https://edithmariabarreiralmft.com
privatepracticeeb@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barrera, Lourdes, MPSY, LMHC ■
19001 Southwest 106th Avenue
c103
Miami, FL 33157
(786) 523-2352
Digital Contact Information:
hopeandserenity4you@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barreras, Rosemary, MSED, LMFT ●
101 Majorca Avenue
Coral Gables, FL 33134
(954) 998-3372
Digital Contact Information:
rosemarybreiss@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barreto, Camila, MA, LMFT ■
20225 Northeast 34th Court
APT 2511
Aventura, FL 33180
(805) 453-2525
Digital Contact Information:
http://www.connectedbeings.com
connectedbeings@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barreto, Lourdes A, MSSW, LCSW ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
referrals@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barrington-Cruz, Chala, MSW, LCSW ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(866) 478-3978
Digital Contact Information:
beginningnew4u@gmail.com

Barros, Sandra J, MSW, LCSW ■
9920 Southwest 115th Avenue
Miami, FL 33176
(305) 457-9131
Digital Contact Information:
sandrajbarros@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barroso, Alina, MD, LMHC ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Barroso, Rosa M, MC, LMHC ■
8004 Northwest 154th Street
418
Hialeah, FL 33016
(305) 530-8119
Digital Contact Information:
r@rbarrosolmhc.com

and

FL
(305) 530-8119
(305) 239-7725
Digital Contact Information:
r@rbarrosolmhc.com

and

7950 West Flagler Street
Suite 101
Miami, FL 33144
(305) 239-7725
Digital Contact Information:
r@rbarrosolmhc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barthelemy, Shirley, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff Creole

Barzaga, Dayron, MSN, APRN ■
124 Southeast 1st Road
A
Homestead, FL 33030
(786) 255-7979
Digital Contact Information:
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Bass, India, MMH, LMHC ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://myschoolpsychologistinc.com
india.lmhc@gmail.com

and

FL
(305) 520-9813
Digital Contact Information:
http://www.myschoolpsychologistinc.com
india.lmhc@gmail.com

Basulto, Julie M, MS, LMFT ■
6625 Miami Lakes Drive
448
Miami Lakes, FL 33014
(305) 779-8565
Digital Contact Information:
http://www.comprehensive-assessment.

com
info@comprehensive-assessment.com

and
6625 Miami Lakes Drive
STE 332
Miami Lakes, FL 33014
(305) 779-8565
Digital Contact Information:
http://www.comprehensive-assessment.com
info@comprehensive-assessment.com

Bates, Colana, MA, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Batista, Maylin, PHD, LMHC ■
6001 Northwest 153rd Street
157
Miami Lakes, FL 33014
(415) 941-4109
Digital Contact Information:
http://www.intent-therapy.com
intenttherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Baumann, Cindy, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Bean, Anthony, PHD, LP ■
333 Southeast 2nd Avenue
Suite 2000
Miami, FL 33131
(833) 369-1144
Digital Contact Information:
credentialing@asprcmsolutions.com

Beard, Hope, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Beaubrun, Lucika, MA, LMHC ■
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(561) 289-7995
Digital Contact Information:
pandatherapycircle@gmail.com

Beck, Jessica, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole, Haitian, Spanish

Beck, Michelle, MSN, CNS-PMH ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(786) 780-1408
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Beebe, Alicia D, MSN, APRN, ARNP ■
FL
(305) 902-6347
Digital Contact Information:
hurdbw@aol.com

Bell, Rebekah, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Bello Lemus, Maday, MSN, APRN ■
711 Northwest 23rd Avenue
Ste 301
Miami, FL 33125
(305) 643-4797
Digital Contact Information:
chmedicalbilling@gmail.com

and
8380 Southwest 40th Street
Miami, FL 33155
(306) 613-0492
Digital Contact Information:
chmedicalbilling@gmail.com

and
5673 Southwest 137th Avenue
Miami, FL 33183
(305) 385-3949
Digital Contact Information:
chmedicalbilling@gmail.com

and
9000 Southwest 137th Avenue
107
Miami, FL 33186
(305) 603-7824
Digital Contact Information:
chmedicalbilling@gmail.com

and
11285 Southwest 211 Street
305
Miami, FL 33189
(786) 980-7496
Digital Contact Information:
chmedicalbilling@gmail.com

and
5975 Southwest 8th Street
b
West Miami, FL 33144
(305) 269-1616
Digital Contact Information:
chmedicalbilling@gmail.com

Belmonte, Silvina, MC, LMHC ■
7171 Southwest 24th Street
316
Miami, FL 33155
(786) 762-2415
Digital Contact Information:
http://www.orthoandrehabilitation.org
silvinabelmnte@hotmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Belot, Max A, MN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

Beltran Montalvo, Felipe, MSN, APRN ■
1165 West 49th Street
suite 207
Hialeah, FL 33012
(305) 703-3386
Digital Contact Information:
appointmens@compass.md

and
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
http://www.compasshealthsystems.com
appointmens@compass.md

and
FL
(305) 891-0050
(305) 279-5535
(954) 771-7743
(954) 447-0010
(888) 852-6672
Digital Contact Information:
http://www.compasshealthsystems.com
appointmens@compass.md

and
5245 Northwest 36th Street
Unit 209
Miami Springs, FL 33166
(786) 453-6812
Digital Contact Information:
appointmens@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
appointmens@compass.md

Benayoun, Micaela S, MC, LMFT ■
2500 Northwest 79th Avenue
233
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
credentialing@pmcen.com

and
7855 Northwest 12th Street
221
Doral, FL 33126
(305) 648-7174
Digital Contact Information:
credentialing@pmcen.com

and
1414 Northwest 107th Avenue
410
Doral, FL 33172
(305) 560-5742
Digital Contact Information:
credentialing@pmcen.com

and
1490 West 49th Place
suite 309
Hialeah, FL 33012
(305) 846-9333
Digital Contact Information:
credentialing@pmcen.com

and
1840 W 49th St
Ste 515
Hialeah, FL 33012
(305) 603-9202
Digital Contact Information:
credentialing@pmcen.com

and
1840 West 49th Street
304
Hialeah, FL 33012
(786) 803-8596
Digital Contact Information:
credentialing@pmcen.com

and
7614 Northwest 186th Street
Hialeah, FL 33015
(786) 534-3457
Digital Contact Information:
credentialing@pmcen.com

and
14411 Commerce Way
330
Hialeah, FL 33016
(786) 701-8416
Digital Contact Information:
http://nossmedicalcorp.com/
credentialing@pmcen.com

and
15600 Southwest 288th Street
Suite 405
Homestead, FL 33033
(786) 334-3515
Digital Contact Information:
credentialing@pmcen.com

and
10379 Southwest 186th Street
Miami, FL 33157
(720) 314-4727
Digital Contact Information:
credentialing@pmcen.com

and
11055 Southwest 186th Street
#101
Miami, FL 33157
(305) 342-4893
Digital Contact Information:
credentialing@pmcen.com

and
9380 Southwest 72nd Street
245
Miami, FL 33173
(305) 381-5434
Digital Contact Information:
credentialing@pmcen.com

and
931 Southwest 122nd Avenue
Miami, FL 33184
(305) 603-9235
Digital Contact Information:
credentialing@pmcen.com

and
12001 SW 128th Ct
Ste 102
Miami, FL 33186
(786) 971-7920
Digital Contact Information:
credentialing@pmcen.com

and
12255 Southwest 132nd Court
Miami, FL 33186
(305) 964-5157
Digital Contact Information:
credentialing@pmcen.com

and
12595 Southwest 137th Avenue
STE 110
Miami, FL 33186
(305) 648-7174
Digital Contact Information:
credentialing@pmcen.com

and
12595 Southwest 137th Avenue
STE 201
Miami, FL 33186
(786) 770-4832
Digital Contact Information:
credentialing@pmcen.com

and
13335 SW 124th St
Ste 106
Miami, FL 33186
(786) 842-3964
Digital Contact Information:
credentialing@pmcen.com

and
13590 Southwest 134th Avenue
205c
Miami, FL 33186
(786) 754-6474
Digital Contact Information:
credentialing@pmcen.com

Benjamin, Andrew P, MSW, LCSW ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com

Bennett, Nicholas, PSYD, LP ■
390 Northeast 191st Street
Miami, FL 33179
(805) 225-4446
Digital Contact Information:
doctor.bennett@outlook.com

Bentel, Eliana S, MMFT, LMFT ■
FL
(786) 286-5779
Digital Contact Information:
medicalocean205@gmail.com

and
2500 Northwest 79th Avenue
Suite 189
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
medicalocean205@gmail.com

and
7855 Northwest 12th Street
221
Doral, FL 33126
(305) 648-7174
Digital Contact Information:
medicalocean205@gmail.com

and
1414 Northwest 107th Avenue
410
Doral, FL 33172
(305) 560-5742
Digital Contact Information:
medicalocean205@gmail.com

and
7614 Northwest 186th Street
Hialeah, FL 33015
(786) 534-3457
Digital Contact Information:
medicalocean205@gmail.com

and
14411 Commerce Way
330
Hialeah, FL 33016
(786) 701-8416
Digital Contact Information:
http://nossmedicalcorp.com/
medicalocean205@gmail.com

and
15600 Southwest 288th Street

Suite 405
Homestead, FL 33033
(786) 334-3515
Digital Contact Information:
medicalocean205@gmail.com

and
10379 Southwest 186th Street
Miami, FL 33157
(720) 314-4727
Digital Contact Information:
medicalocean205@gmail.com

and
11055 Southwest 186th Street
#101
Miami, FL 33157
(305) 342-4893
Digital Contact Information:
medicalocean205@gmail.com

and
9350 Sunset Drive
suit 150
Miami, FL 33173
(786) 356-3613
Digital Contact Information:
medicalocean205@gmail.com

and
9380 Southwest 72nd Street
245
Miami, FL 33173
(305) 381-5434
Digital Contact Information:
medicalocean205@gmail.com

and
931 Southwest 122nd Avenue
Miami, FL 33184
(305) 603-9235
Digital Contact Information:
medicalocean205@gmail.com

and
12001 SW 128th Ct
Ste 102
Miami, FL 33186
(786) 971-7920
Digital Contact Information:
medicalocean205@gmail.com

and
12255 Southwest 132nd Court
Miami, FL 33186
(305) 964-5157
Digital Contact Information:
medicalocean205@gmail.com

and
12595 Southwest 137th Avenue
STE 201
Miami, FL 33186
(786) 770-4832
Digital Contact Information:
medicalocean205@gmail.com

and
13335 SW 124th St
Ste 106
Miami, FL 33186
(786) 842-3964
Digital Contact Information:
medicalocean205@gmail.com

and
13335 Southwest 124th Street
Suite 205
Miami, FL 33186
(305) 964-5082
Digital Contact Information:
medicalocean205@gmail.com

and
13590 Southwest 134th Avenue
205c
Miami, FL 33186
(786) 754-6474
Digital Contact Information:
medicalocean205@gmail.com

and
14750 Northwest 77th Court
SUITE 206
Miami Lakes, FL 33016
(796) 238-7959
Digital Contact Information:
medicalocean205@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Benzaquen, Melissa, MSED, LMHC ■

160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
http://www.ibhflorida.com
osaker@ibhflorida.com

Bergolla, Johannys, MSN, APRN ■

7950 Northwest 53rd Street
STE 237
Doral, FL 33166
(786) 536-4420
Digital Contact Information:
violethealthcorp@gmail.com

and
10520 Northwest 26th Street
STE C101
Doral, FL 33172
(786) 353-9308
Digital Contact Information:
violethealthcorp@gmail.com

and
5979 Northwest 151st Street
STE 120
Hialeah, FL 33014
(786) 536-4420
Digital Contact Information:
violethealthcorp@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Berkovits, Michelle, PHD, LP ■

1120 Northwest 14th Street
1212
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
Not Available

and
1475 NW 12th Ave
C130
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
Not Available

and
1601 NW 12th Ave
Miami, FL 33136
(305) 243-3669
Digital Contact Information:
Not Available

and
1120 Northwest 14th Street
RM 1213
Miami, FL 331362107
(305) 243-6660
Digital Contact Information:
Not Available

Bermudez, Jose, PSYD, LP ■

9425 SW 72nd St
Ste 267
Miami, FL 33173
(305) 981-6806
Digital Contact Information:
jbpsyd@gmail.com

Bernal, Maria O, MN, APRN ■

FL
(786) 980-7496
Digital Contact Information:
gauna@bmsbill.com

and
11285 Southwest 211 Street
305
Miami, FL 33189
(305) 218-9996
Digital Contact Information:
gauna@bmsbill.com

Berroa, Melida, MSW, LCSW ■

1840 West 49th Street
Suite 727
Hialeah, FL 33012
(786) 715-3086
Digital Contact Information:
mamtherapeutic@gmail.com

and
17670 Northwest 78th Avenue
STE 113
Hialeah, FL 33015
(716) 558-4565
Digital Contact Information:
mamtherapeutic@gmail.com

and
8950 SW 74th Ct
Ste 2201
Miami, FL 33156
(786) 577-3427
Digital Contact Information:
mamtherapeutic@gmail.com

and
20535 Northwest 2nd Avenue
210
Miami, FL 33169
(305) 934-4382
Digital Contact Information:
https://mamtherapeutic.com
mamtherapeutic@gmail.com

and
FL
(305) 934-4382
Digital Contact Information:
https://mamtherapeutic.com
mamtherapeutic@gmail.com

and
14221 Southwest 120th Street
126
Miami, FL 33186
(786) 577-3427
Digital Contact Information:
mamtherapeutic@gmail.com

and
10201 Hammocks Boulevard
Suite 122
Miami, FL 33196
(305) 934-4382
Digital Contact Information:
mamtherapeutic@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Berry, Nicole, PHD, LMHC ■

465 West 41st Street
Miami Beach, FL 33140
(786) 376-0773
Digital Contact Information:
nicoleberrys@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Turkish, Spanish

Besada, Laura A, MSN, APRN ■

299 Alhambra Circle
STE 210
Coral Gables, FL 33134
(786) 558-5729
Digital Contact Information:
polyclinichcbilling@gmail.com

and
7959 NW 2nd St
Miami, FL 33126
(305) 267-6060
Digital Contact Information:
polyclinichcbilling@gmail.com

and
15495 Eagle Nest Lane
STE 215
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
polyclinichcbilling@gmail.com

and
6600 Cow Pen Road
250
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
polyclinichcbilling@gmail.com

and
215 Westward Dr
Miami Springs, FL 33166
(305) 887-4494
Digital Contact Information:
polyclinichcbilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bess, Leslie, MA, LCSW ■

2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Biaggini, Daniela, MMFT, LMHC ●

2124 Northeast 123rd Street
STE 220
North Miami, FL 33181
(786) 828-0947
Digital Contact Information:
https://blossomfl.com
info@blossomfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bianchi, Fiorella, MSW, LCSW ■

2555 Northwest 102nd Avenue
STE 205
Doral, FL 33172
(786) 372-6788
Digital Contact Information:
http://www.holisticmindscollective.org
bianchisw@gmail.com

and
7000 West 12th Avenue
15
Hialeah, FL 33014
(305) 395-4919
Digital Contact Information:
bianchisw@gmail.com

and
FL
(305) 395-4919
Digital Contact Information:
bianchisw@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bichachi, Debra, MSW, LCSW ■

FL
(201) 632-1272
Digital Contact Information:
https://www.choosingtherapy.com/
debbie.bichachi@gmail.com

Bickman, Suzanne, MC, LMHC ■

2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Biddulph, Dawn, MSN, APRNCNP ■

801 Brickell Avenue
8
Miami, FL 33131
(516) 505-7200
Digital Contact Information:
https://mindful.care/
vnedilia@mindful.care
Other Languages Spoken by Provider or Office Staff English

Billings, Denise D, MA, LCMHC, LMHC ●

9350 Sunset Drive
151
Miami, FL 33173
(202) 410-5972
Digital Contact Information:
help@joinuplift.co

Binder, A, LMHP ■

1490 West 49th Place
suite 309
Hialeah, FL 33012
(305) 846-9333
Digital Contact Information:
southcoastpsychotherapy@gmail.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
southcoastpsychotherapy@gmail.com

and
12060 Southwest 129th Court
201
Miami, FL 33186
(786) 615-3349
Digital Contact Information:
southcoastpsychotherapy@gmail.com

Birdsong, Marianna, MSW, LCSW ■

2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app

Bischoff, Patricia, MSW, LCSW ■

2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
geneva@thriveworks.com
Other Languages Spoken by Provider or Office Staff English

Bishop, Amie, MS, LCMHC, LCPC, LMHC, LPC ■

2212 Northwest 91st Street

Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Bishop, Sarah, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Spanish

Blain, Jahmeal, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Blakeman, Jamie, MC, LCPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Blanco Alonso, Maydibis, MN, APRN ■
5190 Northwest 167th Street
Suite 218
Hialeah, FL 33014
(786) 353-9410
Digital Contact Information:
admin@harmonycenter.us

and
17670 Northwest 78th Avenue
STE 113
Hialeah, FL 33015
(786) 715-3086
Digital Contact Information:
admin@harmonycenter.us

and
330 Southwest 27th Avenue
STE 609
Miami, FL 33135
(786) 743-0801
Digital Contact Information:
admin@harmonycenter.us

and
4905 Northwest 72nd Avenue
5
Miami, FL 33166
(786) 391-3816
Digital Contact Information:
http://paradisehealthgroup.com
admin@harmonycenter.us

and
13155 Southwest 134th Street
221
Miami, FL 33186
(786) 652-9880
Digital Contact Information:
admin@harmonycenter.us

and
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
admin@harmonycenter.us

and
14865 South Dixie Highway
Palmetto Bay, FL 33176
(786) 732-2176
Digital Contact Information:
admin@harmonycenter.us
Other Languages Spoken by Provider or Office Staff
Spanish

Blitzer, Paola, MS, LMHC ■
1045 Kane Concourse
207-208
Bay Harbor Islands, FL 33154
(305) 866-3866
Digital Contact Information:
paolabmhc@gmail.com

and
1045 Kane Concourse
207
Bay Harbor Islands, FL 33154
(561) 901-8846
Digital Contact Information:
paolabmhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bloise, Gabriela, MS, LMHC ■
Home Based Services Only
Miami Gardens, FL 33014
(305) 777-3883
Digital Contact Information:
acebehavioral2@gmail.com

and
5881 Northwest 151st Street
Suite: 103
Miami Lakes, FL 33014
(786) 703-4154
Digital Contact Information:
acebehavioral2@gmail.com

Bloom, Audrey, PHD, LP ■
14707 South Dixie Highway
107
Miami, FL 33176
(305) 301-8251
Digital Contact Information:
audreybloom@bellsouth.net

Blumtritt, Cesar E, PHD, BCABA, LMHC ■
10200 Northwest 25th Street
201
Doral, FL 33172
(305) 406-3689
Digital Contact Information:
http://www.foundartacademy.org
denalicrt@aol.com

and
10200 Northwest 25th Street
STE 204
Doral, FL 33172
(305) 406-3689
Digital Contact Information:
http://www.foundartacademy.org
denalicrt@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bofill, Martha, PSYD, LP ■
351 NW 42nd Ave
Ste 401
Miami, FL 33126
(786) 704-5546
Digital Contact Information:
mbofill@aol.com

Bolden, Simone K, MSW, LCSW ■
FL
(800) 567-5433
Digital Contact Information:
https://totallife.com/
asands@claritynwi.com

Bond, Steven, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Bonet Gongora, Yanet, MMH, APRN ■
3100 SW 62nd Ave
Fl 2
Miami, FL 33155
(305) 663-8439
Digital Contact Information:
equilibriumcommunitycare@gmail.com

Bonilla, Alicia, MSW, LCSW ●
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Bonnemort, Laura K, PSYD, CP ■
7600 Southwest 57th Avenue
307
South Miami, FL 33143
(305) 262-0806
Digital Contact Information:
drlaura@reginamendoza.com

Borda, Margarita, MA, LMHC ■
123 Madeira Avenue
204
Coral Gables, FL 33134
(305) 898-6607
Digital Contact Information:
margaritaborda123@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Borek, Izayana, MS, LMFT ■
151 Northwest 11th Street
w201 w
Homestead, FL 33030
(786) 521-5925
Digital Contact Information:
http://monarchallhealth.com
monarchallhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Borges, Edward L, MSW, LCSW ■
3625 Northwest 82nd Avenue
Suite 408
Doral, FL 33166
(305) 939-6877
Digital Contact Information:
help@joinuplift.co

and
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
help@joinuplift.co

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
Spanish

Bornacelly, Orietta, MPSY, LMFT ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
hilda@universalcommunityservices.com

and
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
http://universalcommunityservices.com
hilda@universalcommunityservices.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Bosch Batule, Monica J, MSW, LCSW ■
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
http://www.hscflorida.com
mbosch@keraltybh.com

and
3621 SW 107th Ave
Miami, FL 33165
(786) 534-8366
Digital Contact Information:
http://serenitycommunitycenter.com
mbosch@keraltybh.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Boswell, Ron, MSED, LMFT ■
7685 SW 104th St
Ste 100
Pinecrest, FL 33156
(305) 666-8000
Digital Contact Information:
chuckcook49@gmail.com

Botana, Teddy, MMFT, LMFT ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com

and
FL
(786) 496-0569
Digital Contact Information:
http://www.arktoshealth.com
credentialing@chrysalishealth.com

Botero, Sara M, MS, LMFT ■
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
morecounseling@gmail.com

and
9745 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 701-2401
Digital Contact Information:
morecounseling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Botta, Rafael J, PSYD, LP ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
info@dadefamily.com

Bowers, Derek, MC, LMFT ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
hello@emorahealth.com

Bradley, Aniek, MS, LMFT ■
15190 SW 136th St
Ste 25
Miami, FL 33196
(786) 285-2396
Digital Contact Information:
aniekbradley72@gmail.com

Bradley, Kacynthia, MSW, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Branch, Jason T, MSW, LCSW, LICSW ■
2212 Northwest 91st Street
Miami, FL 33147
(877) 644-6008
Digital Contact Information:
haymountcred@gmail.com

Brazlavsky, Jodi L, MSW, LCSW ■
17501 Biscayne Boulevard
450
Aventura, FL 33160
(305) 933-5733
Digital Contact Information:
jbrazlavsky@gmail.com

and
19300 West Dixie Highway
2 2
Miami, FL 33180
(305) 720-5634
Digital Contact Information:
http://www.deltapsychgroup.com
jbrazlavsky@gmail.com

Brazzini, Mijanou, MPSY, LMHC ■
13205 Southwest 137th Avenue
suite 126
Miami, FL 33186
(786) 713-0383
Digital Contact Information:
http://yjwcare.com
mbrazzini61@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Brignoni, Candace I, MS, LMHC ■
10689 N Kendall Dr
Ste 314
Miami, FL 33176
(305) 558-7400
Digital Contact Information:
tifftflo@aol.com

Brinones, Keilan, MSW, LCSW ■
33550 South Dixie Highway
106
Florida City, FL 33034
(786) 601-7712
Digital Contact Information:
sunshinecommunitybs@gmail.com

and
7171 Southwest 24th Street
Suite 417
Miami, FL 33155
(305) 200-3488
Digital Contact Information:
sunshinecommunitybs@gmail.com

Brito, Ana, MMH, LMHC ■
3661 S Miami Ave
Ste 503
Miami, FL 33133
(305) 856-1082
Digital Contact Information:
smontano@jcsfl.org

and
7875 SW 104th St
Ste 101
Miami, FL 33156
(305) 899-1587
Digital Contact Information:
http://www.jcsfl.org
smontano@jcsfl.org
Other Languages Spoken by Provider or Office Staff
Hebrew, Spanish

Brock, Hannah, DO ●
3081 Salzedo Street
Suite 202
Coral Gables, FL 33134
(786) 250-6240
Digital Contact Information:
http://www.sunflowerpsychiatry.com
sunflowerpsychiatry@gmail.com

Brodsky, Gwyneth, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole, Haitian, Spanish

Brook, Robin, PHD, LMHC ■
111 Northeast 1st Street
FL 8
Miami, FL 33132
(888) 344-4549
Digital Contact Information:
rbrooks@transformationalhealth.net
Other Languages Spoken by Provider or Office Staff
English, Creole, Haitian, French, Spanish

Brookes, Ingrid, MS, LMHC ■
10300 Southwest 72nd Street
275d
Miami, FL 33173
(888) 853-7908
Digital Contact Information:
http://www.bettermindtherapycorp.com
vasallojane@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Brown, Dustin Q, MC, LMHC ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
myschoolpsychologist@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Brown, Kameka L, PHD, APN, APRNCNP, ARNP ■
FL
(508) 202-1011
Digital Contact Information:
office@cartwheelcare.org

Browning, Jennifer, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
members@wellnite.com

Bugaj, Erika L, MSW, LICSW ■
FL
(202) 531-5385
Digital Contact Information:
hello@dandelioncounselingcare.com

Burchett, Kiana, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Burley, Todd D, MS, LMFT ■
8600 SW 92nd Street
#203
Kendall, FL 33156
(305) 595-6633
Digital Contact Information:
todddburley@gmail.com

Burnstein, Krystal M, MS, LMHC ■
1000 Brickell Avenue
Miami, FL 33131
(786) 832-6630
Digital Contact Information:
mohit@bikhamhealthcare.com

and
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
mohit@bikhamhealthcare.com

Burrell, Allison, PHD, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Burton, Jessica, MSN, APRN ■
FL
(305) 902-6347
Digital Contact Information:
info@learningtoachievewellness.com

Bush, Megan V, MSW, LCSW ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Bush, Rebeca, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
jenny.silverio@lifechg.org

Bussey-Martin, Shantara L, MSW, LCSW ■
FL
(786) 751-1565
Digital Contact Information:
https://www.teatimets.com/
sbusseymartin@teatimets.com

Butcher, Stefanie, MSW, LISW-CP ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
provider.enroll@curnahelth.com

Cabal, Dayanis, PSYD, LP ■
11645 Biscayne Boulevard
STE 408
Miami, FL 33181
(305) 538-8835
Digital Contact Information:
https://mbchc.org/
lvgonzalez@hcnetwork.org

and
710 Alton Rd
Miami Beach, FL 33139
(305) 538-8835
Digital Contact Information:
lvgonzalez@hcnetwork.org

and
1221 71st St
Miami Beach, FL 33141
(305) 538-8835
Digital Contact Information:
https://mbchc.org/
lvgonzalez@hcnetwork.org
Other Languages Spoken by Provider or Office Staff English

Caballero, Lourdes, MSN, PMHNP ■
14221 Southwest 120th Street
109
Miami, FL 33186
(786) 803-8826
Digital Contact Information:
aprashad@advantumhealth.com

Caballero, Marianela, PSYD, LMHC ■
2550 NW 72nd Ave
Ste 309
Miami, FL 33122
(786) 703-2828
Digital Contact Information:
guidanceandinsightinc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cabranes, Gretchen, MA, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 275-8860
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cabrera, Gabriela M, MMH, LMHC ■
10691 Southwest 88th Street
Suite 110
Miami, FL 33176
(305) 595-5485
Digital Contact Information:
compuexbilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cabrera, Wendy, MMH, LMHC ●
2828 Coral Way
Ste 460
Coral Gables, FL 33145
(877) 897-6987
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net

and
12550 Biscayne Boulevard
308
North Miami, FL 33181
(305) 895-0504
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net
Other Languages Spoken by Provider or Office Staff
Spanish

Cabrera, Xenia M, MSW, LCSW ■
15476 Northwest 77th Court
112
Miami Lakes, FL 33016
(786) 229-9919
Digital Contact Information:
xcabrera@xmcmentalwellness.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cabrera-Lopez, Jennifer, MSN, APRN ■
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(954) 361-2669
Digital Contact Information:
mominshah@lanocepsychiatry.com

Caceres, Daniris, MMH, LMHC ■
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
morecounseling@gmail.com

Cagigas, Ariel, MSN, APRN ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
http://banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
Other Languages Spoken by Provider or Office Staff
Spanish

Calderin, Claudia, MSN, APRN ■
12001 Southwest 128th Court
Suite Suite 104
Miami, FL 33186
(786) 868-0505
Digital Contact Information:
clarityhealth@approachteam.com

and
13170 Southwest 128th Street
200
Miami, FL 33186
(786) 852-5198
Digital Contact Information:
https://clarityapproach.com/
clarityhealth@approachteam.com

and
14201 Southwest 120th Street
suite 110
Miami, FL 33186
(786) 238-7492
Digital Contact Information:
clarityhealth@approachteam.com

and
14221 Southwest 120th Street
223
Miami, FL 33186
(786) 690-2296
Digital Contact Information:
clarityhealth@approachteam.com
Other Languages Spoken by Provider or Office Staff
Spanish

Calderon, Eileen C, PSYD, LP ●
100 Miracle Mile
330
Coral Gables, FL 33134
(305) 445-9554
Digital Contact Information:
wellpathbehavior@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Calderon, Patricia, PHD, LMHC ■
6262 Bird Rd
Ste 2F
Miami, FL 33155
(305) 266-3200
Digital Contact Information:
dadecounseling@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Calixte, Robinta, MA, LMHC ■
1 Alhambra Plaza
Miami, FL 33134
(888) 588-8995
Digital Contact Information:
info@meridian-counseling.com

Calloway, Crystal, MSW, LCSW ■
FL
(704) 298-9914
Digital Contact Information:
http://www.asehealingcenter06.org
setzertherapist22@gmail.com

Calvo, Darcy, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Spanish

Camejo, Stephanie, PSYD, LP ■
8500 SW 92nd Street
206
Miami, FL 33156
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
sasha@livewelltherapygroup.com

Camille, Anael, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff Creole

Campagna Bonomo, Samantha E, MS, LMHC ■
1550 Madruga Ave
Ste 509
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
campagnatherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Campbell, Mary L, MCAP, LCAS ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
birches@withassured.com

Campbell, Sarah, PHD, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Campbell, Valencia L, MSW, LCSW, LICSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Campos, Ivy, MS, LMHC ■
2103 Coral Way
Ste 405
Miami, FL 33145
(305) 445-9554
Digital Contact Information:
herrerasoffice@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Canetti, Lisandra A, MSW, LCSW ■
8955 SW 87th Ct
Ste 112
Miami, FL 33176
(305) 722-7210
Digital Contact Information:
ofajardo@miamimedresearch.com
Other Languages Spoken by Provider or Office Staff
Spanish

Capote, Anna M, MSW, LCSW ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
perla@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla@dadefamily.com

Capriata, Olga J, MSW, LCSW ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
http://lotuscounseling.com
admi@lotuscounseling.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
http://www.lotuscounseling.com
admi@lotuscounseling.com

and
7811 Coral Way
106
Miami, FL 33155
(305) 412-0138
Digital Contact Information:
admi@lotuscounseling.com

and
13930 SW 47th St
Ste 202
Miami, FL 33175
(305) 387-7850
Digital Contact Information:
admi@lotuscounseling.com

and
5600 SW 135th Ave
Ste 116
Miami, FL 33183
(305) 387-7850
Digital Contact Information:
admi@lotuscounseling.com
Other Languages Spoken by Provider or Office Staff
Spanish

Carabantes, Mariana, PSYD, LP ■
4675 Ponce de Leon
303
Coral Gables, FL 33146
(786) 554-3868
Digital Contact Information:
http://drmarianacarabantes.com
miamipsychologist@drmarianacarabantes.com

and
FL
(786) 554-3868
Digital Contact Information:
http://drmarianacarabantes.com
miamipsychologist@drmarianacarabantes.com
Other Languages Spoken by Provider or Office Staff
Spanish

Carballo, Mercedes, MC, LMHC ■
10689 N Kendall Dr
Ste 215
Miami, FL 33176
(305) 310-4245
Digital Contact Information:
http://mentalwellness.care
mercy.carballo@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cardenas, Carlos, MSED, LMFT ■
10689 SW 88th St
Ste 305
Miami, FL 33176
(305) 975-9449
Digital Contact Information:
mgme.cc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cardona, Maria E, MBS, LPC ■
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
osaker@ibhflorida.com

Cardoso, Ericka, MS, LMHC ■
12595 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 701-9992
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
17340 Northwest 27th Avenue
Miami Gardens, FL 33056
(786) 255-0613
Digital Contact Information:
http://synergywellnessc.com
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Careaga, Dioskora, MS, BCBA, LMHC ■
2828 Coral Way
Ste 460
Coral Gables, FL 33145
(732) 523-2327
Digital Contact Information:
http://www.hinesandassociates.net
dioskorac@msn.com

and
12550 Biscayne Boulevard
STE 306
North Miami, FL 33181
(305) 642-5255
Digital Contact Information:
http://www.hinesandassociates.net
dioskorac@msn.com
Other Languages Spoken by Provider or Office Staff
Spanish

Carey, Gabrielle, MHS, LMHC ■
12000 Biscayne Boulevard
Miami, FL 33181
(786) 490-5988
Digital Contact Information:
gabbycaresofsouthfl@gmail.com

and
FL
(786) 490-5988
Digital Contact Information:
http://www.gabbycares.com
gabbycaresofsouthfl@gmail.com

Carlisle, Muriell, MS, LMHC ■
FL
(786) 224-7111
Digital Contact Information:
muriellcarlisle@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Carmona, Marta, PSYD, LP ■
7600 South Red Road
200
South Miami, FL 33143
(786) 508-2207
Digital Contact Information:
nicole.squire@leehealth.org

Carne, Taylor, MA, LMFT ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/payors@emorahealth.com

Carney-Paine, Victoria, MSW, LCSW ■
255 University Drive
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
info@coralgablescounseling.com

and
2550 Douglas Road
Ste #301
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
info@coralgablescounseling.com

and
2600 S Douglas Rd
Ste 1003
Coral Gables, FL 33134
(305) 445-0477
Digital Contact Information:
http://www.coralgablescounseling.com
info@coralgablescounseling.com

and
FL
(561) 567-8795
Digital Contact Information:
info@coralgablescounseling.com

Caro, Marjorie, MD ■
5860 W Flagler St
Miami, FL 33144
(305) 264-7808
Digital Contact Information:
drcaro@hotmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Carr, Satara, MA, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
blisscounseling2019@outlook.com
Other Languages Spoken by Provider or Office Staff English

Carrascal, Jonh, MS, LMHC ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Carrion, Bethania, PSYD, LP ■
175 Fontainebleau Boulevard
Miami, FL 33172
(786) 860-2468
Digital Contact Information:
http://www.guidedinsightpsychology.com
drcarrionb@guided-insight.com
Other Languages Spoken by Provider or Office Staff
Spanish

Carrita, Nicole, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
carritacounseling@gmail.com
Other Languages Spoken by Provider or Office Staff Italian

Carroll, Christian, MS, LMFT, LMHC, LPC, LPCMH ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Carroza, Mirna H, MPSY, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff Italian, Spanish

Cartaya, Rosa M, MA, LMHC ■
9370 Southwest 72nd Street
Suite #A-213
Miami, FL 33173
(305) 972-9530
Digital Contact Information:
rmcartay@hotmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Carter, Carol, MSW, LCSW ■
FL
(305) 400-8511
Digital Contact Information:
http://www.cbhwestcoast.com
credentialing@hcsflorida.com
Other Languages Spoken by Provider or Office Staff English

Carter, Nakylia, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Casal, Beatriz T, MSW, LCSW ■
9010 SW 137th Ave
Ste 236
Miami, FL 33186
(305) 279-4966
Digital Contact Information:
munlily217@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Casas-Justice, Libia T, MSW, LCSW ■
10631 North Kendall Drive
Suite 1201
Miami, FL 33176
(305) 270-6100
Digital Contact Information:
libiacasas@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Casiano, Ada L, MS, LMFT ■
7765 SW 87th Ave
Ste 104
Miami, FL 33173
(305) 494-0956
Digital Contact Information:
acasiano@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Castaneda, Alexa, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
referrals@chrysalishealth.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
referrals@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Sign Lang Amer, Spanish

Casteleiro, Vickie, PHD, LP ■
7950 W Flagler St
Ste 106
Miami, FL 33144
(305) 269-3900
Digital Contact Information:
http://www.healthymindspsy.com
drgmartinez.psychologist@gmail.com

and
7950 West Flagler Street
Suite 101
Miami, FL 33144
(305) 239-7725
Digital Contact Information:
http://www.healthymindspsy.com
drgmartinez.psychologist@gmail.com

and
FL
(305) 239-7725
Digital Contact Information:
http://www.healthymindspsy.com
drgmartinez.psychologist@gmail.com

Castellon, Nestor, MS, LMHC ■
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
fl-credentialing@lifestance.com
Other Languages Spoken by Provider or Office Staff
Spanish

Caster, Valjeanne, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Casthely, Patrick, MC, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Castillo Llanes, Lisandra, MSN, APRN ■
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
contact@balancedwellbeingllc.com

and
5607 NW 27th Ave
1
Miami, FL 33142
(239) 278-3660
Digital Contact Information:
contact@balancedwellbeingllc.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(786) 833-7633
Digital Contact Information:
contact@balancedwellbeingllc.com

and
20612 Northwest 27th Avenue
Miami Gardens, FL 33056
(305) 637-6400
Digital Contact Information:
contact@balancedwellbeingllc.com

Castillo, Sandra, PSYD, LP ■
3081 Salzedo Street
Suite 202
Coral Gables, FL 33134
(786) 567-8160
Digital Contact Information:
castillo043@gmail.com

and
11385 Southwest 32nd Street
Miami, FL 33165
(786) 567-8160
Digital Contact Information:
castillo043@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Castro, Katia, MED, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
credentialing@thriveworks.com
Other Languages Spoken by Provider or Office Staff
English, Sign Lang Amer, Spanish

Castro, Yahaira, PHD, LMHC ■
13335 Southwest 124th Street
Miami, FL 33186
(786) 738-6468
Digital Contact Information:
frontdesk@mentalhealthofmiami.com

and
FL
(786) 738-6468
Digital Contact Information:
http://mentalhealthofmiami.com
frontdesk@mentalhealthofmiami.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cata, Karina, MN, ARNP ■
4982 Palm Avenue
Hialeah, FL 33012
(305) 479-3262
Digital Contact Information:
kcata@kcm.health
Other Languages Spoken by Provider or Office Staff
Spanish

Ceballos Marin, Veronica I, MMH, LMHC ■
14221 Southwest 120th Street
225
Miami, FL 33186
(786) 373-7359
Digital Contact Information:
inspirationaljourneymhc@gmail.com
Other Languages Spoken by Provider or Office Staff English

Celestin, Jaceline, MS, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
jcelestherapist@gmail.com

Centeno, Jousseliett, MSW, LCSW ■
9425 Sunset Dr
Ste 267
Miami, FL 33173
(305) 981-6806
Digital Contact Information:
joussecenteno@gmail.com
Other Languages Spoken by Provider or Office Staff English

Cerne Constantin, Kery, MMH, LMHC ■
16800 Northeast 15th Avenue
304 304
North Miami Beach, FL 33162
(305) 419-6446
Digital Contact Information:
http://www.plscaw.com
ddunn@unifiedcm.com

Cevallos, Roxana, MSW, LCSW-C ■
3750 West 16th Avenue
140u
Hialeah, FL 33012
(786) 609-1765
Digital Contact Information:
yudelkyscamallea@gmail.com

and
22790 SW 112th Ave
Miami, FL 33170
(305) 235-2616
Digital Contact Information:
http://www.theagapenetwork.org
yudelkyscamallea@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Chambre, Karen F, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
wardchambre@gmail.com
Other Languages Spoken by Provider or Office Staff Afar

Chance Kayd, Quenton, MS, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
kaydquenton@gmail.com

Chappell, Theotis, MSN, APRN ■
2820 Northeast 214th Street
Ste 801
Aventura, FL 33180
(256) 500-8688
Digital Contact Information:
blossom@withassured.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
blossom@withassured.com

Chaquinga, John, MS, LMHC ■
5881 Northwest 151st Street
Suite: 103
Miami Lakes, FL 33014
(786) 703-4154
Digital Contact Information:
peaceofmindmhs@hotmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Charlemagne, Leila T, PSYD, LP ■
100 NE 38th St
Ste 5
Miami, FL 33137
(305) 576-1599
Digital Contact Information:
cbolivar@borinquenhealth.org
Other Languages Spoken by Provider or Office Staff
Spanish

Charles, Abbdady, MSN, APRN ■
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
help@joinuplift.co

Charles, Richard, MA, LMFT ■
5190 Northwest 167th Street
113
Hialeah, FL 33014
(786) 716-1166
Digital Contact Information:
pierreamoreau@familyempowermentmhc.org
Other Languages Spoken by Provider or Office Staff Haitian Creole, French

Chatelain, Mitsouko, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
referrals@ffmhs.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
referrals@ffmhs.com

Chaves, Yelitza, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Chavez, Yoany, MS, LMHC ■
33550 South Dixie Highway
106
Florida City, FL 33034
(305) 200-3488
Digital Contact Information:
http://www.sunshinecommunitybs.com
sunshinecommunitybs@gmail.com

and
1150 Northwest 72nd Avenue
ph 2
Miami, FL 33126
(786) 542-5043
Digital Contact Information:
http://1stcarecms.com
sunshinecommunitybs@gmail.com

and
7171 Southwest 24th Street
Suite 417
Miami, FL 33155
(305) 200-3488
Digital Contact Information:
sunshinecommunitybs@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Chelak, Elizabeth, MSW, LCSW ■
1110 Brickell Ave
Ste 407
Miami, FL 33131
(561) 501-3092
Digital Contact Information:
info@traumatherapywpb.com
Other Languages Spoken by Provider or Office Staff

Russian

Chemerinsky, Graciela, MPSY, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com

and
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Chernov, Valeriy M, MD ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
svetcher@optonline.net

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
svetcher@optonline.net

and
1065 Northeast 125th Street
300
North Miami, FL 33161
(888) 852-6672
Digital Contact Information:
http://www.compasshealthsystems.com
svetcher@optonline.net
Other Languages Spoken by Provider or Office Staff
Russian

Chiarenza, Daniella, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Chiarini, Stephan G, MSED, LMFT ■
10241 SW 103rd Ct
Miami, FL 33176
(305) 790-2899
Digital Contact Information:
ovichsan@yahoo.com

and
9010 SW 137th Ave
Ste 212
Miami, FL 33186
(305) 790-2899
Digital Contact Information:
ovichsan@yahoo.com

Chico, Heidi, MS, LMHC ■
7821 Coral Way
100
Miami, FL 33155
(786) 409-5690
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Chin, Dhaima, MSW, LCSW, LICSW ■
4005 Northwest 114th Avenue
22 22
Doral, FL 33178
(305) 260-6913
Digital Contact Information:
miamigardenscounseling@gmail.com

and
8950 SW 74th Ct
Ste 2201
Miami, FL 33156
(786) 577-3427
Digital Contact Information:
miamigardenscounseling@gmail.com

and
2720 Southwest 97th Avenue
C-105
Miami, FL 33165
(786) 332-4330
Digital Contact Information:
miamigardenscounseling@gmail.com

and
2740 Southwest 97th Avenue
111a a 111
Miami, FL 33165
(786) 332-4330
Digital Contact Information:
miamigardenscounseling@gmail.com

and
20295 NW 2nd Ave
Ste 302
Miami, FL 33169
(305) 900-3475
Digital Contact Information:
miamigardenscounseling@gmail.com

and
20535 NW 2nd Ave
Ste 204
Miami, FL 33169
(305) 900-3475
Digital Contact Information:
miamigardenscounseling@gmail.com

and
20535 Northwest 2nd Avenue
suite 125
Miami, FL 33169
(305) 900-3504
Digital Contact Information:
miamigardenscounseling@gmail.com

and
14221 Southwest 120th Street
126
Miami, FL 33186
(786) 577-3427
Digital Contact Information:
miamigardenscounseling@gmail.com

and
10201 Hammocks Boulevard
Suite 122
Miami, FL 33196
(786) 557-3427
Digital Contact Information:
miamigardenscounseling@gmail.com

Chinea, Marianela, MSN, APRN ■
3971 Southwest 8th Street
STE 206
Coral Gables, FL 33134
(786) 633-5960
Digital Contact Information:
agauna@bmsbill.com

and
FL
(786) 980-7496
Digital Contact Information:
http://www.vidahealthcarenetworks.com
agauna@bmsbill.com

and
13590 Southwest 134th Avenue
201
Miami, FL 33186
(786) 227-6258
Digital Contact Information:
agauna@bmsbill.com

Chipollini, Ana, MSN, APRN ■
5911 Northwest 173rd Drive
6
Hialeah, FL 33015
(786) 380-9229
Digital Contact Information:
admin@believeandtrustcm.com

and
12030 Southwest 129th Court
Suite 211
Miami, FL 33186
(786) 380-9229
Digital Contact Information:
http://www.believeandtrusttcm.com
admin@believeandtrustcm.com

Chiu, Chantel, PHD, LP ■
15325 Northwest 60th Avenue
#105
Miami Lakes, FL 33014
(305) 512-5388
Digital Contact Information:
docs@trinitycmhc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Chocron, Eva, MS, LMFT ■
2627 NE 203rd St
Ste 214
Miami, FL 33180
(415) 941-4109
Digital Contact Information:
ebcg-support@findoctave.com

Choute, Daphne, MS, LMHC ■
FL
(305) 804-9121
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Christensen, Molly, MSN, APRN ■
801 Brickell Avenue
8
Miami, FL 33131
(516) 505-7200
Digital Contact Information:
https://mindful.care/
palopolianastasiya@yahoo.com
Other Languages Spoken by Provider or Office Staff English

Ciabattoni, Lissette, MSW, LCSW ■
FL
(407) 494-0465
(954) 998-2623
Digital Contact Information:
lissette214@gmail.com

and
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
lissette214@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cicetti, Lisa, PSYD, LMHC, LP ■
1100 Southwest 57th Avenue
Suite 100
Miami, FL 33144
(786) 556-7688
Digital Contact Information:
lisacicetti@yahoo.com

Cid, Arturo A, MSW, LCSW ■
11900 Biscayne Blvd
Ste 504
Miami, FL 33181
(305) 804-7843
Digital Contact Information:
cidcounseling@gmail.com

and
17071 West Dixie Highway
103 103
North Miami Beach, FL 33160
(305) 804-7843
Digital Contact Information:
cidcounseling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cid Medina, Lissette, MSN, APRN ■
14411 Commerce Way
330
Hialeah, FL 33016
(786) 701-8416
Digital Contact Information:
http://nossmedicalcorp.com/
genesisconsultingservices39@gmail.com

and
1150 Northwest 72nd Avenue
ph 2
Miami, FL 33126
(786) 542-5043
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
3898 West Flagler Street
Miami, FL 33134
(954) 280-2056
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
7821 Coral Way
100
Miami, FL 33155
(786) 409-5690
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
10511 Southwest 88th Street
c103
Miami, FL 33176
(786) 530-7427
Digital Contact Information:
genesisconsultingservices39@gmail.com

Cintra Marin, Andres, MSN, APRN ■
4090 Northwest 97th Avenue
300
Doral, FL 33178
(786) 332-4705
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
395 Northwest 14th Avenue
2
Homestead, FL 33030
(786) 349-4350
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
1800 Southwest 27th Avenue
505
Miami, FL 33145
(786) 542-9914
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
7821 Coral Way
100
Miami, FL 33155
(786) 409-5690
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
15715 South Dixie Highway
332
Miami, FL 33157
(786) 323-7228
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Clark, Altheresa, MSW, LCSW ■
111 NW 183rd St
Ste 404
Miami, FL 33169
(786) 524-4001
Digital Contact Information:
altheresa.clark@yahoo.com

Clark, Jennifer, MA, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Clavareza, Jehremi, MSW, LCSW ■
2000 S Dixie Hwy
Ste 104
Miami, FL 33133
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
support@tryminded.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cliche, Rachelle, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Spanish

Clicque, Chelsea A, PSYD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
support@dallastherapeutic.com

Cnobel Massion, Monica, MC, LCPC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Coe, David A, PHD, LP ■
6262 Sunset Drive
Suite 500
Miami, FL 33143
(305) 669-6503
Digital Contact Information:
david.coe@mch.com

and
3100 SW 62nd Ave
Miami, FL 33155
(305) 666-6511
Digital Contact Information:
david.coe@mch.com
Other Languages Spoken by Provider or Office Staff Spanish

Coffman, Alexander, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff English, Creole, Haitian, Spanish

Cohen, Ofri, LMFT, LMHC, MS ■
3363 NE 163rd St
Ste 709
Miami, FL 33160
(786) 556-5546
Digital Contact Information:
Not Available

and
3363 Northeast 163rd Street
STE 709
North Miami Beach, FL 33160
(786) 556-5546
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff Hebrew

Cohen, Yuka, PSYD, LP ■
FL
(786) 949-0001
Digital Contact Information:
http://www.curectneuro.com
credentialing@curectneuro.com

Coizeau, Henri, PSYD, CP ■
1360 South Dixie Highway
355
Coral Gables, FL 33146
(305) 648-9344
Digital Contact Information:
southcoastpsychotherapy@gmail.com

and
FL
(800) 567-5433
Digital Contact Information:
https://totallife.com/
southcoastpsychotherapy@gmail.com

Coleman, Lora A, DSW, LCSW ■
10750 Caribbean Boulevard
203
Cutler Bay, FL 33189
(305) 298-6561
Digital Contact Information:
lcinnervisions@aol.com
Other Languages Spoken by Provider or Office Staff English

Collazo-Amador, Aylem, MS, LMHC ■
306 Alcazar Avenue
200
Coral Gables, FL 33134
(305) 967-8725
Digital Contact Information:
http://www.ajmmedicalcenter.com
sunshine-advantage@mbhpays.com

and
8500 West Flagler Street
Office 107A
Miami, FL 33144
(786) 907-5141
Digital Contact Information:
sunshine-advantage@mbhpays.com

and
13301 Southwest 132nd Avenue
209 209
Miami, FL 33186
(786) 713-5553
Digital Contact Information:
sunshine-advantage@mbhpays.com

and
FL
(305) 632-3892
Digital Contact Information:
sunshine-advantage@mbhpays.com
Other Languages Spoken by Provider or Office Staff Spanish

Collins, Eddie, MA, LMHC, LPC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
hello@bircheshealth.com

Collins, Marjorie, MSN, APRN ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Colon Del Toro, Cristina, MD ■
8001 West 26th Avenue
2 2
Hialeah, FL 33016
(786) 360-2630
Digital Contact Information:
vanessa@livingcaretherapy.com

and
8001 West 26th Avenue
6 6
Hialeah, FL 33016
(786) 372-3262
Digital Contact Information:
vanessa@livingcaretherapy.com

and
5080 Northwest 74th Avenue
Miami, FL 33166
(786) 372-3262
Digital Contact Information:
vanessa@livingcaretherapy.com

and
10511 Southwest 88th Street
c103
Miami, FL 33176
(786) 530-7427
Digital Contact Information:
vanessa@livingcaretherapy.com

and
5600 Southwest 135th Avenue
STE 216
Miami, FL 33183
(786) 536-6196
Digital Contact Information:
vanessa@livingcaretherapy.com

and
14221 Southwest 120th Street
223
Miami, FL 33186
(786) 690-2296
Digital Contact Information:
vanessa@livingcaretherapy.com

Colon Rodriguez, Lyllymar, PHD, LP ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 661-5511
Digital Contact Information:
dr.ingridroman1@gmail.com

and
100 NE 15th St
Ste 101D
Homestead, FL 33030
(833) 779-8646
Digital Contact Information:
dr.ingridroman1@gmail.com

and
7950 W Flagler St
Ste 105
Miami, FL 33144
(305) 661-5511
Digital Contact Information:
dr.ingridroman1@gmail.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 661-5511
Digital Contact Information:
dr.ingridroman1@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Colunga, Eduardo, MSN, APRN ■
900 East 9th Street
Hialeah, FL 33010
(305) 381-5294
Digital Contact Information:
info@cbhwestcoast.com
Other Languages Spoken by Provider or Office Staff Spanish

Colvin, Cindy, EDS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Comerford, Elaine, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Comesana Lopez, Marisleydis, MSN, APRN ■
14261 Southwest 120th Street
Suite #113
Miami, FL 33186
(786) 597-4696
Digital Contact Information:
emotionlifecarecenter@gmail.com

and
9010 Southwest 137th Avenue
101
Miami, FL 33186
(786) 803-8826
Digital Contact Information:
http://amorementalhealthcorp.com
emotionlifecarecenter@gmail.com

and
13205 Southwest 137th Avenue
STE 132
Miami, FL 331865334
(786) 478-6369
Digital Contact Information:
http://dominguezcommunitycenter.com
emotionlifecarecenter@gmail.com

Commella, Noreen, PSYD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@healthyyoungminds.com

Consolo, Jennifer, MSW, LCSW ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Contreras, Alejandra, LMHC, MMH ■
5901 Northwest 183rd Street
310
Hialeah, FL 33015
(786) 418-9790
Digital Contact Information:
info@oasismentalhealthcenter.com
Other Languages Spoken by Provider or Office Staff Spanish

Contreras, Joseph L, MS, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentailing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentailing@banyanhealth.org

and
18901 Southwest 106th Avenue
229
Miami, FL 33157
(786) 506-9008
Digital Contact Information:
credentailing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
credentailing@banyanhealth.org

and
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
credentailing@banyanhealth.org
Other Languages Spoken by Provider or Office Staff Spanish

Contreras-Schwartz, Joanna, PHD, LCSW, LCSW-R, LISW-CP, LMSW ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
ajcheney@sosapartners.com

Cook, Chaz, MS, LMHC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
http://sunbeamfamilyservices.org
drandall@teampathways.com

Cook, Shawndrika, MS, LMHC, PC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Cordova, Carlos A, MS, LMHC ■
2141 SW 1st St
Ste 103
Miami, FL 33135
(305) 644-6024
Digital Contact Information:
help@coralcmhc.net
Other Languages Spoken by Provider or Office Staff Spanish

Cordoves, Lazaro H, MD ■
1150 Northwest 72nd Avenue
350
Miami, FL 33126
(786) 228-7801
Digital Contact Information:

genesisconsultingservices39@gmail.com

and
1150 Northwest 72nd Avenue
540
Miami, FL 33126
(786) 228-7801
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Corniffe, Khadine, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
pandatherapycircle@gmail.com

Corona, Kathleen, MPSY, LCSW ■
11890 Southwest 8th Street
403
Miami, FL 33184
(305) 433-1396
Digital Contact Information:
brightsyhealth@gmail.com

and
11890 Southwest 8th Street
Suite 207
Miami, FL 33184
(786) 362-5981
Digital Contact Information:
brightsyhealth@gmail.com

and
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
brightsyhealth@gmail.com

Correa, Larisa A, MSW, CSW, LCSW, LICSW, LISW-CP ■
FL
(561) 567-8795
(347) 738-1199
(315) 873-2936
Digital Contact Information:
http://www.joinuplift.co
mpowercounselingpllc@gmail.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
mpowercounselingpllc@gmail.com

and
FL
(561) 567-8795
(347) 738-1199
(315) 873-2936
Digital Contact Information:
http://www.joinuplift.co
mpowercounselingpllc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Correa, Richard, MSW, LCSW, LMFT ■
123 N Krome Ave
Ste 201
Homestead, FL 33030
(786) 339-0686
Digital Contact Information:
richardcorrea2@aol.com

and
15792 Southwest 145th Terrace
Miami, FL 33196
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
richardcorrea2@aol.com

Corrieri, Arthur, MS, LMHC ■
9425 SW 72nd St
Ste 265
Miami, FL 33173
(305) 279-8400
Digital Contact Information:
acorrieri_@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Corthell, Kimere, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(877) 644-6008
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Corzo, Samantha R, MS, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
credentialing@banyanhealth.org

Cos Salmon, Hugo, MSN, APRN ■
1671 West 37th Street
Suite #3
Hialeah, FL 33012
(305) 728-4880
Digital Contact Information:
hcos@chwcm.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

Couper, Sarah, MSN, APRN ■
4300 Biscayne Boulevard
STE 203
Miami, FL 33137
(877) 400-0540
Digital Contact Information:
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Cox, Ester, MSW, CSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Crane, Katrina L, MSN, ARNP, PMHNP ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Crawford, Cecilia, PSYD, LP ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Crespo, Maria R, MMFT, LMFT ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
laurap@azzurrahcc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Crider, Tiffany, MS, LMHC ■
FL
(305) 812-6018
Digital Contact Information:
http://www.prevailandprogress.com
tiffanysimone@prevailandprogress.com

Crocker, Gayle, PSYD, LMHC ■
16400 NW 2nd Ave
Ste 100
Miami, FL 33169
(954) 588-3612
Digital Contact Information:
gaylecrocker@hotmail.com

and
FL
(954) 588-3612
Digital Contact Information:
gaylecrocker@hotmail.com

Croskey, Luvernice, PHD, LCSW, LMFT ■
12955 Biscayne Boulevard
STE 204
Miami, FL 33181
(305) 895-3307
Digital Contact Information:
luvernicecroskey@gmail.com
Other Languages Spoken by Provider or Office Staff English

Cruz, Grace Marlyn, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Cuadra, Anai M, PHD, LP ■
1601 NW 12th Ave
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
French, Spanish

Cue, Liz, MSW, LCSW ■
5901 Southwest 74th Street
408
Miami, FL 33143
(305) 735-3555
Digital Contact Information:
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cue, Zandra, MPSY, LMHC ■
3191 Coral Way
Ste 402
Miami, FL 33145
(786) 218-4039
Digital Contact Information:
zandracue@yahoo.com

Cueto, Christina, MA, LMFT ■
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
info@btpmentalhealth.com

Curiel, Rosie E, PSYD, LP ■
1120 NW 14th St
1477
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
rwinokur@med.miami.edu

and
1695 NW 9th Ave
1404A
Miami, FL 33136
(305) 355-9155
Digital Contact Information:
rwinokur@med.miami.edu
Other Languages Spoken by Provider or Office Staff
Spanish

Curras, Michelle M, MSSW, LCSW ■
1000 Brickell Avenue
Miami, FL 33131
(786) 536-5702
Digital Contact Information:
laibehavior@gmail.com

and
981 NW 132nd Ave W
Miami, FL 33182
(786) 536-5702
Digital Contact Information:
laibehavior@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Curtis, Kormasah K, MMFT, LMFT ■
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
contactus@embracecounselingusa.com

Custidiano, Leonardo, MA, LMHC ■
3580 Mystic Pointe Drive
Aventura, FL 33180
(415) 941-4109
Digital Contact Information:
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Cyronak, Ashley R, MSN, PMHNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
coastalpsych@gmail.com

D'Agostino, Leah, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

D'Souza, Connolly G, MSW, CAP, LCSW ■
2929 SW 3rd Ave
Ste 510
Miami, FL 33129
(305) 858-0662
Digital Contact Information:
healingsolutionllc@att.net
Other Languages Spoken by Provider or Office Staff Indian, Spanish

Daaga, Isis, EDS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@elemy.com

Dahab, Faten, MPSY, LMHC ■
9822 Northeast 2nd Avenue
2
Miami Shores, FL 33138
(786) 505-7502
Digital Contact Information:
fatima@mindfuldirectionscc.com

and
FL
(786) 505-1145
Digital Contact Information:
fatima@mindfuldirectionscc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Damron, Heather, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff

Bulgarian

Dangla, Marjorie, MSW, LCSW ■
Doral
Doral, FL 33178
(305) 926-6106
Digital Contact Information:
blissfulsoultherapy01@gmail.com

Dashevsky, Jessica, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff Russian

Davis, Joy J, MSW, LCSW ●
150 NW 79th St
342
Miami, FL 33150
(305) 230-4598
Digital Contact Information:
http://www.affirmingyouth.org
joy@affirmingyouth.org
Other Languages Spoken by Provider or Office Staff English, Spanish

Davis, Shane, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Davis, Shelena, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Davis-Rosario, Safiyah R, MSW, LCSW ■
FL
(786) 318-1591
Digital Contact Information:
http://www.sanctuarytcs.com
safiyahdv@hotmail.com

Davis-Young, Sandra K, MSN, APN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
ecochran@panolamed.com

De Boer, Betsy, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

De La Llama, Vanessa A, MS, LMHC ■
4445 West 16th Avenue
STE 602
Hialeah, FL 33012
(813) 999-1524
Digital Contact Information:
info@nationalhealthcareoperations.com
and
3416 West 84th Street
100
Hialeah, FL 33018
(786) 468-9677
Digital Contact Information:
info@nationalhealthcareoperations.com
and
1401 Southwest 1st Street
210
Miami, FL 33135
(786) 334-5663
Digital Contact Information:
info@nationalhealthcareoperations.com
and
330 Southwest 27th Avenue
307 309
Miami, FL 33135
(786) 762-2644
Digital Contact Information:
info@nationalhealthcareoperations.com
and
330 Southwest 27th Avenue
STE 307
Miami, FL 33135
(786) 253-9971
Digital Contact Information:
info@nationalhealthcareoperations.com
and
8181 Northwest 154th Street
STE 112
Miami Lakes, FL 33016
(407) 572-8053
Digital Contact Information:
info@nationalhealthcareoperations.com
and
1190 Northwest 95th Street
307
Miami Shores, FL 33150
(407) 572-8053
Digital Contact Information:
info@nationalhealthcareoperations.com
Other Languages Spoken by Provider or Office Staff Spanish

De La Nuez, Laura, PSYD, LP ■
2100 Ponce de Leon
STE 1015
Coral Gables, FL 33134
(786) 797-7788
Digital Contact Information:
lauradelanuez@bellsouth.net

De La Paz, Adriel, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com

De La Portilla, Manuel, MC, LMHC ■
2650 Southwest 27th Avenue
Suite 305
Miami, FL 33133
(786) 353-9812
Digital Contact Information:
http://www.harmonyatthegablesclinic.com
mdlport@yahoo.com
and
FL
(305) 389-2374
Digital Contact Information:
mdlport@yahoo.com
and
15660 Southwest 72nd Street
Miami, FL 33193
(786) 697-1150
Digital Contact Information:
http://www.miraclecbc.com
mdlport@yahoo.com
and
15668 Southwest 72nd Street
Miami, FL 33193
(786) 697-1150
Digital Contact Information:
http://www.miraclecbc.com
mdlport@yahoo.com
Other Languages Spoken by Provider or Office Staff Spanish

De La Prida, Yohandra, MC, LMHC ■
2500 Northwest 79th Avenue
Suite 227
Doral, FL 33122
(305) 456-9396
Digital Contact Information:
healthymindsmc@outlook.com
and
3785 Northwest 82nd Avenue
307
Doral, FL 33166
(305) 898-5420
Digital Contact Information:
healthymindsmc@outlook.com
and
1000 Brickell Avenue
Miami, FL 33131
(305) 255-6203
Digital Contact Information:
healthymindsmc@outlook.com
and
8100 Northwest 155th Street
100
Miami Lakes, FL 33016
(786) 615-2531
Digital Contact Information:
healthymindsmc@outlook.com
Other Languages Spoken by Provider or Office Staff English, Spanish

De Leon, Karel M, MD ■
2100 Ponce de Leon
#1240
Coral Gables, FL 33134
(786) 471-3535
Digital Contact Information:
consulting@fdgmso.com
Other Languages Spoken by Provider or Office Staff Spanish

De Sautu-Dominguez, Erika, MS, LMHC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com
and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
credentialing@behavioralaid.com
and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com
Other Languages Spoken by Provider or Office Staff Spanish

De Souza, Maria B, PSYD, LP ■
FL
(954) 629-0248
Digital Contact Information:
http://www.drbetinadesouza.com
betina@drbetinadesouza.com

De Souza, Vacir, MA, LMHC ■
7900 Oak Ln
400
Hialeah, FL 33016
(786) 622-5743
Digital Contact Information:
palmbehavioral2@gmail.com

Debord, Renee R, MA, LMHC ●
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Debrady, Denise, MSSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ddebrady@yahoo.com

Decastelli, Florencia, MS, LMHC ■
Home Based Services Only
Miami Gardens, FL 33014
(305) 417-1535
Digital Contact Information:
newhopecasemanagementservices@gmail.com
Other Languages Spoken by Provider or Office Staff English

Decker, Sallee, MSW, LCSW, LICSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
noah@medsolercm.com

Decosta, Emily, MS, LMHC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
http://www.behavioralaid.com
info@behavioralaid.com
and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
info@behavioralaid.com
Other Languages Spoken by Provider or Office Staff Spanish

Deforges, Laure, MC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Dehaut, Yves, MN, APRN ●
20760 Northeast 4th Court
APT 106
Miami, FL 33179
(305) 331-8695
Digital Contact Information:
chanmedicalbilling@gmail.com
Other Languages Spoken by Provider or Office Staff Creole

Dejimenez, Emily, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com
Other Languages Spoken by Provider or Office Staff Spanish

Del Cueto, Flora M, MED, LMHC ■
6401 SW 87th Ave
Ste 207
Miami, FL 33173
(305) 279-8400
Digital Contact Information:
floradelcuetolmhc@earthlink.net
and
9425 SW 72nd St
Ste 265
Miami, FL 33173
(305) 279-8400
Digital Contact Information:
floradelcuetolmhc@earthlink.net
and
11755 SW 90th St
Ste 201
Miami, FL 33186
(305) 279-8400
Digital Contact Information:
floradelcuetolmhc@earthlink.net
Other Languages Spoken by Provider or Office Staff Spanish

Del Risco, Sahily, MSN, APRN ■
7950 Northwest 53rd Street
STE 237
Doral, FL 33166
(786) 464-0063
Digital Contact Information:
ducongemd@betterminds.care
and
5979 Northwest 151st Street
STE 120
Hialeah, FL 33014
(786) 536-4420
Digital Contact Information:
ducongemd@betterminds.care
and

8300 Southwest 40th Street
Miami, FL 33155
(305) 537-9635
Digital Contact Information:
ducongemd@betterminds.care

and
2450 Southwest 137th Avenue
206
Miami, FL 33175
(305) 381-5420
Digital Contact Information:
ducongemd@betterminds.care

and
2450 Southwest 137th Avenue
Suite 233
Miami, FL 33175
(305) 537-9635
Digital Contact Information:
ducongemd@betterminds.care

Del Toral-Suarez, Michelle, MSW, LCSW ■
11700 Southwest 113th Place
Miami, FL 33176
(786) 529-1199
Digital Contact Information:
lbicknell.mtca@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Delamater, Alan M, PHD, LP ■
1601 NW 12th Ave
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
Not Available

Delaney, Carol J, PSYD, LP ■
9425 SW 72nd St
Ste 265
Miami, FL 33173
(305) 279-8400
Digital Contact Information:
http://www.safeharbormhc.com
drdelaney2644@att.net
Other Languages Spoken by Provider or Office Staff
Spanish

Deleon, Orlando, MSSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
providerenrollment5@deeroaks.com
Other Languages Spoken by Provider or Office Staff
Spanish

Delgado Alvarez, Guadalupe, MS, APRN ■
4300 Biscayne Boulevard
STE 203
Miami, FL 33137
(877) 400-0540
Digital Contact Information:
globalbehavioralhealthgroup@gmail.com

and
7951 Southwest 40th Street
suite 200-a
Miami, FL 33155
(305) 876-6960
Digital Contact Information:
globalbehavioralhealthgroup@gmail.com

Delgado, Beatriz, MSSW, LCSW ■
1550 Madruga Ave
Ste 509
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
http://www.abc4s.com
admin@abc4s.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Delgado, Elizabeth, MSW, LCSW ■
Home Based Services Only
Doral, FL 33122
(305) 591-7898
Digital Contact Information:
newhopecasemanagementservices@gmail.com

and
8180 Northwest 36th Street
Suite #307
Doral, FL 33166
(305) 591-7898
Digital Contact Information:
newhopecasemanagementservices@gmail.com

and
12150 Southwest 128th Court
222
Miami, FL 33186
(786) 701-8164
Digital Contact Information:
newhopecasemanagementservices@gmail.com

Delgado-Abraham, Saily, LMHC, MS ■
1250 SW 27th Ave
Miami, FL 33135
(786) 536-9278
Digital Contact Information:
rehabcenterag@gmail.com

and
5950 Southwest 40th Street
Miami, FL 33155
(786) 633-5960
Digital Contact Information:
rehabcenterag@gmail.com

and
7001 SW 97th Ave
Ste 208
Miami, FL 33173
(786) 380-7171
Digital Contact Information:
rehabcenterag@gmail.com

and
14201 Southwest 120th Street
suite 110
Miami, FL 33186
(786) 803-8826
Digital Contact Information:
rehabcenterag@gmail.com

and
975 Arthur Godfrey Rd
Ste 308
Miami Beach, FL 33140
(305) 456-1014
Digital Contact Information:
https://mindandsoultherapy.org/
rehabcenterag@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Delicio, Elizabeth, MMH, LMHC ■
7789 Northwest 48th Street
375
Doral, FL 33166
(786) 409-3800
Digital Contact Information:
zulma.alvarado@dynastymentalhealth.com

and
1840 W 49th St
Ste 517
Hialeah, FL 33012
(786) 558-8465
Digital Contact Information:
zulma.alvarado@dynastymentalhealth.com

and
1840 W 49th St
Ste 605
Hialeah, FL 33012
(305) 456-7785
Digital Contact Information:
zulma.alvarado@dynastymentalhealth.com

and
3701 Southwest 107th Avenue
Miami, FL 33165
(305) 553-8343
Digital Contact Information:
zulma.alvarado@dynastymentalhealth.com

and
8200 Northwest 41st Street
Suite 200
Miami, FL 33166
(786) 587-9432
Digital Contact Information:
zulma.alvarado@dynastymentalhealth.com

and
760 Northwest 107th Avenue
110
Miami, FL 33172
(786) 409-3800
Digital Contact Information:
zulma.alvarado@dynastymentalhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Delva, Shirley, PHD, LP ■
2020 Northeast 163rd Street
300f
North Miami Beach, FL 33162
(305) 209-1014
Digital Contact Information:
http://behavioralsolutionsmiami.com
sdelva92@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Creole, Haitian

Denis, Denisleydis, MSW, LCSW ■
7925 Northwest 12th Street
118
Doral, FL 33126
(786) 536-2143
Digital Contact Information:
http://psrmindandbodyrehab.com
genesisconsultingservices39@gmail.com

and
4090 Northwest 97th Avenue
300
Doral, FL 33178
(786) 332-4705
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
705 East 8th Avenue
201
Hialeah, FL 33010
(786) 655-0774
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
15600 Northwest 67th Avenue
204 208
Hialeah, FL 33014
(786) 542-6127
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
5911 Northwest 173rd Drive
6 6
Hialeah, FL 33015
(786) 380-9229
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
1800 Southwest 27th Avenue
505
Miami, FL 33145
(786) 542-9914
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
1460 Northwest 107th Avenue
41n
Miami, FL 33172
(305) 640-8342
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
13255 Southwest 137th Avenue
ste 217
Miami, FL 33186
(305) 502-3760
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
13701 Southwest 88th Street
306
Miami, FL 33186
(786) 842-1489
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
11285 Southwest 211 Street
207
Miami, FL 33189
(786) 217-8510
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
9999 Northeast 2nd Avenue
203
Miami Shores, FL 33138
(786) 580-5131
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Deris Atassi, Sandra, PSYD, LP ■
3100 SW 62nd Ave
Miami, FL 33155
(305) 669-6503
Digital Contact Information:
payer.credentialing@nicklaushealth.org

Dey, Joel P, MD ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
credentialing@yacoubmd.com

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
credentialing@yacoubmd.com

DiLuigi, Argentino A, MD ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
https://www.compasshealthsystems.com
intake@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
https://www.compasshealthsystems.com
intake@compass.md
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz, Arlene E, MS, LMHC ■
1360 South Dixie Highway
355
Coral Gables, FL 33146
(305) 342-9761
Digital Contact Information:
arly07@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz, David, MS, LMFT ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
http://www.behavioralaid.com
info@behavioralaid.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz, Ibrahim, MSN, APRN ■
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
kenia.rodriguez@ffmhs.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com

Diaz, Laura, MN, APRN ■
14722 Southwest 56th Street
Miami, FL 33185
(305) 456-0572
Digital Contact Information:
genesisconsultingservices39@

gmail.com

and
13190 Southwest 134th Street
106
Miami, FL 33186
(786) 209-0023
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
17325 Northwest 27th Avenue
Suite 105
Miami Gardens, FL 33056
(786) 819-0209
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz, Milagros, MMFT, LMFT ■
7400 Southwest 50th Terrace
STE 303
Miami, FL 33155
(786) 738-4045
Digital Contact Information:
http://psychcarecenter.com/
psychcarecc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz-Amaran, Yosvel, MSW, LCSW ■
3901 Northwest 79th Avenue
STE 120
Doral, FL 33166
(786) 310-4480
Digital Contact Information:
yosveld@yahoo.es

and
640 W Palm Dr
Ste D
Homestead, FL 33034
(786) 601-7757
Digital Contact Information:
yosveld@yahoo.es

and
640 West Palm Drive
c
Homestead, FL 33034
(305) 793-4701
Digital Contact Information:
yosveld@yahoo.es

and
1150 Northwest 72nd Avenue
220
Miami, FL 33126
(786) 558-4899
Digital Contact Information:
yosveld@yahoo.es

and
1150 Northwest 72nd Avenue
350
Miami, FL 33126
(786) 228-7801
Digital Contact Information:
yosveld@yahoo.es

and
1150 Northwest 72nd Avenue
540
Miami, FL 33126
(786) 228-7801
Digital Contact Information:
yosveld@yahoo.es

and
7805 Coral Way
Ste 131
Miami, FL 33155
(786) 307-2066
Digital Contact Information:
yosveld@yahoo.es

and
7811 Coral Way
Ste 130
Miami, FL 33155
(786) 307-2066
Digital Contact Information:
yosveld@yahoo.es

and
280 Westward Drive
Miami Springs, FL 33166
(786) 391-0744
Digital Contact Information:
http://www.rosswellnesscenters.com
yosveld@yahoo.es

and
Home Based Services Only
Naranja, FL 33032
(786) 953-3599
Digital Contact Information:
yosveld@yahoo.es
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz-Llorens, Rigoberto B, MSN, APRNPMH ■
2828 Coral Way
Ste 460
Coral Gables, FL 33145
(305) 642-5255
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net

and
8765 Northwest 110th Street
Hialeah Gardens, FL 33018
(786) 389-2691
Digital Contact Information:
ghines@hinesandassociates.net

and
12550 Biscayne Boulevard
STE 306
North Miami, FL 33181
(305) 642-5255
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net

Dieguez, Beyazly, MS, LMFT ■
3000 Biscayne Boulevard
Suite 5
Miami, FL 33137
(305) 576-6611
Digital Contact Information:
credentialing@borinquenhealth.org

and
3601 Federal Hwy
Miami, FL 33137
(305) 576-6611
Digital Contact Information:
credentialing@borinquenhealth.org
Other Languages Spoken by Provider or Office Staff
Spanish

Dieguez, Ivette, MSN, APRN ■
3901 Northwest 79th Avenue
250
Doral, FL 33166
(239) 342-6516
Digital Contact Information:
info@laluzmentalhealth.com

and
12700 Southwest 128th Street
STE 108
Miami, FL 33186
(786) 732-0865
Digital Contact Information:
info@laluzmentalhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Dieppa, Jessica B, MS, LMHC ●
10815 Southwest 145th Place
Miami, FL 33186
(305) 989-0493
Digital Contact Information:
http://www.guidedpathstherapy.com
jessica.dieppa22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Dieppa, Renan, MS, LMHC ■
8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-2822
Digital Contact Information:
http://www.mgmbehavioral.com
mgmbehavioral@gmail.com

and
13301 Southwest 132nd Avenue
209 209
Miami, FL 33186
(786) 713-5553
Digital Contact Information:
mgmbehavioral@gmail.com

Dietsch, Taimara, MS, LMHC ■
7745 Northwest 146th Street
F1
Miami Lakes, FL 33016
(786) 633-5992
Digital Contact Information:
vidamentalhealth@gmail.com

Diez, Aileen, MMH, LMHC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(305) 439-4434
Digital Contact Information:
aileen.diez10@gmail.com

Diez De Sollano, Carina, MSW, LCSW ■
2100 Coral Way
Coral Gables, FL 33145
(786) 320-1677
Digital Contact Information:
http://www.ydzm.org
rossconsultingandcredentialing@gmail.com

and
7925 Northwest 12th Street
225
Doral, FL 33126
(305) 456-4378
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
3750 West 16th Avenue
208 210
Hialeah, FL 33012
(305) 301-3283
Digital Contact Information:
https://www.serenitytms.com/
rossconsultingandcredentialing@gmail.com

and
2100 West 76th Street
201 206
Hialeah, FL 33016
(786) 353-2324
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
5590 W 20th Ave
Ste 404
Hialeah, FL 33016
(305) 826-9330
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
FL
(305) 338-6219
Digital Contact Information:
rossconsultingandcredentialing@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diggs, Teanna, MSW, LCSW ●
1065 Southwest 8th Street
1136
Miami, FL 33130
(703) 772-5097
Digital Contact Information:
https://www.postpartumwell.com
info@postpartumwell.com

and
FL
(703) 772-5097
Digital Contact Information:
https://www.postpartumwell.com
info@postpartumwell.com

Dimitrjevitch, Sasha, MS, LMHC ■
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
billing@peaktherapycenter.com

Dixon, Passion, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
ortiz4professionalservicesllc@gmail.com

Dobano Amador, Oscar A, MSN, APRN ■
10031 Southwest 40th Street
Miami, FL 33165
(786) 442-9628
Digital Contact Information:
admin@medicalwellnesscent.com

and
3621 SW 107th Ave
Miami, FL 33165
(786) 534-8366
Digital Contact Information:
http://serenitycommunitycenter.com
admin@medicalwellnesscent.com

Dobie, Patricia A, MS, LCMHC, LCPC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
appointments@meetmarvin.com

Doiron, Victoria E, MA, LMHC ■
1951 NW 7th Ave
Fl 3
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Dole, Kathryn, PSYD, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Domenech, Alvaro, MSSW, LCSW ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
gina@lotuscounseling.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 644-6024
Digital Contact Information:
gina@lotuscounseling.com

and
2141 SW 1st St
Ste 103
Miami, FL 33135
(305) 644-6024
Digital Contact Information:
gina@lotuscounseling.com

and
FL
(786) 369-9254
Digital Contact Information:
http://deepwaterstherapeuticservices.com
gina@lotuscounseling.com

Dominguez, Arturo, MMH, LMHC ■
FL
(305) 967-9201
(786) 233-6127
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
8551 Northwest South River Drive
Medley, FL 33166
(305) 603-9344
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
8660 West Flagler Street
209
Miami, FL 33144
(305) 603-9985
Digital Contact Information:
http://www.newhealthrehab.com
rossconsultingandcredentialing@gmail.com

and
15715 South Dixie Highway
226
Miami, FL 33157
(305) 849-4186
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
10300 Sunset Drive
Suite 310
Miami, FL 33173
(786) 238-7063
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
5600 Southwest 135th Avenue
STE 216
Miami, FL 33183

(786) 536-6196
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

Dominguez, Ashley, MS, LMHC ■
FL
(305) 497-4998
Digital Contact Information:
https://thecounselorcare.com
ashley@thecounselorcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Dominguez, Doris M, MSW, LCSW ■
9010 SW 137th Ave
Ste 236
Miami, FL 33186
(305) 772-9681
Digital Contact Information:
doris@dmdtherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Dominguez, Kathryn, MS, LMHC ■
1 Alhambra Plaza
PH # 1451
Miami, FL 33134
(510) 926-6677
Digital Contact Information:
http://www.foresightmentalhealth.com
kathryndominguez.lmhc@gmail.com

Dominguez, Rebecca A, MS, LMHC ■
14645 Northwest 77th Avenue
101
Miami Lakes, FL 33014
(833) 769-3524
Digital Contact Information:
http://lifestance.com
fl-credentialing@lifestance.com

Donado Giovannetti, Carlos A, MPSY, LMHC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
http://www.behavioralaid.com
info@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
info@behavioralaid.com
Other Languages Spoken by Provider or Office Staff
Spanish

Donaldson, Kaeron, MSW, LCSW ■
2124 Northeast 123rd Street
STE 220
North Miami, FL 33181
(786) 828-0947
Digital Contact Information:
https://blossomfl.com
info@blossomfl.com
Other Languages Spoken by Provider or Office Staff
Hebrew, Spanish

Donghia Coutinho, Beatriz H, MD ■
800 SW 108th Ave
100
Miami, FL 33174
(786) 595-8040
Digital Contact Information:
managedcarecredentialing@baptisthealth.netth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Doran, Brianna, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
help@joinuplift.co

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Dorfman, Urszula, MSN, APRN ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole, Spanish

Dorrough-Ewing, Elisa W, MSW, LCSW, LICSW ■
FL
(305) 902-6347
(239) 652-0260
Digital Contact Information:
https://bebravehealth.com/
roxanne.jubithana@aspirehp.org
Other Languages Spoken by Provider or Office Staff English

Douglas, Katherine A, MS, LMFT ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
http://www.behavioralaid.com
info@behavioralaid.com

Dowd, David, MSW, LCSW ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com
Other Languages Spoken by Provider or Office Staff
Spanish

Downs, Darrell L, PHD, LP ■
5825 Sunset Drive
STE 205
South Miami, FL 33143
(305) 663-0704
Digital Contact Information:
dldphd@gmail.com

Doyley-Green, Natalie S, MSN, APRN, NP ■
2820 Northeast 214th Street
Aventura, FL 33180
(256) 500-8688
Digital Contact Information:
hello@joinblossomhealth.com

and
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
http://happierliving.com
hello@joinblossomhealth.com

and
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com

and
255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com

and
370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://happierliving.com
hello@joinblossomhealth.com

and
333 Southeast 2nd Avenue
Suite #2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
hello@joinblossomhealth.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
hello@joinblossomhealth.com

and
3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
http://happierliving.com
hello@joinblossomhealth.com

and
350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com

and
429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com

and
323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com

Drake, Maureen Z, MC, LMHC ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
diana.casciato@outlook.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
http://www.lotuscounseling.com
diana.casciato@outlook.com

Dreher, Faatimah, MS, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
acc@advancedclientcare.org

Drouet-Tutiven, Karin, MSN, APRN ■
11440 N Kendall Dr
Ste 208
Miami, FL 33176
(305) 898-0849
Digital Contact Information:
callisiabilling@gmail.com

and
FL
(305) 898-0849
Digital Contact Information:
callisiabilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Dube, Alok, MD ■
1710 Northwest 7th Street
5
Miami, FL 33125
(239) 250-9411
Digital Contact Information:
infinitywellnessgroup21@gmail.com

and
1495 NW 54th St
Miami, FL 33142
(305) 205-4328
Digital Contact Information:
infinitywellnessgroup21@gmail.com

and
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
infinitywellnessgroup21@gmail.com

and
9350 SW 72nd St
Ste 116
Miami, FL 33173
(305) 992-9768
Digital Contact Information:
infinitywellnessgroup21@gmail.com

and
9125 SW 87th Ave
Miami, FL 33176
(305) 735-3919
Digital Contact Information:
infinitywellnessgroup21@gmail.com

and
13701 Southwest 88th Street
306
Miami, FL 33186
(954) 217-2444
Digital Contact Information:
infinitywellnessgroup21@gmail.com

Duenas, Barbara, MS, LMFT ■
FL
(786) 671-4939
Digital Contact Information:
http://www.duenasmentalhealth.com
barbara@duenasmentalhealth.com

Dunlap, Rod, MMFT, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
rod_dunlap@hotmail.com

Dunwoody, Circe A, MSW, LCSW ■
FL
(786) 512-2161
Digital Contact Information:
circedunwoody@ymail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Duran, Larissa E, MS, LMFT ■
7700 N Kendall Dr
Ste 415
Miami, FL 33156
(786) 359-4161
Digital Contact Information:
https://www.vaccarobhg.com/
providerrelations@vaccarobhg.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Durand, Tekisha, MSW, LCSW ■
FL
(305) 833-3203
Digital Contact Information:
https://headway.co/providers/tekisha-durand
yourswagteam@gmail.com
Other Languages Spoken by Provider or Office Staff Creole

Dutton, Amber C, MSW, LCSW ■
FL
(415) 424-4266
Digital Contact Information:
credentialing@hazel.co

Duvalier, Leanne J, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ljdtherapy@ljdtherapy.onmicrosoft.com

Duvert, Nathaniel, MMFT, LMFT ■

1065 Southwest 8th Street
1287
Miami, FL 33130
(617) 333-8740
Digital Contact Information:
http://www.joinhopscotch.com
nduvert2005@yahoo.com
Other Languages Spoken by Provider or Office Staff Creole

Ebert, Maryellen, EDS, LMHC ■
5001 SW 74th Ct
Ste 104
Miami, FL 33155
(305) 663-0013
Digital Contact Information:
leleebert@hotmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Echemendia, Maikel, MSN, APRN ■
1111 Northwest 22nd Avenue
Miami, FL 33125
(305) 530-8164
Digital Contact Information:
jgonzalez@fdgmso.com

and
10371 Southwest 60th Street
Miami, FL 33173
(305) 799-7676
Digital Contact Information:
jgonzalez@fdgmso.com
Other Languages Spoken by Provider or Office Staff
Spanish

Echenique, Maria I, PSYD, LP ■
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-2301
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
2423
Miami, FL 33136
(305) 355-8255
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Echizarraga, Carmen J, MSN, APRN ■
2424 Southwest 137th Avenue
Miami, FL 331756311
(786) 655-0831
Digital Contact Information:
http://www.miamihealthmedicalcenter.us
miamihealthmental@gmail.com

Edwards, Chavekka, MC, LMHC ■
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
http://www.btpmentalhealth.com
info@btpmentalhealth.com

Ehrentreu, Dana, MSW, LCSW ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=ynj-patientaccess@harmonybaywellness.com

Eisenstein, Irene M, MPSY, LMHC ■
3850 Mystic Pointe Dr
Miami, FL 33180
(305) 525-6306
Digital Contact Information:
http://psicoterapiaespanol.com
ireneeisenstein@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Eklund, Melissa, MMH, LMHC ■
8200 Northwest 41st Street
Suite 200
Miami, FL 33166
(754) 202-2565
Digital Contact Information:
https://savinglives.clientsecure.me/melissa@savinglivescounselingcenter.com

El-Bahtity, Bassem F, MD ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
credentialing@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
credentialing@compass.md

Elder, Carol, MS, LMFT ■
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(561) 609-2996
Digital Contact Information:
http://www.pandatherapycircle.com/
pandatherapycircle@gmail.com

Elder, Michelle D, MSW, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Elma, Linda S, MSW, LCSW ■
11601 Biscayne Boulevard
303
Miami, FL 33181
(954) 278-0487
Digital Contact Information:
http://lsmsmentalhealth.com
info@lindaelmalcsw.com
Other Languages Spoken by Provider or Office Staff Creole

Emmerich, Eva-Mae, MMFT, LMFT ■
804 Northwest 21st Terrace
Suite 203
Miami, FL 33127
(612) 568-0868
Digital Contact Information:
https://www.heartandsoulwellnessmn.com/evaemmerich@heartandsoulwellnessmn.com

and
FL
(612) 568-0868
Digital Contact Information:
https://www.heartandsoulwellnessmn.com/evaemmerich@heartandsoulwellnessmn.com

Encio, Reina, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
jenny.silverio@lifehealthsystem.org
Other Languages Spoken by Provider or Office Staff
Spanish

Enea, Cassie, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Ernst, Nicole, MA, LMHC ■
9010 SW 137th Ave
Miami, FL 33186
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
ebcg-support@findoctave.com

Escalona, Ana, MMH, LMHC ■
10700 Caribbean Boulevard
Suite 101
Cutler Bay, FL 33189
(305) 777-3883
Digital Contact Information:
escalonalmhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Eshgh, Cameron, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Eslait, Maria M, MPSY, LMHC ■
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
info@acaciahealthgrp.com

and
8950 SW 74th Ct
Ste 2201
Miami, FL 33156
(786) 577-3427
Digital Contact Information:
info@acaciahealthgrp.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
info@acaciahealthgrp.com

and
14221 Southwest 120th Street
126
Miami, FL 33186
(786) 577-3427
Digital Contact Information:
info@acaciahealthgrp.com

and
10201 Hammocks Boulevard
Suite 122
Miami, FL 33196
(786) 557-3427
Digital Contact Information:
info@acaciahealthgrp.com

Espinal, Daylied, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Espinal, Quisqueya, MSN, APRN ■
12060 Southwest 129th Court
104
Miami, FL 33186
(786) 615-3349
Digital Contact Information:
office@neurobehavioral.health

and
12060 Southwest 129th Court
201
Miami, FL 33186
(786) 615-3349
Digital Contact Information:
office@neurobehavioral.health
Other Languages Spoken by Provider or Office Staff
Spanish

Espinosa, Hugo, MD ■
4982 Palm Avenue
Hialeah, FL 33012
(305) 479-3262
Digital Contact Information:
madyryanllc@gmail.com

and
1975 West 76th Street
Hialeah, FL 33014
(305) 479-3262
Digital Contact Information:
http://www.kcmhealthcare.com
madyryanllc@gmail.com

and
5965 Southwest 8th Street
Miami, FL 33144
(305) 479-3262
Digital Contact Information:
http://www.kcm.healthcare.com
madyryanllc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Espinoza Marin, Ennyluz, MMH, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Espinoza, Priscilla M, MS, LMHC ■
13054 SW 133rd Ct
Miami, FL 33186
(305) 771-2755
Digital Contact Information:
https://pecounseling.com/
pespinoza@pecounseling.com

Estevez, Mercy M, MSW, LCSW ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
lifelinecounseling2225@gmail.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
http://www.lotuscounseling.com
lifelinecounseling2225@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Estrada, Giselle, MS, LMHC ■
250 Catalonia Avenue
Suite 702
Coral Gables, FL 33134
(321) 405-2805
Digital Contact Information:
https://harvestingjoypsychologicalservices.com
harvestingjoycounseling@gmail.com

Estrada, Paola, MSW, LCSW ■
6175 NW 153rd St
Ste 404
Miami Lakes, FL 33014
(305) 558-7400
Digital Contact Information:
kim@appliedbehavior.net

Estupinan, Monica V, MSN, APRN ■
9220 Sunset Drive
104
Miami, FL 33173
(786) 724-4224
Digital Contact Information:
admin@vita-cog.com

and
12595 Southwest 137th Avenue
STE 110
Miami, FL 33186
(305) 465-9379
Digital Contact Information:
admin@vita-cog.com

Ettienne, Genesis D, MSCC, LMHC ■
7925 Northwest 12th Street
405
Miami, FL 33126
(786) 401-7278
Digital Contact Information:
fenixmentalhealthgroup@gmail.com

and
129 Southwest 42nd Avenue
9
Miami, FL 33134
(786) 542-9914
Digital Contact Information:
fenixmentalhealthgroup@gmail.com

and
1800 Southwest 27th Avenue
505
Miami, FL 33145
(786) 542-9914
Digital Contact Information:

fenixmentalhealthgroup@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Eusebio, Julia, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Evans-Gean, Amy, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Ewald, Claudia, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

and
1400 Northeast Miami Gardens Drive
103
Miami, FL 33179
(305) 244-0971
Digital Contact Information:
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Exum, Angela L, PHD, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(341) 888-7637
Digital Contact Information:
Not Available

Factor, Edie, MSW, LCSW ■
3231 McDonald Street
Miami, FL 33133
(305) 318-2231
Digital Contact Information:
edifac305@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fang, Tianbin, MS, LMHC ■
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
http://brightsyhealthfl.com
brightsyhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Mandarin

Federick, Jasmine, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Feldman, Marina P, MC, LMHC ■
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
info@talcmhc.org

Felix, Emilienne, MSN, APRN ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Fellas, Cheryl D, MA, LMHC ■
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
tranquillivingcounseling@outlook.com
Other Languages Spoken by Provider or Office Staff English

Fenby, Malia, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Feng, Jojo, MSW, LCSW, LCSW-R ■
FL
(347) 687-8895
Digital Contact Information:
jojo.feng@protonmail.com
Other Languages Spoken by Provider or Office Staff
Chinese, Russian, Mandarin

Fernandes, Florinda, PA, PA_C ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
intake@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://:www.compasshealthsystems.com
intake@compass.md
Other Languages Spoken by Provider or Office Staff
Cantonese, Spanish

Fernandez De Castro, Erika, MSW, LCSW ■
1450 Madruga Avenue
407
Coral Gables, FL 33146
(786) 395-9162
Digital Contact Information:
morecounseling@gmail.com

and
FL
(786) 395-9162
Digital Contact Information:
morecounseling@gmail.com

and
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
morecounseling@gmail.com

Fernandez, Isabel, MSN, APRN ■
15450 New Barn Road
200
Miami Lakes, FL 33014
(305) 900-3970
Digital Contact Information:
http://www.neurozenpsychiatry.com
isabelfernandezrn@gmail.com

and
FL
(305) 900-3970
Digital Contact Information:
http://www.neurozenpsychiatry.com
isabelfernandezrn@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Ismarie, MSW, LCSW ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
ismarie.fernandez@gmail.com

and
2999 Northeast 191st Street
600
Miami, FL 33180
(786) 981-0640
Digital Contact Information:
ismarie.fernandez@gmail.com

Fernandez, Janelle M, MPSY, LMHC ■
14225 SW 42nd St
Miami, FL 33175
(305) 221-8200
Digital Contact Information:
arvida712@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Lianny, MPSY, LMHC ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
yavila@avilahealthgroup.com

and
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
yavila@avilahealthgroup.com

and
306 Westward Dr
Miami Springs, FL 33166
(786) 588-7894
Digital Contact Information:
yavila@avilahealthgroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Rafael R, MSN, APRN ■
633 N Krome Ave
1
Homestead, FL 33030
(305) 763-4007
Digital Contact Information:
relatedmedicalgibilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Rebeca P, MC, LMHC ■
7100 Southwest 99th Avenue
STE 201
Miami, FL 33173
(305) 607-9248
Digital Contact Information:
fernandezcounseling@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Soraya, MMH, LMHC ■
2300 West 84th Street
STE 104
Hialeah, FL 33016
(305) 903-3168
Digital Contact Information:
cgomezbmcmhc@gmail.com

and
13416 Southwest 128th Street
Miami, FL 33186
(786) 732-0247
Digital Contact Information:
cgomezbmcmhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Yaimara, PSYD, LMHC ■
10700 Caribbean Boulevard
UNIT 402
Cutler Bay, FL 33189
(786) 250-3040
Digital Contact Information:
newlifemhccc@gmail.com

and
5455 Southwest 8th Street
230
Miami, FL 33134
(786) 629-8836
Digital Contact Information:
newlifemhccc@gmail.com

and
760 Northwest 107th Avenue
110
Miami, FL 33172
(786) 409-3800
Digital Contact Information:
newlifemhccc@gmail.com

and
18522 Southwest 136th Court
Miami, FL 33177
(305) 416-8189
Digital Contact Information:
newlifemhccc@gmail.com

and
11780 Southwest 89th Street
Suite 201
Miami, FL 33186
(786) 536-5765
Digital Contact Information:
newlifemhccc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez-Guzman, Natasha V, MMH, LMHC ■
15715 South Dixie Highway
Suite 320
Miami, FL 33157
(786) 475-2309
Digital Contact Information:
natashafdez@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ferradaz-Lago, Melissa, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ferran, Ana M, MS, LMHC ■
10631 N Kendall Dr
Ste 110
Miami, FL 33176
(305) 774-9570
Digital Contact Information:
jitmedical@bellsouth.net

and
10631 North Kendall Drive
Ste 1210
Miami, FL 33176
(305) 774-9570
Digital Contact Information:
jitmedical@bellsouth.net

Ferrandiz, George, MSW, LCSW ■
101 Majorca Avenue
Coral Gables, FL 33134
(305) 448-6988
Digital Contact Information:
fer101@msn.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ferrer, Nicole, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Ferro, Maria J, MSW, CEAP, LCSW, LMFT ■
9370 Southwest 72nd Street
Suite #A-213
Miami, FL 33173
(305) 205-4244
Digital Contact Information:
http://psychologytoday.com
psychotherapy@humanpotentialinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fiallo, Irma R, MSW, LCSW ■
FL
(909) 442-0618
(202) 410-5972
(786) 471-7485
Digital Contact Information:
http://orendapsych.com
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
Spanish

Fields, Maria, MA, LCSW, LICSW ■
1951 NW 17th Ave
Miami, FL 33125

(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
mariafields@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
mariafields@dadefamily.com

and
10691 N Candle Dr # 110
Miami, FL 33176
(305) 774-9570
Digital Contact Information:
mariafields@dadefamily.com

and
10691 N Kendall Dr
Ste 110
Miami, FL 33176
(305) 774-9570
Digital Contact Information:
mariafields@dadefamily.com
Other Languages Spoken by Provider or Office Staff
Spanish, Greek

Figuereo Sabeta, Solange, MC, LMHC ■
10300 Florida 986
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Filkins, Kaitlin, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Fishberger, Andrea J, MSW, LCSW ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
andreafishberger@me.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
andreafishberger@me.com

and
FL
(914) 924-4827
Digital Contact Information:
andreafishberger@me.com

Fitzgerald, Caitlyn, MD ■
10540 Northwest 26th Street
STE G201
Doral, FL 33172
(786) 879-8040
Digital Contact Information:
advancedcaresfl@outlook.com

and
33497 South Dixie Highway
103b
Florida City, FL 33034
(786) 444-6003
Digital Contact Information:
advancedcaresfl@outlook.com

and
FL
(786) 444-6003
Digital Contact Information:
advancedcaresfl@outlook.com

and
777 E 25th St
Ste 306
Hialeah, FL 33013
(786) 838-6092
Digital Contact Information:
advancedcaresfl@outlook.com

and
1401 Northwest 17th Avenue
Miami, FL 33125
(813) 816-8075
Digital Contact Information:
advancedcaresfl@outlook.com

and
2100 Southwest 22nd Street
502
Miami, FL 33145
(786) 963-0128
Digital Contact Information:
advancedcaresfl@outlook.com

and
13195 Southwest 134th Street
102
Miami, FL 33186
(305) 964-5236
Digital Contact Information:
advancedcaresfl@outlook.com

and
8785 SW 165th Ave
Ste 104
Miami, FL 33193
(786) 703-1538
Digital Contact Information:
advancedcaresfl@outlook.com

Fitzpatrick, Panayiota, MED, LMHC ■
360 Northwest 27th Street
Miami, FL 33127
(929) 209-6109
Digital Contact Information:
fl-patientaccess@harmonybaywellness.com

Fletcher, Jeffrey, MS, LPC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Creole, Haitian, Spanish

Fleurme, Giorvanie, MSN, APRN ■
FL
(305) 902-6347
(305) 200-6090
Digital Contact Information:
giorvanie@gmail.com
Other Languages Spoken by Provider or Office Staff
Hebrew, German, Haitian Creole, Creole, French, Spanish

Flores, Aida A, MS, LMHC ■
FL
(305) 494-9791
Digital Contact Information:
aflores@kaaficounseling.com
Other Languages Spoken by Provider or Office Staff
Spanish

Flores, Alexis, MPSY, LMHC ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Flores, Christian, MSW, LCSW ■
2915 Biscayne Boulevard
Suite 300-4
Miami, FL 33137
(786) 398-4747
Digital Contact Information:
contactus@miamivibescounselingcenter.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fogel, Vivian, MS, LMFT ■
21290 Biscayne Boulevard
Aventura, FL 33180
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
growthllc@growthcounselingandtherapy.com

and
3580 Mystic Pointe Drive
Aventura, FL 33180
(415) 941-4109
Digital Contact Information:
growthllc@growthcounselingandtherapy.com

and
1001 North Miami Beach Boulevard
North Miami Beach, FL 33162
(786) 320-5559
Digital Contact Information:
growthllc@growthcounselingandtherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Foley, Diane, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
newhope32937@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fong, Bridgette, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/payors@emorahealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fontanes, Paula, MS, LMFT ■
FL
(786) 378-4565
Digital Contact Information:
paulafontanes10@gmail.com

and
9745 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 378-4565
Digital Contact Information:
paulafontanes10@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Forbes, Laurie J, MSW, LCSW, LMFT ■
2000 S Dixie Hwy
Ste 103
Miami, FL 33133
(305) 794-6685
Digital Contact Information:
ljforbes@aol.com

and
1000 Lincoln Rd
Ste 234A
Miami Beach, FL 33139
(305) 794-6685
Digital Contact Information:
ljforbes@aol.com

and
FL
(305) 794-6685
Digital Contact Information:
ljforbes@aol.com

and
16499 Northeast 19th Avenue
Suite 213
North Miami Beach, FL 33162
(305) 794-6685
Digital Contact Information:
ljforbes@aol.com

Force, Ali-Reza, MD ■
5911 Northwest 173rd Drive
6 6
Hialeah, FL 33015
(786) 380-9229
Digital Contact Information:
extwebsupport@hcdpbc.org
Other Languages Spoken by Provider or Office Staff Haitian Creole, Spanish

Forero, Michelle, MPSY, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@behavioralaid.com
Other Languages Spoken by Provider or Office Staff
Spanish

Forman, Bruce D, PHD, LP ■
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(415) 840-8911
Digital Contact Information:
rise@withassured.com

Formul, Dieunane, MSW, LCSW ■
1580 NW 10th Ave
Miami, FL 33136
(305) 243-4546
Digital Contact Information:
invictusbhealth@gmail.com

and
9425 SW 72nd St
Miami, FL 33173
(501) 747-1448
Digital Contact Information:
invictusbhealth@gmail.com

and
9425 SW 72nd St
Ste 267
Miami, FL 33173
(305) 243-2245
(954) 601-3445
Digital Contact Information:
invictusbhealth@gmail.com
Other Languages Spoken by Provider or Office Staff Creole

Fort Martinez, Gilza M, MS, LMFT ■
7765 SW 87th Ave
Ste 104
Miami, FL 33173
(305) 412-8440
Digital Contact Information:
gmfort1@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fox, Iris T, MSW, LCSW ■
3580 Mystic Pointe Drive
Aventura, FL 33180
(786) 414-1574
Digital Contact Information:
iris@ifoxtherapy.com

Fraguela, Eduardo R, MHS, LMHC ■
8300 West Flagler Street
STE 258C
Miami, FL 331446002
(786) 592-8470
Digital Contact Information:
olympushcs@gmail.com

and
10691 North Kendall Drive
312
Miami, FL 33176
(786) 592-8470
Digital Contact Information:
olympushcs@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fraguela-Lam, Mayren, MSSW, LCSW ■
10691 North Kendall Drive
312
Miami, FL 33176
(786) 592-8470
Digital Contact Information:
bmhealthserv@gmail.com

and
FL
(786) 592-8470
Digital Contact Information:
bmhealthserv@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Francis, Ashley, MSW, LCSW, LISW ■
FL
(508) 202-1011
Digital Contact Information:
hello@havenroomtherapy.com
Other Languages Spoken by Provider or Office Staff English

Francisco, Leonor, MMH, APN, APRN ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/

find-a-provider/?_patients=y
info@therapies4kids.com

Franco, Evelyn, MA, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
cedentialing@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
cedentialing@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
cedentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
cedentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
cedentialing@banyanhealth.org
Other Languages Spoken by Provider or Office Staff
Spanish

Francois, Natacha, MSN, APRN ■
12955 Biscayne Blvd
Ste 320
North Miami, FL 33181
(305) 895-3231
Digital Contact Information:
credentialing@madrelle.com

Frazier, Susan, MSW, LCSW ■
1825 Northwest 167th Street
SUITE 102
Opa-locka, FL 330564838
(305) 624-7450
Digital Contact Information:
susanyfrazier@gmail.com

Friedman, Rachel, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Frigerio, Ailema, PSYD, LP ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
info@myschoolpsychologistinc.com

Froehler, Luisa V, MMH, LMHC ■
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
http://www.miamipersonalmanagement.com
klopez@miamipersonalmanagement.com

Fruge, Candace, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Fumero, Norialys, MS, LMHC ■
FL
(772) 361-8581
Digital Contact Information:
norialysfumero@gmail.com

and
17670 Northwest 78th Avenue
STE 113
Hialeah, FL 33015
(716) 558-4565
Digital Contact Information:
norialysfumero@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Fundora, Gladys, MMH, BCBA, LMHC ■
1000 Brickell Avenue
Miami, FL 33131
(786) 817-2356
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
http://kidsspotrehab.com
rossconsultingandcredentialing@gmail.com

and
19100 Southwest 106th Avenue
12 12
Miami, FL 33157
(786) 360-2852
Digital Contact Information:
rossconsultingandcredentialing@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gainza Mayo, Mariela D, MSN, APRN ■
7971 Bird Road
15
Miami, FL 33155
(786) 504-5620
Digital Contact Information:
kenia.rodriguez@ffmhs.com

and
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gallimore, Ingrid, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Galvez, Gema, MS, LPC ■
10300 Southwest 72nd Street
275d
Miami, FL 33173
(888) 853-7908
Digital Contact Information:
http://www.bettermindtherapycorp.com
gemagalvez@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Galvis Lundstrom, Silvia, MS, LMHC ■
FL
(305) 866-2242
Digital Contact Information:
silvia.lundstrom@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gammage, Traci, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Garcia, Anthony N, MC, LMHC ■
1951 Northwest 7th Avenue
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
Not Available

Garcia, Armando, MSSW, LCSW ■
8200 Northwest 41st Street
Suite 200
Miami, FL 33166
(305) 613-2842
Digital Contact Information:
https://savinglives.clientsecure.me/melissa@savinglivescounselingcenter.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Garcia Bonhomme, Carla, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Garcia, Calixto, PHD, LP ■
2001 Northwest 107th Avenue
412
Doral, FL 33172
(786) 548-8322
Digital Contact Information:
drcgarciaphd@gmail.com

and
8390 West Flagler Street
107
Miami, FL 33144
(305) 856-9090
Digital Contact Information:
drcgarciaphd@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Dennise, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Garcia Diaz, Marta, MSN, APRN ■
7490 Southwest 23rd Street
201
Miami, FL 33155
(786) 953-8221
Digital Contact Information:
medilineinc@yahoo.com

and
7315 Northwest 36th Street
Miami, FL 33166
(786) 345-7734
Digital Contact Information:
medilineinc@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Gertrudis, MMFT, LMFT ■
1414 Northwest 107th Avenue
204
Doral, FL 33172
(305) 225-8711
Digital Contact Information:
toplifecaresolutions@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 536-7470
Digital Contact Information:
toplifecaresolutions@gmail.com

and
175 Fontainebleau Boulevard
Miami, FL 33172
(305) 960-7124
Digital Contact Information:
toplifecaresolutions@gmail.com

and
10677 North Kendall Drive
ste 5-a
Miami, FL 33176
(305) 225-8711
Digital Contact Information:
http://toplifecaresolutions.com
toplifecaresolutions@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Garcia, Jose A, MS, LCSW ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
esrehabpc@gmail.com

and
5600 Southwest 135th Avenue
STE 203
Miami, FL 33183
(786) 953-4962
Digital Contact Information:
esrehabpc@gmail.com

and
5600 Southwest 135th Avenue
STE 216
Miami, FL 33183
(786) 536-6196
Digital Contact Information:
esrehabpc@gmail.com

and
11981 Southwest 144th Court
202
Miami, FL 33186
(786) 640-0613
Digital Contact Information:
esrehabpc@gmail.com

Garcia, Lauren, MED, LMHC ■
2212 Northwest 91st Street
4058
Miami, FL 33147
(341) 888-7637
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
lauren.garcia371@gmail.com

Garcia, Maria, MS, LMHC ■
15715 S Dixie Hwy
Ste 403
Miami, FL 33157
(305) 707-5966
Digital Contact Information:
movingtowardagape@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Maria J, MS, LMFT ■
8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-2822
Digital Contact Information:
tashaneb@4kids.us

and
17801 Northwest 2nd Avenue
202
Miami, FL 33169
(954) 979-7911
Digital Contact Information:
tashaneb@4kids.us
Other Languages Spoken by Provider or Office Staff
English, Spanish

Garcia, Mario, MDIV, LMHC ■
12280 Southwest 100th Street
Miami, FL 33186
(305) 480-5800
Digital Contact Information:
http://www.neurostrategiccoach.com
drmario@neurostrategiccoach.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Mercedes, MSN, APRN ■
FL
(786) 370-1740
Digital Contact Information:
mercedesgarcia2007@yahoo.com

and
664 East 25th Street
102
Hialeah, FL 33013
(786) 409-5361
Digital Contact Information:
mercedesgarcia2007@yahoo.com

and
7815 Coral Way
Ste 108
Miami, FL 33155
(305) 264-1344
Digital Contact Information:
mercedesgarcia2007@yahoo.com

and
10677 North Kendall Drive
ste 5-a
Miami, FL 33176
(786) 296-2773
Digital Contact Information:

http://toplifecaresolutions.com
mercedesgarcia2007@yahoo.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Garcia, Orlando, MMFT, LMFT ■
FL
(202) 410-5972
(786) 260-3985
Digital Contact Information:
http://www.choosingtherapy.com
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff English, Spanish

Garcia Sanchez, Lilian I, MS, ABA, LMHC ■
30392 Old Dixie Highway
Homestead, FL 33030
(786) 283-0175
Digital Contact Information:
behaviorplusservices@gmail.com

and
30350 SW 156th Ave
Homestead, FL 33033
(786) 481-9833
Digital Contact Information:
behaviorplusservices@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 581-9644
Digital Contact Information:
behaviorplusservices@gmail.com

and
8300 NW 53rd St
Ste 350
Miami, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(786) 581-9644
Digital Contact Information:
behaviorplusservices@gmail.com

and
27132 South Dixie Highway
Naranja, FL 33032
(786) 283-0175
Digital Contact Information:
behaviorplusservices@gmail.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com

Garcia, Sonia, DNP, APRN ■
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
https://www.chgpsychiatry.com/
coastalhcbilling@gmail.com

Garcia, Tiffany, MN, PMHNP ■
2650 Southwest 27th Avenue
Suite 305
Miami, FL 33133
(786) 353-9812
Digital Contact Information:
billingheritagewellness@gmail.com

and
20824 W Dixie Hwy
Miami, FL 33180
(407) 851-5121
Digital Contact Information:
billingheritagewellness@gmail.com

Garcia, Veronica, MSSW, LCSW ■
8340 Southwest 30th Street
Miami, FL 33155
(305) 710-3088
Digital Contact Information:
vgarciaele@gmail.com

and
7520 Southwest 57th Avenue
d
South Miami, FL 33143
(786) 244-5040
Digital Contact Information:
vgarciaele@gmail.com

Garcon, Jose Nadine, PSYD, LP ■
419 W 49th St
Ste 219
Hialeah, FL 33012
(954) 404-7052
Digital Contact Information:
dr.garcon@comcast.net
Other Languages Spoken by Provider or Office Staff Creole

Gardey, Alison, MMFT, LMFT ■
FL
(916) 402-4254
Digital Contact Information:
http://alisongardey.com
alisongardey@gmail.com

Gaston-Toussaint, Gloriann, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Gatliff, Benjamin, MS, BCBA, LMHC, LPC ■
66 W Flagler St
900
Miami, FL 33130
(610) 306-2618
Digital Contact Information:
delegation@psychplus.com

and
777 Brickell Ave
Ste 500
Miami, FL 33131
(786) 490-2181
Digital Contact Information:
http://rockerhealth.org
delegation@psychplus.com

and
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(561) 289-7995
Digital Contact Information:
http://pandatherapycircle.com
delegation@psychplus.com

Gazabon, Shirley A, PHD, LP ■
3650 NW 82nd Ave
Ste 302
Doral, FL 33166
(305) 689-1910
Digital Contact Information:
Not Available

and
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-2301
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
Miami, FL 33136
(305) 355-7777
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
1404A
Miami, FL 33136
(305) 355-7777
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
Fl 3
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
Not Available

and
1695 Northwest 9th Avenue
FL 2
Miami, FL 33136
(305) 355-7077
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff Spanish

Georgescu, Manuela, MD ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
Not Available

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
http://banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
Other Languages Spoken by Provider or Office Staff Spanish

Gerstein, Myriam, MSW, LCSW ■
901 E 10th Ave
Ste 39
Hialeah, FL 33010
(305) 637-6400
Digital Contact Information:
http://www.jtchs.org
mgerstein@jtchs.org

and
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
http://jtchs.org
mgerstein@jtchs.org

and
5607 NW 27th Ave
1
Miami, FL 33142
(305) 805-1700
Digital Contact Information:
mgerstein@jtchs.org

and
1100 NW 71st St
Miami, FL 33150
(305) 637-6400
Digital Contact Information:
mgerstein@jtchs.org

and
1190 NW 95th St
Ste 100
Miami, FL 33150
(305) 637-6400
Digital Contact Information:
mgerstein@jtchs.org

and
FL
(305) 637-6400
Digital Contact Information:
mgerstein@jtchs.org

and
20612 Northwest 27th Avenue
Miami Gardens, FL 33056
(305) 637-6400
Digital Contact Information:
http://jtchs.org
mgerstein@jtchs.org

and
490 Opa Locka Blvd
Opa Locka, FL 33054
(305) 637-6400
Digital Contact Information:
http://www.jtchs.org
mgerstein@jtchs.org
Other Languages Spoken by Provider or Office Staff Spanish

Gibala, Virginia, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@refreshmentalhealth.com

Gibson, Tamiko M, DNP, APRN ■
1550 Madruga Avenue
STE 201
Coral Gables, FL 33146
(305) 740-8103
Digital Contact Information:
infodesk@bregmanmedicalgroup.com

Gil, Margarita I, PHD, LP ■
419 W 49th St
Ste 218
Hialeah, FL 33012
(786) 277-9565
Digital Contact Information:
psychology@drmargaritagil.com
Other Languages Spoken by Provider or Office Staff Spanish

Gillems, Tina, MSW, LCSW ■
18117 Biscayne Boulevard
1229
Miami, FL 33160
(305) 900-3836
Digital Contact Information:
tinagillems@gmail.com

Ginyard, Domoniquie, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Giobio, Agostina L, MPSY, LMHC ■
22790 SW 112th Ave
Miami, FL 33170
(305) 235-2616
Digital Contact Information:
http://www.theagapenetwork.org
Other Languages Spoken by Provider or Office Staff Spanish

Glasper, Tiffany, MSW, LCSW ■
7400 Southwest 88th Street
Miami, FL 33156
(786) 414-6666
Digital Contact Information:
http://www.memorytrainingflorida.com
adavis.mtca@gmail.com

Godoy, Amneris, MSW, LCSW ■
9555 Southwest 175th Terrace
Suite 223
Palmetto Bay, FL 33157
(786) 370-4198
Digital Contact Information:
everlastingachievements@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Goicoechea, Alejandro, MPSY, LMHC ■
15190 SW 136th St
Ste 25
Miami, FL 33196
(786) 626-3970
Digital Contact Information:
https://www.evernorth.com/behavioral-care
alegoicoe@yahoo.com

Goitia, Ariel J, MD ■
4475 Southwest 8th Street
Coral Gables, FL 33134
(786) 536-2872
Digital Contact Information:
general@floridashs.com

and
4810 Southwest 8th Street
Suite 103/104
Coral Gables, FL 33134
(786) 803-8306
Digital Contact Information:
general@floridashs.com

and
3625 Northwest 82nd Avenue
Suite 408
Doral, FL 33166

(786) 217-8510
Digital Contact Information:
general@floridashs.com

and
705 East 8th Avenue
201
Hialeah, FL 33010
(786) 655-0774
Digital Contact Information:
general@floridashs.com

and
15600 Northwest 67th Avenue
204 208
Hialeah, FL 33014
(786) 542-6127
Digital Contact Information:
general@floridashs.com

and
5911 Northwest 173rd Drive
6 6
Hialeah, FL 33015
(786) 380-9229
Digital Contact Information:
general@floridashs.com

and
395 Northwest 14th Avenue
2
Homestead, FL 33030
(786) 349-4350
Digital Contact Information:
general@floridashs.com

and
15260 Southwest 280th Street
113 114
Homestead, FL 33032
(305) 998-7885
Digital Contact Information:
general@floridashs.com

and
5757 Waterford District Drive
Unit 172
Miami, FL 33126
(786) 353-2616
Digital Contact Information:
general@floridashs.com

and
13012 Southwest 85th Avenue
Road
Miami, FL 33156
(305) 456-1549
Digital Contact Information:
general@floridashs.com

and
15715 South Dixie Highway
226
Miami, FL 33157
(305) 849-4186
Digital Contact Information:
general@floridashs.com

and
790 Northwest 107th Avenue
Suite 110
Miami, FL 33172
(305) 964-5426
Digital Contact Information:
general@floridashs.com

and
790 Northwest 107th Avenue
Suite 303
Miami, FL 33172
(786) 605-1660
Digital Contact Information:
general@floridashs.com

and
FL
(786) 980-7496
(786) 605-1660
Digital Contact Information:
general@floridashs.com

and
10300 Southwest 72nd Street
250b
Miami, FL 33173
(787) 433-7751
Digital Contact Information:
general@floridashs.com

and
10511 Southwest 88th Street
c103
Miami, FL 33176
(786) 530-7427
Digital Contact Information:
general@floridashs.com

and
14740 Southwest 26th Street
STE 107
Miami, FL 33185
(305) 388-1118
Digital Contact Information:
general@floridashs.com

and
12448 Southwest 127th Avenue
Miami, FL 33186
(786) 864-1030
Digital Contact Information:
general@floridashs.com

and
11285 Southwest 211 Street
207
Miami, FL 33189
(786) 217-8510
Digital Contact Information:
general@floridashs.com

and
11285 Southwest 211 Street
305
Miami, FL 33189
(786) 980-7496
Digital Contact Information:
general@floridashs.com

Gold, Suzanne, MSW, LCSW ■
9990 Southwest 77th Avenue
217
Miami, FL 33156
(305) 323-1994
Digital Contact Information:
suzy@goldcounseling.net

Gomez, Christie, MC, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
payors@emorahealth.com

and
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
payors@emorahealth.com

Gomez, Claudia, MC, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
lifetherapycoach@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gomez Garcia, Victor E, MS, LMHC ■
12030 Southwest 129th Court
Suite 211
Miami, FL 33186
(305) 639-8760
Digital Contact Information:
http://www.believeandtrusttcm.com
admin@believeandtrusttcm.com

Gomez, Lissette, MA, LMFT ■
2500 SW 107TH AVE
42
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
info@abcsfl.com

and
FL
(786) 615-3334
Digital Contact Information:
info@abcsfl.com
Other Languages Spoken by Provider or Office Staff
English, Creole, Spanish

Gonzales Rocca, Patricia U, MA, LMFT ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gonzalez, Adriana, MSN, APRN ■
11440 N Kendall Dr
Ste 208
Miami, FL 33176
(305) 898-0849
Digital Contact Information:
callisiabilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez Buigas, Nubia, DNP, APRN ■
1454 Southwest 1st Street
Suite #130
Miami, FL 33135
(786) 353-2872
Digital Contact Information:
nubiagonzalez2002@yahoo.com

and
6724 West Flagler Street
Suite B
Miami, FL 33144
(786) 353-2872
Digital Contact Information:
https://psiquiatriajungiana.com
nubiagonzalez2002@yahoo.com

and
FL
(786) 353-2872
Digital Contact Information:
https://psiquiatriajungiana.com
nubiagonzalez2002@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Danyer, MSN, APRN ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
tmedina@hbccmhc.com

and
11440 North Kendall Drive
e208
Miami, FL 33176
(786) 889-0467
Digital Contact Information:
tmedina@hbccmhc.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gonzalez Diaz, Vivian D, PSYD, LP ■
3271 NW 7th St
Ste 203
Miami, FL 33125
(786) 220-6902
Digital Contact Information:
http://www.outpatientpsycare.com
viviangonzalezdiaz@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Francisca, MS, LMHC ■
777 E 25th St
Ste 212
Hialeah, FL 33013
(786) 409-7329
Digital Contact Information:
laluzmentalhealthservices@gmail.com

and
5911 Northwest 173rd Drive
6 6
Hialeah, FL 33015
(786) 380-9229
Digital Contact Information:
laluzmentalhealthservices@gmail.com

and
6187 Northwest 167th Street
STE H26
Hialeah, FL 33015
(305) 705-5666
Digital Contact Information:
laluzmentalhealthservices@gmail.com

and
11401 Southwest 40th Street
#345
Miami, FL 33165
(305) 603-7063
Digital Contact Information:
http://bridgeofcaregroup.com
laluzmentalhealthservices@gmail.com

and
5600 Southwest 135th Avenue
100
Miami, FL 33183
(305) 603-9104
Digital Contact Information:
laluzmentalhealthservices@gmail.com

and
12311 Southwest 133rd Court
23
Miami, FL 33186
(786) 257-7423
Digital Contact Information:
laluzmentalhealthservices@gmail.com

and
12700 Southwest 128th Street
STE 108
Miami, FL 33186
(786) 732-0865
Digital Contact Information:
laluzmentalhealthservices@gmail.com

and
13416 Southwest 128th Street
Miami, FL 33186
(786) 732-0247
Digital Contact Information:
laluzmentalhealthservices@gmail.com

and
5391 Northwest 36th Street
Miami Springs, FL 33166
(305) 418-0580
Digital Contact Information:
laluzmentalhealthservices@gmail.com

and
7500 Sw A St # 203
West Miami, FL 33144
(786) 542-5244
Digital Contact Information:
laluzmentalhealthservices@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gonzalez Garcia, Freysdman, MSW, LCSW ■
900 West 49th Street
B001
Hialeah, FL 33012
(305) 850-3316
Digital Contact Information:
credentialing@billimd.com

and
900 West 49th Street
b505
Hialeah, FL 33012
(786) 663-2822
Digital Contact Information:
credentialing@billimd.com

and
10300 Southwest 72nd Street
261d
Miami, FL 33173
(786) 327-3694
Digital Contact Information:
credentialing@billimd.com

and
12595 Southwest 137th Avenue
STE 110
Miami, FL 33186
(305) 465-9379
Digital Contact Information:
credentialing@billimd.com

Gonzalez Gil, Manuel, MSCC, LMHC ■
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Gloria, PHD, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
professional_counseling@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez Ibarra, Maria L, MS, LMHC ■
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
http://www.hscflorida.com
credentialing@hcsflorida.com

and
4090 Northwest 97th Avenue
300
Doral, FL 33178
(786) 332-4705
Digital Contact Information:
credentialing@hcsflorida.com

and
900 East 9th Street
Hialeah, FL 33010
(305) 381-5294
Digital Contact Information:
credentialing@hcsflorida.com

and
8001 West 26th Avenue
6 6
Hialeah, FL 33016
(786) 372-3262
Digital Contact Information:
credentialing@hcsflorida.com

and
7392 Northwest 35th Terrace
301
Miami, FL 33122
(786) 666-0475
Digital Contact Information:
credentialing@hcsflorida.com

and
7392 Northwest 35th Terrace
Suite 302
Miami, FL 33122
(786) 353-2792
Digital Contact Information:
credentialing@hcsflorida.com

and
1800 Southwest 27th Avenue
505
Miami, FL 33145
(786) 542-9914
Digital Contact Information:
credentialing@hcsflorida.com

and
9350 SW 72nd St
Ste 116
Miami, FL 33173
(305) 992-9768
Digital Contact Information:
credentialing@hcsflorida.com

and
7500 Sw A St # 203
West Miami, FL 33144
(786) 542-5244
Digital Contact Information:
credentialing@hcsflorida.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Jacqueline, MSSW, LCSW ■
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
sasha@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gonzalez, Juan Carlos, MMFT, LMFT ■
7765 SW 87th Ave
Ste 104
Miami, FL 33173
(786) 229-2614
Digital Contact Information:
jc@jcgcounseling.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Karina, MSW, LCSW ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

Gonzalez, Maria, MS, LMFT ■
2020 Ponce de Leon
Suite 1201
Miami, FL 33134
(305) 917-5414
Digital Contact Information:
http://www.psychologybeyond.com
mariatgonzalez.lmft@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Maria C, DMFT, LMFT ■
306 Alcazar Avenue
200
Coral Gables, FL 33134
(305) 967-8725
Digital Contact Information:
cristalchcl1@gmail.com

and
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
cristalchcl1@gmail.com

and
8245 Northwest 36th Street
#3
Doral, FL 33166
(786) 326-6308
Digital Contact Information:
cristalchcl1@gmail.com

and
1840 W 49th St
Ste 607
Hialeah, FL 33012
(305) 828-9980
Digital Contact Information:
cristalchcl1@gmail.com

and
2100 West 76th Street
#209
Hialeah, FL 33016
(786) 201-1088
Digital Contact Information:
cristalchcl1@gmail.com

and
5353 Southwest 8th Street
Miami, FL 33134
(786) 452-0149
Digital Contact Information:
cristalchcl1@gmail.com

and
8080 West Flagler Street
1a
Miami, FL 33144
(786) 615-2640
Digital Contact Information:
cristalchcl1@gmail.com

and
8500 West Flagler Street
Office 107A
Miami, FL 33144
(786) 907-5141
Digital Contact Information:
cristalchcl1@gmail.com

and
7420 Southwest 48th Street
a
Miami, FL 33155
(786) 362-5981
Digital Contact Information:
cristalchcl1@gmail.com

and
10300 Southwest 72nd Street
414
Miami, FL 33173
(813) 468-7905
Digital Contact Information:
cristalchcl1@gmail.com

and
11890 Southwest 8th Street
Suite 207
Miami, FL 33184
(786) 362-5981
Digital Contact Information:
cristalchcl1@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Marinel, MPSY, LMFT ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
http://www.dgphealthandwellness.com
info@dgphealthandwellness.com

and
7900 Oak Lane
464
Hialeah, FL 33016
(786) 542-9915
Digital Contact Information:
info@dgphealthandwellness.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Maylin, MS, LMHC, LPC ■
1550 Madruga Ave
Ste 509
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
kenia.romero@abc4s.com

and
4649 Ponce de Leon
STE 404
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
kenia.romero@abc4s.com

and
1150 Northwest 72nd Avenue
640
Miami, FL 33126
(786) 497-3444
Digital Contact Information:
kenia.romero@abc4s.com

and
15715 South Dixie Highway
Suite 320
Miami, FL 33157
(786) 761-1709
Digital Contact Information:
http://www.strongmindmh.com
kenia.romero@abc4s.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Misleydis, MC, LMHC ■
215 Westward Dr
Miami Springs, FL 33166
(305) 887-4494
Digital Contact Information:
genesisconsultingservices39@gmail.com

Gonzalez Rodriguez, Mileisy, MSCC, LMHC ■
26027 South Dixie Highway
Homestead, FL 33032
(786) 601-7344
Digital Contact Information:
vitaly.credentialing@gmail.com

and
7805 Coral Way
Ste 131
Miami, FL 33155
(786) 307-2066
Digital Contact Information:
vitaly.credentialing@gmail.com

and
7811 SW 24th St
Ste 120
Miami, FL 33155
(305) 916-4310
Digital Contact Information:
vitaly.credentialing@gmail.com

and
FL
(786) 970-6385
Digital Contact Information:
vitaly.credentialing@gmail.com

and
10300 Southwest 72nd Street
414
Miami, FL 33173
(786) 483-7535
Digital Contact Information:
http://www.happydreamsofkids.com
vitaly.credentialing@gmail.com

and
10300 Southwest 72nd Street
300
Miami, FL 33173
(786) 418-9730
Digital Contact Information:
http://www.happydreamsofkids.com
vitaly.credentialing@gmail.com

and
14471 S Dixie Hwy
Miami, FL 33176
(786) 803-8826
Digital Contact Information:
http://www.amorementalhealthcorp.com
vitaly.credentialing@gmail.com

and
9010 Southwest 137th Avenue
101
Miami, FL 33186
(786) 803-8826
Digital Contact Information:
http://amorementalhealthcorp.com
vitaly.credentialing@gmail.com

and
11285 Southwest 211 Street
207
Miami, FL 33189
(786) 217-8510
Digital Contact Information:
vitaly.credentialing@gmail.com

Gonzalez Santana, Gleidys, MS, LMHC ■
142 E 49th St
Hialeah, FL 33013
(305) 333-9166
Digital Contact Information:
gleidysgs80@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0429
Digital Contact Information:
gleidysgs80@gmail.com

and
10691 North Kendall Drive
312
Miami, FL 33176
(786) 592-8470
Digital Contact Information:
gleidysgs80@gmail.com

and
11272 Southwest 137th Avenue
Miami, FL 33186
(786) 600-4809
Digital Contact Information:
http://www.generalmhs.com
gleidysgs80@gmail.com

and
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
gleidysgs80@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gonzalez, Victor, MSN, APRN ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
info@opabh.com

and
3661 S Miami Ave
Ste 503
Miami, FL 33133
(305) 546-4578
Digital Contact Information:
info@opabh.com

and
1901 West Flagler Street
7
Miami, FL 33135
(786) 612-5973
Digital Contact Information:
info@opabh.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez-Joya, Diana, MSW, LCSW ■
3081 Salzedo Street

Suite 202
Coral Gables, FL 33134
(786) 229-6074
Digital Contact Information:
tdjoya@msn.com

Goodrich, Kenny, MC, LMHC ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
perla.delosrios@dadefamily.com

Gordillo, Dorelys, MPSY, LMHC ■
3741 Northwest 11th Street
Miami, FL 33126
(305) 927-5422
Digital Contact Information:
http://palomamentalhealth.com
info@palomamentalhealth.com

and
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
info@palomamentalhealth.com

and
9745 Southwest 184th Street
Palmetto Bay, FL 33157
(305) 927-5422
Digital Contact Information:
info@palomamentalhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gordon, Natalie, MSW, LCSW, LMFT ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
melissa1amaya@yahoo.com

Gordon-Battle, Belinda M, MS, LMHC ■
FL
(240) 472-3486
Digital Contact Information:
bgordonbattle@gmail.com

Gorham, Tania, MMFT, LMFT ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
gorhamtania@gmail.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
gorhamtania@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gorman, Douglas P, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@thriveworks.com

Gosset, Stephanie M, MS, LMHC ■
2600 S Douglas Rd
Ste 1003
Coral Gables, FL 33134
(305) 445-0477
Digital Contact Information:
niegosset@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gould, Felicia, PHD, LP ■
1120 NW 14th St
1447
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
Not Available

and
1120 NW 14th St
1450
Miami, FL 33136
(305) 243-6400
Digital Contact Information:
Not Available

and
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-6400
Digital Contact Information:
Not Available

Graham, Morgan, MSW, LCSW ■
7600 South Red Road
200
South Miami, FL 33143
(786) 508-2207
Digital Contact Information:
angelo@lunapsychology.com
Other Languages Spoken by Provider or Office Staff
Spanish

Grand, Cristina, PSYD, LP ■
4770 Biscayne Blvd
Ste 1440
Miami, FL 33137
(305) 596-4663
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Grant, Amanda, MSW, LCSW ■
14247 Southwest 42nd Street
Miami, FL 33175
(786) 238-6031
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Grant, Carla, MSN, APRN ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
http://www.compasshealthsystems.com
none@gmail.com

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
none@gmail.com

Grava, Lilian, MS, LMFT ■
385 Alhambra Circle
suite c
Coral Gables, FL 33134
(305) 445-9554
Digital Contact Information:
http://wearemindtherapy.com
info@behavioralaid.com

and
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
http://www.behavioralaid.com
info@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
info@behavioralaid.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Green, E'Ula, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Green, Gwendolyn P, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(877) 644-6008
Digital Contact Information:
https://appointment.wellnite.com
insurance@wellnite.com

Green, Lindolyn, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Green, Sari, MS, LCMHC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Green-Scott, Alicia, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
allygreen66@aol.com

Green-Scott, Dashima, MSED, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Grenier, Ivan, MSN, APRN ■
2001 Northwest 107th Avenue
412
Doral, FL 33172
(786) 548-8322
Digital Contact Information:
xavier@southhealthmed.com

and
7959 NW 2nd St
Miami, FL 33126
(305) 267-6060
Digital Contact Information:
xavier@southhealthmed.com

and
3080 W Flagler St
Miami, FL 33135
(305) 456-1600
Digital Contact Information:
xavier@southhealthmed.com

and
5673 Southwest 137th Avenue
Miami, FL 33183
(305) 385-3949
Digital Contact Information:
xavier@southhealthmed.com
Other Languages Spoken by Provider or Office Staff
Spanish

Griffiths, Kimberly, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Grigorova, Marina, MS, LMHC ■
FL
(646) 453-6777
Digital Contact Information:
marinag2804@gmail.com
Other Languages Spoken by Provider or Office Staff
Bulgarian

Grossfeld, Brooke L, MMH, LMHC ■
FL
(305) 501-1674
Digital Contact Information:
https://www.psychologytoday.com/us/therapists/broo
brookegtherapy@gmail.com

Guadagnino, Jeanette, MPSY, LMHC ■
848 Brickell Avenue
5
Miami, FL 33131
(904) 765-0665
Digital Contact Information:
gscounseling@outlook.com

Guardo, Estela, MSCC, LMHC ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
perla.delosrios@dadefamily.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Guemez, Maidember, MMH, LMHC ■
13335 Southwest 124th Street
Suite 212
Miami, FL 33186
(786) 515-4569
Digital Contact Information:
mguemez@sfcounselinggroup.org

and
13590 Southwest 134th Avenue
STE 202
Miami, FL 33186
(786) 515-4569
Digital Contact Information:
mguemez@sfcounselinggroup.org
Other Languages Spoken by Provider or Office Staff
Spanish

Gueron, Orly, MSED, LMFT ■
2999 NE 191st St
Ste 705
Miami, FL 33180
(305) 924-6555
Digital Contact Information:
orly@orlygueron.com
Other Languages Spoken by Provider or Office Staff
Hebrew

Guerra, Evelyn, MS, LMHC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
credentialing@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com
Other Languages Spoken by Provider or Office Staff
Spanish

Guerrelus, Elange, MC, LMHC ■
2801 Northeast 213th Street
Suite 1215
Aventura, FL 33180
(833) 769-3524
Digital Contact Information:
fl-credentialing@lifestance.com
Other Languages Spoken by Provider or Office Staff
English, French

Guevara, Ernesto, MSN, APRN ■
4005 Northwest 114th Avenue
22 22
Doral, FL 33178
(305) 260-6913
Digital Contact Information:
info@improvinglivesnow.com

and
2645 SW 37th Ave
Ste 101
Miami, FL 33133
(786) 530-4080
Digital Contact Information:

info@improvinglivesnow.com
Other Languages Spoken by Provider or Office Staff Spanish

Guevara, Heidi, MC, LMHC ■
250 Catalonia Avenue
Suite 702
Coral Gables, FL 33134
(321) 405-2805
Digital Contact Information:
https://harvestingjoypsychologicalservices.com
harvestingjoypsyservices@gmail.com

and
250 Catalonia Avenue
suite 403
Coral Gables, FL 33134
(321) 405-2805
Digital Contact Information:
https://harvestingjoypsychologicalservices.com
harvestingjoypsyservices@gmail.com

and
3833 Southwest 8th Street
Coral Gables, FL 33134
(321) 405-2805
Digital Contact Information:
harvestingjoypsyservices@gmail.com

and
5901 Northwest 183rd Street
120a
Hialeah, FL 33015
(786) 409-4872
Digital Contact Information:
http://onesoulcmh.com
harvestingjoypsyservices@gmail.com

and
5901 Northwest 183rd Street
Suite 128
Hialeah, FL 33015
(786) 409-4872
Digital Contact Information:
http://onesoulcmh.com
harvestingjoypsyservices@gmail.com

Guilbe, Angelika, MSCC, LMHC ■
FL
(754) 307-6860
Digital Contact Information:
http://www.solrivercounseling.com
angie_guilbe@yahoo.com

Guntin, Yamile, MSW, LCSW ■
3191 Coral Way
607
Miami, FL 33145
(786) 397-7926
Digital Contact Information:
https://headfulloffoliage.com
guntinaleman@gmail.com

and
FL
(786) 397-7926
Digital Contact Information:
https://headfulloffoliage.com
guntinaleman@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Gutierrez, Beatriz, MSN, APRN ■
FL
(954) 765-6505
Digital Contact Information:
https://optimalmindandwellness.com/our-focus
beatriz@optimalmindandwellness.com

Gutierrez, Damian, MC, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
credentialing@banyanhealth.org

Gutierrez, Giselle E, PSYD, LP ■
10691 N Kendall Dr
Ste 105
Miami, FL 33176
(305) 668-6018
Digital Contact Information:
cartayagroup@gmail.com

Gutierrez, Rina L, MS, LMFT ■
10229 Northwest 9th Street Circle
204 204
Miami, FL 33172
(786) 457-9963
Digital Contact Information:
http://rinagutierrez.com
lic.rinagutierrez@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Guzman, Francisco J, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
providerenrollment@geodehealth.com
Other Languages Spoken by Provider or Office Staff Spanish

Haber, Alberto H, MHS, LMHC ■
1045 Kane Concourse
207-208
Bay Harbor Islands, FL 33154
(305) 866-3866
Digital Contact Information:
ahaberlmhc@aol.com

and
1045 Kane Concourse
207
Bay Harbor Islands, FL 33154
(305) 866-3866
Digital Contact Information:
ahaberlmhc@aol.com
Other Languages Spoken by Provider or Office Staff Portuguese, Spanish

Haider, Shamshad, MED, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff Farsi, Urdu, Arabic, Hindi

Hakiel-Calcaterra, Judy, MA, LMHC ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
jhctherapy@gmail.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
jhctherapy@gmail.com

Hale, Mecia, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
rcm_enrollment@eastersealsmorc.org

Hall, Magenta V, MSN, APRN ■
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
providercredentialing@aimmccs.com
Other Languages Spoken by Provider or Office Staff English

Halliday, Anna, MED, LMHC ■
3580 Mystic Pointe Drive
Suite 108
Aventura, FL 33180
(305) 205-3810
Digital Contact Information:
support@hstherapycollective.com

and
820 Northeast 143rd Street
North Miami, FL 33161
(305) 205-3810
Digital Contact Information:
http://hstherapycollective.com
support@hstherapycollective.com

Hamilton, Andrea, MC, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
help@joinuplift.co

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Hansard, Tahsha, MS, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Hansen, Angela M, MSW, LCSW ■
395 Northwest 14th Avenue
2
Homestead, FL 33030
(786) 349-4350
Digital Contact Information:
supramedicalbilling@gmail.com

and
8300 West Flagler Street
124
Miami, FL 33144
(305) 877-6650
Digital Contact Information:
supramedicalbilling@gmail.com

and
4995 Southwest 72nd Avenue
401
Miami, FL 33155
(786) 558-5860
Digital Contact Information:
supramedicalbilling@gmail.com

and
10300 SW 72nd St
Ste 230
Miami, FL 33173
(786) 536-5710
Digital Contact Information:
supramedicalbilling@gmail.com

and
10300 Southwest 72nd Street
Suite 350
Miami, FL 33173
(305) 603-9204
Digital Contact Information:
supramedicalbilling@gmail.com

and
10677 North Kendall Drive
ste 5-a
Miami, FL 33176
(786) 296-2773
Digital Contact Information:
supramedicalbilling@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Haramboure, Yuliet, MSN, APRN ■
12030 Southwest 129th Court
Suite 211
Miami, FL 33186
(305) 639-8760
Digital Contact Information:
http://www.believeandtrusttcm.com
admin@believeandtrusttcm.com

Harmon, Aprill, MSSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Harmon, Portia, MC, LMHC, LPCC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Harris, Gail L, MSW, LCSW ■
975 Arthur Godfrey Rd
Ste 303
Miami Beach, FL 33140
(786) 210-4814
Digital Contact Information:
gailkayharris@gmail.com

Harris, Keith, MSW, LMSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Harris, Teresa Q, MA, LPC ■
FL
(650) 761-9770
Digital Contact Information:
psychoanalyst42@protonmail.com

Harrison, Doris, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Hart, Monique, MSW, LCSW, LICSW ■
FL
(508) 202-1011
Digital Contact Information:
http://orendapsych.com
mohart@3qhartcounseling.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
mohart@3qhartcounseling.com

Hassan, Hamlet R, MD ■
4475 Southwest 8th Street
Coral Gables, FL 33134
(786) 536-2872
Digital Contact Information:
bcd.ahcs@outlook.com

and
3146 Coral Way
FL 2
Coral Gables, FL 33145
(786) 953-8874
Digital Contact Information:
bcd.ahcs@outlook.com

and
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
bcd.ahcs@outlook.com

and
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
bcd.ahcs@outlook.com

and
664 E 25th St
Hialeah, FL 33013
(786) 409-2651
Digital Contact Information:
bcd.ahcs@outlook.com

and
664 East 25th Street
102
Hialeah, FL 33013
(786) 409-5361
Digital Contact Information:
bcd.ahcs@outlook.com

and
7490 Southwest 23rd Street
201
Miami, FL 33155
(786) 953-8221
Digital Contact Information:
bcd.ahcs@outlook.com

and
760 Northwest 107th Avenue
110
Miami, FL 33172
(786) 409-3800
Digital Contact Information:
bcd.ahcs@outlook.com

and
10511 North Kendall Drive
c201
Miami, FL 33176
(305) 274-5319
Digital Contact Information:
bcd.ahcs@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hayes, Lakisha, MA, LPC ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(503) 427-8094
Digital Contact Information:
info@findbestself.com

Heard, Chelsea, MSSW, LCSW ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
chelseaheardcounseling@gmail.com

Helmi, Jehan F, MD ■
1501 Biscayne Boulevard
#501
Miami, FL 33132
(818) 600-2034
Digital Contact Information:
amanda.kudoba@uhsinc.com
Other Languages Spoken by Provider or Office Staff
English, Turkish, Arabic

Henderson, Kimberly, MSW, LCSW ■
FL
(305) 804-9121
Digital Contact Information:
http://www.sfacounseling.org
info@sfacounseling.org

Hennings, Sydne, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/payors@emorahealth.com

Henriquez, Maribi, MSW, LCSW ■
14261 Southwest 120th Street
108 628
Miami, FL 33186
(786) 372-0096
Digital Contact Information:
contact@projectchula.com

and
FL
(786) 372-0096
Digital Contact Information:
contact@projectchula.com

Henry, Sheryl, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Herbert, Queenesha G, MA, LCPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
credentialing@wellnite.com

Heretoiu, Luminita D, MC, LMHC ■
2650 Biscayne Blvd
Miami, FL 33137
(954) 639-9873
Digital Contact Information:
http://www.artoftalktherapy.com
lthouriee@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Hernandez, Alfredo, MS, LMHC ■
7700 North Kendall Drive
807
Miami, FL 33156
(415) 941-4109
Digital Contact Information:
nicholas@md-access.net

Hernandez, Amy M, MD ■
3750 West 16th Avenue
126u
Hialeah, FL 33012
(786) 609-1765
Digital Contact Information:
lfmcbilling@gmail.com

and
3750 West 16th Avenue
140u
Hialeah, FL 33012
(786) 609-1765
Digital Contact Information:
lfmcbilling@gmail.com

and
640 W Palm Dr
Ste D
Homestead, FL 33034
(786) 601-7757
Digital Contact Information:
lfmcbilling@gmail.com

and
640 West Palm Drive
c
Homestead, FL 33034
(305) 793-4701
Digital Contact Information:
lfmcbilling@gmail.com

and
2199 West Flagler Street
Miami, FL 33135
(305) 643-0550
Digital Contact Information:
http://www.lafamiliamiami.com
lfmcbilling@gmail.com

and
1797 Coral Way
Miami, FL 33145
(786) 464-0673
Digital Contact Information:
lfmcbilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Anabelle, MMFT, LMFT ■
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
annabellehernandez@brightsyhealthfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Arlenys, MD ■
801 Monterey Street
202
Coral Gables, FL 33134
(786) 803-8306
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
900 West 49th Street
STE 400
Hialeah, FL 33012
(305) 587-2231
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
5911 Northwest 173rd Drive
6 6
Hialeah, FL 33015
(786) 380-9229
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
5455 Southwest 8th Street
235
Miami, FL 33134
(305) 794-8218
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
4995 Southwest 72nd Avenue
401
Miami, FL 33155
(786) 558-5860
Digital Contact Information:
rossconsultingandcredentialing@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Hernandez, Belkis, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
office@cartwheelcare.org

Hernandez Cardenache, Rene D, PSYD, LP ■
1295 NW 14th St
Ste E
Miami, FL 33125
(305) 689-1352
Digital Contact Information:
ccardenache@yahoo.com

and
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-2301
Digital Contact Information:
ccardenache@yahoo.com

and
1695 NW 9th Ave
1404A
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
ccardenache@yahoo.com

and
1695 NW 9th Ave
Fl 14
Miami, FL 33136
(305) 243-4782
Digital Contact Information:
ccardenache@yahoo.com

and
1695 NW 9th Ave
Fl 3
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
ccardenache@yahoo.com

and
12955 SW 42nd St
Miami, FL 33175
(305) 559-0050
Digital Contact Information:
ccardenache@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Cibeles, PHD, LP ■
3400 Coral Way
Ste 402
Miami, FL 33145
(305) 567-0270
Digital Contact Information:
chernandezphd@bellsouth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Diana, MC, LMHC ■
2500 Southwest 107th Avenue
41
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
info@abcsfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez Escajadillo, Gloria, MS, LMHC ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
hdezescajadillo@yahoo.com

Hernandez, Juan D, MED, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
contracting@confidanthealth.com

Hernandez, Maria, MC, LMHC ■
4649 Ponce de Leon
STE 404
Coral Gables, FL 33146
(786) 653-3719
Digital Contact Information:
kenia.romero@abc4s.com

and
3498 Northwest 7th Street
Miami, FL 33125
(786) 653-3719
Digital Contact Information:
kenia.romero@abc4s.com

and
Home Based Services Only
South Miami, FL 33146
(786) 536-9714
Digital Contact Information:
kenia.romero@abc4s.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Hernandez Ruiz, Katiana E, MS, LMHC ■
5901 Southwest 74th Street
Suite 201
South Miami, FL 33143
(786) 638-9074
Digital Contact Information:
hummingmindsmia@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Yandy, MMH, LMHC ■
1250 Southwest 27th Avenue
207
Miami, FL 33135
(786) 522-7203
Digital Contact Information:
cabehavior@gmail.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(786) 522-7203
Digital Contact Information:
cabehavior@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Yanet, MSN, APRN ■
FL
(239) 244-2022
(786) 440-0904
Digital Contact Information:
http://www.mdpsclinic.com

consulting@fdgmso.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Hernandez-Cuevas, Maria, MS, LMHC ■
10691 Southwest 88th Street
Suite 110
Miami, FL 33176
(305) 595-5485
Digital Contact Information:
mariahcuevas@gmail.com

Hernando-Valdes, Carmen, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff English, Haitian Creole, Haitian, Spanish

Herran, Onilda, MD ■
2001 Northwest 107th Avenue
412
Doral, FL 33172
(786) 548-8322
Digital Contact Information:
Not Available

and
551 East 49th Street
Hialeah, FL 33013
(305) 534-0076
Digital Contact Information:
Not Available

and
151 NW 11th St
Ste E102
Homestead, FL 33030
(305) 534-0076
Digital Contact Information:
Not Available

and
3080 W Flagler St
Miami, FL 33135
(305) 456-1600
Digital Contact Information:
Not Available

and
7500 SW 8th St
Miami, FL 33144
(305) 534-0076
Digital Contact Information:
Not Available

and
9611 SW 40th St
Miami, FL 33165
(305) 534-0076
Digital Contact Information:
Not Available

and
8756 Southwest 8th Street
Miami, FL 33174
(786) 223-9751
Digital Contact Information:
Not Available

and
1200 Alton Rd
Miami Beach, FL 33139
(305) 534-0076
Digital Contact Information:
Not Available

and
12625 West Dixie Highway
North Miami, FL 33161
(305) 777-2554
Digital Contact Information:
Not Available

and
12550 Biscayne Blvd
Ste 100
North Miami, FL 33181
(305) 534-0076
Digital Contact Information:
Not Available

Herrera, Anouk, MSW, LCSW ■
380 Giralda Avenue
507w
Coral Gables, FL 33134
(786) 277-2938
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
10200 Northwest 25th Street
211
Doral, FL 33172
(305) 381-0346
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
900 West 49th Street
STE 400
Hialeah, FL 33012
(305) 587-2231
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
1150 Northwest 72nd Avenue
700
Miami, FL 33126
(305) 815-1277
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
7270 Northwest 12th Street
Suite 810
Miami, FL 33126
(786) 718-2390
Digital Contact Information:
http://www.globalrehab.com
rossconsultingandcredentialing@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 832-6630
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
11401 Southwest 40th Street
#345
Miami, FL 33165
(305) 603-7063
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
4995 Northwest 72nd Avenue
102
Miami, FL 33166
(786) 360-3584
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
12700 Southwest 128th Street
STE 108
Miami, FL 33186
(786) 732-0865
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
13205 Southwest 137th Avenue
224 225
Miami, FL 33186
(786) 290-9192
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
13335 Southwest 124th Street
STE 214
Miami, FL 33186
(786) 429-1495
Digital Contact Information:
rossconsultingandcredentialing@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Herrera, Korina, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Herrera, Ludim E, MSN, APRN ■
1710 Northwest 7th Street
STE 5-6-7
Miami, FL 331253500
(786) 409-2568
Digital Contact Information:
novosbhc@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Hershman, Kelley P, MA, LMHC ■
14211 Southwest 120th Street
107
Miami, FL 33186
(917) 592-2345
Digital Contact Information:
khershman@thesohocenter.com
Other Languages Spoken by Provider or Office Staff Spanish

Heseltine, Jenifer L, MSW, LCSW ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
info@riviamind.com

Hidalgo, Sused, MSN, APRN ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
cmontedeoca@myadvixor.com

and
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
cmontedeoca@myadvixor.com

and
5245 Northwest 36th Street
Unit 209
Miami Springs, FL 33166
(786) 453-6812
Digital Contact Information:
cmontedeoca@myadvixor.com
Other Languages Spoken by Provider or Office Staff Spanish

Hierholzer, Autumn, MSW, LCSW ■
2999 Northeast 191st Street
600
Miami, FL 33180
(786) 981-0640
Digital Contact Information:
ga1@turnwell.com

Hill, Denise, CAP, MA ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
Not Available

Hill, Felicia M, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@lifestance.com

Hoffmann, Adriana, MC, LMHC ■
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
http://www.miamipersonalmanagement.com
klopez@miamipersonalmanagement.com
Other Languages Spoken by Provider or Office Staff Spanish

Hood, Linda, PHD, LMHC ■
1351 Meridian Avenue
Miami Beach, FL 33139
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
ebcg-support@findoctave.com

Hooks, Sylvia, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Hope, Maria M, MS, LMHC ■
13054 Southwest 133rd Court
FL 2
Miami, FL 33186
(305) 407-8165
Digital Contact Information:
mercyb.familytherapy@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Hopkins, Sharon B, PHD, LP ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
cpadilla@deeroaks.com
Other Languages Spoken by Provider or Office Staff French

Hopps, Allison M, MSN, APRN ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Horwitz, Andrea, MSW, LCSW ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
contact@daopl.rog

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
contact@daopl.rog

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
contact@daopl.rog

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
contact@daopl.rog

Hoyos, Julieth, MS, LMHC ■
1175 Northeast 125th Street
320
Miami, FL 33161
(786) 842-0444
Digital Contact Information:
http://www.marriagefamilyservices.com
marriagefamilyservices@comcast.net

Hubbard, Katheryn G, MSW, LCSW ■
FL
(508) 202-1011
Digital Contact Information:
support@sevenstarling.com

Huber, Rose, PSYD, LP ■
7330 Southwest 62nd Place
STE 210
South Miami, FL 33143
(786) 801-3883
Digital Contact Information:
info@miamivipsurgery.com

Huberman, Milagros, MS, LMHC ■
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(305) 562-9585
Digital Contact Information:
lmhcnccpa@gmail.com

Other Languages Spoken by Provider or Office Staff English, Spanish

Hunt, Megan, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Huss, Margaret R, MC, LCMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
credentialing@thriveworks.com

Hussain, Jasmine, MA, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Hutchings, Ryan, MA, LMFT ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
hello@handspringhealth.com

Ibarra, Deborah V, MSN, APRN ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
contact@elevatepsychiatry.com

and
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
contact@elevatepsychiatry.com

and
10300 SW 72nd St
Ste 230
Miami, FL 33173
(786) 536-5710
Digital Contact Information:
contact@elevatepsychiatry.com
Other Languages Spoken by Provider or Office Staff Spanish

Ibarra, Melissa J, MS, LMHC ■
9220 Sunset Drive
104
Miami, FL 33173
(786) 724-4224
Digital Contact Information:
admin@vita-cog.com

and
FL
(786) 497-3375
Digital Contact Information:
https://www.srfhealinghelp.net/
admin@vita-cog.com

Other Languages Spoken by Provider or Office Staff English

Ibarra, Teresita, MS, BCBA, LMFT ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
http://www.appliedbhs.com
kairoscounselinggroup@gmail.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
http://appliedbhs.com
kairoscounselinggroup@gmail.com

and
8707 Southwest 159th Path
Miami, FL 33193
(786) 444-6433
Digital Contact Information:
kairoscounselinggroup@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Iglesias, Marta, MS, LMHC ■
3081 Salzedo Street
Suite 202
Coral Gables, FL 33134
(786) 294-5624
Digital Contact Information:
http://www.mi-counselor.com
lyam@credentialingconsultants.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Incera, Cesar B, MPSY, LMHC ■
9485 SW 72nd St
Ste A202
Miami, FL 33173
(305) 670-0204
Digital Contact Information:
cince3@aol.com
Other Languages Spoken by Provider or Office Staff French, Spanish

Iqbal, Sabih H, MD ■
2100 Coral Way
Coral Gables, FL 33145
(786) 320-1677
Digital Contact Information:
http://www.ydzm.org
hassan.nazir@trumediq.com

and
19001 Southwest 106th Avenue
Suite C-109
Cutler Bay, FL 33157
(305) 255-9806
Digital Contact Information:
http://miamihealthcenterss.com
hassan.nazir@trumediq.com

and
3750 West 16th Avenue
208 210
Hialeah, FL 33012
(305) 301-3283
Digital Contact Information:
https://www.serenitytms.com/
hassan.nazir@trumediq.com

and
600 Northwest 35th Avenue
202 203
Miami, FL 33125
(786) 907-4984
Digital Contact Information:
hassan.nazir@trumediq.com

and
1000 Brickell Avenue
Ste 715-1871
Miami, FL 33131
(800) 954-4558
Digital Contact Information:
hassan.nazir@trumediq.com

and
7481 Southwest 40th Street
Miami, FL 33155
(786) 536-9143
Digital Contact Information:
hassan.nazir@trumediq.com

and
12255 Southwest 132nd Court
Miami, FL 33186
(305) 964-5157
Digital Contact Information:
hassan.nazir@trumediq.com

and
12700 Southwest 128th Street
STE 108
Miami, FL 33186
(786) 830-0212
Digital Contact Information:
hassan.nazir@trumediq.com

and
13335 Southwest 124th Street
STE 211
Miami, FL 33186
(786) 551-8253
Digital Contact Information:
hassan.nazir@trumediq.com

Ireton, Vivian L, MSW, LCSW ■
66 W Flagler St
900
Miami, FL 33130
(786) 244-7690
Digital Contact Information:
rgunton@lumenhealthservices.com

and
1221 Brickell Avenue
ste 900
Miami, FL 33131
(786) 244-7690
Digital Contact Information:
rgunton@lumenhealthservices.com

and
2212 Northwest 91st Street
Miami, FL 33147
(341) 888-7637
Digital Contact Information:
rgunton@lumenhealthservices.com

Isma, Laguerda, MS, LMHC ●
1001 North Miami Beach Boulevard
North Miami Beach, FL 33162
(786) 320-5559
Digital Contact Information:
kimberly@growthcounselingandtherapy.com

Jackson, Candice, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Jacobs, Jessica, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Jacobstein, Amy J, PSYD, LP ■
10305 NW 41st St
Ste 205
Doral, FL 33178
(305) 718-9800
Digital Contact Information:
amyjacobstein@gmail.com

and
8200 SW 117th Ave
Ste 202
Miami, FL 33183
(305) 274-9206
Digital Contact Information:
amyjacobstein@gmail.com

James, Stephanie, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Jangira, Henry, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Jaramillo, Kate M, MMFT, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@joinuplift.co

Jaramillo Mangia, Mary, MMH, LMHC ■
4302 Alton Rd
Ste 500
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com
Other Languages Spoken by Provider or Office Staff Spanish

Jean Mary, Jean Rony, MD ■
3500 NW 17th Ave
Miami, FL 33142
(305) 633-6777
Digital Contact Information:
jmrmedicalservicesinc@gmail.com
Other Languages Spoken by Provider or Office Staff Creole

Jean-Baptiste, Odeline, MSW, LCSW ■
12000 Biscayne Boulevard
Ste 211
North Miami, FL 33181
(305) 705-5611
Digital Contact Information:
http://therapywalkinnovativecounseling.com
odeline@therapywalkinnovativecounseling.com

and
FL
(305) 705-5611
Digital Contact Information:
http://therapywalkinnovativecounseling.com
odeline@therapywalkinnovativecounseling.com

Jean-Francois, Herold, MSN, APRN ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Jefferson, Shanna, MSW, LCSW, LISW-CP ■
FL
(800) 567-5433
Digital Contact Information:
http://therapywithshanna.com
appointments@meetmarvin.com

Jenssen, Mary, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Jent, Jason F, PHD, LP ■
1150 NW 14th St
411
Miami, FL 33136
(305) 243-7550
Digital Contact Information:
jjent@med.miami.edu

and
1601 NW 12th Ave
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
jjent@med.miami.edu

and
1601 NW 12th Ave
4046
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
jjent@med.miami.edu

Jerry, Trondi, MC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
anewyou86@gmail.com

Jimenez, Alyssa, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Jimenez, Graciela, MMFT, LMFT ■
7400 SW 87th Ave
260

Miami, FL 33173
(786) 595-8040
Digital Contact Information:
managedcarecredentialing@baptisthealth.net

Jimenez, Yousy, MC, LMHC ■
22790 SW 112th Ave
Miami, FL 33170
(305) 235-2616
Digital Contact Information:
http://www.theagapenetwork.org
hcncredentialingcoordinators@hcnetwork.org
Other Languages Spoken by Provider or Office Staff Spanish

Johnson, Delisea K, MSW, LCSW ■
FL
(508) 202-1011
Digital Contact Information:
http://www.bpoqe.org
support@advantagepointbehavioral.com

Johnson, Dione N, PHD, LP ■
FL
(800) 567-5433
Digital Contact Information:
https://totallife.com/
help@prosprhealth.io
Other Languages Spoken by Provider or Office Staff English

Johnson, Kamla D, MSW, LCSW ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
http://www.dgphealthandwellness.com
adams@pcmgfl.com
Other Languages Spoken by Provider or Office Staff English

Johnson, Rhonda, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
contact@secounselingservices.com

Johnson, Shatiria, MS, LMHC ■
2125 Biscayne Boulevard
275
Miami, FL 33137
(415) 941-4109
Digital Contact Information:
ebcg-support@findoctave.com

and
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 507-8220
Digital Contact Information:
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff English

Johnson, Sherika, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Jonas, Alfred, MD ■
8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-2822
Digital Contact Information:
http://www.mgmbehavioral.com
bhcofl@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Jones, Alicia, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Jones, Amy, MSW, LCSW ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Jones, Savannah L, PA, PA_C ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
https://www.compasshealthsystems.com
intake@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compassshealthsystems.com
intake@compass.md

Jones, Toni-Anne, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Jorge, Karen, PA, PA_C ■
8400 Northwest 33rd Street
Ste 201
Miami, FL 33122
(844) 655-4827
Digital Contact Information:
karenj0204@gmail.com

Joseph, Marie I, MSN, APRN ■
111 Northwest 183rd Street
Suite 203
Miami, FL 33169
(786) 809-4101
Digital Contact Information:
heavenlysoulscare@gmail.com
Other Languages Spoken by Provider or Office Staff Creole

Josey, Denise, MD ■
15271 Northwest 60th Avenue
201
Hialeah, FL 33014
(305) 992-4008
Digital Contact Information:
vanessa@livingcaretherapy.com

and
789 Northwest 27th Avenue
Miami, FL 33125
(772) 241-9222
Digital Contact Information:
vanessa@livingcaretherapy.com

and
799 Southwest 73rd Court
Miami, FL 33144
(305) 992-4008
Digital Contact Information:
vanessa@livingcaretherapy.com
Other Languages Spoken by Provider or Office Staff Spanish

Joubert Collazo, Leslie, MMH, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
ultrahealth86@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Juan, Lenon, MBS, LMHC ■
901 E 10th Ave
Ste 39
Hialeah, FL 33010
(305) 637-6400
Digital Contact Information:
https://www.jtchs.org/
algarcia@jtchs.org

and
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
https://www.jtchs.org/
algarcia@jtchs.org

and
5607 NW 27th Ave
1
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
algarcia@jtchs.org

and
1100 NW 71st St
Miami, FL 33150
(305) 637-6400
Digital Contact Information:
https://www.jtchs.org/
algarcia@jtchs.org

and
1190 NW 95th St
Ste 100
Miami, FL 33150
(305) 637-6400
Digital Contact Information:
https://www.jtchs.org/
algarcia@jtchs.org

and
20612 Northwest 27th Avenue
Miami Gardens, FL 33056
(305) 637-6400
Digital Contact Information:
https://www.jtchs.org/
algarcia@jtchs.org

Kalilikane, Samantha, PSYD, LP ■
9220 Sunset Drive
104
Miami, FL 33173
(786) 724-4224
Digital Contact Information:
4imuacenter@gmail.com

Kanenbley, Melissa, MSW, LCSW ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
acc@advancedclientcare.org

Kaplan, Alexander, MS, LCSW ■
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
btaalex11@yahoo.com

Kapoor, Kalvin, DO ■
66 W Flagler St
900
Miami, FL 33130
(305) 204-5372
Digital Contact Information:
http://www.vitalpsych.com
vitalpsychmd@gmail.com

Karolewicz, Hannah N, MS, LMHC, LPC, LPCC ■
15715 South Dixie Highway
Suite 320
Miami, FL 33157
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
taniaperez@lightofhopebehavior.com

Karoub, Arielle E, MS, LCMHC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Kastrinos, Marlene M, MSW, LCSW ■
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
emotionaltherapy@aol.com

Katsigeorgis, Joanna, PHD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
mshain@seniorcaretherapy.com
Other Languages Spoken by Provider or Office Staff Greek

Kay, Alexander, MSW, LCSW ■
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(561) 289-7995
Digital Contact Information:
pandatherapycircle@gmail.com

Kburg, Regina I, PSYD, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
office@pasadenaclinicalgroup.com
Other Languages Spoken by Provider or Office Staff Spanish

Keltgen, Joan, MED, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Kember, Santiago, MMH, LMHC ■
9245 Southwest 157th Street
Suite 203
Miami, FL 33157
(305) 642-7600
Digital Contact Information:
http://www.regishouse.org
credentialing@regishouse.org

Kempler, Arielle, MSW, LCSW ■
1110 Brickell Avenue
Suite 502
Miami, FL 33131
(203) 693-4917
Digital Contact Information:
info@revivecfw.com

Kepley, Gabriela, MSSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
colgate5326@gmail.com

Kerwin, Mary L, DO ■
7270 Northwest 12th Street
430
Miami, FL 33126
(786) 615-2843
Digital Contact Information:
garciarehab5600@gmail.com

and
5600 Southwest 135th Avenue
100
Miami, FL 33183
(305) 603-9104
Digital Contact Information:
garciarehab5600@gmail.com

Khachatryan, Sunny, PHD, LMHC, LPCC ■
1001 Brickell Bay Dr
2701
Miami, FL 33131
(305) 742-5429
Digital Contact Information:
appointments@meetmarvin.com

Kiesch, Joy, MSW, LCSW ■
2915 Biscayne Boulevard
Suite 300-4
Miami, FL 33137
(786) 398-4747
Digital Contact Information:

contactus@goldenvibescounseling.com

Kifer, Koyt B, MC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff Sign Lang Amer

Killackey, Debra, MMH, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
professional_counseling@yahoo.com

and
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
professional_counseling@yahoo.com

Kimball, Alison R, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@directionsforliving.org

King, Lakendra, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
jane.mohammad@daybreakhealth.com

Kirkwood, Pamela, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Klanot, Paula, PSYD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
hello@emorahealth.com

Kniess, Lorinda, MED, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Knowles, Madison, MS, LCMHC, LCPC, LMHC, LPC, LPCC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
mbknowles772@aim.com

Knuth, John, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Kochen, Adriana, MSW, LCSW ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
http://www.behavioralaid.com
credentialing@behavioralaid.com

and
7811 Coral Way
106
Miami, FL 33155
(305) 412-0138
Digital Contact Information:
credentialing@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com
Other Languages Spoken by Provider or Office Staff
Spanish

Kockler, Lucas, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Konicki, Emily, MS, LMFT ■
1175 Northeast 125th Street
320
Miami, FL 33161
(786) 842-0444
Digital Contact Information:
http://www.marriagefamilyservices.com
marriagefamilyservices@comcast.net

Kononowech, Jennifer, MSW, LMSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Krakowski, David, MSSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Kruszel, Liliana B, MA, LMHC ■
782 NW Le Jeune Rd
Ste 533
Miami, FL 33126
(305) 558-7400
Digital Contact Information:
daliamer@aol.com

and
6175 NW 153rd St
Ste 404
Miami Lakes, FL 33014
(305) 558-7400
Digital Contact Information:
daliamer@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Kudolo, Diane, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
dmk.lpc2011@gmail.com

Kunmann, Eileen, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
ebcg-support@findoctave.com

Kuppers, Alan, MS, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
Not Available

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
3850 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
http://banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

Kurtz, Steven R, MSW, LCSW ■
5979 NW 151st St
Ste 201
Miami Lakes, FL 33014
(305) 823-7314
Digital Contact Information:
headjamer@aol.com

Kushner, David, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Kwarchak, Matthew, MS, LMHC ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
credentialing@vitaehealthportal.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
credentialing@vitaehealthportal.com

Kyger-Skidgel, Brenda, MED, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
members@wellnite.com

Labossiere, Danielle H, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com

Lacasse, Jennifer, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Lacayo, Kassandra, MMFT, LMFT ■
7400 Southwest 50th Terrace
STE 303
Miami, FL 33155
(786) 738-4045
Digital Contact Information:
http://psychcarecenter.com/
psychcarecc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lafratta, Joanna, MSW, LCSW ■
FL
(831) 920-7907
Digital Contact Information:
https://www.mammha.com/
alex@getmammha.com

Lagar, Maria R, MSW, LCSW ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com

Lagravere, Rose Mary, MSCC, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
acc@advancedclientcare.org

Lake, Laverne, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Lake, Michelle, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
frontdesk@insighttherapy.us

Lalama, Christina, MMH, LMHC ■
7875 SW 104th St
Ste 101
Miami, FL 33156
(305) 576-6550
Digital Contact Information:
http://www.jcsfl.org
insurance@jcsfl.org

Lamazares, Mary, MS, LMHC ■
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
morecounseling@gmail.com

and
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
morecounseling@gmail.com

and
9125 SW 87th Ave
Miami, FL 33176
(305) 735-3919
Digital Contact Information:
morecounseling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lamons, Jackie D, DSW, LCSW ■
FL
(954) 348-5230
Digital Contact Information:
https://www.blueoasis.online/
jackielamonsdsw@gmail.com

Lampkin, Craig, MS, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:

https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Landa, Rosario, MS, LMHC ■
8353 SW 124th St
Ste 204E
Miami, FL 33156
(305) 283-7039
Digital Contact Information:
youthedmiami@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Landes, Debra M, MED, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
landeslmhc@gmail.com

Lara, Xiomara, MMH, LMHC ■
FL
(305) 303-0581
Digital Contact Information:
conflict62@hotmail.com

and
11055 Southwest 186th Street
#101
Miami, FL 33157
(305) 342-4893
Digital Contact Information:
conflict62@hotmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lartey, Claudia, MC, LMFT ■
FL
(470) 235-4041
Digital Contact Information:
helllo@janelledawsey.com

Lau, Scheree, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Layden, Paul G, PHD, LP ■
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
pglayden3@bellsouth.net
Other Languages Spoken by Provider or Office Staff English

Lazaro, Paulo G, MSW, LCSW ■
13499 Biscayne Blvd
Ste 208
North Miami, FL 33181
(305) 206-2899
Digital Contact Information:
paulolazarolcsw@gmail.com

and
13499 Biscayne Boulevard
218
North Miami, FL 33181
(305) 206-2899
Digital Contact Information:
paulolazarolcsw@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Lebron Ginorio, Michelle, MD ■
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
rehabcenterag@gmail.com

and
10300 Southwest 72nd Street
300
Miami, FL 33173
(786) 418-9730
Digital Contact Information:
http://www.happydreamsofkids.com
rehabcenterag@gmail.com

and
12150 Southwest 128th Court
Suite 233
Miami, FL 33186
(786) 238-7666
Digital Contact Information:
rehabcenterag@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ledon, Nicolas I, MS, LMHC ■
4300 Biscayne Boulevard
STE 203
Miami, FL 33137
(786) 514-6362
Digital Contact Information:
http://www.baypoint-therapy.com
nledon@baypoint-therapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lee, Edmond, MSN, APRN ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Lefler, Linda, MD ■
777 E 25th St
Ste 306
Hialeah, FL 33013
(786) 838-6092
Digital Contact Information:
dustinsode@suncoastcenter.org

Legra, Bertha V, MS, LMHC ■
419 W 49th St
Ste 210
Hialeah, FL 33012
(954) 404-7052
Digital Contact Information:
credentialing@psychiatrist4u.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Lehman, Helen G, MED, PCC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ben.lehman@feaad.org

Lemon, Tinsley, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Lemus, Robert, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Len, Mary E, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Lenok, Michael, MC, LMHC ■
150 Southeast 2nd Avenue
STE 1010
Miami, FL 33131
(786) 733-0700
Digital Contact Information:
http://www.gia.miami
info@giahealthcare.com

Lensch, Carolyn, MS, LCPC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Leon Infante, Yadely, PSYD, BCBA, LMHC, LP ■
12060 Southwest 129th Court
104
Miami, FL 33186
(786) 615-3349
Digital Contact Information:
yadelyleoninfante@gmail.com

and
12060 Southwest 129th Court
201
Miami, FL 33186
(786) 615-3349
Digital Contact Information:
yadelyleoninfante@gmail.com

Leon Vega, Diego M, MPSY, LMHC ■
13590 Southwest 134th Avenue
STE 202
Miami, FL 33186
(786) 515-4569
Digital Contact Information:
luther.blisset123@gmail.com

and
FL
(305) 588-4988
(786) 515-4569
Digital Contact Information:
luther.blisset123@gmail.com

Leonce-James, Hyacynthia M, PSYD, LMHC ■
FL
(305) 219-9861
Digital Contact Information:
hleonce@yahoo.com

Lequerica Ziemba, Adriana, PSYD, LP ●
6175 NW 153rd St
Ste 205
Miami Lakes, FL 33014
(305) 502-9589
Digital Contact Information:
http://thrivepsychological.com
admin@thrivepsychological.com
Other Languages Spoken by Provider or Office Staff
Spanish

Leuschner, Siobhon, MA, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
sleuschner@kaaficounseling.com

Leveille, Dominique C, PHD, LMFT ■
15715 South Dixie Highway
STE 325
Miami, FL 33157
(305) 922-3436
Digital Contact Information:
http://blisstherapy.me
dr.dominique@blisstherapy.me
Other Languages Spoken by Provider or Office Staff
English, Creole, French

Levine, Alexander, PSYD, LP ■
FL
(917) 410-0558
Digital Contact Information:
http://dralexlevine.com
dralexllevine@gmail.com

Lewis, Crystal, MC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Lewis, Mariah, MSW, LCSW ■
FL
(850) 305-1894
Digital Contact Information:
http://www.tpttherapy.org
mariahlewis@tpttherapy.org

Lewis, Sharon, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Lewis, Tammara, MS, LMHC ●
1175 Northeast 125th Street
320
Miami, FL 33161
(786) 842-0444
Digital Contact Information:
http://www.marriagefamilyservices.com
mariposawakeningtherapysvcs@gmail.com

Lewis, Tyrone, CAP, LMHC, MSW ■
10689 N Kendall Dr
Ste 306
Miami, FL 33176
(305) 558-7400
Digital Contact Information:
Not Available

and
10689 N Kendall Dr
Ste 314
Miami, FL 33176
(305) 558-7400
Digital Contact Information:
Not Available

Lewis-Payton, Tomecia, MS, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Leydig, Tammie, MSN, APRN, CNP ■
FL
(305) 902-6347
Digital Contact Information:
sid@instic.health

Lieberman, Brett, MS, LMFT ■
66 W Flagler St
900
Miami, FL 33130
(786) 244-7690
Digital Contact Information:
windsongwellness@hotmail.com

Lievano, Catherine, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Lima, Olivia, MS, LMHC ●
15715 S Dixie Hwy
Ste 403
Miami, FL 33157
(305) 707-5966
Digital Contact Information:
http://movingtowardagape.com
movingtowardagape@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lima, Ruben, MMH, LMHC ■
1000 Brickell Avenue
Miami, FL 33131
(305) 389-9509
Digital Contact Information:
credentialing@premedsys.com

and
FL
(305) 934-9411
Digital Contact Information:
credentialing@premedsys.com

and
8000 W Flagler St
Ste 201
Miami, FL 33144
(786) 805-3021
Digital Contact Information:
credentialing@premedsys.com
Other Languages Spoken by Provider or Office Staff
French, Spanish

Little, Jacinta L, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Little, Jennifer, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
members@wellnite.com

Llenin, Mercedes, PHD, LMHC, LP ■
7791 Northwest 46th Street
Suite 221
Doral, FL 33166
(786) 910-9670
Digital Contact Information:
Not Available

and
6262 Bird Rd
Ste 2F
Miami, FL 33155
(305) 387-7850
Digital Contact Information:
Not Available

and
13930 SW 47th St
Ste 202
Miami, FL 33175
(305) 387-7850
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Llewellyn, Stephonia, MS, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
tracy@caringtherapistsofbroward.com

Lo, Lorinda, MSN, APRN ■
2464 Southwest 22nd Street
Miami, FL 33145
(305) 204-9355
Digital Contact Information:
http://www.ampmentalhealth.com
admin@ampmentalhealth.com
Other Languages Spoken by Provider or Office Staff
Cantonese, Spanish

Loftus, Stacy, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Logan, Jalinia, MSW, LCSW ■
6303 Waterford District Drive
400
Miami, FL 33126
(312) 678-1822
Digital Contact Information:
support@growthguidancecounseling.com

Longa, Alexandra, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Longman, Melissa, MSW, LCSW ■
7600 Southwest 57th Avenue
suite 334
South Miami, FL 33143
(786) 332-4478
Digital Contact Information:
info@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Idalmis, MSN, APRN ■
13170 Southwest 128th Street
200
Miami, FL 33186
(786) 852-5198
Digital Contact Information:
https://clarityapproach.com/
clarityhealth@approachteam.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Jennifer, MA, LMFT ■
3750 West 16th Avenue
232u
Hialeah, FL 33012
(786) 332-3396
Digital Contact Information:
jennylmft@gmail.com

and
10671 North Kendall Drive
5d
Miami, FL 33176
(786) 474-6469
Digital Contact Information:
jennylmft@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Jose C, MD ■
1200 Northwest 78th Avenue
210
Doral, FL 33126
(786) 285-3438
Digital Contact Information:
jorge@valcourtbehavioral.com

and
633 N Krome Ave
1
Homestead, FL 33030
(305) 763-4007
Digital Contact Information:
jorge@valcourtbehavioral.com

and
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
jorge@valcourtbehavioral.com

and
3525 NW 7th St
Miami, FL 33125
(786) 801-0218
Digital Contact Information:
jorge@valcourtbehavioral.com

and
1710 Northwest 7th Street
STE 5-6-7
Miami, FL 331253500
(786) 409-2568
Digital Contact Information:
jorge@valcourtbehavioral.com

and
3446 Southwest 8th Street
217
Miami, FL 33135
(786) 769-5046
Digital Contact Information:
jorge@valcourtbehavioral.com

and
7821 Coral Way
100
Miami, FL 33155
(786) 409-5690
Digital Contact Information:
jorge@valcourtbehavioral.com

and
7921 Bird Rd
Ste 41
Miami, FL 33155
(305) 425-1393
Digital Contact Information:
http://oceanhealthsystem.com
jorge@valcourtbehavioral.com

and
7921 Bird Road
39
Miami, FL 33155
(786) 310-1570
Digital Contact Information:
http://oceanhealthsystem.com
jorge@valcourtbehavioral.com

and
7971 Bird Road
15
Miami, FL 33155
(786) 504-5620
Digital Contact Information:
http://oceanhealthsystem.com
jorge@valcourtbehavioral.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
jorge@valcourtbehavioral.com

and
19001 Southwest 106th Avenue
c103
Miami, FL 33157
(786) 523-2352
Digital Contact Information:
jorge@valcourtbehavioral.com

and
10680 Fontainebleau Boulevard
Miami, FL 33172
(305) 794-6845
Digital Contact Information:
jorge@valcourtbehavioral.com

and
13706 Southwest 56th Street
STE 105-106
Miami, FL 331756036
(786) 523-4289
Digital Contact Information:
jorge@valcourtbehavioral.com

and
9900 Southwest 107th Avenue
STE 101
Miami, FL 33176
(305) 248-3488
Digital Contact Information:
jorge@valcourtbehavioral.com

and
12540 Southwest 8th Street
Miami, FL 33184
(305) 705-6840
Digital Contact Information:
jorge@valcourtbehavioral.com

and
6600 Cow Pen Road
250
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
jorge@valcourtbehavioral.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Josue, MD ■
15260 Southwest 280th Street
203
Homestead, FL 33032
(786) 601-7491
Digital Contact Information:
lrodriguezllbs@gmail.com

and
7270 Northwest 12th Street
430
Miami, FL 33126
(786) 615-2843
Digital Contact Information:
https://www.lasagradafamiliacenter.com
lrodriguezllbs@gmail.com

and
2141 Southwest 1st Street
201
Miami, FL 33135
(786) 920-9137
Digital Contact Information:
lrodriguezllbs@gmail.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
lrodriguezllbs@gmail.com

and
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
lrodriguezllbs@gmail.com

and
7001 SW 97th Ave
Ste 206
Miami, FL 33173
(786) 294-0123
Digital Contact Information:
https://www.chgpsychiatry.com/
lrodriguezllbs@gmail.com

and
2424 Southwest 137th Avenue
Miami, FL 331756311
(786) 655-0831
Digital Contact Information:
http://www.miamihealthmedicalcenter.us
lrodriguezllbs@gmail.com

and
9125 SW 87th Ave
Miami, FL 33176
(305) 735-3919
Digital Contact Information:
lrodriguezllbs@gmail.com

and
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
lrodriguezllbs@gmail.com

and
13155 Southwest 134th Street
221
Miami, FL 33186
(786) 652-9880
Digital Contact Information:
lrodriguezllbs@gmail.com

and
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
lrodriguezllbs@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Juan C, MS, LMFT ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
perla@dadefamily.com

and
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
perla@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla@dadefamily.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
http://www.dadefamily.com
perla@dadefamily.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Lopez, Kety, MS, LMHC ■
2730 Southwest 3rd Avenue
Suite 202 O
Miami, FL 33129
(786) 244-3520
Digital Contact Information:
http://www.psychblossom.com
info@psychblossom.com

and
FL
(786) 244-3520
Digital Contact Information:
http://www.psychblossom.com
info@psychblossom.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Maria Elena, EDS, LMHC ■
7600 Southwest 57th Avenue
302
South Miami, FL 33143
(305) 255-6362
Digital Contact Information:
travel925@aol.com
Other Languages Spoken by Provider or Office Staff
Portuguese, French, Italian, Spanish

Lopez Medrano, Ana M, MS, LMHC, LPC ■
3408 W 84th St
Ste 305
Hialeah, FL 33018
(786) 663-3983
Digital Contact Information:

https://mentalia.us
care@thepeacefulmindfactory.com

and
FL
(786) 663-3983
Digital Contact Information:
https://mentalia.us
care@thepeacefulmindfactory.com

and
13590 Southwest 134th Avenue
210
Miami, FL 33186
(786) 663-3983
Digital Contact Information:
care@thepeacefulmindfactory.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Yaneris, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(305) 735-3555
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez-Brignoni, Evelyn, MD ■
475 Biltmore Way
Ste 204
Coral Gables, FL 33134
(305) 670-1411
Digital Contact Information:
evelynlopezbrignonimd@gmail.com

and
FL
(305) 670-1411
Digital Contact Information:
evelynlopezbrignonimd@gmail.com

and
124 Southeast 1st Road
A
Homestead, FL 33030
(786) 255-7979
Digital Contact Information:
evelynlopezbrignonimd@gmail.com

and
31 N Krome Ave
Homestead, FL 33030
(786) 481-5909
Digital Contact Information:
http://www.infinitecc.org
evelynlopezbrignonimd@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Creole, Spanish

Lorenzen, Lynette T, EDD, LMHC ■
2655 South Le Jeune Road
534
Coral Gables, FL 33134
(305) 450-1454
Digital Contact Information:
drllorenzen@yahoo.com

Lorenzo Garcia, Yarenys, MSN, APRN ■
8500 West Flagler Street
Office 107A
Miami, FL 33144
(786) 614-5085
(786) 907-5141
Digital Contact Information:
lizalexandra09@gmail.com

and
FL
(786) 614-5085
(786) 907-5141
Digital Contact Information:
lizalexandra09@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lorenzo, Janet, MSN, APRN ■
12963 West Okeechobee Road
1a
Hialeah Gardens, FL 33018
(786) 450-9918
Digital Contact Information:
gardensmedicalcenters@gmail.com

and
12963 West Okeechobee Road
Unit 1
Hialeah Gardens, FL 33018
(786) 536-9329
Digital Contact Information:
gardensmedicalcenters@gmail.com

and
1150 Northwest 72nd Avenue
ph 2
Miami, FL 33126
(786) 542-5043
Digital Contact Information:
gardensmedicalcenters@gmail.com

and
13701 SW 88th St
Ste 305
Miami, FL 33186
(786) 471-6268
Digital Contact Information:
gardensmedicalcenters@gmail.com

and
16464 Southwest 99th Lane
Miami, FL 33196
(786) 471-6268
Digital Contact Information:
gardensmedicalcenters@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lorenzo, Omar, PSYD, LP ■
5801 Northwest 151st Street
STE 202
Miami Lakes, FL 33014
(305) 557-6755
Digital Contact Information:
cognitivehealthnet@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lorenzo, Pablo, MSW, LCSW ■
17395 Northwest 59th Avenue
Hialeah, FL 33015
(305) 662-2185
Digital Contact Information:
joeyp@sfmhr.com

and
27 Northwest 13th Street
Homestead, FL 33030
(786) 339-8824
Digital Contact Information:
joeyp@sfmhr.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Lorenzo, Yanaisa, MA, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole, Sign Lang Amer, Spanish

Louwagie Gordon, Alissa M, MS, LMHC ■
FL
(786) 615-3334
Digital Contact Information:
info@abcsfl.com

Lozada, Jeremy A, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
admin@lifehealthsystem.org
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Lozada, Wimar, MMH, LMHC ■
175 Fontainebleau Boulevard
Miami, FL 33172
(407) 749-3580
Digital Contact Information:
http://www.elitemindsfl.com
eliteminds.services@gmail.com

Lozzi-Toscano, Bettina, PHD, LMHC ■
3625 Northwest 82nd Avenue
400
Doral, FL 33166
(305) 814-2981
Digital Contact Information:
intake.metmorph@gmail.com

and
FL
(305) 814-2981
Digital Contact Information:
intake.metmorph@gmail.com

and
13200 SW 128th St
Ste F2
Miami, FL 33186
(305) 964-7598
Digital Contact Information:
intake.metmorph@gmail.com

and
13205 Southwest 137th Avenue
suite 126
Miami, FL 33186
(786) 478-6688
Digital Contact Information:
intake.metmorph@gmail.com
Other Languages Spoken by Provider or Office Staff Italian, Spanish

Lucena, Williams, MS, LMHC ■
3446 Southwest 8th Street
217
Miami, FL 33135
(786) 769-5046
Digital Contact Information:
wjlusa11@gmail.com

and
1801 Coral Way
Ste 327
Miami, FL 33145
(786) 227-6020
Digital Contact Information:
http://www.bbisf.com
wjlusa11@gmail.com

and
1801 Coral Way
Ste 405
Miami, FL 33145
(786) 866-5914
Digital Contact Information:
http://www.bbisf.com
wjlusa11@gmail.com

and
12900 Southwest 128th Street
204b
Miami, FL 33186
(786) 227-6020
Digital Contact Information:
wjlusa11@gmail.com

and
13335 Southwest 124th Street
STE 103
Miami, FL 33186
(786) 831-1348
Digital Contact Information:
wjlusa11@gmail.com

and
14100 Palmetto Frontage Road
Ste 112
Miami Lakes, FL 33016
(786) 837-3540
Digital Contact Information:
wjlusa11@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Luces, Rafael, MN, APRN ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Lugaro Vidal, Jacquenine M, MSW, LCSW ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
perla.delosrios@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Lukasik, Linda, MSW, LCSW ●
17801 Northwest 2nd Avenue
202
Miami, FL 33169
(954) 979-7911
Digital Contact Information:
tashaneb@4kids.us
Other Languages Spoken by Provider or Office Staff
English, Spanish

Luna Delaurier, Yalemni, PSYD, LP ■
7600 South Red Road
200
South Miami, FL 33143
(786) 508-2207
Digital Contact Information:
http://www.lunapsychology.com
angelo@lunapsychology.com
Other Languages Spoken by Provider or Office Staff
Spanish

Luna-Concepcion, Maykel, MD ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
bhcredentialing@baycare.org

Luther, Jasmine M, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
fl-credentialing@lifestance.com
Other Languages Spoken by Provider or Office Staff English

Machado Toledo, Liliam, MSN, APRN ■
7500 Sw A St # 203
West Miami, FL 33144
(786) 542-5244
Digital Contact Information:
researchofmiami2023@gmail.com

Machuca, Jose R, PHD, LMHC ■
11300 Northeast 2nd Avenue
Miami Shores, FL 33168
(504) 388-5981
Digital Contact Information:
rmachuca@barry.edu
Other Languages Spoken by Provider or Office Staff
Portuguese, English, Spanish

Madison, Marlon, MSW, LCSW ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
acc@advancedclientcare.org

Magarino, Sheyla, MSN, APRN ■
12595 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 701-9992
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Mahany-Schunk, Carolyn, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Major, Marlea, MS, CAC, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
contact@majormhm.com

Maldonado, Liliana, MS, LCSW ■
9010 Southwest 137th Avenue
218
Miami, FL 33186
(415) 941-4109

Digital Contact Information:
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff English

Maldonado, Milagros R, MS, LMHC ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
info@avilahealthgroup.com
Other Languages Spoken by Provider or Office Staff Portuguese, Spanish

Mallo, Lisaimy, MSW, LCSW ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
alexandra.galvis@mypsychiatrist.com
Other Languages Spoken by Provider or Office Staff Spanish

Manrique-Reichard, Marta E, PHD, LP ■
5940 SW 73rd St
Ste 203
South Miami, FL 33143
(305) 669-0019
Digital Contact Information:
drmmrsec@bellsouth.net
Other Languages Spoken by Provider or Office Staff Spanish

Manso, Krystyna I, MPS, LMHC ■
5040 NW 7th St
Ste 100
Miami, FL 33126
(305) 438-2348
Digital Contact Information:
Not Available

and
100 NE 38th St
Ste 5
Miami, FL 33137
(305) 576-1599
Digital Contact Information:
Not Available

and
3000 Biscayne Blvd
Fl 5
Miami, FL 33137
(305) 576-6611
Digital Contact Information:
Not Available

Marcellus, Chizoba L, MS, LMHC ■
536 Northeast 206th Lane
Miami, FL 33179
(305) 761-9584
Digital Contact Information:
http://www.therapyislove.com
info@therapyislove.com

Marcus, Phyllis C, MC, LMFT ■
540 Northwest 165th Street
114
Miami, FL 33169
(786) 648-6550
Digital Contact Information:
horebhealthclinic@gmail.com

and
540 Northwest 165th Street
STE 110
Miami, FL 33169
(786) 648-6550
Digital Contact Information:
horebhealthclinic@gmail.com

Mare, Nicole, MSW, LCSW ■
FL
(786) 309-5635
Digital Contact Information:
innerbloom_psychotherapy@outlook.com
Other Languages Spoken by Provider or Office Staff Spanish

Marin, Adrian, MMH, LMHC ■
7875 SW 104th St
Ste 101
Miami, FL 33156
(305) 899-1587
Digital Contact Information:
http://www.jcsfl.org

and
12000 Biscayne Boulevard
609
Miami, FL 33181
(305) 899-1587
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff Creole, Spanish

Marin, Cecilia M, PSYD, LP ■
340 Minorca Avenue
3
Coral Gables, FL 33134
(305) 764-2333
Digital Contact Information:
cmmarinpsyd@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Marin, Leonardo, MSCC, LMHC ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
mariafields@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
mariafields@dadefamily.com

Marini, Martina, MSW, LCSW ■
2141 Southwest 1st Street
204 205
Miami, FL 33135
(786) 515-4935
Digital Contact Information:
martina616@hotmail.com

and
10570 Northwest 27th Street
STE H102
Miami, FL 33172
(786) 409-2197
Digital Contact Information:
martina616@hotmail.com

and
FL
(786) 409-2197
Digital Contact Information:
martina616@hotmail.com

and
17027 W Dixie Hwy
Ste 120
North Miami Beach, FL 33160
(786) 763-2223
Digital Contact Information:
martina616@hotmail.com
Other Languages Spoken by Provider or Office Staff French

Marquez, Martha, MS, CAP, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff Spanish

Marr, Janice, MSW, LCSW, LISW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Marrero, Arletty, MSN, APRN ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
psychiatry@intergratedhealthcare.group

and
900 West 49th Street
STE 512
Hialeah, FL 33012
(786) 536-1701
Digital Contact Information:
psychiatry@intergratedhealthcare.group

and
777 E 25th St
Ste 306
Hialeah, FL 33013
(786) 838-6092
Digital Contact Information:
psychiatry@intergratedhealthcare.group

and
351 NW 42nd Ave
Ste 406
Miami, FL 33126
(786) 536-1710
Digital Contact Information:
http://www.integratedhealthcare.group
psychiatry@intergratedhealthcare.group

and
1890 Southwest 57th Avenue
SUITE 106
Miami, FL 33155
(786) 536-1701
Digital Contact Information:
psychiatry@intergratedhealthcare.group

and
13370 Southwest 131st Street
Suite 110
Miami, FL 33186
(786) 250-4571
Digital Contact Information:
psychiatry@intergratedhealthcare.group
Other Languages Spoken by Provider or Office Staff Spanish

Marsh, Vicky, DO ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
akuppers@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
akuppers@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
akuppers@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
akuppers@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
akuppers@banyanhealth.org

Martin, Alisha D, MSN, APRN ■
801 Brickell Avenue
8
Miami, FL 33131
(516) 505-7200
Digital Contact Information:
https://mindful.care/credentialing@mindful.care

Martin, Jessica, LMHC, MA, MS ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
info@behavioralaid.com

and
17021 Southwest 120th Court
Miami, FL 33177
(786) 319-1657
Digital Contact Information:
info@behavioralaid.com
Other Languages Spoken by Provider or Office Staff Spanish

Martin, Lawanda, MPSY, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
engeditherapy@gmail.com

Martin, Precious, MSW, LCSW ■
1801 Northeast 123rd Street
334
North Miami, FL 33181
(888) 718-4915
Digital Contact Information:
http://www.rrrinc.org
info@rrrinc.org

Martinez, Amos, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff Spanish

Martinez, Gabriella, MC, LMHC ■
999 Ponce de Leon
1120
Coral Gables, FL 33134
(305) 605-5683
Digital Contact Information:
support@anytimecredentialing.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Martinez, Glenda, PHD, LP ■
3408 West 84th Street
Suite 302
Hialeah, FL 33018
(305) 826-6969
Digital Contact Information:
glendam18@gmail.com

and
FL
(305) 826-6969
Digital Contact Information:
glendam18@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Martinez, Kirenia, MSN, APRN ■
790 Northwest 107th Avenue
suite 301
Miami, FL 33172
(305) 392-0968
Digital Contact Information:
bspecialistmg@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Martinez, Lidia A, DMFT, LMHC ■
FL
(786) 565-6916
Digital Contact Information:
http://www.drlidiamartinez.com
info@drlidiamartinez.com
Other Languages Spoken by Provider or Office Staff Spanish

Martinez, Mitzi, MA, LMHC ■
2020 Ponce de Leon
Suite 1201
Miami, FL 33134
(305) 917-5414
Digital Contact Information:
http://www.psychologybeyond.com
mitzim.therapy@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Martinez Salazar, Lisandra, MSN, APRN ■
9849 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 644-5400
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com

Mas, Alexandra, MS, LMFT ■
3970 West Flagler Street
204
Coral Gables, FL 33134
(786) 953-5978
Digital Contact Information:
lasagradafamiliacenter@gmail.com

and
9600 Northwest 25th Street
3C
Doral, FL 33172
(786) 615-2843
Digital Contact Information:
http://lasagradafamiliacenter.com
lasagradafamiliacenter@gmail.com

and
4896 Northwest 7th Street
Unit S
Miami, FL 33126
(786) 534-2023
Digital Contact Information:
lasagradafamiliacenter@gmail.com

and
5950 Southwest 40th Street
Miami, FL 33155
(786) 633-5960
Digital Contact Information:
lasagradafamiliacenter@gmail.com

and
7340 Southwest 48th Street
107
Miami, FL 33155
(305) 846-9775
Digital Contact Information:
lasagradafamiliacenter@gmail.com

and
13055 Southwest 42nd Street
STE 104
Miami, FL 33175
(305) 480-7839
Digital Contact Information:
lasagradafamiliacenter@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Mas, Oscar, DSW, LMHC ■
3971 Southwest 8th Street
STE 206
Coral Gables, FL 33134
(786) 633-5960
Digital Contact Information:
psychiatry@intergratedhealthcare.group

and
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
psychiatry@intergratedhealthcare.group

and
900 West 49th Street
STE 512
Hialeah, FL 33012
(786) 536-1701
Digital Contact Information:
http://www.integratedhealthcare.group
psychiatry@intergratedhealthcare.group

and
351 NW 42nd Ave
Ste 406
Miami, FL 33126
(786) 536-1710
Digital Contact Information:
http://www.integratedhealthcare.group
psychiatry@intergratedhealthcare.group

and
1890 Southwest 57th Avenue
SUITE 106
Miami, FL 33155
(786) 536-1701
Digital Contact Information:
psychiatry@intergratedhealthcare.group

and
13055 Southwest 42nd Street
STE 104
Miami, FL 33175
(305) 480-7839
Digital Contact Information:
psychiatry@intergratedhealthcare.group

and
13701 Southwest 88th Street
306
Miami, FL 33186
(786) 842-1489
Digital Contact Information:
psychiatry@intergratedhealthcare.group
Other Languages Spoken by Provider or Office Staff
Spanish

Mason, Shatema, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Massop, Franklyn, MPSY, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 275-8860
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Matos, Marta N, PSYD, LP ■
8525 SW 92nd St
Ste B8
Miami, FL 33156
(305) 598-8879
Digital Contact Information:
matosllc@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Matson, Sharon, MS, LMFT ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
admin@lotuscounseling.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
admin@lotuscounseling.com

Maurice, Sabra R, MA, LCPC, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@thirdeyetherapychicago.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
info@thirdeyetherapychicago.com

Maurice, Thamar, MSN, APRN ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Mayabb, Laura, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

McCarthy, Michael, MSW, LCSW ■
12550 Biscayne Boulevard
STE 800
North Miami, FL 33181
(305) 479-7068
Digital Contact Information:
biscaynebaycounseling@mdofficemail.com
Other Languages Spoken by Provider or Office Staff
Spanish

McCoy, Brittney, MMH, LMHC ■
8971 Southwest 142nd Avenue
11 37
Miami, FL 33186
(786) 244-7690
Digital Contact Information:
worcounselingservices@gmail.com

McCray, Yolande, MSN, APRN ■
FL
(305) 906-9995
Digital Contact Information:
thehealingplacellc1@gmail.com

McDevitt, Omayra, MA, LPC ■
FL
(305) 902-6347
Digital Contact Information:
start@bebravehealth.com

McDonald, Margaret S, EDS, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
marscounselingservices@gmail.com

McKee, Sandra Darby D, MSN, APRN, APRNCNP, CRNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

McKiernan, Kathleen, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

McLaughlin, Brianna, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

McLeod, Devin, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@thriveworks.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

McMakin, Dana L, PHD, LP ■
6262 Sunset Drive
Suite 500
Miami, FL 33143
(305) 669-6503
Digital Contact Information:
payer.credentialing@nicklaushealth.org

and
3100 SW 62nd Ave
Miami, FL 33155
(305) 669-6503
Digital Contact Information:
payer.credentialing@nicklaushealth.org

McVan, Melissa, MS, LMHC ■
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(561) 289-7995
Digital Contact Information:
http://pandatherapycircle.com
pandatherapycircle@gmail.com

and
FL
(561) 289-7995
Digital Contact Information:
http://pandatherapycircle.com
pandatherapycircle@gmail.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
pandatherapycircle@gmail.com

Meadowlark, Cheri A, MA, LMFT ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
credentialing@joinuplift.co
Other Languages Spoken by Provider or Office Staff English

Medici, April, MSED, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
aprilmedici@yahoo.com

Medina, Muriel, MSW, LCSW ■
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
info@aimergency.org

Medina Ramirez, Yuritza, DNP, APRN ■
FL
(786) 398-1326
Digital Contact Information:
admin@onestoppsych.com

and
261 Westward Drive
suite 108-109
Miami, FL 33166
(305) 200-5176
Digital Contact Information:
admin@onestoppsych.com

and
13195 Southwest 134th Street
101
Miami, FL 33186
(786) 227-6830
Digital Contact Information:
http://esperanzagroup.net
admin@onestoppsych.com

and
15660 Southwest 72nd Street
Miami, FL 33193
(786) 697-1150
Digital Contact Information:
admin@onestoppsych.com
Other Languages Spoken by Provider or Office Staff
Spanish

Medvin, Nadeen B, PHD, LP ■
1550 Madruga Avenue
STE 304
Coral Gables, FL 33146
(305) 815-1129
Digital Contact Information:
http://www.drnadeenmedvin.org
drnadeenmedvin@aol.com

and
2000 S Dixie Hwy
Ste 103
Miami, FL 33133
(305) 815-1129
Digital Contact Information:
drnadeenmedvin@aol.com

Melegi, Soraya F, MSW, LCSW ■
1550 Madruga Ave
Ste 509
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
sorayamelegi7@gmail.com

and
4649 Ponce de Leon
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
sorayamelegi7@gmail.com

and
8900 Southwest 192nd Drive
Cutler Bay, FL 33157
(786) 536-9714
Digital Contact Information:

sorayamelegi7@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Melo, Evelyn, MA, LMHC ■
8785 SW 165th Ave
Ste 200
Miami, FL 33193
(786) 587-9656
Digital Contact Information:
melopsych@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mena, Rebekah, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
admin@lifehealthsystem.org
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Mena, Yaima M, MMH, LMHC ■
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
sseacoast22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Menachem, Kari, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Mendez, Dayana, MC, LMHC ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
iqmedicalcenter@gmail.com

and
7811 Coral Way
103
Miami, FL 33155
(305) 484-8371
Digital Contact Information:
https://www.iq-medical-center.com/
iqmedicalcenter@gmail.com

and
13416 Southwest 128th Street
Miami, FL 33186
(786) 732-0247
Digital Contact Information:
iqmedicalcenter@gmail.com

and
FL
(786) 359-4027
Digital Contact Information:
iqmedicalcenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mendez, Janette, MS, LMHC ■
2307 Douglas Road
400
Miami, FL 33145
(305) 699-0688
Digital Contact Information:
help@joinuplift.co

Mendez Luaces, Luis E, DNP, APRN ■
330 Southwest 27th Avenue
#701
Miami, FL 33135
(305) 363-1880
Digital Contact Information:
http://empowerpsychiatry.net
info@empowerpsychiatry.med
Other Languages Spoken by Provider or Office Staff
Spanish

Mendez, Rossana, MSW, LCSW ■
11367 Southwest 248th Terrace
Princeton, FL 33032
(786) 879-5355
Digital Contact Information:
http://themind-gym.com
rossanamendezcole@themissingkeyllc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mendez Tamayo, Cynthia M, MS, LMFT ■
7100 SW 99th Ave
Ste 203
Miami, FL 33173
(305) 720-4774
Digital Contact Information:
cynmendez8@gmail.com

and
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
cynmendez8@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Menendez, Ibis M, MSN, APRN ■
1840 West 49th Street
#404
Hialeah, FL 33012
(305) 828-9980
Digital Contact Information:
empathybhsbilling@gmail.com

and
900 West 49th Street
STE 400
Hialeah, FL 33012
(305) 587-2231
Digital Contact Information:
empathybhsbilling@gmail.com

and
5911 Northwest 173rd Drive
6 6
Hialeah, FL 33015
(786) 380-9229
Digital Contact Information:
empathybhsbilling@gmail.com

and
7590 Northwest 186th Street
109
Hialeah, FL 33015
(305) 688-1700
Digital Contact Information:
empathybhsbilling@gmail.com

and
5590 W 20th Ave
Ste 404
Hialeah, FL 33016
(305) 826-9330
Digital Contact Information:
empathybhsbilling@gmail.com

and
7315 Northwest 36th Street
Miami, FL 33166
(786) 345-7734
Digital Contact Information:
empathybhsbilling@gmail.com

and
12030 Southwest 129th Court
107a
Miami, FL 33186
(305) 432-4032
Digital Contact Information:
empathybhsbilling@gmail.com

and
17325 Northwest 27th Avenue
206 207
Miami Gardens, FL 33056
(786) 822-7270
Digital Contact Information:
empathybhsbilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Menendez-Martinez, Geysha M, PSYD, LP ■
9570 SW 107th Ave
Ste 202
Miami, FL 33176
(786) 391-1383
Digital Contact Information:
drmenendez@psydservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mercado, Michelle, MSW, LCSW ■
1951 NW 17th Ave
Miami, FL 33125
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla@dadefaily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla@dadefaily.com

Merritt, Christopher, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Mesa, Janny, MD ■
10700 Caribbean Boulevard
Suite 214
Cutler Bay, FL 33189
(786) 740-0516
Digital Contact Information:
http://www.genesiswellnesscorp.com
janny.mesa100@gmail.com

and
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
janny.mesa100@gmail.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
janny.mesa100@gmail.com

and
FL
(305) 914-4589
Digital Contact Information:
janny.mesa100@gmail.com

and
3898 West Flagler Street
Miami, FL 33134
(954) 280-2056
Digital Contact Information:
janny.mesa100@gmail.com

and
1800 Southwest 27th Avenue
505
Miami, FL 33145
(786) 542-9914
Digital Contact Information:
janny.mesa100@gmail.com

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
janny.mesa100@gmail.com

and
13205 Southwest 137th Avenue
224 224
Miami, FL 33186
(786) 290-9192
Digital Contact Information:
janny.mesa100@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Metellus, Phara C, MSN, NP ■
66 W Flagler St
900
Miami, FL 33130
(786) 244-7711
Digital Contact Information:
credentialing@growtherapy.com

Mieses, Yuberilys, MSCC, LMHC ■
9010 Southwest 137th Avenue
232
Miami, FL 33186
(305) 482-3516
Digital Contact Information:
yuberilys.mieses@yahoo.com

and
9010 Southwest 137th Avenue
Suite 241
Miami, FL 33186
(305) 482-3516
Digital Contact Information:
yuberilys.mieses@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Migoyo, Zulaymis, MS, LMHC ■
19001 Southwest 106th Avenue
c103
Miami, FL 33157
(786) 523-2352
Digital Contact Information:
jpabehavior@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Milian, Monica, MS, LMHC ■
5901 SW 74th St
Ste 412
Miami, FL 33143
(786) 717-5028
Digital Contact Information:
http://www.gablespsychology.com
monica.milian@comcast.net

and
15715 S Dixie Hwy
Ste 303
Miami, FL 33157
(786) 380-5084
Digital Contact Information:
monica.milian@comcast.net

and
9260 Sunset Dr
Ste 201
Miami, FL 33173
(786) 380-5084
Digital Contact Information:
monica.milian@comcast.net

and
9380 Sunset Dr
Ste B238
Miami, FL 33173
(786) 380-5084
Digital Contact Information:
monica.milian@comcast.net

and
10691 Southwest 88th Street
Suite 110
Miami, FL 33176
(786) 380-5084
Digital Contact Information:
monica.milian@comcast.net
Other Languages Spoken by Provider or Office Staff
Spanish

Millar, Jennifer, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
hello@talkiatry.com

Millares, Giselle, MPSY, LMHC ■
9010 SW 137th Ave
Ste 233
Miami, FL 33186
(786) 236-1323
Digital Contact Information:
gmillares@hcnetwork.org

and
9010 Southwest 137th Avenue
231
Miami, FL 33186
(415) 941-4109
Digital Contact Information:
gmillares@hcnetwork.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

Millares, Sylma M, MSN, APRN ■
2001 Northwest 107th Avenue
412
Doral, FL 33172
(786) 548-8322
Digital Contact Information:
milarefbilling@gmail.com

and
14740 Southwest 26th Street
Miami, FL 33185
(305) 388-1118
Digital Contact Information:
milarefbilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Miller, Jeffrey A, MA, LCSW ■
5801 Northeast 4th Court

Miami, FL 33137
(786) 218-7937
Digital Contact Information:
dhbilling3@gmail.com

and
9999 Northeast 2nd Avenue
301
Miami Shores, FL 33138
(786) 218-7937
Digital Contact Information:
dhbilling3@gmail.com
Other Languages Spoken by Provider or Office Staff
French, Spanish

Miller, Jennyffer, MD ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
jmiller@orlandorecovery.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
jmiller@orlandorecovery.com

Miller, Mark M, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
aycmarc@mail.com

Miller, Sharon, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Miranda-Tourino, Mary, MSW, LCSW ■
12595 Southwest 137th Avenue
STE 110
Miami, FL 33186
(305) 465-9379
Digital Contact Information:
mary.miranda@mymail.barry.edu
Other Languages Spoken by Provider or Office Staff
English, Spanish

Missaoui, Sara, PA, PA_C ■
801 Brickell Avenue
8
Miami, FL 33131
(516) 505-7200
Digital Contact Information:
https://mindful.care/
vnedilia@mindful.care

Mitchell, Oluwakemi, DNP, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
insurance@wellnite.com

and
FL
(602) 562-7383
Digital Contact Information:
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Mizrahi, David, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Mizray, Militza I, MD ■
4475 Southwest 8th Street
Coral Gables, FL 33134
(786) 536-2872
Digital Contact Information:
jxross12@gmail.com

and
2500 Northwest 79th Avenue
Suite 191
Doral, FL 33122
(786) 401-7579
Digital Contact Information:
jxross12@gmail.com

and
1840 West 49th Street
304
Hialeah, FL 33012
(786) 803-8596
Digital Contact Information:
jxross12@gmail.com

and
12963 West Okeechobee Road
Unit 1
Hialeah Gardens, FL 33018
(786) 536-9329
Digital Contact Information:
jxross12@gmail.com

and
2311 Northwest 7th Street
Miami, FL 33125
(786) 706-2246
Digital Contact Information:
jxross12@gmail.com

and
8370 W Flagler St
Ste 232
Miami, FL 33144
(786) 803-8517
Digital Contact Information:
jxross12@gmail.com

and
4180 Southwest 74th Court
204
Miami, FL 33155
(786) 401-7327
Digital Contact Information:
jxross12@gmail.com

and
7420 Southwest 48th Street
a
Miami, FL 33155
(786) 755-2615
Digital Contact Information:
jxross12@gmail.com

and
12001 Southwest 128th Court
Suite Suite 104
Miami, FL 33186
(786) 868-0505
Digital Contact Information:
jxross12@gmail.com

and
12485 Southwest 137th Avenue
STE 109
Miami, FL 33186
(786) 592-2748
Digital Contact Information:
jxross12@gmail.com

and
13590 Southwest 134th Avenue
201
Miami, FL 33186
(786) 227-6258
Digital Contact Information:
jxross12@gmail.com

and
5779 Northwest 151st Street
Miami Lakes, FL 33014
(786) 353-2058
Digital Contact Information:
http://miamilakesdoctors.com
jxross12@gmail.com

Moles, Amanda, PSYD, LP ■
19001 Southwest 106th Avenue
Suite C104
Cutler Bay, FL 33189
(786) 719-0592
Digital Contact Information:
amandam@mentaepsyservices.com

and
3785 Northwest 82nd Avenue
Suite 412
Doral, FL 33166
(786) 719-0592
Digital Contact Information:
amandam@mentaepsyservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Molina, Margie, PSYD, LP ■
FL
(305) 669-2549
Digital Contact Information:
drmargiemolina@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Molina, Marino, MD ■
625 E 49th St
Hialeah, FL 33013
(305) 681-7789
Digital Contact Information:
marinomolina1@gmail.com

and
625 E 49th St
Fl 2
Hialeah, FL 33013
(305) 681-7770
Digital Contact Information:
marinomolina1@gmail.com

and
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
http://www.ibhflorida.com
marinomolina1@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mompoint, Guy-Claude, MPS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 275-8860
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
English, Haitian

Monestine, Janice B, MSW, LCSW ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

Monette Roulhac, Kareta, MS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 275-8860
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Montero, Ariadna, PSYD, LP ■
7950 W Flagler St
Ste 106
Miami, FL 33144
(305) 269-3900
Digital Contact Information:
http://www.healthymindspsy.com
drgmartinez.psychologist@gmail.com

and
7950 West Flagler Street
Suite 101
Miami, FL 33144
(305) 239-7725
Digital Contact Information:
http://www.healthymindspsy.com
drgmartinez.psychologist@gmail.com

and
FL
(305) 239-7725
Digital Contact Information:
http://www.healthymindspsy.com
drgmartinez.psychologist@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Montes, Jose, MMH, LMHC ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
http://universalcommunityservices.com
admin@universalcommunityservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Montgomery, Karon, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
titancbh@gmail.com

Montgomery, Millie, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Montgomery, Mimose, MSW, LCSW ■
FL
(305) 713-3261
Digital Contact Information:
therapeuticresilience@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole

Montilla, Claudia A, MS, LMHC ■
8450 Northwest 102nd Avenue
210
Doral, FL 33178
(305) 495-4075
Digital Contact Information:
info@paradisehealthgroup.com

and
5901 Northwest 183rd Street
Suite 264
Hialeah, FL 33015
(786) 418-9790
Digital Contact Information:
https://oasismentalhealthcenter.com
info@paradisehealthgroup.com

and
8591 Northwest South River Drive
Medley, FL 33166
(305) 456-3000
Digital Contact Information:
info@paradisehealthgroup.com

and
4905 Northwest 72nd Avenue
5
Miami, FL 33166
(786) 391-3816
Digital Contact Information:
http://paradisehealthgroup.com
info@paradisehealthgroup.com

and
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
info@paradisehealthgroup.com

and
9125 SW 87th Ave
Miami, FL 33176
(305) 735-3919
Digital Contact Information:
info@paradisehealthgroup.com

and
13335 Southwest 124th Street
STE 101
Miami, FL 33186
(786) 842-3635
Digital Contact Information:
info@paradisehealthgroup.com

and
8100 Northwest 155th Street
100
Miami Lakes, FL 33016
(786) 615-2531
Digital Contact Information:
info@paradisehealthgroup.com

Montoya, E Carolina, PSYD, LP ■

11401 SW 40th St
Ste 305
Miami, FL 33165
(305) 221-4288
Digital Contact Information:
ecmontoya2006@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Montoya, Veronica, MS, LMHC ■
3150 Southwest 38th Avenue
Suite: 1309
Coral Gables, FL 33133
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
vmontoya@insideouttherapycenter.com

and

3150 Southwest 38th Avenue
Suite 1307
Miami, FL 33146
(786) 768-8014
Digital Contact Information:
http://insideouttherapycenter.com
vmontoya@insideouttherapycenter.com
Other Languages Spoken by Provider or Office Staff English

Monzon, Mercede, MMH, LMHC ■
14850 Southwest 26th Street
STE 207
Miami, FL 33185
(786) 263-3949
Digital Contact Information:
jvictores@merceyole.com

Moore, Aareon C, MA, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
hello@emorahealth.com

Moore, Monique, MC, LMHC ■
1951 Northwest 7th Avenue
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
moniquem.lmhc@gmail.com

and

FL
(305) 902-6347
(904) 960-3119
Digital Contact Information:
moniquem.lmhc@gmail.com

Moore, Shauntae, MC, LPC ■
FL
(508) 202-1011
Digital Contact Information:
https://www.ehomebehavioralcare.com/
scheduling@ehomegroup.com

Moore, Siobhan T, MS, APRN ■
2464 Southwest 22nd Street
Miami, FL 33145
(305) 204-9355
Digital Contact Information:
http://www.ampmentalhealth.com
admin@ampmentalhealth.com

Mora, Brenda, MS, LMHC ■
FL
(786) 488-8103
Digital Contact Information:
http://www.sfacounseling.org
info@sfacounseling.org
Other Languages Spoken by Provider or Office Staff
Spanish

Mora, Joseph J, PHD, LP ■
10621 North Kendall Drive
Suite #203
Miami, FL 33176
(305) 456-6976
Digital Contact Information:
davalos.credentialing@novitams.com

Morales, Alfonso, MSSW, LCSW ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Morales, Arianne, MSN, APRN ■
9010 Southwest 137th Avenue
suite 116
Miami, FL 33186
(305) 639-8685
Digital Contact Information:
universalclinicalcenter@gmail.com

Morales, Beatriz, MS, LMHC, LPC ■
975 Arthur Godfrey Rd
Ste 301
Miami Beach, FL 33140
(786) 315-0387
Digital Contact Information:
bmorales@ibhflorida.com

and

160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
http://www.ibhflorida.com
bmorales@ibhflorida.com

and

FL
(305) 816-6300
Digital Contact Information:
http://www.ibhflorida.com
bmorales@ibhflorida.com
Other Languages Spoken by Provider or Office Staff
Spanish

Morales, Edelis, MSN, APRN ■
7951 Southwest 40th Street
suite 200-a
Miami, FL 33155
(786) 244-9911
Digital Contact Information:
lfortun@keraltybh.com

and

FL
(786) 244-9911
Digital Contact Information:
lfortun@keraltybh.com
Other Languages Spoken by Provider or Office Staff
German, Spanish

Morales, Jilem C, MS, LMHC ■
11890 Southwest 8th Street
STE 309
Miami, FL 331841710
(305) 220-6060
Digital Contact Information:
http://www.blueangelcare.net
wmustelier@aol.com

Morales, Marielsie, MSW, LCSW ■
8950 Southwest 74th Court
Suite 2201
Miami, FL 33156
(786) 306-8200
Digital Contact Information:
http://www.onyiamind.com
info@onyiamind.com
Other Languages Spoken by Provider or Office Staff
Spanish

Morales, Mayelin, MSW, LCSW ■
10200 Northwest 25th Street
211
Doral, FL 33172
(305) 381-0346
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and

1444 West 49th Street
Hialeah, FL 33012
(786) 703-5459
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and

900 West 49th Street
STE 400
Hialeah, FL 33012
(305) 587-2231
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and

5941 Northwest 173rd Drive
6
Hialeah, FL 33015
(786) 360-4328
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and

8001 West 26th Avenue
6 6
Hialeah, FL 33016
(786) 372-3262
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and

8551 Northwest South River Drive
Medley, FL 33166
(305) 603-9344
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and

7925 Northwest 12th Street
405
Miami, FL 33126
(786) 401-7278
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and

5455 Southwest 8th Street
230
Miami, FL 33134
(786) 629-8836
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and

1250 Southwest 27th Avenue
Suite 506
Miami, FL 33135
(786) 536-9278
Digital Contact Information:
http://rehabcenterag.com
mayelinmoraleslcsw@gmail.com

and

4905 Northwest 72nd Avenue
5
Miami, FL 33166
(786) 391-3816
Digital Contact Information:
http://paradisehealthgroup.com
mayelinmoraleslcsw@gmail.com

and

5080 Northwest 74th Avenue
Miami, FL 33166
(786) 372-3262
Digital Contact Information:
mayelinmoraleslcsw@gmail.com

and

13335 Southwest 124th Street
STE 211
Miami, FL 33186
(786) 429-1770
Digital Contact Information:
mayelinmoraleslcsw@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Morales, Natasha, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com
Other Languages Spoken by Provider or Office Staff Creole

Morassi, Merceydes, MS, BCBA, LMHC ■
1000 Brickell Avenue
Miami, FL 33131
(954) 325-8558
Digital Contact Information:
help@comprehensivecounselor.org
Other Languages Spoken by Provider or Office Staff
Spanish

More, Iris, MSW, LCSW ■
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
morecounseling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

More, Rosemary, PSYD, LP ■
10691 N Kendall Dr
Ste 105
Miami, FL 33176
(305) 668-6018
Digital Contact Information:
rmorepsyd@cartayamedpsy.net

Moreda-Mendez, Yanet, MSN, APRN ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
http://www.dgphealthandwellness.com
info@kaaficounseling.com

and

1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
info@kaaficounseling.com
Other Languages Spoken by Provider or Office Staff
Spanish

Moreno, Jesus E, MS, LMHC ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
perla@dadefamily.com

and

9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla@dadefamily.com

Morgan, Christina R, PSYD, LP ■
15715 S Dixie Hwy
Ste 222
Miami, FL 33157
(786) 469-8973
Digital Contact Information:
drcmorgan@instituteofwellnessandlearning.com

and

FL
(210) 617-3443
Digital Contact Information:
http://www.adgcares.com
drcmorgan@instituteofwellnessandlearning.com

Morgan, Jennifer, MC, LMHC ■
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
wavespsychotherapybilling@gmail.com

and

19300 West Dixie Highway
2 2
Miami, FL 33180
(786) 396-0359
Digital Contact Information:
wavespsychotherapybilling@gmail.com

Moriyon, Milko, MN, APRN ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
yavila@avilahealthgroup.com

and

664 East 25th Street
102
Hialeah, FL 33013
(786) 409-5361
Digital Contact Information:
yavila@avilahealthgroup.com

Morley, Chanrika, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
fl-credentialing@lifestance.com

Morphis, Melissa, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app

credentialing@wellnite.com

Morris, Alison R, MS, LMFT ■
17501 Biscayne Boulevard
450
Aventura, FL 33160
(754) 246-4363
Digital Contact Information:
alizoneingroup@gmail.com

Morris, Elaine, MA, LMHC ■
1038 NE 215th St
Miami, FL 33179
(954) 804-6119
Digital Contact Information:
morrise14@gmail.com

Morris, Marsha, MSN, APRN, ARNP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://happierliving.com
hamza@wisemedsolutions.com
Other Languages Spoken by Provider or Office Staff English

Morris, Shezetta, MA, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
jenny.silverio@lifehealthsystem.org

Mosquera, Aracelis, MSW, LCSW ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
info@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and
10691 N Kendall Dr
Ste 110
Miami, FL 33176
(786) 548-1022
Digital Contact Information:
info@dadefamily.com

Moss, Melissa, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Mouyal, Gabriel I, MC, LMHC ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
help@joinuplift.co

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff Spanish

Mueser, James A, MS, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
medicalbilling@nyfoundling.org

Muffett, Stephanie, MSED, LMHC ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Muldrow, Edward J, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
emuldrow3@aol.com

Mullowney, Jennifer F, MSW, LCSW ■
FL
(800) 567-5433
(508) 202-1011
Digital Contact Information:
https://totallife.com/
jfmullowney@gmail.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
jfmullowney@gmail.com

Mundt, Eric T, MA, LMFT ■
1175 Northeast 125th Street
320
Miami, FL 33161
(954) 372-0423
Digital Contact Information:
http://www.marriagefamilyservices.com
fodiving@comcast.net

Mungo, Amani Amanda, MA, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
amungoppcc@gmail.com

Mungur, Vyata, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff French

Muniz, Lissette, MA, LMHC ■
1 Alhambra Plaza
PH # 1451
Miami, FL 33134
(888) 588-8995
Digital Contact Information:
http://www.foresightmentalhealth.com
lm.becomingwellness@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Musykanski, Perla S, MPSY, LMHC ■
3580 Mystic Pointe Drive
Aventura, FL 33180
(305) 343-2878
Digital Contact Information:
brendan.phillips@credentialing.com

and
1045 Kane Concourse
207-208
Bay Harbor Islands, FL 33154
(305) 343-2878
Digital Contact Information:
brendan.phillips@credentialing.com

and
1045 Kane Concourse
207
Bay Harbor Islands, FL 33154
(305) 343-2878
Digital Contact Information:
brendan.phillips@credentialing.com

Myer, Sharon M, PHD, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
drsmyer@gmail.com

Myers, Katrina F, MA, LMFT, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Mynatt, Maggie M, MS, LMHC ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
ehoyos@lotuscounseling.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
http://www.lotuscounseling.com
ehoyos@lotuscounseling.com

Nagel, Alexandra, MA, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@mhrcflorida.com

Nainaparampil, Jaison, MD ■
698 Northeast 1st Avenue
3309 3309
Miami, FL 33132
(305) 929-3057
Digital Contact Information:
http://www.jjnmdllc.com
jaison@jjnmdllc.com

and
FL
(305) 929-3057
Digital Contact Information:
http://www.jjnmdllc.com
jaison@jjnmdllc.com

Nammur, Sarai, MC, LMHC ■
15325 Northwest 60th Avenue
#105
Miami Lakes, FL 33014
(305) 512-5388
Digital Contact Information:
sarai@sarainammur.com
Other Languages Spoken by Provider or Office Staff Spanish

Napoles, Arlet, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Creole, Spanish

Narvaez, Teresa, PHD, LMHC ■
10637 N Kendall Dr
Ste 7K
Miami, FL 33176
(786) 205-2470
Digital Contact Information:
tetena@bellsouth.net
Other Languages Spoken by Provider or Office Staff English, Spanish

Natalio, Jenny, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Nava Urdaneta, Mariangela, PSYD, LP ■
7600 South Red Road
127
South Miami, FL 33143
(786) 508-2207
Digital Contact Information:
http://www.lunapsychology.com
angelo@lunapsychology.com

and
7600 South Red Road
200
South Miami, FL 33143
(786) 508-2207
Digital Contact Information:
http://www.lunapsychology.com
angelo@lunapsychology.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Navarrete, Thais, MMFT, LMFT ●
12150 Southwest 128th Court
136
Miami, FL 33186
(305) 562-8804
Digital Contact Information:
thais@thaisnavarrete.com
Other Languages Spoken by Provider or Office Staff
Spanish

Naves-Arellano, Kristine A, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@lifestance.com

Nazzaro, Karline R, MSED, BCBA ■
9425 Southwest 72nd Street
164
Miami, FL 33173
(305) 279-2286
Digital Contact Information:
k.nazzaro@protonmail.com

Neapolitan, Vickie M, MSW, LCSW, LISW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Nedock, Shirley, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Nelson, Jennifer D, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Neri, Joshua, MA, LMHC ■
17670 Northwest 78th Avenue
STE 113
Hialeah, FL 33015
(716) 558-4565
Digital Contact Information:
empoweredcommunitysolutons@gmail.com

and
15715 South Dixie Highway
226
Miami, FL 33157
(305) 849-4186
Digital Contact Information:
empoweredcommunitysolutons@gmail.com

and
5600 Southwest 135th Avenue
STE 203
Miami, FL 33183

(786) 953-4962
Digital Contact Information:
empoweredcommunitysolutons@gmail.com

and
12595 Southwest 137th Avenue
STE 201
Miami, FL 33186
(786) 770-4832
Digital Contact Information:
empoweredcommunitysolutons@gmail.com

and
13205 Southwest 137th Avenue
130
Miami, FL 33186
(786) 773-4191
Digital Contact Information:
empoweredcommunitysolutons@gmail.com

and
13335 SW 124th St
Ste 106
Miami, FL 33186
(786) 842-3964
Digital Contact Information:
empoweredcommunitysolutons@gmail.com

and
13590 Southwest 134th Avenue
205c
Miami, FL 33186
(786) 754-6474
Digital Contact Information:
empoweredcommunitysolutons@gmail.com

and
FL
(786) 773-4191
(727) 455-9330
Digital Contact Information:
empoweredcommunitysolutons@gmail.com

and
975 Arthur Godfrey Road
Suite 308
Miami Beach, FL 33140
(305) 456-1014
Digital Contact Information:
http://www.mindandsoultherapy.org
empoweredcommunitysolutons@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Nesci, Jacqueline C, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(305) 395-5978
Digital Contact Information:
Not Available

and
FL
(305) 395-5978
Digital Contact Information:
Not Available

Neves, Tirza, MS, LMHC ■
975 Arthur Godfrey Road
Suite 308
Miami Beach, FL 33140
(305) 456-1014
Digital Contact Information:
administration@mindandsoultherapy.com

and
7600 Red Road
102
South Miami, FL 33143
(305) 456-1014
Digital Contact Information:
administration@mindandsoultherapy.com

and
7600 Southwest 57th Avenue
102
South Miami, FL 33143
(305) 456-1014
Digital Contact Information:
administration@mindandsoultherapy.com
Other Languages Spoken by Provider or Office Staff
Portuguese, English, Spanish

Nichols, Janice, MSW, LCSW, LICSW, LISW-CP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(866) 478-3978
Digital Contact Information:
birches@withassured.com

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(833) 322-0977
Digital Contact Information:
http://www.joinmonument.com
birches@withassured.com

and
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
birches@withassured.com

Nicks, Darlene, MSW, LCSW, LICSW ■
333 Southeast 2nd Avenue
Suite #2000
Miami, FL 33131
(256) 701-4502
Digital Contact Information:
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Nitsch, Elizabeth, PSYD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Nolan, Robert, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Norelus, Ekiuwa, MSW, LCSW ■
FL
(786) 655-7300
Digital Contact Information:
http://www.noreluscounseling.com
noreluscounseling@gmail.com

Novak, Mark, MS, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
acc@advancedclientcare.org

Nunez, Aixa, MSW, LCSW ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 334-8099
Digital Contact Information:
credentialing@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com

and
12030 Southwest 129th Court
206
Miami, FL 33186
(305) 432-4032
Digital Contact Information:
credentialing@behavioralaid.com

Nunez, Patricia V, MS, LMHC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com
Other Languages Spoken by Provider or Office Staff
Spanish

Nunez, Shannon, MA, LMHC ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
arscredentialing@advancedrecoverysystems.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

O'Neill, Gloria M, MSN, APRN ■
7855 Northwest 52nd Street
Doral, FL 33166
(305) 450-9651
Digital Contact Information:
info@rushcredentialing.com

Occean, Andrelita, MMH, LCMHC ■
7950 W Flagler St
Ste 106
Miami, FL 33144
(305) 269-3900
Digital Contact Information:
drgmartinez.psychologist@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Creole, French

Ochoa Basulto, Anett, MPSY, LMHC ■
9260 Southwest 72nd Street
103 bldg 6
Miami, FL 33173
(786) 359-4448
Digital Contact Information:
anettochoa2015@gmail.com

and
13335 Southwest 124th Street
STE 211
Miami, FL 33186
(786) 551-8253
Digital Contact Information:
anettochoa2015@gmail.com

Octa, Christina, MC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
tocta.me@gmail.com

Odum, Lesli S, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
leslie.odum@gmail.com

Ogugua, Adeola A, MSN, APRN, NP ■
FL
(305) 902-6347
Digital Contact Information:
hr.credentialing@sohomd.com
Other Languages Spoken by Provider or Office Staff English

Ojeda, Ana, PSYD, LP ■
3100 SW 62nd Ave
Miami, FL 33155
(305) 666-6511
Digital Contact Information:
payer.credentialing@mch.com

Ojeda, Guillermo, MSN, APRN ■
1550 Madruga Avenue
Suite 406
Coral Gables, FL 33146
(210) 864-2466
Digital Contact Information:
infodesk@bregmanmedicalgroup.com

Okolo Miles, Sada, MA, LMHC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
s.n.okolo_associates@outlook.com

Olszanski, Leandro, EDM, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
lolszanski@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Onifade, Beatrice, MN, APRN ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

and
17940 Northwest 27th Avenue
Miami Gardens, FL 33056
(954) 478-6577
Digital Contact Information:
insurance@wellnite.com

Orfao-Martin, Claudia, MSW, LICSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
mollymar@yahoo.com
Other Languages Spoken by Provider or Office Staff
Portuguese, English

Orin, Ramon S, MA, LMHC ■
12030 Southwest 129th Court
Suite 211
Miami, FL 33186
(305) 639-8760
Digital Contact Information:
rorin31@bellsouth.net

and
12360 Southwest 132nd Court
STE 202
Miami, FL 33186
(786) 250-3396
Digital Contact Information:
rorin31@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Ortega, Laura R, MS, LMFT ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
contact@elevatepsychiatry.com

and
1711 W 38th Pl
Ste 1207
Hialeah, FL 33012
(786) 592-0940
Digital Contact Information:
contact@elevatepsychiatry.com

and
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
contact@elevatepsychiatry.com

and
16201 SW 95th Ave
Ste 101
Miami, FL 33157
(786) 592-0940

Digital Contact Information:
contact@elevatepsychiatry.com

Ortega, Melissa, MPSY, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
melissaortegams@gmail.com
and
12485 Southwest 137th Avenue
STE 212
Miami, FL 33186
(305) 998-8060
Digital Contact Information:
melissaortegams@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ortega, Patricia L, MSED, LMHC ■
9010 Southwest 137th Avenue
Ste 216
Miami, FL 33186
(305) 794-7078
Digital Contact Information:
p.ortegalmhc@gmail.com

Ortiz, Alexa, MSW, BCBA, LCSW ■
13195 Southwest 134th Street
Ste. 201
Miami, FL 33186
(786) 206-6500
Digital Contact Information:
http://behavioralfamilysolutions.com
alexa@behavioralfamilysolutions.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ortiz Villegas, Yenitza I, MS, LMHC ■
2828 Coral Way
560
Coral Gables, FL 33145
(786) 238-7298
Digital Contact Information:
yortizlmhc@gmail.com
and
3785 Northwest 82nd Avenue
117
Doral, FL 33166
(786) 238-7321
(786) 238-7298
Digital Contact Information:
yortizlmhc@gmail.com
and
FL
(786) 238-7321
(786) 238-7298
Digital Contact Information:
yortizlmhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Orue, Isis, CD, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Osborne, Michael, BA, CADC-II ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
kjohnson@tanner.org
and
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
https://www.emorahealth.com/
kjohnson@tanner.org

Osher, Carol, MSSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Osorio, Yanira, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
tori@paxhealth.net

Oubadji, Michelle, MSW, LCSW ■
FL
(415) 941-4109
(754) 444-8004
Digital Contact Information:
http://www.bundletherapy.com
admin@bundletherapy.com
and
1400 Northeast Miami Gardens Drive
212
Miami, FL 33179
(415) 941-4109
(754) 444-8004
Digital Contact Information:
http://www.bundletherapy.com
admin@bundletherapy.com
Other Languages Spoken by Provider or Office Staff
Portuguese, English, Spanish

Overholt, Kristen P, MSCC, LMHC ■
2600 S Douglas Rd
Ste 1003
Coral Gables, FL 33134
(305) 445-0477
Digital Contact Information:
ana@coralgablescounseling.com

Owens, Alana, MC, LCSW ■
1951 Northwest 7th Avenue
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
Not Available

Oyerinde, Anthonia O, MSN, APRNCNP, PMHNP ■
FL
(305) 902-6347
Digital Contact Information:
http://www.bebravehealth.com
Other Languages Spoken by Provider or Office Staff
Igbo, English, Yoruba

Pace, Caroline, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Pacheco, Sandra, MS, LMHC ■
1801 Northeast 123rd Street
303
North Miami, FL 33181
(305) 510-0912
Digital Contact Information:
spachecolmhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Padilla, Vicki, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Padrino, Natacha M, MD ■
7811 Coral Way
106
Miami, FL 33155
(305) 412-0138
Digital Contact Information:
vdacommunitycenter@gmail.com
and
13055 Southwest 42nd Street
STE 104
Miami, FL 33175
(305) 480-7839
Digital Contact Information:
vdacommunitycenter@gmail.com
and
14247 Southwest 42nd Street
Miami, FL 33175
(786) 817-2976
Digital Contact Information:
vdacommunitycenter@gmail.com
and
12448 Southwest 127th Avenue
Miami, FL 33186
(786) 864-1030
Digital Contact Information:
vdacommunitycenter@gmail.com
and
17340 Northwest 27th Avenue
Miami Gardens, FL 33056
(786) 255-0613
Digital Contact Information:
vdacommunitycenter@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Padron, Adis E, MS, LMHC ■
1840 West 49th Street
304
Hialeah, FL 33012
(786) 803-8596
Digital Contact Information:
fl-credentialing@lifestance.com
and
13205 Southwest 137th Avenue
206 208
Miami, FL 33186
(786) 592-2063
Digital Contact Information:
fl-credentialing@lifestance.com
and
14645 Northwest 77th Avenue
101
Miami Lakes, FL 33014
(833) 769-3524
Digital Contact Information:
http://lifestance.com
fl-credentialing@lifestance.com
Other Languages Spoken by Provider or Office Staff
Spanish

Padron, Barbara, MS, LMFT ■
1575 West 53rd Street
Hialeah, FL 33012
(305) 707-5966
Digital Contact Information:
movingtowardagape@gmail.com
and
15715 S Dixie Hwy
Ste 403
Miami, FL 33157
(305) 707-5966
Digital Contact Information:
movingtowardagape@gmail.com

Padron, Felix O, PSYD, LMHC ■
Catalonia Avenue
Coral Gables, FL 33134
(305) 448-6000
Digital Contact Information:
doctorpadron@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Palaez, Alexandra, MS, LMFT ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
draida@mpsmentalhealth.com
and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
draida@mpsmentalhealth.com
and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
draida@mpsmentalhealth.com
and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
draida@mpsmentalhealth.com
Other Languages Spoken by Provider or Office Staff
French, Russian, Spanish

Palamara, Sherry A, PSYD, LP ■
3105 Northwest 107th Avenue
Suite: 400
Doral, FL 33172
(305) 920-3921
Digital Contact Information:
shpalamara@aol.com
and
10305 NW 41st St
Ste 205
Doral, FL 33178
(305) 994-7420
Digital Contact Information:
shpalamara@aol.com
and
407 Lincoln Rd
Ste 6L
Miami Beach, FL 33139
(305) 994-7420
Digital Contact Information:
shpalamara@aol.com

Palatianos-Sifakis, Stacie M, MS, LMHC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
info@dadefamily.com
and
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com
and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com
and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

Palau, Barbara K, MSS, LMHC ■
12970 SW 133rd Ct
Miami, FL 33186
(786) 263-3676
Digital Contact Information:
bkpalau@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Palenque, Yoni R, MSN, APRN ■
2000 Northwest 87th Avenue
Suite 201
Doral, FL 33172
(954) 561-6222
Digital Contact Information:
info@ventremedical.com
and
5901 Southwest 74th Street
408
Miami, FL 33143
(305) 735-3555
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Palermo, Brittany, MSN, APNP, APRN, APRNCNP, CRNP, NP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com
and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
brittany.palermo@chenaltherapy.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com
Other Languages Spoken by Provider or Office Staff English

Palmero, Magdalena, MMFT, LMFT ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
laurap@azzurrahcc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Palomino, Mariaelena, MSED, LMFT ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
info@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
info@behavioralaid.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pandini, Heli, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
credentialing@thriveworks.com

Pando, Ana M, PHD, LMHC, LSP ■
3400 Coral Way
Ste 401
Miami, FL 33145
(305) 567-1155
Digital Contact Information:
asharedvision@bellsouth.net

and
3400 Coral Way
Ste 402
Miami, FL 33145
(305) 567-1155
Digital Contact Information:
asharedvision@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Pantano, Lisa, MC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
leigh.pantano@gmail.com

Papirno, Naomi, MSED, LMFT ■
1951 NW 17th Ave
Miami, FL 33125
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

Papuchis, Kristie, MSW, CSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
help@joinuplift.com

Pareras, Aixa, MC, LMHC ■
14225 SW 42nd St
Miami, FL 33175
(305) 221-8200
Digital Contact Information:
http://www.drvidalzas.com
melbag.avzcounseling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Paris, Emilia, MC, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Parnes, Tanya, MS, LMHC ■
FL
(305) 570-7695
Digital Contact Information:
matterofmindcounseling@gmail.com

Parodi, Laura, MPSY, LMFT ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
bravosmentalhealthcare@gmail.com

and
2100 West 76th Street
#209
Hialeah, FL 33016
(786) 201-1088
Digital Contact Information:
bravosmentalhealthcare@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Parrado, Arlette C, MSW, LCSW ■
815 Northwest 57th Avenue
325
Miami, FL 33126
(786) 364-6510
Digital Contact Information:
acparradolcsw@gmail.com
Other Languages Spoken by Provider or Office Staff English

Patsicostas, Susan, MS, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
strive@strivementalhealthllc.com

Patterson, Trakeeta A, MSW, LCSW ■
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
dreamagainservices@gmail.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
dreamagainservices@gmail.com

Patton, Jacquelyn, MACP, LMHC ●
8500 SW 92nd Street
206
Miami, FL 33156
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
billing@livewelltherapygroup.com

and
7600 Southwest 57th Avenue
suite 334
South Miami, FL 33143
(786) 332-4478
Digital Contact Information:
billing@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Payne, Kurt, CD, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Pelaez Munsey, Sandra R, MSN, APRN ■
8323 Northwest 12th Street
Ste 206
Doral, FL 33126
(305) 373-3424
Digital Contact Information:
drasimnisar@gmail.com

and
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
drasimnisar@gmail.com

and
2300 West 84th Street
Ste 601
Hialeah, FL 33016
(305) 363-4001
Digital Contact Information:
drasimnisar@gmail.com

and
2311 Northwest 7th Street
Miami, FL 33125
(786) 789-6021
Digital Contact Information:
drasimnisar@gmail.com

and
7921 Bird Rd
Ste 41
Miami, FL 33155
(305) 425-1393
Digital Contact Information:
drasimnisar@gmail.com

and
7971 Bird Road
15
Miami, FL 33155
(786) 504-5620
Digital Contact Information:
drasimnisar@gmail.com

and
7001 SW 97th Ave
Ste 206
Miami, FL 33173
(786) 294-0123
Digital Contact Information:
https://www.chgpsychiatry.com/
drasimnisar@gmail.com

and
7001 Southwest 97th Avenue
206a
Miami, FL 33173
(305) 373-3424
Digital Contact Information:
https://www.chgpsychiatry.com/
drasimnisar@gmail.com

and
13706 Southwest 56th Street
STE 105-106
Miami, FL 331756036
(786) 523-4289
Digital Contact Information:
drasimnisar@gmail.com

and
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
drasimnisar@gmail.com

and
5391 Northwest 36th Street
Miami Springs, FL 33166
(305) 418-0580
Digital Contact Information:
drasimnisar@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Peluso, Mark, MSW, LCSW ■
66 W Flagler St
900
Miami, FL 33130
(786) 244-7690
Digital Contact Information:
http://provider.growtherapy.com/search
mark.humanup@gmail.com

Pena, Edgar, MS, LMHC ■
1354 Washington Avenue
221
Miami Beach, FL 33139
(305) 766-8064
Digital Contact Information:
http://www.mbbehavioralhealth.com
mbbehavioralhealth1@yahoo.com

and
15495 Eagle Nest Lane
STE 215
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
mbbehavioralhealth1@yahoo.com

and
6600 Cow Pen Road
250
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
mbbehavioralhealth1@yahoo.com

and
215 Westward Dr
Miami Springs, FL 33166
(305) 887-4494
Digital Contact Information:
mbbehavioralhealth1@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pena, Frances, MSW, LCSW ■
8100 SW 81st Dr
Ste 290
Miami, FL 33143
(305) 975-4049
Digital Contact Information:
credentialing@joinuplift.co

and
16095 SW 150th St
Miami, FL 33196
(305) 975-4049
Digital Contact Information:
credentialing@joinuplift.co
Other Languages Spoken by Provider or Office Staff
Spanish

Pena Garcia, Ibis, PSYD, LP ■
8200 Northwest 41st Street
135
Doral, FL 33166
(305) 599-2111
Digital Contact Information:

cdps.doral@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Pena, Giliana G, MSSW, LCSW ■
8300 West Flagler Street
170
Miami, FL 33144
(786) 633-5171
Digital Contact Information:
olympushcs@gmail.com

and
14400 Northwest 77th Court
#100
Miami Lakes, FL 33016
(786) 916-6073
Digital Contact Information:
olympushcs@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Pena Pacheco, Nariel, MSN, APRN ■
18901 Southwest 106th Avenue
229
Miami, FL 33157
(786) 506-9008
Digital Contact Information:
advancecommunity71@gmail.com

and
10031 Southwest 40th Street
Miami, FL 33165
(786) 442-9628
Digital Contact Information:
advancecommunity71@gmail.com

Pena Perez, Astrid E, MC, LMHC ■
FL
(786) 975-9866
Digital Contact Information:
astridpena.mhc@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Penaranda, Yohan, MS, LMHC ■
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
http://brightsyhealthfl.com
brightsyhealth@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Penate, Aurora, MS, LMHC ■
2550 Douglas Road
Ste #301
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
http://www.mindandsoultherapy.org
daylen.ponce@nicklaushealth.org

and
3100 SW 62nd Ave
Miami, FL 33155
(305) 663-8439
Digital Contact Information:
daylen.ponce@nicklaushealth.org
Other Languages Spoken by Provider or Office Staff Spanish

Peraza Llanes, Alexander, MSN, APRN ■
2000 Northwest 87th Avenue
Suite 201
Doral, FL 33172
(954) 561-6222
Digital Contact Information:
info@ventremedical.com

and
5901 Southwest 74th Street
408
Miami, FL 33143
(305) 735-3555
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff Spanish

Perdomo, Marlen, MS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Pereda, Raquel, MS, LMHC, LPCC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Pereda, Vanessa, PSYD, LP ■
7600 South Red Road
200
South Miami, FL 33143
(786) 508-2207
Digital Contact Information:
http://www.lunapsychology.com
angelo@lunapsychology.com

Pereira, Zamira, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Spanish

Perera, Mirbelys, MD ■
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com
Other Languages Spoken by Provider or Office Staff Spanish

Perez, Dania, MSN, APRN ■
4155 Northwest 130th Avenue
Suite 114B
Miami, FL 33175
(305) 546-9013
Digital Contact Information:
nicanoragent83@gmail.com

and
FL
(305) 546-9013
Digital Contact Information:
nicanoragent83@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Perez, Elisaul, MS, LMHC ■
FL
(305) 399-5900
Digital Contact Information:
therapeutic.taps@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Perez, Guadalupe, MS, LMHC ■
7875 SW 104th St
Ste 101
Miami, FL 33156
(305) 899-1587
Digital Contact Information:
http://www.jcsfl.org
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff Spanish

Perez, Isabel M, EDS, LMHC ■
8672 Bird Rd
Ste 214
Miami, FL 33155
(305) 505-3714
Digital Contact Information:
psychologicalawakenings.ip@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Perez, Jesus, PSYD, LP ■
215 Westward Dr
Miami Springs, FL 33166
(305) 887-4494
Digital Contact Information:
perez_29993@msn.com
Other Languages Spoken by Provider or Office Staff Spanish

Perez, Lourdes, MMFT, LMFT ■
9240 Sunset Dr
Ste 202
Miami, FL 33173
(305) 763-3965
Digital Contact Information:
nextchaptercounseling18@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Perez, Madiane, MACP, LMHC ■
12150 Southwest 128th Court
Suite 108
Miami, FL 33186
(786) 732-0607
Digital Contact Information:
madiane@mpbehavioral.com
Other Languages Spoken by Provider or Office Staff Spanish

Perez, Milena J, MBS, LMHC ■
782 Northwest 42nd Avenue
suite 329
Miami, FL 33126
(305) 766-3159
Digital Contact Information:
mjpatherapy@gmail.com

and
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
mjpatherapy@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Perez, Rosbel, MSN, APRN ■
8532 Southwest 8th Street
STE 290
Miami, FL 33144
(786) 927-8048
Digital Contact Information:
http://www.icaremh.com
dovebehavioralhealth@gmail.com

Perez, Victoria, MSW, LCSW ■
12540 Southwest 8th Street
Miami, FL 33184
(305) 705-6840
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Perez, Vivian A, PSYD, LP ■
6625 Miami Lakes Drive
383
Hialeah, FL 33014
(305) 819-5500
Digital Contact Information:
vperezcap@aol.com
Other Languages Spoken by Provider or Office Staff Spanish

Perez-Carrion, Jessenia, PSYD, LCP ■
100 NE 15th St
Ste 101D
Homestead, FL 33030
(833) 779-8646
Digital Contact Information:
perezc.jessenia@gmail.com

and
FL
(486) 499-5327
Digital Contact Information:
https://www.healinghavenpsychology.com/
perezc.jessenia@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Perez-Castro, Josefina, MSW, LCSW ■
5001 SW 74th Ct
Ste 104
Miami, FL 33155
(305) 663-0013
Digital Contact Information:
anagabilling@gmail.com

and
6955 NW 77th Ave
Ste 401
Miami, FL 33166
(305) 663-0013
Digital Contact Information:
anagabilling@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Perez-Delgado, Julio C, MBS, BCBA, LMHC ■
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(786) 592-2323
Digital Contact Information:
contact@emphourinc.com

and
2000 S Dixie Hwy
Ste 104
Miami, FL 33133
(786) 592-2323
Digital Contact Information:
https://www.evernorth.com/behavioral-care
contact@emphourinc.com
Other Languages Spoken by Provider or Office Staff Spanish

Perez-Lima, Lisette M, PHD, LP ■
6262 Sunset Drive
Suite 500
Miami, FL 33143
(305) 669-6503
Digital Contact Information:
payer.credentialing@nicklaushealth.org

and
3100 SW 62nd Ave
Miami, FL 33155
(305) 669-6503
Digital Contact Information:
payer.credentialing@nicklaushealth.org
Other Languages Spoken by Provider or Office Staff Spanish

Perrin, Miriam, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
redentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Peskin, Abigail, PHD, LP ■
1601 NW 12th Ave
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
admin@aliciasplace.org

Petit-Jean, Christine, MSW, LCSW, LICSW ■
FL
(786) 967-7873
Digital Contact Information:
https://parakletostherapeutic.com/
ptsdatyourservice@gmail.com
Other Languages Spoken by Provider or Office Staff English

Petrosky, Michael, MAT, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
help@joinuplift.co

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff Spanish

Pettus, Tenisha, PHD, LMFT ■
FL
(786) 724-4224
Digital Contact Information:
admin@vita-cog.com

Pettyjohn, Sarah, MSW, LCSW ●
804 Northwest 21st Terrace
Suite 203
Miami, FL 33127
(305) 563-3136
Digital Contact Information:
http://myperspectivecounseling.com
deanna.rogers112@gmail.com

Pfeifle, Shannon, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Phelps, Sharion, MS, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Phillips, Kia, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
payors@emorahealth.com

Phillips, Meghan A, MS, LCSW ■
14645 Northwest 77th Avenue
101
Miami Lakes, FL 33014
(833) 769-3524
Digital Contact Information:
http://lifestance.com
fl-credentialing@lifestance.com

Pierre, Jason, MSN, APN, PMHNP ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Pineyro, Cindy, MC, LMHC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
http://www.behavioralaid.com
info@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
info@behavioralaid.com

Pino, Leydis, PSYD, BCBA, LCP ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 317-4478
Digital Contact Information:
https://crystalabatherapy.com/
services@cmnbtherapy.com

and
1000 Brickell Avenue
Miami, FL 33131
(754) 234-0643
Digital Contact Information:
services@cmnbtherapy.com

and
9502 Southwest 166th Court
Miami, FL 33196
(754) 234-0643
Digital Contact Information:
services@cmnbtherapy.com

Pitaluga, Iris, MS, LMHC ■
1360 South Dixie Highway
355
Coral Gables, FL 33146
(305) 648-9344
Digital Contact Information:
alternatives1@msn.com
Other Languages Spoken by Provider or Office Staff English

Pitt, Samantha, MSN, APRN ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Pittman, Lethea, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Placil, Sainfonie, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com

and
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Sign Lang Amer, Spanish

Plasencia, Belkis, MSN, APRN ■
7921 Bird Rd
Ste 41
Miami, FL 33155
(305) 425-1393
Digital Contact Information:
ynhcsaba@gmail.com

and
7971 Bird Road
39
Miami, FL 33155
(786) 910-7179
Digital Contact Information:
ynhcsaba@gmail.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
ynhcsaba@gmail.com

and
7001 SW 97th Ave
Ste 206
Miami, FL 33173
(786) 294-0123
Digital Contact Information:
https://www.chgpsychiatry.com/
ynhcsaba@gmail.com

and
9425 Southwest 72nd Street
Suite 251
Miami, FL 33173
(305) 305-6573
Digital Contact Information:
ynhcsaba@gmail.com

and
13706 Southwest 56th Street
STE 105-106
Miami, FL 331756036
(786) 523-4289
Digital Contact Information:
ynhcsaba@gmail.com

and
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
ynhcsaba@gmail.com

and
13335 Southwest 124th Street
STE 101
Miami, FL 33186
(786) 842-3635
Digital Contact Information:
ynhcsaba@gmail.com

and
13501 Southwest 128th Street
STE 114
Miami, FL 33186
(786) 250-3440
Digital Contact Information:
ynhcsaba@gmail.com

and
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
ynhcsaba@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Podkulski, Melissa E, PA, PA_C ■
801 Brickell Avenue
8
Miami, FL 33131
(516) 505-7200
Digital Contact Information:
https://mindful.care/
richard.benson@avernuscorp.com
Other Languages Spoken by Provider or Office Staff English

Pola, Lourdes E, PHD, LP ■
1840 W 49th St
Ste 306
Hialeah, FL 33012
(305) 826-9293
Digital Contact Information:
lourdespola@aol.com
Other Languages Spoken by Provider or Office Staff Spanish

Polites, Nancy, MSW, LCSW ■
55 Miracle Mile
Miami, FL 33134
(772) 486-4417
Digital Contact Information:
nancyelsie@gmail.com

Polvado, Teah, MSSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Poole-Parks, Clarissa, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Porras, Maria, MS, LMHC ■
6175 NW 153rd St
Ste 404
Miami Lakes, FL 33014
(305) 558-7400
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff Spanish

Portales, Mariana, MA, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 206-6500
Digital Contact Information:
info@sparking-change.com
Other Languages Spoken by Provider or Office Staff Spanish

Portales, Rocio A, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff Spanish

Porter, J'Briel E, MSW, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
admin@itsofok.com
Other Languages Spoken by Provider or Office Staff Chinese, Urdu, Spanish, Hindi

Portillo, Cimelitza, MMH, LMHC ■
9425 SW 72nd St
Ste 265
Miami, FL 33173
(305) 279-8400
Digital Contact Information:
safeharbormha@att.net

Posada, Stephanie, MMH, LMHC ■
2500 Southwest 107th Avenue
41
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
lgomez@abcsfl.com

and
FL
(786) 615-3334
Digital Contact Information:
lgomez@abcsfl.com
Other Languages Spoken by Provider or Office Staff Spanish

Potwin, Tiffany, MC, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Powell, Brooke, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Powell, Mary, MSN, ARNP ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
mpowell@nextgenerationvillage.com

Power, Vanessa, MSW, LCSW ■
FL
(888) 339-9404
Digital Contact Information:
https://180healthpartners.com
credentialing@sagesocialservices.com

Pozo, Iraida, MS, LMHC ■
85 Grand Canal Drive
UNIT 203
Miami, FL 33144
(786) 536-7816
Digital Contact Information:
uwhealth2019@gmail.com

and
7805 Coral Way
Ste 131
Miami, FL 33155
(786) 307-2066
Digital Contact Information:
uwhealth2019@gmail.com

and
7815 Coral Way
Ste 108
Miami, FL 33155
(305) 264-1344

Digital Contact Information:
uwhealth2019@gmail.com

and
5600 Southwest 135th Avenue
100
Miami, FL 33183
(305) 603-9104
Digital Contact Information:
uwhealth2019@gmail.com

Pozo, Oscar D, MD ■
FL
(305) 554-0808
Digital Contact Information:
odpozo@bellsouth.net

and
180 Northwest 62nd Street
Miami, FL 33150
(786) 360-5625
Digital Contact Information:
odpozo@bellsouth.net

and
13501 Southwest 128th Street
Suite 112
Miami, FL 33186
(786) 732-2383
Digital Contact Information:
odpozo@bellsouth.net

and
13886 West Dixie Highway
North Miami, FL 33161
(786) 360-5625
Digital Contact Information:
odpozo@bellsouth.net

and
12651 South Dixie Highway
Pinecrest, FL 33156
(305) 479-9090
Digital Contact Information:
odpozo@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Prada, Anais M, MSSW, LCSW ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
ehoyos@lotuscounseling.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
http://www.lotuscounseling.com
ehoyos@lotuscounseling.com
Other Languages Spoken by Provider or Office Staff
Spanish

Prado, Haydee, PSYD, LP ■
8550 W Flagler St
Ste 105
Miami, FL 33144
(305) 551-5787
Digital Contact Information:
haydeeprado@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Prebble, Christine, MS, LPC ■
FL
(929) 209-6109
Digital Contact Information:
harry.williams@gettrucare.com

Preval, Falicia, MC, LMHC ■
1031 Ives Dairy Rd
Ste 228
Miami, FL 33179
(786) 320-5559
Digital Contact Information:
faliciap@aol.com

and
1031 Ives Dairy Road
Miami, FL 33179
(786) 627-3321
Digital Contact Information:
faliciap@aol.com

and
1001 North Miami Beach Boulevard
North Miami Beach, FL 33162
(786) 320-5559
Digital Contact Information:
faliciap@aol.com

Prevor, Ruth C, PHD, LP ■
2020 Northeast 163rd Street
OFFICE 300P
North Miami Beach, FL 33162
(305) 680-9544
Digital Contact Information:
ruthprevor@msn.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Prevost, Daniella, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Price, Christina, MSW, LCSW, LICSW ■
FL
(800) 567-5433
Digital Contact Information:
Not Available

Prieto, Glenn C, MS, LMHC ■
10994 Southwest 184th Street
Cutler Bay, FL 33157
(305) 964-5530
Digital Contact Information:
kinitrohealth@gmail.com

and
FL
(305) 964-5530
Digital Contact Information:
kinitrohealth@gmail.com

Prieto, Iliana, MMFT, LMFT ■
5190 Northwest 167th Street
201
Hialeah, FL 33014
(305) 705-4289
Digital Contact Information:
http://livelinessinc.com
livelinessinc@gmail.com

and
Home Based Services Only
Miami Gardens, FL 33014
(305) 640-5739
Digital Contact Information:
livelinessinc@gmail.com

Probst, Weston, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Puente Cardelle, Bertha, MSN, APRN ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
arscredentialing@advancedrecoverysystems.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Puentes, Katheryne, PHD, LMFT ■
21301 Northeast 26th Avenue
Miami, FL 33180
(305) 981-6362
Digital Contact Information:
theluminescentmindllc@gmail.com

Pujals, Jessica, MS, LMHC, LPC ●
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
jessicapujals@yahoo.com

and
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
http://www.miamipersonalmanagement.com
jessicapujals@yahoo.com

and
3621 SW 107th Ave
Miami, FL 33165
(786) 534-8366
Digital Contact Information:
http://serenitycommunitycenter.com
jessicapujals@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Pujula, Yolanda, MS, LMFT ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
westmiamicmhc@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Pulgaron, Elizabeth, PHD, LP ■
1601 NW 12th Ave
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Quijano, Tiffany, MC, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/payors@emorahealth.com

Quinonez Meza, Javier, MSN, APRN ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Quintana, Amauri A, DNP, APRN ■
1000 Brickell Avenue
Miami, FL 33131
(786) 238-7364
Digital Contact Information:
abdullah@sixequation.com

and
1 NE 167th St
Miami, FL 33162
(305) 947-7133
Digital Contact Information:
abdullah@sixequation.com

and
2646 Southwest 87th Avenue
Miami, FL 33165
(305) 947-7133
Digital Contact Information:
abdullah@sixequation.com

Quintana, Noelia M, MD, LMHC ■
8725 Northwest 18th Terrace
Suite 202
Doral, FL 33172
(305) 487-2532
Digital Contact Information:
office@mitierramedicalgroup.com

and
3750 West 16th Avenue
104
Hialeah, FL 33012
(305) 200-5648
Digital Contact Information:
office@mitierramedicalgroup.com

and
1150 Northwest 72nd Avenue
350
Miami, FL 33126
(786) 228-7801
Digital Contact Information:
office@mitierramedicalgroup.com

and
1150 Northwest 72nd Avenue
540
Miami, FL 33126
(786) 228-7801
Digital Contact Information:
office@mitierramedicalgroup.com

and
14201 Southwest 120th Street
suite 110
Miami, FL 33186
(786) 238-7492
Digital Contact Information:
https://mitierramedicalgroup.com
office@mitierramedicalgroup.com

and
14221 Southwest 120th Street
223
Miami, FL 33186
(786) 690-2296
Digital Contact Information:
office@mitierramedicalgroup.com

and
14261 Southwest 120th Street
Suite #113
Miami, FL 33186
(786) 558-4169
Digital Contact Information:
https://mitierramedicalgroup.com
office@mitierramedicalgroup.com
Other Languages Spoken by Provider or Office Staff English

Quintana, Yanexi, MS, LMHC ■
FL
(305) 520-9686
Digital Contact Information:
healthymindscounselingllc13@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Quintanilla, Claudia, MS, LMHC ■
FL
(786) 258-8499
Digital Contact Information:
http://www.virtual-counseling.com
service@virtual-counseling.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Quintero, Lari J, MSN, APRN, PMHNP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
info@bloommhw.com

Quintero, Rosaly, MMH, LMHC ■
5001 SW 74th Ct
Ste 104
Miami, FL 33155
(305) 663-0013
Digital Contact Information:
anagabilling@gmail.com

and
6955 NW 77th Ave
Ste 401
Miami, FL 33166
(305) 663-0013
Digital Contact Information:
anagabilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rabinowitz, Carla, MMFT, LMFT ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
soflotherapygroup@gmail.com

and

13205 Southwest 137th Avenue
STE 132
Miami, FL 331865334
(754) 269-5304
Digital Contact Information:
http://dominguezcommunitycenter.com
soflotherapygroup@gmail.com

and
975 Arthur Godfrey Rd
Ste 301
Miami Beach, FL 33140
(786) 315-0387
Digital Contact Information:
soflotherapygroup@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Rabkin-Turner, Jodi, MS, LMHC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
bellaneph@yahoo.com

Rahming, Devonne, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Raiford, Sally T, MACP, LMFT ■
150 Alhambra Circle
Floor 10
Coral Gables, FL 33134
(786) 800-3374
Digital Contact Information:
sallie354@yahoo.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
sallie354@yahoo.com

Raimey, Andrea B, MSW, LISW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
andrear@essentialreflectionscc.com

Rainuzzo, Silvana L, MC, LMHC ■
FL
(954) 682-0264
Digital Contact Information:
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Ramirez, Luisa, MS, LCSW ■
5911 Northwest 173rd Drive
11 11
Hialeah, FL 33015
(786) 655-9992
Digital Contact Information:
http://arkprov.com
ian.martineau@credentialing.com

Ramlall, Niyama, MED, LMFT ■
7600 South Red Road
200
South Miami, FL 33143
(786) 508-2207
Digital Contact Information:
http://www.lunapsychology.com
angelo@lunapsychology.com

Ramos, Cristina, MA, LMFT, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
admin@wellmindedcounseling.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Ramos, Josie C, MD ■
1550 Madruga Ave
Ste 509
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
yvette@stellarhealthfl.com

and
1150 Northwest 72nd Avenue
ph 2
Miami, FL 33126
(786) 542-5043
Digital Contact Information:
http://1stcarecms.com
yvette@stellarhealthfl.com

and
FL
(786) 536-9714
Digital Contact Information:
yvette@stellarhealthfl.com
Other Languages Spoken by Provider or Office Staff Spanish

Ramsey, Kathleen, PHD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
hello@emorahealth.com

Ransom, Courtney, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Rapp, Katja M, MC, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
members@wellnite.com
Other Languages Spoken by Provider or Office Staff German

Rashid, Rokshana, MC, LMHC ■
FL
(786) 233-6721
Digital Contact Information:
info@managedmentalhealth.com
Other Languages Spoken by Provider or Office Staff Spanish

Ravitz, Casey, PHD, LP ■
7600 South Red Road
200
South Miami, FL 33143
(786) 508-2207
Digital Contact Information:
http://www.lunapsychology.com
admin@lunapsychology.com

Ray, Taylor, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Regalado, Alejandra, MPSY, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com

Reis, Maria, MC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Reisdorf, Sonia, DNP, APN, ARNP ■
2820 Northeast 214th Street
Ste 801
Aventura, FL 33180
(256) 500-8688
Digital Contact Information:
sreisdorf1@gmail.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
sreisdorf1@gmail.com

Remedioz Gonzalez, Yuri, MSN, APRN ■
5040 Northwest 7th Street
610
Miami, FL 33126
(786) 505-9442
Digital Contact Information:
http://www.gpsycare.com
officeadmin@gpsycare.com

and
8700 West Flagler Street
150
Miami, FL 33174
(305) 479-2584
Digital Contact Information:
http://megamedicalcenter.com
officeadmin@gpsycare.com
Other Languages Spoken by Provider or Office Staff Spanish

Resnik, Susan, MED, LMHC ■
1065 Southwest 8th Street
1109
Miami, FL 33130
(786) 651-4198
Digital Contact Information:
http://www.perfectmatchcouplecounseling.com
oxfordcounselingservices@gmail.com

and
1000 5th St
Ste 207
Miami Beach, FL 33139
(786) 651-4198
Digital Contact Information:
oxfordcounselingservices@gmail.com

Revilla, Bernardo, MSN, APRN ■
5190 Northwest 167th Street
201
Hialeah, FL 33014
(305) 705-4289
Digital Contact Information:
http://livelinessinc.com
genesisconsultingservices39@gmail.com

Reyes, Madeline B, MPSY, LMHC ■
5941 Northwest 173rd Drive
6 6
Hialeah, FL 33015
(786) 360-4328
Digital Contact Information:
blueparadisemedicalcenter@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Reyes, Sarah E, MSW, LCSW ■
4101 Pine Tree Drive
Miami Beach, FL 33140
(352) 345-6218
Digital Contact Information:
http://www.readytoelevate.org
elevatepd.therapy@gmail.com

Reyes, William, MS, LMHC ■
2264 SW 7th St
Miami, FL 33135
(305) 338-9798
Digital Contact Information:
mytherapistwr@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Ricart, Francisco, MD ■
5040 NW 7th St
107
Miami, FL 33126
(305) 576-1599
Digital Contact Information:
serene@sshealthgroup.com

and
100 NE 38th St
Ste 5
Miami, FL 33137
(305) 576-1599
Digital Contact Information:
serene@sshealthgroup.com

and
2691 Northeast 2nd Avenue
Miami, FL 33137
(305) 576-1599
Digital Contact Information:
serene@sshealthgroup.com

and
4180 Southwest 74th Court
204
Miami, FL 33155
(786) 432-0107
Digital Contact Information:
serene@sshealthgroup.com
Other Languages Spoken by Provider or Office Staff Spanish

Ricci, Jason B, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Rice, Jeffrey, MS, LMHC ■
1005 N Krome Ave
Ste 121
Homestead, FL 33030
(305) 423-6385
Digital Contact Information:
jillian@thriveworks.com

Richards, Terry, PHD, LP ■
1717 North Bayshore Drive
3456 3456
Miami, FL 33132
(305) 343-3810
Digital Contact Information:
Not Available

and
21110 Biscayne Blvd
Ste 304
Miami, FL 33180
(305) 343-3810
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff English

Richmond, Laquana, EDS, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
lrichmond@assuredcs.org

Rico, Sandra, MS, LMHC ■
10689 SW 88th St
Ste 305
Miami, FL 33176
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff Spanish

Ridgeley, Connie, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Ridgeway, Deborah, MSW, LCSW, LMSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:

https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Rieumont, Miriela, MSN, APRN ■
15190 Southwest 136th Street
11
Miami, FL 33196
(786) 701-8416
Digital Contact Information:
masvidamedicalcenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Riley, Taneisha, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Rios, Rosa, MSW, LCSW ■
FL
(305) 804-9121
Digital Contact Information:
http://www.sfacounseling.org
info@sfacounseling.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rios, Stephanie, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
smrios1979@gmail.com

Rios, Tyra, MA, LMFT ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Ripoll, Carlos, MN, APRN ■
1450 Madruga Avenue
405
Coral Gables, FL 33146
(786) 356-3715
Digital Contact Information:
supervisor@newsinrisecm.com

and
1840 West 49th Street
Suite 727
Hialeah, FL 33012
(786) 715-3086
Digital Contact Information:
supervisor@newsinrisecm.com

and
17670 Northwest 78th Avenue
STE 113
Hialeah, FL 33015
(716) 558-4565
Digital Contact Information:
supervisor@newsinrisecm.com

and
7392 Northwest 35th Terrace
207
Miami, FL 33122
(786) 353-2329
Digital Contact Information:
supervisor@newsinrisecm.com

and
2311 Northwest 7th Street
Miami, FL 33125
(786) 706-2246
Digital Contact Information:
supervisor@newsinrisecm.com

and
7950 West Flagler Street
Suite 101
Miami, FL 33144
(305) 239-7725
Digital Contact Information:
supervisor@newsinrisecm.com

and
4180 Southwest 74th Court
204
Miami, FL 33155
(786) 432-0107
Digital Contact Information:
supervisor@newsinrisecm.com

and
19001 Southwest 106th Avenue
c103
Miami, FL 33157
(786) 523-2352
Digital Contact Information:
supervisor@newsinrisecm.com

and
22133 South Dixie Highway
Miami, FL 33170
(786) 504-3119
Digital Contact Information:
supervisor@newsinrisecm.com

and
790 Northwest 107th Avenue
Suite 303
Miami, FL 33172
(786) 605-1660
Digital Contact Information:
supervisor@newsinrisecm.com

and
FL
(305) 239-7725
(786) 605-1660
Digital Contact Information:
supervisor@newsinrisecm.com

and
9900 Southwest 107th Avenue
STE 101
Miami, FL 33176
(305) 964-5381
Digital Contact Information:
supervisor@newsinrisecm.com

and
13155 Southwest 134th Street
202
Miami, FL 33186
(786) 504-3119
Digital Contact Information:
http://esperanzagroup.net
supervisor@newsinrisecm.com

and
13195 Southwest 134th Street
101
Miami, FL 33186
(786) 227-6830
Digital Contact Information:
http://esperanzagroup.net
supervisor@newsinrisecm.com

and
9745 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 701-2401
Digital Contact Information:
supervisor@newsinrisecm.com

Rivas-Carrillo, Jorge, MSW, LCSW ■
2124 Northeast 123rd Street
STE 220
North Miami, FL 33181
(786) 828-0947
Digital Contact Information:
https://blossomfl.com
jorge.rivas@thefloridacenter.org
Other Languages Spoken by Provider or Office Staff
Spanish

Rivera, Audrey, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Rivera, Destiny, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Rivera, Eva, MC, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rivera, Frances, MMFT, LMFT ■
FL
(888) 339-9404
Digital Contact Information:
referral@1800healthpartners.com

Rivera, Gretel, MS, LMHC ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com

and
10300 Sunset Drive
Suite 114
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com
Other Languages Spoken by Provider or Office Staff
French, Spanish

Rivera, Yesenia, PSYD, LP ■
7875 NW 12th St
Ste 109
Doral, FL 33126
(786) 317-4478
Digital Contact Information:
https://crystalabatherapy.com/
info@cmpsclinical.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, French, Italian, Spanish

Rivero, Anisleidy, MS, LMHC ■
FL
(786) 254-1211
Digital Contact Information:
http://www.healingmindcounseling.com
ani.rivero@healingmindcounseling.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rizo, Naylin, MMH, LMHC ■
1840 West 49th Street
709
Hialeah, FL 33012
(786) 393-0315
Digital Contact Information:
flnewvision@gmail.com

and
2100 West 76th Street
STE 408
Hialeah, FL 33016
(786) 542-5056
Digital Contact Information:
flnewvision@gmail.com

and
730 Northwest 107th Avenue
104
Miami, FL 33172
(305) 504-1749
Digital Contact Information:
flnewvision@gmail.com

and
730 Northwest 107th Avenue
110
Miami, FL 33172
(305) 249-1183
Digital Contact Information:
flnewvision@gmail.com

and
12150 Southwest 128th Court
Ste 228
Miami, FL 33186
(786) 227-6314
Digital Contact Information:
flnewvision@gmail.com

and
12150 Southwest 128th Court
Suite 233
Miami, FL 33186
(786) 238-7666
Digital Contact Information:
flnewvision@gmail.com

and
13701 Southwest 88th Street
306
Miami, FL 33186
(786) 842-1489
Digital Contact Information:
flnewvision@gmail.com

and
15305 Northwest 60th Avenue
Ste 100
Miami Lakes, FL 33014
(786) 536-7561
Digital Contact Information:
flnewvision@gmail.com

and
5803 Northwest 151st Street
STE 206
Miami Lakes, FL 33014
(305) 504-1749
Digital Contact Information:
flnewvision@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rizzo, Nicole, MMFT, LMFT ■
Home Based Services Only
Doral, FL 33122
(305) 591-7898
Digital Contact Information:
goodchoicemhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Robaina, Niubis, MPSY, LMHC ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
yavila@avilahealthgroup.com

Robbins, Eric A, MD ●
18505 Northwest 75th Place
104 104
Hialeah, FL 33015
(305) 555-5421
Digital Contact Information:
melissa@blueumbrellapsychiatry.com

and
2300 West 84th Street
Ste 601
Hialeah, FL 33016
(305) 363-4001
Digital Contact Information:
melissa@blueumbrellapsychiatry.com

and
1150 Northwest 72nd Avenue
220
Miami, FL 33126
(786) 558-4899
Digital Contact Information:
melissa@blueumbrellapsychiatry.com

and
2121 Southwest 3rd Avenue
205
Miami, FL 33129
(786) 660-1301
Digital Contact Information:
melissa@blueumbrellapsychiatry.com

and
2140 West Flagler Street
202
Miami, FL 33135
(786) 707-9958
Digital Contact Information:
melissa@blueumbrellapsychiatry.com

and
3191 Southwest 22nd Street
406
Miami, FL 33145
(786) 660-1301
Digital Contact Information:
melissa@blueumbrellapsychiatry.com

and
FL
(786) 660-1301
Digital Contact Information:
melissa@blueumbrellapsychiatry.com

and
5950 Southwest 40th Street
Miami, FL 33155
(786) 633-5960
Digital Contact Information:
melissa@blueumbrellapsychiatry.com

and
7804 Coral Way
Miami, FL 33155
(305) 965-8714
Digital Contact Information:
melissa@blueumbrellapsychiatry.com

and
12485 Southwest 137th Avenue

STE 104
Miami, FL 33186
(786) 256-5335
Digital Contact Information:
melissa@blueumbrellapsychiatry.com

Robbins, Molli, LCSW, MSW ■
7241 Southwest 63rd Avenue
STE 102
South Miami, FL 33143
(305) 244-3590
Digital Contact Information:
Not Available

Roberson, Cranesha E, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@truhealingreality.com

and
111 NW 183rd St
Ste 404
Miami, FL 33169
(786) 524-4001
Digital Contact Information:
info@truhealingreality.com

Roberts, Elizabeth H, MD ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
ap@resurgencebh.com
Other Languages Spoken by Provider or Office Staff
Spanish

Roberts, Jazmin, MS, LCMHC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@growtherapy.com

Robinson, Jade, MS, LMHC ■
FL
(786) 488-8103
Digital Contact Information:
http://www.sfacounseling.org
info@sfacounseling.org

Robinson, Kent A, MA, LPC ■
10311 Northwest 58th Street
Doral, FL 33178
(800) 438-1772
Digital Contact Information:
lrangel@wlcfs.org

Rocha, Leslie, MS, LMHC ■
8500 SW 92nd Street
206
Miami, FL 33156
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
billing@livewelltherapygroup.com

and
7600 Southwest 57th Avenue
suite 334
South Miami, FL 33143
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
billing@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Roche, Michelle, MS, LMHC ■
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
http://brightsyhealthfl.com
brightsyhealth@gmail.com

and
1031 Ives Dairy Rd
Ste 228
Miami, FL 33179
(786) 320-5559
Digital Contact Information:
brightsyhealth@gmail.com

and
1001 North Miami Beach Boulevard
North Miami Beach, FL 33162
(786) 320-5559
Digital Contact Information:
brightsyhealth@gmail.com

Rochetto, Alexandria, MA, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
andreaburks@bayouwellness.life

Rocker, Jeff, MMH, LMHC ■
777 Brickell Ave
Ste 500
Miami, FL 33131
(786) 490-2181
Digital Contact Information:
askjeffrocker@gmail.com

Rodriguez, Alissa, MC, LMHC ■
3081 Salzedo Street
202u
Coral Gables, FL 33134
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com

and
3081 Salzedo Street
Suite 202
Coral Gables, FL 33134
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com

and
3625 Northwest 82nd Avenue
Doral, FL 33166
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com

and
3625 Northwest 82nd Avenue
400
Doral, FL 33166
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com

and
1911 Southwest 87th Avenue
Miami, FL 33165
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com

and
FL
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com

and
9016 Southwest 152nd Street
Palmetto Bay, FL 33157
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Andrea, MC, LMHC ■
8500 SW 92nd Street
203
Miami, FL 33156
(786) 332-4478
Digital Contact Information:
billing@livewelltherapygroup.com

and
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
billing@livewelltherapygroup.com

and
11050 Southwest 88th Street
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
billing@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Anely, MSW, LCSW ■
10590 Northwest 27th Street
suite e103 b
Doral, FL 33172
(305) 640-8632
Digital Contact Information:
blessmedicalservice@gmail.com

and
10031 Southwest 40th Street
Miami, FL 33165
(786) 442-9628
Digital Contact Information:
blessmedicalservice@gmail.com

and
12260 Southwest 8th Street
130
Miami, FL 33184
(415) 941-4109
Digital Contact Information:
blessmedicalservice@gmail.com

Rodriguez, Ayme, MSN, APRN ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
contact@elevatepsychiatry.com

and
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
contact@elevatepsychiatry.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Barbara, MN, APRN ■
8785 SW 165th Ave
Miami, FL 33193
(786) 921-5451
Digital Contact Information:
peacefulminds1206@gmail.com

Rodriguez Freijo, Selma, MSW, LCSW ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
help@joinuplift.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
help@joinuplift.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Garcia, Carlos E, MS, LMHC ■
7392 Northwest 35th Terrace
Suite 302
Miami, FL 33122
(786) 353-2792
Digital Contact Information:
shalompsychotherapycenter@gmail.com

Rodriguez Garlobo, Maelia, MSN, APRN ■
12595 Southwest 137th Avenue
STE 110
Miami, FL 33186
(305) 465-9379
Digital Contact Information:
pmcibilling228@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Gloria, MSW, LCSW ■
9010 SW 137th Ave
Ste 233
Miami, FL 33186
(786) 236-1323
Digital Contact Information:
http://healing-recovery.com
mrodriguez@healing-recovery.com

Rodriguez, Irina, MMFT, LMFT ■
2157 Southwest 13th Avenue
3
Miami, FL 33145
(786) 878-1331
Digital Contact Information:
i.rodriguezlmft@gmail.com

and
FL
(786) 254-1572
Digital Contact Information:
i.rodriguezlmft@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Jan, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
admin@lifehealthsystem.org
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Jennicke, MC, LMHC ■
151 NW 11th St
Ste W201
Homestead, FL 33030
(786) 521-5925
Digital Contact Information:
monarchallhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Julieta, PHD, LP ■
15715 S Dixie Hwy
Ste 401
Miami, FL 33157
(786) 255-4693
Digital Contact Information:
jr3015@aol.com

and
15715 S Dixie Hwy
Ste 406
Miami, FL 33157
(786) 255-4693
Digital Contact Information:
jr3015@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Kimberley, MS, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
pandatherapycircle@gmail.com

Rodriguez, Luann, MS, LMFT ■
18901 Southwest 106th Avenue
Suite #108
Miami, FL 33157
(786) 231-0910
Digital Contact Information:
luann.rodriguezlmft@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Mabel, MSN, APRN, ARNP, CNS, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@a3medicalbilling.com

Rodriguez, Mabel, MMH, LMHC ■
12159 Southwest 132nd Court
100
Miami, FL 33186
(786) 422-2073
Digital Contact Information:
comprehensivecounseling86@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Maria T, PHD, LMHC ■
7815 Coral Way
101
Miami, FL 33155
(786) 615-4879
Digital Contact Information:
youworth24@gmail.com

and
7821 Coral Way
100
Miami, FL 33155
(786) 615-4879
Digital Contact Information:
youworth24@gmail.com

and
10250 Southwest 56th Street
C202
Miami, FL 33165
(754) 816-5001
Digital Contact Information:
youworth24@gmail.com

and
1470 Northwest 107th Avenue
M
Miami, FL 33172
(786) 238-7282
Digital Contact Information:
youworth24@gmail.com

and
1470 Northwest 107th Avenue
h
Miami, FL 33172
(305) 262-1335
Digital Contact Information:
youworth24@gmail.com

and
9600 SW 8th St
Ste 16
Miami, FL 33174
(786) 536-7588
Digital Contact Information:
youworth24@gmail.com

and
13226 SW 8th St
Miami, FL 33184
(786) 518-3353
Digital Contact Information:
youworth24@gmail.com

and
4471 Northwest 36th Street
SUITE #230
Miami Springs, FL 33166
(786) 238-7335
Digital Contact Information:
youworth24@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rodriguez Milian, Karel, MD ■
2500 Northwest 79th Avenue
233
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
andersonbilling1001@gmail.com

and
2500 Northwest 79th Avenue
Suite 189
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
andersonbilling1001@gmail.com

and
351 NW 42nd Ave
Ste 406
Miami, FL 33126
(786) 536-1710
Digital Contact Information:
andersonbilling1001@gmail.com

and
1890 Southwest 57th Avenue
SUITE 106
Miami, FL 33155
(786) 536-1701
Digital Contact Information:
andersonbilling1001@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Miriam, MSSW, LCSW ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Rodriguez, Monica C, MSN, APRN ■
12651 South Dixie Highway
Suite 320
Miami, FL 33156
(305) 300-3121
Digital Contact Information:
info@icarepsychiatry.org

and
8950 Southwest 74th Court
Suite 1808
Miami, FL 33156
(305) 300-3121
Digital Contact Information:
info@icarepsychiatry.org

and
FL
(786) 325-7643
(305) 209-4966
Digital Contact Information:
http://icarepsychiatry.com
info@icarepsychiatry.org

Rodriguez, Pablo R, MPSY, LMHC ■
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
http://novacommunityservice.com
info@novacshealth.com
Other Languages Spoken by Provider or Office Staff
German, Spanish

Rodriguez Perez, Jacnery, MPSY, LMFT ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
Not Available

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
http://banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
Not Available

Rodriguez Ramos, Meilyn, PSYD, LP ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Renzo, MSN, APRN ■
2820 Northeast 214th Street
Ste 801
Aventura, FL 33180
(256) 500-8688
Digital Contact Information:
https://www.joinblossomhealth.com
blossom@withassured.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
blossom@withassured.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
blossom@withassured.com

Rodriguez, Romy, MMH, LMHC ■
8200 Northwest 41st Street
Suite 200
Miami, FL 33166
(786) 241-7695
Digital Contact Information:
drgmartinez.psychologist@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Taymi, MS, APRN ■
FL
(786) 860-5104
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com

and
15260 Southwest 280th Street
203
Homestead, FL 33032
(786) 601-7491
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com

and
2121 Southwest 3rd Avenue
205
Miami, FL 33129
(786) 660-1301
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com

and
3191 Southwest 22nd Street
406
Miami, FL 33145
(786) 660-1301
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com

and
7921 Bird Road
39
Miami, FL 33155
(786) 310-1570
Digital Contact Information:
http://oceanhealthsystem.com
lisbetrodriguez@llbillingoffice.com

and
7971 Bird Road
39
Miami, FL 33155
(786) 910-7179
Digital Contact Information:
http://oceanhealthsystem.com
lisbetrodriguez@llbillingoffice.com

and
4905 Northwest 72nd Avenue
5
Miami, FL 33166
(786) 391-3816
Digital Contact Information:
http://paradisehealthgroup.com
lisbetrodriguez@llbillingoffice.com

and
10680 Fontainebleau Boulevard
Miami, FL 33172
(305) 794-6845
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com

and
9350 SW 72nd St
Ste 116
Miami, FL 33173
(305) 992-9768
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com

and
12781 SW 42nd St
Ste G
Miami, FL 33175
(786) 227-3661
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com

and
13155 Southwest 134th Street
221
Miami, FL 33186
(786) 652-9880
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com

and
18142 Southwest 97th Avenue
Palmetto Bay, FL 33157
(786) 701-9179
Digital Contact Information:
http://www.guevaramedicalservices.com
lisbetrodriguez@llbillingoffice.com

and
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez-Cambas, Ailyn, MPSY, LMHC ■
11009 Southwest 186th Street
Cutler Bay, FL 33157
(786) 732-7979
Digital Contact Information:
circleoflifementalhealth@gmail.com

and
2100 Southwest 22nd Street
502
Miami, FL 33145
(786) 963-0128
Digital Contact Information:
circleoflifementalhealth@gmail.com

and
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
circleoflifementalhealth@gmail.com

and
10031 Southwest 40th Street
Miami, FL 33165
(786) 442-9628
Digital Contact Information:
circleoflifementalhealth@gmail.com

and
5600 Southwest 135th Avenue
100
Miami, FL 33183
(305) 603-9104
Digital Contact Information:
circleoflifementalhealth@gmail.com

Rodriguez-Hevia, Victoria, MC, LMHC ■
1450 Madruga Avenue
STE 302
Coral Gables, FL 33146
(305) 333-0181
Digital Contact Information:
theintuitivecouncelingcenter@gmail.com

Rogers, Deanna, MSW, LCSW ■
804 NW 21st St
214
Miami, FL 33127
(401) 855-0860
Digital Contact Information:
deanna.rogers112@gmail.com

and
804 Northwest 21st Street
203
Miami, FL 33127
(305) 563-3136
Digital Contact Information:
deanna.rogers112@gmail.com

Roiko, Kellyn, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Rojas, Jonathan, MS, LMFT ■
14221 Southwest 120th Street
suite 207
Miami, FL 33186
(786) 247-1308
Digital Contact Information:
ksmedicalbilling1@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Roman, Carla, MS, LMHC ■
FL
(786) 485-3932
Digital Contact Information:
swflmedicalgroupllc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Roman, Ingrid, PSYD, LP ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 661-5511
Digital Contact Information:
dr.ingridroman1@gmail.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
http://appliedbhs.com
dr.ingridroman1@gmail.com

Other Languages Spoken by Provider or Office Staff English, Spanish

Romero Fernandez, Nancy, MN, APRN ■
14411 Commerce Way
fl # 330
Hialeah, FL 33016
(305) 450-9301
Digital Contact Information:
http://nossmedicalcorp.com
masvidamedicalcenter@gmail.com

and
801 Northwest 37th Avenue
212
Miami, FL 33125
(305) 504-6131
Digital Contact Information:
masvidamedicalcenter@gmail.com

Romero, Sophia, MS, LMFT ■
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
https://www.chgpsychiatry.com/
coastalhcbilling@gmail.com

Rondina, Katherine M, MSN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
hr.credentialing@sohomd.com
Other Languages Spoken by Provider or Office Staff English

Roque, Alicia, MS, LMHC ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
newbeginnignbehavior@yahoo.com

and
7580 Northwest 186th Street
202 202
Hialeah, FL 33015
(786) 385-5347
Digital Contact Information:
newbeginnignbehavior@yahoo.com

and
5455 Southwest 8th Street
230
Miami, FL 33134
(786) 629-8836
Digital Contact Information:
newbeginnignbehavior@yahoo.com

and
11890 Southwest 8th Street
403
Miami, FL 33184
(786) 362-5981
Digital Contact Information:
newbeginnignbehavior@yahoo.com

Rosario, Tamara, MS, LMHC ■
11077 Biscayne Boulevard
410
Miami, FL 33161
(888) 494-0808
Digital Contact Information:
https://tamara-rosario.clientsecure.me
office@sbhss.net
Other Languages Spoken by Provider or Office Staff Spanish

Rosellon, Naybi, DNP, APRN ■
5901 Southwest 74th Street
211
Miami, FL 33143
(786) 228-6892
Digital Contact Information:
http://www.santanamhs.com
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Rosen, Tanya, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ar@growthandtransitionscounseling.com

Rosenberg, Mercedes E, PSYD, LMHC, LP ■
11110 N Kendall Dr
Ste 200
Miami, FL 33176
(305) 596-3335
Digital Contact Information:
mrosenberg12@bellsouth.net
Other Languages Spoken by Provider or Office Staff French, Spanish

Rosenson, Robert, EDD, LMHC ■
2000 S Dixie Hwy
Ste 104
Miami, FL 33133
(305) 562-2873
Digital Contact Information:
reachdrrosenson@gmail.com

Ross-Bey, Jaresa D, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
nicholas@summittherapeuticservices.com

Ruano, Edgar O, MC, LMHC, LPCC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Rubin, Jamie, PA, PA_C ■
1065 NE 125th St
Ste 206
North Miami, FL 33161
(888) 852-6672
Digital Contact Information:
Not Available

Rubin, Kay, PHD, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
acc@advancedclientcare.org

Rudge, Bianca, MSW, LCSW ■
3481 Mystic Pointe Drive
Aventura, FL 33180
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
info@talcmhc.org
Other Languages Spoken by Provider or Office Staff Hebrew, Spanish

Ruiz, Tatiana, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
info@ffmhs.com

Russell-Smith, Ashleigh, MN, APRN ■
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
http://brightsyhealthfl.com
brightsyhealth@gmail.com

Ryan, Melanie, MS, LMHC ■
2124 Northeast 123rd Street
STE 220
North Miami, FL 33181
(786) 828-0947
Digital Contact Information:
https://blossomfl.com
info@blossomfl.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Ryan, Nannette, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Rzadkowolsky-Raoli, Cesare, MD ■
8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-0208
Digital Contact Information:
http://www.wellnesstherapyandmedical.com
info@doctorsccs.com

and
9000 Southwest 137th Avenue
Suite 103
Miami, FL 33186
(305) 671-3503
Digital Contact Information:
http://behavioralccs.com
info@doctorsccs.com
Other Languages Spoken by Provider or Office Staff Spanish

Saathoff, Tommy, MA, LMHC, LPC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
sowinghopecounseling@gmail.com

Saavedra, Briana, MC, LMHC ■
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
http://www.btpmentalhealth.com
info@btpmentalhealth.com

Salama, Sarine, MS, LMHC ■
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
sarine@serenitycounselingsolutions.org
Other Languages Spoken by Provider or Office Staff Spanish

Saland, Deborah, MSW, CAP, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Salani, Deborah, DNP, APRN ●
5915 Ponce de Leon
26
Coral Gables, FL 33146
(786) 664-7810
Digital Contact Information:
dsalani@miami.edu

Salas, Aldo Y, MMFT, LMFT ■
15946 Southwest 147th Lane
Miami, FL 33196
(786) 205-4058
Digital Contact Information:
http://www.headway.com
therapyaldosalas@gmail.com

Salas, Julia S, MA, LMHC ■
7900 Oak Ln
400
Hialeah, FL 33016
(786) 617-8078
Digital Contact Information:
http://www.miamilakescounseling.com
hello@miamilakescounseling.com

Salazar, Ana, MS, LMHC ■
2500 Northwest 107th Avenue
Suite 102
Doral, FL 33172
(786) 605-9400
Digital Contact Information:
hello@reachlink.com

Sales, Catherine, MA, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Sign Lang Amer, Spanish

Salgado, Patricia, MS, LMHC ■
3625 Northwest 82nd Avenue
400 3
Doral, FL 33166
(305) 209-6399
Digital Contact Information:
leticia@alvarezconsultant.com

and
16191 Northwest 57th Avenue
Miami Gardens, FL 33014
(305) 740-5319
Digital Contact Information:
leticia@alvarezconsultant.com

and
1125 Northeast 125th Street
112
North Miami, FL 33161
(305) 209-6399
Digital Contact Information:
http://mindsetsolutionsctc.com/
leticia@alvarezconsultant.com

Salters, Kyrie, MSSW, LCSW ■
30210 SW 156th Ave
Homestead, FL 33033
(786) 505-1988
Digital Contact Information:
ksbehaviorandmh@gmail.com

Saltman, Lyudmila, PSYD, LP ■
1120 NW 14th St
1447
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
therapy@miamibeachpsychologistassociates.com

and
FL
(786) 318-1933
Digital Contact Information:
therapy@miamibeachpsychologistassociates.com
Other Languages Spoken by Provider or Office Staff French, Russian, Spanish

Salva, Sasha R, MS, LMHC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com
Other Languages Spoken by Provider or Office Staff Spanish

Salvador, Nicole, MC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
fivestarlearningc@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Samuel, Vickki Ann S, MD ■
18425 NW 2nd Ave
Ste 404B
Miami, FL 33169
(305) 549-8100
Digital Contact Information:
vssamuelmd@gmail.com

San Martin, Jimmy, MS, LMFT ■
3625 Northwest 82nd Avenue
400 3
Doral, FL 33166
(305) 209-6399
Digital Contact Information:
luke@revive-rcm.com

and
1125 Northeast 125th Street
112
North Miami, FL 33161
(305) 209-6399
Digital Contact Information:
http://mindsetsolutionsctc.com/
luke@revive-rcm.com

San Salvador, Donna, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Sanchez, Azucena, MSN, APRN ■
17395 Northwest 59th Avenue
Hialeah, FL 33015
(305) 662-2185
Digital Contact Information:
excellencemed126@gmail.com

and
27 Northwest 13th Street
Homestead, FL 33030
(786) 339-8824
Digital Contact Information:
http://www.sfmhr.com
excellencemed126@gmail.com

and
7959 NW 2nd St
Miami, FL 33126
(305) 267-6060
Digital Contact Information:
excellencemed126@gmail.com

and
3146 Southwest 22nd Street
Miami, FL 33145
(786) 227-6177
Digital Contact Information:
excellencemed126@gmail.com

and
12750 Southwest 128th Street
Suite 108
Miami, FL 33186
(786) 713-0970
Digital Contact Information:
excellencemed126@gmail.com

and
11285 Southwest 211 Street
305
Miami, FL 33189
(786) 980-7496
Digital Contact Information:
excellencemed126@gmail.com

and
9847 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 227-6177
Digital Contact Information:
excellencemed126@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Sanchez, Johana, MS, LMHC ■
FL
(305) 302-0087
Digital Contact Information:
http://divine-wellness.net
johanaq0217@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sanchez, Roberto W, MN, APRN ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
healingtouchinc@msn.com

and
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

Sanchez, Rosa M, MS, LMHC ■
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
morecounseling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sanfiel, Emily C, MS, LMHC ■
5915 Ponce de Leon
48
Coral Gables, FL 33146
(786) 273-7630
Digital Contact Information:
Not Available

and
7700 N Kendall Dr
Ste 415
Miami, FL 33156
(786) 359-4161
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Sanfiel, Ida N, MS, LMHC ■
5915 Ponce de Leon
48
Coral Gables, FL 33146
(786) 325-3285
Digital Contact Information:
isanfiel@gmail.com

and
2500 Northwest 107th Avenue
Suite 102
Doral, FL 33172
(786) 605-9400
Digital Contact Information:
isanfiel@gmail.com

and
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
isanfiel@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Sanmiguel, Maria T, MMH, LMHC ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
westmiamicmhc@bellsouth.net

Santa Maria, Elizabeth C, MS, LCPC, LCSW ■
FL
(508) 202-1011
Digital Contact Information:
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff English

Santana, Jessica, MS, LMHC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 648-4447
Digital Contact Information:
credentialing@behavioralaid.com

and
7221 SW 24th St
Ste 206
Miami, FL 33155
(786) 648-4447
Digital Contact Information:
credentialing@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com

Santiago Acevedo, Adriana, MPSY, LMHC ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
perla@dadefaily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla@dadefaily.com

Santiago Fernandez, Flor De Liz, EDD, LCSW ■
10691 North Kendall Drive
304
Miami, FL 33176
(786) 771-3370
Digital Contact Information:
http://www.familybalancetherapy.com
familybalancetherapy@gmail.com

and
FL
(786) 771-3370
Digital Contact Information:
http://www.familybalancetherapy.com
familybalancetherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Santos, Christian, MS, LMHC ●
701 Southeast 8th Place
Hialeah, FL 33010
(305) 528-1256
Digital Contact Information:
browardtherapists@gmail.com

Santos, Marina, MMFT, LMFT ■
8180 Northwest 36th Street
100c
Doral, FL 33166
(305) 773-3335
Digital Contact Information:
marinamsantos@yahoo.com

and
8180 Northwest 36th Street
100d
Doral, FL 33166
(305) 773-3335
Digital Contact Information:
marinamsantos@yahoo.com

Sardinas, Maricruz, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
admin@lifehealthsystem.org
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Sarduy, Ernesto L, DNP, APRN ■
8950 SW 74th Ct
Ste 2201
Miami, FL 33156
(786) 637-0907
Digital Contact Information:
http://southfloridapsychiatry.com
southfloridapsychiatry@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Satorre, Mayuli C, MSN, APRN ■
3785 Northwest 82nd Avenue
307
Doral, FL 33166
(305) 898-5420
Digital Contact Information:
m.satorre@harmonyatthegables.com

and
33550 South Dixie Highway
106
Florida City, FL 33034
(786) 601-7712
Digital Contact Information:
m.satorre@harmonyatthegables.com

and
1150 Northwest 72nd Avenue
ph 2
Miami, FL 33126
(786) 542-5043
Digital Contact Information:
http://1stcarecms.com
m.satorre@harmonyatthegables.com

and
2650 Southwest 27th Avenue
Suite 305
Miami, FL 33133
(786) 353-9812
Digital Contact Information:
http://www.harmonyatthegablesclinic.com
m.satorre@harmonyatthegables.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sawyer, Robert, MMH, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com

and
3191 Coral Way
Ste 602
Miami, FL 33145
(305) 799-0620
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Sawyers, Althea, MMFT, LMFT ■
FL
(202) 410-5972
(833) 322-0977
(786) 277-5563
Digital Contact Information:
http://www.quality-therapy.com
asawyers.biz@gmail.com

Scales, Ari'Ton, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Schettino, Lynne, PHD, LP ■
FL
(305) 389-3335
Digital Contact Information:
drlschet@bellsouth.net

Schild, Sven, PHD, LP ●
FL
(858) 602-2847
Digital Contact Information:
http://www.svenschild.com
sven.schild@gmail.com
Other Languages Spoken by Provider or Office Staff Sign Lang Amer

Schindler, Alina, MC, LMFT ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
rebekah@lscounseling.com
Other Languages Spoken by Provider or Office Staff English

Schroeder, Donald A, MA, LPC ■

1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
schroederdn@gmail.com

Schutt, Horacio, MPSY, LMHC ■
20900 Northeast 30th Avenue
200 17
Aventura, FL 33180
(786) 315-0387
Digital Contact Information:
http://www.miamipsychoanalysis.net
floridapsychotherapygroup@gmail.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
floridapsychotherapygroup@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Scotto, Maria, MS, LMHC ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(305) 396-9010
Digital Contact Information:
sasha@livewelltherapygroup.com

and
2875 Northeast 191st Street
Suite 500
Aventura, FL 33180
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
sasha@livewelltherapygroup.com

and
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
sasha@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff English

Scotto, Nicole M, MC, LMHC ■
2875 Northeast 191st Street
528
Aventura, FL 33180
(305) 396-9010
Digital Contact Information:
https://balancedlifetherapygroup.com/
help@joinuplift.co

and
2875 Northeast 191st Street
Suite 500
Aventura, FL 33180
(415) 941-4109
Digital Contact Information:
https://balancedlifetherapygroup.com/
help@joinuplift.co

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff English

Seals, Latoya, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@bestselfwny.org

Seidler, Jessica C, MSW, LCSW ■
2915 Biscayne Boulevard
Suite 300-4
Miami, FL 33137
(786) 398-4747
Digital Contact Information:
contactus@miamivibescounselingcenter.com

Sequeiros, Rosa, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 529-8378
Digital Contact Information:
http://www.abctestingservices.com
info@abctestingservices.com

Serna, Jairo, MSW, LCSW ●
FL
(305) 445-0477
Digital Contact Information:
jairoserna@hotmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Serra, Maria T, MMFT, LMFT ■
12001 Southwest 128th Court
Suite Suite 104
Miami, FL 33186
(786) 868-0505
Digital Contact Information:
agency@juntosbmb.com

and
15305 Northwest 60th Avenue
Ste 100
Miami Lakes, FL 33014
(786) 536-7561
Digital Contact Information:
agency@juntosbmb.com
Other Languages Spoken by Provider or Office Staff
Spanish

Severins, Alicia, MSED, LCPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Sexton, Suzanne, MSW, LCSW ■
FL
(800) 567-5433
Digital Contact Information:
https://totallife.com/
care@totallife.com

Shaheed, Alycia, MS, LMHC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
http://www.behavioralaid.com
info@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
info@behavioralaid.com
Other Languages Spoken by Provider or Office Staff
Spanish

Shakespeare, Ashanti, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
inquiry@dare2emerge.com

Sharma, Manoj Kumar, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
credentialing@wellnite.com
Other Languages Spoken by Provider or Office Staff
Marathi, Hindi

Sherrouse, Kayla, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
kiara@thechcalliance.com

Shervington, Dinora T, MS, LMFT ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
thecouples1@gmail.com

and
12150 Southwest 128th Court
Suite 105
Miami, FL 33186
(305) 338-2231
Digital Contact Information:
thecouples1@gmail.com

and
13383 SW 142nd Ter
Miami, FL 33186
(786) 362-5981
Digital Contact Information:
thecouples1@gmail.com

Sherwood, Brittany, MSN, APRN, ARNP ■
FL
(305) 902-6347
Digital Contact Information:
info@personalprivatepsychiatry.com
Other Languages Spoken by Provider or Office Staff
Spanish

Shoumaker, Douglas, MS, LSP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 275-8860
Digital Contact Information:
http://www.abctestingservices.com
lisette@abctestingservices.com

Siegel, Sammi L, PHD, LMHC ■
5900 Southwest 73rd Street
207
South Miami, FL 33143
(305) 613-1101
Digital Contact Information:
siegelcounseling@gmail.com

Sifran, Susana E, MA, LMHC ■
2040 Northeast 163rd Street
305
North Miami Beach, FL 33162
(786) 553-6038
Digital Contact Information:
susanasifran@hotmail.com
Other Languages Spoken by Provider or Office Staff
Hebrew, Spanish

Sijo, Yusimi, PSYD, LMHC ■
5901 SW 74th St
Ste 412
Miami, FL 33143
(786) 717-5028
Digital Contact Information:
castroj@bellsouth.net

and
2307 Douglas Road
400
Miami, FL 33145
(305) 205-1965
Digital Contact Information:
castroj@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Silber, Anita, MS, LMHC ■
6175 NW 153rd St
Ste 404
Miami Lakes, FL 33014
(305) 558-7400
Digital Contact Information:
credentialing@wellnite.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Silebi, Candice, MSED, LMHC ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
westmiamicmhc@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Silva, Erik, MS, LMHC ■
8323 Northwest 12th Street
Ste 206
Doral, FL 33126
(305) 373-3424
Digital Contact Information:
info@themind-gym.com

and
FL
(754) 400-1539
Digital Contact Information:
info@themind-gym.com

and
15660 Southwest 72nd Street
Miami, FL 33193
(786) 697-1150
Digital Contact Information:
info@themind-gym.com

Silva Hector, Roberto J, MSN, APRN ■
22790 SW 112th Ave
Miami, FL 33170
(305) 235-2616
Digital Contact Information:
http://www.theagapenetwork.org
hcncredentialingcoordinators@hcnetwork.org

and
10691 North Kendall Drive
312
Miami, FL 33176
(786) 592-8470
Digital Contact Information:
hcncredentialingcoordinators@hcnetwork.org

and
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
hcncredentialingcoordinators@hcnetwork.org

Silva, Reymundo, MSN, APRN ■
1840 West 49th Street
606 606
Hialeah, FL 33012
(305) 846-9727
Digital Contact Information:
hccms.corp@gmail.com

and
3750 West 16th Avenue
226u
Hialeah, FL 33012
(786) 360-3750
Digital Contact Information:
hccms.corp@gmail.com

and
FL
(786) 360-3750
Digital Contact Information:
hccms.corp@gmail.com

and
13226 SW 8th St
Miami, FL 33184
(786) 518-3353
Digital Contact Information:
hccms.corp@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Silva-Machado, Lucianne, MPSY, LMFT ■
8955 SW 87th Ct
Ste 212
Miami, FL 33176
(786) 840-3454
Digital Contact Information:
lsilva@blisshealth.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Silverio, Ashley, MSW, LCSW ■
FL
(305) 209-8921
Digital Contact Information:
http://www.journeytothrivetherapy.com
ashleysilveriolcsw@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Silverio, Jenny, PSYD, LMHC, LP ■
12360 Southwest 132nd Court
113 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
lifecenterhg@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Siman, Maria D, MSSW, LCSW ■
135 San Lorenzo Avenue
Suite 860
Coral Gables, FL 33146
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff English

Simon, Vania M, MMH, LMHC ■
9425 Sunset Drive
Ste F251
Miami, FL 33173
(786) 310-6004
Digital Contact Information:
http://www.mindingthegap.net
vania@mindingthegap.net

and
FL
(786) 310-6004
Digital Contact Information:
http://www.mindingthegap.net
vania@mindingthegap.net

and
8181 Northwest 154th Street
STE 112
Miami Lakes, FL 33016
(407) 572-8053
Digital Contact Information:
vania@mindingthegap.net

and
1190 Northwest 95th Street
307
Miami Shores, FL 33150
(407) 572-8053
Digital Contact Information:
vania@mindingthegap.net

Sinuhe Cabrera, Luis, MSN, APRN ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
laurap@azzurrahcc.com

Siracusa, Shannon, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Sjostrom, Lady, LMHC, MA, MS ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
info@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
info@dadefamily.com
Other Languages Spoken by Provider or Office Staff Spanish

Skidmore, Jon B, PSYD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@utahvalleypsychology.com
Other Languages Spoken by Provider or Office Staff Italian

Skjoldal, Elizabeth, PHD, CP, LP ■
8325 Northeast 2nd Avenue
316
Miami, FL 33138
(305) 503-5758
Digital Contact Information:
kim@cherryhillcounseling.com

and
FL
(305) 790-9957
Digital Contact Information:
kim@cherryhillcounseling.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Smith, Devin, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
referrals@chrysalishealth.com

Smith, Jennifer, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Smith, Mark C, PSYD, LP ●
2600 S Douglas Rd
Ste 1003
Coral Gables, FL 33134
(305) 445-0477
Digital Contact Information:
ana@coralgablescounseling.com

Smith, Shannon, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Smith, Teresa, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Smith-Young, Adia E, MA, LMHC ■
15715 S Dixie Hwy
Ste 406
Miami, FL 33157
(786) 269-3728
Digital Contact Information:
adia33@gmail.com
Other Languages Spoken by Provider or Office Staff English

Smulowitz, Leeba M, MSW, LCSW ■
FL
(347) 380-6424
Digital Contact Information:
libby@levtherapy.onmicrosoft.com

Sochaczewski, Isaac, MS, LMHC ■
17071 West Dixie Highway
103 103
North Miami Beach, FL 33160
(305) 505-4284
Digital Contact Information:
isaacsoch@gmail.com

Sockol, Jamie K, MS, LMHC ■
111 NW 183rd St
Ste 404
Miami, FL 33169
(786) 524-4001
Digital Contact Information:
info@selfcarecounselingofsouthflorida.com
Other Languages Spoken by Provider or Office Staff English

Solares, Nani E, MA, LMHC ■
9240 Sunset Dr
Ste 202
Miami, FL 33173
(786) 803-7922
Digital Contact Information:
http://www.nanisolares.com
nanisolareslmhc@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Solomon, Evelyn, MSW, LCSW ●
FL
(802) 734-5285
Digital Contact Information:
http://www.evelynsolomontherapy.com
evelynsolomontherapy@gmail.com
Other Languages Spoken by Provider or Office Staff Hebrew

Solorzano, Gina, MSW, LCSW ■
2124 Northeast 123rd Street
STE 220
North Miami, FL 33181
(786) 828-0947
Digital Contact Information:
https://blossomfl.com
info@blossomfl.com
Other Languages Spoken by Provider or Office Staff Hebrew, Spanish

Solorzano-Downs, Zojaim, MSW, LCSW ■
1550 Madruga Avenue
327
Coral Gables, FL 33146
(415) 941-4109
Digital Contact Information:
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff English

Sommers, Silvia, PSYD, LP ■
3100 SW 62nd Ave
Miami, FL 33155
(305) 663-8439
Digital Contact Information:
shana.johnson@mch.com

and
8525 SW 92nd St
A1
Miami, FL 33156
(305) 439-9957
Digital Contact Information:
shana.johnson@mch.com
Other Languages Spoken by Provider or Office Staff Spanish

Sosa Martinez, Misleny, MS, BCBA, LMHC ■
4810 Southwest 8th Street
suite 103
Coral Gables, FL 33134
(786) 353-2616
Digital Contact Information:
https://vdzleading.com/
genesisconsultingservices39@gmail.com

and
801 Monterey Street
202
Coral Gables, FL 33134
(305) 591-7898
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
Home Based Services Only
Doral, FL 33122
(305) 591-7898
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
1200 Northwest 78th Avenue
210
Doral, FL 33126
(786) 285-3438
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
5590 West 20th Avenue
200 201
Hialeah, FL 33016
(305) 557-1555
Digital Contact Information:
http://lifestarwellnesscenter.com
genesisconsultingservices39@gmail.com

and
2050 West 56th Street
SUITE 15-16
Hialeah, FL 330162601
(305) 557-1555
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
3414 West 84th Street
Suite D110
Hialeah, FL 33018
(305) 825-4320
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
3416 West 84th Street
C-108
Hialeah, FL 33018
(305) 557-1555
Digital Contact Information:
http://lifestarwellnesscenter.com
genesisconsultingservices39@gmail.com

and
5757 Waterford District Drive
Unit 172
Miami, FL 33126
(786) 524-2880
Digital Contact Information:
http://www.lifetimesolutionsagency.com
genesisconsultingservices39@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
12002 Southwest 128th Court
203
Miami, FL 33186
(786) 713-0851
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
8950 Southwest 152nd Street
110
Palmetto Bay, FL 33157
(786) 542-4690
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
9555 Southwest 175th Terrace
610
Palmetto Bay, FL 33157
(786) 859-0979
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Sotolongo, Jennifer, MS, LMHC ■
14740 Southwest 26th Street
Miami, FL 33185
(786) 464-5981
Digital Contact Information:
info@flcfd.org

Soutien, Kimberly, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Spalding, Gwenevere, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
gwen.lifecenter@gmail.com

Spall, Christopher, MA, CAP, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Spencer, Marcia, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
jane.mohammad@daybreakhealth.com

Spencer Rose, Sharon, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Spinner, Lynn R, MSW, LCSW ■
6175 NW 153rd St
Ste 404
Miami Lakes, FL 33014
(305) 558-7400
Digital Contact Information:
lrspin@aol.com

Spitzer, Nancy, MS, LMFT ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
birches@withassured.com
Other Languages Spoken by Provider or Office Staff English

Springer, Shawndel, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
gethelp@wellqor.com

Stallworth, Janell, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
hello@wellnite.com

Stanton, Kathleen, PHD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
hello@emorahealth.com

Steen, Tamarie, MMH, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Steinberg, Rachel, MSW, LCSW ■
5901 Southwest 74th Street
408
Miami, FL 33143
(305) 735-3555
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com

Stevens, Stephanie, MSW, LCSW ■
14411 Commerce Way
310
Hialeah, FL 33016
(786) 307-9484
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Stevenson, Thalia, MS, LCMHC ■
FL
(786) 530-5410
Digital Contact Information:
http://actservicellc.com
actservices2023@gmail.com

Stewart, Tannisha, MC, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
tannishastewart@starzjourneyinc.onmicrosoft.com

Stoian, Mihaela, MS, LMHC ■
FL
(954) 834-3570
Digital Contact Information:
http://grieftree.com
mstoian1217@gmail.com
Other Languages Spoken by Provider or Office Staff
Romanian

Stone Palmer, Matthew Luke, MSW, LCSW ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
info@prioritypractice.com

Stormont, Catherine, MSW, LCSW ■
FL
(888) 339-9404
Digital Contact Information:
monya@180healthpartners.com

Suarez, Laura, MSN, APRN ■
10520 Northwest 26th Street
STE C101
Doral, FL 33172
(786) 353-9308
Digital Contact Information:
violethealthcorp@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Suarez, Lazaro N, MED, LMHC ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(305) 244-5299
Digital Contact Information:
https://rainbowbehavioralservices.com
rainbowbehavioralservices@gmail.com

and
11055 Southwest 186th Street
#101
Miami, FL 33157
(305) 342-4893
Digital Contact Information:
rainbowbehavioralservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Suarez, Mercy, MA, LMHC ■
66 Valencia Avenue
402 402
Coral Gables, FL 33134
(305) 439-5939
Digital Contact Information:
mercysuarezeds@gmail.com

and
66 Valencia Avenue
903 903
Coral Gables, FL 33134
(305) 439-5939
Digital Contact Information:
mercysuarezeds@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Suarez, Miriam, MS, LMHC ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and
7221 SW 24th St
Ste 206
Miami, FL 33155
(786) 648-4447
Digital Contact Information:
http://www.fmhpllc.com
info@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

Suhail, Sam, MD ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://happierliving.com
hello@joinblossomhealth.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
hello@joinblossomhealth.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com

Summer, Linda R, MSW, LCSW ■
FL
(305) 467-8384
Digital Contact Information:
lrsummer@yahoo.com

Sussman, Martin A, MSW, LCSW-R ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Swain, Cieria D, MC, LCSW, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
appointments@meetmarvin.com
Other Languages Spoken by Provider or Office Staff English

Tanner, Keisha, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
keishatannerlpc@gmail.com

Tanona, Anthony W, PSYD, LP ■
19300 West Dixie Highway
2 2
Miami, FL 33180
(305) 933-5733
Digital Contact Information:
http://www.deltapsychgroup.com
drtanona@gmail.com
Other Languages Spoken by Provider or Office Staff English

Tapia, Maria I, PHD, LCSW ■
1801 Coral Way
Ste 401
Miami, FL 33145
(305) 323-2807
Digital Contact Information:
tapialcsw@gmail.com

and
13230 SW 37th Ter
Miami, FL 33175
(305) 225-1144
Digital Contact Information:
tapialcsw@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Tarajano, Jesus, MS, LMHC ■
22790 SW 112th Ave
Miami, FL 33170
(305) 235-2616
Digital Contact Information:
http://www.theagapenetwork.org

Tase, Jorge, MN, APRN ■
3625 Northwest 82nd Avenue
Suite 408
Doral, FL 33166
(305) 939-6877
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Tassy-Lewis, Sabrina, PSYD, LP ■
14411 Commerce Way
Hialeah, FL 33016
(954) 534-0432
Digital Contact Information:
tassy@nova.edu
Other Languages Spoken by Provider or Office Staff Haitian Creole, Creole

Tatum, Michelle, MS, LMHC, LPCC ■
FL
(786) 281-3935
Digital Contact Information:
http://www.prevalandassociates.net
hpreval@prevalandassociates.net

Tauler, Antonio, MD ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
Not Available

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
Other Languages Spoken by Provider or Office Staff
Spanish

Taveras, Adam, MA, LMFT ■
FL
(305) 981-6068
Digital Contact Information:
adam.brighterdays@gmail.com

and
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
adam.brighterdays@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Taveras, Madelin, MC, LMHC, PC ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
westmiamicmhc@bellsouth.net
Other Languages Spoken by Provider or Office Staff
English, Spanish

Taylor, Alina, MS, LMHC ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
ataylor@therecoveryvillage.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
ataylor@therecoveryvillage.com

Taylor, Tanashia S, MSW, LCSW ■
18117 Biscayne Boulevard
2159
Miami, FL 33160
(305) 306-2513
Digital Contact Information:
info@favortherapy.com

Tejera, Amelie, PHD, LP ■
13930 SW 47th St
220
Miami, FL 33175
(305) 387-7850
Digital Contact Information:
Not Available

and
13930 SW 47th St
Ste 202
Miami, FL 33175
(305) 387-7850
Digital Contact Information:
Not Available

and
5600 SW 135th Ave
Ste 116
Miami, FL 33183
(305) 387-7850
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Telfort, Whitney, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
hello@joinblossomhealth.com

Tenenbaum, Karina, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Tercero, Vanessa, MSW, LCSW ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Terrell, Charlotte R, MS, LMFT ■
FL
(305) 596-7547
Digital Contact Information:
chaterrell@aol.com

Terry, Lisa J, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Theiner, Sharon F, MSW, LCSW ■
FL
(508) 202-1011
Digital Contact Information:
https://www.sevenstarling.com
chelsey.butler@credentialing.com

Thompson, Emily, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Thompson, Miquia, MPSY, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Thompson, Shannon R, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@lifestance.com

Thompson, Tanya, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole, Spanish

Thweatt, Nicole M, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
help@joinuplift.co

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Timoteo, Milton M, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
miltontimoteo@yahoo.com

Tiongco, Rosalinda, MS, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Tippit, Pamela L, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
info@blissbh.com

Tiska Caton, Cami, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Spanish

Todman, Aminah, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Tokar, Ephraim, MA, LMFT ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
birches@withassured.com
Other Languages Spoken by Provider or Office Staff English

Toledo, Lismerys M, MSW, LCSW ■
3580 Mystic Pointe Drive
Suite #107
Aventura, FL 33180
(305) 423-9671
Digital Contact Information:
services@tcctherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Torra, Lizet, MS, LMHC ■
11440 North Kendall Drive
e208
Miami, FL 33176
(305) 898-0849
Digital Contact Information:
billing@callisiahealthgroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Torras Ceballos, Gabriela, MSCC, BCBA, LMHC ■
8300 West Flagler Street
STE 258C
Miami, FL 331446002
(786) 633-5171
Digital Contact Information:
counselingsocietymiami@gmail.com

and
2157 Southwest 13th Avenue
3
Miami, FL 33145
(786) 878-1331
Digital Contact Information:
http://www.counselingsociety.com
counselingsocietymiami@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Torre, Emilia, MD, LMHC ■
1022 East 8th Avenue
Hialeah, FL 33010
(786) 615-7829
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
2100 West 76th Street
STE 408
Hialeah, FL 33016
(786) 615-7829
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
3412 West 84th Street
e106
Hialeah, FL 33018
(305) 827-7344
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Torres, Cherylyn, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Torres, Shanika D, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
deltorresbhw@gmail.com

Torres, Yuri G, MMFT, LMFT ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
info@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
info@behavioralaid.com
Other Languages Spoken by Provider or Office Staff
Spanish

Totten, Renee, MA, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
khaase@focusedsolution.net

Toy, Ozan M, MD ■
1065 Southwest 8th Street
570
Miami, FL 33130
(888) 903-5505
Digital Contact Information:
http://www.telapsychiatry.com
scheduling@telapsychiatry.com

Trana-Felipes, Silvia, MS, ABA, LMHC ■
2001 Northwest 107th Avenue
412
Doral, FL 33172
(786) 548-8322
Digital Contact Information:
empathybhsbilling@gmail.com

and
7959 NW 2nd St
Miami, FL 33126
(305) 267-6060
Digital Contact Information:
empathybhsbilling@gmail.com

and
1818 West Flagler Street
Miami, FL 33135
(786) 755-2897
Digital Contact Information:
empathybhsbilling@gmail.com

and
7315 Northwest 36th Street
Miami, FL 33166
(786) 345-7734
Digital Contact Information:
empathybhsbilling@gmail.com

and
10661 North Kendall Drive
216
Miami, FL 33176
(786) 631-4158
Digital Contact Information:
empathybhsbilling@gmail.com

and
1134 NW 136th Ave
Miami, FL 33182
(786) 631-4158
Digital Contact Information:
empathybhsbilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Trenker, Brittany L, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Treto, David, MN, APRN ■
13145 Southwest 134th Street
102
Miami, FL 33186
(305) 964-5236
Digital Contact Information:
olympushcs@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Trimikliniotis, Georgia, MSED, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app

insurance@wellnite.com

Trombly, Theresa N, MSCC, LMHC ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
jrunyan@orlandorecovery.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
jrunyan@orlandorecovery.com

Turner, Angela D, PHD, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
fl-credentialing@lifestance.com
Other Languages Spoken by Provider or Office Staff
Spanish

Turner, Delores E, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Tyson, Darcel P, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Ubfal, Fabiana S, MMH, LMHC ■
16375 Northeast 18th Avenue
206
North Miami Beach, FL 33162
(786) 246-4050
Digital Contact Information:
fabianamiami27@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Urdaneta, Hany D, MMH, LMHC ■
12651 South Dixie Highway
304
Miami, FL 33156
(415) 941-4109
Digital Contact Information:
http://compassmentalhealthservices.com
hurdaneta@compassmentalhealthservices.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Uribe, Ana C, MSW, LCSW, LICSW ■
10500 Northwest 26th Street
Doral, FL 33172
(305) 646-1799
Digital Contact Information:
info@sanvello.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Uribe, Liliana L, DSW, LCSW ■
2555 Northwest 102nd Avenue
STE 205
Doral, FL 33172
(305) 397-4031
Digital Contact Information:
lilyulcsw@aol.com

Utrera, Tahlia, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
admin@lifehealthsystem.org
Other Languages Spoken by Provider or Office Staff
Spanish

Valdes, Debora, MSN, APRN ■
7315 Northwest 36th Street
Miami, FL 33166
(786) 345-7734
Digital Contact Information:
Not Available

Valdez, Aileen, MSCC, LMHC ●
1550 Madruga Ave
Ste 509
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
https://www.abc4s.com/
inf0@abc4s.com

and
FL
(786) 536-9714
Digital Contact Information:
https://www.abc4s.com/
inf0@abc4s.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valencia, Odalys, MSW, LCSW ■
5979 Northwest 151st Street
STE 230
Miami Lakes, FL 33014
(305) 362-1875
Digital Contact Information:
odalysvalencialcsw@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valladares, Christina, MS, LMFT ■
FL
(786) 803-2595
Digital Contact Information:
cmvalladares16@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valmy Estivens, Vinia, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Valverde, Deborah, MA, LMHC ■
2300 West 84th Street
Ste 601
Hialeah, FL 33016
(305) 363-4001
Digital Contact Information:
dgp.healthandwellness@gmail.com

and
12030 Southwest 129th Court
Suite 211
Miami, FL 33186
(305) 639-8760
Digital Contact Information:
dgp.healthandwellness@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Vanbenschoten, Mary E, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Vance, Melissa, MS, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
pandatherapycircle@gmail.com

Vandy, Damaris, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@hupcfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Varela, Chily, MMH, LMHC ■
3081 Salzedo Street
202 202
Coral Gables, FL 33134
(786) 327-4840
Digital Contact Information:
cvarelalmhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Varona, Monica, PSYD, LMHC ■
3625 Northwest 82nd Avenue
400 3
Doral, FL 33166
(305) 209-6399
Digital Contact Information:
mindsetsolutionsctc@gmail.com

and
900 W 49th St
Ste 522
Hialeah, FL 33012
(305) 698-7525
Digital Contact Information:
mindsetsolutionsctc@gmail.com

and
1125 Northeast 125th Street
112
North Miami, FL 33161
(305) 209-6399
Digital Contact Information:
http://mindsetsolutionsctc.com/
mindsetsolutionsctc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vaughan, Mary E, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Vazquez Bueno, Osvaldo, MSN, APRN ■
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

and
13170 Southwest 128th Street
200
Miami, FL 33186
(786) 852-5198
Digital Contact Information:
insurance@wellnite.com

Vazquez Garcia, Yaimara, MC, LMHC ■
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
http://brightsyhealthfl.com
brightsyhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vazquez, Josh I, MS, LMHC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com

and
15715 S Dixie Hwy
Ste 403
Miami, FL 33157
(305) 707-5966
Digital Contact Information:
http://movingtowardagape.com
credentialing@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com

Vazquez-Pausa, Antonio, MSW, LCSW ■
1901 SW 1st St
Miami, FL 33135
(305) 203-5230
Digital Contact Information:
http://careresource.org

and
3510 Biscayne Blvd
Miami, FL 33137
(305) 576-1234
Digital Contact Information:
http://careresource.org

Vega, Herman, PHD, CAP, LMHC ■
14411 Commerce Way
315
Hialeah, FL 33016
(305) 644-7294
Digital Contact Information:
info@totalrehabservices.com

and
14505 Commerce Way
Ste 511
Miami Lakes, FL 33016
(305) 644-7294
Digital Contact Information:
info@totalrehabservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Velasco-Quintero, Dania, MA, LMHC ■
7590 Northwest 186th Street
109
Hialeah, FL 33015
(305) 688-1700
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
10651 North Kendall Drive
suite 120
Miami, FL 33176
(786) 963-9087
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Velasquez, Vanessa, MN, APRN ■
2925 Northeast 199th Street
Suite 302
Aventura, FL 33180
(786) 991-2600
Digital Contact Information:
http://synergytms.com
credentialing@psychiatrist4u.com

Velazquez, Julie E, MSN, ARNP ■
13335 Southwest 124th Street
STE 211
Miami, FL 33186
(786) 551-8253
Digital Contact Information:
julievema.17@hotmail.com

and
14221 Southwest 120th Street
suite 207
Miami, FL 33186
(786) 247-1308
Digital Contact Information:
julievema.17@hotmail.com

Verdin, Javier, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Vergara, Yanaika, MA, LMHC ■

815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com

Verneus, Jean K, MS, LMFT ■
1825 Northwest 167th Street
SUITE 102
Opa-locka, FL 330564838
(305) 624-7450
Digital Contact Information:
http://www.cfcecares.org
jverneus@connectionpointtherapy.com
Other Languages Spoken by Provider or Office Staff Creole

Vethencourt, Viviana, MS, LMHC ■
FL
(786) 285-0741
(954) 534-6744
Digital Contact Information:
vethencourt.viviana@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vidal-Zas, Alicia R, PSYD, LP ■
14225 SW 42nd St
Miami, FL 33175
(305) 221-8200
Digital Contact Information:
arvida712@aol.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Viedma, Paula, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Vieira, Caroline, MC, LMHC, PC ■
2212 Northwest 91st Street
Miami, FL 33147
(341) 888-7637
Digital Contact Information:
contact@quelinbilling.com
Other Languages Spoken by Provider or Office Staff
Portuguese

Viera, Tisela, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Vila, Dayana, MSN, APRN ■
4005 Northwest 114th Avenue
22 22
Doral, FL 33178
(305) 260-6913
Digital Contact Information:
billingheritagewellness@gmail.com

and
2645 SW 37th Ave
Ste 101
Miami, FL 33133
(786) 530-4080
Digital Contact Information:
billingheritagewellness@gmail.com

and
14221 Southwest 120th Street
126
Miami, FL 33186
(786) 577-3427
Digital Contact Information:
billingheritagewellness@gmail.com

and
13100 West Dixie Highway
North Miami, FL 33161
(786) 442-5021
Digital Contact Information:
billingheritagewellness@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Villa, Brian R, MD ■
4689 Ponce de Leon Boulevard
Suite 200
Coral Gables, FL 33146
(786) 803-8025
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
2500 Northwest 79th Avenue
Suite 227
Doral, FL 33122
(305) 456-9396
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
10520 Northwest 26th Street
STE C101
Doral, FL 33172
(786) 353-9308
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
1400 Northwest 107th Avenue
Suite 310
Doral, FL 33172
(305) 898-0849
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
1840 W 49th St
Ste 605
Hialeah, FL 33012
(305) 456-7785
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
5590 W 20th Ave
Ste 404
Hialeah, FL 33016
(305) 826-9330
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
2311 Northwest 7th Street
Miami, FL 33125
(786) 706-2246
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
1818 West Flagler Street
Miami, FL 33135
(786) 794-2655
Digital Contact Information:
http://www.goldengatemedicalgroup.com
bvillamdpllcbilling@gmail.com

and
1818 West Flagler Street
202
Miami, FL 33135
(786) 755-2892
Digital Contact Information:
http://www.goldengatemedicalgroup.com
bvillamdpllcbilling@gmail.com

and
1818 West Flagler Street
300
Miami, FL 33135
(786) 755-2891
Digital Contact Information:
http://www.goldengatemedicalgroup.com
bvillamdpllcbilling@gmail.com

and
1818 West Flagler Street
Ste 2
Miami, FL 33135
(786) 755-2892
Digital Contact Information:
http://www.goldengatemedicalgroup.com
bvillamdpllcbilling@gmail.com

and
3080 W Flagler St
Miami, FL 33135
(786) 547-2832
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
FL
(239) 499-0900
(786) 794-2655
(305) 495-9014
(786) 755-2891
Digital Contact Information:
http://www.goldengatemedicalgroup.com
bvillamdpllcbilling@gmail.com

and
85 Grand Canal Drive
UNIT 203
Miami, FL 33144
(786) 536-7816
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
7116 Southwest 47th Street
Miami, FL 33155
(786) 794-2655
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
4995 Northwest 72nd Avenue
102
Miami, FL 33166
(786) 360-3584
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
11430 North Kendall Drive
d309
Miami, FL 33176
(305) 898-0849
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
13701 Southwest 88th Street
306
Miami, FL 33186
(786) 842-1489
Digital Contact Information:
bvillamdpllcbilling@gmail.com

and
17325 Northwest 27th Avenue
206 207
Miami Gardens, FL 33056
(786) 822-7270
Digital Contact Information:
bvillamdpllcbilling@gmail.com

Villa Livesay, Natasha, MMH, LMHC ■
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
tashavilla88@gmail.com

and
13640 North Kendall Drive
1005
Miami, FL 33186
(305) 859-4522
Digital Contact Information:
tashavilla88@gmail.com

and
FL
(305) 859-4522
Digital Contact Information:
tashavilla88@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Villalonga, Gladyslene, MSN, APRN ■
27502 Southwest 134th Court
Homestead, FL 33032
(786) 499-2154
Digital Contact Information:
gladyslene@comcast.net
Other Languages Spoken by Provider or Office Staff
Spanish

Villaverde, Ana, MSW, LCSW ■
306 Alcazar Avenue
301
Coral Gables, FL 33134
(786) 359-4814
Digital Contact Information:
universalclinical@gmail.com

and
3990 West Flagler Street
300
Coral Gables, FL 33134
(786) 266-0956
Digital Contact Information:
universalclinical@gmail.com

and
4810 Southwest 8th Street
suite 103
Coral Gables, FL 33134
(786) 353-2616
Digital Contact Information:
universalclinical@gmail.com

and
801 Monterey Street
202
Coral Gables, FL 33134
(786) 803-8306
Digital Contact Information:
universalclinical@gmail.com

and
19100 Southwest 106th Avenue
12
Cutler Bay, FL 33157
(786) 360-2852
Digital Contact Information:
universalclinical@gmail.com

and
10590 Northwest 27th Street
suite e103 b
Doral, FL 33172
(305) 640-8632
Digital Contact Information:
universalclinical@gmail.com

and
14411 Commerce Way
330
Hialeah, FL 33016
(786) 701-8416
Digital Contact Information:
http://nossmedicalcorp.com/
universalclinical@gmail.com

and
640 W Palm Dr
Ste D
Homestead, FL 33034
(786) 601-7757
Digital Contact Information:
universalclinical@gmail.com

and
1150 Northwest 72nd Avenue
700
Miami, FL 33126
(305) 815-1277
Digital Contact Information:
universalclinical@gmail.com

and
5040 NW 7th St
Ste 750
Miami, FL 33126
(786) 359-4013
Digital Contact Information:
universalclinical@gmail.com

and
5757 Waterford District Drive
Unit 172
Miami, FL 33126
(786) 353-2616
Digital Contact Information:
universalclinical@gmail.com

and
7270 Northwest 12th Street
810
Miami, FL 33126
(786) 718-2390
Digital Contact Information:
universalclinical@gmail.com

and
7270 Northwest 12th Street
870
Miami, FL 33126
(787) 206-1040
Digital Contact Information:
universalclinical@gmail.com

and
1250 South Miami Avenue
APT 2402
Miami, FL 33130
(786) 360-2852
Digital Contact Information:
universalclinical@gmail.com

and
2901 Southwest 8th Street
Suite 206
Miami, FL 33135
(786) 971-7920
Digital Contact Information:
universalclinical@gmail.com

and
85 Grand Canal Drive
UNIT 203
Miami, FL 33144
(786) 536-7816
Digital Contact Information:
universalclinical@gmail.com

and
5000 Southwest 75th Avenue
111
Miami, FL 33155
(786) 801-1916
Digital Contact Information:
universalclinical@gmail.com

and
7815 Coral Way
#108
Miami, FL 33155
(305) 264-1344
Digital Contact Information:
universalclinical@gmail.com

and
9999 Southwest 72nd Street
suite 101
Miami, FL 33173
(786) 816-2263
Digital Contact Information:
universalclinical@gmail.com

and
9600 SW 8th St
Ste 16
Miami, FL 33174
(786) 803-8827
Digital Contact Information:
universalclinical@gmail.com

and
13028 Southwest 120th Street
FL 1
Miami, FL 33186
(786) 971-7920
Digital Contact Information:
universalclinical@gmail.com

and
13335 SW 124th St
Ste 106
Miami, FL 33186
(786) 842-3964
Digital Contact Information:
universalclinical@gmail.com

and
13335 Southwest 124th Street
Suite 205
Miami, FL 33186
(305) 964-5082
Digital Contact Information:
universalclinical@gmail.com

and
9020 Southwest 137th Avenue
210
Miami, FL 33186
(786) 558-5042
Digital Contact Information:
universalclinical@gmail.com

and
9020 Southwest 137th Avenue
STE 250
Miami, FL 33186
(786) 536-7330
Digital Contact Information:
universalclinical@gmail.com

and
8181 Northwest 154th Street
STE 112
Miami Lakes, FL 33016
(786) 360-5883
Digital Contact Information:
universalclinical@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Vinas, Amaya M, MSN, APRN ■
1695 NW 9th Ave
3308
Miami, FL 33136
(305) 355-7000
Digital Contact Information:
credentialing@mindfulhc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Virts, Emily, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Von Schirach, Alicia, PHD, LMHC ■
2655 S Le Jeune Rd
Fl 5
Miami, FL 33134
(305) 993-9413
Digital Contact Information:
dravonschirach@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Wachholder, Hara, MS, LMHC ■
10700 Caribbean Boulevard
UNIT 203
Cutler Bay, FL 33189
(305) 299-8005
Digital Contact Information:
hara.wachholder@gmail.com

Waddell, Mashonda, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Waddle, Heather, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Waldie, Amy M, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ncscd@comcast.net

Walker, Kelli L, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@thriveworks.com
Other Languages Spoken by Provider or Office Staff English

Walker, Natasha, DNP, APRN ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
arscredentialing@advancedrecoverysystems.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Walker, Ryan, PA, PA_C ■
6303 Waterford District Drive
400 400
Miami, FL 33126
(786) 404-1575
Digital Contact Information:
info@elevatepsychiatry.com

Walker, Scott, MD ■
427 Washington Ave
Miami Beach, FL 33139
(305) 514-0813
Digital Contact Information:
Not Available

and
18360 NW 47th Ave
Miami Gardens, FL 33055
(786) 800-5631
Digital Contact Information:
Not Available

Wallace, Henry H, MS, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Wallace-Collins, Sharaya, MA, LMHC, LPC, LPCMH ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
info@forthealth.com

Wallis, Brittany L, MC, LMFT ■
101 Majorca Avenue
Coral Gables, FL 33134
(786) 618-2627
Digital Contact Information:
blswallis@gmail.com

and
FL
(786) 618-2627
Digital Contact Information:
blswallis@gmail.com

Wallman, Mark, MA, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
help@joinuplift.co

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Warring, Joelle B, MMFT, LMFT ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
referrals@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Waugh, Odalys J, PHD, LMHC ■
5201 Waterford District Drive
888
Miami, FL 33126
(305) 321-7226
Digital Contact Information:
morecounseling@gmail.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
morecounseling@gmail.com

and
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
morecounseling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Weatherly, Charmaine, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Weiss, Ziona, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
info@hupcfl.com

Weuste, Michael, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

White, Emma, MC, LMHC ■
3081 Salzedo Street
Suite 202
Coral Gables, FL 33134
(305) 330-0588
Digital Contact Information:
griff_pysch@yahoo.com

and
3625 Northwest 82nd Avenue
400
Doral, FL 33166
(305) 330-0588
Digital Contact Information:
griff_pysch@yahoo.com

White, Samantha, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
frontdesk@highersightscounseling.com

White, Sharice, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
mshain@seniorcaretherapy.com

Whiteside, Deon D, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@thriveworks.com

Whiting, Detra, MSW, LICSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Whittington, Brittany N, MS, LMHC ■
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
http://www.crystalabatherapy.com
info@cmpsclinical.com

Wiggins, Carter T, MSW, LCSW ■
12955 Biscayne Boulevard
STE 204
Miami, FL 33181
(305) 895-3307
Digital Contact Information:
carterwiggins1806@gmail.com

Williams, Betty, MC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Williams, Jonteria, DNP, APRN ■
777 Brickell Ave
Ste 500
Miami, FL 33131
(786) 490-2181
Digital Contact Information:
http://happierliving.com
credentialing_team7@medtrainer.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing_team7@medtrainer.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
credentialing_team7@medtrainer.com

Williams, Kinya N, MC, LMHC, LPC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@growtherapy.com

Williams, Melissa D, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app

drmissywilliams@gmail.com

Williams, Morgan, MS, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
insurance@wellnite.com

Williams, Richard, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Williams-Jeanty, Miesha N, MED, LMHC ■
FL
(305) 306-7409
Digital Contact Information:
admin@nzingasplace.com

Willis, Toni, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Wilson, Carolyn F, MSW, LCSW ■
15260 SW 280th St
Ste 205
Homestead, FL 33032
(305) 707-7237
Digital Contact Information:
http://www.familybehaviorservices.org
info@theracounsel.com

Wilson, Kristian M, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
aspirationsjax@gmail.com

Wilson, Valerie, MSW, LCSW ■
1951 Northwest 7th Avenue
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
vallen@brimcounseling.com

and

FL
(305) 902-6347
Digital Contact Information:
vallen@brimcounseling.com

Wise, Shaquila, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Wonesh, Bria, MED, LMHC ■
1175 Northeast 125th Street
320
Miami, FL 33161
(786) 842-0444
Digital Contact Information:
http://www.marriagefamilyservices.com
marriagefamilyservices@comcast.net

Wong, Carmen, MSN, APRN, CNP, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
hr.credentialing@sohomd.com

Woods, Lynda, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
insurance@wellnite.com

and

2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Woods, Yvonne, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Wool, Sorcha, MSW, LCSW ■
1951 Northwest 7th Avenue
Miami, FL 33136
(571) 934-3936
Digital Contact Information:
admin@supportiveengagemet.com

and

FL
(305) 902-6347
Digital Contact Information:
admin@supportiveengagemet.com
Other Languages Spoken by Provider or Office Staff Sign Lang Amer

Woolery, Nickesha, MSN, APRN ■
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
info@aimergency.com

and

801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
info@aimergency.com
Other Languages Spoken by Provider or Office Staff English, Haitian Creole, Filipino, French, Spanish

Wright, Sonya, MA, LMHC ■
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
info@thejourneytwcc.org
Other Languages Spoken by Provider or Office Staff Creole, Spanish

Yanez, Vicente, MSW, LCSW ■
814 Ponce de Leon Boulevard
STE 418
Coral Gables, FL 33134
(305) 469-1648
Digital Contact Information:
vy@infionline.net
Other Languages Spoken by Provider or Office Staff Spanish

Yasin, Aleyah R, PHD, LMFT ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and

140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and

3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and

3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org

and

10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
credentialing@banyanhealth.org

Yera-Abad, Natalia, MA, LMHC ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
arscredentialing@advancedrecoverysystems.com

and

8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Zadok, Alexia, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
care@joinuplift.co

Zafar, Mohsin, MD ■
13205 Southwest 137th Avenue
224 224
Miami, FL 33186
(786) 290-9192
Digital Contact Information:
cmg-enrollment@credentialingmanagementgroup.com

Zalcberg, Natalia, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Zambrano, Karen M, PSYD, LP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 259-6977
Digital Contact Information:
http://www.abctestingservices.com
lisette@abctestingservices.com
Other Languages Spoken by Provider or Office Staff Spanish

Zamora, Danae, MC, LMHC ■
15190 SW 136th St
Ste 25
Miami, FL 33196
(786) 365-5916
Digital Contact Information:
healingtalkscounseling@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Zapatha, Susan, MC, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
insurance@wellnite.com

and

2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Zayas-Bazan, Maria, PSYD, LP ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
info@behavioralaid.com
Other Languages Spoken by Provider or Office Staff Spanish

Zervigon, Estela, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Spanish

Zimerman, Veronica, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Zipper, Rachel, PSYD, CP, LP ■
150 Alhambra Circle
Floor 10
Coral Gables, FL 33134
(786) 800-3374
Digital Contact Information:
dr.rachel@compassionatepsych.com

and

360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
dr.rachel@compassionatepsych.com

and

1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
dr.rachel@compassionatepsych.com

and

801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
dr.rachel@compassionatepsych.com

and

117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
dr.rachel@compassionatepsych.com
Other Languages Spoken by Provider or Office Staff English

Zumar, Lorraine M, MC, LMHC, LPC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

FERTILITY COUNSELING

Acker, Ashleigh, MS, LMFT ●
1175 Northeast 125th Street
320
Miami, FL 33161
(954) 372-0423
Digital Contact Information:
http://www.marriagefamilyservices.com
mfsfrontdesk1@gmail.com
Other Languages Spoken by Provider or Office Staff Portuguese, English, Malayalam, Haitian, Italian,

Spanish

Acosta, Liza M, MMFT, LMFT ■
3970 West Flagler Street
203 204
Miami, FL 33134
(786) 953-5978
Digital Contact Information:
healchoicecorp2019@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ahmed, Michelle, MS, LMFT ■
FL
(312) 912-1033
Digital Contact Information:
http://foodforheartherapy.com
michelleahmedmft@gmail.com
Other Languages Spoken by Provider or Office Staff
Bengali

Almeida Wallace, Diana, MC, LMHC ■
5915 Ponce de Leon
48
Coral Gables, FL 33146
(305) 934-6453
Digital Contact Information:
dalmeida87@hotmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, English, French, Spanish

Alvarado, Gizelle, MED, LPC ■
1951 Northwest 7th Avenue
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
pinnacleeptx@aol.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Amado, Sandra J, MC, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@usmso.com

Amza, Torie, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Andres, Alice M, PSYD, CP, HSPP, LP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
rainbowlanternpsych@gmail.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
rainbowlanternpsych@gmail.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
rainbowlanternpsych@gmail.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
rainbowlanternpsych@gmail.com
Other Languages Spoken by Provider or Office Staff English

Assinthe, Jeanne, MSW, LCSW ■
FL
(786) 779-8898
Digital Contact Information:
http://www.amitiewellness.com
jeanne@amitiewellness.com
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole, French, Spanish

Astacio, Victor, PSYD, LP ■
3990 West Flagler Street
102
Coral Gables, FL 33134
(786) 332-2602
Digital Contact Information:
blueskymentalhealthcorp@gmail.com

and
Eagle Nest Lane
Hialeah, FL 33014
(786) 534-3457
Digital Contact Information:
blueskymentalhealthcorp@gmail.com

and
Home Based Services Only
Miami Gardens, FL 33014
(305) 640-5739
Digital Contact Information:
blueskymentalhealthcorp@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Avila, Corrieann M, MSW, LCSW ■
5335 Northwest 87th Avenue
c109
Doral, FL 33178
(786) 551-9550
Digital Contact Information:
corrie@monarchcounselinggroup.com

Ayer, Brian, MA, LPCC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
registration@ravenwoodhealth.org
Other Languages Spoken by Provider or Office Staff Sign Lang Amer

Baez, Frank A, MD ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
solututiondrivenconsulting@gmail.com

and
26023 South Dixie Highway
Homestead, FL 33032
(786) 504-3365
Digital Contact Information:
solututiondrivenconsulting@gmail.com

and
26027 South Dixie Highway
Homestead, FL 33032
(786) 601-7344
Digital Contact Information:
solututiondrivenconsulting@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ballayan, Romeo, MSW, LCSW, LISW-CP ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Barnes, Yvette, MSW, LCSW ■
1150 Northwest 72nd Avenue
640
Miami, FL 33126
(786) 497-3444
Digital Contact Information:
yvette@stellarhealthfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barreto, Lourdes A, MSSW, LCSW ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
referrals@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barroso, Alina, MD, LMHC ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Barthelemy, Shirley, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff Creole

Batista, Maylin, PHD, LMHC ■
6001 Northwest 153rd Street
157
Miami Lakes, FL 33014
(415) 941-4109
Digital Contact Information:
http://www.intent-therapy.com
intenttherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Beaubrun, Lucika, MA, LMHC ■
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(561) 289-7995
Digital Contact Information:
pandatherapycircle@gmail.com

Bennett, Nicholas, PSYD, LP ■
390 Northeast 191st Street
Miami, FL 33179
(805) 225-4446
Digital Contact Information:
doctor.bennett@outlook.com

Benzaquen, Melissa, MSED, LMHC ■
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
http://www.ibhflorida.com
osaker@ibhflorida.com

Bermudez, Jose, PSYD, LP ■
9425 SW 72nd St
Ste 267
Miami, FL 33173
(305) 981-6806
Digital Contact Information:
jbpsyd@gmail.com

Brook, Robin, PHD, LMHC ■
111 Northeast 1st Street
FL 8
Miami, FL 33132
(888) 344-4549
Digital Contact Information:
rbrooks@transformationalhealth.net
Other Languages Spoken by Provider or Office Staff
English, Creole, Haitian, French, Spanish

Brookes, Ingrid, MS, LMHC ■
10300 Southwest 72nd Street
275d
Miami, FL 33173
(888) 853-7908
Digital Contact Information:
http://www.bettermindtherapycorp.com
vasallojane@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Brown, Kala M, MSW, LCSW ■
FL
(786) 212-0289
Digital Contact Information:
admin@mentalmovement.org

Bugaj, Erika L, MSW, LICSW ■
FL
(202) 531-5385
Digital Contact Information:
hello@dandelioncounselingcare.com

Caballero De Pina, Nallyvis, MSN, APRN ■
13170 Southwest 128th Street
200
Miami, FL 33186
(786) 852-5198
Digital Contact Information:
clarityhealth@approachteam.com

Caceres, Daniris, MMH, LMHC ■
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
morecounseling@gmail.com

Cagigas, Ariel, MSN, APRN ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
http://banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
Other Languages Spoken by Provider or Office Staff
Spanish

Calderin, Claudia, MSN, APRN ■
12001 Southwest 128th Court
Suite Suite 104
Miami, FL 33186
(786) 868-0505
Digital Contact Information:
clarityhealth@approachteam.com

and
13170 Southwest 128th Street
200
Miami, FL 33186
(786) 852-5198
Digital Contact Information:
https://clarityapproach.com/
clarityhealth@approachteam.com

and
14201 Southwest 120th Street
suite 110
Miami, FL 33186
(786) 238-7492
Digital Contact Information:
clarityhealth@approachteam.com

and
14221 Southwest 120th Street
223
Miami, FL 33186
(786) 690-2296
Digital Contact Information:
clarityhealth@approachteam.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cancemi, Alexis, PHD, LMHC ■
FL
(754) 201-4741
Digital Contact Information:
http://www.alexismentalhealth.com
acancemi7099@yahoo.com

Capriata, Olga J, MSW, LCSW ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
http://lotuscounseling.com
admi@lotuscounseling.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
http://www.lotuscounseling.com
admi@lotuscounseling.com

and
7811 Coral Way
106
Miami, FL 33155
(305) 412-0138
Digital Contact Information:
admi@lotuscounseling.com

and
13930 SW 47th St
Ste 202
Miami, FL 33175
(305) 387-7850
Digital Contact Information:
admi@lotuscounseling.com

and
5600 SW 135th Ave
Ste 116
Miami, FL 33183
(305) 387-7850
Digital Contact Information:
admi@lotuscounseling.com
Other Languages Spoken by Provider or Office Staff
Spanish

Carey, Gabrielle, MHS, LMHC ■
12000 Biscayne Boulevard
Miami, FL 33181
(786) 490-5988
Digital Contact Information:
gabbycaresofsouthfl@gmail.com

and
FL
(786) 490-5988
Digital Contact Information:
http://www.gabbycares.com
gabbycaresofsouthfl@gmail.com

Carroza, Mirna H, MPSY, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff Italian, Spanish

Castillo Llanes, Lisandra, MSN, APRN ■
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
contact@balancedwellbeingllc.com

and
5607 NW 27th Ave
1
Miami, FL 33142
(239) 278-3660
Digital Contact Information:
contact@balancedwellbeingllc.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(786) 833-7633
Digital Contact Information:
contact@balancedwellbeingllc.com

and
20612 Northwest 27th Avenue
Miami Gardens, FL 33056
(305) 637-6400
Digital Contact Information:
contact@balancedwellbeingllc.com

Castillo, Sandra, PSYD, LP ■
3081 Salzedo Street
Suite 202
Coral Gables, FL 33134
(786) 567-8160
Digital Contact Information:
castillo043@gmail.com

and
11385 Southwest 32nd Street
Miami, FL 33165
(786) 567-8160
Digital Contact Information:
castillo043@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Castro, Yahaira, PHD, LMHC ■
13335 Southwest 124th Street
Miami, FL 33186
(786) 738-6468
Digital Contact Information:
frontdesk@mentalhealthofmiami.com

and
FL
(786) 738-6468
Digital Contact Information:
http://mentalhealthofmiami.com
frontdesk@mentalhealthofmiami.com
Other Languages Spoken by Provider or Office Staff
Spanish

Centeno, Jousseliett, MSW, LCSW ■
9425 Sunset Dr
Ste 267
Miami, FL 33173
(305) 981-6806
Digital Contact Information:
joussecenteno@gmail.com
Other Languages Spoken by Provider or Office Staff English

Charlemagne, Leila T, PSYD, LP ■
100 NE 38th St
Ste 5
Miami, FL 33137
(305) 576-1599
Digital Contact Information:
cbolivar@borinquenhealth.org
Other Languages Spoken by Provider or Office Staff
Spanish

Charles, Abbdady, MSN, APRN ■
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
help@joinuplift.co

Chemerinsky, Graciela, MPSY, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com

and
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Chinea, Marianela, MSN, APRN ■
3971 Southwest 8th Street
STE 206
Coral Gables, FL 33134
(786) 633-5960
Digital Contact Information:
agauna@bmsbill.com

and
FL
(786) 980-7496
Digital Contact Information:
http://www.vidahealthcarenetworks.com
agauna@bmsbill.com

and
13590 Southwest 134th Avenue
201
Miami, FL 33186
(786) 227-6258
Digital Contact Information:
agauna@bmsbill.com

Ciabattoni, Lissette, MSW, LCSW ■
FL
(407) 494-0465
(954) 998-2623
Digital Contact Information:
lissette214@gmail.com

and
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
lissette214@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Collazo-Amador, Aylem, MS, LMHC ■
306 Alcazar Avenue
200
Coral Gables, FL 33134
(305) 967-8725
Digital Contact Information:
http://www.ajmmedicalcenter.com
sunshine-advantage@mbhpays.com

and
8500 West Flagler Street
Office 107A
Miami, FL 33144
(786) 907-5141
Digital Contact Information:
sunshine-advantage@mbhpays.com

and
13301 Southwest 132nd Avenue
209 209
Miami, FL 33186
(786) 713-5553
Digital Contact Information:
sunshine-advantage@mbhpays.com

and
FL
(305) 632-3892
Digital Contact Information:
sunshine-advantage@mbhpays.com
Other Languages Spoken by Provider or Office Staff
Spanish

Commella, Noreen, PSYD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@healthyyoungminds.com

Corniffe, Khadine, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
pandatherapycircle@gmail.com

Corzo, Samantha R, MS, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
credentialing@banyanhealth.org

Cue, Liz, MSW, LCSW ■
5901 Southwest 74th Street
408
Miami, FL 33143
(305) 735-3555
Digital Contact Information:
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Curras, Michelle M, MSSW, LCSW ■
1000 Brickell Avenue
Miami, FL 33131
(786) 536-5702
Digital Contact Information:
laibehavior@gmail.com

and
981 NW 132nd Ave W
Miami, FL 33182
(786) 536-5702
Digital Contact Information:
laibehavior@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Curtis, Kormasah K, MMFT, LMFT ■
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
contactus@embracecounselingusa.com

Cyronak, Ashley R, MSN, PMHNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
coastalpsych@gmail.com

DO Valle, Monika, DO ■
1065 Southwest 8th Street
570
Miami, FL 33130
(888) 903-5505
Digital Contact Information:
pioneering100@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese

Dangla, Marjorie, MSW, LCSW ■
Doral
Doral, FL 33178
(305) 926-6106
Digital Contact Information:
blissfulsoultherapy01@gmail.com

Dashevsky, Jessica, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff
Russian

Delva, Shirley, PHD, LP ■
2020 Northeast 163rd Street
300f
North Miami Beach, FL 33162
(305) 209-1014
Digital Contact Information:
http://behavioralsolutionsmiami.com
sdelva92@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Creole, Haitian

Dey, Joel P, MD ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
credentialing@yacoubmd.com

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
credentialing@yacoubmd.com

Diaz Palmero, Yuranis, MPSY, LMHC ■
3785 Northwest 82nd Avenue
307
Doral, FL 33166
(305) 266-2949
Digital Contact Information:
info@oasismentalhealthcenter.com

and
Northwest 92nd Avenue

Doral, FL 33172
(305) 266-2949
Digital Contact Information:
info@oasismentalhealthcenter.com

and
5901 Northwest 183rd Street
310
Hialeah, FL 33015
(786) 418-9790
Digital Contact Information:
https://oasismentalhealthcenter.com
info@oasismentalhealthcenter.com

and
1250 Southwest 27th Avenue
Suite 506
Miami, FL 33135
(786) 536-9278
Digital Contact Information:
info@oasismentalhealthcenter.com

and
330 Southwest 27th Avenue
STE 609
Miami, FL 33135
(786) 743-0801
Digital Contact Information:
info@oasismentalhealthcenter.com

and
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
info@oasismentalhealthcenter.com

and
9125 SW 87th Ave
Miami, FL 33176
(305) 735-3919
Digital Contact Information:
info@oasismentalhealthcenter.com
Other Languages Spoken by Provider or Office Staff Spanish

Dieppa, Jessica B, MS, LMHC ●
10815 Southwest 145th Place
Miami, FL 33186
(305) 989-0493
Digital Contact Information:
http://www.guidedpathstherapy.com
jessica.dieppa22@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Diggs, Teanna, MSW, LCSW ●
1065 Southwest 8th Street
1136
Miami, FL 33130
(703) 772-5097
Digital Contact Information:
https://www.postpartumwell.com
info@postpartumwell.com

and
FL
(703) 772-5097
Digital Contact Information:
https://www.postpartumwell.com
info@postpartumwell.com

Dimitrjevitch, Sasha, MS, LMHC ■
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
billing@peaktherapycenter.com

Dixon, Passion, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
ortiz4professionalservicesllc@gmail.com

Domenech, Alvaro, MSSW, LCSW ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
gina@lotuscounseling.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 644-6024
Digital Contact Information:
gina@lotuscounseling.com

and
2141 SW 1st St
Ste 103
Miami, FL 33135
(305) 644-6024
Digital Contact Information:
gina@lotuscounseling.com

and
FL
(786) 369-9254
Digital Contact Information:
http://deepwaterstherapeuticservices.com
gina@lotuscounseling.com

Duenas, Barbara, MS, LMFT ■
FL
(786) 671-4939
Digital Contact Information:
http://www.duenasmentalhealth.com
barbara@duenasmentalhealth.com

Durand, Tekisha, MSW, LCSW ■
FL
(305) 833-3203
Digital Contact Information:
https://headway.co/providers/tekisha-durand
yourswagteam@gmail.com
Other Languages Spoken by Provider or Office Staff Creole

Edwards, Shanica, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
comptherapeutic@gmail.com

Ehrentreu, Dana, MSW, LCSW ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=ynj-patientaccess@harmonybaywellness.com

Elder, Carol, MS, LMFT ■
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(561) 609-2996
Digital Contact Information:
http://www.pandatherapycircle.com/pandatherapycircle@gmail.com

Factor, Edie, MSW, LCSW ■
3231 McDonald Street
Miami, FL 33133
(305) 318-2231
Digital Contact Information:
edifac305@aol.com
Other Languages Spoken by Provider or Office Staff Spanish

Feldman, Marina P, MC, LMHC ■
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
info@talcmhc.org

Fernandez, Isabel, MSN, APRN ■
15450 New Barn Road
200
Miami Lakes, FL 33014
(305) 900-3970
Digital Contact Information:
http://www.neurozenpsychiatry.com
isabelfernandezrn@gmail.com

and
FL
(305) 900-3970
Digital Contact Information:
http://www.neurozenpsychiatry.com
isabelfernandezrn@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Fernandez, Lianny, MPSY, LMHC ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
yavila@avilahealthgroup.com

and
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
yavila@avilahealthgroup.com

and
306 Westward Dr
Miami Springs, FL 33166
(786) 588-7894
Digital Contact Information:
yavila@avilahealthgroup.com
Other Languages Spoken by Provider or Office Staff Spanish

Fitzpatrick, Panayiota, MED, LMHC ■
360 Northwest 27th Street
Miami, FL 33127
(929) 209-6109
Digital Contact Information:
fl-patientaccess@harmonybaywellness.com

Flores, Aida A, MS, LMHC ■
FL
(305) 494-9791
Digital Contact Information:
aflores@kaaficounseling.com
Other Languages Spoken by Provider or Office Staff Spanish

Francis, Ashley, MSW, LCSW, LISW ■
FL
(508) 202-1011
Digital Contact Information:
hello@havenroomtherapy.com
Other Languages Spoken by Provider or Office Staff English

Gallimore, Ingrid, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Galvez, Gema, MS, LPC ■
10300 Southwest 72nd Street
275d
Miami, FL 33173
(888) 853-7908
Digital Contact Information:
http://www.bettermindtherapycorp.com
gemagalvez@yahoo.com
Other Languages Spoken by Provider or Office Staff Spanish

Gambino, Kimberly R, DNSC, APRN ■
FL
(305) 902-6347
Digital Contact Information:
sybecrdrequest@sybe.com

Garcia Bonhomme, Carla, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Garcia, Lauren, MED, LMHC ■
2212 Northwest 91st Street
4058
Miami, FL 33147
(341) 888-7637
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
lauren.garcia371@gmail.com

Garcia, Orlando, MMFT, LMFT ■
FL
(202) 410-5972
(786) 260-3985
Digital Contact Information:
http://www.choosingtherapy.com
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff English, Spanish

Garcia, Tiffany, MN, PMHNP ■
2650 Southwest 27th Avenue
Suite 305
Miami, FL 33133
(786) 353-9812
Digital Contact Information:
billingheritagewellness@gmail.com

and
20824 W Dixie Hwy
Miami, FL 33180
(407) 851-5121
Digital Contact Information:
billingheritagewellness@gmail.com

Georgescu, Manuela, MD ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
Not Available

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
http://banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
Other Languages Spoken by Provider or Office Staff Spanish

Gevorkyan, Mishela I, MSN, APN, APRN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
info@diana.health
Other Languages Spoken by Provider or Office Staff Russian, Spanish

Gonzalez, Adriana, MSN, APRN ■
11440 N Kendall Dr
Ste 208
Miami, FL 33176
(305) 898-0849
Digital Contact Information:
callisiabilling@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Gonzalez Diaz, Vivian D, PSYD, LP ■
3271 NW 7th St
Ste 203
Miami, FL 33125
(786) 220-6902
Digital Contact Information:
http://www.outpatientpsycare.com
viviangonzalezdiaz@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Gonzalez, Jacqueline, MSSW, LCSW ■
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
sasha@livewelltherapygroup.com
Other Languages Spoken by

Provider or Office Staff English, Spanish

Gonzalez, Yolanda, MS, LMHC ■
7221 SW 24th St
Ste 206
Miami, FL 33155
(786) 648-4447
Digital Contact Information: http://www.fmhpllc.com
yoly@fmhpllc.com

and
7221 SW 24th St
Ste 213
Miami, FL 33155
(786) 239-4405
Digital Contact Information: http://www.fmhpllc.com
yoly@fmhpllc.com

Gordon, Natalie, MSW, LCSW, LMFT ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information: melissa1amaya@yahoo.com

Gordon-Battle, Belinda M, MS, LMHC ■
FL
(240) 472-3486
Digital Contact Information: bgordonbattle@gmail.com

Grant, Carla, MSN, APRN ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information: http://www.compasshealthsystems.com
none@gmail.com

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information: http://www.compasshealthsystems.com
none@gmail.com

Grigorova, Marina, MS, LMHC ■
FL
(646) 453-6777
Digital Contact Information: marinag2804@gmail.com
Other Languages Spoken by Provider or Office Staff Bulgarian

Gueron, Orly, MSED, LMFT ■
2999 NE 191st St
Ste 705
Miami, FL 33180
(305) 924-6555
Digital Contact Information: orly@orlygueron.com
Other Languages Spoken by Provider or Office Staff Hebrew

Guilbe, Angelika, MSCC, LMHC ■
FL
(754) 307-6860
Digital Contact Information: http://www.solrivercounseling.com
angie_guilbe@yahoo.com

Guntin, Yamile, MSW, LCSW ■
3191 Coral Way
607
Miami, FL 33145
(786) 397-7926
Digital Contact Information: https://headfulloffoliage.com
guntinaleman@gmail.com

and
FL
(786) 397-7926
Digital Contact Information: https://headfulloffoliage.com
guntinaleman@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Gutierrez, Beatriz, MSN, APRN ■
FL
(954) 765-6505
Digital Contact Information: https://optimalmindandwellness.com/our-focus
beatriz@optimalmindandwellness.com

Gutierrez, Damian, MC, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information: credentialing@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information: credentialing@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information: credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information: credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information: http://banyanhealth.org
credentialing@banyanhealth.org

Haider, Shamshad, MED, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information: https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff Farsi, Urdu, Arabic, Hindi

Harris, Dawnchele, MSW, LCSW ■
FL
(508) 202-1011
Digital Contact Information: Not Available

Hassan, Hamlet R, MD ■
4475 Southwest 8th Street
Coral Gables, FL 33134
(786) 536-2872
Digital Contact Information: bcd.ahcs@outlook.com

and
3146 Coral Way
FL 2
Coral Gables, FL 33145
(786) 953-8874
Digital Contact Information: bcd.ahcs@outlook.com

and
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information: bcd.ahcs@outlook.com

and
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information: https://avilahealthgroup.com
bcd.ahcs@outlook.com

and
664 E 25th St
Hialeah, FL 33013
(786) 409-2651
Digital Contact Information: bcd.ahcs@outlook.com

and
664 East 25th Street
102
Hialeah, FL 33013
(786) 409-5361
Digital Contact Information: bcd.ahcs@outlook.com

and
7490 Southwest 23rd Street
201
Miami, FL 33155
(786) 953-8221
Digital Contact Information: bcd.ahcs@outlook.com

and
760 Northwest 107th Avenue
110
Miami, FL 33172
(786) 409-3800
Digital Contact Information: bcd.ahcs@outlook.com

and
10511 North Kendall Drive
c201
Miami, FL 33176
(305) 274-5319
Digital Contact Information: bcd.ahcs@outlook.com
Other Languages Spoken by Provider or Office Staff Spanish

Heard, Chelsea, MSSW, LCSW ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information: chelseaheardcounseling@gmail.com

Hernandez, Diana, MC, LMHC ■
2500 Southwest 107th Avenue
41
Miami, FL 33165
(786) 615-3334
Digital Contact Information: http://www.abcsfl.com
info@abcsfl.com
Other Languages Spoken by Provider or Office Staff Spanish

Hernandez Ruiz, Katiana E, MS, LMHC ■
5901 Southwest 74th Street
Suite 201
South Miami, FL 33143
(786) 638-9074
Digital Contact Information: hummingmindsmia@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Hernandez, Yanet, MSN, APRN ■
FL
(239) 244-2022
(786) 440-0904
Digital Contact Information: http://www.mdpsclinic.com
consulting@fdgmso.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Herrera Martinez, Daysi, MSSW, LCSW ●
12540 Northeast 8th Avenue
North Miami, FL 33161
(786) 731-6492
Digital Contact Information: dherrera@altamiracommunity.com
Other Languages Spoken by Provider or Office Staff Spanish

Hoffmann, Adriana, MC, LMHC ■
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information: http://www.miamipersonalmanagement.com
klopez@miamipersonalmanagement.com
Other Languages Spoken by Provider or Office Staff Spanish

Hopkins, Sharon B, PHD, LP ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information: https://www.wellnite-cigna.lovable.app
cpadilla@deeroaks.com
Other Languages Spoken by Provider or Office Staff French

Horwitz, Andrea, MSW, LCSW ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information: contact@daopl.rog

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information: contact@daopl.rog

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information: contact@daopl.rog

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information: http://banyanhealth.org
contact@daopl.rog

Huber, Rose, PSYD, LP ■
7330 Southwest 62nd Place
STE 210
South Miami, FL 33143
(786) 801-3883
Digital Contact Information: info@miamivipsurgery.com

Iglesias, Marta, MS, LMHC ■
3081 Salzedo Street
Suite 202
Coral Gables, FL 33134
(786) 294-5624
Digital Contact Information: http://www.mi-counselor.com
lyam@credentialingconsultants.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Jackson, Candice, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information: https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Jacobs, Jessica, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information: https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Jimenez, Graciela, MMFT, LMFT ■
7400 SW 87th Ave
260
Miami, FL 33173
(786) 595-8040
Digital Contact Information: managedcarecredentialing@baptisthealth.net

Jones, Alicia, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information: https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Jones, Savannah L, PA, PA_C ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information: https://www.compasshealthsystems.com
intake@compass.md

and
1065 NE 125th St
Ste 206

North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compassshealthsystems.com
intake@compass.md

Jorge, Karen, PA, PA_C ■
8400 Northwest 33rd Street
Ste 201
Miami, FL 33122
(844) 655-4827
Digital Contact Information:
karenj0204@gmail.com

Karoub, Arielle E, MS, LCMHC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Kburg, Regina I, PSYD, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
office@pasadenaclinicalgroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Kepley, Gabriela, MSSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
colgate5326@gmail.com

Killackey, Debra, MMH, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
professional_counseling@yahoo.com

and
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
professional_counseling@yahoo.com

Lafratta, Joanna, MSW, LCSW ■
FL
(831) 920-7907
Digital Contact Information:
https://www.mammha.com/
alex@getmammha.com

Lago, Mercedes M, MMH, LMHC ■
4800 West Flagler Street
215
Coral Gables, FL 33134
(954) 368-4786
Digital Contact Information:
mercedeslago7@gmail.com

and
4689 Ponce de Leon Boulevard
Suite 200
Coral Gables, FL 33146
(786) 803-8025
Digital Contact Information:
mercedeslago7@gmail.com

and
1840 West 49th Street
606 606
Hialeah, FL 33012
(305) 846-9727
Digital Contact Information:
mercedeslago7@gmail.com

and
17670 Northwest 78th Avenue
STE 113
Hialeah, FL 33015
(716) 558-4565
Digital Contact Information:
mercedeslago7@gmail.com

and
9827 Southwest 40th Street
Miami, FL 33165
(786) 762-2922
Digital Contact Information:
mercedeslago7@gmail.com

and
6955 Northwest 77th Avenue
407
Miami, FL 33166
(786) 615-2306
Digital Contact Information:
mercedeslago7@gmail.com

and
14722 Southwest 56th Street
Miami, FL 33185
(305) 456-0572
Digital Contact Information:
mercedeslago7@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Landes, Debra M, MED, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
landeslmhc@gmail.com

Leydig, Tammie, MSN, APRN, CNP ■
FL
(305) 902-6347
Digital Contact Information:
sid@instic.health

Little, Jacinta L, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Lopez, Angel, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Idalmis, MSN, APRN ■
13170 Southwest 128th Street
200
Miami, FL 33186
(786) 852-5198
Digital Contact Information:
https://clarityapproach.com/
clarityhealth@approachteam.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Jose C, MD ■
1200 Northwest 78th Avenue
210
Doral, FL 33126
(786) 285-3438
Digital Contact Information:
jorge@valcourtbehavioral.com

and
633 N Krome Ave
1
Homestead, FL 33030
(305) 763-4007
Digital Contact Information:
jorge@valcourtbehavioral.com

and
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
jorge@valcourtbehavioral.com

and
3525 NW 7th St
Miami, FL 33125
(786) 801-0218
Digital Contact Information:
jorge@valcourtbehavioral.com

and
1710 Northwest 7th Street
STE 5-6-7
Miami, FL 331253500
(786) 409-2568
Digital Contact Information:
jorge@valcourtbehavioral.com

and
3446 Southwest 8th Street
217
Miami, FL 33135
(786) 769-5046
Digital Contact Information:
jorge@valcourtbehavioral.com

and
7821 Coral Way
100
Miami, FL 33155
(786) 409-5690
Digital Contact Information:
jorge@valcourtbehavioral.com

and
7921 Bird Rd
Ste 41
Miami, FL 33155
(305) 425-1393
Digital Contact Information:
http://oceanhealthsystem.com
jorge@valcourtbehavioral.com

and
7921 Bird Road
39
Miami, FL 33155
(786) 310-1570
Digital Contact Information:
http://oceanhealthsystem.com
jorge@valcourtbehavioral.com

and
7971 Bird Road
15
Miami, FL 33155
(786) 504-5620
Digital Contact Information:
http://oceanhealthsystem.com
jorge@valcourtbehavioral.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
jorge@valcourtbehavioral.com

and
19001 Southwest 106th Avenue
c103
Miami, FL 33157
(786) 523-2352
Digital Contact Information:
jorge@valcourtbehavioral.com

and
10680 Fontainebleau Boulevard
Miami, FL 33172
(305) 794-6845
Digital Contact Information:
jorge@valcourtbehavioral.com

and
13706 Southwest 56th Street
STE 105-106
Miami, FL 331756036
(786) 523-4289
Digital Contact Information:
jorge@valcourtbehavioral.com

and
9900 Southwest 107th Avenue
STE 101
Miami, FL 33176
(305) 248-3488
Digital Contact Information:
jorge@valcourtbehavioral.com

and
12540 Southwest 8th Street
Miami, FL 33184
(305) 705-6840
Digital Contact Information:
jorge@valcourtbehavioral.com

and
6600 Cow Pen Road
250
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
jorge@valcourtbehavioral.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Widlyne, MSW, LCSW ■
FL
(954) 281-2958
Digital Contact Information:
http://www.breakthroughcrc.com
widlynel@breakthroughcrc.org
Other Languages Spoken by Provider or Office Staff Haitian Creole

Lopez-Brignoni, Evelyn, MD ■
475 Biltmore Way
Ste 204
Coral Gables, FL 33134
(305) 670-1411
Digital Contact Information:
evelynlopezbrignonimd@gmail.com

and
FL
(305) 670-1411
Digital Contact Information:
evelynlopezbrignonimd@gmail.com

and
124 Southeast 1st Road
A
Homestead, FL 33030
(786) 255-7979
Digital Contact Information:
evelynlopezbrignonimd@gmail.com

and
31 N Krome Ave
Homestead, FL 33030
(786) 481-5909
Digital Contact Information:
http://www.infinitecc.org
evelynlopezbrignonimd@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Creole, Spanish

Louwagie Gordon, Alissa M, MS, LMHC ■
FL
(786) 615-3334
Digital Contact Information:
info@abcsfl.com

Madison, Marlon, MSW, LCSW ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
acc@advancedclientcare.org

Manso, Krystyna I, MPS, LMHC ■
5040 NW 7th St
Ste 100
Miami, FL 33126
(305) 438-2348
Digital Contact Information:
Not Available

and
100 NE 38th St
Ste 5
Miami, FL 33137
(305) 576-1599
Digital Contact Information:
Not Available

and
3000 Biscayne Blvd
Fl 5
Miami, FL 33137
(305) 576-6611
Digital Contact Information:
Not Available

Marcellus, Chizoba L, MS, LMHC ■
536 Northeast 206th Lane
Miami, FL 33179
(305) 761-9584
Digital Contact Information:
http://www.therapyislove.com
info@therapyislove.com

Marcus, Phyllis C, MC, LMFT ■
540 Northwest 165th Street
114
Miami, FL 33169
(786) 648-6550
Digital Contact Information:
horebhealthclinic@gmail.com

and
540 Northwest 165th Street
STE 110
Miami, FL 33169
(786) 648-6550
Digital Contact Information:
horebhealthclinic@gmail.com

Mare, Nicole, MSW, LCSW ■
FL
(786) 309-5635
Digital Contact Information:
innerbloom_psychotherapy@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martin Torres, Danka, MSN, APRN ■
900 West 49th Street
STE 400
Hialeah, FL 33012
(305) 587-2231
Digital Contact Information:
hcos@chwcm.org

and
1150 Northwest 72nd Avenue
350
Miami, FL 33126
(786) 228-7801
Digital Contact Information:
hcos@chwcm.org

and
1150 Northwest 72nd Avenue
540
Miami, FL 33126
(786) 228-7801
Digital Contact Information:
hcos@chwcm.org

and
1150 Northwest 72nd Avenue
ph 2
Miami, FL 33126
(786) 542-5043
Digital Contact Information:
http://1stcarecms.com
hcos@chwcm.org

and
3446 Southwest 8th Street
217
Miami, FL 33135
(786) 769-5046
Digital Contact Information:
hcos@chwcm.org

and
5600 Southwest 135th Avenue
STE 216
Miami, FL 33183
(786) 536-6196
Digital Contact Information:
hcos@chwcm.org

and
4471 Northwest 36th Street
SUITE #230
Miami Springs, FL 33166
(786) 238-7335
Digital Contact Information:
hcos@chwcm.org
Other Languages Spoken by Provider or Office Staff
Portuguese, English, Creole, Spanish

Martinez, Lidia A, DMFT, LMHC ■
FL
(786) 565-6916
Digital Contact Information:
http://www.drlidiamartinez.com
info@drlidiamartinez.com
Other Languages Spoken by Provider or Office Staff
Spanish

McCarter, Ellen, MSW, LCSW ■
1065 Southwest 8th Street
1136
Miami, FL 33130
(703) 397-8620
Digital Contact Information:
http://postpartumwell.com
info@postpartumwell.com

and
FL
(703) 397-8620
Digital Contact Information:
http://postpartumwell.com
info@postpartumwell.com

McDevitt, Omayra, MA, LPC ■
FL
(305) 902-6347
Digital Contact Information:
start@bebravehealth.com

McIntyre, Lynne M, PHD, LCSW ■
3648 Saint Gaudens Road
Miami, FL 33133
(831) 920-7907
Digital Contact Information:
http://mammha.com
maureen@getmammha.com
Other Languages Spoken by Provider or Office Staff
Spanish

Medina, Maria E, MS, LMHC ■
5881 Northwest 151st Street
Suite: 103
Miami Lakes, FL 33014
(786) 703-4154
Digital Contact Information:
peaceofmindmhs@hotmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Medina, Muriel, MSW, LCSW ■
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
info@aimergency.org

Mejia, Alejandra, MSW, LCSW ■
14645 Northwest 77th Avenue
101
Miami Lakes, FL 33014
(833) 769-3524
Digital Contact Information:
http://lifestance.com
dougblessington@gmail.com

Melegi, Soraya F, MSW, LCSW ■
1550 Madruga Ave
Ste 509
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
sorayamelegi7@gmail.com

and
4649 Ponce de Leon
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
sorayamelegi7@gmail.com

and
8900 Southwest 192nd Drive
Cutler Bay, FL 33157
(786) 536-9714
Digital Contact Information:
sorayamelegi7@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mineo, Alyssa, PSYD, LP ■
FL
(800) 567-5433
(909) 679-3482
Digital Contact Information:
http://helloinnerwell.com
admin@atabariatrics.com

Miranda-Tourino, Mary, MSW, LCSW ■
12595 Southwest 137th Avenue
STE 110
Miami, FL 33186
(305) 465-9379
Digital Contact Information:
mary.miranda@mymail.barry.edu
Other Languages Spoken by Provider or Office Staff
English, Spanish

Mizrahi, David, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Mora, Brenda, MS, LMHC ■
FL
(786) 488-8103
Digital Contact Information:
http://www.sfacounseling.org
info@sfacounseling.org
Other Languages Spoken by Provider or Office Staff
Spanish

Mora, Joseph J, PHD, LP ■
10621 North Kendall Drive
Suite #203
Miami, FL 33176
(305) 456-6976
Digital Contact Information:
davalos.credentialing@novitams.com

Moreda-Mendez, Yanet, MSN, APRN ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
http://www.dgphealthandwellness.com
info@kaaficounseling.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
info@kaaficounseling.com
Other Languages Spoken by Provider or Office Staff
Spanish

Moriyon, Milko, MN, APRN ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
yavila@avilahealthgroup.com

and
664 East 25th Street
102
Hialeah, FL 33013
(786) 409-5361
Digital Contact Information:
yavila@avilahealthgroup.com

Mosquera, Aracelis, MSW, LCSW ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
info@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and
10691 N Kendall Dr
Ste 110
Miami, FL 33176
(786) 548-1022
Digital Contact Information:
info@dadefamily.com

Mullowney, Jennifer F, MSW, LCSW ■
FL
(800) 567-5433
(508) 202-1011
Digital Contact Information:
https://totallife.com/
jfmullowney@gmail.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
jfmullowney@gmail.com

Nammur, Sarai, MC, LMHC ■
15325 Northwest 60th Avenue
#105
Miami Lakes, FL 33014
(305) 512-5388
Digital Contact Information:
sarai@sarainammur.com
Other Languages Spoken by Provider or Office Staff
Spanish

Nankivell, Martina, PA, PA_C ■
4300 Biscayne Boulevard
STE 203
Miami, FL 33137
(877) 400-0540
Digital Contact Information:
https://forallmentalhealth.com
info@forallmentalhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Natalio, Jenny, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Nightingale, Atara, PA, PA_C ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
http://www.compasshealthsystem.com
credentialing@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystem.com
credentialing@compass.md

and
FL
(305) 891-0050
(305) 279-5535
(954) 771-7743
(954) 447-0010
(561) 752-9490
Digital Contact Information:
http://www.compasshealthsystem.com
credentialing@compass.md
Other Languages Spoken by Provider or Office Staff
Hebrew

O'Neill, Gloria M, MSN, APRN ■
7855 Northwest 52nd Street
Doral, FL 33166
(305) 450-9651
Digital Contact Information:
info@rushcredentialing.com

Occean, Andrelita, MMH, LCMHC ■
7950 W Flagler St
Ste 106
Miami, FL 33144
(305) 269-3900
Digital Contact Information:
drgmartinez.psychologist@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Creole, French

Odum, Lesli S, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
leslie.odum@gmail.com

Orama, Kamir A, PSYD, LP ■
2020 Ponce de Leon
Suite 1201
Miami, FL 33134
(305) 917-5414
Digital Contact Information:
http://www.psychologybeyond.com
oramapsyd@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ortega, Laura R, MS, LMFT ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
contact@elevatepsychiatry.com

and
1711 W 38th Pl
Ste 1207
Hialeah, FL 33012
(786) 592-0940
Digital Contact Information:
contact@elevatepsychiatry.com

and
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
contact@elevatepsychiatry.com

and
16201 SW 95th Ave
Ste 101
Miami, FL 33157
(786) 592-0940
Digital Contact Information:
contact@elevatepsychiatry.com

Oubadji, Michelle, MSW, LCSW ■
FL
(415) 941-4109
(754) 444-8004
Digital Contact Information:
http://www.bundletherapy.com
admin@bundletherapy.com

and
1400 Northeast Miami Gardens Drive
212
Miami, FL 33179
(415) 941-4109
(754) 444-8004
Digital Contact Information:
http://www.bundletherapy.com
admin@bundletherapy.com
Other Languages Spoken by Provider or Office Staff
Portuguese, English, Spanish

Pacheco, Sandra, MS, LMHC ■
1801 Northeast 123rd Street
303
North Miami, FL 33181
(305) 510-0912
Digital Contact Information:
spachecolmhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Palermo, Brittany, MSN, APNP, APRN, APRNCNP, CRNP, NP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
brittany.palermo@chenaltherapy.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com
Other Languages Spoken by Provider or Office Staff English

Pandini, Heli, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
credentialing@thriveworks.com

Pando, Ana M, PHD, LMHC, LSP ■
3400 Coral Way
Ste 401
Miami, FL 33145
(305) 567-1155
Digital Contact Information:
asharedvision@bellsouth.net

and
3400 Coral Way
Ste 402
Miami, FL 33145
(305) 567-1155
Digital Contact Information:
asharedvision@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Paris, Emilia, MC, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Patsicostas, Susan, MS, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
strive@strivementalhealthllc.com

Patterson, Trakeeta A, MSW, LCSW ■
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
dreamagainservices@gmail.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
dreamagainservices@gmail.com

Paula Jorge, Lynette D, MSN, APRN ■
8323 Northwest 12th Street
108
Doral, FL 33126
(305) 400-8511
Digital Contact Information:
http://www.cbhwestcoast.com
info@cbhwestcoast.com

Plasencia, Belkis, MSN, APRN ■
7921 Bird Rd
Ste 41
Miami, FL 33155
(305) 425-1393
Digital Contact Information:
ynhcsaba@gmail.com

and
7971 Bird Road
39
Miami, FL 33155
(786) 910-7179
Digital Contact Information:
ynhcsaba@gmail.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
ynhcsaba@gmail.com

and
7001 SW 97th Ave
Ste 206
Miami, FL 33173
(786) 294-0123
Digital Contact Information:
https://www.chgpsychiatry.com/
ynhcsaba@gmail.com

and
9425 Southwest 72nd Street
Suite 251
Miami, FL 33173
(305) 305-6573
Digital Contact Information:
ynhcsaba@gmail.com

and
13706 Southwest 56th Street
STE 105-106
Miami, FL 331756036
(786) 523-4289
Digital Contact Information:
ynhcsaba@gmail.com

and
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
ynhcsaba@gmail.com

and
13335 Southwest 124th Street
STE 101
Miami, FL 33186
(786) 842-3635
Digital Contact Information:
ynhcsaba@gmail.com

and
13501 Southwest 128th Street
STE 114
Miami, FL 33186
(786) 250-3440
Digital Contact Information:
ynhcsaba@gmail.com

and
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
ynhcsaba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Poole-Parks, Clarissa, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Porter, J'Briel E, MSW, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
admin@itsofok.com
Other Languages Spoken by Provider or Office Staff
Chinese, Urdu, Spanish, Hindi

Preval, Falicia, MC, LMHC ■
1031 Ives Dairy Rd
Ste 228
Miami, FL 33179
(786) 320-5559
Digital Contact Information:
faliciap@aol.com

and
1031 Ives Dairy Road
Miami, FL 33179
(786) 627-3321
Digital Contact Information:
faliciap@aol.com

and
1001 North Miami Beach Boulevard
North Miami Beach, FL 33162
(786) 320-5559
Digital Contact Information:
faliciap@aol.com

Quinonez Meza, Javier, MSN, APRN ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Quintana, Amauri A, DNP, APRN ■
1000 Brickell Avenue
Miami, FL 33131
(786) 238-7364
Digital Contact Information:
abdullah@sixequation.com

and
1 NE 167th St
Miami, FL 33162
(305) 947-7133
Digital Contact Information:
abdullah@sixequation.com

and
2646 Southwest 87th Avenue
Miami, FL 33165
(305) 947-7133
Digital Contact Information:
abdullah@sixequation.com

Quintanilla, Claudia, MS, LMHC ■
FL
(786) 258-8499
Digital Contact Information:
http://www.virtual-counseling.com
service@virtual-counseling.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Quintero, Lari J, MSN, APRN, PMHNP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
info@bloommhw.com

Rainuzzo, Silvana L, MC, LMHC ■
FL
(954) 682-0264
Digital Contact Information:
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ray, Taylor, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Regalado, Alejandra, MPSY, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:

http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com

Rico, Sandra, MS, LMHC ■
10689 SW 88th St
Ste 305
Miami, FL 33176
(415) 941-4109
Digital Contact Information:
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
Spanish

Ridgeway, Deborah, MSW, LCSW, LMSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Rivero, Anisleidy, MS, LMHC ■
FL
(786) 254-1211
Digital Contact Information:
http://www.healingmindcounseling.com
ani.rivero@healingmindcounseling.com
Other Languages Spoken by Provider or Office Staff
Spanish

Robaina, Niubis, MPSY, LMHC ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
yavila@avilahealthgroup.com

Roche, Michelle, MS, LMHC ■
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
http://brightsyhealthfl.com
brightsyhealth@gmail.com

and
1031 Ives Dairy Rd
Ste 228
Miami, FL 33179
(786) 320-5559
Digital Contact Information:
brightsyhealth@gmail.com

and
1001 North Miami Beach Boulevard
North Miami Beach, FL 33162
(786) 320-5559
Digital Contact Information:
brightsyhealth@gmail.com

Rocker, Jeff, MMH, LMHC ■
777 Brickell Ave
Ste 500
Miami, FL 33131
(786) 490-2181
Digital Contact Information:
askjeffrocker@gmail.com

Rodriguez, Andrea, MC, LMHC ■
8500 SW 92nd Street
203
Miami, FL 33156
(786) 332-4478
Digital Contact Information:
billing@livewelltherapygroup.com

and
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
billing@livewelltherapygroup.com

and
11050 Southwest 88th Street
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
billing@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Barbara, MN, APRN ■
8785 SW 165th Ave
Miami, FL 33193
(786) 921-5451
Digital Contact Information:
peacefulminds1206@gmail.com

Rodriguez, Irina, MMFT, LMFT ■
2157 Southwest 13th Avenue
3
Miami, FL 33145
(786) 878-1331
Digital Contact Information:
i.rodriguezlmft@gmail.com

and
FL
(786) 254-1572
Digital Contact Information:
i.rodriguezlmft@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Milian, Karel, MD ■
2500 Northwest 79th Avenue
233
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
andersonbilling1001@gmail.com

and
2500 Northwest 79th Avenue
Suite 189
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
andersonbilling1001@gmail.com

and
351 NW 42nd Ave
Ste 406
Miami, FL 33126
(786) 536-1710
Digital Contact Information:
andersonbilling1001@gmail.com

and
1890 Southwest 57th Avenue
SUITE 106
Miami, FL 33155
(786) 536-1701
Digital Contact Information:
andersonbilling1001@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Saathoff, Tommy, MA, LMHC, LPC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
sowinghopecounseling@gmail.com

Salazar, Ana, MS, LMHC ■
2500 Northwest 107th Avenue
Suite 102
Doral, FL 33172
(786) 605-9400
Digital Contact Information:
hello@reachlink.com

Santos, Christian, MS, LMHC ●
701 Southeast 8th Place
Hialeah, FL 33010
(305) 528-1256
Digital Contact Information:
browardtherapists@gmail.com

Santos, Marina, MMFT, LMFT ■
8180 Northwest 36th Street
100c
Doral, FL 33166
(305) 773-3335
Digital Contact Information:
marinamsantos@yahoo.com

and
8180 Northwest 36th Street
100d
Doral, FL 33166
(305) 773-3335
Digital Contact Information:
marinamsantos@yahoo.com

Sardinas, Maricruz, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
admin@lifehealthsystem.org
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Schettino, Lynne, PHD, LP ■
FL
(305) 389-3335
Digital Contact Information:
drlschet@bellsouth.net

Silverio, Ashley, MSW, LCSW ■
FL
(305) 209-8921
Digital Contact Information:
http://www.journeytothrivetherapy.com
ashleysilveriolcsw@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Smulowitz, Leeba M, MSW, LCSW ■
FL
(347) 380-6424
Digital Contact Information:
libby@levtherapy.onmicrosoft.com

Solorzano, Gina, MSW, LCSW ■
2124 Northeast 123rd Street
STE 220
North Miami, FL 33181
(786) 828-0947
Digital Contact Information:
https://blossomfl.com
info@blossomfl.com
Other Languages Spoken by Provider or Office Staff
Hebrew, Spanish

Springer, Shawndel, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
gethelp@wellqor.com

Stevenson, Thalia, MS, LCMHC ■
FL
(786) 530-5410
Digital Contact Information:
http://actservicellc.com
actservices2023@gmail.com

Stewart, Tannisha, MC, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
tannishastewart@starzjourneyinc.onmicrosoft.com

Tauler, Antonio, MD ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
Not Available

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
Other Languages Spoken by Provider or Office Staff
Spanish

Thompson, Miquia, MPSY, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Toledo, Lismerys M, MSW, LCSW ■
3580 Mystic Pointe Drive
Suite #107
Aventura, FL 33180
(305) 423-9671
Digital Contact Information:
services@tcctherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Torres, Yuri G, MMFT, LMFT ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
info@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
info@behavioralaid.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ubfal, Fabiana S, MMH, LMHC ■
16375 Northeast 18th Avenue
206
North Miami Beach, FL 33162
(786) 246-4050
Digital Contact Information:
fabianamiami27@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Vazquez-Pausa, Antonio, MSW, LCSW ■
1901 SW 1st St
Miami, FL 33135
(305) 203-5230
Digital Contact Information:
http://careresource.org

and
3510 Biscayne Blvd
Miami, FL 33137
(305) 576-1234
Digital Contact Information:
http://careresource.org

Vieira, Caroline, MC, LMHC, PC ■
2212 Northwest 91st Street
Miami, FL 33147
(341) 888-7637
Digital Contact Information:
contact@quelinbilling.com
Other Languages Spoken by Provider or Office Staff
Portuguese

Vila, Dayana, MSN, APRN ■
4005 Northwest 114th Avenue
22 22
Doral, FL 33178
(305) 260-6913
Digital Contact Information:
billingheritagewellness@gmail.com

and
2645 SW 37th Ave
Ste 101
Miami, FL 33133
(786) 530-4080
Digital Contact Information:
billingheritagewellness@gmail.com

and
14221 Southwest 120th Street
126
Miami, FL 33186
(786) 577-3427
Digital Contact Information:
billingheritagewellness@gmail.com

and
13100 West Dixie Highway
North Miami, FL 33161
(786) 442-5021
Digital Contact Information:
billingheritagewellness@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Villa Livesay, Natasha, MMH, LMHC ■
11050 N Kendall Dr
Ste 102

Miami, FL 33176
(786) 332-4478
Digital Contact Information:
tashavilla88@gmail.com

and
13640 North Kendall Drive
1005
Miami, FL 33186
(305) 859-4522
Digital Contact Information:
tashavilla88@gmail.com

and
FL
(305) 859-4522
Digital Contact Information:
tashavilla88@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Weiss, Ziona, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
info@hupcfl.com

White, Samantha, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
frontdesk@highersightscounseling.com

Whittington, Brittany N, MS, LMHC ■
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
http://www.crystalabatherapy.com
info@cmpsclinical.com

Williams, Betty, MC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Woolery, Nickesha, MSN, APRN ■
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
info@aimergency.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
info@aimergency.com
Other Languages Spoken by Provider or Office Staff English, Haitian Creole, Filipino, French, Spanish

Yorker, Erin, MPSY, LMHC ■
1065 Southwest 8th Street
1136
Miami, FL 33130
(703) 772-5097
Digital Contact Information:
https://www.postpartumwell.com
office@postpartumwell.org

Zapatha, Susan, MC, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Zipper, Rachel, PSYD, CP, LP ■
150 Alhambra Circle
Floor 10
Coral Gables, FL 33134
(786) 800-3374
Digital Contact Information:
dr.rachel@compassionatepsych.com

and
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
dr.rachel@compassionatepsych.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
dr.rachel@compassionatepsych.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
dr.rachel@compassionatepsych.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
dr.rachel@compassionatepsych.com
Other Languages Spoken by Provider or Office Staff English

Zumar, Lorraine M, MC, LMHC, LPC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

GAMBLING

Acker, Ashleigh, MS, LMFT ●
1175 Northeast 125th Street
320
Miami, FL 33161
(954) 372-0423
Digital Contact Information:
http://www.marriagefamilyservices.com
mfsfrontdesk1@gmail.com
Other Languages Spoken by Provider or Office Staff Portuguese, English, Malayalam, Haitian, Italian, Spanish

Acosta Romero, Diana, MSN, APRN ■
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
info@cbhwestcoast.com

and
8323 Northwest 12th Street
108
Doral, FL 33126
(305) 400-8511
Digital Contact Information:
http://www.cbhwestcoast.com
info@cbhwestcoast.com

and
FL
(305) 400-8511
Digital Contact Information:
info@cbhwestcoast.com
Other Languages Spoken by Provider or Office Staff Spanish

Almeida Wallace, Diana, MC, LMHC ■
5915 Ponce de Leon
48
Coral Gables, FL 33146
(305) 934-6453
Digital Contact Information:
dalmeida87@hotmail.com
Other Languages Spoken by Provider or Office Staff Portuguese, English, French, Spanish

Alvarez, Arlinnes, MMH, LMHC ■
FL
(305) 804-9121
Digital Contact Information:
http://www.sfacounseling.org
arlinnes@yahoo.com
Other Languages Spoken by Provider or Office Staff English, Creole, Spanish

Alvarez, Mayaly, MS, LMHC ●
11921 South Dixie Highway
STE 215
Pinecrest, FL 331564449
(786) 718-3890
Digital Contact Information:
malva@nhorizonscs.com

Amado, Sandra J, MC, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@usmso.com

Amza, Torie, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Andre, Gladys, MSW, LCSW ■
FL
(954) 638-7462
(786) 281-3935
Digital Contact Information:
gandre0417@gmail.com
Other Languages Spoken by Provider or Office Staff English, Creole

Andreu Guerra, Sahily, MSN, APRN ■
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
9010 Southwest 137th Avenue
suite 116
Miami, FL 33186
(305) 639-8685
Digital Contact Information:
healingtouchinc@msn.com

and
14400 Northwest 77th Court
#100
Miami Lakes, FL 33016
(786) 916-6073
Digital Contact Information:
healingtouchinc@msn.com

and
7241 Southwest 63rd Avenue
STE 101A
South Miami, FL 331434838
(786) 916-6073
Digital Contact Information:
healingtouchinc@msn.com

Anias, Carlos, MSN, APRN ■
2000 Northwest 87th Avenue
Suite 201
Doral, FL 33172
(954) 561-6222
Digital Contact Information:
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Aroche, Gladys, MPSY, LMHC ■
5881 Northwest 151st Street
111
Miami Lakes, FL 33014
(305) 440-8920
Digital Contact Information:
gac25@ymail.com
Other Languages Spoken by Provider or Office Staff Spanish

Assinthe, Jeanne, MSW, LCSW ■
FL
(786) 779-8898
Digital Contact Information:
http://www.amitiewellness.com
jeanne@amitiewellness.com
Other Languages Spoken by Provider or Office Staff English, Haitian Creole, French, Spanish

Ayer, Brian, MA, LPCC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
registration@ravenwoodhealth.org
Other Languages Spoken by Provider or Office Staff Sign Lang Amer

Banegas, Kelvin, MSW, LCSW ■
FL
(516) 469-2135
Digital Contact Information:
kelvinbanegaslcsw@gmail.com

Barciela, Gilberto, MSN, APRNPMH ■
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
forwardwithfc@gmail.com

Barnett, Capus, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Barreto, Lourdes A, MSSW, LCSW ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
referrals@ffmhs.com
Other Languages Spoken by Provider or Office Staff Spanish

Barroso, Alina, MD, LMHC ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Basart, Natalie, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff Spanish

Batista, Maylin, PHD, LMHC ■
6001 Northwest 153rd Street
157
Miami Lakes, FL 33014
(415) 941-4109
Digital Contact Information:
http://www.intent-therapy.com
intenttherapy@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Beaubrun, Lucika, MA, LMHC ■

2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(561) 289-7995
Digital Contact Information:
pandatherapycircle@gmail.com

Belmonte, Silvina, MC, LMHC ■
7171 Southwest 24th Street
316
Miami, FL 33155
(786) 762-2415
Digital Contact Information:
http://www.orthoandrehabilitation.org
silvinabelmnte@hotmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Beltran Montalvo, Felipe, MSN, APRN ■
1165 West 49th Street
suite 207
Hialeah, FL 33012
(305) 703-3386
Digital Contact Information:
appointmens@compass.md

and
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
http://www.compasshealthsystems.com
appointmens@compass.md

and
FL
(305) 891-0050
(305) 279-5535
(954) 771-7743
(954) 447-0010
(888) 852-6672
Digital Contact Information:
http://www.compasshealthsystems.com
appointmens@compass.md

and
5245 Northwest 36th Street
Unit 209
Miami Springs, FL 33166
(786) 453-6812
Digital Contact Information:
appointmens@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
appointmens@compass.md

Benayoun, Micaela S, MC, LMFT ■
2500 Northwest 79th Avenue
233
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
credentialing@pmcen.com

and
7855 Northwest 12th Street
221
Doral, FL 33126
(305) 648-7174
Digital Contact Information:
credentialing@pmcen.com

and
1414 Northwest 107th Avenue
410
Doral, FL 33172
(305) 560-5742
Digital Contact Information:
credentialing@pmcen.com

and
1490 West 49th Place
suite 309
Hialeah, FL 33012
(305) 846-9333
Digital Contact Information:
credentialing@pmcen.com

and
1840 W 49th St
Ste 515
Hialeah, FL 33012
(305) 603-9202
Digital Contact Information:
credentialing@pmcen.com

and
1840 West 49th Street
304
Hialeah, FL 33012
(786) 803-8596
Digital Contact Information:
credentialing@pmcen.com

and
7614 Northwest 186th Street
Hialeah, FL 33015
(786) 534-3457
Digital Contact Information:
credentialing@pmcen.com

and
14411 Commerce Way
330
Hialeah, FL 33016
(786) 701-8416
Digital Contact Information:
http://nossmedicalcorp.com/
credentialing@pmcen.com

and
15600 Southwest 288th Street
Suite 405
Homestead, FL 33033
(786) 334-3515
Digital Contact Information:
credentialing@pmcen.com

and
10379 Southwest 186th Street
Miami, FL 33157
(720) 314-4727
Digital Contact Information:
credentialing@pmcen.com

and
11055 Southwest 186th Street
#101
Miami, FL 33157
(305) 342-4893
Digital Contact Information:
credentialing@pmcen.com

and
9380 Southwest 72nd Street
245
Miami, FL 33173
(305) 381-5434
Digital Contact Information:
credentialing@pmcen.com

and
931 Southwest 122nd Avenue
Miami, FL 33184
(305) 603-9235
Digital Contact Information:
credentialing@pmcen.com

and
12001 SW 128th Ct
Ste 102
Miami, FL 33186
(786) 971-7920
Digital Contact Information:
credentialing@pmcen.com

and
12255 Southwest 132nd Court
Miami, FL 33186
(305) 964-5157
Digital Contact Information:
credentialing@pmcen.com

and
12595 Southwest 137th Avenue
STE 110
Miami, FL 33186
(305) 648-7174
Digital Contact Information:
credentialing@pmcen.com

and
12595 Southwest 137th Avenue
STE 201
Miami, FL 33186
(786) 770-4832
Digital Contact Information:
credentialing@pmcen.com

and
13335 SW 124th St
Ste 106
Miami, FL 33186
(786) 842-3964
Digital Contact Information:
credentialing@pmcen.com

and
13590 Southwest 134th Avenue
205c
Miami, FL 33186
(786) 754-6474
Digital Contact Information:
credentialing@pmcen.com

Benjamin, Andrew P, MSW, LCSW ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com

Benzaquen, Melissa, MSED, LMHC ■
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
http://www.ibhflorida.com
osaker@ibhflorida.com

Bermudez, Jose, PSYD, LP ■
9425 SW 72nd St
Ste 267
Miami, FL 33173
(305) 981-6806
Digital Contact Information:
jbpsyd@gmail.com

Besada, Laura A, MSN, APRN ■
299 Alhambra Circle
STE 210
Coral Gables, FL 33134
(786) 558-5729
Digital Contact Information:
polyclinichcbilling@gmail.com

and
7959 NW 2nd St
Miami, FL 33126
(305) 267-6060
Digital Contact Information:
polyclinichcbilling@gmail.com

and
15495 Eagle Nest Lane
STE 215
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
polyclinichcbilling@gmail.com

and
6600 Cow Pen Road
250
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
polyclinichcbilling@gmail.com

and
215 Westward Dr
Miami Springs, FL 33166
(305) 887-4494
Digital Contact Information:
polyclinichcbilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Blitzer, Paola, MS, LMHC ■
1045 Kane Concourse
207-208
Bay Harbor Islands, FL 33154
(305) 866-3866
Digital Contact Information:
paolabmhc@gmail.com

and
1045 Kane Concourse
207
Bay Harbor Islands, FL 33154
(561) 901-8846
Digital Contact Information:
paolabmhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bofill, Martha, PSYD, LP ■
351 NW 42nd Ave
Ste 401
Miami, FL 33126
(786) 704-5546
Digital Contact Information:
mbofill@aol.com

Bonilla, Alicia, MSW, LCSW ●
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Borda, Margarita, MA, LMHC ■
123 Madeira Avenue
204
Coral Gables, FL 33134
(305) 898-6607
Digital Contact Information:
margaritaborda123@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Brook, Robin, PHD, LMHC ■
111 Northeast 1st Street
FL 8
Miami, FL 33132
(888) 344-4549
Digital Contact Information:
rbrooks@transformationalhealth.net
Other Languages Spoken by Provider or Office Staff
English, Creole, Haitian, French, Spanish

Brookes, Ingrid, MS, LMHC ■
10300 Southwest 72nd Street
275d
Miami, FL 33173
(888) 853-7908
Digital Contact Information:
http://www.bettermindtherapycorp.com
vasallojane@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Brown, Dustin Q, MC, LMHC ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
myschoolpsychologist@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bulla, Maria I, MC, LMHC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
mabu820@hotmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Bussey-Martin, Shantara L, MSW, LCSW ■
FL
(786) 751-1565
Digital Contact Information:
https://www.teatimets.com/
sbusseymartin@teatimets.com

Butcher, Stefanie, MSW, LISW-CP ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
provider.enroll@curnahelth.com

Cabal, Dayanis, PSYD, LP ■
11645 Biscayne Boulevard
STE 408
Miami, FL 33181
(305) 538-8835
Digital Contact Information:
https://mbchc.org/
lvgonzalez@hcnetwork.org

and
710 Alton Rd
Miami Beach, FL 33139
(305) 538-8835
Digital Contact Information:
lvgonzalez@hcnetwork.org

and
1221 71st St
Miami Beach, FL 33141
(305) 538-8835
Digital Contact Information:
https://mbchc.org/
lvgonzalez@hcnetwork.org
Other Languages Spoken by Provider or Office Staff English

Caballero De Pina, Nallyvis, MSN, APRN ■
13170 Southwest 128th Street
200
Miami, FL 33186
(786) 852-5198
Digital Contact Information:
clarityhealth@approachteam.com

Caceres, Daniris, MMH, LMHC ■

12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
morecounseling@gmail.com

Calderin, Claudia, MSN, APRN ■
12001 Southwest 128th Court
Suite Suite 104
Miami, FL 33186
(786) 868-0505
Digital Contact Information:
clarityhealth@approachteam.com

and
13170 Southwest 128th Street
200
Miami, FL 33186
(786) 852-5198
Digital Contact Information:
https://clarityapproach.com/
clarityhealth@approachteam.com

and
14201 Southwest 120th Street
suite 110
Miami, FL 33186
(786) 238-7492
Digital Contact Information:
clarityhealth@approachteam.com

and
14221 Southwest 120th Street
223
Miami, FL 33186
(786) 690-2296
Digital Contact Information:
clarityhealth@approachteam.com
Other Languages Spoken by Provider or Office Staff Spanish

Campbell, Mary L, MCAP, LCAS ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
birches@withassured.com

Cantave, Marie Jean Isabelle, MS, LMFT ■
1404 NW 22nd St
Miami, FL 33142
(305) 325-1050
Digital Contact Information:
http://vitaehs.com
redentialing@vitaehealthportal.com

Cardona, Maria E, MBS, LPC ■
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
osaker@ibhflorida.com

Carrow, Norma Jean, MSW, LCSW, LICSW ■
1951 NW 7th Ave
Ste 600
Miami, FL 33136
(800) 567-5433
Digital Contact Information:
info@totallife.com

and
FL
(800) 567-5433
(617) 249-6854
Digital Contact Information:
https://totallife.com/
info@totallife.com

Carroza, Mirna H, MPSY, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff Italian, Spanish

Carter, Carol, MSW, LCSW ■
FL
(305) 400-8511
Digital Contact Information:
http://www.cbhwestcoast.com
credentialing@hcsflorida.com
Other Languages Spoken by Provider or Office Staff English

Castillo, Edmundo, MSW, LCSW ■
4445 West 16th Avenue
STE 100
Hialeah, FL 33012
(786) 876-5087
Digital Contact Information:
kmauricio@regahealth.com
Other Languages Spoken by Provider or Office Staff Spanish

Castillo Llanes, Lisandra, MSN, APRN ■
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
contact@balancedwellbeingllc.com

and
5607 NW 27th Ave
1
Miami, FL 33142
(239) 278-3660
Digital Contact Information:
contact@balancedwellbeingllc.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(786) 833-7633
Digital Contact Information:
contact@balancedwellbeingllc.com

and
20612 Northwest 27th Avenue
Miami Gardens, FL 33056
(305) 637-6400
Digital Contact Information:
contact@balancedwellbeingllc.com

Centeno, Jousseliett, MSW, LCSW ■
9425 Sunset Dr
Ste 267
Miami, FL 33173
(305) 981-6806
Digital Contact Information:
joussecenteno@gmail.com
Other Languages Spoken by Provider or Office Staff English

Charles, Abbdady, MSN, APRN ■
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
help@joinuplift.co

Chatelain, Mitsouko, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
referrals@ffmhs.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
referrals@ffmhs.com

Chemerinsky, Graciela, MPSY, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com

and
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff Spanish

Chinea, Marianela, MSN, APRN ■
3971 Southwest 8th Street
STE 206
Coral Gables, FL 33134
(786) 633-5960
Digital Contact Information:
agauna@bmsbill.com

and
FL
(786) 980-7496
Digital Contact Information:
http://www.vidahealthcarenetworks.com
agauna@bmsbill.com

and
13590 Southwest 134th Avenue
201
Miami, FL 33186
(786) 227-6258
Digital Contact Information:
agauna@bmsbill.com

Christensen, Latisha S, MSW, LCSW, LCSW-C, LISW-CP ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
birches@withassured.com

Ciminero, Anthony R, PHD, LP ■
7685 SW 104th St
Ste 100
Pinecrest, FL 33156
(305) 666-8000
Digital Contact Information:
tciminero@aol.com

Clicque, Chelsea A, PSYD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
support@dallastherapeutic.com

Coizeau, Henri, PSYD, CP ■
1360 South Dixie Highway
355
Coral Gables, FL 33146
(305) 648-9344
Digital Contact Information:
southcoastpsychotherapy@gmail.com

and
FL
(800) 567-5433
Digital Contact Information:
https://totallife.com/
southcoastpsychotherapy@gmail.com

Collins, Eddie, MA, LMHC, LPC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
hello@bircheshealth.com

Colunga, Eduardo, MSN, APRN ■
900 East 9th Street
Hialeah, FL 33010
(305) 381-5294
Digital Contact Information:
info@cbhwestcoast.com
Other Languages Spoken by Provider or Office Staff Spanish

Commella, Noreen, PSYD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@healthyyoungminds.com

Concepcion, Sailys, MA, LMHC, LPC ■
FL
(508) 202-1011
Digital Contact Information:
sailysc@pm.me

and
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
sailysc@pm.me

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
sailysc@pm.me

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
sailysc@pm.me

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
sailysc@pm.me

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
sailysc@pm.me

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
sailysc@pm.me

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
sailysc@pm.me

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
sailysc@pm.me

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
sailysc@pm.me

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
sailysc@pm.me
Other Languages Spoken by Provider or Office Staff Spanish

Cordova, Carlos A, MS, LMHC ■
2141 SW 1st St
Ste 103
Miami, FL 33135
(305) 644-6024
Digital Contact Information:
help@coralcmhc.net
Other Languages Spoken by Provider or Office Staff Spanish

Corniffe, Khadine, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
pandatherapycircle@gmail.com

Corzo, Samantha R, MS, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and

3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
credentialing@banyanhealth.org

Crider, Tiffany, MS, LMHC ■
FL
(305) 812-6018
Digital Contact Information:
http://www.prevailandprogress.com
tiffanysimone@prevailandprogress.com

Curras, Michelle M, MSSW, LCSW ■
1000 Brickell Avenue
Miami, FL 33131
(786) 536-5702
Digital Contact Information:
laibehavior@gmail.com

and
981 NW 132nd Ave W
Miami, FL 33182
(786) 536-5702
Digital Contact Information:
laibehavior@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Curtis, Kormasah K, MMFT, LMFT ■
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
contactus@embracecounselingusa.com

Cyronak, Ashley R, MSN, PMHNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
coastalpsych@gmail.com

Dangla, Marjorie, MSW, LCSW ■
Doral
Doral, FL 33178
(305) 926-6106
Digital Contact Information:
blissfulsoultherapy01@gmail.com

Davis-Rosario, Safiyah R, MSW, LCSW ■
FL
(786) 318-1591
Digital Contact Information:
http://www.sanctuarytcs.com
safiyahdv@hotmail.com

De La Llama, Vanessa A, MS, LMHC ■
4445 West 16th Avenue
STE 602
Hialeah, FL 33012
(813) 999-1524
Digital Contact Information:
info@nationalhealthcareoperations.com

and
3416 West 84th Street
100
Hialeah, FL 33018
(786) 468-9677
Digital Contact Information:
info@nationalhealthcareoperations.com

and
1401 Southwest 1st Street
210
Miami, FL 33135
(786) 334-5663
Digital Contact Information:
info@nationalhealthcareoperations.com

and
330 Southwest 27th Avenue
307 309
Miami, FL 33135
(786) 762-2644
Digital Contact Information:
info@nationalhealthcareoperations.com

and
330 Southwest 27th Avenue
STE 307
Miami, FL 33135
(786) 253-9971
Digital Contact Information:
info@nationalhealthcareoperations.com

and
8181 Northwest 154th Street
STE 112
Miami Lakes, FL 33016
(407) 572-8053
Digital Contact Information:
info@nationalhealthcareoperations.com

and
1190 Northwest 95th Street
307
Miami Shores, FL 33150
(407) 572-8053
Digital Contact Information:
info@nationalhealthcareoperations.com
Other Languages Spoken by Provider or Office Staff
Spanish

De La Paz, Adriel, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com

Desantis, Danielle L, PSYD, LMFT, LP ■
FL
(401) 371-0223
Digital Contact Information:
http://www.drdanielledesantis.com
drdanielledesantis@gmail.com

Dey, Joel P, MD ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
credentialing@yacoubmd.com

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
credentialing@yacoubmd.com

Diaz, Michael, MSN, NP ■
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
credentialing@essenmed.com

Diaz Palmero, Yuranis, MPSY, LMHC ■
3785 Northwest 82nd Avenue
307
Doral, FL 33166
(305) 266-2949
Digital Contact Information:
info@oasismentalhealthcenter.com

and
Northwest 92nd Avenue
Doral, FL 33172
(305) 266-2949
Digital Contact Information:
info@oasismentalhealthcenter.com

and
5901 Northwest 183rd Street
310
Hialeah, FL 33015
(786) 418-9790
Digital Contact Information:
https://oasismentalhealthcenter.com
info@oasismentalhealthcenter.com

and
1250 Southwest 27th Avenue
Suite 506
Miami, FL 33135
(786) 536-9278
Digital Contact Information:
info@oasismentalhealthcenter.com

and
330 Southwest 27th Avenue
STE 609
Miami, FL 33135
(786) 743-0801
Digital Contact Information:
info@oasismentalhealthcenter.com

and
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
info@oasismentalhealthcenter.com

and
9125 SW 87th Ave
Miami, FL 33176
(305) 735-3919
Digital Contact Information:
info@oasismentalhealthcenter.com
Other Languages Spoken by Provider or Office Staff
Spanish

Dieguez, Ivette, MSN, APRN ■
3901 Northwest 79th Avenue
250
Doral, FL 33166
(239) 342-6516
Digital Contact Information:
info@laluzmentalhealth.com

and
12700 Southwest 128th Street
STE 108
Miami, FL 33186
(786) 732-0865
Digital Contact Information:
info@laluzmentalhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Dieppa, Jessica B, MS, LMHC ●
10815 Southwest 145th Place
Miami, FL 33186
(305) 989-0493
Digital Contact Information:
http://www.guidedpathstherapy.com
jessica.dieppa22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Don, Arturo, MC, LMHC ■
17670 Northwest 78th Avenue
STE 113
Hialeah, FL 33015
(716) 558-4565
Digital Contact Information:
sseastcoast22@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
sseastcoast22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Doyley-Green, Natalie S, MSN, APRN, NP ■
2820 Northeast 214th Street
Aventura, FL 33180
(256) 500-8688
Digital Contact Information:
hello@joinblossomhealth.com

and
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
http://happierliving.com
hello@joinblossomhealth.com

and
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com

and
255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com

and
370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://happierliving.com
hello@joinblossomhealth.com

and
333 Southeast 2nd Avenue
Suite #2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
hello@joinblossomhealth.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
hello@joinblossomhealth.com

and
3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
http://happierliving.com
hello@joinblossomhealth.com

and
350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com

and
429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com

and
323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com

Echemendia, Maikel, MSN, APRN ■
1111 Northwest 22nd Avenue
Miami, FL 33125
(305) 530-8164
Digital Contact Information:
jgonzalez@fdgmso.com

and
10371 Southwest 60th Street
Miami, FL 33173
(305) 799-7676
Digital Contact Information:
jgonzalez@fdgmso.com
Other Languages Spoken by Provider or Office Staff
Spanish

Echizarraga, Carmen J, MSN, APRN ■
2424 Southwest 137th Avenue
Miami, FL 331756311
(786) 655-0831
Digital Contact Information:
http://www.miamihealthmedicalcenter.us
miamihealthmental@gmail.com

Edwards, Shanica, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
comptherapeutic@gmail.com

Ehrentreu, Dana, MSW, LCSW ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
nj-patientaccess@harmonybaywellness.com

El-Bahtity, Bassem F, MD ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
credentialing@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
credentialing@compass.md

Elder, Carol, MS, LMFT ■
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(561) 609-2996
Digital Contact Information:
http://www.pandatherapycircle.com/
pandatherapycircle@gmail.com

Espinoza Marin, Ennyluz, MMH, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Estrada, Paola, MSW, LCSW ■
6175 NW 153rd St
Ste 404
Miami Lakes, FL 33014
(305) 558-7400
Digital Contact Information:
kim@appliedbehavior.net

Estupinan, Monica V, MSN, APRN ■
9220 Sunset Drive
104
Miami, FL 33173
(786) 724-4224
Digital Contact Information:
admin@vita-cog.com

and
12595 Southwest 137th Avenue
STE 110
Miami, FL 33186
(305) 465-9379
Digital Contact Information:
admin@vita-cog.com

Feldman, Marina P, MC, LMHC ■
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
info@talcmhc.org

Felix, Emilienne, MSN, APRN ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Ferguson, Camira, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Fernandez, Isabel, MSN, APRN ■
15450 New Barn Road
200
Miami Lakes, FL 33014
(305) 900-3970
Digital Contact Information:
http://www.neurozenpsychiatry.com
isabelfernandezrn@gmail.com

and
FL
(305) 900-3970
Digital Contact Information:
http://www.neurozenpsychiatry.com
isabelfernandezrn@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Lianny, MPSY, LMHC ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
yavila@avilahealthgroup.com

and
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
yavila@avilahealthgroup.com

and
306 Westward Dr
Miami Springs, FL 33166
(786) 588-7894
Digital Contact Information:
yavila@avilahealthgroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez Paul, Katheryn, MSN, APRN ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
tnovoa@believetherapycenter.com

and
7765 SW 87th Ave
Ste 105
Miami, FL 33173
(786) 550-7176
Digital Contact Information:
tnovoa@believetherapycenter.com

and
15413 Southwest 137th Avenue
Miami, FL 33177
(305) 964-5594
Digital Contact Information:
tnovoa@believetherapycenter.com

Figuereo Sabeta, Solange, MC, LMHC ■
10300 Florida 986
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fitzpatrick, Panayiota, MED, LMHC ■
360 Northwest 27th Street
Miami, FL 33127
(929) 209-6109
Digital Contact Information:
fl-patientaccess@harmonybaywellness.com

Flores, Aida A, MS, LMHC ■
FL
(305) 494-9791
Digital Contact Information:
aflores@kaaficounseling.com
Other Languages Spoken by Provider or Office Staff
Spanish

Francois, Natacha, MSN, APRN ■
12955 Biscayne Blvd
Ste 320
North Miami, FL 33181
(305) 895-3231
Digital Contact Information:
credentialing@madrelle.com

Frank, Hedrick E, MC, LMHC ■
8323 Northwest 12th Street
108
Doral, FL 33126
(305) 400-8511
Digital Contact Information:
http://www.cbhwestcoast.com
rick.frank53@gmail.com

Frank, Randi, MC, LMHC ■
9822 Northeast 2nd Avenue
2
Miami Shores, FL 33138
(786) 505-7502
Digital Contact Information:
http://www.mindfuldirectionscc.com
randi@mindfuldirectionscc.com

Frigerio, Ailema, PSYD, LP ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
info@myschoolpsychologistinc.com

Froehler, Luisa V, MMH, LMHC ■
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
http://www.miamipersonalmanagement.com
klopez@miamipersonalmanagement.com

Fuentes, Yasmani, MSW, LCSW ■
14400 Northwest 77th Court
#100
Miami Lakes, FL 33016
(786) 916-6073
Digital Contact Information:
http://www.arcmentalhealth.com
yisabel@arcmentalhealth.com

Gainza Mayo, Mariela D, MSN, APRN ■
7971 Bird Road
15
Miami, FL 33155
(786) 504-5620
Digital Contact Information:
kenia.rodriguez@ffmhs.com

and
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gallimore, Ingrid, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Galvez, Gema, MS, LPC ■
10300 Southwest 72nd Street
275d
Miami, FL 33173
(888) 853-7908
Digital Contact Information:
http://www.bettermindtherapycorp.com
gemagalvez@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gambino, Kimberly R, DNSC, APRN ■
FL
(305) 902-6347
Digital Contact Information:
sybecrdrequest@sybe.com

Garcia, Calixto, PHD, LP ■
2001 Northwest 107th Avenue
412
Doral, FL 33172
(786) 548-8322
Digital Contact Information:
drcgarciaphd@gmail.com

and
8390 West Flagler Street
107
Miami, FL 33144
(305) 856-9090
Digital Contact Information:
drcgarciaphd@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Lauren, MED, LMHC ■
2212 Northwest 91st Street
4058
Miami, FL 33147
(341) 888-7637
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
lauren.garcia371@gmail.com

Garcia, Maria, MS, LMHC ■
15715 S Dixie Hwy
Ste 403
Miami, FL 33157
(305) 707-5966
Digital Contact Information:
movingtowardagape@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Tiffany, MN, PMHNP ■
2650 Southwest 27th Avenue
Suite 305
Miami, FL 33133
(786) 353-9812
Digital Contact Information:
billingheritagewellness@gmail.com

and
20824 W Dixie Hwy
Miami, FL 33180
(407) 851-5121
Digital Contact Information:
billingheritagewellness@gmail.com

Gerstein, Myriam, MSW, LCSW ■
901 E 10th Ave
Ste 39
Hialeah, FL 33010
(305) 637-6400
Digital Contact Information:
http://www.jtchs.org
mgerstein@jtchs.org

and
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
http://jtchs.org
mgerstein@jtchs.org

and
5607 NW 27th Ave
1
Miami, FL 33142
(305) 805-1700
Digital Contact Information:
mgerstein@jtchs.org

and
1100 NW 71st St
Miami, FL 33150
(305) 637-6400
Digital Contact Information:
mgerstein@jtchs.org

and
1190 NW 95th St
Ste 100
Miami, FL 33150
(305) 637-6400
Digital Contact Information:
mgerstein@jtchs.org

and
FL
(305) 637-6400
Digital Contact Information:
mgerstein@jtchs.org

and
20612 Northwest 27th Avenue
Miami Gardens, FL 33056
(305) 637-6400
Digital Contact Information:
http://jtchs.org
mgerstein@jtchs.org

and
490 Opa Locka Blvd
Opa Locka, FL 33054
(305) 637-6400
Digital Contact Information:
http://www.jtchs.org
mgerstein@jtchs.org
Other Languages Spoken by Provider or Office Staff
Spanish

Gitlin, Karina, MSN, APRN ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(954) 369-4111
Digital Contact Information:
credentialer@gmail.com
Other Languages Spoken by Provider or Office Staff
Hebrew, Russian

Goicoechea, Alejandro, MPSY, LMHC ■
15190 SW 136th St
Ste 25
Miami, FL 33196
(786) 626-3970
Digital Contact Information:
alegoicoe@yahoo.com

Goldstein, Eric, PHD, LP ■
5975 Sunset Drive
803
South Miami, FL 33143
(305) 662-5299
Digital Contact Information:
egold1953@gmail.com

Gomez, Lissette, MA, LMFT ■
2500 SW 107TH AVE
42
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
info@abcsfl.com

and
FL
(786) 615-3334
Digital Contact Information:
info@abcsfl.com
Other Languages Spoken by Provider or Office Staff English, Creole, Spanish

Gomez, Luis M, MSN, APRN ■
14400 Northwest 77th Court
#100
Miami Lakes, FL 33016
(786) 916-6073
Digital Contact Information:
soflabillers@gmail.com

Gonzalez, Adriana, MSN, APRN ■
11440 N Kendall Dr
Ste 208
Miami, FL 33176
(305) 898-0849
Digital Contact Information:
callisiabilling@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Gonzalez Diaz, Vivian D, PSYD, LP ■
3271 NW 7th St
Ste 203
Miami, FL 33125
(786) 220-6902
Digital Contact Information:
http://www.outpatientpsycare.com
viviangonzalezdiaz@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Gonzalez, Jacqueline, MSSW, LCSW ■
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
sasha@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Goodrich, Kenny, MC, LMHC ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
perla.delosrios@dadefamily.com

Gordon, Natalie, MSW, LCSW, LMFT ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
melissa1amaya@yahoo.com

Grant, Carla, MSN, APRN ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
http://www.compasshealthsystems.com
none@gmail.com

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
none@gmail.com

Grenier, Ivan, MSN, APRN ■
2001 Northwest 107th Avenue
412
Doral, FL 33172
(786) 548-8322
Digital Contact Information:
xavier@southhealthmed.com

and
7959 NW 2nd St
Miami, FL 33126
(305) 267-6060
Digital Contact Information:
xavier@southhealthmed.com

and
3080 W Flagler St
Miami, FL 33135
(305) 456-1600
Digital Contact Information:
xavier@southhealthmed.com

and
5673 Southwest 137th Avenue
Miami, FL 33183
(305) 385-3949
Digital Contact Information:
xavier@southhealthmed.com
Other Languages Spoken by Provider or Office Staff Spanish

Grigorova, Marina, MS, LMHC ■
FL
(646) 453-6777
Digital Contact Information:
marinag2804@gmail.com
Other Languages Spoken by Provider or Office Staff Bulgarian

Gutierrez, Damian, MC, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
credentialing@banyanhealth.org

Hagstrom, Morgan, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Haider, Shamshad, MED, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff Farsi, Urdu, Arabic, Hindi

Hamilton, Andrea, MC, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
help@joinuplift.co

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Hampton, Megan, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Harvey, Hope, MC, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
hello@jwrgrp.com

Hassan, Hamlet R, MD ■
4475 Southwest 8th Street
Coral Gables, FL 33134
(786) 536-2872
Digital Contact Information:
bcd.ahcs@outlook.com

and
3146 Coral Way
FL 2
Coral Gables, FL 33145
(786) 953-8874
Digital Contact Information:
bcd.ahcs@outlook.com

and
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
bcd.ahcs@outlook.com

and
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
bcd.ahcs@outlook.com

and
664 E 25th St
Hialeah, FL 33013
(786) 409-2651
Digital Contact Information:
bcd.ahcs@outlook.com

and
664 East 25th Street
102
Hialeah, FL 33013
(786) 409-5361
Digital Contact Information:
bcd.ahcs@outlook.com

and
7490 Southwest 23rd Street
201
Miami, FL 33155
(786) 953-8221
Digital Contact Information:
bcd.ahcs@outlook.com

and
760 Northwest 107th Avenue
110
Miami, FL 33172
(786) 409-3800
Digital Contact Information:
bcd.ahcs@outlook.com

and
10511 North Kendall Drive
c201
Miami, FL 33176
(305) 274-5319
Digital Contact Information:
bcd.ahcs@outlook.com
Other Languages Spoken by Provider or Office Staff Spanish

Henriquez, Maribi, MSW, LCSW ■
14261 Southwest 120th Street
108 628
Miami, FL 33186
(786) 372-0096
Digital Contact Information:
contact@projectchula.com

and
FL
(786) 372-0096
Digital Contact Information:
contact@projectchula.com

Henry, Reed F, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Hernandez, Diana, MC, LMHC ■
2500 Southwest 107th Avenue
41
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
info@abcsfl.com
Other Languages Spoken by Provider or Office Staff Spanish

Hernandez, Janet, MA, LPC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
birches@withassured.com

Hernandez, Nelson A, MD ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
http://www.compasshealthsystem.com
intake@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystem.com
intake@compass.md

Hernandez Ruiz, Katiana E, MS, LMHC ■
5901 Southwest 74th Street
Suite 201
South Miami, FL 33143
(786) 638-9074
Digital Contact Information:
hummingmindsmia@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Hernandez, Yanet, MSN, APRN ■
FL
(239) 244-2022
(786) 440-0904
Digital Contact Information:
http://www.mdpsclinic.com
consulting@fdgmso.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Herrera, Korina, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Hill, Felicia M, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@lifestance.com

Hoffmann, Adriana, MC, LMHC ■
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
http://www.miamipersonalmanagement.com
klopez@miamipersonalmanagement.com
Other Languages Spoken by Provider or Office Staff
Spanish

Horwitz, Andrea, MSW, LCSW ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
contact@daopl.rog

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
contact@daopl.rog

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
contact@daopl.rog

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
contact@daopl.rog

Hunt, Jennifer L, MS, LMHC ■
1 Alhambra Plaza
Miami, FL 33134
(888) 588-8995
Digital Contact Information:
billing@regionalpsychiatry.com

Igbonegun, Ericka R, MSN, APRN, CNP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
start@bebravehealth.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
start@bebravehealth.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
start@bebravehealth.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
start@bebravehealth.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
start@bebravehealth.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
start@bebravehealth.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
start@bebravehealth.com

and
FL
(305) 902-6347
Digital Contact Information:
start@bebravehealth.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
start@bebravehealth.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
start@bebravehealth.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
start@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Ireton, Vivian L, MSW, LCSW ■
66 W Flagler St
900
Miami, FL 33130
(786) 244-7690
Digital Contact Information:
rgunton@lumenhealthservices.com

and
1221 Brickell Avenue
ste 900
Miami, FL 33131
(786) 244-7690
Digital Contact Information:
rgunton@lumenhealthservices.com

and
2212 Northwest 91st Street
Miami, FL 33147
(341) 888-7637
Digital Contact Information:
rgunton@lumenhealthservices.com

Isla Sanchez, Andres, MSN, APRN ■
5801 Northwest 151st Street
Suite 207
Miami Lakes, FL 33014
(786) 558-5748
Digital Contact Information:
ymartin@fc-ms.com
Other Languages Spoken by Provider or Office Staff
Spanish

Jackson, Candice, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Jacobs, Jessica, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Johnson, Kamla D, MSW, LCSW ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
http://www.dgphealthandwellness.com
adams@pcmgfl.com
Other Languages Spoken by Provider or Office Staff English

Johnson, Lisa A, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Jones, Alicia, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Jones, Savannah L, PA, PA_C ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
https://www.compasshealthsystems.com
intake@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compassshealthsystems.com
intake@compass.md

Kapoor, Kalvin, DO ■
66 W Flagler St
900
Miami, FL 33130
(305) 204-5372
Digital Contact Information:
http://www.vitalpsych.com
vitalpsychmd@gmail.com

Kburg, Regina I, PSYD, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
office@pasadenaclinicalgroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Kepley, Gabriela, MSSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
colgate5326@gmail.com

Khabazghazvini, Baharak, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
maxbaharak53@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Farsi, Arabic

Kramer, David R, MD ■
2828 Coral Way
Ste 460
Coral Gables, FL 33145
(512) 212-4670
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net

and
12550 Biscayne Boulevard
STE 306
North Miami, FL 33181
(305) 642-5255
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net
Other Languages Spoken by Provider or Office Staff
Spanish

Kwarchak, Matthew, MS, LMHC ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
credentialing@vitaehealthportal.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
credentialing@vitaehealthportal.com

Lamons, Jackie D, DSW, LCSW ■
FL
(954) 348-5230
Digital Contact Information:
https://www.blueoasis.online/
jackielamonsdsw@gmail.com

Lampkin, Craig, MS, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Landes, Debra M, MED, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
landeslmhc@gmail.com

Laplace, Arthur, PHD, LP ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
caqh@citrusmedassociates.com

and
150 Alhambra Circle
Floor 10
Coral Gables, FL 33134
(786) 800-3374
Digital Contact Information:
caqh@citrusmedassociates.com

and
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
caqh@citrusmedassociates.com

and
255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
caqh@citrusmedassociates.com

and
370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
caqh@citrusmedassociates.com

and
333 Southeast 2nd Avenue
Suite 2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
caqh@citrusmedassociates.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
caqh@citrusmedassociates.com

and
3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
caqh@citrusmedassociates.com

and
350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
caqh@citrusmedassociates.com

and
429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
caqh@citrusmedassociates.com

and
323 Sunny Isles Boulevard

FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
caqh@citrusmedassociates.com

Lara, Xiomara, MMH, LMHC ■
FL
(305) 303-0581
Digital Contact Information:
conflict62@hotmail.com

and
11055 Southwest 186th Street
#101
Miami, FL 33157
(305) 342-4893
Digital Contact Information:
conflict62@hotmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lebron Ginorio, Michelle, MD ■
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
rehabcenterag@gmail.com

and
10300 Southwest 72nd Street
300
Miami, FL 33173
(786) 418-9730
Digital Contact Information:
http://www.happydreamsofkids.com
rehabcenterag@gmail.com

and
12150 Southwest 128th Court
Suite 233
Miami, FL 33186
(786) 238-7666
Digital Contact Information:
rehabcenterag@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lefler, Linda, MD ■
777 E 25th St
Ste 306
Hialeah, FL 33013
(786) 838-6092
Digital Contact Information:
dustinsode@suncoastcenter.org

Legra, Bertha V, MS, LMHC ■
419 W 49th St
Ste 210
Hialeah, FL 33012
(954) 404-7052
Digital Contact Information:
credentialing@psychiatrist4u.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Lenok, Michael, MC, LMHC ■
150 Southeast 2nd Avenue
STE 1010
Miami, FL 33131
(786) 733-0700
Digital Contact Information:
http://www.gia.miami
info@giahealthcare.com

Leon Vega, Diego M, MPSY, LMHC ■
13590 Southwest 134th Avenue
STE 202
Miami, FL 33186
(786) 515-4569
Digital Contact Information:
luther.blisset123@gmail.com

and
FL
(305) 588-4988
(786) 515-4569
Digital Contact Information:
luther.blisset123@gmail.com

Leydig, Tammie, MSN, APRN, CNP ■
FL
(305) 902-6347
Digital Contact Information:
sid@instic.health

Lieberman, Brett, MS, LMFT ■
66 W Flagler St
900
Miami, FL 33130
(786) 244-7690
Digital Contact Information:
windsongwellness@hotmail.com

Lopez, Idalmis, MSN, APRN ■
13170 Southwest 128th Street
200
Miami, FL 33186
(786) 852-5198
Digital Contact Information:
https://clarityapproach.com/
clarityhealth@approachteam.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Jose C, MD ■
1200 Northwest 78th Avenue
210
Doral, FL 33126
(786) 285-3438
Digital Contact Information:
jorge@valcourtbehavioral.com

and
633 N Krome Ave
1
Homestead, FL 33030
(305) 763-4007
Digital Contact Information:
jorge@valcourtbehavioral.com

and
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
jorge@valcourtbehavioral.com

and
3525 NW 7th St
Miami, FL 33125
(786) 801-0218
Digital Contact Information:
jorge@valcourtbehavioral.com

and
1710 Northwest 7th Street
STE 5-6-7
Miami, FL 331253500
(786) 409-2568
Digital Contact Information:
jorge@valcourtbehavioral.com

and
3446 Southwest 8th Street
217
Miami, FL 33135
(786) 769-5046
Digital Contact Information:
jorge@valcourtbehavioral.com

and
7821 Coral Way
100
Miami, FL 33155
(786) 409-5690
Digital Contact Information:
jorge@valcourtbehavioral.com

and
7921 Bird Rd
Ste 41
Miami, FL 33155
(305) 425-1393
Digital Contact Information:
http://oceanhealthsystem.com
jorge@valcourtbehavioral.com

and
7921 Bird Road
39
Miami, FL 33155
(786) 310-1570
Digital Contact Information:
http://oceanhealthsystem.com
jorge@valcourtbehavioral.com

and
7971 Bird Road
15
Miami, FL 33155
(786) 504-5620
Digital Contact Information:
http://oceanhealthsystem.com
jorge@valcourtbehavioral.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
jorge@valcourtbehavioral.com

and
19001 Southwest 106th Avenue
c103
Miami, FL 33157
(786) 523-2352
Digital Contact Information:
jorge@valcourtbehavioral.com

and
10680 Fontainebleau Boulevard
Miami, FL 33172
(305) 794-6845
Digital Contact Information:
jorge@valcourtbehavioral.com

and
13706 Southwest 56th Street
STE 105-106
Miami, FL 331756036
(786) 523-4289
Digital Contact Information:
jorge@valcourtbehavioral.com

and
9900 Southwest 107th Avenue
STE 101
Miami, FL 33176
(305) 248-3488
Digital Contact Information:
jorge@valcourtbehavioral.com

and
12540 Southwest 8th Street
Miami, FL 33184
(305) 705-6840
Digital Contact Information:
jorge@valcourtbehavioral.com

and
6600 Cow Pen Road
250
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
jorge@valcourtbehavioral.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Josue, MD ■
15260 Southwest 280th Street
203
Homestead, FL 33032
(786) 601-7491
Digital Contact Information:
lrodriguezllbs@gmail.com

and
7270 Northwest 12th Street
430
Miami, FL 33126
(786) 615-2843
Digital Contact Information:
https://www.lasagradafamiliacenter.com
lrodriguezllbs@gmail.com

and
2141 Southwest 1st Street
201
Miami, FL 33135
(786) 920-9137
Digital Contact Information:
lrodriguezllbs@gmail.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
lrodriguezllbs@gmail.com

and
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
lrodriguezllbs@gmail.com

and
7001 SW 97th Ave
Ste 206
Miami, FL 33173
(786) 294-0123
Digital Contact Information:
https://www.chgpsychiatry.com/
lrodriguezllbs@gmail.com

and
2424 Southwest 137th Avenue
Miami, FL 331756311
(786) 655-0831
Digital Contact Information:
http://www.miamihealthmedicalcenter.us
lrodriguezllbs@gmail.com

and
9125 SW 87th Ave
Miami, FL 33176
(305) 735-3919
Digital Contact Information:
lrodriguezllbs@gmail.com

and
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
lrodriguezllbs@gmail.com

and
13155 Southwest 134th Street
221
Miami, FL 33186
(786) 652-9880
Digital Contact Information:
lrodriguezllbs@gmail.com

and
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
lrodriguezllbs@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Yaneris, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(305) 735-3555
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lorenzo, Janet, MSN, APRN ■
12963 West Okeechobee Road
1a
Hialeah Gardens, FL 33018
(786) 450-9918
Digital Contact Information:
gardensmedicalcenters@gmail.com

and
12963 West Okeechobee Road
Unit 1
Hialeah Gardens, FL 33018
(786) 536-9329
Digital Contact Information:
gardensmedicalcenters@gmail.com

and
1150 Northwest 72nd Avenue
ph 2
Miami, FL 33126
(786) 542-5043
Digital Contact Information:
gardensmedicalcenters@gmail.com

and
13701 SW 88th St
Ste 305
Miami, FL 33186
(786) 471-6268
Digital Contact Information:
gardensmedicalcenters@gmail.com

and
16464 Southwest 99th Lane
Miami, FL 33196
(786) 471-6268
Digital Contact Information:
gardensmedicalcenters@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Louwagie Gordon, Alissa M, MS, LMHC ■
FL
(786) 615-3334
Digital Contact Information:
info@abcsfl.com

Magarino, Sheyla, MSN, APRN ■
12595 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 701-9992
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Maldonado, Milagros R, MS, LMHC ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
info@avilahealthgroup.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Mallo, Lisaimy, MSW, LCSW ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222

Digital Contact Information:
http://www.ventremedical.com
alexandra.galvis@mypsychiatrist.com
Other Languages Spoken by Provider or Office Staff
Spanish

Manresa, Viviana, MSN, APRN ■
261 Westward Drive
suite 108-109
Miami, FL 33166
(305) 200-5176
Digital Contact Information:
vmanresapmhnp@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Martin, Precious, MSW, LCSW ■
1801 Northeast 123rd Street
334
North Miami, FL 33181
(888) 718-4915
Digital Contact Information:
http://www.rrrinc.org
info@rrrinc.org

Mayabb, Laura, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Mays, Linda, DNSC, ARNP ■
633 Northeast 167th Street
824
Miami, FL 33162
(305) 530-8262
Digital Contact Information:
http://www.lmaysarnp.com
drtbehavioralservices@gmail.com

and
FL
(305) 530-8262
Digital Contact Information:
http://www.lmaysarnp.com
drtbehavioralservices@gmail.com

McDevitt, Omayra, MA, LPC ■
FL
(305) 902-6347
Digital Contact Information:
start@bebravehealth.com

Mejia, Alejandra, MSW, LCSW ■
14645 Northwest 77th Avenue
101
Miami Lakes, FL 33014
(833) 769-3524
Digital Contact Information:
http://lifestance.com
dougblessington@gmail.com

Mendez, Dayana, MC, LMHC ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
iqmedicalcenter@gmail.com

and
7811 Coral Way
103
Miami, FL 33155
(305) 484-8371
Digital Contact Information:
https://www.iq-medical-center.com/
iqmedicalcenter@gmail.com

and
13416 Southwest 128th Street
Miami, FL 33186
(786) 732-0247
Digital Contact Information:
iqmedicalcenter@gmail.com

and
FL
(786) 359-4027
Digital Contact Information:
iqmedicalcenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mendez Luaces, Luis E, DNP, APRN ■
330 Southwest 27th Avenue
#701
Miami, FL 33135
(305) 363-1880
Digital Contact Information:
http://empowerpsychiatry.net
info@empowerpsychiatry.med
Other Languages Spoken by Provider or Office Staff
Spanish

Mendez, Rossana, MSW, LCSW ■
11367 Southwest 248th Terrace
Princeton, FL 33032
(786) 879-5355
Digital Contact Information:
http://themind-gym.com
rossanamendezcole@themissingkeyllc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Menendez, Ibis M, MSN, APRN ■
1840 West 49th Street
#404
Hialeah, FL 33012
(305) 828-9980
Digital Contact Information:
empathybhsbilling@gmail.com

and
900 West 49th Street
STE 400
Hialeah, FL 33012
(305) 587-2231
Digital Contact Information:
empathybhsbilling@gmail.com

and
5911 Northwest 173rd Drive
6 6
Hialeah, FL 33015
(786) 380-9229
Digital Contact Information:
empathybhsbilling@gmail.com

and
7590 Northwest 186th Street
109
Hialeah, FL 33015
(305) 688-1700
Digital Contact Information:
empathybhsbilling@gmail.com

and
5590 W 20th Ave
Ste 404
Hialeah, FL 33016
(305) 826-9330
Digital Contact Information:
empathybhsbilling@gmail.com

and
7315 Northwest 36th Street
Miami, FL 33166
(786) 345-7734
Digital Contact Information:
empathybhsbilling@gmail.com

and
12030 Southwest 129th Court
107a
Miami, FL 33186
(305) 432-4032
Digital Contact Information:
empathybhsbilling@gmail.com

and
17325 Northwest 27th Avenue
206 207
Miami Gardens, FL 33056
(786) 822-7270
Digital Contact Information:
empathybhsbilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mesa, Leonel E, PSYD, LMHC ■
FL
(786) 208-4831
Digital Contact Information:
drmesa@neurofeedbackofml.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Meyer, Sean P, PHD, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
information@flces.com
Other Languages Spoken by Provider or Office Staff
German

Miller, Jeffrey A, MA, LCSW ■
5801 Northeast 4th Court
Miami, FL 33137
(786) 218-7937
Digital Contact Information:
dhbilling3@gmail.com

and
9999 Northeast 2nd Avenue
301
Miami Shores, FL 33138
(786) 218-7937
Digital Contact Information:
dhbilling3@gmail.com
Other Languages Spoken by Provider or Office Staff
French, Spanish

Miller, Jennyffer, MD ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
jmiller@orlandorecovery.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
jmiller@orlandorecovery.com

Miller, Mark M, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
aycmarc@mail.com

Mineo, Alyssa, PSYD, LP ■
FL
(800) 567-5433
(909) 679-3482
Digital Contact Information:
http://helloinnerwell.com
admin@atabariatrics.com

Miranda-Tourino, Mary, MSW, LCSW ■
12595 Southwest 137th Avenue
STE 110
Miami, FL 33186
(305) 465-9379
Digital Contact Information:
mary.miranda@mymail.barry.edu
Other Languages Spoken by Provider or Office Staff
English, Spanish

Mizrahi, David, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Molina Paz, Ania K, MSN, APRN ■
FL
(561) 707-7607
Digital Contact Information:
ania_98@yahoo.es
Other Languages Spoken by Provider or Office Staff
Spanish

Mondeja, Yanisleidy, DNP, APRN ■
9000 Southwest 137th Avenue
107
Miami, FL 33186
(305) 603-7824
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Moore, Siobhan T, MS, APRN ■
2464 Southwest 22nd Street
Miami, FL 33145
(305) 204-9355
Digital Contact Information:
http://www.ampmentalhealth.com
admin@ampmentalhealth.com

Mora, Brenda, MS, LMHC ■
FL
(786) 488-8103
Digital Contact Information:
http://www.sfacounseling.org
info@sfacounseling.org
Other Languages Spoken by Provider or Office Staff
Spanish

Mora, Joseph J, PHD, LP ■
10621 North Kendall Drive
Suite #203
Miami, FL 33176
(305) 456-6976
Digital Contact Information:
davalos.credentialing@novitams.com

Morales, Alfonso, MSSW, LCSW ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

More, Rosemary, PSYD, LP ■
10691 N Kendall Dr
Ste 105
Miami, FL 33176
(305) 668-6018
Digital Contact Information:
rmorepsyd@cartayamedpsy.net

Moreda-Mendez, Yanet, MSN, APRN ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
http://www.dgphealthandwellness.com
info@kaaficounseling.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
info@kaaficounseling.com
Other Languages Spoken by Provider or Office Staff
Spanish

Morgan, Jennifer, MC, LMHC ■
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
wavespsychotherapybilling@gmail.com

and
19300 West Dixie Highway
2 2
Miami, FL 33180
(786) 396-0359
Digital Contact Information:
wavespsychotherapybilling@gmail.com

Moriyon, Milko, MN, APRN ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
yavila@avilahealthgroup.com

and
664 East 25th Street
102
Hialeah, FL 33013
(786) 409-5361
Digital Contact Information:
yavila@avilahealthgroup.com

Mosquera, Aracelis, MSW, LCSW ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
info@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and

9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and
10691 N Kendall Dr
Ste 110
Miami, FL 33176
(786) 548-1022
Digital Contact Information:
info@dadefamily.com

Mowerman, Samuel, MD ■
1120 NW 14th St
1477
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
lvgonzalez@hcnetwork.org

and
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-6400
Digital Contact Information:
lvgonzalez@hcnetwork.org

and
1695 NW 9th Ave
3308
Miami, FL 33136
(305) 355-7000
Digital Contact Information:
lvgonzalez@hcnetwork.org

and
1695 NW 9th Ave
Fl 14
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
lvgonzalez@hcnetwork.org
Other Languages Spoken by Provider or Office Staff
Spanish

Mullowney, Jennifer F, MSW, LCSW ■
FL
(800) 567-5433
(508) 202-1011
Digital Contact Information:
https://totallife.com/
jfmullowney@gmail.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
jfmullowney@gmail.com

Muniz, Jose, MSN, APRN ■
6141 Sunset Drive
402
South Miami, FL 33143
(786) 507-8300
Digital Contact Information:
lauraine@linofernandezmd.com
Other Languages Spoken by Provider or Office Staff
Spanish

Nammur, Sarai, MC, LMHC ■
15325 Northwest 60th Avenue
#105
Miami Lakes, FL 33014
(305) 512-5388
Digital Contact Information:
sarai@sarainammur.com
Other Languages Spoken by Provider or Office Staff
Spanish

Napoles Garcia, Amed, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Natalio, Jenny, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Navarrete, Thais, MMFT, LMFT ●
12150 Southwest 128th Court
136
Miami, FL 33186
(305) 562-8804
Digital Contact Information:
thais@thaisnavarrete.com
Other Languages Spoken by Provider or Office Staff
Spanish

Nelson, Jennifer D, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Nesci, Jacqueline C, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(305) 395-5978
Digital Contact Information:
Not Available

and
FL
(305) 395-5978
Digital Contact Information:
Not Available

Nesic, Natasha, MC, LMHC ■
951 Northeast 167th Street
102c
North Miami Beach, FL 33162
(786) 333-9097
Digital Contact Information:
info@mentalhealthandarttherapy.com
Other Languages Spoken by Provider or Office Staff
English, Croatian, Bosnian, Serbian

Neves, Tirza, MS, LMHC ■
975 Arthur Godfrey Road
Suite 308
Miami Beach, FL 33140
(305) 456-1014
Digital Contact Information:
administration@mindandsoultherapy.com

and
7600 Red Road
102
South Miami, FL 33143
(305) 456-1014
Digital Contact Information:
administration@mindandsoultherapy.com

and
7600 Southwest 57th Avenue
102
South Miami, FL 33143
(305) 456-1014
Digital Contact Information:
administration@mindandsoultherapy.com
Other Languages Spoken by Provider or Office Staff
Portuguese, English, Spanish

Nightingale, Atara, PA, PA_C ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
http://www.compasshealthsystem.com
credentialing@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystem.com
credentialing@compass.md

and
FL
(305) 891-0050
(305) 279-5535
(954) 771-7743
(954) 447-0010
(561) 752-9490
Digital Contact Information:
http://www.compasshealthsystem.com
credentialing@compass.md
Other Languages Spoken by Provider or Office Staff
Hebrew

Njagi, Catherine, MSN, APRN ■
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

O'Neill, Gloria M, MSN, APRN ■
7855 Northwest 52nd Street
Doral, FL 33166
(305) 450-9651
Digital Contact Information:
info@rushcredentialing.com

Occean, Andrelita, MMH, LCMHC ■
7950 W Flagler St
Ste 106
Miami, FL 33144
(305) 269-3900
Digital Contact Information:
drgmartinez.psychologist@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Creole, French

Octa, Christina, MC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
tocta.me@gmail.com

Odum, Lesli S, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
leslie.odum@gmail.com

Ojeda, Ana, PSYD, LP ■
3100 SW 62nd Ave
Miami, FL 33155
(305) 666-6511
Digital Contact Information:
payer.credentialing@mch.com

Onifade, Beatrice, MN, APRN ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

and
17940 Northwest 27th Avenue
Miami Gardens, FL 33056
(954) 478-6577
Digital Contact Information:
insurance@wellnite.com

Onusuru, Vitus M, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ca-credentialing@lifestance.com

Orin, Ramon S, MA, LMHC ■
12030 Southwest 129th Court
Suite 211
Miami, FL 33186
(305) 639-8760
Digital Contact Information:
rorin31@bellsouth.net

and
12360 Southwest 132nd Court
STE 202
Miami, FL 33186
(786) 250-3396
Digital Contact Information:
rorin31@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Oyaga, Alberto, MSN, APRN ■
2001 Northwest 107th Avenue
412
Doral, FL 33172
(786) 548-8322
Digital Contact Information:
retreatmedicalcenter@gmail.com

and
777 E 25th St
Ste 212
Hialeah, FL 33013
(786) 409-7329
Digital Contact Information:
retreatmedicalcenter@gmail.com

and
244 Biscayne Boulevard
2007 2007
Miami, FL 33132
(786) 968-4172
Digital Contact Information:
retreatmedicalcenter@gmail.com

and
1818 West Flagler Street
Miami, FL 33135
(786) 755-2892
Digital Contact Information:
http://www.goldengatemedicalgroup.com
retreatmedicalcenter@gmail.com

and
1818 West Flagler Street
Ste 2
Miami, FL 33135
(786) 755-2892
Digital Contact Information:
http://www.goldengatemedicalgroup.com
retreatmedicalcenter@gmail.com

and
7116 Southwest 47th Street
Miami, FL 33155
(786) 794-2655
Digital Contact Information:
retreatmedicalcenter@gmail.com

and
5673 Southwest 137th Avenue
Miami, FL 33183
(305) 385-3949
Digital Contact Information:
retreatmedicalcenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Padron, Felix O, PSYD, LMHC ■
Catalonia Avenue
Coral Gables, FL 33134
(305) 448-6000
Digital Contact Information:
doctorpadron@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Paez, Ronaldys, MSN, APRN ■
FL
(305) 615-5145
Digital Contact Information:
http://www.araratpsychiatry.com
info@araratpsychiatry.com

Palenque, Yoni R, MSN, APRN ■
2000 Northwest 87th Avenue
Suite 201
Doral, FL 33172
(954) 561-6222
Digital Contact Information:
info@ventremedical.com

and
5901 Southwest 74th Street
408
Miami, FL 33143
(305) 735-3555
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com

Other Languages Spoken by Provider or Office Staff Spanish

Palermo, Brittany, MSN, APNP, APRN, APRNCNP, CRNP, NP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com
and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com
and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com
and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
brittany.palermo@chenaltherapy.com
and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com
and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com
and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com
and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com
and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com
Other Languages Spoken by Provider or Office Staff English

Pandini, Heli, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
credentialing@thriveworks.com

Paris, Emilia, MC, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff Spanish

Patel, Leila M, MSN, APRN ■
FL
(786) 250-6240
Digital Contact Information:
info@thepractice.co

Patsicostas, Susan, MS, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
strive@strivementalhealthllc.com

Paula Jorge, Lynette D, MSN, APRN ■
8323 Northwest 12th Street
108
Doral, FL 33126
(305) 400-8511
Digital Contact Information:
http://www.cbhwestcoast.com
info@cbhwestcoast.com

Peana, Ana M, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Pena, Edgar, MS, LMHC ■
1354 Washington Avenue
221
Miami Beach, FL 33139
(305) 766-8064
Digital Contact Information:
http://www.mbbehavioralhealth.com
mbbehavioralhealth1@yahoo.com
and
15495 Eagle Nest Lane
STE 215
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
mbbehavioralhealth1@yahoo.com
and
6600 Cow Pen Road
250
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
mbbehavioralhealth1@yahoo.com
and
215 Westward Dr
Miami Springs, FL 33166
(305) 887-4494
Digital Contact Information:
mbbehavioralhealth1@yahoo.com
Other Languages Spoken by Provider or Office Staff Spanish

Peraza Llanes, Alexander, MSN, APRN ■
2000 Northwest 87th Avenue
Suite 201
Doral, FL 33172
(954) 561-6222
Digital Contact Information:
info@ventremedical.com
and
5901 Southwest 74th Street
408
Miami, FL 33143
(305) 735-3555
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff Spanish

Perez Benitez, Carlos I, PHD, LP ■
1701 W Flagler St
Ste 310
Miami, FL 33135
(786) 467-7006
Digital Contact Information:
carlosisraelphd@yahoo.com
Other Languages Spoken by Provider or Office Staff Spanish

Perlata Pena, Junior, MSN, APRN ■
5705 West 12th Lane
Hialeah, FL 33012
(786) 682-6393
Digital Contact Information:
rcarmona@rcpsychiatryim.net
Other Languages Spoken by Provider or Office Staff English

Pierre, Jason, MSN, APN, PMHNP ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Pimentel, Monica, MSN, APRN, PMHNP ■
FL
(305) 509-8686
(407) 462-1254
Digital Contact Information:
http://www.brighter-you.com
info@brighter-you.com

Poole-Parks, Clarissa, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Porrata, Yenny, MN, APRN ■
1840 West 49th Street
suite 717
Hialeah, FL 33012
(308) 854-7952
Digital Contact Information:
yennypo62@gmail.com
and
FL
(308) 854-7952
Digital Contact Information:
yennypo62@gmail.com
and
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
http://www.miamipersonalmanagement.com
yennypo62@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Porter, J'Briel E, MSW, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
admin@itsofok.com
Other Languages Spoken by Provider or Office Staff Chinese, Urdu, Spanish, Hindi

Portillo, Cimelitza, MMH, LMHC ■
9425 SW 72nd St
Ste 265
Miami, FL 33173
(305) 279-8400
Digital Contact Information:
safeharbormha@att.net

Pozo, Darinka, MSN, APRN ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff Spanish

Presken, Gessica, MS, LMHC ■
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
admin@lotuscounseling.com
and
FL
(831) 920-7907
Digital Contact Information:
http://www.mammha.com
admin@lotuscounseling.com
and
2999 NE 191st St
Miami, FL 33180
(305) 915-5748
Digital Contact Information:
admin@lotuscounseling.com

Preval, Falicia, MC, LMHC ■
1031 Ives Dairy Rd
Ste 228
Miami, FL 33179
(786) 320-5559
Digital Contact Information:
faliciap@aol.com
and
1031 Ives Dairy Road
Miami, FL 33179
(786) 627-3321
Digital Contact Information:
faliciap@aol.com
and
1001 North Miami Beach Boulevard
North Miami Beach, FL 33162
(786) 320-5559
Digital Contact Information:
faliciap@aol.com

Prieto, Hugo S, MSN, APRN ■
5190 Northwest 167th Street
201
Hialeah, FL 33014
(305) 640-8342
Digital Contact Information:
universalclinical@gmail.com
and
730 Northwest 107th Avenue
104
Miami, FL 33172
(305) 307-1911
Digital Contact Information:
universalclinical@gmail.com
and
8700 West Flagler Street
406
Miami, FL 33174
(786) 558-5549
Digital Contact Information:
universalclinical@gmail.com
and
9010 Southwest 137th Avenue
suite 116
Miami, FL 33186
(305) 639-8685
Digital Contact Information:
universalclinical@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Punjwani, Sohail S, MD ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
http://compasshealthsystems.com
intake@compass.md
and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(888) 852-6672
Digital Contact Information:
http://compasshealthsystems.com
intake@compass.md
Other Languages Spoken by Provider or Office Staff Urdu, Hindi

Quesada Carvajal, Luannys, MS, APRN ■
14400 Northwest 77th Court
#100
Miami Lakes, FL 33016
(786) 916-6073
Digital Contact Information:
contact@arcmentalhealth.com
Other Languages Spoken by Provider or Office Staff Spanish

Quinonez Meza, Javier, MSN, APRN ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com
and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com
and
801 Brickell Ave
Ste 900

Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Quintana, Amauri A, DNP, APRN ■
1000 Brickell Avenue
Miami, FL 33131
(786) 238-7364
Digital Contact Information:
abdullah@sixequation.com

and
1 NE 167th St
Miami, FL 33162
(305) 947-7133
Digital Contact Information:
abdullah@sixequation.com

and
2646 Southwest 87th Avenue
Miami, FL 33165
(305) 947-7133
Digital Contact Information:
abdullah@sixequation.com

Quintanilla, Claudia, MS, LMHC ■
FL
(786) 258-8499
Digital Contact Information:
http://www.virtual-counseling.com
service@virtual-counseling.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rainuzzo, Silvana L, MC, LMHC ■
FL
(954) 682-0264
Digital Contact Information:
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rako, Andrea L, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
brittany.irwin@livewellcounselingllc.com

Rankovic, Alecia, DNP, APRN, APRNCNP ■
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(239) 380-8220
Digital Contact Information:
infodesk@bregmanmedicalgroup.com

Reeves, Margaret, PHD, LMHC ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
mreeves2005@aol.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
mreeves2005@aol.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
mreeves2005@aol.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
mreeves2005@aol.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
mreeves2005@aol.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
mreeves2005@aol.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
mreeves2005@aol.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
mreeves2005@aol.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
mreeves2005@aol.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
mreeves2005@aol.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Regalado, Alejandra, MPSY, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com

Reichard, Michelle, MS, LMHC ■
14400 Northwest 77th Court
#100
Miami Lakes, FL 33016
(786) 916-6073
Digital Contact Information:
http://www.arcmentalhealth.com
yisabel@arcmentalhealth.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Reis, Maria, MC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Reisdorf, Sonia, DNP, APN, ARNP ■
2820 Northeast 214th Street
Ste 801
Aventura, FL 33180
(256) 500-8688
Digital Contact Information:
sreisdorf1@gmail.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
sreisdorf1@gmail.com

Reyes, Madeline B, MPSY, LMHC ■
5941 Northwest 173rd Drive
6 6
Hialeah, FL 33015
(786) 360-4328
Digital Contact Information:
blueparadisemedicalcenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Reyes Soto, Ibis, MSN, APRN ■
14221 Southwest 120th Street
Suite 125
Miami, FL 33186
(305) 482-1452
Digital Contact Information:
yisabel@arcmentalhealth.com

and
FL
(305) 482-1452
Digital Contact Information:
yisabel@arcmentalhealth.com

and
14400 Northwest 77th Court
#100
Miami Lakes, FL 33016
(786) 916-6073
Digital Contact Information:
http://www.arcmentalhealth.com
yisabel@arcmentalhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Reyes, William, MS, LMHC ■
2264 SW 7th St
Miami, FL 33135
(305) 338-9798
Digital Contact Information:
mytherapistwr@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rice, Jeffrey, MS, LMHC ■
1005 N Krome Ave
Ste 121
Homestead, FL 33030
(305) 423-6385
Digital Contact Information:
jillian@thriveworks.com

Rico, Sandra, MS, LMHC ■
10689 SW 88th St
Ste 305
Miami, FL 33176
(415) 941-4109
Digital Contact Information:
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
Spanish

Ridgeway, Deborah, MSW, LCSW, LMSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Riley, Taneisha, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Ripoll, Carlos, MN, APRN ■
1450 Madruga Avenue
405
Coral Gables, FL 33146
(786) 356-3715
Digital Contact Information:
supervisor@newsinrisecm.com

and
1840 West 49th Street
Suite 727
Hialeah, FL 33012
(786) 715-3086
Digital Contact Information:
supervisor@newsinrisecm.com

and
17670 Northwest 78th Avenue
STE 113
Hialeah, FL 33015
(716) 558-4565
Digital Contact Information:
supervisor@newsinrisecm.com

and
7392 Northwest 35th Terrace
207
Miami, FL 33122
(786) 353-2329
Digital Contact Information:
supervisor@newsinrisecm.com

and
2311 Northwest 7th Street
Miami, FL 33125
(786) 706-2246
Digital Contact Information:
supervisor@newsinrisecm.com

and
7950 West Flagler Street
Suite 101
Miami, FL 33144
(305) 239-7725
Digital Contact Information:
supervisor@newsinrisecm.com

and
4180 Southwest 74th Court
204
Miami, FL 33155
(786) 432-0107
Digital Contact Information:
supervisor@newsinrisecm.com

and
19001 Southwest 106th Avenue
c103
Miami, FL 33157
(786) 523-2352
Digital Contact Information:
supervisor@newsinrisecm.com

and
22133 South Dixie Highway
Miami, FL 33170
(786) 504-3119
Digital Contact Information:
supervisor@newsinrisecm.com

and
790 Northwest 107th Avenue
Suite 303
Miami, FL 33172
(786) 605-1660
Digital Contact Information:
supervisor@newsinrisecm.com

and
FL
(305) 239-7725
(786) 605-1660
Digital Contact Information:
supervisor@newsinrisecm.com

and
9900 Southwest 107th Avenue
STE 101
Miami, FL 33176
(305) 964-5381
Digital Contact Information:
supervisor@newsinrisecm.com

and
13155 Southwest 134th Street
202
Miami, FL 33186
(786) 504-3119
Digital Contact Information:
http://esperanzagroup.net
supervisor@newsinrisecm.com

and
13195 Southwest 134th Street
101
Miami, FL 33186
(786) 227-6830
Digital Contact Information:
http://esperanzagroup.net
supervisor@newsinrisecm.com

and
9745 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 701-2401
Digital Contact Information:
supervisor@newsinrisecm.com

Rivas-Carrillo, Jorge, MSW, LCSW ■
2124 Northeast 123rd Street
STE 220
North Miami, FL 33181
(786) 828-0947
Digital Contact Information:
https://blossomfl.com
jorge.rivas@thefloridacenter.org
Other Languages Spoken by Provider or Office Staff
Spanish

Rivera, Gretel, MS, LMHC ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com

and
10300 Sunset Drive
Suite 114
Miami, FL 33173
(305) 302-4776

Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com
Other Languages Spoken by Provider or Office Staff
French, Spanish

Rivera, Ian, MSW, CAC, LCSW ■
FL
(909) 442-0618
(800) 567-5433
(202) 410-5972
Digital Contact Information:
https://totallife.com/
help@joinuplift.co

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff English

Robaina, Niubis, MPSY, LMHC ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
yavila@avilahealthgroup.com

Roberts, Jazmin, MS, LCMHC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@growtherapy.com

Rocker, Jeff, MMH, LMHC ■
777 Brickell Ave
Ste 500
Miami, FL 33131
(786) 490-2181
Digital Contact Information:
askjeffrocker@gmail.com

Rodriguez, Alissa, MC, LMHC ■
3081 Salzedo Street
202u
Coral Gables, FL 33134
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com

and
3081 Salzedo Street
Suite 202
Coral Gables, FL 33134
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com

and
3625 Northwest 82nd Avenue
Doral, FL 33166
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com

and
3625 Northwest 82nd Avenue
400
Doral, FL 33166
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com

and
1911 Southwest 87th Avenue
Miami, FL 33165
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com

and
FL
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com

and
9016 Southwest 152nd Street
Palmetto Bay, FL 33157
(786) 759-9461
Digital Contact Information:
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Andrea, MC, LMHC ■
8500 SW 92nd Street
203
Miami, FL 33156
(786) 332-4478
Digital Contact Information:
billing@livewelltherapygroup.com

and
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
billing@livewelltherapygroup.com

and
11050 Southwest 88th Street
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
billing@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Kimberley, MS, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
pandatherapycircle@gmail.com

Rodriguez Milian, Karel, MD ■
2500 Northwest 79th Avenue
233
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
andersonbilling1001@gmail.com

and
2500 Northwest 79th Avenue
Suite 189
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
andersonbilling1001@gmail.com

and
351 NW 42nd Ave
Ste 406
Miami, FL 33126
(786) 536-1710
Digital Contact Information:
andersonbilling1001@gmail.com

and
1890 Southwest 57th Avenue
SUITE 106
Miami, FL 33155
(786) 536-1701
Digital Contact Information:
andersonbilling1001@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Miriam, MSSW, LCSW ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Rosellon, Naybi, DNP, APRN ■
5901 Southwest 74th Street
211
Miami, FL 33143
(786) 228-6892
Digital Contact Information:
http://www.santanamhs.com
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Rubin, Kay, PHD, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
acc@advancedclientcare.org

Ryan, Melanie, MS, LMHC ■
2124 Northeast 123rd Street
STE 220
North Miami, FL 33181
(786) 828-0947
Digital Contact Information:
https://blossomfl.com
info@blossomfl.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rzadkowolsky-Raoli, Cesare, MD ■
8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-0208
Digital Contact Information:
http://www.wellnesstherapyandmedical.com
info@doctorsccs.com

and
9000 Southwest 137th Avenue
Suite 103
Miami, FL 33186
(305) 671-3503
Digital Contact Information:
http://behavioralccs.com
info@doctorsccs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Salas, Aldo Y, MMFT, LMFT ■
15946 Southwest 147th Lane
Miami, FL 33196
(786) 205-4058
Digital Contact Information:
http://www.headway.com
therapyaldosalas@gmail.com

Salazar, Ana, MS, LMHC ■
2500 Northwest 107th Avenue
Suite 102
Doral, FL 33172
(786) 605-9400
Digital Contact Information:
hello@reachlink.com

Salgado, Dalida, MSN, PMHNP ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
healingtouchinc@msn.com

and
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sam, Pedro D, MS, LMHC ■
3000 Biscayne Boulevard
Suite 210C
Miami, FL 33137
(239) 999-1029
Digital Contact Information:
support@thriveworks.com

Sanchez, Roberto W, MN, APRN ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
healingtouchinc@msn.com

and
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

Santa, Dorilee, MS, LCMHC, LMHC ■
FL
(786) 258-8499
(786) 237-8501
(415) 941-4109
Digital Contact Information:
http://healinggrowththerapy.com
service@virtual-counseling.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Santiago Fernandez, Flor De Liz, EDD, LCSW ■
10691 North Kendall Drive
304
Miami, FL 33176
(786) 771-3370
Digital Contact Information:
http://www.familybalancetherapy.com
familybalancetherapy@gmail.com

and
FL
(786) 771-3370
Digital Contact Information:
http://www.familybalancetherapy.com
familybalancetherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Santiago, Wildelia, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
English, Spanish

Satulovsky, Carlos A, MD ■
3421 SW 107th Ave
Miami, FL 33165
(305) 392-1774
Digital Contact Information:
jorlowsky@bhgpa.com

and
12955 Southwest 42nd Street
STE 2
Miami, FL 33175
(786) 491-4947
Digital Contact Information:
jorlowsky@bhgpa.com
Other Languages Spoken by Provider or Office Staff Italian, Spanish

Scott, Deborah, MC, LMHC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
credentialing@growtherapy.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@growtherapy.com

Simpson, Zilla, MPSY, LMHC ■
18951 Southwest 106th Avenue
105 106

Miami, FL 33157
(305) 233-4448
Digital Contact Information:
stepstherapycenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Singer, Gabrielle, MSW, LCSW ■
FL
(508) 202-1011
Digital Contact Information:
info@mosaicmindscounseling.com

Sobhan, Tanveer, MD ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
tsobhanmd@yahoo.com

and
11430 North Kendall Drive
208
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
tsobhanmd@yahoo.com

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
tsobhanmd@yahoo.com
Other Languages Spoken by Provider or Office Staff
Bengali

Spall, Christopher, MA, CAP, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Springer, Shawndel, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
gethelp@wellqor.com

Steinberg, Rachel, MSW, LCSW ■
5901 Southwest 74th Street
408
Miami, FL 33143
(305) 735-3555
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com

Stone Palmer, Matthew Luke, MSW, LCSW ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
info@prioritypractice.com

Suarez, Rogelio, MD ■
4302 Alton Rd
Ste 820
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com

and
4304 Alton Rd
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com

and
4304 Alton Rd
Fl 1
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Summer, Linda R, MSW, LCSW ■
FL
(305) 467-8384
Digital Contact Information:
lrsummer@yahoo.com

Tassy-Lewis, Sabrina, PSYD, LP ■
14411 Commerce Way
Hialeah, FL 33016
(954) 534-0432
Digital Contact Information:
tassy@nova.edu
Other Languages Spoken by Provider or Office Staff Haitian Creole, Creole

Taveras, Madelin, MC, LMHC, PC ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
westmiamicmhc@bellsouth.net
Other Languages Spoken by Provider or Office Staff
English, Spanish

Taylor, Alina, MS, LMHC ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
ataylor@therecoveryvillage.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
ataylor@therecoveryvillage.com

Thompson, Miquia, MPSY, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Thompson, Shannon R, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@lifestance.com

Tokar, Ephraim, MA, LMFT ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
birches@withassured.com
Other Languages Spoken by Provider or Office Staff English

Topalian, Sona, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff
Armenian

Ubfal, Fabiana S, MMH, LMHC ■
16375 Northeast 18th Avenue
206
North Miami Beach, FL 33162
(786) 246-4050
Digital Contact Information:
fabianamiami27@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Ursani, Aneel A, MD ■
18117 Biscayne Boulevard
Po Box 61721
Miami, FL 33160
(206) 495-0724
Digital Contact Information:
ccservices@auctusgrp.com
Other Languages Spoken by Provider or Office Staff
English, Sign Lang Amer

Vance, Melissa, MS, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
pandatherapycircle@gmail.com

Vandhuynslager, Marci, MS, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
milly.cintron@marirecovery.com
Other Languages Spoken by Provider or Office Staff English

Varela, Chily, MMH, LMHC ■
3081 Salzedo Street
202 202
Coral Gables, FL 33134
(786) 327-4840
Digital Contact Information:
cvarelalmhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vazquez, Marlon, MD ■
5901 Southwest 74th Street
408
Miami, FL 33143
(305) 735-3555
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vazquez-Pausa, Antonio, MSW, LCSW ■
1901 SW 1st St
Miami, FL 33135
(305) 203-5230
Digital Contact Information:
http://careresource.org

and
3510 Biscayne Blvd
Miami, FL 33137
(305) 576-1234
Digital Contact Information:
http://careresource.org

Vega, Herman, PHD, CAP, LMHC ■
14411 Commerce Way
315
Hialeah, FL 33016
(305) 644-7294
Digital Contact Information:
info@totalrehabservices.com

and
14505 Commerce Way
Ste 511
Miami Lakes, FL 33016
(305) 644-7294
Digital Contact Information:
info@totalrehabservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vieira, Caroline, MC, LMHC, PC ■
2212 Northwest 91st Street
Miami, FL 33147
(341) 888-7637
Digital Contact Information:
contact@quelinbilling.com
Other Languages Spoken by Provider or Office Staff
Portuguese

Vila, Dayana, MSN, APRN ■
4005 Northwest 114th Avenue
22 22
Doral, FL 33178
(305) 260-6913
Digital Contact Information:
billingheritagewellness@gmail.com

and
2645 SW 37th Ave
Ste 101
Miami, FL 33133
(786) 530-4080
Digital Contact Information:
billingheritagewellness@gmail.com

and
14221 Southwest 120th Street
126
Miami, FL 33186
(786) 577-3427
Digital Contact Information:
billingheritagewellness@gmail.com

and
13100 West Dixie Highway
North Miami, FL 33161
(786) 442-5021
Digital Contact Information:
billingheritagewellness@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Wacker, Brooke L, MSN, APRN, APRNCNS, NP, PMHNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
providerenrollment@mcr.health
Other Languages Spoken by Provider or Office Staff English

Wallman, Mark, MA, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
help@joinuplift.co

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Weiss, Ziona, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
info@hupcfl.com

White, Samantha, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
frontdesk@highersightscounseling.com

Whiting, Detra, MSW, LICSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Whittington, Brittany N, MS, LMHC ■
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
http://www.crystalabatherapy.com
info@cmpsclinical.com

Williams, Betty, MC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Williams, Julia, MSW, LCSW ■
1951 NW 7th Ave
Fl 3
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
help@joinuplift.co

and
1951 Northwest 7th Avenue

Miami, FL 33136
(305) 902-6347
Digital Contact Information:
help@joinuplift.co

Wolford-Ward, Stephenie J, MA, LCMHC, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
stepheniewolfordlmt@gmail.com

Woolery, Nickesha, MSN, APRN ■
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
info@aimergency.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
info@aimergency.com
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole, Filipino, French, Spanish

Yepez, Rosaura M, MSSW, LCSW ■
650 Northeast 22nd Terrace
Suite 202-06
Homestead, FL 33033
(786) 377-6487
Digital Contact Information:
http://homesteadtherapyservicesllc.com
ryepez@homesteadtherapyservicesllc.com

Zapatha, Susan, MC, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Zumar, Lorraine M, MC, LMHC, LPC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

GENDER IDENTITY (TRANSGENDER/ NON-BINARY/GENDER-FLUID)

Abbuhl, Melissa, MD ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
info@riviamind.com

Abraham, Steven K, PSYD, LP ■
150 Alhambra Circle
Floor 10
Coral Gables, FL 33134
(786) 800-3374
Digital Contact Information:
ndcclakeland@gmail.com

and
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
ndcclakeland@gmail.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
ndcclakeland@gmail.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
ndcclakeland@gmail.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
ndcclakeland@gmail.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
ndcclakeland@gmail.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
ndcclakeland@gmail.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
ndcclakeland@gmail.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
ndcclakeland@gmail.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
ndcclakeland@gmail.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
ndcclakeland@gmail.com

Abram, Tanika N, MSN, APRN, APRNCNP, NP ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
amontgomery@emds.com

and
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
amontgomery@emds.com

and
255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
amontgomery@emds.com

and
370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
amontgomery@emds.com

and
333 Southeast 2nd Avenue
Suite #2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
amontgomery@emds.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
amontgomery@emds.com

and
3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
amontgomery@emds.com

and
350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
amontgomery@emds.com

and
429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
amontgomery@emds.com

and
323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
amontgomery@emds.com

Abrokwa, William A, MSN, APRN, APRNCNP, CRNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
papa_de_talla@yahoo.com

Acker, Ashleigh, MS, LMFT ●
1175 Northeast 125th Street
320
Miami, FL 33161
(954) 372-0423
Digital Contact Information:
http://www.marriagefamilyservices.com
mfsfrontdesk1@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, English, Malayalam, Haitian, Italian, Spanish

Acosta Romero, Diana, MSN, APRN ■
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
info@cbhwestcoast.com

and
8323 Northwest 12th Street
108
Doral, FL 33126
(305) 400-8511
Digital Contact Information:
http://www.cbhwestcoast.com
info@cbhwestcoast.com

and
FL
(305) 400-8511
Digital Contact Information:
info@cbhwestcoast.com
Other Languages Spoken by Provider or Office Staff
Spanish

Adams, Diana, MSN, APRN, CRNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Aday, Reyna, PHD, LMHC ■
7990 Southwest 117th Avenue
Ste 215
Kendall, FL 33183
(786) 963-9770
Digital Contact Information:
http://www.wholeisticcg.com
wholeisticpsychiatry@gmail.com

and
FL
(786) 583-4725
(786) 963-9770
Digital Contact Information:
http://www.reynaaday.com
wholeisticpsychiatry@gmail.com

and
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
http://www.wholeisticcg.com
wholeisticpsychiatry@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Adderley, Oddette P, PHD, LMHC ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
opieea@hotmail.com

Aguilera, Michelle, MSW, LCSW ■
1603 Northeast 7th Avenue
Miami, FL 33137
(305) 374-1065
Digital Contact Information:
alexo@camillus.org
Other Languages Spoken by Provider or Office Staff
Spanish

Ajamu, Tonia, MSN, APRN, APRNCNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@breakthroughmh.com

Alayon, Carlos, MS, LMHC ■
10500 Northwest 26th Street
Doral, FL 33172
(305) 646-1799
Digital Contact Information:
calayon@hotmail.com

and
1710 Northwest 7th Street
5
Miami, FL 33125
(239) 250-9411
Digital Contact Information:
calayon@hotmail.com

and
2311 Northwest 7th Street
Miami, FL 33125
(786) 706-2246
Digital Contact Information:
calayon@hotmail.com

and
790 Northwest 107th Avenue
Suite 303
Miami, FL 33172
(786) 603-9858
Digital Contact Information:
calayon@hotmail.com

and
11960 SW 39th Ter
Miami, FL 33175
(786) 514-6406
Digital Contact Information:
calayon@hotmail.com

and
13170 Southwest 128th Street
200
Miami, FL 33186
(786) 852-5198
Digital Contact Information:
calayon@hotmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alcy, Holrite, MSN, APRN, APRNCNP, ARNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
contact@bethpsychiatry.com
Other Languages Spoken by Provider or Office Staff English

Aleman, Jessica M, PSYD, LP ■
3735 Southwest 8th Street
201
Coral Gables, FL 33134
(305) 200-3921

Digital Contact Information:
http://www.oceanpsychologygroup.com
alemanpsychology@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alexander, Rachene, MSN, APN, APRN, CRNP, PMHNP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://happierliving.com
provider.enrollment@meditelecare.com

and

801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
provider.enrollment@meditelecare.com

Ali, Anna, MSN, APRN, ARNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Ali, Nashat S, MC, LCPC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
scheduling@happierliving.com

Alkhairy, Saarah, MD ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@lakefrontmedpartners.com

Allen, Evan, DO ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and

801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Almeida Wallace, Diana, MC, LMHC ■
5915 Ponce de Leon
48
Coral Gables, FL 33146
(305) 934-6453
Digital Contact Information:
dalmeida87@hotmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, English, French, Spanish

Almonte, Aldriana A, MSW, LCSW ■
31 N Krome Ave
Homestead, FL 33030
(786) 481-5909
Digital Contact Information:
aalmonte@infinitecc.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

Alonso, Tanya, PSYD, LP ■
FL
(800) 567-5433
Digital Contact Information:
https://totallife.com/
care@totallife.com

Alvarado, August E, PHD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
contact@coloradocac.com

Alvarado, Gizelle, MED, LPC ■
1951 Northwest 7th Avenue
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
pinnacleeptx@aol.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Alvarenga, Alicia, MSSW, LCSW ■
2100 Coral Way
#310
Miami, FL 33145
(786) 320-1677
Digital Contact Information:
ydzmgroup@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Alvarez, Arlinnes, MMH, LMHC ■
FL
(305) 804-9121
Digital Contact Information:
http://www.sfacounseling.org
arlinnes@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Creole, Spanish

Alvarez Gonzalez, Lissette M, MS, LMHC ■
2500 Northwest 79th Avenue
Suite 180
Doral, FL 33122
(786) 253-7868
Digital Contact Information:
faithandhope230@gmail.com

and

18522 Southwest 136th Court
Miami, FL 33177
(305) 416-8189
Digital Contact Information:
faithandhope230@gmail.com

and

5881 Northwest 151st Street
Suite: 103
Miami Lakes, FL 33014
(786) 703-4154
Digital Contact Information:
faithandhope230@gmail.com

and

230 Canal Street
APT 202
Miami Springs, FL 33166
(305) 416-8189
Digital Contact Information:
faithandhope230@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alvarez, Jose, MD ■
8000 W Flagler St
Ste 201
Miami, FL 33144
(786) 805-3021
Digital Contact Information:
stephanie.arce-rivera@osceolahealthcare.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

Amado, Sandra J, MC, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@usmso.com

Andres, Alice M, PSYD, CP, HSPP, LP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
rainbowlanternpsych@gmail.com

and

1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
rainbowlanternpsych@gmail.com

and

801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
rainbowlanternpsych@gmail.com

and

117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
rainbowlanternpsych@gmail.com
Other Languages Spoken by Provider or Office Staff English

Andulan, Biena, MSN, APRN, NP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
credentialing@psychplus.com

and

1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@psychplus.com

and

801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@psychplus.com

and

117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
credentialing@psychplus.com

Angulo, Gabriella, MSN, APRN, CNS ■
150 Alhambra Circle
Floor 10
Coral Gables, FL 33134
(786) 800-3374
Digital Contact Information:
scheduling@happierliving.com

and

801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Anias, Carlos, MSN, APRN ■
2000 Northwest 87th Avenue
Suite 201
Doral, FL 33172
(954) 561-6222
Digital Contact Information:
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Armstrong, Sharifa, MSW, LCSW ■
1825 Northwest 167th Street
SUITE 102
Opa-locka, FL 330564838
(305) 624-7450
Digital Contact Information:
http://www.cfcecares.org
wbrown@cfceinc.org
Other Languages Spoken by Provider or Office Staff Haitian Creole, Creole, Spanish

Aroche, Gladys, MPSY, LMHC ■
5881 Northwest 151st Street
111
Miami Lakes, FL 33014
(305) 440-8920
Digital Contact Information:
gac25@ymail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arvon, Coral, PHD, LCSW, LMFT ■
2627 Northeast 203rd Street
118
Aventura, FL 33180
(305) 936-8000
Digital Contact Information:
http://arvonandassociates.com
drarvon@arvonandassociates.com

and

6919 Southwest 18th Street
219
Miami, FL 33175
(305) 936-8000
Digital Contact Information:
http://arvonandassociates.com
drarvon@arvonandassociates.com

Arzate, Jennifer M, MSN, APRN, APRNCNS, ARNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Asamoah-Duodu, Kwadwo D, PSYD, LP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
jscott@seniorcaretherapy.com
Other Languages Spoken by Provider or Office Staff English

Asgarali, Dariel, MSN, APRN ■
FL
(305) 903-2031
Digital Contact Information:
info@rushcredentialing.com

and

8950 Southwest 74th Court
1911
Miami, FL 33156
(786) 637-0907
Digital Contact Information:
info@rushcredentialing.com

Assinthe, Jeanne, MSW, LCSW ■
FL
(786) 779-8898
Digital Contact Information:
http://www.amitiewellness.com
jeanne@amitiewellness.com
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole, French, Spanish

Astacio, Victor, PSYD, LP ■
3990 West Flagler Street
102
Coral Gables, FL 33134
(786) 332-2602
Digital Contact Information:
blueskymentalhealthcorp@gmail.com

and

Eagle Nest Lane
Hialeah, FL 33014
(786) 534-3457
Digital Contact Information:
blueskymentalhealthcorp@gmail.com

and

Home Based Services Only
Miami Gardens, FL 33014
(305) 640-5739
Digital Contact Information:
blueskymentalhealthcorp@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Austin, Alexis, MSW, LCSW ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773

Digital Contact Information:
info@riviamind.com

Ayer, Brian, MA, LPCC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
registration@ravenwoodhealth.org
Other Languages Spoken by Provider or Office Staff Sign Lang Amer

Aziz, Abbiebatu, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@curabh.com

Badhwar, Priyanka, DO ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

Baez, Frank A, MD ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
solututiondrivenconsulting@gmail.com

and
26023 South Dixie Highway
Homestead, FL 33032
(786) 504-3365
Digital Contact Information:
solututiondrivenconsulting@gmail.com

and
26027 South Dixie Highway
Homestead, FL 33032
(786) 601-7344
Digital Contact Information:
solututiondrivenconsulting@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Baker, Shukairo M, MSN, APRNCNP, LCSW, PMHNP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
sbaker@affinityhealthcenter.org

Ball, Olivia, DNP, APRN, CNP, CNS, NP, PMHCNS ■
770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
5201 Blue Lagoon Dr
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

and
830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

Ballek, Kathy, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Bamisile, Love, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
admin@sparkwg.com

Barman, Rajdip, MD ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
caqh@pacificcrestmed.com

and
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
caqh@pacificcrestmed.com

and
255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
caqh@pacificcrestmed.com

and
370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
caqh@pacificcrestmed.com

and
333 Southeast 2nd Avenue
Suite #2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
caqh@pacificcrestmed.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
caqh@pacificcrestmed.com

and
3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
caqh@pacificcrestmed.com

and
350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
caqh@pacificcrestmed.com

and
429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
caqh@pacificcrestmed.com

and
323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
caqh@pacificcrestmed.com
Other Languages Spoken by Provider or Office Staff
Punjabi, Bengali, English, Hindi

Barreto, Lourdes A, MSSW, LCSW ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
referrals@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barros, Sandra J, MSW, LCSW ■
9920 Southwest 115th Avenue
Miami, FL 33176
(305) 457-9131
Digital Contact Information:
sandrajbarros@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barroso, Alina, MD, LMHC ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Bates, Colana, MA, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Batista, Maylin, PHD, LMHC ■
6001 Northwest 153rd Street
157
Miami Lakes, FL 33014
(415) 941-4109
Digital Contact Information:
http://www.intent-therapy.com
intenttherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Beaubrun, Lucika, MA, LMHC ■
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(561) 289-7995
Digital Contact Information:
pandatherapycircle@gmail.com

Bechor Leven, Michele, PSYD, LP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
xmorales@adgcares.com
Other Languages Spoken by Provider or Office Staff English

Belfort, Annissa I, MSN, APRN ■
14645 Northwest 77th Avenue
101
Miami Lakes, FL 33014
(833) 769-3524
Digital Contact Information:
http://lifestance.com
ga-credentialing@lifestance.com

Belizaire, Myrline, MSN, APRN ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Bell, Iris, MD ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

scheduling@happierliving.com

and
3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

Belmonte, Silvina, MC, LMHC ■
7171 Southwest 24th Street
316
Miami, FL 33155
(786) 762-2415
Digital Contact Information:
http://www.orthoandrehabilitation.org
silvinabelmnte@hotmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Belot, Max A, MN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

Beltran Montalvo, Felipe, MSN, APRN ■
1165 West 49th Street
suite 207
Hialeah, FL 33012
(305) 703-3386
Digital Contact Information:
appointmens@compass.md

and
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
http://www.compasshealthsystems.com
appointmens@compass.md

and
FL
(305) 891-0050
(305) 279-5535
(954) 771-7743
(954) 447-0010
(888) 852-6672
Digital Contact Information:
http://www.compasshealthsystems.com
appointmens@compass.md

and
5245 Northwest 36th Street
Unit 209
Miami Springs, FL 33166
(786) 453-6812
Digital Contact Information:
appointmens@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
appointmens@compass.md

Bender, Brian, MD ■
770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
5201 Blue Lagoon Dr
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

and
830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

Benjamin, Andrew P, MSW, LCSW ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com

Benzaquen, Melissa, MSED, LMHC ■
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
http://www.ibhflorida.com
osaker@ibhflorida.com

Berry, Erin, MSN, APN, APRNCNP, CRNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Betancourt, Jenny V, MS, LCMHC, LMHC, LPC ■
FL
(305) 330-8114
Digital Contact Information:
https://jenny-betancourt.clientsecure.me/
jmoran@docurapid.com
Other Languages Spoken by Provider or Office Staff Spanish

Bez, Yasin, MD ■
1695 NW 9th Ave
3308
Miami, FL 33136
(305) 355-7148
Digital Contact Information:
yasinbez.us@gmail.com

and
1695 NW 9th Ave
Fl 14
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
yasinbez.us@gmail.com

and
1695 NW 9th Ave
Fl 3
Miami, FL 33136
(305) 243-2301
Digital Contact Information:
yasinbez.us@gmail.com
Other Languages Spoken by Provider or Office Staff Turkish

Bianchi, Fiorella, MSW, LCSW ■
2555 Northwest 102nd Avenue
STE 205
Doral, FL 33172
(786) 372-6788
Digital Contact Information:
http://www.holisticmindscollective.org
bianchisw@gmail.com

and
7000 West 12th Avenue
15
Hialeah, FL 33014
(305) 395-4919
Digital Contact Information:
bianchisw@gmail.com

and
FL
(305) 395-4919
Digital Contact Information:
bianchisw@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bittelmeyer, Paul, PSYD, CP, LP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Blanco, Mercy, MD ■
4175 W 20th Ave
Hialeah, FL 33012
(786) 631-4158
Digital Contact Information:
info@blancomedicalcenter.com

and
1645 Southwest 107th Avenue
Ste 114A
Miami, FL 33165
(786) 631-4158
Digital Contact Information:
info@blancomedicalcenter.com

and
10661 North Kendall Drive
216
Miami, FL 33176
(786) 631-4158
Digital Contact Information:
info@blancomedicalcenter.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Bloemker, Lauren N, MS, LISW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
lauren.hosbrook@cchmc.org

Bloom, Jennifer, MSW, LCSW, LISW, LMSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Blystone, Annie, MSN, APRN, APRNCNP, ARNP, NP ■
830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

Boakye, Theresa, MSN, APN, APRN, CRNP, LNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@pgs-nhcare.com

Bodan, Dayra L, PSYD, LP ■
6405 Northwest 36th Street
112
Virginia Gardens, FL 33166
(305) 871-3131
Digital Contact Information:
therapeuticalli@bellsouth.net
Other Languages Spoken by Provider or Office Staff
English, Spanish

Bode-Oloye, Anuoluwapo, MSN, APRN, PMHNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Bolivar, Carmen L, MS, LMHC ■
5201 Blue Lagoon Dr
Ste 800
Miami, FL 33126
(305) 707-8615
Digital Contact Information:
highrisewellness@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bond, Paige N, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
credentialing@wellnite.com

Bradley, Kacynthia, MSW, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Bradley, Taylor, DNP, APN, APRN, CNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Brandt, Robert S, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@medpsych.net
Other Languages Spoken by Provider or Office Staff English

Brazzini, Mijanou, MPSY, LMHC ■
13205 Southwest 137th Avenue
suite 126
Miami, FL 33186
(786) 713-0383
Digital Contact Information:
http://yjwcare.com
mbrazzini61@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Brignoni, Candace I, MS, LMHC ■
10689 N Kendall Dr
Ste 314
Miami, FL 33176

(305) 558-7400
Digital Contact Information:
tifftflo@aol.com

Bringas, Charilyn, MSN, APRN, NP ■
770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
Not Available

and
7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
Not Available

and
5201 Blue Lagoon Dr
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
Not Available

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
Not Available

and
80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
Not Available

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
Not Available

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

and
830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
Not Available

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(888) 684-2779
Digital Contact Information:
Not Available

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Tagalog, English

Brookes, Ingrid, MS, LMHC ■
10300 Southwest 72nd Street
275d
Miami, FL 33173
(888) 853-7908
Digital Contact Information:
http://www.bettermindtherapycorp.com
vasallojane@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Broomer, Rachelle, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Brown, Dustin Q, MC, LMHC ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
myschoolpsychologist@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Brown, Sophia A, MSW, LCSW ■
295 Biscayne Boulevard
300
Miami, FL 33131
(561) 289-7995
Digital Contact Information:
sophia.brown@soebrownclinicalservices.org

Buckridge, Krystal, MSN, APN, APRN, NP ■
1504 Bay Road
2003 2003
Miami Beach, FL 33139
(646) 374-2827
Digital Contact Information:
credentialing.4@scribealign.com

Bugaj, Erika L, MSW, LICSW ■
FL
(202) 531-5385
Digital Contact Information:
hello@dandelioncounselingcare.com

Burghardt, Elizabeth M, MS, LMHC ■
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
morecounseling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Burns, Cheyanne K, MSN, APN, APRN, ARNP, CNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
enrollment@wellpsyche.com

Burr, Tamara, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Burrell, D'Arthana, MSN, APRN, ARNP, NP ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
credentialing.6@extendedhealthservices.us

and
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing.6@extendedhealthservices.us

and
255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing.6@extendedhealthservices.us

and
370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
credentialing.6@extendedhealthservices.us

and
333 Southeast 2nd Avenue
Suite #2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing.6@extendedhealthservices.us

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing.6@extendedhealthservices.us

and
3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
credentialing.6@extendedhealthservices.us

and
350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
credentialing.6@extendedhealthservices.us

and
429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
credentialing.6@extendedhealthservices.us

and
323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
credentialing.6@extendedhealthservices.us

Burrell, Lovell C, MSN, APRN, PMHNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Bush, Rebeca, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
jenny.silverio@lifechg.org

Butler, Shelley T, MSN, APRN ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
shelleybutleraprn@gmail.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
shelleybutleraprn@gmail.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
shelleybutleraprn@gmail.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
shelleybutleraprn@gmail.com

Cabal, Dayanis, PSYD, LP ■
11645 Biscayne Boulevard
STE 408
Miami, FL 33181
(305) 538-8835
Digital Contact Information:
https://mbchc.org/
lvgonzalez@hcnetwork.org

and
710 Alton Rd
Miami Beach, FL 33139
(305) 538-8835
Digital Contact Information:
lvgonzalez@hcnetwork.org

and
1221 71st St
Miami Beach, FL 33141
(305) 538-8835
Digital Contact Information:
https://mbchc.org/
lvgonzalez@hcnetwork.org
Other Languages Spoken by Provider or Office Staff English

Cabrera, Wendy, MMH, LMHC ●
2828 Coral Way
Ste 460
Coral Gables, FL 33145
(877) 897-6987
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net

and
12550 Biscayne Boulevard
308
North Miami, FL 33181
(305) 895-0504
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net
Other Languages Spoken by Provider or Office Staff
Spanish

Caceres, Daniris, MMH, LMHC ■
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
morecounseling@gmail.com

Cagigas, Ariel, MSN, APRN ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
http://banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
Other Languages Spoken by Provider or Office Staff
Spanish

Cajuste, Kathia, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
Not Available

and
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
Not Available

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com

Calderin, Claudia, MSN, APRN ■
12001 Southwest 128th Court
Suite Suite 104
Miami, FL 33186
(786) 868-0505
Digital Contact Information:
clarityhealth@approachteam.com

and

13170 Southwest 128th Street
200
Miami, FL 33186
(786) 852-5198
Digital Contact Information:
https://clarityapproach.com/
clarityhealth@approachteam.com

and
14201 Southwest 120th Street
suite 110
Miami, FL 33186
(786) 238-7492
Digital Contact Information:
clarityhealth@approachteam.com

and
14221 Southwest 120th Street
223
Miami, FL 33186
(786) 690-2296
Digital Contact Information:
clarityhealth@approachteam.com
Other Languages Spoken by Provider or Office Staff
Spanish

Calloway, Crystal, MSW, LCSW ■
FL
(704) 298-9914
Digital Contact Information:
http://www.asehealingcenter06.org
setzertherapist22@gmail.com

Capote, Anna M, MSW, LCSW ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
perla@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla@dadefamily.com

Capote, Lindsey, MC, LMHC ■
14401 Old Cutler Road
Miami, FL 33158
(305) 722-5380
Digital Contact Information:
http://www.wellspringmiami.org
insurance@wellspringmiami.org

Carballo, Grettel, MC, LMHC ■
1901 West Flagler Street
7
Miami, FL 33135
(786) 612-5973
Digital Contact Information:
grettel2587@gmail.com

and
13195 Southwest 134th Street
101
Miami, FL 33186
(786) 227-6830
Digital Contact Information:
http://esperanzagroup.net
grettel2587@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Carballo, Mercedes, MC, LMHC ■
10689 N Kendall Dr
Ste 215
Miami, FL 33176
(305) 310-4245
Digital Contact Information:
http://mentalwellness.care
mercy.carballo@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cardona, Diana C, MS, LMHC ■
5201 Blue Lagoon Dr
Ste 848
Miami, FL 33126
(855) 634-0984
Digital Contact Information:
contact@influentialtherapy.com

Carrascal, Jonh, MS, LMHC ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Carroza, Mirna H, MPSY, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff Italian, Spanish

Cassamajor, Nathalie, DNP, APRN ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Cassidy, Toni, MSN, APNP, APRNCNP, CNP, CRNP, NP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(503) 427-8094
Digital Contact Information:
http://happierliving.com
providers@empathyhealthclinic.com
Other Languages Spoken by Provider or Office Staff English

Castillo, Edmundo, MSW, LCSW ■
4445 West 16th Avenue
STE 100
Hialeah, FL 33012
(786) 876-5087
Digital Contact Information:
kmauricio@regahealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Castillo, Karina, MA, LMHC ■
FL
(786) 258-8499
Digital Contact Information:
http://www.virtual-counseling.com
service@virtual-counseling.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Castillo Llanes, Lisandra, MSN, APRN ■
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
contact@balancedwellbeingllc.com

and
5607 NW 27th Ave
1
Miami, FL 33142
(239) 278-3660
Digital Contact Information:
contact@balancedwellbeingllc.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(786) 833-7633
Digital Contact Information:
contact@balancedwellbeingllc.com

and
20612 Northwest 27th Avenue
Miami Gardens, FL 33056
(305) 637-6400
Digital Contact Information:
contact@balancedwellbeingllc.com

Castro, Katia, MED, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
credentialing@thriveworks.com
Other Languages Spoken by Provider or Office Staff
English, Sign Lang Amer, Spanish

Ceus, Angelina, MSN, APRN ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
FL
(602) 562-7383
Digital Contact Information:
credentialing@happierliving.com

Charles, Abbdady, MSN, APRN ■
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
help@joinuplift.co

Chatelain, Mitsouko, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
referrals@ffmhs.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
referrals@ffmhs.com

Chavannes, Nastacia K, MD ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
333 Southeast 2nd Avenue
Suite #2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

and
3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com
Other Languages Spoken by Provider or Office Staff
Spanish

Chelak, Elizabeth, MSW, LCSW ■
1110 Brickell Ave
Ste 407
Miami, FL 33131
(561) 501-3092
Digital Contact Information:
info@traumatherapywpb.com
Other Languages Spoken by Provider or Office Staff
Russian

Chemerinsky, Graciela, MPSY, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:

http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com

and
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Chernov, Valeriy M, MD ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
svetcher@optonline.net

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
svetcher@optonline.net

and
1065 Northeast 125th Street
300
North Miami, FL 33161
(888) 852-6672
Digital Contact Information:
http://www.compasshealthsystems.com
svetcher@optonline.net
Other Languages Spoken by Provider or Office Staff
Russian

Chiarini, Stephan G, MSED, LMFT ■
10241 SW 103rd Ct
Miami, FL 33176
(305) 790-2899
Digital Contact Information:
ovichsan@yahoo.com

and
9010 SW 137th Ave
Ste 212
Miami, FL 33186
(305) 790-2899
Digital Contact Information:
ovichsan@yahoo.com

Chinea, Marianela, MSN, APRN ■
3971 Southwest 8th Street
STE 206
Coral Gables, FL 33134
(786) 633-5960
Digital Contact Information:
agauna@bmsbill.com

and
FL
(786) 980-7496
Digital Contact Information:
http://www.vidahealthcarenetworks.com
agauna@bmsbill.com

and
13590 Southwest 134th Avenue
201
Miami, FL 33186
(786) 227-6258
Digital Contact Information:
agauna@bmsbill.com

Chou, Vincent, DO ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
providerscred@bridgestreetmedpractice.com

Chung, See, MSN, APNP, APRN, CNS, CRNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Clarke, Jabbar, MSN, APRN ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Cohen, Hershenta, MD ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
hello@talkiatry.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
hello@talkiatry.com

Cohen, Michelle, MSN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Collazo-Amador, Aylem, MS, LMHC ■
306 Alcazar Avenue
200
Coral Gables, FL 33134
(305) 967-8725
Digital Contact Information:
http://www.ajmmedicalcenter.com
sunshine-advantage@mbhpays.com

and
8500 West Flagler Street
Office 107A
Miami, FL 33144
(786) 907-5141
Digital Contact Information:
sunshine-advantage@mbhpays.com

and
13301 Southwest 132nd Avenue
209 209
Miami, FL 33186
(786) 713-5553
Digital Contact Information:
sunshine-advantage@mbhpays.com

and
FL
(305) 632-3892
Digital Contact Information:
sunshine-advantage@mbhpays.com
Other Languages Spoken by Provider or Office Staff
Spanish

Collins, Marjorie, MSN, APRN ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Coloccia, Elinor G, PSYD, CP, LP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
admin@psychologyaz.com

Colunga, Eduardo, MSN, APRN ■
900 East 9th Street
Hialeah, FL 33010
(305) 381-5294
Digital Contact Information:
info@cbhwestcoast.com
Other Languages Spoken by Provider or Office Staff
Spanish

Comas, Alejandro, DNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Commella, Noreen, PSYD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@healthyyoungminds.com

Concepcion, Sailys, MA, LMHC, LPC ■
FL
(508) 202-1011
Digital Contact Information:
sailysc@pm.me

and
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
sailysc@pm.me

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
sailysc@pm.me

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
sailysc@pm.me

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
sailysc@pm.me

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
sailysc@pm.me

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
sailysc@pm.me

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
sailysc@pm.me

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
sailysc@pm.me

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
sailysc@pm.me

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
sailysc@pm.me
Other Languages Spoken by Provider or Office Staff
Spanish

Constant, Marie L, MSN, APRN ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Cook, Chaz, MS, LMHC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
http://sunbeamfamilyservices.org
drandall@teampathways.com

Cordova, Carlos A, MS, LMHC ■
2141 SW 1st St
Ste 103
Miami, FL 33135
(305) 644-6024
Digital Contact Information:
help@coralcmhc.net
Other Languages Spoken by Provider or Office Staff
Spanish

Corniffe, Khadine, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
pandatherapycircle@gmail.com

Correa, Richard, MSW, LCSW, LMFT ■
123 N Krome Ave
Ste 201
Homestead, FL 33030
(786) 339-0686
Digital Contact Information:
richardcorrea2@aol.com

Corzo, Samantha R, MS, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544

Digital Contact Information:
credentialing@banyanhealth.org

Cos Salmon, Hugo, MSN, APRN ■
1671 West 37th Street
Suite #3
Hialeah, FL 33012
(305) 728-4880
Digital Contact Information:
hcos@chwcm.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

Costa, Merly, MSN, APRN, NP ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
cacosta@telemed2u.com

and
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
cacosta@telemed2u.com

and
255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
cacosta@telemed2u.com

and
370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
cacosta@telemed2u.com

and
333 Southeast 2nd Avenue
Suite 2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
cacosta@telemed2u.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
cacosta@telemed2u.com

and
3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
cacosta@telemed2u.com

and
350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
cacosta@telemed2u.com

and
429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
cacosta@telemed2u.com

and
323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
cacosta@telemed2u.com

Cox, Ashley N, MS, LMHC, LPC ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
ghines@hinesandassociates.net

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
ghines@hinesandassociates.net

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
ghines@hinesandassociates.net

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
ghines@hinesandassociates.net

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
ghines@hinesandassociates.net

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
ghines@hinesandassociates.net

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
ghines@hinesandassociates.net

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
ghines@hinesandassociates.net

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
ghines@hinesandassociates.net
Other Languages Spoken by Provider or Office Staff
Spanish

Cox, Tatiana, PSYD, LP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Crider, Tiffany, MS, LMHC ■
FL
(305) 812-6018
Digital Contact Information:
http://www.prevailandprogress.com
tiffanysimone@prevailandprogress.com

Crocker, Gayle, PSYD, LMHC ■
16400 NW 2nd Ave
Ste 100
Miami, FL 33169
(954) 588-3612
Digital Contact Information:
gaylecrocker@hotmail.com

and
FL
(954) 588-3612
Digital Contact Information:
gaylecrocker@hotmail.com

Crowdis, Marissa A, DO ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
ehoyos@lotuscounseling.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
ehoyos@lotuscounseling.com

Cruz, Jose, MD ■
4302 Alton Rd
Ste 820
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com

and
4304 Alton Rd
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com

and
4304 Alton Rd
Fl 1
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com

Cue, Liz, MSW, LCSW ■
5901 Southwest 74th Street
408
Miami, FL 33143
(305) 735-3555
Digital Contact Information:
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Curras, Michelle M, MSSW, LCSW ■
1000 Brickell Avenue
Miami, FL 33131
(786) 536-5702
Digital Contact Information:
laibehavior@gmail.com

and
981 NW 132nd Ave W
Miami, FL 33182
(786) 536-5702
Digital Contact Information:
laibehavior@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Curtis, Jasmine, MSN, APRN, NP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
cred@bayshoreintegratedhealth.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
cred@bayshoreintegratedhealth.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
cred@bayshoreintegratedhealth.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
cred@bayshoreintegratedhealth.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
cred@bayshoreintegratedhealth.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
cred@bayshoreintegratedhealth.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
cred@bayshoreintegratedhealth.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
cred@bayshoreintegratedhealth.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
cred@bayshoreintegratedhealth.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
cred@bayshoreintegratedhealth.com
Other Languages Spoken by Provider or Office Staff English

Curtis, Kormasah K, MMFT, LMFT ■
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
contactus@embracecounselingusa.com

Cyronak, Ashley R, MSN, PMHNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
coastalpsych@gmail.com

Dagobert, Nathalie, MSN, APRN, APRNPMH, CNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
caqh@dogwoodmedgroup.com

Daley, Rosalind, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
john@cecomputech.com

Dangla, Marjorie, MSW, LCSW ■
Doral
Doral, FL 33178
(305) 926-6106
Digital Contact Information:
blissfulsoultherapy01@gmail.com

Dao, Quynh, MSN, APRN, APRNCNP, ARNP, CNS, CRNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@elitedna.com

Dashevsky, Jessica, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff
Russian

Davis, Adrienne, MSN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@crossfunctionalcare.com

Davis, Jasmine M, PHD, LP ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
ehoyos@lotuscounseling.com

and
2121 Southwest 3rd Avenue

101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
http://www.lotuscounseling.com
ehoyos@lotuscounseling.com

Davis, Joy J, MSW, LCSW ●
150 NW 79th St
342
Miami, FL 33150
(305) 230-4598
Digital Contact Information:
http://www.affirmingyouth.org
joy@affirmingyouth.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

De Aguayo, Andrea, PSYD, LP ■
3625 Northwest 82nd Avenue
400o
Doral, FL 33166
(786) 407-3375
Digital Contact Information:
drandrea@srfhealinghelp.com

Degraff, Stephane B, MD ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
victoria.l.oswald@powershealth.org
Other Languages Spoken by Provider or Office Staff Creole

Dehaut, Yves, MN, APRN ●
20760 Northeast 4th Court
APT 106
Miami, FL 33179
(305) 331-8695
Digital Contact Information:
chanmedicalbilling@gmail.com
Other Languages Spoken by Provider or Office Staff Creole

Dejesus, Gisella, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Del Cid, Maryann, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

Delgado, Beatriz, MSSW, LCSW ■
1550 Madruga Ave
Ste 509
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
http://www.abc4s.com
admin@abc4s.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Desarmes, Michelle, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
finn.garrison@bellmedex.com

Desir, Fallon, PSYD, CP, LP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Desroches, Moramed, MSN, APRN, CRNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole, French, Spanish

Dewashrayee, Krishna M, MSN, PMHCNS ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
info@riviamind.com

Dey, Joel P, MD ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
credentialing@yacoubmd.com

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
credentialing@yacoubmd.com

Diaz Palmero, Yuranis, MPSY, LMHC ■
3785 Northwest 82nd Avenue
307
Doral, FL 33166
(305) 266-2949
Digital Contact Information:
info@oasismentalhealthcenter.com

and
Northwest 92nd Avenue
Doral, FL 33172
(305) 266-2949
Digital Contact Information:
info@oasismentalhealthcenter.com

and
5901 Northwest 183rd Street
310
Hialeah, FL 33015
(786) 418-9790
Digital Contact Information:
https://oasismentalhealthcenter.com
info@oasismentalhealthcenter.com

and
1250 Southwest 27th Avenue
Suite 506
Miami, FL 33135
(786) 536-9278
Digital Contact Information:
info@oasismentalhealthcenter.com

and
330 Southwest 27th Avenue
STE 609
Miami, FL 33135
(786) 743-0801
Digital Contact Information:
info@oasismentalhealthcenter.com

and
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
info@oasismentalhealthcenter.com

and
9125 SW 87th Ave
Miami, FL 33176
(305) 735-3919
Digital Contact Information:
info@oasismentalhealthcenter.com
Other Languages Spoken by Provider or Office Staff
Spanish

Dieguez, Ivette, MSN, APRN ■
3901 Northwest 79th Avenue
250
Doral, FL 33166
(239) 342-6516
Digital Contact Information:
info@laluzmentalhealth.com

and
12700 Southwest 128th Street
STE 108
Miami, FL 33186
(786) 732-0865
Digital Contact Information:
info@laluzmentalhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Dieppa, Jessica B, MS, LMHC ●
10815 Southwest 145th Place
Miami, FL 33186
(305) 989-0493
Digital Contact Information:
http://www.guidedpathstherapy.com
jessica.dieppa22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Dixon, Passion, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
ortiz4professionalservicesllc@gmail.com

Dominguez, Ashley, MS, LMHC ■
FL
(305) 497-4998
Digital Contact Information:
https://thecounselorcare.com
ashley@thecounselorcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Dominguez, Rebecca A, MS, LMHC ■
14645 Northwest 77th Avenue
101
Miami Lakes, FL 33014
(833) 769-3524
Digital Contact Information:
http://lifestance.com
fl-credentialing@lifestance.com

Dominguez-Baute, Ileana D, MSN, PMHNP ■
14707 South Dixie Highway
Ste 201
Miami, FL 33176
(786) 250-3475
Digital Contact Information:
http://www.psychiatryandbeyond.com
psychiatry.beyond@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Donaldson, Kaeron, MSW, LCSW ■
2124 Northeast 123rd Street
STE 220
North Miami, FL 33181
(786) 828-0947
Digital Contact Information:
https://blossomfl.com
info@blossomfl.com
Other Languages Spoken by Provider or Office Staff
Hebrew, Spanish

Dowell, Lavern, MSN, APRN ■
848 Brickell Avenue
5
Miami, FL 33131
(904) 765-0665
Digital Contact Information:
egood@ahawc.org

Dreher, Faatimah, MS, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
acc@advancedclientcare.org

Dufresne, Rachel, MSW, LCSW ■
FL
(786) 505-4485
Digital Contact Information:
rdufresnelcsw@gmail.com

Dupera, Kelvin, MSN, APRN, CRNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
billing@healthhavenllc.org

Duran, Gladys A, MSW, LCSW ●
FL
(305) 321-9998
Digital Contact Information:
http://pivotalbeginnings.com
gduran@pivotalbeginnings.com
Other Languages Spoken by Provider or Office Staff
Spanish

Dysert, Morgan A, MSN, APRN ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
info@riviamind.com

Echanove, Ainara, PSYD, LP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
bill@lalunacenter.com

and
FL
(800) 567-5433
Digital Contact Information:
https://totallife.com/
bill@lalunacenter.com
Other Languages Spoken by Provider or Office Staff English

Edwards, Madeline, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Edwards, Raina, MS, LMHC, LPC ■
FL
(202) 410-5972
(786) 273-7736
Digital Contact Information:
info@strengthsandsolutions.com

Ehrentreu, Dana, MSW, LCSW ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
nj-patientaccess@harmonybaywellness.com

El-Bahtity, Bassem F, MD ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
credentialing@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
credentialing@compass.md

Elder, Carol, MS, LMFT ■
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(561) 609-2996
Digital Contact Information:
http://www.pandatherapycircle.com/
pandatherapycircle@gmail.com

Elma, Linda S, MSW, LCSW ■
11601 Biscayne Boulevard
303
Miami, FL 33181
(954) 278-0487
Digital Contact Information:
http://lsmsmentalhealth.com
info@lindaelmalcsw.com
Other Languages Spoken by Provider or Office Staff Creole

Elowe, Rebecca, MA, LMHC ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
info@riviamind.com

Emerson, Amanda S, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
amanda@alignhw.net

Enamorado, Yanko, MD ■
4302 Alton Rd
Ste 820
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com

and
4304 Alton Rd
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com

and
4304 Alton Rd
Fl 1
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com

Enea, Cassie, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

England, Kelly L, DNP, APN, APRN, APRNCNP, CNP, NP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Eppes, Alexis J, MSN, ARNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
apc123@bellsouth.net

Espinoza Marin, Ennyluz, MMH, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff Spanish

Estrada, Giselle, MS, LMHC ■
250 Catalonia Avenue
Suite 702
Coral Gables, FL 33134
(321) 405-2805
Digital Contact Information:
https://harvestingjoypsychologicalservices.com
harvestingjoycounseling@gmail.com

Estrada, Paola, MSW, LCSW ■
6175 NW 153rd St
Ste 404
Miami Lakes, FL 33014
(305) 558-7400
Digital Contact Information:
kim@appliedbehavior.net

Estupinan, Monica V, MSN, APRN ■
9220 Sunset Drive
104
Miami, FL 33173
(786) 724-4224
Digital Contact Information:
admin@vita-cog.com

and
12595 Southwest 137th Avenue
STE 110
Miami, FL 33186
(305) 465-9379
Digital Contact Information:
admin@vita-cog.com

Ettienne, Genesis D, MSCC, LMHC ■
7925 Northwest 12th Street
405
Miami, FL 33126
(786) 401-7278
Digital Contact Information:
fenixmentalhealthgroup@gmail.com

and
129 Southwest 42nd Avenue
9
Miami, FL 33134
(786) 542-9914
Digital Contact Information:
fenixmentalhealthgroup@gmail.com

and
1800 Southwest 27th Avenue
505
Miami, FL 33145
(786) 542-9914
Digital Contact Information:
fenixmentalhealthgroup@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Exume-Noel, Estherline, DNP, APRN, PMHNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@crossfunctionalcare.com

Famakinwa, Michelle, MD ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
333 Southeast 2nd Avenue
Suite 2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

and
3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

Feldman, Marina P, MC, LMHC ■
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
info@talcmhc.org

Ferguson, Camira, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Fernandez De Castro, Erika, MSW, LCSW ■
1450 Madruga Avenue
407
Coral Gables, FL 33146
(786) 395-9162
Digital Contact Information:
morecounseling@gmail.com

and
FL
(786) 395-9162
Digital Contact Information:
morecounseling@gmail.com

and
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
morecounseling@gmail.com

Fernandez, Isabel, MSN, APRN ■
15450 New Barn Road
200
Miami Lakes, FL 33014
(305) 900-3970
Digital Contact Information:
http://www.neurozenpsychiatry.com
isabelfernandezrn@gmail.com

and
FL
(305) 900-3970
Digital Contact Information:
http://www.neurozenpsychiatry.com
isabelfernandezrn@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Fernandez, Lianny, MPSY, LMHC ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
yavila@avilahealthgroup.com

and
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
yavila@avilahealthgroup.com

and
306 Westward Dr
Miami Springs, FL 33166
(786) 588-7894
Digital Contact Information:
yavila@avilahealthgroup.com
Other Languages Spoken by Provider or Office Staff Spanish

Fernandez Paul, Katheryn, MSN, APRN ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
tnovoa@believetherapycenter.com

and
7765 SW 87th Ave
Ste 105
Miami, FL 33173
(786) 550-7176
Digital Contact Information:
tnovoa@believetherapycenter.com

and
15413 Southwest 137th Avenue
Miami, FL 33177
(305) 964-5594
Digital Contact Information:
tnovoa@believetherapycenter.com

Fernandez, Rebeca P, MC, LMHC ■
7100 Southwest 99th Avenue
STE 201
Miami, FL 33173
(305) 607-9248

Digital Contact Information:
fernandezcounseling@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Soraya, MMH, LMHC ■
2300 West 84th Street
STE 104
Hialeah, FL 33016
(305) 903-3168
Digital Contact Information:
cgomezbmcmhc@gmail.com
and
13416 Southwest 128th Street
Miami, FL 33186
(786) 732-0247
Digital Contact Information:
cgomezbmcmhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez-Guzman, Natasha V, MMH, LMHC ■
15715 South Dixie Highway
Suite 320
Miami, FL 33157
(786) 475-2309
Digital Contact Information:
natashafdez@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fiallo, Irma R, MSW, LCSW ■
FL
(909) 442-0618
(202) 410-5972
(786) 471-7485
Digital Contact Information:
http://orendapsych.com
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
Spanish

Fiallo, Liset, MSW, LCSW ■
401 Coral Way
Ste # 105
Coral Gables, FL 33134
(786) 534-4979
Digital Contact Information:
autonomyoffice@gmail.com
and
401 Miracle Mile
#105
Coral Gables, FL 33134
(786) 534-4979
Digital Contact Information:
autonomyoffice@gmail.com
and
7855 Northwest 12th Street
221
Doral, FL 33126
(305) 648-7174
Digital Contact Information:
autonomyoffice@gmail.com
and
8500 SW 92nd Street
106b
Kendall, FL 33156
(305) 720-6118
Digital Contact Information:
autonomyoffice@gmail.com
and
330 Southwest 27th Avenue
307 309
Miami, FL 33135
(786) 762-2644
Digital Contact Information:
autonomyoffice@gmail.com
and
8260 West Flagler Street
2E
Miami, FL 33144
(305) 427-7906
Digital Contact Information:
autonomyoffice@gmail.com
and
1797 Coral Way
Miami, FL 33145
(786) 464-0673
Digital Contact Information:
autonomyoffice@gmail.com
and
1800 Southwest 27th Avenue
505
Miami, FL 33145
(786) 542-9914
Digital Contact Information:
autonomyoffice@gmail.com
and
10300 Southwest 72nd Street
250b
Miami, FL 33173
(787) 433-7751
Digital Contact Information:
autonomyoffice@gmail.com
and
12595 Southwest 137th Avenue
176
Miami, FL 33186
(786) 701-9992
Digital Contact Information:
autonomyoffice@gmail.com
and
12595 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 701-9992
Digital Contact Information:
autonomyoffice@gmail.com
and
13195 Southwest 134th Street
102
Miami, FL 33186
(305) 964-5236
Digital Contact Information:
autonomyoffice@gmail.com
and
9000 Southwest 137th Avenue
STE 211
Miami, FL 33186
(786) 515-7106
Digital Contact Information:
autonomyoffice@gmail.com
and
14865 South Dixie Highway
Palmetto Bay, FL 33176
(786) 732-2176
Digital Contact Information:
autonomyoffice@gmail.com
and
7500 Sw A St # 203
West Miami, FL 33144
(786) 542-5244
Digital Contact Information:
autonomyoffice@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Figuereo Sabeta, Solange, MC, LMHC ■
10300 Florida 986
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fishberger, Andrea J, MSW, LCSW ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
andreafishberger@me.com
and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
andreafishberger@me.com
and
FL
(914) 924-4827
Digital Contact Information:
andreafishberger@me.com

Fitzpatrick, Panayiota, MED, LMHC ■
360 Northwest 27th Street
Miami, FL 33127
(929) 209-6109
Digital Contact Information:
fl-patientaccess@harmonybaywellness.com

Flores, Christian, MSW, LCSW ■
2915 Biscayne Boulevard
Suite 300-4
Miami, FL 33137
(786) 398-4747
Digital Contact Information:
contactus@miamivibescounselingcenter.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fontanes, Paula, MS, LMFT ■
FL
(786) 378-4565
Digital Contact Information:
paulafontanes10@gmail.com
and
9745 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 378-4565
Digital Contact Information:
paulafontanes10@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Force, Ali-Reza, MD ■
5911 Northwest 173rd Drive
6 6
Hialeah, FL 33015
(786) 380-9229
Digital Contact Information:
extwebsupport@hcdpbc.org
Other Languages Spoken by Provider or Office Staff Haitian Creole, Spanish

Forte, Parker, MC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
contact@fortifiedcounseling.com

Fox, Iris T, MSW, LCSW ■
3580 Mystic Pointe Drive
Aventura, FL 33180
(786) 414-1574
Digital Contact Information:
iris@ifoxtherapy.com

Fox, James, MSN, APN, APRN, APRNCNP, CNS, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Fox, Starr, MSN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
hello@joinlavender.com

Frank, Randi, MC, LMHC ■
9822 Northeast 2nd Avenue
2
Miami Shores, FL 33138
(786) 505-7502
Digital Contact Information:
http://www.mindfuldirectionscc.com
randi@mindfuldirectionscc.com

Frasier, Hazel D, MSN, APRN, LNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
hazel.frasier@ncgcommunity.com

Freire, Anthony, MA, LMHC ■
14211 Southwest 120th Street
107
Miami, FL 33186
(917) 592-2345
Digital Contact Information:
anthonyfreire@gmail.com

Frigerio, Ailema, PSYD, LP ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
info@myschoolpsychologistinc.com

Froehler, Luisa V, MMH, LMHC ■
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
http://www.miamipersonalmanagement.com
klopez@miamipersonalmanagement.com

Gainza Mayo, Mariela D, MSN, APRN ■
7971 Bird Road
15
Miami, FL 33155
(786) 504-5620
Digital Contact Information:
kenia.rodriguez@ffmhs.com
and
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gallimore, Lloyd, MSN, APN, APRN, CNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Galvez, Gema, MS, LPC ■
10300 Southwest 72nd Street
275d
Miami, FL 33173
(888) 853-7908
Digital Contact Information:
http://www.bettermindtherapycorp.com
gemagalvez@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Anthony N, MC, LMHC ■
1951 Northwest 7th Avenue
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
Not Available

Garcia, Calixto, PHD, LP ■
2001 Northwest 107th Avenue
412
Doral, FL 33172
(786) 548-8322
Digital Contact Information:
drcgarciaphd@gmail.com
and
8390 West Flagler Street
107
Miami, FL 33144
(305) 856-9090
Digital Contact Information:
drcgarciaphd@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Carla, MSN, APRN ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
info@elevatepsychiatry.com
and
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
info@elevatepsychiatry.com
and
12550 Biscayne Boulevard
STE 800
North Miami, FL 33181
(788) 442-5021
Digital Contact Information:
info@elevatepsychiatry.com

Garcia Diaz, Marta, MSN, APRN ■
7490 Southwest 23rd Street

201
Miami, FL 33155
(786) 953-8221
Digital Contact Information:
medilineinc@yahoo.com

and
7315 Northwest 36th Street
Miami, FL 33166
(786) 345-7734
Digital Contact Information:
medilineinc@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Glenda, MSN, APRN ■
15260 Southwest 280th Street
113 114
Homestead, FL 33032
(305) 998-7885
Digital Contact Information:
infogarciahs@gmail.com

and
13370 Southwest 131st Street
Suite 110
Miami, FL 33186
(786) 250-4571
Digital Contact Information:
infogarciahs@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Lauren, MED, LMHC ■
2212 Northwest 91st Street
4058
Miami, FL 33147
(341) 888-7637
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
lauren.garcia371@gmail.com

Garcia, Manuel Antonio, MD ■
1695 Northwest 110th Avenue
309
Miami, FL 33172
(305) 551-2828
Digital Contact Information:
magmdoffice@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Maria, MS, LMHC ■
15715 S Dixie Hwy
Ste 403
Miami, FL 33157
(305) 707-5966
Digital Contact Information:
movingtowardagape@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Tiffany, MN, PMHNP ■
2650 Southwest 27th Avenue
Suite 305
Miami, FL 33133
(786) 353-9812
Digital Contact Information:
billingheritagewellness@gmail.com

and
20824 W Dixie Hwy
Miami, FL 33180
(407) 851-5121
Digital Contact Information:
billingheritagewellness@gmail.com

Garcia, Yadisnay, MSN, APRN ■
770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
5201 Blue Lagoon Dr
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

and
830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

Garza, Gabriel R, MD ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
Not Available

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
Not Available

Gatliff, Benjamin, MS, BCBA, LMHC, LPC ■
66 W Flagler St
900
Miami, FL 33130
(610) 306-2618
Digital Contact Information:
delegation@psychplus.com

and
777 Brickell Ave
Ste 500
Miami, FL 33131
(786) 490-2181
Digital Contact Information:
http://rockerhealth.org
delegation@psychplus.com

and
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(561) 289-7995
Digital Contact Information:
http://pandatherapycircle.com
delegation@psychplus.com

Genen, Lawrence R, MD ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
provider@3peaksmedical.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com
Other Languages Spoken by Provider or Office Staff English

Georgescu, Manuela, MD ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
Not Available

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
http://banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
Other Languages Spoken by Provider or Office Staff
Spanish

Gerber, Melanie A, MC, LCMHC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Gerenz, Matthew, MD ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
js@mdgain.com

Gevorkyan, Mishela I, MSN, APN, APRN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
info@diana.health
Other Languages Spoken by Provider or Office Staff
Russian, Spanish

Gillems, Tina, MSW, LCSW ■
18117 Biscayne Boulevard
1229
Miami, FL 33160
(305) 900-3836
Digital Contact Information:
tinagillems@gmail.com

Gillon, Canisha, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
appts@aimergency.org
Other Languages Spoken by Provider or Office Staff
English, Creole, French

Glazer, Caleigh M, MA, LMHC ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
info@riviamind.com

Gonzalez, Adriana, MSN, APRN ■
11440 N Kendall Dr
Ste 208
Miami, FL 33176
(305) 898-0849
Digital Contact Information:
callisiabilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Francisca, MS, LMHC ■
777 E 25th St
Ste 212
Hialeah, FL 33013
(786) 409-7329
Digital Contact Information:
laluzmentalhealthservices@gmail.com

and
5911 Northwest 173rd Drive
6 6
Hialeah, FL 33015
(786) 380-9229
Digital Contact Information:
laluzmentalhealthservices@gmail.com

and
6187 Northwest 167th Street
STE H26
Hialeah, FL 33015
(305) 705-5666
Digital Contact Information:
laluzmentalhealthservices@gmail.com

and
11401 Southwest 40th Street
#345
Miami, FL 33165
(305) 603-7063
Digital Contact Information:
http://bridgeofcaregroup.com
laluzmentalhealthservices@gmail.

com

and
5600 Southwest 135th Avenue
100
Miami, FL 33183
(305) 603-9104
Digital Contact Information:
laluzmentalhealthservices@gmail.com

and
12311 Southwest 133rd Court
23
Miami, FL 33186
(786) 257-7423
Digital Contact Information:
laluzmentalhealthservices@gmail.com

and
12700 Southwest 128th Street
STE 108
Miami, FL 33186
(786) 732-0865
Digital Contact Information:
laluzmentalhealthservices@gmail.com

and
13416 Southwest 128th Street
Miami, FL 33186
(786) 732-0247
Digital Contact Information:
laluzmentalhealthservices@gmail.com

and
5391 Northwest 36th Street
Miami Springs, FL 33166
(305) 418-0580
Digital Contact Information:
laluzmentalhealthservices@gmail.com

and
7500 Sw A St # 203
West Miami, FL 33144
(786) 542-5244
Digital Contact Information:
laluzmentalhealthservices@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gonzalez, Gloria, PHD, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
professional_counseling@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Jacqueline, MSSW, LCSW ■
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
sasha@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gonzalez, Juan Carlos, MMFT, LMFT ■
7765 SW 87th Ave
Ste 104
Miami, FL 33173
(786) 229-2614
Digital Contact Information:
jc@jcgcounseling.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Maylin, MS, LMHC, LPC ■
1550 Madruga Ave
Ste 509
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
kenia.romero@abc4s.com

and
4649 Ponce de Leon
STE 404
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
kenia.romero@abc4s.com

and
1150 Northwest 72nd Avenue
640
Miami, FL 33126
(786) 497-3444
Digital Contact Information:
kenia.romero@abc4s.com

and
15715 South Dixie Highway
Suite 320
Miami, FL 33157
(786) 761-1709
Digital Contact Information:
http://www.strongmindmh.com
kenia.romero@abc4s.com
Other Languages Spoken by Provider or Office Staff
Spanish

Goodrich, Kenny, MC, LMHC ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
perla.delosrios@dadefamily.com

Gordon, Natalie, MSW, LCSW, LMFT ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
melissa1amaya@yahoo.com

Gordon-Battle, Belinda M, MS, LMHC ■
FL
(240) 472-3486
Digital Contact Information:
bgordonbattle@gmail.com

Gorham, Tania, MMFT, LMFT ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
gorhamtania@gmail.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
gorhamtania@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Grabowitz, Ellen, MD ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Graham, Morgan, MSW, LCSW ■
7600 South Red Road
200
South Miami, FL 33143
(786) 508-2207
Digital Contact Information:
angelo@lunapsychology.com
Other Languages Spoken by Provider or Office Staff
Spanish

Grant, Carla, MSN, APRN ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
http://www.compasshealthsystems.com
none@gmail.com

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
none@gmail.com

Grant, Sandra, MSN, APRN ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
info@hupcfl.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@hupcfl.com

Greene, Danielle N, MSW, LCSW ■
1531 Northwest 173rd Terrace
Miami, FL 33169
(415) 941-4109
(786) 487-8331
Digital Contact Information:
evolvetherapeuticsolutionsllc@gmail.com

and
14645 Northwest 77th Avenue
101
Miami Lakes, FL 33014
(833) 769-3524
Digital Contact Information:
http://lifestance.com
evolvetherapeuticsolutionsllc@gmail.com

Grigorova, Marina, MS, LMHC ■
FL
(646) 453-6777
Digital Contact Information:
marinag2804@gmail.com
Other Languages Spoken by Provider or Office Staff
Bulgarian

Guardo, Estela, MSCC, LMHC ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
perla.delosrios@dadefamily.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Guemez, Maidember, MMH, LMHC ■
13335 Southwest 124th Street
Suite 212
Miami, FL 33186
(786) 515-4569
Digital Contact Information:
mguemez@sfcounselinggroup.org

and
13590 Southwest 134th Avenue
STE 202
Miami, FL 33186
(786) 515-4569
Digital Contact Information:
mguemez@sfcounselinggroup.org
Other Languages Spoken by Provider or Office Staff
Spanish

Guevara Vazquez, Vladimir A, MD ■
7855 Northwest 12th Street
217
Doral, FL 33126
(786) 473-0632
Digital Contact Information:
imhotepcxinc@gmail.com

and
6187 Northwest 167th Street
STE H26
Hialeah, FL 33015
(305) 705-5666
Digital Contact Information:
imhotepcxinc@gmail.com

and
3408 West 84th Street
STE 301
Hialeah, FL 33018
(786) 661-2971
Digital Contact Information:
imhotepcxinc@gmail.com

and
1150 Northwest 72nd Avenue
220
Miami, FL 33126
(786) 558-4899
Digital Contact Information:
imhotepcxinc@gmail.com

and
1495 NW 54th St
Miami, FL 33142
(305) 205-4328
Digital Contact Information:
imhotepcxinc@gmail.com

and
8550 West Flagler Street
Suite 113
Miami, FL 33144
(305) 755-2200
Digital Contact Information:
imhotepcxinc@gmail.com

and
14261 Southwest 120th Street
Suite #113
Miami, FL 33186
(786) 558-4169
Digital Contact Information:
imhotepcxinc@gmail.com

and
5391 Northwest 36th Street
Miami Springs, FL 33166
(786) 636-1310
Digital Contact Information:
imhotepcxinc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Guntin, Yamile, MSW, LCSW ■
3191 Coral Way
607
Miami, FL 33145
(786) 397-7926
Digital Contact Information:
https://headfulloffoliage.com
guntinaleman@gmail.com

and
FL
(786) 397-7926
Digital Contact Information:
https://headfulloffoliage.com
guntinaleman@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gutierrez, Beatriz, MSN, APRN ■
FL
(954) 765-6505
Digital Contact Information:
https://optimalmindandwellness.com/our-focus
beatriz@optimalmindandwellness.com

Gutierrez, Damian, MC, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
credentialing@banyanhealth.org

Hagstrom, Morgan, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Haider, Shamshad, MED, LMHC, LPC ■

2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff Farsi, Urdu, Arabic, Hindi

Haldeman, Melissa, DNP, APRN, NP, PMHNP ■

2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

Hall, Karla, MSN, APRN ■

1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
hello@joinblossomhealth.com

Halliday, Anna, MED, LMHC ■

3580 Mystic Pointe Drive
Suite 108
Aventura, FL 33180
(305) 205-3810
Digital Contact Information:
support@hstherapycollective.com

and

820 Northeast 143rd Street
North Miami, FL 33161
(305) 205-3810
Digital Contact Information:
http://hstherapycollective.com
support@hstherapycollective.com

Hamid, Ahsan, PA, PA_C ■

66 West Flagler Street
Miami, FL 33130
(347) 875-0473
Digital Contact Information:
ldiaz@mindfulhc.com

Hampton, Valerie, MSN, APN, APRN, APRNCNP, CNS, NP ■

770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and

7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and

5201 Blue Lagoon Dr
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and

6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and

80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and

601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and

801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and

830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and

9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and

8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Hargrove, Chelsea N, MSN, APRN ■

770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
vijay@cardiacsi.com

and

7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
vijay@cardiacsi.com

and

5201 Blue Lagoon Dr
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
vijay@cardiacsi.com

and

6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
vijay@cardiacsi.com

and

80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
vijay@cardiacsi.com

and

601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
vijay@cardiacsi.com

and

801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
vijay@cardiacsi.com

and

830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
vijay@cardiacsi.com

and

9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(888) 684-2779
Digital Contact Information:
vijay@cardiacsi.com

and

8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
vijay@cardiacsi.com

Harper, Tina, DNP, APRN, NP ■

2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
credentialing@talbertsmedical.com

and

2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing@talbertsmedical.com

and

255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing@talbertsmedical.com

and

370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
credentialing@talbertsmedical.com

and

333 Southeast 2nd Avenue
Suite #2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@talbertsmedical.com

and

801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@talbertsmedical.com

and

3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
credentialing@talbertsmedical.com

and

350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
credentialing@talbertsmedical.com

and

429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
credentialing@talbertsmedical.com

and

323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
credentialing@talbertsmedical.com

Harris, Brian, MA, LMHC ■

FL
(786) 733-6422
Digital Contact Information:
http://www.elliementalhealth.com
fl-credentialing@lifestance.com

Harris, Teresa Q, MA, LPC ■

FL
(650) 761-9770
Digital Contact Information:
psychoanalyst42@protonmail.com

Hassan, Hamlet R, MD ■

4475 Southwest 8th Street
Coral Gables, FL 33134
(786) 536-2872
Digital Contact Information:
bcd.ahcs@outlook.com

and

3146 Coral Way
FL 2
Coral Gables, FL 33145
(786) 953-8874
Digital Contact Information:
bcd.ahcs@outlook.com

and

1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
bcd.ahcs@outlook.com

and

11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
bcd.ahcs@outlook.com

and

664 E 25th St
Hialeah, FL 33013
(786) 409-2651
Digital Contact Information:
bcd.ahcs@outlook.com

and

664 East 25th Street
102
Hialeah, FL 33013
(786) 409-5361
Digital Contact Information:
bcd.ahcs@outlook.com

and

7490 Southwest 23rd Street
201
Miami, FL 33155
(786) 953-8221
Digital Contact Information:
bcd.ahcs@outlook.com

and

760 Northwest 107th Avenue
110
Miami, FL 33172
(786) 409-3800
Digital Contact Information:
bcd.ahcs@outlook.com

and

10511 North Kendall Drive
c201
Miami, FL 33176
(305) 274-5319
Digital Contact Information:
bcd.ahcs@outlook.com
Other Languages Spoken by Provider or Office Staff Spanish

Hatcher, Laurie A, MSW, LCSW ■

770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
Not Available

and

7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
Not Available

and

5201 Blue Lagoon Dr
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
Not Available

and

6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
Not Available

and

80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
Not Available

and

601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
Not Available

and

801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

and

830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
Not Available

and

9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(888) 684-2779
Digital Contact Information:
Not Available

and

8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff English

Heard, Chelsea, MSSW, LCSW ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
chelseaheardcounseling@gmail.com

Hecht, Kaleigh, DNP, APN, APRN, CNP, NP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
credentialing@eastwardmedical.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@eastwardmedical.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@eastwardmedical.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@eastwardmedical.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@eastwardmedical.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing@eastwardmedical.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
credentialing@eastwardmedical.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
credentialing@eastwardmedical.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
credentialing@eastwardmedical.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
credentialing@eastwardmedical.com

Helmi, Jehan F, MD ■
1501 Biscayne Boulevard
#501
Miami, FL 33132
(818) 600-2034
Digital Contact Information:
amanda.kudoba@uhsinc.com
Other Languages Spoken by Provider or Office Staff
English, Turkish, Arabic

Henning, Rebecca, MSN, APRN, NP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Henriquez, Maribi, MSW, LCSW ■
14261 Southwest 120th Street
108 628
Miami, FL 33186
(786) 372-0096
Digital Contact Information:
contact@projectchula.com

and
FL
(786) 372-0096
Digital Contact Information:
contact@projectchula.com

Heretoiu, Luminita D, MC, LMHC ■
2650 Biscayne Blvd
Miami, FL 33137
(954) 639-9873
Digital Contact Information:
http://www.artoftalktherapy.com
lthouriee@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Hernandez, Amy M, MD ■
3750 West 16th Avenue
126u
Hialeah, FL 33012
(786) 609-1765
Digital Contact Information:
lfmcbilling@gmail.com

and
3750 West 16th Avenue
140u
Hialeah, FL 33012
(786) 609-1765
Digital Contact Information:
lfmcbilling@gmail.com

and
640 W Palm Dr
Ste D
Homestead, FL 33034
(786) 601-7757
Digital Contact Information:
lfmcbilling@gmail.com

and
640 West Palm Drive
c
Homestead, FL 33034
(305) 793-4701
Digital Contact Information:
lfmcbilling@gmail.com

and
2199 West Flagler Street
Miami, FL 33135
(305) 643-0550
Digital Contact Information:
http://www.lafamiliamiami.com
lfmcbilling@gmail.com

and
1797 Coral Way
Miami, FL 33145
(786) 464-0673
Digital Contact Information:
lfmcbilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Belkis, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
office@cartwheelcare.org

Hernandez, Juan D, MED, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
contracting@confidanthealth.com

Hernandez, Lecsy, MA, BCBA, LMHC ■
770 Ponce de Leon
307
Coral Gables, FL 33134
(786) 344-8757
Digital Contact Information:
mtherapy@hushmail.com

and
770 Ponce de Leon
Ste 305
Coral Gables, FL 33134
(786) 344-8757
Digital Contact Information:
mtherapy@hushmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 695-8672
Digital Contact Information:
mtherapy@hushmail.com

and
4155 Southwest 130th Avenue
108
Miami, FL 33175
(786) 695-8672
Digital Contact Information:
mtherapy@hushmail.com

Hernandez, Maria, MC, LMHC ■
4649 Ponce de Leon
STE 404
Coral Gables, FL 33146
(786) 653-3719
Digital Contact Information:
kenia.romero@abc4s.com

and
3498 Northwest 7th Street
Miami, FL 33125
(786) 653-3719
Digital Contact Information:
kenia.romero@abc4s.com

and
Home Based Services Only
South Miami, FL 33146
(786) 536-9714
Digital Contact Information:
kenia.romero@abc4s.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Hernandez, Natalie, PSYD, LP ■
7600 South Red Road
200
South Miami, FL 33143
(786) 508-2207
Digital Contact Information:
http://www.lunapsychology.com
angelo@lunapsychology.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez Ruiz, Katiana E, MS, LMHC ■
5901 Southwest 74th Street
Suite 201
South Miami, FL 33143
(786) 638-9074
Digital Contact Information:
hummingmindsmia@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Yanet, MSN, APRN ■
FL
(239) 244-2022
(786) 440-0904
Digital Contact Information:
http://www.mdpsclinic.com
consulting@fdgmso.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Hernandez-Cuevas, Maria, MS, LMHC ■
10691 Southwest 88th Street
Suite 110
Miami, FL 33176
(305) 595-5485
Digital Contact Information:
mariahcuevas@gmail.com

Herrera Martinez, Daysi, MSSW, LCSW ●
12540 Northeast 8th Avenue
North Miami, FL 33161
(786) 731-6492
Digital Contact Information:
dherrera@altamiracommunity.com
Other Languages Spoken by Provider or Office Staff
Spanish

Heseltine, Jenifer L, MSW, LCSW ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
info@riviamind.com

Hill, Felicia M, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@lifestance.com

Hodgson, Sidney, MS, LMHC ■
10300 Southwest 72nd Street
#123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
myschoolpsychologist@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hoffmann, Adriana, MC, LMHC ■
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
http://www.miamipersonalmanagement.com
klopez@miamipersonalmanagement.com
Other Languages Spoken by Provider or Office Staff
Spanish

Holloway, Marcia, MSN, APN, APRN, NP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Hopkins, Sharon B, PHD, LP ■
2212 Northwest 91st Street
Miami, FL 33147

(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
cpadilla@deeroaks.com
Other Languages Spoken by Provider or Office Staff French

Hopps, Allison M, MSN, APRN ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Houston, Mark, MSW, LCSW ■
FL
(305) 859-1272
Digital Contact Information:
https://305therapy.com
info@305therapy.com

Huber, Rose, PSYD, LP ■
7330 Southwest 62nd Place
STE 210
South Miami, FL 33143
(786) 801-3883
Digital Contact Information:
info@miamivipsurgery.com

Huff, John M, MD ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Hunnicutt, Jessica, MSN, APRN, CNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Ibe, Daluchukwu, MSN, APN, APRN ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
http://happierliving.com
admissions@traversetherapyservices.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
admissions@traversetherapyservices.com

Igbonegun, Ericka R, MSN, APRN, CNP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
start@bebravehealth.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
start@bebravehealth.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
start@bebravehealth.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
start@bebravehealth.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
start@bebravehealth.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
start@bebravehealth.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
start@bebravehealth.com

and
FL
(305) 902-6347
Digital Contact Information:
start@bebravehealth.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
start@bebravehealth.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
start@bebravehealth.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
start@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Iglesias, Marta, MS, LMHC ■
3081 Salzedo Street
Suite 202
Coral Gables, FL 33134
(786) 294-5624
Digital Contact Information:
http://www.mi-counselor.com
lyam@credentialingconsultants.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Jackson, Clantrelle, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Jacques, Gardine, MSN, APN, APRN, APRNCNS, ARNP, CNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
eden.health11@gmail.com
Other Languages Spoken by Provider or Office Staff English

Jakini, William, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Jattan, Dorothea, MSN, APRN, NP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://happierliving.com
help@joinuplift.co

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
help@joinuplift.co

Jayanti, Anand, MD ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
Not Available

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
Not Available

Jean Baptiste, Natalie, MSN, NP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
sosccgllc@gmail.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
sosccgllc@gmail.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
sosccgllc@gmail.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
sosccgllc@gmail.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
sosccgllc@gmail.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
sosccgllc@gmail.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
sosccgllc@gmail.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
sosccgllc@gmail.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
sosccgllc@gmail.com
Other Languages Spoken by Provider or Office Staff Creole, French

Jeantinor, Anne, MSN, APN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Jenkins, Valerie, MD ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
caqh@dogwoodmedgroup.com

John, Sheena, MD ■
FL
(786) 250-6240
Digital Contact Information:
https://www.sunflowerpsychiatry.com/about-us
info@sunflowerpsychiatry.com

John-Idiagbonya, Tenni, DNP, APN, APRNCNS, CRNP, CRNPPMH, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Johnson, Kamla D, MSW, LCSW ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
http://www.dgphealthandwellness.com
adams@pcmgfl.com
Other Languages Spoken by Provider or Office Staff English

Johnson, Kimberly, PSYD, HSPP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
ldragos@mmds-inc.com

Johnson, Monica M, DNP, NP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
info@aimergency.org

and
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
info@aimergency.org

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
info@aimergency.org

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
info@aimergency.org

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
info@aimergency.org

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@aimergency.org

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
info@aimergency.org

and
1901 Southwest 8th Street
Miami, FL 33135

(888) 684-2779
Digital Contact Information:
info@aimergency.org

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
info@aimergency.org

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
info@aimergency.org

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
info@aimergency.org

Jones, Amy, MSW, LCSW ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Jones, Savannah L, PA, PA_C ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
https://www.compasshealthsystems.com
intake@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
intake@compass.md

Jorge, Cecilia M, MD ■
31 N Krome Ave
Homestead, FL 33030
(786) 481-5909
Digital Contact Information:
https://www.infinitecc.org/
info@infinitecc.org
Other Languages Spoken by Provider or Office Staff Spanish

Jorge, Karen, PA, PA_C ■
8400 Northwest 33rd Street
Ste 201
Miami, FL 33122
(844) 655-4827
Digital Contact Information:
karenj0204@gmail.com

Joseph, Kevin K, DNP, APRN ■
1175 Northeast 125th Street
320
Miami, FL 33161
(786) 842-0444
Digital Contact Information:
http://www.marriagefamilyservices.com
maryann@sunrisepsychiatric.com

Joseph, Marie I, MSN, APRN ■
111 Northwest 183rd Street
Suite 203
Miami, FL 33169
(786) 809-4101
Digital Contact Information:
heavenlysoulscare@gmail.com
Other Languages Spoken by Provider or Office Staff Creole

Kanenbley, Melissa, MSW, LCSW ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
acc@advancedclientcare.org

Karoub, Arielle E, MS, LCMHC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Katsigeorgis, Joanna, PHD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
mshain@seniorcaretherapy.com
Other Languages Spoken by Provider or Office Staff Greek

Keith, Aimee, PSYD, CP, LP ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
enrollment@volunteerhealthassoc.com

and
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
enrollment@volunteerhealthassoc.com

and
255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
enrollment@volunteerhealthassoc.com

and
370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
enrollment@volunteerhealthassoc.com

and
333 Southeast 2nd Avenue
Suite #2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
enrollment@volunteerhealthassoc.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
enrollment@volunteerhealthassoc.com

and
3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
enrollment@volunteerhealthassoc.com

and
350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
enrollment@volunteerhealthassoc.com

and
429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
enrollment@volunteerhealthassoc.com

and
323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
enrollment@volunteerhealthassoc.com
Other Languages Spoken by Provider or Office Staff English

Kelley, Kathryn R, MSN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Khalif, Salaha N, MSN, APRN, ARNP, CNP, CRNP, NP ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
oh-credentialing@lifestance.com

and
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
oh-credentialing@lifestance.com

and
255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
oh-credentialing@lifestance.com

and
370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
oh-credentialing@lifestance.com

and
333 Southeast 2nd Avenue
Suite #2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
oh-credentialing@lifestance.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
oh-credentialing@lifestance.com

and
3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
oh-credentialing@lifestance.com

and
350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
oh-credentialing@lifestance.com

and
429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
oh-credentialing@lifestance.com

and
323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
oh-credentialing@lifestance.com
Other Languages Spoken by Provider or Office Staff English

Kidane Davis, Pascale, MSN, APRN ■
FL
(786) 761-1155
(888) 947-3888
Digital Contact Information:
https://www.virtualpsychiatriccare.com/
pascalenp11@gmail.com

King, Shavanna N, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
drperrier@livalityhealth.com

Kline, Christopher, PHD, LP ■
770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
aswood71@gmail.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
aswood71@gmail.com

and
5201 Blue Lagoon Dr
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
aswood71@gmail.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
aswood71@gmail.com

and
80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
aswood71@gmail.com

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
aswood71@gmail.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
aswood71@gmail.com

and
830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
aswood71@gmail.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(888) 684-2779
Digital Contact Information:
aswood71@gmail.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
aswood71@gmail.com

Knight, Myah, MED, LCPC, LMHC, LPC, LPCC ■
FL
(561) 730-2398
(508) 202-1011
Digital Contact Information:
hello@lbeehealth.com

Knowles, Madison, MS, LCMHC, LCPC, LMHC, LPC, LPCC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
mbknowles772@aim.com

Koch, Dana M, MSN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Kossmann, Marc, PSYD, LP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Kremin, Daniel P, PHD, LP ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
doctorkrem@aol.com

and
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
doctorkrem@aol.com

and
255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
doctorkrem@aol.com

and
370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
doctorkrem@aol.com

and
333 Southeast 2nd Avenue
Suite #2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
doctorkrem@aol.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
doctorkrem@aol.com

and
3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
doctorkrem@aol.com

and
350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
doctorkrem@aol.com

and
429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
doctorkrem@aol.com

and
323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
doctorkrem@aol.com

La Banca, Karina V, MC, LMHC ■
747 Ponce de Leon
Coral Gables, FL 33134
(786) 254-7394
Digital Contact Information:
healthy.solutions@att.net

and
135 San Lorenzo Ave
Ste 100
Coral Gables, FL 33146
(305) 502-3760
Digital Contact Information:
healthy.solutions@att.net

and
1200 Northwest 78th Avenue
210
Doral, FL 33126
(786) 285-3438
Digital Contact Information:
healthy.solutions@att.net

and
6329 Southwest 23rd Street
Miami, FL 33155
(786) 355-7541
Digital Contact Information:
healthy.solutions@att.net

and
7951 Southwest 40th Street
suite 200-a
Miami, FL 33155
(786) 244-9911
Digital Contact Information:
healthy.solutions@att.net

and
FL
(786) 244-9911
Digital Contact Information:
healthy.solutions@att.net

and
175 Fontainebleau Boulevard
Miami, FL 33172
(305) 343-0673
Digital Contact Information:
healthy.solutions@att.net

Lacina Garcia, Esdena, MSN, APRN ■
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lago, Mercedes M, MMH, LMHC ■
4800 West Flagler Street
215
Coral Gables, FL 33134
(954) 368-4786
Digital Contact Information:
mercedeslago7@gmail.com

and
4689 Ponce de Leon Boulevard
Suite 200
Coral Gables, FL 33146
(786) 803-8025
Digital Contact Information:
mercedeslago7@gmail.com

and
1840 West 49th Street
606 606
Hialeah, FL 33012
(305) 846-9727
Digital Contact Information:
mercedeslago7@gmail.com

and
17670 Northwest 78th Avenue
STE 113
Hialeah, FL 33015
(716) 558-4565
Digital Contact Information:
mercedeslago7@gmail.com

and
9827 Southwest 40th Street
Miami, FL 33165
(786) 762-2922
Digital Contact Information:
mercedeslago7@gmail.com

and
6955 Northwest 77th Avenue
407
Miami, FL 33166
(786) 615-2306
Digital Contact Information:
mercedeslago7@gmail.com

and
14722 Southwest 56th Street
Miami, FL 33185
(305) 456-0572
Digital Contact Information:
mercedeslago7@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lambert, Laurie, MSN, APRN, APRNCNS ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

Lamothe, Mirline, MSN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Lampkin, Craig, MS, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Landes, Debra M, MED, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
landeslmhc@gmail.com

Lankenau, Diana J, MN, APRN, PMHNP ■
South Red Road
Miami, FL 33155
(305) 297-7014
Digital Contact Information:
credentialing@orendapsych.com

and
FL
(305) 297-7014
Digital Contact Information:
credentialing@orendapsych.com

Lann, Brian F, MA, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Layden, Paul G, PHD, LP ■
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
pglayden3@bellsouth.net
Other Languages Spoken by Provider or Office Staff English

Lebron Ginorio, Michelle, MD ■
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
rehabcenterag@gmail.com

and
10300 Southwest 72nd Street
300
Miami, FL 33173
(786) 418-9730
Digital Contact Information:
http://www.happydreamsofkids.com
rehabcenterag@gmail.com

and
12150 Southwest 128th Court
Suite 233
Miami, FL 33186
(786) 238-7666
Digital Contact Information:
rehabcenterag@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lee, IN Jin, MSN, APN, APRN, CNP, NP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
credentialing@thriveworks.com
Other Languages Spoken by Provider or Office Staff Korean

Lefler, Linda, MD ■
777 E 25th St
Ste 306
Hialeah, FL 33013
(786) 838-6092
Digital Contact Information:
dustinsode@suncoastcenter.org

Legerme, Georgio P, MD ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
ny-credentialing@lifestance.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
ny-credentialing@lifestance.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
ny-credentialing@lifestance.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
ny-credentialing@lifestance.com

Lehman, Lance T, MD ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

Leon Vega, Diego M, MPSY, LMHC ■
13590 Southwest 134th Avenue
STE 202
Miami, FL 33186
(786) 515-4569
Digital Contact Information:
luther.blisset123@gmail.com

and
FL
(305) 588-4988
(786) 515-4569
Digital Contact Information:
luther.blisset123@gmail.com

Levine, Alexander, PSYD, LP ■
FL
(917) 410-0558
Digital Contact Information:
http://dralexlevine.com
dralexllevine@gmail.com

Leydig, Tammie, MSN, APRN, CNP ■
FL
(305) 902-6347
Digital Contact Information:
sid@instic.health

Lima, Ruben, MMH, LMHC ■
1000 Brickell Avenue
Miami, FL 33131
(305) 389-9509
Digital Contact Information:
credentialing@premedsys.com

and
FL
(305) 934-9411
Digital Contact Information:
credentialing@premedsys.com

and
8000 W Flagler St
Ste 201
Miami, FL 33144
(786) 805-3021
Digital Contact Information:
credentialing@premedsys.com
Other Languages Spoken by Provider or Office Staff

French, Spanish

Linares, Olga C, PSYD, LP ■
13040 San Jose Street
Coral Gables, FL 33156
(305) 649-7610
Digital Contact Information:
olinares13@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Idalmis, MSN, APRN ■
13170 Southwest 128th Street
200
Miami, FL 33186
(786) 852-5198
Digital Contact Information:
https://clarityapproach.com/clarityhealth@approachteam.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Jennifer, MA, LMFT ■
3750 West 16th Avenue
232u
Hialeah, FL 33012
(786) 332-3396
Digital Contact Information:
jennylmft@gmail.com

and
10671 North Kendall Drive
5d
Miami, FL 33176
(786) 474-6469
Digital Contact Information:
jennylmft@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Jose C, MD ■
1200 Northwest 78th Avenue
210
Doral, FL 33126
(786) 285-3438
Digital Contact Information:
jorge@valcourtbehavioral.com

and
633 N Krome Ave
1
Homestead, FL 33030
(305) 763-4007
Digital Contact Information:
jorge@valcourtbehavioral.com

and
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
jorge@valcourtbehavioral.com

and
3525 NW 7th St
Miami, FL 33125
(786) 801-0218
Digital Contact Information:
jorge@valcourtbehavioral.com

and
1710 Northwest 7th Street
STE 5-6-7
Miami, FL 331253500
(786) 409-2568
Digital Contact Information:
jorge@valcourtbehavioral.com

and
3446 Southwest 8th Street
217
Miami, FL 33135
(786) 769-5046
Digital Contact Information:
jorge@valcourtbehavioral.com

and
7821 Coral Way
100
Miami, FL 33155
(786) 409-5690
Digital Contact Information:
jorge@valcourtbehavioral.com

and
7921 Bird Rd
Ste 41
Miami, FL 33155
(305) 425-1393
Digital Contact Information:
http://oceanhealthsystem.com
jorge@valcourtbehavioral.com

and
7921 Bird Road
39
Miami, FL 33155
(786) 310-1570
Digital Contact Information:
http://oceanhealthsystem.com
jorge@valcourtbehavioral.com

and
7971 Bird Road
15
Miami, FL 33155
(786) 504-5620
Digital Contact Information:
http://oceanhealthsystem.com
jorge@valcourtbehavioral.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
jorge@valcourtbehavioral.com

and
19001 Southwest 106th Avenue
c103
Miami, FL 33157
(786) 523-2352
Digital Contact Information:
jorge@valcourtbehavioral.com

and
10680 Fontainebleau Boulevard
Miami, FL 33172
(305) 794-6845
Digital Contact Information:
jorge@valcourtbehavioral.com

and
13706 Southwest 56th Street
STE 105-106
Miami, FL 331756036
(786) 523-4289
Digital Contact Information:
jorge@valcourtbehavioral.com

and
9900 Southwest 107th Avenue
STE 101
Miami, FL 33176
(305) 248-3488
Digital Contact Information:
jorge@valcourtbehavioral.com

and
12540 Southwest 8th Street
Miami, FL 33184
(305) 705-6840
Digital Contact Information:
jorge@valcourtbehavioral.com

and
6600 Cow Pen Road
250
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
jorge@valcourtbehavioral.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lopez, Juan C, MS, LMFT ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
perla@dadefamily.com

and
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
perla@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla@dadefamily.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
http://www.dadefamily.com
perla@dadefamily.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Lopez, Yaneris, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(305) 735-3555
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Lorenzo, Janet, MSN, APRN ■
12963 West Okeechobee Road
1a
Hialeah Gardens, FL 33018
(786) 450-9918
Digital Contact Information:
gardensmedicalcenters@gmail.com

and
12963 West Okeechobee Road
Unit 1
Hialeah Gardens, FL 33018
(786) 536-9329
Digital Contact Information:
gardensmedicalcenters@gmail.com

and
1150 Northwest 72nd Avenue
ph 2
Miami, FL 33126
(786) 542-5043
Digital Contact Information:
gardensmedicalcenters@gmail.com

and
13701 SW 88th St
Ste 305
Miami, FL 33186
(786) 471-6268
Digital Contact Information:
gardensmedicalcenters@gmail.com

and
16464 Southwest 99th Lane
Miami, FL 33196
(786) 471-6268
Digital Contact Information:
gardensmedicalcenters@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Louisius, Berlyne, MSN, APN, APNP, APRN, ARNP, CNS, NP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Louwagie Gordon, Alissa M, MS, LMHC ■
FL
(786) 615-3334
Digital Contact Information:
info@abcsfl.com

Lowe, Lisa, MSN, APRN, CRNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
irishnurse78@gmail.com

and
FL
(305) 902-6347
(727) 626-2067
Digital Contact Information:
irishnurse78@gmail.com

Lozada, Jeremy A, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
admin@lifehealthsystem.org
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Lucci, Alex, MD ■
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
fl-credentialing@lifestance.com

Lugaro Vidal, Jacquenine M, MSW, LCSW ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
perla.delosrios@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Luongo, Joanna, MSN, APN, APRN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
imartin@mcbcollects.com

Luther, Jasmine M, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
fl-credentialing@lifestance.com
Other Languages Spoken by Provider or Office Staff English

Machuca, Jose R, PHD, LMHC ■
11300 Northeast 2nd Avenue
Miami Shores, FL 33168
(504) 388-5981
Digital Contact Information:
rmachuca@barry.edu
Other Languages Spoken by Provider or Office Staff
Portuguese, English, Spanish

Madison, Marlon, MSW, LCSW ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
acc@advancedclientcare.org

Mahbob, Samira, MSN, APRN, APRNCNS, ARNP, CNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@psychplus.com
Other Languages Spoken by Provider or Office Staff English

Maldonado, Ana, MSN, APN, APRN, NP ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:

scheduling@happierliving.com

and
370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
333 Southeast 2nd Avenue
Suite 2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

Maldonado, Milagros R, MS, LMHC ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
info@avilahealthgroup.com
Other Languages Spoken by Provider or Office Staff Portuguese, Spanish

Mallo, Lisaimy, MSW, LCSW ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
alexandra.galvis@mypsychiatrist.com
Other Languages Spoken by Provider or Office Staff Spanish

Maqueira, Elvira, MSW, LCSW ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
tmedina@hbccmhc.com

Marcus, Phyllis C, MC, LMFT ■
540 Northwest 165th Street
114
Miami, FL 33169
(786) 648-6550
Digital Contact Information:
horebhealthclinic@gmail.com

and
540 Northwest 165th Street
STE 110
Miami, FL 33169
(786) 648-6550
Digital Contact Information:
horebhealthclinic@gmail.com

Marini, Martina, MSW, LCSW ■
2141 Southwest 1st Street
204 205
Miami, FL 33135
(786) 515-4935
Digital Contact Information:
martina616@hotmail.com

and
10570 Northwest 27th Street
STE H102
Miami, FL 33172
(786) 409-2197
Digital Contact Information:
martina616@hotmail.com

and
FL
(786) 409-2197
Digital Contact Information:
martina616@hotmail.com

and
17027 W Dixie Hwy
Ste 120
North Miami Beach, FL 33160
(786) 763-2223
Digital Contact Information:
martina616@hotmail.com
Other Languages Spoken by Provider or Office Staff French

Marsal, Lesley C, PSYD, CP, LP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Martin, Precious, MSW, LCSW ■
1801 Northeast 123rd Street
334
North Miami, FL 33181
(888) 718-4915
Digital Contact Information:
http://www.rrrinc.org
info@rrrinc.org

Martinez, Gabriella, MC, LMHC ■
999 Ponce de Leon
1120
Coral Gables, FL 33134
(305) 605-5683
Digital Contact Information:
support@anytimecredentialing.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Martinez, Mitzi, MA, LMHC ■
2020 Ponce de Leon
Suite 1201
Miami, FL 33134
(305) 917-5414
Digital Contact Information:
http://www.psychologybeyond.com
mitzim.therapy@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Mason-Callaway, Alani, PSYD, LP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Mathew, Allin E, MSN, APRN, APRNCNP, CRNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
ipcpeadmin-west@teamhealth.com

Mattioli, Anthony, DO ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
mattiolimentalhealthclinic@gmail.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
mattiolimentalhealthclinic@gmail.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
mattiolimentalhealthclinic@gmail.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
mattiolimentalhealthclinic@gmail.com

Mazzella, Kathryn L, MSN, APN, APNP, APRN, APRNPMH, NP ■
150 Alhambra Circle
Floor 10
Coral Gables, FL 33134
(786) 800-3374
Digital Contact Information:
billing101@healthandpsychiatry.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
billing101@healthandpsychiatry.com

McCray, Valerie, PHD, HSPP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
drvaleriemccray@gmail.com

McDaniel, Andrea N, PHD, LP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

McDevitt, Omayra, MA, LPC ■
FL
(305) 902-6347
Digital Contact Information:
start@bebravehealth.com

McDonald, Cheryl L, MSN, APRN, APRNCNP, NP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
frontdesk@buildingnewhorizons.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
frontdesk@buildingnewhorizons.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
frontdesk@buildingnewhorizons.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
frontdesk@buildingnewhorizons.com

McKenzie-Plez, Antwan, MA, LCMHC ■
1620 Northeast 148th Street
Miami, FL 33181
(954) 412-9698
Digital Contact Information:
kelly@credentialingconsultants.com

Mckail, Candilla, MSN, APRN, APRNCNP, CRNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Measom, Michael, MD ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Medina, Muriel, MSW, LCSW ■
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
info@aimergency.org

Medina Rojo, Raul, MSN, APRN ■
4445 West 16th Avenue
STE 405
Hialeah, FL 33012
(786) 233-6721
Digital Contact Information:
office@myrtleridge.us

and
1000 Brickell Avenue
Miami, FL 33131
(786) 701-9211
Digital Contact Information:
office@myrtleridge.us

and
9299 SW 152nd St
Ste 206
Palmetto Bay, FL 33157
(786) 883-0339
Digital Contact Information:
office@myrtleridge.us
Other Languages Spoken by Provider or Office Staff English, Spanish

Mejia, Alejandra, MSW, LCSW ■
14645 Northwest 77th Avenue
101
Miami Lakes, FL 33014
(833) 769-3524
Digital Contact Information:
http://lifestance.com
dougblessington@gmail.com

Mena, Rebekah, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
admin@lifehealthsystem.org
Other Languages Spoken by Provider or Office Staff Portuguese, Spanish

Mendez Luaces, Luis E, DNP, APRN ■
330 Southwest 27th Avenue
#701
Miami, FL 33135
(305) 363-1880
Digital Contact Information:
http://empowerpsychiatry.net
info@empowerpsychiatry.med
Other Languages Spoken by Provider or Office Staff Spanish

Menendez, Ibis M, MSN, APRN ■
1840 West 49th Street
#404
Hialeah, FL 33012
(305) 828-9980
Digital Contact Information:
empathybhsbilling@gmail.com

and
900 West 49th Street
STE 400
Hialeah, FL 33012
(305) 587-2231
Digital Contact Information:
empathybhsbilling@gmail.com

and
5911 Northwest 173rd Drive
6 6
Hialeah, FL 33015
(786) 380-9229
Digital Contact Information:
empathybhsbilling@gmail.com

and
7590 Northwest 186th Street
109
Hialeah, FL 33015

(305) 688-1700
Digital Contact Information:
empathybhsbilling@gmail.com

and
5590 W 20th Ave
Ste 404
Hialeah, FL 33016
(305) 826-9330
Digital Contact Information:
empathybhsbilling@gmail.com

and
7315 Northwest 36th Street
Miami, FL 33166
(786) 345-7734
Digital Contact Information:
empathybhsbilling@gmail.com

and
12030 Southwest 129th Court
107a
Miami, FL 33186
(305) 432-4032
Digital Contact Information:
empathybhsbilling@gmail.com

and
17325 Northwest 27th Avenue
206 207
Miami Gardens, FL 33056
(786) 822-7270
Digital Contact Information:
empathybhsbilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mercado, Michelle, MSW, LCSW ■
1951 NW 17th Ave
Miami, FL 33125
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla@dadefaily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla@dadefaily.com

Meyer, Sean P, PHD, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
information@flces.com
Other Languages Spoken by Provider or Office Staff
German

Milano, Elizabeth, MSW, LCSW ■
FL
(904) 345-0548
Digital Contact Information:
http://www.emilanocounseling.com
elizabeth.milano.lcsw@gmail.com

Miller, Mark B, MSSA, LCSW ■
12955 Biscayne Boulevard
Suite 200
North Miami, FL 33181
(727) 465-3931
Digital Contact Information:
https://www.lifespringtherapy.net
info@lifespringtherapy.net

Mineo, Alyssa, PSYD, LP ■
FL
(800) 567-5433
(909) 679-3482
Digital Contact Information:
http://helloinnerwell.com
admin@atabariatrics.com

Ming, Naila, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
patients_accounts@aspirehp.org

Miranda-Tourino, Mary, MSW, LCSW ■
12595 Southwest 137th Avenue
STE 110
Miami, FL 33186
(305) 465-9379
Digital Contact Information:
mary.miranda@mymail.barry.edu
Other Languages Spoken by Provider or Office Staff
English, Spanish

Mitchell, Cheryl L, MC, LPCC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@lionrockrecovery.com

and
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
https://www.emorahealth.com/
info@lionrockrecovery.com
Other Languages Spoken by Provider or Office Staff English

Mitchell, Oluwakemi, DNP, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
insurance@wellnite.com

and
FL
(602) 562-7383
Digital Contact Information:
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Mitchell, Stacey L, MSN, APRN, ARNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
beautifulmindsfayetteville@gmail.com

Mizgala, Jonathan, DNP, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Molinar, Tatiana, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com
Other Languages Spoken by Provider or Office Staff
Spanish

Mondeja, Yanisleidy, DNP, APRN ■
9000 Southwest 137th Avenue
107
Miami, FL 33186
(305) 603-7824
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Mondoa, Rose, DNP, APRN, APRNPMH, CNP ■
FL
(508) 202-1011
Digital Contact Information:
scheduling@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Montanez, Ruben, MSN, NP ■
8846 Southwest 6th Street
Miami, FL 33144
(746) 486-8000
Digital Contact Information:
blueskymhaccess@gmail.com

Moore, Siobhan T, MS, APRN ■
2464 Southwest 22nd Street
Miami, FL 33145
(305) 204-9355
Digital Contact Information:
http://www.ampmentalhealth.com
admin@ampmentalhealth.com

Mora, Brenda, MS, LMHC ■
FL
(786) 488-8103
Digital Contact Information:
http://www.sfacounseling.org
info@sfacounseling.org
Other Languages Spoken by Provider or Office Staff
Spanish

Mora, Joseph J, PHD, LP ■
10621 North Kendall Drive
Suite #203
Miami, FL 33176
(305) 456-6976
Digital Contact Information:
davalos.credentialing@novitams.com

Morales, Alfonso, MSSW, LCSW ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Morales, Lisset, MS, LMHC ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 661-5511
Digital Contact Information:
lissetmr@bellsouth.net

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
http://appliedbhs.com
lissetmr@bellsouth.net
Other Languages Spoken by Provider or Office Staff
English, Spanish

Moreda-Mendez, Yanet, MSN, APRN ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
http://www.dgphealthandwellness.com
info@kaaficounseling.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
info@kaaficounseling.com
Other Languages Spoken by Provider or Office Staff
Spanish

Moriyon, Milko, MN, APRN ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
yavila@avilahealthgroup.com

and
664 East 25th Street
102
Hialeah, FL 33013
(786) 409-5361
Digital Contact Information:
yavila@avilahealthgroup.com

Morris, Marsha, MSN, APRN, ARNP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://happierliving.com
hamza@wisemedsolutions.com
Other Languages Spoken by Provider or Office Staff English

Moss, Roston, DNP, APRN ■
3105 Northwest 107th Avenue
Suite: 400
Doral, FL 33172
(954) 324-7650
Digital Contact Information:
sarduy@live.com

and
9220 Sunset Drive
104
Miami, FL 33173
(786) 724-4224
Digital Contact Information:
sarduy@live.com

Mowerman, Samuel, MD ■
1120 NW 14th St
1477
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
lvgonzalez@hcnetwork.org

and
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-6400
Digital Contact Information:
lvgonzalez@hcnetwork.org

and
1695 NW 9th Ave
3308
Miami, FL 33136
(305) 355-7000
Digital Contact Information:
lvgonzalez@hcnetwork.org

and
1695 NW 9th Ave
Fl 14
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
lvgonzalez@hcnetwork.org
Other Languages Spoken by Provider or Office Staff
Spanish

Mueser, James A, MS, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
medicalbilling@nyfoundling.org

Muffett, Stephanie, MSED, LMHC ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Mullings, Natalee S, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@caringtherapistsofbroward.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
info@caringtherapistsofbroward.com

and
1504 Bay Road
2003 2003
Miami Beach, FL 33139
(646) 374-2827
Digital Contact Information:
info@caringtherapistsofbroward.com

and

FL
(646) 374-2827
Digital Contact Information:
info@caringtherapistsofbroward.com

Murray, Tyisaia, MSN, APN, APRN, APRNCNP, NP ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
klarienmentalwellness@yahoo.com

and
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
klarienmentalwellness@yahoo.com

and
255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
klarienmentalwellness@yahoo.com

and
370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
klarienmentalwellness@yahoo.com

and
333 Southeast 2nd Avenue
Suite #2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
klarienmentalwellness@yahoo.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
klarienmentalwellness@yahoo.com

and
3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
klarienmentalwellness@yahoo.com

and
350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
klarienmentalwellness@yahoo.com

and
323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
klarienmentalwellness@yahoo.com

Mynatt, Maggie M, MS, LMHC ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
ehoyos@lotuscounseling.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
http://www.lotuscounseling.com
ehoyos@lotuscounseling.com

Nagel, Alexandra, MA, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@mhrcflorida.com

Nammur, Sarai, MC, LMHC ■
15325 Northwest 60th Avenue
#105
Miami Lakes, FL 33014
(305) 512-5388
Digital Contact Information:
sarai@sarainammur.com
Other Languages Spoken by Provider or Office Staff Spanish

Nankivell, Martina, PA, PA_C ■
4300 Biscayne Boulevard
STE 203
Miami, FL 33137
(877) 400-0540
Digital Contact Information:
https://forallmentalhealth.com
info@forallmentalhealth.com
Other Languages Spoken by Provider or Office Staff Spanish

Napoles Garcia, Amed, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff Spanish

Nash, Donald P, PSYD, LP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
credentialing@caravelautism.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@caravelautism.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@caravelautism.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
credentialing@caravelautism.com

Navarrete, Thais, MMFT, LMFT ●
12150 Southwest 128th Court
136
Miami, FL 33186
(305) 562-8804
Digital Contact Information:
thais@thaisnavarrete.com
Other Languages Spoken by Provider or Office Staff Spanish

Naves-Arellano, Kristine A, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@lifestance.com

Neapolitan, Vickie M, MSW, LCSW, LISW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Nedock, Shirley, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Nesci, Jacqueline C, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(305) 395-5978
Digital Contact Information:
Not Available

and
FL
(305) 395-5978
Digital Contact Information:
Not Available

Nesic, Natasha, MC, LMHC ■
951 Northeast 167th Street
102c
North Miami Beach, FL 33162
(786) 333-9097
Digital Contact Information:
info@mentalhealthandarttherapy.com
Other Languages Spoken by Provider or Office Staff English, Croatian, Bosnian, Serbian

Newman, Steven D, PSYD, LP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
steve@drstevenewman.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
steve@drstevenewman.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
steve@drstevenewman.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
steve@drstevenewman.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
steve@drstevenewman.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
steve@drstevenewman.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
steve@drstevenewman.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
steve@drstevenewman.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
steve@drstevenewman.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
steve@drstevenewman.com
Other Languages Spoken by Provider or Office Staff English

Nichols, Janice, MSW, LCSW, LICSW, LISW-CP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(866) 478-3978
Digital Contact Information:
birches@withassured.com

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(833) 322-0977
Digital Contact Information:
http://www.joinmonument.com
birches@withassured.com

and
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
birches@withassured.com

Nodal, Idalmis, MC, LMHC ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
tmedina@hbccmhc.com
Other Languages Spoken by Provider or Office Staff English

Novoa, Trilce, MSCC, LMHC ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
solutiondrivenconsulting@gmail.com

Nunez, Sandra, MSW, LCSW ■
13205 Southwest 137th Avenue
Miami, FL 33186
(786) 290-9192
Digital Contact Information:
pcecofmiami@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

O'Neill, Gloria M, MSN, APRN ■
7855 Northwest 52nd Street
Doral, FL 33166
(305) 450-9651
Digital Contact Information:
info@rushcredentialing.com

Occean, Andrelita, MMH, LCMHC ■
7950 W Flagler St
Ste 106
Miami, FL 33144
(305) 269-3900
Digital Contact Information:
drgmartinez.psychologist@gmail.com
Other Languages Spoken by Provider or Office Staff English, Creole, French

Ochoa Basulto, Anett, MPSY, LMHC ■
9260 Southwest 72nd Street
103 bldg 6
Miami, FL 33173
(786) 359-4448
Digital Contact Information:
anettochoa2015@gmail.com

and
13335 Southwest 124th Street
STE 211
Miami, FL 33186
(786) 551-8253
Digital Contact Information:
anettochoa2015@gmail.com

Ogugua, Adeola A, MSN, APRN, NP ■
FL
(305) 902-6347
Digital Contact Information:
hr.credentialing@sohomd.com
Other Languages Spoken by Provider or Office Staff English

Okoloedo, Christian, MSN, APRNCNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
mia.schmidt@televerohealth.com
Other Languages Spoken by Provider or Office Staff English

Okonkwo, Chinyere O, MSN, NP, PMHNP ■
1000 Brickell Avenue

Miami, FL 33131
(561) 231-2594
Digital Contact Information:
info@aimergency.org

Okoye, Nkechinyere, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Oladunni, Olasumbo, MSN, APRN, APRNCNP, CNS, CRNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Oliva, Ivan, MSN, APRN ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
olivaob91@gmail.com

Omokpo, Ololade, MSN, APN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
help@joinuplift.co

Orfao-Martin, Claudia, MSW, LICSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
mollymar@yahoo.com
Other Languages Spoken by Provider or Office Staff Portuguese, English

Orin, Ramon S, MA, LMHC ■
12030 Southwest 129th Court
Suite 211
Miami, FL 33186
(305) 639-8760
Digital Contact Information:
rorin31@bellsouth.net

and
12360 Southwest 132nd Court
STE 202
Miami, FL 33186
(786) 250-3396
Digital Contact Information:
rorin31@bellsouth.net
Other Languages Spoken by Provider or Office Staff Spanish

Ortiz, Christian, MD ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@chcsbc.org

and
FL
(305) 395-5978
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@chcsbc.org

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(305) 395-5978
Digital Contact Information:
http://www.bayshoreintegratedhealth.com
credentialing@chcsbc.org
Other Languages Spoken by Provider or Office Staff Spanish

Osborne, Michael, BA, CADC-II ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
kjohnson@tanner.org

and
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
https://www.emorahealth.com/
kjohnson@tanner.org

Osher, Carol, MSSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Osinowo, Joy, MSN, APN, APNP, APRN, APRNCNS, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
help@joinuplift.co

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(305) 395-5978
Digital Contact Information:
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff English

Oyerinde, Mercy O, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
woodstock.support@thriveworks.com
Other Languages Spoken by Provider or Office Staff English

Pabon, Hernan, MD ■
7374 SW 93rd Ave
Ste 201A
Miami, FL 33173
(786) 753-7467
Digital Contact Information:
info@doctorsccs.com

and
9000 Southwest 137th Avenue
#116
Miami, FL 33186
(305) 671-3503
Digital Contact Information:
http://www.behavioralccs.com
info@doctorsccs.com

and
9000 Southwest 137th Avenue
Suite 103
Miami, FL 33186
(305) 671-3503
Digital Contact Information:
http://www.behavioralccs.com
info@doctorsccs.com
Other Languages Spoken by Provider or Office Staff Spanish

Pacheco, Sandra, MS, LMHC ■
1801 Northeast 123rd Street
303
North Miami, FL 33181
(305) 510-0912
Digital Contact Information:
spachecolmhc@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Paez, Ronaldys, MSN, APRN ■
FL
(305) 615-5145
Digital Contact Information:
http://www.araratpsychiatry.com
info@araratpsychiatry.com

Palaez, Alexandra, MS, LMFT ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
draida@mpsmentalhealth.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
draida@mpsmentalhealth.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
draida@mpsmentalhealth.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
draida@mpsmentalhealth.com
Other Languages Spoken by Provider or Office Staff French, Russian, Spanish

Palamara, Sherry A, PSYD, LP ■
3105 Northwest 107th Avenue
Suite: 400
Doral, FL 33172
(305) 920-3921
Digital Contact Information:
shpalamara@aol.com

and
10305 NW 41st St
Ste 205
Doral, FL 33178
(305) 994-7420
Digital Contact Information:
shpalamara@aol.com

and
407 Lincoln Rd
Ste 6L
Miami Beach, FL 33139
(305) 994-7420
Digital Contact Information:
shpalamara@aol.com

Palenque, Yoni R, MSN, APRN ■
2000 Northwest 87th Avenue
Suite 201
Doral, FL 33172
(954) 561-6222
Digital Contact Information:
info@ventremedical.com

and
5901 Southwest 74th Street
408
Miami, FL 33143
(305) 735-3555
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff Spanish

Palermo, Brittany, MSN, APNP, APRN, APRNCNP, CRNP, NP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
brittany.palermo@chenaltherapy.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
brittany.palermo@chenaltherapy.com
Other Languages Spoken by Provider or Office Staff English

Paris, Emilia, MC, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff Spanish

Parodi, Laura, MPSY, LMFT ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
bravosmentalhealthcare@gmail.com

and
2100 West 76th Street
#209
Hialeah, FL 33016
(786) 201-1088
Digital Contact Information:
bravosmentalhealthcare@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Patsicostas, Susan, MS, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
strive@strivementalhealthllc.com

Pattison, Gretchen, DO ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Paul, Michelle J, MN, APRN ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Paula Jorge, Lynette D, MSN, APRN ■
8323 Northwest 12th Street
108
Doral, FL 33126
(305) 400-8511
Digital Contact Information:
http://www.cbhwestcoast.com
info@cbhwestcoast.com

Peacock Smith, Leandra, MSN, APN, NP ■
FL
(305) 902-6347
Digital Contact Information:
start@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Peana, Ana M, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Pena, Edgar, MS, LMHC ■
1354 Washington Avenue
221
Miami Beach, FL 33139
(305) 766-8064
Digital Contact Information:
http://www.mbbehavioralhealth.com
mbbehavioralhealth1@yahoo.com

and
15495 Eagle Nest Lane
STE 215
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
mbbehavioralhealth1@yahoo.com

and
6600 Cow Pen Road
250
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
mbbehavioralhealth1@yahoo.com

and
215 Westward Dr
Miami Springs, FL 33166
(305) 887-4494
Digital Contact Information:
mbbehavioralhealth1@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Peraza Llanes, Alexander, MSN, APRN ■
2000 Northwest 87th Avenue
Suite 201
Doral, FL 33172
(954) 561-6222
Digital Contact Information:
info@ventremedical.com

and
5901 Southwest 74th Street
408
Miami, FL 33143
(305) 735-3555
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Claudia, MMH, BCBA ■
Home Based Services Only
Miami, FL 33155
(786) 262-5559
Digital Contact Information:
namastebehaviortherapy@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Perez, Dania, MSN, APRN ■
4155 Southwest 130th Avenue
Suite 114B
Miami, FL 33175
(305) 546-9013
Digital Contact Information:
nicanoragent83@gmail.com

and
FL
(305) 546-9013
Digital Contact Information:
nicanoragent83@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Elisaul, MS, LMHC ■
FL
(305) 399-5900
Digital Contact Information:
therapeutic.taps@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Perez, Victoria, MSW, LCSW ■
12540 Southwest 8th Street
Miami, FL 33184
(305) 705-6840
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Perez-Carrion, Jessenia, PSYD, LCP ■
100 NE 15th St
Ste 101D
Homestead, FL 33030
(833) 779-8646
Digital Contact Information:
perezc.jessenia@gmail.com

and
FL
(486) 499-5327
Digital Contact Information:
https://www.healinghavenpsychology.com/
perezc.jessenia@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Petras, Amber, MSN, APRN, CNP ■
5915 Ponce de Leon
23 26
Coral Gables, FL 33146
(786) 664-7810
Digital Contact Information:
https://southfloridaintegrativemed.com
sm@southfloridaintegrativemed.com

Pettus, Tenisha, PHD, LMFT ■
FL
(786) 724-4224
Digital Contact Information:
admin@vita-cog.com

Petty, Regina, MSN, APN, APRN, APRNCNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@tb3llc.com

Pierre, Jason, MSN, APN, PMHNP ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Pina-Anastasiadis, William A, PSYD, LP ■
11200 Southwest 8th Street
Miami, FL 33174
(305) 348-0477
Digital Contact Information:
fiucred@fiu.edu

Pitaluga, Iris, MS, LMHC ■
1360 South Dixie Highway
355
Coral Gables, FL 33146
(305) 648-9344
Digital Contact Information:
alternatives1@msn.com
Other Languages Spoken by Provider or Office Staff English

Plasencia, Belkis, MSN, APRN ■
7921 Bird Rd
Ste 41
Miami, FL 33155
(305) 425-1393
Digital Contact Information:
ynhcsaba@gmail.com

and
7971 Bird Road
39
Miami, FL 33155
(786) 910-7179
Digital Contact Information:
ynhcsaba@gmail.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
ynhcsaba@gmail.com

and
7001 SW 97th Ave
Ste 206
Miami, FL 33173
(786) 294-0123
Digital Contact Information:
https://www.chgpsychiatry.com/
ynhcsaba@gmail.com

and
9425 Southwest 72nd Street
Suite 251
Miami, FL 33173
(305) 305-6573
Digital Contact Information:
ynhcsaba@gmail.com

and
13706 Southwest 56th Street
STE 105-106
Miami, FL 331756036
(786) 523-4289
Digital Contact Information:
ynhcsaba@gmail.com

and
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
ynhcsaba@gmail.com

and
13335 Southwest 124th Street
STE 101
Miami, FL 33186
(786) 842-3635
Digital Contact Information:
ynhcsaba@gmail.com

and
13501 Southwest 128th Street
STE 114
Miami, FL 33186
(786) 250-3440
Digital Contact Information:
ynhcsaba@gmail.com

and
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
ynhcsaba@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Porter, J'Briel E, MSW, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
admin@itsofok.com
Other Languages Spoken by Provider or Office Staff
Chinese, Urdu, Spanish, Hindi

Portillo, Cimelitza, MMH, LMHC ■
9425 SW 72nd St
Ste 265
Miami, FL 33173
(305) 279-8400
Digital Contact Information:
safeharbormha@att.net

Poulsen, Raul, MD ■
255 University Dr
Fl 2
Coral Gables, FL 33134
(305) 663-6366
Digital Contact Information:
doctorpoulsen@gmail.com

and
2550 Douglas Road
Ste #301
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
doctorpoulsen@gmail.com

and
1400 NW 12th Ave
E
Miami, FL 33136
(305) 689-1352
Digital Contact Information:
doctorpoulsen@gmail.com

and
1611 NW 12th Ave
Miami, FL 33136
(305) 585-7040
Digital Contact Information:
doctorpoulsen@gmail.com

and
1695 NW 9th Ave
1404
Miami, FL 33136
(305) 355-9128
Digital Contact Information:
doctorpoulsen@gmail.com

and
1695 NW 9th Ave
Fl 14
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
doctorpoulsen@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Powe, Ruth, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
Other Languages Spoken by Provider or Office Staff English

Power, Vanessa, MSW, LCSW ■
FL
(888) 339-9404
Digital Contact Information:
https://180healthpartners.com
credentialing@sagesocialservices.com

Pozo, Darinka, MSN, APRN ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Predestin Carrier, Venise, PSYD, LP ■
7600 South Red Road
200
South Miami, FL 33143
(786) 508-2207
Digital Contact Information:
http://www.lunapsychology.com
angelo@lunapsychology.com

and
FL
(786) 508-2207
Digital Contact Information:
angelo@lunapsychology.com
Other Languages Spoken by Provider or Office Staff Creole

Presken, Gessica, MS, LMHC ■
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
admin@lotuscounseling.com

and
FL
(831) 920-7907
Digital Contact Information:
http://www.mammha.com
admin@lotuscounseling.com

and
2999 NE 191st St
Miami, FL 33180
(305) 915-5748
Digital Contact Information:
admin@lotuscounseling.com

Preval, Falicia, MC, LMHC ■
1031 Ives Dairy Rd
Ste 228
Miami, FL 33179
(786) 320-5559

Digital Contact Information:
faliciap@aol.com

and
1031 Ives Dairy Road
Miami, FL 33179
(786) 627-3321
Digital Contact Information:
faliciap@aol.com

and
1001 North Miami Beach Boulevard
North Miami Beach, FL 33162
(786) 320-5559
Digital Contact Information:
faliciap@aol.com

Price, Tushanna N, MA, LMFT ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Puchalapalli, Avinash, MD ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
providerscred@bridgesstreetmedpractice.com

and
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
providerscred@bridgesstreetmedpractice.com

and
255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
providerscred@bridgesstreetmedpractice.com

and
370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
providerscred@bridgesstreetmedpractice.com

and
333 Southeast 2nd Avenue
Suite #2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
providerscred@bridgesstreetmedpractice.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
providerscred@bridgesstreetmedpractice.com

and
3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
providerscred@bridgesstreetmedpractice.com

and
350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
providerscred@bridgesstreetmedpractice.com

and
429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
providerscred@bridgesstreetmedpractice.com

and
323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
providerscred@bridgesstreetmedpractice.com

Puentes, Katheryne, PHD, LMFT ■
21301 Northeast 26th Avenue
Miami, FL 33180
(305) 981-6362
Digital Contact Information:
theluminescentmindllc@gmail.com

Purdy, Sarah, PA, PA_C ■
777 Brickell Avenue
Miami, FL 33131
(800) 951-8257
Digital Contact Information:
sarahgracepurdy@yahoo.com

Quinonez Meza, Javier, MSN, APRN ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Quintana, Amauri A, DNP, APRN ■
1000 Brickell Avenue
Miami, FL 33131
(786) 238-7364
Digital Contact Information:
abdullah@sixequation.com

and
1 NE 167th St
Miami, FL 33162
(305) 947-7133
Digital Contact Information:
abdullah@sixequation.com

and
2646 Southwest 87th Avenue
Miami, FL 33165
(305) 947-7133
Digital Contact Information:
abdullah@sixequation.com

Quintana, Yanexi, MS, LMHC ■
FL
(305) 520-9686
Digital Contact Information:
healthymindscounselingllc13@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Quintanilla, Claudia, MS, LMHC ■
FL
(786) 258-8499
Digital Contact Information:
http://www.virtual-counseling.com
service@virtual-counseling.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Quintero, Lari J, MSN, APRN, PMHNP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
info@bloommhw.com

Raffaele, Jacqueline L, DNP, APRN, NP, PMHNP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
credentialing@thriveworks.com

Raiford, Sally T, MACP, LMFT ■
150 Alhambra Circle
Floor 10
Coral Gables, FL 33134
(786) 800-3374
Digital Contact Information:
sallie354@yahoo.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
sallie354@yahoo.com

Ramirez, Lisandra, MSN, NP ■
770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
asalivio@joinlavender.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
asalivio@joinlavender.com

and
5201 Blue Lagoon Dr
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
asalivio@joinlavender.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
asalivio@joinlavender.com

and
80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
asalivio@joinlavender.com

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
asalivio@joinlavender.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
asalivio@joinlavender.com

and
830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
asalivio@joinlavender.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(888) 684-2779
Digital Contact Information:
asalivio@joinlavender.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
asalivio@joinlavender.com

Ray, Jeffrey L, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
jraylmhc@icloud.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
jraylmhc@icloud.com

Rebman, Glen H, DO ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Reed, Andrew J, PHD, HSPP, LP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Regalado, Alejandra, MPSY, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com

Reichard, Michelle, MS, LMHC ■
14400 Northwest 77th Court
#100
Miami Lakes, FL 33016
(786) 916-6073
Digital Contact Information:
http://www.arcmentalhealth.com
yisabel@arcmentalhealth.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Rejas Cabrera, Dennis, DNP, APRN ■
2740 Southwest 19th Terrace
Miami, FL 33145
(786) 318-1778
Digital Contact Information:
http://www.vitalmindpsychiatrycare.com
dennisr92@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Remedioz Gonzalez, Yuri, MSN, APRN ■
5040 Northwest 7th Street
610
Miami, FL 33126
(786) 505-9442
Digital Contact Information:
http://www.gpsycare.com
officeadmin@gpsycare.com

and
8700 West Flagler Street
150
Miami, FL 33174
(305) 479-2584
Digital Contact Information:
http://megamedicalcenter.com
officeadmin@gpsycare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rey, Gustavo J, PHD, CP ■
1150 NW 14th St
Ste 609
Miami, FL 33136
(305) 243-3100
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
English, Spanish

Reyes, Madeline B, MPSY, LMHC ■
5941 Northwest 173rd Drive
6 6
Hialeah, FL 33015
(786) 360-4328
Digital Contact Information:
blueparadisemedicalcenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Reyes Soto, Ibis, MSN, APRN ■
14221 Southwest 120th Street
Suite 125

Miami, FL 33186
(305) 482-1452
Digital Contact Information:
yisabel@arcmentalhealth.com

and
FL
(305) 482-1452
Digital Contact Information:
yisabel@arcmentalhealth.com

and
14400 Northwest 77th Court
#100
Miami Lakes, FL 33016
(786) 916-6073
Digital Contact Information:
http://www.arcmentalhealth.com
yisabel@arcmentalhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Reyes, William, MS, LMHC ■
2264 SW 7th St
Miami, FL 33135
(305) 338-9798
Digital Contact Information:
mytherapistwr@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ricketts, Charlene A, MSN, APRN ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
credentialing@compass.md

and
FL
(305) 279-5535
(954) 771-7743
(888) 852-6672
(561) 752-9490
Digital Contact Information:
http://www.compasshealthsystems.com
credentialing@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(888) 852-6672
Digital Contact Information:
http://www.compasshealthsystems.com
credentialing@compass.md

Rico, Sandra, MS, LMHC ■
10689 SW 88th St
Ste 305
Miami, FL 33176
(415) 941-4109
Digital Contact Information:
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
Spanish

Riojas, Johanna, PSYD, LP ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
333 Southeast 2nd Avenue
Suite 2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

and
3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

Rivas-Carrillo, Jorge, MSW, LCSW ■
2124 Northeast 123rd Street
STE 220
North Miami, FL 33181
(786) 828-0947
Digital Contact Information:
https://blossomfl.com
jorge.rivas@thefloridacenter.org
Other Languages Spoken by Provider or Office Staff
Spanish

Rivera, Frances, MMFT, LMFT ■
FL
(888) 339-9404
Digital Contact Information:
referral@1800healthpartners.com

Rivera, Gretel, MS, LMHC ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com

and
10300 Sunset Drive
Suite 114
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com
Other Languages Spoken by Provider or Office Staff
French, Spanish

Rivera, Henry R, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@adaugeohealthcare.com

Rivero, Claudia, MSN, APRN ■
7221 SW 24th St
Ste 206
Miami, FL 33155
(786) 648-4447
Digital Contact Information:
help@joinuplift.co

and
12030 Southwest 129th Court
Suite 211
Miami, FL 33186
(305) 639-8760
Digital Contact Information:
help@joinuplift.co

and
12700 Southwest 128th Street
STE 108
Miami, FL 33186
(786) 732-0865
Digital Contact Information:
help@joinuplift.co

and
9020 Southwest 137th Avenue
210
Miami, FL 33186
(786) 558-5042
Digital Contact Information:
help@joinuplift.co

Robaina, Niubis, MPSY, LMHC ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
yavila@avilahealthgroup.com

Roberts, Elizabeth H, MD ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
ap@resurgencebh.com
Other Languages Spoken by Provider or Office Staff
Spanish

Roberts, Ryan, MS, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/ryanrobertslpc@gmail.com

and
FL
(305) 902-6347
Digital Contact Information:
ryanrobertslpc@gmail.com

Robinson, Adrieene, MSN, APRN, APRNPMH ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Robinson, Ashley, MS, LCPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/hello@emorahealth.com

Rocker, Jeff, MMH, LMHC ■
777 Brickell Ave
Ste 500
Miami, FL 33131
(786) 490-2181
Digital Contact Information:
askjeffrocker@gmail.com

Rodgers, Kathleen, MSN, APN ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Rodriguez, Andrea, MC, LMHC ■
8500 SW 92nd Street
203
Miami, FL 33156
(786) 332-4478
Digital Contact Information:
billing@livewelltherapygroup.com

and
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
billing@livewelltherapygroup.com

and
11050 Southwest 88th Street
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
billing@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez Correa, Sandy, MSCC, LMHC ■
427 Washington Ave
Miami Beach, FL 33139
(305) 514-0813
Digital Contact Information:
credentialing@cancommunityhealth.org

Rodriguez, Jan, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
admin@lifehealthsystem.org
Other Languages Spoken by Provider or Office Staff
Spanish

Rodriguez, Lucero M, MD ■
10305 NW 41st St
Ste 205
Doral, FL 33178
(305) 718-9800
Digital Contact Information:
rodriquezlucero.md@gmail.com

and
10305 Northwest 41st Street
202
Doral, FL 33178
(305) 718-9800
Digital Contact Information:
rodriquezlucero.md@gmail.com

and
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://lifehealthsystem.org

rodriquezlucero.md@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Rodriguez, Mabel, MSN, APRN, ARNP, CNS, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@a3medicalbilling.com

Rodriguez Milian, Karel, MD ■
2500 Northwest 79th Avenue
233
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
andersonbilling1001@gmail.com

and
2500 Northwest 79th Avenue
Suite 189
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
andersonbilling1001@gmail.com

and
351 NW 42nd Ave
Ste 406
Miami, FL 33126
(786) 536-1710
Digital Contact Information:
andersonbilling1001@gmail.com

and
1890 Southwest 57th Avenue
SUITE 106
Miami, FL 33155
(786) 536-1701
Digital Contact Information:
andersonbilling1001@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Rodriguez, Miriam, MSSW, LCSW ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Rodriguez Ramos, Meilyn, PSYD, LP ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com
Other Languages Spoken by Provider or Office Staff Spanish

Rodriguez-Prada, Margarita, MSCC, LMHC ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
tmedina@hbccmhc.com

Rodriguez-Ruiz, Franchesca, MA, LMFT ■
770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
5201 Blue Lagoon Dr
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(305) 395-5978
Digital Contact Information:
credentialing@happierliving.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Rodriguez-Ruiz, Tania, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
fl-credentialing@lifestance.com

Rojas, Jonathan, MS, LMFT ■
14221 Southwest 120th Street
suite 207
Miami, FL 33186
(786) 247-1308
Digital Contact Information:
ksmedicalbilling1@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Rondina, Katherine M, MSN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
hr.credentialing@sohomd.com
Other Languages Spoken by Provider or Office Staff English

Rosen, Tanya, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ar@growthandtransitionscounseling.com

Rosenberg, Mercedes E, PSYD, LMHC, LP ■
11110 N Kendall Dr
Ste 200
Miami, FL 33176
(305) 596-3335
Digital Contact Information:
mrosenberg12@bellsouth.net
Other Languages Spoken by Provider or Office Staff French, Spanish

Rosenson, Robert, EDD, LMHC ■
2000 S Dixie Hwy
Ste 104
Miami, FL 33133
(305) 562-2873
Digital Contact Information:
reachdrrosenson@gmail.com

Rubin, Kay, PHD, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
acc@advancedclientcare.org

Russ, Cindy, MSN, APRN, ARNP, NP ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
info@mindfulhorizonspsychiatry.com

and
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
info@mindfulhorizonspsychiatry.com

and
255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
info@mindfulhorizonspsychiatry.com

and
370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
info@mindfulhorizonspsychiatry.com

and
333 Southeast 2nd Avenue
Suite #2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
info@mindfulhorizonspsychiatry.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@mindfulhorizonspsychiatry.com

and
14 Northeast 1st Avenue
1403
Miami, FL 33132
(305) 813-4433
Digital Contact Information:
info@mindfulhorizonspsychiatry.com

and
3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
info@mindfulhorizonspsychiatry.com

and
350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
info@mindfulhorizonspsychiatry.com

and
429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
info@mindfulhorizonspsychiatry.com

and
323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
info@mindfulhorizonspsychiatry.com

Ryan, Melanie, MS, LMHC ■
2124 Northeast 123rd Street
STE 220
North Miami, FL 33181
(786) 828-0947
Digital Contact Information:
https://blossomfl.com
info@blossomfl.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Ryerson, Deanna, PSYD, LP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
billingdepartrment@howardcenter.org

Rzadkowolsky-Raoli, Cesare, MD ■
8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-0208
Digital Contact Information:
http://www.wellnesstherapyandmedical.com
info@doctorsccs.com

and
9000 Southwest 137th Avenue
Suite 103
Miami, FL 33186
(305) 671-3503
Digital Contact Information:
http://behavioralccs.com
info@doctorsccs.com
Other Languages Spoken by Provider or Office Staff Spanish

Saathoff, Tommy, MA, LMHC, LPC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
sowinghopecounseling@gmail.com

Saintable, Troy, MSN, APN, ARNP, CRNP, NP, PMHNP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
credentialing@joinuplift.co

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@joinuplift.co

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@joinuplift.co

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@joinuplift.co

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@joinuplift.co

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing@joinuplift.co

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
credentialing@joinuplift.co

and
20801 Biscayne Blvd

Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
credentialing@joinuplift.co

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
credentialing@joinuplift.co

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
credentialing@joinuplift.co
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole

Salazar, Ana, MS, LMHC ■
2500 Northwest 107th Avenue
Suite 102
Doral, FL 33172
(786) 605-9400
Digital Contact Information:
hello@reachlink.com

Saldarriaga, Natalia, MC, LMHC ●
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
https://behavioralaid.com/
nataliasaldarriaga@rocketmail.com

Salley, Amy, MSN, APRN, APRNCNP, CRNP, NP, PMHNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
hello@psychplus.com

Sama, Sharon, MSN, APN, APRN, CRNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
jackrsamuel@gmail.com
Other Languages Spoken by Provider or Office Staff English

Samedi, Urseldra, MSN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Sanchez Cardona, Danay, MS, LMHC ■
600 Northwest 35th Avenue
202 203
Miami, FL 33125
(786) 907-4984
Digital Contact Information:
yny.behavioralservices@gmail.com

and
1150 Northwest 72nd Avenue
640
Miami, FL 33126
(786) 497-3444
Digital Contact Information:
yny.behavioralservices@gmail.com

and
1495 NW 54th St
Miami, FL 33142
(786) 931-1881
Digital Contact Information:
yny.behavioralservices@gmail.com

and
6801 Northwest 77th Avenue
107
Miami, FL 33166
(786) 536-2364
Digital Contact Information:
yny.behavioralservices@gmail.com

and
790 Northwest 107th Avenue
Suite 110
Miami, FL 33172
(305) 964-5426
Digital Contact Information:
yny.behavioralservices@gmail.com

and
13226 SW 8th St
Miami, FL 33184
(305) 506-1786
Digital Contact Information:
yny.behavioralservices@gmail.com

and
Home Based Services Only
West Miami, FL 33144
(305) 262-8282
Digital Contact Information:
yny.behavioralservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Sanchez, Gabriel, MD ■
9725 South Dixie Highway
Pinecrest, FL 33156
(305) 209-0144
Digital Contact Information:
http://sanchez-md.com
gabriel@sanchez-md.com
Other Languages Spoken by Provider or Office Staff English

Sander, Tiffani, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
joe@beaconhealthinc.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
joe@beaconhealthinc.com

Sanfiel, Ida N, MS, LMHC ■
5915 Ponce de Leon
48
Coral Gables, FL 33146
(786) 325-3285
Digital Contact Information:
isanfiel@gmail.com

and
2500 Northwest 107th Avenue
Suite 102
Doral, FL 33172
(786) 605-9400
Digital Contact Information:
isanfiel@gmail.com

and
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
isanfiel@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Santiago Fernandez, Flor De Liz, EDD, LCSW ■
10691 North Kendall Drive
304
Miami, FL 33176
(786) 771-3370
Digital Contact Information:
http://www.familybalancetherapy.com
familybalancetherapy@gmail.com

and
FL
(786) 771-3370
Digital Contact Information:
http://www.familybalancetherapy.com
familybalancetherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Santos, Marina, MMFT, LMFT ■
8180 Northwest 36th Street
100c
Doral, FL 33166
(305) 773-3335
Digital Contact Information:
marinamsantos@yahoo.com

and
8180 Northwest 36th Street
100d
Doral, FL 33166
(305) 773-3335
Digital Contact Information:
marinamsantos@yahoo.com

Sarduy, Ernesto L, DNP, APRN ■
8950 SW 74th Ct
Ste 2201
Miami, FL 33156
(786) 637-0907
Digital Contact Information:
http://southfloridapsychiatry.com
southfloridapsychiatry@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Satorre, Mayuli C, MSN, APRN ■
3785 Northwest 82nd Avenue
307
Doral, FL 33166
(305) 898-5420
Digital Contact Information:
m.satorre@harmonyatthegables.com

and
33550 South Dixie Highway
106
Florida City, FL 33034
(786) 601-7712
Digital Contact Information:
m.satorre@harmonyatthegables.com

and
1150 Northwest 72nd Avenue
ph 2
Miami, FL 33126
(786) 542-5043
Digital Contact Information:
http://1stcarecms.com
m.satorre@harmonyatthegables.com

and
2650 Southwest 27th Avenue
Suite 305
Miami, FL 33133
(786) 353-9812
Digital Contact Information:
http://www.harmonyatthegablesclinic.com
m.satorre@harmonyatthegables.com
Other Languages Spoken by Provider or Office Staff
Spanish

Satulovsky, Carlos A, MD ■
3421 SW 107th Ave
Miami, FL 33165
(305) 392-1774
Digital Contact Information:
jorlowsky@bhgpa.com

and
12955 Southwest 42nd Street
STE 2
Miami, FL 33175
(786) 491-4947
Digital Contact Information:
jorlowsky@bhgpa.com
Other Languages Spoken by Provider or Office Staff Italian, Spanish

Sawyer, Robert, MMH, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com

and
3191 Coral Way
Ste 602
Miami, FL 33145
(305) 799-0620
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Scannell, Pamela, PSYD, LP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
Other Languages Spoken by Provider or Office Staff English

Schechner, Joanna, PSYD, CP, HSPP, LP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
dmccoy@prodatamgmt.com

Schroeder, Donald A, MA, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
schroederdn@gmail.com

Scotto, Nicole M, MC, LMHC ■
2875 Northeast 191st Street
528
Aventura, FL 33180
(305) 396-9010
Digital Contact Information:
https://balancedlifetherapygroup.com/
help@joinuplift.co

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff English

Selesky, Jaika, MS, LMHC ■
7600 South Red Road
200
South Miami, FL 33143
(786) 508-2207
Digital Contact Information:
angelo@lunapsychology.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Shadare, Abimbola, MSN, APN, APRN, APRNPMH, NP, PMHNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@sypore.com

Shahwar, Durre, MSN, APN, APRN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
durre.shahwar@solmentalhealth.com
Other Languages Spoken by Provider or Office Staff
Punjabi, Urdu, Hindi

Sharma, Manoj Kumar, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
credentialing@wellnite.com
Other Languages Spoken by Provider or Office Staff
Marathi, Hindi

Shelby, Latronda, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

Shonk, Heather E, MSN, APRN, PMHNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

fl-credentialing@lifestance.com

Siegel, Sammi L, PHD, LMHC ■
5900 Southwest 73rd Street
207
South Miami, FL 33143
(305) 613-1101
Digital Contact Information:
siegelcounseling@gmail.com

Sigdel, Anisha, MSN, APRNCNP, CRNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
glopez@cbmmedicalmanagement.com
Other Languages Spoken by Provider or Office Staff English

Silva-Anderson, Christina, MA, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Silva-Machado, Lucianne, MPSY, LMFT ■
8955 SW 87th Ct
Ste 212
Miami, FL 33176
(786) 840-3454
Digital Contact Information:
lsilva@blisshealth.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Simmons, Jeff, PSYD, LP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
Other Languages Spoken by Provider or Office Staff English

Simpson, Zilla, MPSY, LMHC ■
18951 Southwest 106th Avenue
105 106
Miami, FL 33157
(305) 233-4448
Digital Contact Information:
stepstherapycenter@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Singer, Gabrielle, MSW, LCSW ■
FL
(508) 202-1011
Digital Contact Information:
info@mosaicmindscounseling.com

Singletary, Dejuan, MD ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Skjoldal, Elizabeth, PHD, CP, LP ■
8325 Northeast 2nd Avenue
316
Miami, FL 33138
(305) 503-5758
Digital Contact Information:
kim@cherryhillcounseling.com

and

FL
(305) 790-9957
Digital Contact Information:
kim@cherryhillcounseling.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Smith, Joshua, PSYD, HSPP, LP ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Smith, Ryanna, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and

2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@happierliving.com

Sobhan, Tanveer, MD ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
tsobhanmd@yahoo.com

and

11430 North Kendall Drive
208
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
tsobhanmd@yahoo.com

and

1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
tsobhanmd@yahoo.com
Other Languages Spoken by Provider or Office Staff Bengali

Sobiech, Rachel, MSSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
rachel@feelnhealwellness.com
Other Languages Spoken by Provider or Office Staff English

Sochaczewski, Isaac, MS, LMHC ■
17071 West Dixie Highway
103 103
North Miami Beach, FL 33160
(305) 505-4284
Digital Contact Information:
isaacsoch@gmail.com

Sockol, Jamie K, MS, LMHC ■
111 NW 183rd St
Ste 404
Miami, FL 33169
(786) 524-4001
Digital Contact Information:
info@selfcarecounselingofsouthflorida.com
Other Languages Spoken by Provider or Office Staff English

Solorzano, Gina, MSW, LCSW ■
2124 Northeast 123rd Street
STE 220
North Miami, FL 33181
(786) 828-0947
Digital Contact Information:
https://blossomfl.com
info@blossomfl.com
Other Languages Spoken by Provider or Office Staff Hebrew, Spanish

Spracklin, Meagan, MSN, APN, APRN, APRNCNS, CRNP, NP ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
Not Available

and

2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
Not Available

and

255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
Not Available

and

370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
Not Available

and

333 Southeast 2nd Avenue
Suite 2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
Not Available

and

801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

and

3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
Not Available

and

350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
Not Available

and

429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
Not Available

and

323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff English

Springer, Shawndel, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
gethelp@wellqor.com

St-Fleur, Stephanie, MSN, APRN, NP, PMHNP ■
770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing@cerebral.com

and

7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
credentialing@cerebral.com

and

5201 Blue Lagoon Dr
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
credentialing@cerebral.com

and

6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
credentialing@cerebral.com

and

80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
credentialing@cerebral.com

and

601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@cerebral.com

and

801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@cerebral.com

and

830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@cerebral.com

and

9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(888) 684-2779
Digital Contact Information:
credentialing@cerebral.com

and

8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
credentialing@cerebral.com
Other Languages Spoken by Provider or Office Staff English

Steadman, Tiarra, MSW, LCSW ■
1150 Northwest 72nd Avenue
455
Miami, FL 33126
(561) 356-9991
Digital Contact Information:
brittani@dljclinicalservices.com

Steele, Theresa, MS, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Steinberg, Rachel, MSW, LCSW ■
5901 Southwest 74th Street
408
Miami, FL 33143
(305) 735-3555
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com

Stoetzel, Amy J, MSN, APN, APRN, APRNCNP, NP ■
770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing@svasthealthtech.com

and

7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
credentialing@svasthealthtech.com

and

5201 Blue Lagoon Dr
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
credentialing@svasthealthtech.com

and

6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
credentialing@svasthealthtech.com

and

80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779

Digital Contact Information:
credentialing@svasthealthtech.com

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@svasthealthtech.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@svasthealthtech.com

and
830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@svasthealthtech.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(888) 684-2779
Digital Contact Information:
credentialing@svasthealthtech.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
credentialing@svasthealthtech.com

Stowe, Jennifer, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
patientinfo@lucidlane.com
Other Languages Spoken by Provider or Office Staff French

Suazo, Ingrid M, MS, APN, APRN, CRNP, NP, RNP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://happierliving.com
info@sublimitycare.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@sublimitycare.com

Sue Logan, Casey, MC, LMHC, LPCC ■
FL
(859) 517-4633
Digital Contact Information:
https://divinesoultherapy.clientsecure.me
caseyjameslpc@gmail.com

Suhail, Sam, MD ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://happierliving.com
hello@joinblossomhealth.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
hello@joinblossomhealth.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com

Summer, Linda R, MSW, LCSW ■
FL
(305) 467-8384
Digital Contact Information:
lrsummer@yahoo.com

Sussman, Martin A, MSW, LCSW-R ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Sveinsson, Bjorn, MS, LMHC ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
gina@lotuscounseling.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
gina@lotuscounseling.com

Swain, Cieria D, MC, LCSW, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
appointments@meetmarvin.com
Other Languages Spoken by Provider or Office Staff English

Tang Bau, Robert, MSN, APRN ■
8950 SW 74th Ct
Ste 2201
Miami, FL 33156
(786) 637-7338
Digital Contact Information:
info@icarepsychiatry.org

Tang, Christopher, MD ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Tanner, Keisha, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
keishatannerlpc@gmail.com

Taque, Jose C, MS, LMHC ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
ehoyos@lotuscounseling.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
http://www.lotuscounseling.com
ehoyos@lotuscounseling.com
Other Languages Spoken by Provider or Office Staff Italian, Spanish

Tenn-Chamberlain, Tauralee, PHD, LP ■
770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
Not Available

and
7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
Not Available

and
5201 Blue Lagoon Dr
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
Not Available

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
Not Available

and
80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
Not Available

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
Not Available

and
830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
Not Available

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(888) 684-2779
Digital Contact Information:
Not Available

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff English

Tercero, Vanessa, MSW, LCSW ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com
Other Languages Spoken by Provider or Office Staff Spanish

Terrell, Charlotte R, MS, LMFT ■
FL
(305) 596-7547
Digital Contact Information:
chaterrell@aol.com

Theoc, Phonia, MS, LMHC ●
FL
(786) 644-5248
Digital Contact Information:
transformingmindsandlives@gmail.com

Thomas, Marcdala, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
marcdalathomas2006@gmail.com
Other Languages Spoken by Provider or Office Staff English, Haitian Creole

Thomas, Medjinn, MSN, APN, APRN, CNP, NP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

Thompson, Shannon R, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@lifestance.com

Thurston, Kim, MA, LP ■
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(888) 684-2779
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff English

Tolman, Matthew, PSYD, LP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Trana-Felipes, Silvia, MS, ABA, LMHC ■
2001 Northwest 107th Avenue
412
Doral, FL 33172
(786) 548-8322
Digital Contact Information:
empathybhsbilling@gmail.com

and
7959 NW 2nd St
Miami, FL 33126
(305) 267-6060
Digital Contact Information:
empathybhsbilling@gmail.com

and
1818 West Flagler Street
Miami, FL 33135
(786) 755-2897
Digital Contact Information:
empathybhsbilling@gmail.com

and
7315 Northwest 36th Street
Miami, FL 33166
(786) 345-7734
Digital Contact Information:
empathybhsbilling@gmail.com

and
10661 North Kendall Drive
216
Miami, FL 33176
(786) 631-4158
Digital Contact Information:
empathybhsbilling@gmail.com

and
1134 NW 136th Ave
Miami, FL 33182
(786) 631-4158
Digital Contact Information:
empathybhsbilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Traore, Aminata, MD ■
770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
5201 Blue Lagoon Dr
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Treto, David, MN, APRN ■
13145 Southwest 134th Street
102
Miami, FL 33186
(305) 964-5236
Digital Contact Information:
olympushcs@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Tunnell, Natalie, PHD, LP ■
FL
(800) 567-5433
Digital Contact Information:
https://totallife.com/
info@totallife.com

Turner, Angela D, PHD, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
fl-credentialing@lifestance.com
Other Languages Spoken by Provider or Office Staff
Spanish

Tyson, Darcel P, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Ubfal, Fabiana S, MMH, LMHC ■
16375 Northeast 18th Avenue
206
North Miami Beach, FL 33162
(786) 246-4050
Digital Contact Information:
fabianamiami27@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Uribe, Liliana L, DSW, LCSW ■
2555 Northwest 102nd Avenue
STE 205
Doral, FL 33172
(305) 397-4031
Digital Contact Information:
lilyulcsw@aol.com

Ursani, Aneel A, MD ■
18117 Biscayne Boulevard
Po Box 61721
Miami, FL 33160
(206) 495-0724
Digital Contact Information:
ccservices@auctusgrp.com
Other Languages Spoken by Provider or Office Staff
English, Sign Lang Amer

Valdes, Jose G, DNP, APRN ■
FL
(305) 204-9455
Digital Contact Information:
josegvn@gmail.com

and
10689 North Kendall Drive
211
Miami, FL 33176
(305) 204-9499
Digital Contact Information:
josegvn@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valdes, Yordanys, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
mendinghealthcare@outlook.com

Valencia, Odalys, MSW, LCSW ■
5979 Northwest 151st Street
STE 230
Miami Lakes, FL 33014
(305) 362-1875
Digital Contact Information:
odalysvalencialcsw@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Valencia, Tatiana, PSYD, LP ■
3191 Coral Way
Ste 623
Miami, FL 33145
(786) 344-2849
Digital Contact Information:
tvalencia174@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Van Schaick, Jessica, PA, PA_C ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
contact@elevatepsychiatry.com

and
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
contact@elevatepsychiatry.com
Other Languages Spoken by Provider or Office Staff English

Vance, Melissa, MS, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
pandatherapycircle@gmail.com

Varela, Chily, MMH, LMHC ■
3081 Salzedo Street
202 202
Coral Gables, FL 33134
(786) 327-4840
Digital Contact Information:
cvarelalmhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vazquez, Carmene, MA, LMHC ■
2801 Northeast 183rd Street
216 216
Aventura, FL 33160
(305) 931-3845
Digital Contact Information:
vazquezcarmene450@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vazquez Garcia, Yaimara, MC, LMHC ■
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
http://brightsyhealthfl.com
brightsyhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vazquez, Marlon, MD ■
5901 Southwest 74th Street
408
Miami, FL 33143
(305) 735-3555
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Vazquez-Bragan, Francesca, PSYD, LP ■
2550 Douglas Road
Ste #301
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
Not Available

Vazquez-Pausa, Antonio, MSW, LCSW ■
1901 SW 1st St
Miami, FL 33135
(305) 203-5230
Digital Contact Information:
http://careresource.org

and
3510 Biscayne Blvd
Miami, FL 33137
(305) 576-1234
Digital Contact Information:
http://careresource.org

Vieira, Caroline, MC, LMHC, PC ■
2212 Northwest 91st Street
Miami, FL 33147
(341) 888-7637
Digital Contact Information:
contact@quelinbilling.com
Other Languages Spoken by Provider or Office Staff
Portuguese

Vila, Dayana, MSN, APRN ■
4005 Northwest 114th Avenue
22 22
Doral, FL 33178
(305) 260-6913
Digital Contact Information:
billingheritagewellness@gmail.com

and
2645 SW 37th Ave
Ste 101
Miami, FL 33133
(786) 530-4080
Digital Contact Information:
billingheritagewellness@gmail.com

and
14221 Southwest 120th Street
126
Miami, FL 33186
(786) 577-3427
Digital Contact Information:
billingheritagewellness@gmail.com

and
13100 West Dixie Highway
North Miami, FL 33161
(786) 442-5021
Digital Contact Information:
billingheritagewellness@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Villar-Loubet, Olga M, PSYD, LP ■
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-2301
Digital Contact Information:
Not Available

and
1150 NW 14th St
411
Miami, FL 33136
(305) 689-1352
Digital Contact Information:
Not Available

and
1400 NW 10th Ave
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
Not Available

and
1475 NW 12th Ave
C-023A
Miami, FL 33136
(305) 243-4900
Digital Contact Information:
Not Available

Violette, Lauren M, DNP, APRN ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
info@riviamind.com

Volcy, Valery, MSN, APRN, CNP, CNS, NP, PMHNP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:

http://happierliving.com
credentialing@happierliving.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Wacker, Brooke L, MSN, APRN, APRNCNS, NP, PMHNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
providerenrollment@mcr.health
Other Languages Spoken by Provider or Office Staff English

Waldo, Izabella K, DNP, APRN, PMHNP ■
382 Northeast 191st Street
Miami, FL 33179
(305) 609-8634
Digital Contact Information:
scheduling@regionalpsychiatry.com
Other Languages Spoken by Provider or Office Staff
German, Russian, Polish

Walker, Audi, MMH, LMHC ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
westmiamicmhc@bellsouth.net

Walker, Ryan, PA, PA_C ■
6303 Waterford District Drive
400 400
Miami, FL 33126
(786) 404-1575
Digital Contact Information:
info@elevatepsychiatry.com

Walker-Lee, Sandra, DNP, APRN, APRNCNP, NP, PMHNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@pobpsychiatry.com

Wallace-Collins, Sharaya, MA, LMHC, LPC, LPCMH ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
info@forthealth.com

Wamahiu, Joan W, MSN, APN ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
credentialing@riviamind.com

Washington-Hyde, C Renee, MD ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Watkins, Raquel, MSN, NP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
Not Available

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
Not Available

Waugh, Odalys J, PHD, LMHC ■
5201 Waterford District Drive
888
Miami, FL 33126
(305) 321-7226
Digital Contact Information:
morecounseling@gmail.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
morecounseling@gmail.com

and
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
morecounseling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Waweru, Jane W, DNP, APRN, APRNCNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Weiss, Robert, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
credentialer@gmail.com

Wells, Jacqueline, MA, LMHC ■
2801 Northeast 213th Street
Suite 1215
Aventura, FL 33180
(833) 769-3524
Digital Contact Information:
http://lifestance.com
fl-credentialing@lifestance.com
Other Languages Spoken by Provider or Office Staff English

Welter, Katherine, MSN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

White, Samantha, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
frontdesk@highersightscounseling.com

Whittington, Brittany N, MS, LMHC ■
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 269-3502
Digital Contact Information:
http://www.crystalabatherapy.com
info@cmpsclinical.com

Wilkins, Anita, MSN, APRNCNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
billing@insynchhealth.com

Williams, Julia, MSW, LCSW ■
1951 NW 7th Ave
Fl 3
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
help@joinuplift.co

and
1951 Northwest 7th Avenue
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
help@joinuplift.co

Williams, Kinya N, MC, LMHC, LPC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@growtherapy.com

Williams, Wendy H, MSN, APRNCNP, CRNP, NP ■
770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
5201 Blue Lagoon Dr
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Wint, Marsha, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Wintroub, Daniel J, MSN, APN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Wisniewski, Tricia, MSN, APRN ■
770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
5201 Blue Lagoon Dr
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Wonesh, Bria, MED, LMHC ■
1175 Northeast 125th Street
320
Miami, FL 33161
(786) 842-0444
Digital Contact Information:
http://www.marriagefamilyservices.

com
marriagefamilyservices@comcast.net

Wong, Carmen, MSN, APRN, CNP, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
hr.credentialing@sohomd.com

Woody, Angel, MSN, APNP, APRN, APRNCNP, CNP, DO, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Woolery, Nickesha, MSN, APRN ■
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
info@aimergency.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
info@aimergency.com
Other Languages Spoken by Provider or Office Staff English, Haitian Creole, Filipino, French, Spanish

Wright, Sonya, MA, LMHC ■
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
info@thejourneytwcc.org
Other Languages Spoken by Provider or Office Staff Creole, Spanish

Yepez, Maria, MS, LMHC ■
2020 Ponce de Leon
Suite 1201
Miami, FL 33134
(305) 917-5414
Digital Contact Information:
http://www.psychologybeyond.com
mariay.therapy@gmail.com

Young, Harold W, MSN, APRN, ARNP, CNP, CNS, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Yuvienco, Christopher, MSN, APN, APRN, APRNCNP, CRNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Zackery, Melissa, MSN, APN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Zafar, Mohsin, MD ■
13205 Southwest 137th Avenue
224 224
Miami, FL 33186
(786) 290-9192
Digital Contact Information:
cmg-enrollment@credentialingmanagementgroup.com

Zambrano, Karen M, PSYD, LP ■
4812 Southwest 74th Court
3
Miami, FL 33155
(786) 259-6977
Digital Contact Information:
http://www.abctestingservices.com
lisette@abctestingservices.com
Other Languages Spoken by Provider or Office Staff Spanish

Zipper, Rachel, PSYD, CP, LP ■
150 Alhambra Circle
Floor 10
Coral Gables, FL 33134
(786) 800-3374
Digital Contact Information:
dr.rachel@compassionatepsych.com

and
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
dr.rachel@compassionatepsych.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
dr.rachel@compassionatepsych.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
dr.rachel@compassionatepsych.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
dr.rachel@compassionatepsych.com
Other Languages Spoken by Provider or Office Staff English

Zumar, Lorraine M, MC, LMHC, LPC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

GENDER SEXUALITY ISSUES COUNSELING

Babadjanian, Angela, PSYD, LCP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Cohen, Ofri, LMFT, LMHC, MS ■
3363 NE 163rd St
Ste 709
Miami, FL 33160
(786) 556-5546
Digital Contact Information:
Not Available

and
3363 Northeast 163rd Street
STE 709
North Miami Beach, FL 33160
(786) 556-5546
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff Hebrew

Custidiano, Leonardo, MA, LMHC ■
3580 Mystic Pointe Drive
Aventura, FL 33180
(415) 941-4109
Digital Contact Information:
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Esang, Michael, MD ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
providerscred@bridgesstreetmedpractice.com

Gooden, Lashawn, CP, LP, PSYD ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

Martinez Soto, Yaneisy, APRN ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
info@ffmhs.com

Miora, Deborah, LP, MA, PHD ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

Sjostrom, Lady, LMHC, MA, MS ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
info@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
info@dadefamily.com
Other Languages Spoken by Provider or Office Staff Spanish

Suna, Elise, LMFT, MA, MSED ■
1390 South Dixie Highway
#1307
Coral Gables, FL 33146
(305) 204-2601
Digital Contact Information:
elise.suna@gmail.com

Tanner, Susan, APRN, MSN, NP, PMHNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Torres, Sergio, LMHC, MSCC ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
Not Available

GENERAL DEPRESSION

Abbuhl, Melissa, MD ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
info@riviamind.com

Abraham, Desiree, MSN, APRN ■
11890 Southwest 8th Street
404
Miami, FL 33184
(305) 491-1213
Digital Contact Information:
http://healthylivingcaremh.com
desireeabraham@yahoo.com
Other Languages Spoken by Provider or Office Staff Spanish

Abraham, Steven K, PSYD, LP ■
150 Alhambra Circle
Floor 10
Coral Gables, FL 33134
(786) 800-3374
Digital Contact Information:
ndcclakeland@gmail.com

and
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
ndcclakeland@gmail.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
ndcclakeland@gmail.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
ndcclakeland@gmail.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
ndcclakeland@gmail.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
ndcclakeland@gmail.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
ndcclakeland@gmail.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
ndcclakeland@gmail.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
ndcclakeland@gmail.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
ndcclakeland@gmail.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
ndcclakeland@gmail.com

Abram, Tanika N, MSN, APRN, APRNCNP, NP ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
amontgomery@emds.com

and

2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
amontgomery@emds.com

and
255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
amontgomery@emds.com

and
370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
amontgomery@emds.com

and
333 Southeast 2nd Avenue
Suite #2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
amontgomery@emds.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
amontgomery@emds.com

and
3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
amontgomery@emds.com

and
350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
amontgomery@emds.com

and
429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
amontgomery@emds.com

and
323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
amontgomery@emds.com

Abreu, Alba, MD ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
Not Available

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
http://banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

Abreu, Rebecca P, MS, LMHC ■
777 E 25th St
Ste 306
Hialeah, FL 33013
(786) 838-6092
Digital Contact Information:
pouabreu@gmail.com

and
2121 Southwest 3rd Avenue
205
Miami, FL 33129
(786) 660-1301
Digital Contact Information:
pouabreu@gmail.com

and
3191 Southwest 22nd Street
406
Miami, FL 33145
(786) 660-1301
Digital Contact Information:
pouabreu@gmail.com

and
1021 Ives Dairy Road
216
Miami, FL 33179
(305) 497-2473
Digital Contact Information:
pouabreu@gmail.com

and
FL
(786) 818-7169
(315) 873-2936
Digital Contact Information:
pouabreu@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Abrokwa, William A, MSN, APRN, APRNCNP, CRNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
papa_de_talla@yahoo.com

Acea, Yanisleidy, MSN, NP ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Acevedo, Armenta, MC, LMHC, PC ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
Spanish

Acevedo, Glory A, MMH, LMHC ■
800 Crandon Blvd
Ste 201
Key Biscayne, FL 33149
(786) 239-3055
Digital Contact Information:
keybiscaynecounseling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Acevedo, Ivan, MN, APRN ■
900 West 49th Street
STE 512
Hialeah, FL 33012
(786) 536-1701
Digital Contact Information:
psychiatry@intergratedhealthcare.group

and
351 NW 42nd Ave
Ste 406
Miami, FL 33126
(786) 536-1710
Digital Contact Information:
psychiatry@intergratedhealthcare.group

and
1890 Southwest 57th Avenue
SUITE 106
Miami, FL 33155
(786) 536-1701
Digital Contact Information:
http://www.integratedhealthcare.group
psychiatry@intergratedhealthcare.group

Acker, Ashleigh, MS, LMFT ●
1175 Northeast 125th Street
320
Miami, FL 33161
(954) 372-0423
Digital Contact Information:
http://www.marriagefamilyservices.com
mfsfrontdesk1@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, English, Malayalam, Haitian, Italian, Spanish

Acosta, Annette, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Creole, Haitian, Spanish

Acosta, Carolina, MA, LMHC, LPC ■
10311 Northwest 58th Street
Doral, FL 33178
(800) 438-1772
Digital Contact Information:
lrangel@wlcfs.org
Other Languages Spoken by Provider or Office Staff
Spanish

Acosta Heredia, Erick, MD ■
11272 Southwest 137th Avenue
Miami, FL 33186
(786) 792-4928
Digital Contact Information:
http://www.generalmhs.com
erickacostah79@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Acosta, Ileana, MC, LMHC ■
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
http://www.btpmentalhealth.com
info@btpmentalhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Acosta, Ingrid E, MC, LCMHC ■
8370 West Flagler Street
STE 242
Miami, FL 33144
(786) 321-1600
Digital Contact Information:
http://www.crystalmindsmh.com
info@newlifeaba.com

and
12985 Southwest 130th Court
217 217
Miami, FL 33186
(239) 431-2629
Digital Contact Information:
info@newlifeaba.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Acosta, Jadiyer, MD ■
4302 Alton Rd
Ste 820
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com

and
4304 Alton Rd
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com

Acosta, Julio, MS, LMHC ■
4401 Northwest 87th Avenue
201
Doral, FL 33166
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff
Spanish

Acosta, Liza M, MMFT, LMFT ■
3970 West Flagler Street
203 204
Miami, FL 33134
(786) 953-5978
Digital Contact Information:
healchoicecorp2019@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Acosta, Manuel, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

and
11430 North Kendall Drive
106
Miami, FL 33176
(888) 852-6672
Digital Contact Information:
credentialing@wellnite.com

Acosta Romero, Diana, MSN, APRN ■
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
info@cbhwestcoast.com

and
8323 Northwest 12th Street
108
Doral, FL 33126
(305) 400-8511
Digital Contact Information:
http://www.cbhwestcoast.com
info@cbhwestcoast.com

and
FL
(305) 400-8511
Digital Contact Information:
info@cbhwestcoast.com
Other Languages Spoken by Provider or Office Staff
Spanish

Acosta, Sarah, MMH, LMHC ■
FL
(786) 708-2221
Digital Contact Information:
helpinghandscounseling1@gmail.com

Acosta Veliz, Lixsan, MN, ANP ■
2141 Southwest 1st Street
201
Miami, FL 33135
(786) 920-9137
Digital Contact Information:
nicanoragent83@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Acosta-Lievano, Juliana, PHD, LP ■
1601 NW 12th Ave
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
Not Available

and
1601 NW 12th Ave
4046
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
Not Available

Acuna, Nancy M, MSN, APRN ■
10031 Southwest 40th Street
Miami, FL 33165
(786) 442-9628
Digital Contact Information:
encantohealthcommunityservices@gmail.com

and
9732 SW 24th St
Miami, FL 33165
(305) 221-0660
Digital Contact Information:
encantohealthcommunityservices@gmail.com

and
11430 North Kendall Drive
106
Miami, FL 33176
(786) 703-1605

Digital Contact Information:
encantohealthcommunityservices@gmail.com

Adams, Diana, MSN, APRN, CRNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Aday, Reyna, PHD, LMHC ■
7990 Southwest 117th Avenue
Ste 215
Kendall, FL 33183
(786) 963-9770
Digital Contact Information:
http://www.wholeisticcg.com
wholeisticpsychiatry@gmail.com

and
FL
(786) 583-4725
(786) 963-9770
Digital Contact Information:
http://www.reynaaday.com
wholeisticpsychiatry@gmail.com

and
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
http://www.wholeisticcg.com
wholeisticpsychiatry@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Adderley, Brian, MSW, LCSW ■
FL
(305) 902-6347
(315) 873-2936
Digital Contact Information:
jane.mohammad@daybreakhealth.com

Adderley, Oddette P, PHD, LMHC ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
opieea@hotmail.com

Adel, Shaudi, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
insurance@wellnite.com

Adkins, Christine, MSSA, LCSW ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
credentialing@joinuplift.co

Adle, Joy, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Adler, Shalom, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Agic, Christine, MSW, LCSW ■
2500 SW 107TH AVE
42
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
inbox.mhcares@gmail.com

Agresti, Louisa K, MSN, APRN, NP, PMHNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Agudah, Victoria, MSN, APRN, APRNCNP, NP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
help@joinuplift.co

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
help@joinuplift.co

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
help@joinuplift.co

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
help@joinuplift.co

Aguiar, Heloisa G, MA, LMHC ■
8547 Southwest 214th Lane
Cutler Bay, FL 33189
(305) 775-3105
Digital Contact Information:
lola0211@email.com

and
2000 S Dixie Hwy
Ste 104
Miami, FL 33133
(305) 775-3105
Digital Contact Information:
lola0211@email.com

and
13499 Biscayne Blvd
Ste 208
North Miami, FL 33181
(305) 775-3105
Digital Contact Information:
lola0211@email.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Aguilar, Jose G, MSN, CNP, NP ■
8846 Southwest 6th Street
Miami, FL 33144
(746) 486-8000
Digital Contact Information:
patti@clearviewcounselinggroup.org
Other Languages Spoken by Provider or Office Staff
Spanish

Aguilar, Leonardo, MA, LMHC ■
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
http://www.btpmentalhealth.com
info@btpmentalhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Aguilar, Rosalva, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
lisa.kane@gulfshorescounselingcenter.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Aguilera, Magalis, PSYD, CP, LP ■
9240 SW 72nd St
Ste 106
Miami, FL 33173
(305) 595-8787
Digital Contact Information:
drmagaliaguilera@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Aguilera, Maribel, MD ■
8049 NW 155th St
Miami Lakes, FL 33016
(305) 822-2330
Digital Contact Information:
maguileramd@aol.com
Other Languages Spoken by Provider or Office Staff English

Aguilera, Michelle, MSW, LCSW ■
1603 Northeast 7th Avenue
Miami, FL 33137
(305) 374-1065
Digital Contact Information:
alexo@camillus.org
Other Languages Spoken by Provider or Office Staff
Spanish

Aguirre, Nelda, PHD, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/payors@emorahealth.com

Agyakwa, Afua D, MSN, APRN, CNP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
Not Available

Ahmadi-Davis, Shirrin, MD ■
FL
(305) 902-6347
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff English

Ahmed, Michelle, MS, LMFT ■
FL
(312) 912-1033
Digital Contact Information:
http://foodforheartherapy.com
michelleahmedmft@gmail.com
Other Languages Spoken by Provider or Office Staff
Bengali

Aileru, Tosin F, MSN, APRN ■
255 Giralda Avenue
Coral Gables, FL 33134
(470) 944-5699
Digital Contact Information:
cred04@zmedsolutions.net

Ait Belkacem, Kamilia, PA, PA_C ■
801 Brickell Avenue
8
Miami, FL 33131
(516) 505-7200
Digital Contact Information:
https://mindful.care/vnedilia@mindful.care

Ajamu, Tonia, MSN, APRN, APRNCNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@breakthroughmh.com

Aje, Olugbenga, MD ■
1065 NE 125th St
Ste 206
North Miami, FL 33161
(954) 771-7743
Digital Contact Information:
vaubourg@foundcare.org

and
11430 N Candle Dr # 106
Palmetto Bay, FL 33176
(305) 279-5535
Digital Contact Information:
vaubourg@foundcare.org
Other Languages Spoken by Provider or Office Staff
English, Russian, Yoruba

Aking, Marlene, MD ■
770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
pe@tcchinc.org

and
7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
http://happierliving.com
pe@tcchinc.org

and
5201 Blue Lagoon Dr
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
http://happierliving.com
pe@tcchinc.org

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
http://happierliving.com
pe@tcchinc.org

and
80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
http://happierliving.com
pe@tcchinc.org

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
pe@tcchinc.org

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
pe@tcchinc.org

and
830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
pe@tcchinc.org

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(888) 684-2779
Digital Contact Information:
http://happierliving.com
pe@tcchinc.org

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
http://happierliving.com
pe@tcchinc.org
Other Languages Spoken by Provider or Office Staff
Spanish

Alayon, Carlos, MS, LMHC ■
10500 Northwest 26th Street
Doral, FL 33172
(305) 646-1799
Digital Contact Information:
calayon@hotmail.com

and
1710 Northwest 7th Street
5
Miami, FL 33125
(239) 250-9411
Digital Contact Information:
calayon@hotmail.com

and

2311 Northwest 7th Street
Miami, FL 33125
(786) 706-2246
Digital Contact Information:
calayon@hotmail.com

and
790 Northwest 107th Avenue
Suite 303
Miami, FL 33172
(786) 603-9858
Digital Contact Information:
calayon@hotmail.com

and
11960 SW 39th Ter
Miami, FL 33175
(786) 514-6406
Digital Contact Information:
calayon@hotmail.com

and
13170 Southwest 128th Street
200
Miami, FL 33186
(786) 852-5198
Digital Contact Information:
calayon@hotmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Albero, Amy, MSW, LCSW, LICSW ■
1110 Brickell Avenue
Suite 502
Miami, FL 33131
(203) 693-4917
Digital Contact Information:
http://www.revivecfw.com
amyalbero@revivecfw.com

Albers, Nancy C, PHD, CP ■
FL
(800) 567-5433
Digital Contact Information:
https://totallife.com/

Albitar, Tarek, DNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

Albright, Kelly, MSW, LCSW, LICSW ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Albury, Opal, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
chandlercounseling@gmail.com

Alcala, Xiomara, MD ■
1840 W 49th St
Ste 607
Hialeah, FL 33012
(305) 828-9980
Digital Contact Information:
info@unitedwellcarecenter.com

and
1840 West 49th Street
#404
Hialeah, FL 33012
(305) 828-9980
Digital Contact Information:
info@unitedwellcarecenter.com

Alcantara, Josie, MS, LMHC ■
FL
(305) 508-0886
Digital Contact Information:
josie@alpinecounseling.miami
Other Languages Spoken by Provider or Office Staff Spanish

Alcy, Holrite, MSN, APRN, APRNCNP, ARNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
contact@bethpsychiatry.com
Other Languages Spoken by Provider or Office Staff English

Aldad, Tamir, MD ■
801 Brickell Avenue
8
Miami, FL 33131
(516) 505-7200
Digital Contact Information:
https://mindful.care/
draldad@mindfulurgentcare.com

Aldas, Clara I, MSW, LCSW ■
1150 NW 14th St
Ste 410
Miami, FL 33136
(305) 243-3100
Digital Contact Information:
Not Available

and
1150 NW 14th St
Ste 609
Miami, FL 33136
(305) 243-6732
Digital Contact Information:
Not Available

and
FL
(305) 243-3100
Digital Contact Information:
Not Available

Aldorino, Antonella, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com

Alegria, Mario R, PHD, LP ●
6360 SW 48th St
Miami, FL 33155
(321) 273-9407
Digital Contact Information:
ma47alegria@yahoo.com
Other Languages Spoken by Provider or Office Staff Spanish

Aleman, Jessica M, PSYD, LP ■
3735 Southwest 8th Street
201
Coral Gables, FL 33134
(305) 200-3921
Digital Contact Information:
http://www.oceanpsychologygroup.com
alemanpsychology@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Alexander, Rachene, MSN, APN, APRN, CRNP, PMHNP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://happierliving.com
provider.enrollment@meditelecare.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
provider.enrollment@meditelecare.com

Alexandre, Shanorah, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Alexandre, Vanessa, MSN, APRN, NP, PMHNP ■
FL
(305) 902-6347
Digital Contact Information:
ifhpenrollment@institute.org

Alexandriny, Lisandra, MSN, APRN ■
7821 Coral Way
100
Miami, FL 33155
(786) 409-5690
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Alexis, Acelise, MMH, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
admin@hellokamedpsych.org

Alfaro, Christina M, MSN, APRN ■
7374 Southwest 93rd Avenue
201
Miami, FL 33173
(786) 753-7467
Digital Contact Information:
veradigmcredentialing@carecloud.com

Alfaro, Marianne, MSN, APRN, NP ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
richard.benson@avernuscorp.com

and
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
richard.benson@avernuscorp.com

and
255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
richard.benson@avernuscorp.com

and
370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
richard.benson@avernuscorp.com

and
333 Southeast 2nd Avenue
Suite #2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
richard.benson@avernuscorp.com

and
3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
richard.benson@avernuscorp.com

and
350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
richard.benson@avernuscorp.com

and
429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
richard.benson@avernuscorp.com

and
323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
richard.benson@avernuscorp.com

Alfonso, Hiran, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Alfonso, Octavio M, MSN, APRN, PMHNP ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
start@bebravehealth.com
Other Languages Spoken by Provider or Office Staff Spanish

Alfonso, Tania P, MSN, APRN ■
12955 Southwest 42nd Street
STE 2
Miami, FL 33175
(305) 364-5711
Digital Contact Information:
goldenyears6423@yahoo.com

and
10689 N Kendall Dr
Ste 300
Miami, FL 33176
(305) 558-7400
Digital Contact Information:
goldenyears6423@yahoo.com

and
6175 NW 153rd St
Ste 404
Miami Lakes, FL 33014
(305) 558-7400
Digital Contact Information:
goldenyears6423@yahoo.com

and
8060 Northwest 155th Street
Suite 202
Miami Lakes, FL 33016
(305) 882-9144
Digital Contact Information:
http://www.flmentalhealthresources.com
goldenyears6423@yahoo.com

and
FL
(786) 267-4005
(305) 882-9144
Digital Contact Information:
http://www.flmentalhealthresources.com
goldenyears6423@yahoo.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Alford-Sunday, Nakia C, MED, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
tx-credentialing@lifestance.com

Alhajji, Lujain, MD ■
1321 Northwest 14th Street
206
Miami, FL 33125
(305) 355-7000
Digital Contact Information:
Not Available

and
1400 NW 10th Ave
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
Not Available

and
1400 NW 12th Ave
E
Miami, FL 33136
(305) 689-1352
Digital Contact Information:
Not Available

and
1611 NW 12th Ave
Miami, FL 33136
(305) 585-1111
Digital Contact Information:
Not Available

and
1695 Mw 9th Ave # 3200
Miami, FL 33136
(305) 355-7000
Digital Contact Information:

Not Available

and
1695 NW 9th Ave
Miami, FL 33136
(305) 355-7777
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
3200
Miami, FL 33136
(305) 355-7000
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff Arabic

Ali, Anna, MSN, APRN, ARNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Ali, Nashat S, MC, LCPC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
scheduling@happierliving.com

Ali, Sharon, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
osaker@ibhflorida.com

and
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
osaker@ibhflorida.com
Other Languages Spoken by Provider or Office Staff English

Alison, Rachel H, MD ■
3081 Salzedo Street
Suite 202
Coral Gables, FL 33134
(786) 250-6240
Digital Contact Information:
http://sunflowerpsychiatry.com
info@sunflowerpsychiatry.com

Alkhairy, Saarah, MD ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@lakefrontmedpartners.com

Allen, Caitlin, MC, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
hello@emorahealth.com

Allen, Evan, DO ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Alleyne, Amanda, MSSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Ally, Tiffany, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Almagro, Francisco, MC, LMHC ■
4800 West Flagler Street
215
Coral Gables, FL 33134
(954) 368-4786
Digital Contact Information:
pedroramon1@yahoo.com

and
2300 West 84th Street
Ste 601
Hialeah, FL 33016
(305) 363-4001
Digital Contact Information:
pedroramon1@yahoo.com

and
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
pedroramon1@yahoo.com

and
6801 Northwest 77th Avenue
107
Miami, FL 33166
(786) 536-2364
Digital Contact Information:
pedroramon1@yahoo.com

and
12150 Southwest 128th Court
125
Miami, FL 33186
(305) 964-5191
Digital Contact Information:
pedroramon1@yahoo.com

and
FL
(786) 624-1303
Digital Contact Information:
pedroramon1@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Almeida, Silvia, MSW, LCSW ■
1734 Southwest 82nd Place
Miami, FL 33155
(201) 218-8383
Digital Contact Information:
silvia.almeida@holistiktherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Almeida Wallace, Diana, MC, LMHC ■
5915 Ponce de Leon
48
Coral Gables, FL 33146
(305) 934-6453
Digital Contact Information:
dalmeida87@hotmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, English, French, Spanish

Almonte, Aldriana A, MSW, LCSW ■
31 N Krome Ave
Homestead, FL 33030
(786) 481-5909
Digital Contact Information:
aalmonte@infinitecc.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

Almonte, Ricardo, MS, LMHC ■
250 Catalonia Avenue
suite 403
Coral Gables, FL 33134
(321) 405-2805
Digital Contact Information:
https://harvestingjoypsychologicalservices.com
harvestingjoycounseling@gmail.com

Alonso, Maria D, PSYD, LCSW ■
3191 Coral Way
Ste 402
Miami, FL 33145
(786) 709-8556
Digital Contact Information:
dr.malonso@yahoo.com

and
3191 Coral Way
Ste 604
Miami, FL 33145
(786) 709-8556
Digital Contact Information:
dr.malonso@yahoo.com
Other Languages Spoken by Provider or Office Staff English

Alonso Yanez, Liliana, MSN, APRN ■
22133 South Dixie Highway
Miami, FL 33170
(786) 504-3119
Digital Contact Information:
https://fpmflorida.org/
admin@fpmagency.com

and
13155 Southwest 134th Street
202
Miami, FL 33186
(786) 504-3119
Digital Contact Information:
admin@fpmagency.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alsafeer, Dominique, MSN, ARNP ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
http://www.compasshealthsystems.com
credentialing@compass.md

and
FL
(305) 891-0050
(305) 279-5535
(888) 852-6672
Digital Contact Information:
http://www.compasshealthsystems.com
credentialing@compass.md

Alsakloull, Majd, MS, LMHC ■
3785 Northwest 82nd Avenue
206
Doral, FL 33166
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
ebcg-support@findoctave.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff Arabic

Altamiranda, Rosina E, MS, LMHC ●
11921 South Dixie Highway
STE 215
Pinecrest, FL 331564449
(786) 718-3890
Digital Contact Information:
rosina@nhorizonscs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Altare, Giuliana, MN, APRN, NP ■
5555 Ponce De Leon Blvd
Fl 4
Coral Gables, FL 33146
(305) 355-9028
Digital Contact Information:
credentialing@cerebral.com

and
1120 NW 14th St
1477
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
credentialing@cerebral.com

and
FL
(305) 243-2301
Digital Contact Information:
credentialing@cerebral.com

and
10689 North Kendall Drive
211
Miami, FL 33176
(305) 204-9499
Digital Contact Information:
credentialing@cerebral.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Alton, Melissa, MC, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@lionrockrecovery.com

Altu, Amanda, MC, LMHC ■
5805 Blue Lagoon Dr
Ste 440
Miami, FL 33126
(800) 767-4411
Digital Contact Information:
Not Available

Alvarado, August E, PHD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
contact@coloradocac.com

Alvarenga, Alicia, MSSW, LCSW ■
2100 Coral Way
#310
Miami, FL 33145
(786) 320-1677
Digital Contact Information:
ydzmgroup@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Alvarez, Arlinnes, MMH, LMHC ■
FL
(305) 804-9121
Digital Contact Information:
http://www.sfacounseling.org
arlinnes@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Creole, Spanish

Alvarez, Darline, MSW, LCSW ■
FL
(786) 223-6222
Digital Contact Information:
epochjourney@live.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alvarez, Franco, MD ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Alvarez, Gianinne M, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
info@livewelltherapygroup.com

and
7600 Southwest 57th Avenue
suite 334
South Miami, FL 33143
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
info@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alvarez Gonzalez, Lissette M, MS, LMHC ■
2500 Northwest 79th Avenue
Suite 180
Doral, FL 33122
(786) 253-7868
Digital Contact Information:
faithandhope230@gmail.com

and
18522 Southwest 136th Court
Miami, FL 33177
(305) 416-8189
Digital Contact Information:
faithandhope230@gmail.com

and
5881 Northwest 151st Street
Suite: 103
Miami Lakes, FL 33014
(786) 703-4154
Digital Contact Information:
faithandhope230@gmail.com

and
230 Canal Street
APT 202
Miami Springs, FL 33166
(305) 416-8189
Digital Contact Information:
faithandhope230@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alvarez Hernandez, Jorge A, MSN, APRN ■
12550 Biscayne Boulevard
STE 507
North Miami, FL 33181
(305) 204-1209
Digital Contact Information:
jac-pmhnp@assertivecare.net
Other Languages Spoken by Provider or Office Staff
English, Spanish

Alvarez, Jose, MD ■
8000 W Flagler St
Ste 201
Miami, FL 33144
(786) 805-3021
Digital Contact Information:
stephanie.arce-rivera@osceolahealthcare.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

Alvarez, Marie, MSCC, LMHC ■
7700 North Kendall Drive
707
Miami, FL 33156
(305) 298-8649
Digital Contact Information:
rosorio@miamicounseling.com

Alvarez, Martha, MMFT, LMFT ■
1390 South Dixie Highway
2104
Coral Gables, FL 33146
(305) 446-0333
Digital Contact Information:
info@miamipsychcenter.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alvarez, Mayaly, MS, LMHC ●
11921 South Dixie Highway
STE 215
Pinecrest, FL 331564449
(786) 718-3890
Digital Contact Information:
malva@nhorizonscs.com

Alvarez, Mayelin, MSN, APRN ■
8300 West Flagler Street
STE 258C
Miami, FL 331446002
(786) 633-5171
Digital Contact Information:
olympushcs@gmail.com

Alvarez, Stephanie, MS, LMHC ●
FL
(561) 590-7063
Digital Contact Information:
http://innerworkcounseling.com
contact@innerworkcounseling.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alvarez-Jimenez, Anabel, PHD, LP ■
6175 NW 153rd St
Ste 205
Miami Lakes, FL 33014
(305) 814-8558
Digital Contact Information:
aalvarez@thrivepsychological.com
Other Languages Spoken by Provider or Office Staff
Spanish

Alvarez-Salvat, Rose M, PHD, LP ■
6262 Sunset Drive
Suite 500
Miami, FL 33143
(305) 669-6503
Digital Contact Information:
shana.johnson@mch.com

and
3100 SW 62nd Ave
Fl 2
Miami, FL 33155
(305) 663-8439
Digital Contact Information:
shana.johnson@mch.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Alvey, Tiffany A, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
members@wellnite.com

Alvino, Evelyn C, MHS, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
fl-credentialing@lifestance.com

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
fl-credentialing@lifestance.com

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
fl-credentialing@lifestance.com

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
fl-credentialing@lifestance.com

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
fl-credentialing@lifestance.com

and
14645 Northwest 77th Avenue
101
Miami Lakes, FL 33014
(833) 769-3524
Digital Contact Information:
fl-credentialing@lifestance.com

Alyousha, Nada A, MD ■
1120 NW 14th St
Miami, FL 33136
(305) 243-2301
Digital Contact Information:
Not Available

and
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-2301
Digital Contact Information:
Not Available

and
1611 NW 12th Ave
Miami, FL 33136
(305) 585-1111
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
Miami, FL 33136
(305) 355-7148
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff Arabic

Amado, Sandra J, MC, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@usmso.com

Amador Jimenez, Damisela, MN, APRN ■
1840 West 49th Street
#404
Hialeah, FL 33012
(305) 828-9980
Digital Contact Information:
info@unitedwellcarecenter.com

and
4995 Northwest 72nd Avenue
209
Miami, FL 33166
(786) 651-4190
Digital Contact Information:
info@unitedwellcarecenter.com

and
7745 Northwest 146th Street
F1
Miami Lakes, FL 33016
(786) 633-5992
Digital Contact Information:
info@unitedwellcarecenter.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Amador, Ruth Narumi, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
sheryl.shumate@colapsych.com
Other Languages Spoken by Provider or Office Staff
Spanish

Amar, Eliana, MS, BCBA, LMFT ■
1000 Brickell Avenue
Miami, FL 33131
(786) 402-2300
Digital Contact Information:
eliana.amar@yahoo.com

and
14331 Southwest 120th Street
201
Miami, FL 33186
(786) 329-9993
Digital Contact Information:
eliana.amar@yahoo.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Amaya-Ordonez, Esmeralda, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Ambrose, Meghan, PSYD, LP ●
360 Northwest 27th Street
Miami, FL 33127
(929) 209-6109
Digital Contact Information:
harry.williams@gettrucare.com

Ambush, Latonia M, MMH, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
latonia.ambush@gmail.com

Amza, Torie, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Anagnos, Grace E, MA, LCMHC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Anaya, Alissa, MS, LMHC ●
FL
(561) 590-7063
Digital Contact Information:
http://innerworkcounseling.com
contact@innerworkcounseling.com

Anderson, Aimee E, MSW, LCSW ■
9260 Sunset Dr
Ste 203
Miami, FL 33173
(305) 279-3640
Digital Contact Information:
Not Available

Anderson, Erica S, MS, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
erica@twcollaborative.org

Anderson, Laura, MHS, APRN ■
4304 Alton Rd
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com

Anderson, Rosemarie A, MD ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
rosemarieaneita.anderson@swedish.org
Other Languages Spoken by Provider or Office Staff English

Anderson, Susan L, MA, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
susanandersonmalpc@gmail.com

Anderson, Tracy L, MED, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
centralizedcredentialing@arraybc.com

Andino, Nelson, MSN, APRN ■
4005 Northwest 114th Avenue
22 22
Doral, FL 33178
(305) 260-6913
Digital Contact Information:
ybhsbilling@gmail.com

and
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
ybhsbilling@gmail.com

Andrade, Althea, MSN, APN ■
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
agagandrade3@gmail.com

and
FL
(305) 637-6400
Digital Contact Information:
agagandrade3@gmail.com

Andre, Gladys, MSW, LCSW ■
FL
(954) 638-7462
(786) 281-3935
Digital Contact Information:
gandre0417@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Creole

Andres, Alice M, PSYD, CP, HSPP, LP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
rainbowlanternpsych@gmail.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
rainbowlanternpsych@gmail.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
rainbowlanternpsych@gmail.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
rainbowlanternpsych@gmail.com
Other Languages Spoken by Provider or Office Staff English

Andreu, Claudia M, MMH, LMHC ■
7000 SW 97th Ave
Ste 121
Miami, FL 33173
(305) 342-5044
Digital Contact Information:
claumar.0222@gmail.com

Andreu Guerra, Sahily, MSN, APRN ■
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
9010 Southwest 137th Avenue
suite 116
Miami, FL 33186
(305) 639-8685
Digital Contact Information:
healingtouchinc@msn.com

and
14400 Northwest 77th Court
#100
Miami Lakes, FL 33016
(786) 916-6073
Digital Contact Information:
healingtouchinc@msn.com

and
7241 Southwest 63rd Avenue
STE 101A
South Miami, FL 331434838
(786) 916-6073
Digital Contact Information:
healingtouchinc@msn.com

Andulan, Biena, MSN, APRN, NP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
credentialing@psychplus.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@psychplus.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@psychplus.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
credentialing@psychplus.com

Angel, Laurie R, MSN, APRN ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
momofben@bellsouth.net

Angel, Nicole, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Anglade-Pascal, Fabiola, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
alvin.brooks@physiciancure.com

Angulo, Gabriella, MSN, APRN, CNS ■
150 Alhambra Circle
Floor 10
Coral Gables, FL 33134
(786) 800-3374
Digital Contact Information:
scheduling@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Anias, Carlos, MSN, APRN ■
2000 Northwest 87th Avenue
Suite 201
Doral, FL 33172
(954) 561-6222
Digital Contact Information:
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Anker, Susan C, MSW, LCSW ■
11440 N Kendall Dr
Ste 106
Miami, FL 33176
(305) 668-9090
Digital Contact Information:
eanker7@bellsouth.net

Annan, Grace, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
scheduling@ehomegroup.com
Other Languages Spoken by Provider or Office Staff Italian

Anselme, Angelique, MS, LMHC ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
info@elevatepsychiatry.com
Other Languages Spoken by Provider or Office Staff
Spanish

Anta Vergara, Zoila, MSN, APRN ■
3105 Northwest 107th Avenue
400 h11
Doral, FL 33172
(305) 514-9045
Digital Contact Information:
zelenapsych@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Antoine, Nisha, MPSY, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Antunes, Alexandra, MS, LMHC ■
12651 South Dixie Highway
Suite 320
Miami, FL 33156
(305) 300-3121
Digital Contact Information:
http://www.happymindswellness.com
contact@happyminds.sprucecare.com

and
8950 Southwest 74th Court
Suite 1808
Miami, FL 33156
(305) 300-3121
Digital Contact Information:
contact@happyminds.sprucecare.com

and
FL
(305) 300-3121
Digital Contact Information:
http://www.happymindswellness.com
contact@happyminds.sprucecare.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(305) 300-3121
Digital Contact Information:
http://happymindswellness.com
contact@happyminds.sprucecare.com

Antunez, Maria, MSN, APRN ■
2550 Douglas Road
Ste #301
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
ghines@hinesandassociates.net

and
22133 South Dixie Highway
Miami, FL 33170
(786) 504-3119
Digital Contact Information:
ghines@hinesandassociates.net

and
13155 Southwest 134th Street
202
Miami, FL 33186
(786) 504-3119
Digital Contact Information:
ghines@hinesandassociates.net
Other Languages Spoken by Provider or Office Staff
Spanish

Anyamele, Patricia, MSN, APRN, NP ■
770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
drtbehavioralservices@gmail.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
drtbehavioralservices@gmail.com

and
5201 Blue Lagoon Dr
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
drtbehavioralservices@gmail.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
drtbehavioralservices@gmail.com

and
80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
drtbehavioralservices@gmail.com

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
drtbehavioralservices@gmail.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
drtbehavioralservices@gmail.com

and
830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
drtbehavioralservices@gmail.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(888) 684-2779
Digital Contact Information:
drtbehavioralservices@gmail.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
drtbehavioralservices@gmail.com

Applefield, Christine, MA, LMFT ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
hello@emorahealth.com

Arandia, Eloisa, MMFT, BCBA, LMHC ■
Home Based Services Only
Virginia Gardens, FL 33166
(305) 776-0728
Digital Contact Information:
behaviorplusservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arango, Alejandra J, MS, LMHC ■
FL
(786) 556-4040
Digital Contact Information:
aarango505@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arauco, Andrea R, MSW, LCSW ■
FL
(305) 982-7434
Digital Contact Information:
http://www.mamayinbloomcounseling.com/
andreararauco@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Araujo Talledo, Andrea, PSYD, LP ■
801 Brickell Ave
Ste 900
Miami, FL 33131

(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Archilla, Ana M, BS, LMHC ■
7875 SW 104th St
Ste 101
Miami, FL 33156
(305) 740-8998
Digital Contact Information:
insurance@jcsfl.org

and
12000 Biscayne Boulevard
303
Miami, FL 33181
(305) 899-1587
Digital Contact Information:
http://www.jcsfl.org
insurance@jcsfl.org
Other Languages Spoken by Provider or Office Staff
Spanish

Arganza, Tatyana, MC, LMHC ■
8390 West Flagler Street
220
Miami, FL 33144
(305) 402-4835
Digital Contact Information:
http://newmooncmhc.com
nicanoragent83@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arias, Alina, MS, LMHC ■
18505 Northwest 75th Place
104 104
Hialeah, FL 33015
(305) 746-5628
Digital Contact Information:
rossconsultingandcredentialing@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Aristizabal, Adriana M, MSN, ARNP ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
ashley@ventremedical.com

and
9010 SW 137th Ave
Miami, FL 33186
(305) 671-3503
Digital Contact Information:
http://www.behavioralccs.com
ashley@ventremedical.com

and
9010 SW 137th Ave
Ste 111
Miami, FL 33186
(305) 671-3503
Digital Contact Information:
http://www.behavioralccs.com
ashley@ventremedical.com

Ariza, Julian, MD ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
info@elevatepsychiatry.com

and
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
info@elevatepsychiatry.com
Other Languages Spoken by Provider or Office Staff
Spanish

Armand, Emmanuella, MSN, PMHNP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
pmhnpea@gmail.com

Armstrong, F Daniel, PHD, LP ■
1601 NW 12th Ave
Miami, FL 33136
(305) 585-5635
Digital Contact Information:
Not Available

and
1611 NW 12th Ave
Miami, FL 33136
(305) 585-7040
Digital Contact Information:
Not Available

Armstrong, Sharifa, MSW, LCSW ■
1825 Northwest 167th Street
SUITE 102
Opa-locka, FL 330564838
(305) 624-7450
Digital Contact Information:
http://www.cfcecares.org
wbrown@cfceinc.org
Other Languages Spoken by Provider or Office Staff Haitian Creole, Creole, Spanish

Arnaez, Elizabeth, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
jenny.silverio@lifechg.org
Other Languages Spoken by Provider or Office Staff
Spanish

Arocha, Emelina A, MD ■
2000 Southwest 27th Avenue
SUITE 101
Miami, FL 331452546
(305) 445-5994
Digital Contact Information:
emelinaarochamd@gmail.com

and
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
emelinaarochamd@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Aroche, Gladys, MPSY, LMHC ■
5881 Northwest 151st Street
111
Miami Lakes, FL 33014
(305) 440-8920
Digital Contact Information:
gac25@ymail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arrarte, Lorena, MED, LMHC ■
8585 Sunset Dr
Ste 202
Miami, FL 33143
(786) 780-1408
Digital Contact Information:
http://www.floridarehab.com
arscredentialing@advancedrecoverysystems.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Arrigo, Makenna M, MSW, LICSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
contactus@novainitia.org

Arriola, Vivianne, PSYD, LP ■
FL
(786) 206-7723
Digital Contact Information:
vivianne.arriola@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arroyo, Linda M, MC, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
lindaarroyo.mft@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arroyo, Rebecca, MC, LMHC ■
10700 Caribbean Boulevard
UNIT 203
Cutler Bay, FL 33189
(305) 299-8005
Digital Contact Information:
positivemindful@gmail.com

Arroyo-Carrion, Katia, PHD, LP ■
215 Westward Dr
Miami Springs, FL 33166
(305) 887-4494
Digital Contact Information:
drcarswell@wellnesspsychservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Arthur, Felecia M, MSW, LISW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@homefrontha.com

Artiles, Laura M, PHD, LP ■
7100 SW 99th Ave
Ste 203
Miami, FL 33173
(305) 270-3737
Digital Contact Information:
artileslauraphdp@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Arvon, Coral, PHD, LCSW, LMFT ■
2627 Northeast 203rd Street
118
Aventura, FL 33180
(305) 936-8000
Digital Contact Information:
http://arvonandassociates.com
drarvon@arvonandassociates.com

and
6919 Southwest 18th Street
219
Miami, FL 33175
(305) 936-8000
Digital Contact Information:
http://arvonandassociates.com
drarvon@arvonandassociates.com

Arzate, Jennifer M, MSN, APRN, APRNCNS, ARNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Asamoah-Duodu, Kwadwo D, PSYD, LP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
jscott@seniorcaretherapy.com
Other Languages Spoken by Provider or Office Staff English

Asgarali, Dariel, MSN, APRN ■
FL
(305) 903-2031
Digital Contact Information:
info@rushcredentialing.com

and
8950 Southwest 74th Court
1911
Miami, FL 33156
(786) 637-0907
Digital Contact Information:
info@rushcredentialing.com

Assinthe, Jeanne, MSW, LCSW ■
FL
(786) 779-8898
Digital Contact Information:
http://www.amitiewellness.com
jeanne@amitiewellness.com
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole, French, Spanish

Astacio, Victor, PSYD, LP ■
3990 West Flagler Street
102
Coral Gables, FL 33134
(786) 332-2602
Digital Contact Information:
blueskymentalhealthcorp@gmail.com

and
Eagle Nest Lane
Hialeah, FL 33014
(786) 534-3457
Digital Contact Information:
blueskymentalhealthcorp@gmail.com

and
Home Based Services Only
Miami Gardens, FL 33014
(305) 640-5739
Digital Contact Information:
blueskymentalhealthcorp@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Astolfo, Therese, MS, LMHC ■
1680 Meridian Ave
Ste 501
Miami Beach, FL 33139
(305) 531-5341
Digital Contact Information:
llong@dgcmhc.org

Atabong, Leke, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Athuman, Kimberly, MSW, LCSW, LISW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Augius, Lina, MD ■
800 SW 108th Ave
100
Miami, FL 33174
(786) 595-8040
(305) 348-3627
Digital Contact Information:
fiucred@fiu.edu

and
FL
(786) 595-8040
(305) 348-3627
Digital Contact Information:
fiucred@fiu.edu
Other Languages Spoken by Provider or Office Staff
Spanish

Augustin, Jermilla, MSN, APRN, APRNCNP, CRNPPMH ■
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(954) 361-2669
Digital Contact Information:
jwilson@goldenvictorymedical.com

Augustin, Sabine, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com
Other Languages Spoken by

Provider or Office Staff Haitian Creole

Austin, Alexis, MSW, LCSW ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
info@riviamind.com

Autie, Carlos, MSN, APRN ■
5901 Northwest 183rd Street
Suite 128
Hialeah, FL 33015
(786) 409-4872
Digital Contact Information:
http://onesoulcmh.com
lrodriguezllbs@gmail.com

and
7959 NW 2nd St
Miami, FL 33126
(305) 267-6060
Digital Contact Information:
lrodriguezllbs@gmail.com

and
5803 Northwest 151st Street
301
Miami Lakes, FL 33014
(786) 422-7374
Digital Contact Information:
http://abuelitosmedicalcenter.com
lrodriguezllbs@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Avila, Corrieann M, MSW, LCSW ■
5335 Northwest 87th Avenue
c109
Doral, FL 33178
(786) 551-9550
Digital Contact Information:
corrie@monarchcounselinggroup.com

Avila, Dahimy, MSN, APRN ■
22133 South Dixie Highway
Miami, FL 33170
(786) 504-3119
Digital Contact Information:
https://fpmflorida.org/
admin@fpmagency.com

Avila, Yurinia, MSN, APRN ■
13195 Southwest 134th Street
101
Miami, FL 33186
(786) 227-6830
Digital Contact Information:
http://esperanzagroup.net
esperanzagroup@espgrp.net
Other Languages Spoken by Provider or Office Staff English, Spanish

Avilus, Kristel, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Awosogba, Olufunke O, PHD, LP ■
FL
(800) 567-5433
Digital Contact Information:
https://totallife.com/

Ayala, Patricia, MSN, NP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
credentialing@scribealign.com

Ayer, Brian, MA, LPCC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
registration@ravenwoodhealth.org
Other Languages Spoken by Provider or Office Staff Sign Lang Amer

Ayers, Jesse, MSW, LISW ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
info@lionrockrecovery.com

Azam, Safir, MD ■
960 W 41st St
Ste 106
Miami Beach, FL 33140
(305) 434-2148
Digital Contact Information:
patientcare887@gmail.cm
Other Languages Spoken by Provider or Office Staff Arabic

Azaret, Janellie R, MD, LMHC ■
1601 NW 12th Ave
Miami, FL 33136
(305) 243-9225
Digital Contact Information:
janellieramos@aol.com

and
9333 SW 152nd St
Palmetto Bay, FL 33157
(305) 689-8543
Digital Contact Information:
janellieramos@aol.com
Other Languages Spoken by Provider or Office Staff Spanish

Azarian, Eliana, MC, LMHC ■
FL
(561) 590-7063
Digital Contact Information:
http://innerworkscounseling.com
contact@innerworkcounseling.com

Aziz, Abbiebatu, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@curabh.com

Azucena, Natalia, MSW, LCSW ■
18710 Southwest 107th Avenue
UNIT 15
Cutler Bay, FL 33157
(786) 459-9945
Digital Contact Information:
callisiabilling@gmail.com

and
7392 Northwest 35th Terrace
Suite 302
Miami, FL 33122
(786) 353-2792
Digital Contact Information:
callisiabilling@gmail.com

and
2141 Southwest 1st Street
201
Miami, FL 33135
(786) 920-9137
Digital Contact Information:
callisiabilling@gmail.com

and
8390 West Flagler Street
220
Miami, FL 33144
(305) 402-4835
Digital Contact Information:
http://newmooncmhc.com
callisiabilling@gmail.com

and
9425 Southwest 72nd Street
225
Miami, FL 33173
(780) 353-2369
Digital Contact Information:
callisiabilling@gmail.com

and
5209 Northwest 36th Street
Miami Springs, FL 33166
(786) 712-7752
Digital Contact Information:
callisiabilling@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Babadjanian, Angela, PSYD, LCP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Babanin, Ellen P, MMFT, LMFT ■
FL
(786) 488-8103
Digital Contact Information:
http://www.sfacounseling.org
info@monarcabehavioralhealth.com

Baca-Villagomez, Victoria L, MS, PC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Bacalar, Alex, DO ■
FL
(786) 250-6240
Digital Contact Information:
https://www.sunflowerpsychiatry.com/about-us
info@sunflowerpsychiatry.com

Badger, Marlowe, MS, LMHC ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
contact@elevatepsychiatry.com

and
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
contact@elevatepsychiatry.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Badger, Roosevelt, MA, LCSW, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
hello@emorahealth.com

Badhwar, Priyanka, DO ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

Badia, Lourdes, MA, LMHC ■
2550 Douglas Road
Ste #301
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
lbadia@aol.com

and
1338 SW 8th St
Miami, FL 33135
(786) 953-8874
Digital Contact Information:
lbadia@aol.com

and
8080 West Flagler Street
2a
Miami, FL 33144
(786) 615-2640
Digital Contact Information:
lbadia@aol.com

and
13270 Southwest 8th Street
Miami, FL 33184
(786) 631-4972
Digital Contact Information:
lbadia@aol.com
Other Languages Spoken by Provider or Office Staff Spanish

Baer, Rochelle A, MSW, LCSW ■
1601 NW 12th Ave
Miami, FL 33136
(305) 243-6864
Digital Contact Information:
Not Available

Baerman-Skief, Rachelle Allyn, MSW, LMSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com

Baez, Frank A, MD ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
solututiondrivenconsulting@gmail.com

and
26023 South Dixie Highway
Homestead, FL 33032
(786) 504-3365
Digital Contact Information:
solututiondrivenconsulting@gmail.com

and
26027 South Dixie Highway
Homestead, FL 33032
(786) 601-7344
Digital Contact Information:
solututiondrivenconsulting@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Bailey, Michael, MS, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Bailey, Paul, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
bailey.pauliii@gmail.com
Other Languages Spoken by Provider or Office Staff English

Bailey, Sara, MSN, CNP ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@harbor.org

Bailey, Zafria, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Baird, Christopher, MA, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
cardiganincorporated@gmail.com

Baker, Brandon K, DO ■
1550 Madruga Avenue
STE 201
Coral Gables, FL 33146
(305) 740-8103
Digital Contact Information:
infodesk@bregmanmedicalgroup.com

and
15600 Southwest 288th Street
UNIT 202
Homestead, FL 33033
(786) 601-7682
Digital Contact Information:
infodesk@bregmanmedicalgroup.com

and
7959 NW 2nd St
Miami, FL 33126
(305) 267-6060
Digital Contact Information:
infodesk@bregmanmedicalgroup.com

and
7805 Coral Way
Ste 131
Miami, FL 33155
(786) 307-2066

Digital Contact Information:
infodesk@bregmanmedicalgroup.com

and
8700 West Flagler Street
406
Miami, FL 33174
(786) 558-5549
Digital Contact Information:
infodesk@bregmanmedicalgroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Baker, Shukairo M, MSN, APRNCNP, LCSW, PMHNP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
sbaker@affinityhealthcenter.org

Baker, Traci, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff
Spanish

Balan, Maria, MS, LMHC ■
15715 S Dixie Hwy
Ste 403
Miami, FL 33157
(305) 707-5966
Digital Contact Information:
movingtowardagape@gmail.com

Baldie, Toni-Saccian A, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ball, Kayleen, PSYD, LP ■
6262 Sunset Drive
Suite 500
Miami, FL 33143
(305) 669-6503
Digital Contact Information:
payer.credentialing@nicklaushealth.org

and
3100 SW 62nd Ave
Miami, FL 33155
(305) 663-8413
Digital Contact Information:
http://www.nicklaushealth.org
payer.credentialing@nicklaushealth.org

and
3100 SW 62nd Ave
Fl 2
Miami, FL 33155
(305) 663-8439
Digital Contact Information:
http://www.nicklaushealth.org
payer.credentialing@nicklaushealth.org
Other Languages Spoken by Provider or Office Staff
Spanish

Ball, Olivia, DNP, APRN, CNP, CNS, NP, PMHCNS ■
770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
5201 Blue Lagoon Dr
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

and
830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

Ballard, Nerilene L, MSN, APRN ■
9247 Southwest 209th Terrace
Cutler Bay, FL 33189
(541) 406-0609
Digital Contact Information:
bsoul8366@gmail.com

Ballayan, Romeo, MSW, LCSW, LISW-CP ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Ballek, Kathy, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Bamisile, Love, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
admin@sparkwg.com

Banegas, Kelvin, MSW, LCSW ■
FL
(516) 469-2135
Digital Contact Information:
kelvinbanegaslcsw@gmail.com

Baquero, Callie, LMFT, MA, MC ■
4302 Alton Rd
Ste 500
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Barbaran, Augusto, MA, LMHC ■
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
fl-credentialing@lifestance.com

Barber, Sharon, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian

Barbosa, Adrian, MS, APRN ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
info@azzurrahcc.com

and
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
info@azzurrahcc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barcelo, Elena, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barciela, Gilberto, MSN, APRNPMH ■
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
forwardwithfc@gmail.com

Barker, Madeleine, MS, LMHC ■
2550 Douglas Road
Ste #301
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
administration@mindandsoultherapy.com

Barkey, Adam D, PSYD, LP ■
11900 Biscayne Boulevard
Miami, FL 33181
(786) 949-0001
Digital Contact Information:
http://www.curectneuro.com
credentialing@curectneuro.com

Barman, Rajdip, MD ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
caqh@pacificcrestmed.com

and
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
caqh@pacificcrestmed.com

and
255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
caqh@pacificcrestmed.com

and
370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
caqh@pacificcrestmed.com

and
333 Southeast 2nd Avenue
Suite #2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
caqh@pacificcrestmed.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
caqh@pacificcrestmed.com

and
3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
caqh@pacificcrestmed.com

and
350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
caqh@pacificcrestmed.com

and
429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
caqh@pacificcrestmed.com

and
323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
caqh@pacificcrestmed.com
Other Languages Spoken by Provider or Office Staff
Punjabi, Bengali, English, Hindi

Barnes, Cassandra D, MC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@thriveworks.com
Other Languages Spoken by Provider or Office Staff English

Barnes, Yvette, MSW, LCSW ■
1150 Northwest 72nd Avenue
640
Miami, FL 33126
(786) 497-3444
Digital Contact Information:
yvette@stellarhealthfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barnett, Capus, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Baron, Darlise, MSW, LCSW ■
18441 NW 2nd Ave
Ste 116
Miami, FL 33169
(786) 320-8722
Digital Contact Information:
http://www.baroncounseling.com
info@baroncounseling.com

and
18441 NW 2nd Ave
Ste 216
Miami, FL 33169
(786) 320-8722
Digital Contact Information:
http://www.baroncounseling.com
info@baroncounseling.com
Other Languages Spoken by Provider or Office Staff Creole, Haitian

Barosela, Melissa, MC, LMHC ■
3625 Northwest 82nd Avenue
400 3
Doral, FL 33166
(305) 209-6399
Digital Contact Information:
julie.berger@drcred.com

and
1125 Northeast 125th Street
112
North Miami, FL 33161
(305) 209-6399
Digital Contact Information:
julie.berger@drcred.com

Barrague, Maria, MPSY, LCMHC ■
1000 Brickell Avenue
Miami, FL 33131
(305) 467-8879
Digital Contact Information:
namastebehaviortherapy@yahoo.com

and
5600 SW 135th Ave
Ste 112
Miami, FL 33183
(305) 746-4507
Digital Contact Information:
namastebehaviortherapy@yahoo.com

and
12855 Southwest 136th Avenue
104
Miami, FL 33186
(305) 467-8879
Digital Contact Information:
namastebehaviortherapy@yahoo.com

Barreira, Edith M, MMFT, LMFT ■
11098 Biscayne Blvd
401-27
Miami, FL 33161
(305) 972-4865
Digital Contact Information:
https://edithmariabarreiralmft.com
privatepracticeeb@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barrera, Lourdes, MPSY, LMHC ■
19001 Southwest 106th Avenue
c103
Miami, FL 33157
(786) 523-2352
Digital Contact Information:
hopeandserenity4you@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barreras, Rosemary, MSED, LMFT ●
101 Majorca Avenue
Coral Gables, FL 33134
(954) 998-3372
Digital Contact Information:
rosemarybreiss@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barreto, Camila, MA, LMFT ■
20225 Northeast 34th Court
APT 2511
Aventura, FL 33180
(805) 453-2525
Digital Contact Information:
http://www.connectedbeings.com
connectedbeings@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barreto, Lourdes A, MSSW, LCSW ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
referrals@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barrington-Cruz, Chala, MSW, LCSW ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(866) 478-3978
Digital Contact Information:
beginningnew4u@gmail.com

Barrios-Mendez, Maria E, MSCC, LMHC ■
7700 North Kendall Drive
807
Miami, FL 33156
(786) 897-3729
Digital Contact Information:
mebm78@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barros, Sandra J, MSW, LCSW ■
9920 Southwest 115th Avenue
Miami, FL 33176
(305) 457-9131
Digital Contact Information:
sandrajbarros@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Barroso, Alina, MD, LMHC ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Barroso, Daisy, MA, LMFT ■
117 Northeast 1st Avenue
9th FL
Miami, FL 33132
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
ebcg-support@findoctave.com

Barry, Connally, PHD, CP, LP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@thriveworks.com

Barthelemy, Shirley, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff Creole

Barzaga, Dayron, MSN, APRN ■
124 Southeast 1st Road
A
Homestead, FL 33030
(786) 255-7979
Digital Contact Information:
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Basart, Natalie, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bass, India, MMH, LMHC ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://myschoolpsychologistinc.com
india.lmhc@gmail.com

and
FL
(305) 520-9813
Digital Contact Information:
http://www.myschoolpsychologistinc.com
india.lmhc@gmail.com

Basulto, Julie M, MS, LMFT ■
6625 Miami Lakes Drive
448
Miami Lakes, FL 33014
(305) 779-8565
Digital Contact Information:
http://www.comprehensive-assessment.com
info@comprehensive-assessment.com

and
6625 Miami Lakes Drive
STE 332
Miami Lakes, FL 33014
(305) 779-8565
Digital Contact Information:
http://www.comprehensive-assessment.com
info@comprehensive-assessment.com

Bates, Colana, MA, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Batista, Maylin, PHD, LMHC ■
6001 Northwest 153rd Street
157
Miami Lakes, FL 33014
(415) 941-4109
Digital Contact Information:
http://www.intent-therapy.com
intenttherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Baugh, Elizabeth, MSW, LCSW, LMSW ■
FL
(508) 202-1011
Digital Contact Information:
support@sevenstarling.com

Baumann, Cindy, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Bauza Estrada, Mirtha E, MN, APRN ■
12448 Southwest 127th Avenue
Miami, FL 33186
(786) 864-1030
Digital Contact Information:
excellentmccontracting@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Baxter, Cynthia M, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
eva.hazel@medlifembs.com

Bazaldua, Isabella, MED, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Beams, Kristy L, MSN, APRN, APRNPMH ■
FL
(305) 902-6347
Digital Contact Information:
admin@delraycenter.com

Bean, Anthony, PHD, LP ■
333 Southeast 2nd Avenue
Suite 2000
Miami, FL 33131
(833) 369-1144
Digital Contact Information:
credentialing@asprcmsolutions.com

Beard, Hope, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Beaubrun, Lucika, MA, LMHC ■
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(561) 289-7995
Digital Contact Information:
pandatherapycircle@gmail.com

Bechor Leven, Michele, PSYD, LP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
xmorales@adgcares.com
Other Languages Spoken by Provider or Office Staff English

Beck, Jessica, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole, Haitian, Spanish

Beck, Katherine, MC, LPC ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(503) 427-8094
Digital Contact Information:
appointments@meetmarvin.com

Beck, Michelle, MSN, CNS-PMH ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(786) 780-1408
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Becker, Susan, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
monarchbillingandbeyond@gmail.com

Beckham, Jalisa, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Beebe, Alicia D, MSN, APRN, ARNP ■
FL
(305) 902-6347
Digital Contact Information:
hurdbw@aol.com

Begley, Doreen, LMHC, MA ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
Not Available

Belcher, Briana, MS, LMHC ■
3625 Northwest 82nd Avenue
400 3
Doral, FL 33166
(305) 209-6399
Digital Contact Information:

briana@mindfuldirectionscc.com

and
9822 Northeast 2nd Avenue
2
Miami Shores, FL 33138
(786) 350-1567
Digital Contact Information:
http://www.mindfuldirectionscc.com
briana@mindfuldirectionscc.com

and
1125 Northeast 125th Street
112
North Miami, FL 33161
(305) 209-6399
Digital Contact Information:
http://mindsetsolutionsctc.com/
briana@mindfuldirectionscc.com

Belfort, Annissa I, MSN, APRN ■
14645 Northwest 77th Avenue
101
Miami Lakes, FL 33014
(833) 769-3524
Digital Contact Information:
http://lifestance.com
ga-credentialing@lifestance.com

Belfort, Elsie P, MSN, CNP, NP ■
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing@orendapsych.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, French

Belizaire, Myrline, MSN, APRN ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Bell, Iris, MD ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

and
3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

Bell, Rebekah, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Bello, Michelle, MS, LMHC ■
17670 Northwest 78th Avenue
STE 113
Hialeah, FL 33015
(716) 558-4565
Digital Contact Information:
milarehabprof@gmail.com

and
5600 Southwest 135th Avenue
STE 203
Miami, FL 33183
(786) 953-4962
Digital Contact Information:
milarehabprof@gmail.com

Bellon, Alfredo, MD ■
1695 NW 9th Ave
Miami, FL 33136
(305) 355-7777
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
1404A
Miami, FL 33136
(305) 355-9155
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
French, Spanish

Belmonte, Silvina, MC, LMHC ■
7171 Southwest 24th Street
316
Miami, FL 33155
(786) 762-2415
Digital Contact Information:
http://www.orthoandrehabilitation.org
silvinabelmnte@hotmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Belot, Max A, MN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

Beltran Montalvo, Felipe, MSN, APRN ■
1165 West 49th Street
suite 207
Hialeah, FL 33012
(305) 703-3386
Digital Contact Information:
appointmens@compass.md

and
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
http://www.compasshealthsystems.com
appointmens@compass.md

and
FL
(305) 891-0050
(305) 279-5535
(954) 771-7743
(954) 447-0010
(888) 852-6672
Digital Contact Information:
http://www.compasshealthsystems.com
appointmens@compass.md

and
5245 Northwest 36th Street
Unit 209
Miami Springs, FL 33166
(786) 453-6812
Digital Contact Information:
appointmens@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
appointmens@compass.md

Benavides Martinez, Caridad, MD ■
1120 NW 14th St
1477
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
Not Available

and
1611 NW 12th Ave
Miami, FL 33136
(305) 585-1111
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Benayoun, Micaela S, MC, LMFT ■
2500 Northwest 79th Avenue
233
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
credentialing@pmcen.com

and
7855 Northwest 12th Street
221
Doral, FL 33126
(305) 648-7174
Digital Contact Information:
credentialing@pmcen.com

and
1414 Northwest 107th Avenue
410
Doral, FL 33172
(305) 560-5742
Digital Contact Information:
credentialing@pmcen.com

and
1490 West 49th Place
suite 309
Hialeah, FL 33012
(305) 846-9333
Digital Contact Information:
credentialing@pmcen.com

and
1840 W 49th St
Ste 515
Hialeah, FL 33012
(305) 603-9202
Digital Contact Information:
credentialing@pmcen.com

and
1840 West 49th Street
304
Hialeah, FL 33012
(786) 803-8596
Digital Contact Information:
credentialing@pmcen.com

and
7614 Northwest 186th Street
Hialeah, FL 33015
(786) 534-3457
Digital Contact Information:
credentialing@pmcen.com

and
14411 Commerce Way
330
Hialeah, FL 33016
(786) 701-8416
Digital Contact Information:
http://nossmedicalcorp.com/
credentialing@pmcen.com

and
15600 Southwest 288th Street
Suite 405
Homestead, FL 33033
(786) 334-3515
Digital Contact Information:
credentialing@pmcen.com

and
10379 Southwest 186th Street
Miami, FL 33157
(720) 314-4727
Digital Contact Information:
credentialing@pmcen.com

and
11055 Southwest 186th Street
#101
Miami, FL 33157
(305) 342-4893
Digital Contact Information:
credentialing@pmcen.com

and
9380 Southwest 72nd Street
245
Miami, FL 33173
(305) 381-5434
Digital Contact Information:
credentialing@pmcen.com

and
931 Southwest 122nd Avenue
Miami, FL 33184
(305) 603-9235
Digital Contact Information:
credentialing@pmcen.com

and
12001 SW 128th Ct
Ste 102
Miami, FL 33186
(786) 971-7920
Digital Contact Information:
credentialing@pmcen.com

and
12255 Southwest 132nd Court
Miami, FL 33186
(305) 964-5157
Digital Contact Information:
credentialing@pmcen.com

and
12595 Southwest 137th Avenue
STE 110
Miami, FL 33186
(305) 648-7174
Digital Contact Information:
credentialing@pmcen.com

and
12595 Southwest 137th Avenue
STE 201
Miami, FL 33186
(786) 770-4832
Digital Contact Information:
credentialing@pmcen.com

and
13335 SW 124th St
Ste 106
Miami, FL 33186
(786) 842-3964
Digital Contact Information:
credentialing@pmcen.com

and
13590 Southwest 134th Avenue
205c

Miami, FL 33186
(786) 754-6474
Digital Contact Information:
credentialing@pmcen.com

Bender, Brian, MD ■
770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
5201 Blue Lagoon Dr
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

and
830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

Bengali, Tanya, MSN, APRN, NP ■
1 Alhambra Plaza
1451
Miami, FL 33134
(888) 588-8995
Digital Contact Information:
ciga-office@foresightmentalhealth.com
Other Languages Spoken by Provider or Office Staff English

Benito, Jorge, MD ■
5590 W 20th Ave
Ste 404
Hialeah, FL 33016
(305) 826-9330
Digital Contact Information:
taimtano@gmail.com

and
13240 SW 82nd Ave
Miami, FL 33156
(786) 718-7073
Digital Contact Information:
taimtano@gmail.com

and
17325 Northwest 27th Avenue
206 207
Miami Gardens, FL 33056
(786) 822-7270
Digital Contact Information:
taimtano@gmail.com

and
7000 SW 62nd Ave
Ste 600
South Miami, FL 33143
(786) 718-7073
Digital Contact Information:
taimtano@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Benjamin, Andrene, MSN, PMHNP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
admin@transcendcf.com

Benjamin, Andrew P, MSW, LCSW ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com

Benjamin, Richarlson, MA, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
help@joinuplift.co

Benjamin-Carter, Charnell, MS, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
credentialing@joinuplift.co

Bennett, Lemoya, MSN, NP, PMHNP ■
3000 Biscayne Boulevard
Suite 216
Miami, FL 33137
(786) 220-1969
Digital Contact Information:
nikita@austinfamilymentalhealth.com

and
602 Northeast 36th Street
19
Miami, FL 33137
(786) 220-1969
Digital Contact Information:
nikita@austinfamilymentalhealth.com

Bennett, Nicholas, PSYD, LP ■
390 Northeast 191st Street
Miami, FL 33179
(805) 225-4446
Digital Contact Information:
doctor.bennett@outlook.com

Bennett, Venetia, MA, LMFT ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Spanish

Bentel, Eliana S, MMFT, LMFT ■
FL
(786) 286-5779
Digital Contact Information:
medicalocean205@gmail.com

and
2500 Northwest 79th Avenue
Suite 189
Doral, FL 33122
(786) 569-3793
Digital Contact Information:
medicalocean205@gmail.com

and
7855 Northwest 12th Street
221
Doral, FL 33126
(305) 648-7174
Digital Contact Information:
medicalocean205@gmail.com

and
1414 Northwest 107th Avenue
410
Doral, FL 33172
(305) 560-5742
Digital Contact Information:
medicalocean205@gmail.com

and
7614 Northwest 186th Street
Hialeah, FL 33015
(786) 534-3457
Digital Contact Information:
medicalocean205@gmail.com

and
14411 Commerce Way
330
Hialeah, FL 33016
(786) 701-8416
Digital Contact Information:
http://nossmedicalcorp.com/
medicalocean205@gmail.com

and
15600 Southwest 288th Street
Suite 405
Homestead, FL 33033
(786) 334-3515
Digital Contact Information:
medicalocean205@gmail.com

and
10379 Southwest 186th Street
Miami, FL 33157
(720) 314-4727
Digital Contact Information:
medicalocean205@gmail.com

and
11055 Southwest 186th Street
#101
Miami, FL 33157
(305) 342-4893
Digital Contact Information:
medicalocean205@gmail.com

and
9350 Sunset Drive
suit 150
Miami, FL 33173
(786) 356-3613
Digital Contact Information:
medicalocean205@gmail.com

and
9380 Southwest 72nd Street
245
Miami, FL 33173
(305) 381-5434
Digital Contact Information:
medicalocean205@gmail.com

and
931 Southwest 122nd Avenue
Miami, FL 33184
(305) 603-9235
Digital Contact Information:
medicalocean205@gmail.com

and
12001 SW 128th Ct
Ste 102
Miami, FL 33186
(786) 971-7920
Digital Contact Information:
medicalocean205@gmail.com

and
12255 Southwest 132nd Court
Miami, FL 33186
(305) 964-5157
Digital Contact Information:
medicalocean205@gmail.com

and
12595 Southwest 137th Avenue
STE 201
Miami, FL 33186
(786) 770-4832
Digital Contact Information:
medicalocean205@gmail.com

and
13335 SW 124th St
Ste 106
Miami, FL 33186
(786) 842-3964
Digital Contact Information:
medicalocean205@gmail.com

and
13335 Southwest 124th Street
Suite 205
Miami, FL 33186
(305) 964-5082
Digital Contact Information:
medicalocean205@gmail.com

and
13590 Southwest 134th Avenue
205c
Miami, FL 33186
(786) 754-6474
Digital Contact Information:
medicalocean205@gmail.com

and
14750 Northwest 77th Court
SUITE 206
Miami Lakes, FL 33016
(796) 238-7959
Digital Contact Information:
medicalocean205@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Benton, Christopher B, MD ■
5555 Ponce De Leon Blvd
Coral Gables, FL 33146
(305) 355-9028
Digital Contact Information:
Not Available

and
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
Not Available

and
1611 NW 12th Ave
Miami, FL 33136
(305) 585-1111
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
Miami, FL 33136
(305) 355-7777
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
1404A
Miami, FL 33136
(305) 355-7147
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff Spanish

Benzaquen, Melissa, MSED, LMHC ■
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
http://www.ibhflorida.com
osaker@ibhflorida.com

Bergolla, Johannys, MSN, APRN ■
7950 Northwest 53rd Street
STE 237
Doral, FL 33166
(786) 536-4420
Digital Contact Information:
violethealthcorp@gmail.com

and
10520 Northwest 26th Street
STE C101
Doral, FL 33172
(786) 353-9308
Digital Contact Information:
violethealthcorp@gmail.com

and
5979 Northwest 151st Street
STE 120
Hialeah, FL 33014
(786) 536-4420
Digital Contact Information:
violethealthcorp@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Berju, Danielle, MSN, APN ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Berkovits, Michelle, PHD, LP ■
1120 Northwest 14th Street
1212
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
Not Available

and
1475 NW 12th Ave
C130
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
Not Available

and
1601 NW 12th Ave
Miami, FL 33136
(305) 243-3669
Digital Contact Information:
Not Available

and
1120 Northwest 14th Street
RM 1213
Miami, FL 331362107
(305) 243-6660
Digital Contact Information:
Not Available

Bermudez, Jose, PSYD, LP ■
9425 SW 72nd St
Ste 267
Miami, FL 33173
(305) 981-6806
Digital Contact Information:
jbpsyd@gmail.com

Bermudez Toth, Silvia P, PHD, LP ■
10691 N Kendall Dr
Ste 105
Miami, FL 33176
(305) 668-6018
Digital Contact Information:
cartayagroup@gmail.com

Bernal, Jenny A, MSCC, LCSW ■
3414 West 84th Street
Suite D110
Hialeah, FL 33018
(305) 825-4320
Digital Contact Information:
lifestarcmhc@gmail.com

and
3416 West 84th Street
C-108
Hialeah, FL 33018
(305) 557-1555
Digital Contact Information:
http://lifestarwellnesscenter.com
lifestarcmhc@gmail.com

Bernal, Liliam, MSW, LCSW ■
FL
(954) 716-1718
Digital Contact Information:
https://www.mswservices.org
sw@yaconsulting.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

Bernal, Maria O, MN, APRN ■
FL
(786) 980-7496
Digital Contact Information:
gauna@bmsbill.com

and
11285 Southwest 211 Street
305
Miami, FL 33189
(305) 218-9996
Digital Contact Information:
gauna@bmsbill.com

Bernard, Courtney, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
courtneyl@cwcrecovery.com

Berrios, Lorell, MSW, LCSW ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(503) 427-8094
Digital Contact Information:
qplspc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Berroa, Melida, MSW, LCSW ■
1840 West 49th Street
Suite 727
Hialeah, FL 33012
(786) 715-3086
Digital Contact Information:
mamtherapeutic@gmail.com

and
17670 Northwest 78th Avenue
STE 113
Hialeah, FL 33015
(716) 558-4565
Digital Contact Information:
mamtherapeutic@gmail.com

and
8950 SW 74th Ct
Ste 2201
Miami, FL 33156
(786) 577-3427
Digital Contact Information:
mamtherapeutic@gmail.com

and
20535 Northwest 2nd Avenue
210
Miami, FL 33169
(305) 934-4382
Digital Contact Information:
https://mamtherapeutic.com
mamtherapeutic@gmail.com

and
FL
(305) 934-4382
Digital Contact Information:
https://mamtherapeutic.com
mamtherapeutic@gmail.com

and
14221 Southwest 120th Street
126
Miami, FL 33186
(786) 577-3427
Digital Contact Information:
mamtherapeutic@gmail.com

and
10201 Hammocks Boulevard
Suite 122
Miami, FL 33196
(305) 934-4382
Digital Contact Information:
mamtherapeutic@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Berry, Erin, MSN, APN, APRNCNP, CRNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Berry, Nicole, PHD, LMHC ■
465 West 41st Street
Miami Beach, FL 33140
(786) 376-0773
Digital Contact Information:
nicoleberrys@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Turkish, Spanish

Berta, Yuraci G, MA, BCBA ■
12750 Northwest 17th Street
216 216
Miami, FL 33182
(888) 527-8037
Digital Contact Information:
info@brightstartllc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Besada, Laura A, MSN, APRN ■
299 Alhambra Circle
STE 210
Coral Gables, FL 33134
(786) 558-5729
Digital Contact Information:
polyclinichcbilling@gmail.com

and
7959 NW 2nd St
Miami, FL 33126
(305) 267-6060
Digital Contact Information:
polyclinichcbilling@gmail.com

and
15495 Eagle Nest Lane
STE 215
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
polyclinichcbilling@gmail.com

and
6600 Cow Pen Road
250
Miami Lakes, FL 33014
(305) 764-0194
Digital Contact Information:
polyclinichcbilling@gmail.com

and
215 Westward Dr
Miami Springs, FL 33166
(305) 887-4494
Digital Contact Information:
polyclinichcbilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bess, Leslie, MA, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Betancourt, Alicia, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Betancourt, Jenny V, MS, LCMHC, LMHC, LPC ■
FL
(305) 330-8114
Digital Contact Information:
https://jenny-betancourt.clientsecure.me/
jmoran@docurapid.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bey-Moon, Chelsea, MS, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
hello@talkiatry.com

Bez, Yasin, MD ■
1695 NW 9th Ave
3308
Miami, FL 33136
(305) 355-7148
Digital Contact Information:
yasinbez.us@gmail.com

and
1695 NW 9th Ave
Fl 14
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
yasinbez.us@gmail.com

and
1695 NW 9th Ave
Fl 3
Miami, FL 33136
(305) 243-2301
Digital Contact Information:
yasinbez.us@gmail.com
Other Languages Spoken by Provider or Office Staff Turkish

Bezi, Cecilia, MA, LMHC ■
1688 Meridian Avenue
613
Miami Beach, FL 33139
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
scheduling@ehomegroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bhaskarla, Niveditha, MD ■
1190 NW 95th St
Ste 110
Miami, FL 33150
(786) 353-2187
Digital Contact Information:
heather.spence@credentialing.com

Bhatia, Padam, MD ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
credentialing@elevatepsychiatry.com

and
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
credentialing@elevatepsychiatry.com

Biaggini, Daniela, MMFT, LMHC ●
2124 Northeast 123rd Street
STE 220
North Miami, FL 33181
(786) 828-0947
Digital Contact Information:
https://blossomfl.com
info@blossomfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bialza, Marie Arlene, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
hello@emorahealth.com

Bianchi, Fiorella, MSW, LCSW ■
2555 Northwest 102nd Avenue
STE 205
Doral, FL 33172
(786) 372-6788
Digital Contact Information:
http://www.holisticmindscollective.org
bianchisw@gmail.com

and
7000 West 12th Avenue
15
Hialeah, FL 33014
(305) 395-4919
Digital Contact Information:
bianchisw@gmail.com

and
FL
(305) 395-4919
Digital Contact Information:
bianchisw@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bibas, Silvia M, MACP, LMHC ■
5590 West 20th Avenue
200 201
Hialeah, FL 33016
(305) 557-1555
Digital Contact Information:
http://lifestarwellnesscenter.com
sbibas999@gmail.com

and
3416 West 84th Street
C-108
Hialeah, FL 33018
(305) 557-1555
Digital Contact Information:
http://lifestarwellnesscenter.com
sbibas999@gmail.com

Bichachi, Debra, MSW, LCSW ■
FL
(201) 632-1272
Digital Contact Information:
https://www.choosingtherapy.com/
debbie.bichachi@gmail.com

Bickman, Suzanne, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Biddulph, Dawn, MSN, APRNCNP ■
801 Brickell Avenue
8
Miami, FL 33131
(516) 505-7200
Digital Contact Information:
https://mindful.care/
vnedilia@mindful.care
Other Languages Spoken by Provider or Office Staff English

Bien-Aime, Dasha, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Bieniek, Sherrie, MD ■
9995 SW 72nd St
Ste 208
Miami, FL 33173
(305) 412-6034
Digital Contact Information:
drbieniek@bellsouth.net

Biggs, Morgan, MD ■
18591 South Dixie Highway
1120
Cutler Bay, FL 33157
(727) 213-3416
Digital Contact Information:
morganbiggs2@gmail.com

and
20825 Southwest 85th Court
Cutler Bay, FL 33189
(727) 213-3416
Digital Contact Information:
morganbiggs2@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 551-8253
Digital Contact Information:
morganbiggs2@gmail.com

and
12955 Southwest 42nd Street
STE 2
Miami, FL 33175
(786) 491-4947
Digital Contact Information:
morganbiggs2@gmail.com

and
12001 SW 128th Ct
Ste 102
Miami, FL 33186
(786) 971-7920
Digital Contact Information:
morganbiggs2@gmail.com

and
13501 Southwest 128th Street
STE 114
Miami, FL 33186
(786) 250-3440
Digital Contact Information:
morganbiggs2@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Billings, Denise D, MA, LCMHC, LMHC ●
9350 Sunset Drive
151
Miami, FL 33173
(202) 410-5972
Digital Contact Information:
help@joinuplift.co

Binder, A, LMHP ■
1490 West 49th Place
suite 309
Hialeah, FL 33012
(305) 846-9333
Digital Contact Information:
southcoastpsychotherapy@gmail.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
southcoastpsychotherapy@gmail.com

and
12060 Southwest 129th Court
201
Miami, FL 33186
(786) 615-3349
Digital Contact Information:
southcoastpsychotherapy@gmail.com

Binu, Joji, MSN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Birchette, Karen, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
hello@emorahealth.com

Birdsong, Marianna, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app

Bischoff, Patricia, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
geneva@thriveworks.com
Other Languages Spoken by Provider or Office Staff English

Bishop, Amie, MS, LCMHC, LCPC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Bishop, Ryan, MA, LMHC ■
1951 NW 7th Ave
Fl 3
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com

and
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Bishop, Sarah, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Spanish

Bittelmeyer, Paul, PSYD, CP, LP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Blain, Jahmeal, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Blain-Maiza, Samantha, MSN, APRNPMH ■
1651 West 37th Street
Suite 308
Hialeah, FL 33012
(786) 383-2443
Digital Contact Information:
Not Available

Blair, Caryn, DNP, APRN ■
2999 NE 191st St
Ste 705
Miami, FL 33180
(305) 721-0748
Digital Contact Information:
mphealth4145@gmail.com

and
FL
(305) 721-0748
Digital Contact Information:
mphealth4145@gmail.com

Blakeman, Jamie, MC, LCPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Blanco Alonso, Maydibis, MN, APRN ■
5190 Northwest 167th Street
Suite 218
Hialeah, FL 33014
(786) 353-9410
Digital Contact Information:
admin@harmonycenter.us

and
17670 Northwest 78th Avenue
STE 113
Hialeah, FL 33015
(786) 715-3086
Digital Contact Information:
admin@harmonycenter.us

and
330 Southwest 27th Avenue
STE 609
Miami, FL 33135
(786) 743-0801
Digital Contact Information:
admin@harmonycenter.us

and
4905 Northwest 72nd Avenue
5
Miami, FL 33166
(786) 391-3816
Digital Contact Information:
http://paradisehealthgroup.com
admin@harmonycenter.us

and
13155 Southwest 134th Street
221
Miami, FL 33186
(786) 652-9880
Digital Contact Information:
admin@harmonycenter.us

and
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
admin@harmonycenter.us

and
14865 South Dixie Highway
Palmetto Bay, FL 33176
(786) 732-2176
Digital Contact Information:
admin@harmonycenter.us
Other Languages Spoken by Provider or Office Staff Spanish

Blanco, Katherine, MSN, APRN ■
8950 Southwest 74th Court
1911
Miami, FL 33156
(786) 637-0907
Digital Contact Information:
http://southfloridapsychiatry.co
info@rushcredentialing.com

Blanco Lezcano, Vivian, MS, LMHC ■
1150 Northwest 72nd Avenue
ph 2
Miami, FL 33126
(786) 542-5043
Digital Contact Information:
http://1stcarecms.com
1stcarecasemngmt@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Blanco, Mercy, MD ■
4175 W 20th Ave
Hialeah, FL 33012
(786) 631-4158
Digital Contact Information:
info@blancomedicalcenter.com

and
1645 Southwest 107th Avenue
Ste 114A
Miami, FL 33165
(786) 631-4158
Digital Contact Information:
info@blancomedicalcenter.com

and
10661 North Kendall Drive
216
Miami, FL 33176
(786) 631-4158
Digital Contact Information:
info@blancomedicalcenter.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Blanco, Ocier, MSN, APRN ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

and
13195 Southwest 134th Street
206 206
Miami, FL 33186
(786) 608-3434
Digital Contact Information:
perla.delosrios@dadefamily.com

Blanco Sanchez, Lianne, MSN, APRN ■
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
lfortun@keraltybh.com

and
2100 West 76th Street
STE 408
Hialeah, FL 33016
(786) 542-5056
Digital Contact Information:
lfortun@keraltybh.com

and
15190 Southwest 136th Street
Suite 4
Miami, FL 33196
(786) 252-5223
Digital Contact Information:
lfortun@keraltybh.com

and
FL
(786) 252-5223
Digital Contact Information:
lfortun@keraltybh.com

Blaylock, Victoria, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
help@joinuplift.co

Bliss, Karie A, MC, LCMHC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
kbliss0122@gmail.com

Blitzer, Paola, MS, LMHC ■
1045 Kane Concourse
207-208
Bay Harbor Islands, FL 33154
(305) 866-3866
Digital Contact Information:
paolabmhc@gmail.com

and
1045 Kane Concourse
207

Bay Harbor Islands, FL 33154
(561) 901-8846
Digital Contact Information:
paolabmhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Blodgett, Jacqueline, EDD, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
abowman@thelotuscenter.org

Bloemker, Lauren N, MS, LISW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
lauren.hosbrook@cchmc.org

Bloise, Gabriela, MS, LMHC ■
Home Based Services Only
Miami Gardens, FL 33014
(305) 777-3883
Digital Contact Information:
acebehavioral2@gmail.com

and
5881 Northwest 151st Street
Suite: 103
Miami Lakes, FL 33014
(786) 703-4154
Digital Contact Information:
acebehavioral2@gmail.com

Bloom, Audrey, PHD, LP ■
14707 South Dixie Highway
107
Miami, FL 33176
(305) 301-8251
Digital Contact Information:
audreybloom@bellsouth.net

Bloom, Jennifer, MSW, LCSW, LISW, LMSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Blystone, Annie, MSN, APRN, APRNCNP, ARNP, NP ■
830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

Boakye, Theresa, MSN, APN, APRN, CRNP, LNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@pgs-nhcare.com

Bobes, Ignacio, MD ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
bobesmd@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bodan, Dayra L, PSYD, LP ■
6405 Northwest 36th Street
112
Virginia Gardens, FL 33166
(305) 871-3131
Digital Contact Information:
therapeuticalli@bellsouth.net
Other Languages Spoken by Provider or Office Staff
English, Spanish

Bode-Oloye, Anuoluwapo, MSN, APRN, PMHNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Bofill, Martha, PSYD, LP ■
351 NW 42nd Ave
Ste 401
Miami, FL 33126
(786) 704-5546
Digital Contact Information:
mbofill@aol.com

Bogan, James M, MSW, LCSW ■
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
fl-credentialing@lifestance.com
Other Languages Spoken by Provider or Office Staff English

Boland, Teresa M, MS, ARNP, LMFT ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
totalhealthsolutions@protonmail.com

Bolden, Simone K, MSW, LCSW ■
FL
(800) 567-5433
Digital Contact Information:
https://totallife.com/
asands@claritynwi.com

Bolivar, Carmen L, MS, LMHC ■
5201 Blue Lagoon Dr
Ste 800
Miami, FL 33126
(305) 707-8615
Digital Contact Information:
highrisewellness@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bolt, Giselle M, MSN, APRN, APRNCNP ■
427 Washington Ave
Miami Beach, FL 33139
(305) 514-0813
Digital Contact Information:
credentialing@cancommunityhealth.org

and
18360 NW 47th Ave
Miami Gardens, FL 33055
(786) 800-5631
Digital Contact Information:
credentialing@cancommunityhealth.org
Other Languages Spoken by Provider or Office Staff English

Bond, Steven, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Bondar, Barbara, LCSW, MSW ■
11645 Biscayne Boulevard
STE 408
Miami, FL 33181
(305) 538-8835
Digital Contact Information:
Not Available

and
710 Alton Rd
Miami Beach, FL 33139
(305) 538-8835
Digital Contact Information:
Not Available

and
1221 71st St
Miami Beach, FL 33141
(305) 538-8835
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Bonet Gongora, Yanet, MMH, APRN ■
3100 SW 62nd Ave
Fl 2
Miami, FL 33155
(305) 663-8439
Digital Contact Information:
equilibriumcommunitycare@gmail.com

Bonilla, Alicia, MSW, LCSW ●
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Bonnemort, Laura K, PSYD, CP ■
7600 Southwest 57th Avenue
307
South Miami, FL 33143
(305) 262-0806
Digital Contact Information:
drlaura@reginamendoza.com

Booker, Ebony C, MSS, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ebonyb135@gmail.com

Borda, Margarita, MA, LMHC ■
123 Madeira Avenue
204
Coral Gables, FL 33134
(305) 898-6607
Digital Contact Information:
margaritaborda123@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Borek, Izayana, MS, LMFT ■
151 Northwest 11th Street
w201 w
Homestead, FL 33030
(786) 521-5925
Digital Contact Information:
http://monarchallhealth.com
monarchallhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Borges, Ariel, MC, BCBA, LMHC ■
330 Southwest 27th Avenue
STE 301
Miami, FL 33135
(786) 254-1572
Digital Contact Information:
http://www.counselingsociety.com
arborgesu@gmail.com

and
2157 Southwest 13th Avenue
3
Miami, FL 33145
(786) 254-1572
Digital Contact Information:
http://www.counselingsociety.com
arborgesu@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Borges, Edward L, MSW, LCSW ■
3625 Northwest 82nd Avenue
Suite 408
Doral, FL 33166
(305) 939-6877
Digital Contact Information:
help@joinuplift.co

and
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
help@joinuplift.co

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
Spanish

Bornacelly, Orietta, MPSY, LMFT ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
hilda@universalcommunityservices.com

and
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
http://universalcommunityservices.com
hilda@universalcommunityservices.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Bortnik, Debora, MA, LMHC ■
9240 SW 72nd St
Ste 202
Miami, FL 33173
(305) 815-2787
Digital Contact Information:
dbortnik@bellsouth.net

Bosch Batule, Monica J, MSW, LCSW ■
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
http://www.hscflorida.com
mbosch@keraltybh.com

and
3621 SW 107th Ave
Miami, FL 33165
(786) 534-8366
Digital Contact Information:
http://serenitycommunitycenter.com
mbosch@keraltybh.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Boswell, Ron, MSED, LMFT ■
7685 SW 104th St
Ste 100
Pinecrest, FL 33156
(305) 666-8000
Digital Contact Information:
chuckcook49@gmail.com

Botana, Teddy, MMFT, LMFT ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com

and
FL
(786) 496-0569
Digital Contact Information:
http://www.arktoshealth.com
credentialing@chrysalishealth.com

Botero, Maria, MSN, PMHNP ■
12 Southeast 7th Street
705
Miami, FL 33130
(786) 220-1969
Digital Contact Information:
credentialing@practolytics.com

Botero, Sara M, MS, LMFT ■
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
morecounseling@gmail.com

and
9745 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 701-2401
Digital Contact Information:
morecounseling@gmail.com
Other Languages Spoken by

Provider or Office Staff Spanish

Botta, Rafael J, PSYD, LP ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
info@dadefamily.com

Boulay, Sherly, DNP, NP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
aantaya@ccaoh.org

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
aantaya@ccaoh.org

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
aantaya@ccaoh.org

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
aantaya@ccaoh.org
Other Languages Spoken by Provider or Office Staff English, French

Bowen, Dorothy, MED, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Bowers, Derek, MC, LMFT ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
hello@emorahealth.com

Bowes, Jaclyn, PHD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
hello@emorahealth.com

Bowland, Juliana, PSYD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
hello@emorahealth.com

Boyer, Franchezka, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com
Other Languages Spoken by Provider or Office Staff Spanish

Boyle, Kelly A, MA, LMFT ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
starfamilytherapy@gmail.com

Bozhdaraj, Durim, MD ■
16565 NE 4th Ave
Miami, FL 33162
(833) 818-3031
Digital Contact Information:
dbozh63@gmail.com

and
975 Arthur Godfrey Road
305
Miami Beach, FL 33140
(786) 321-2931
Digital Contact Information:
http://miamibeachtms.com
dbozh63@gmail.com

Bradley, Aniek, MS, LMFT ■
15190 SW 136th St
Ste 25
Miami, FL 33196
(786) 285-2396
Digital Contact Information:
aniekbradley72@gmail.com

Bradley, Kacynthia, MSW, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Bradley, Taylor, DNP, APN, APRN, CNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Braga, Timothy R, MSN, APRNCNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(305) 395-5978
Digital Contact Information:
scheduling@happierliving.com

and
FL
(305) 395-5978
Digital Contact Information:
scheduling@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Branch, Jason T, MSW, LCSW, LICSW ■
2212 Northwest 91st Street
Miami, FL 33147
(877) 644-6008
Digital Contact Information:
haymountcred@gmail.com

Brandt, Robert S, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@medpsych.net
Other Languages Spoken by Provider or Office Staff English

Braunstein, Mark, DO ■
2999 NE 191st St
Ste 200
Miami, FL 33180
(646) 394-9666
Digital Contact Information:
reanna@pcpms.net

Bravo, Jessenia, MS, LMFT ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Brazlavsky, Jodi L, MSW, LCSW ■
17501 Biscayne Boulevard
450
Aventura, FL 33160
(305) 933-5733
Digital Contact Information:
jbrazlavsky@gmail.com

and
19300 West Dixie Highway
2 2
Miami, FL 33180
(305) 720-5634
Digital Contact Information:
http://www.deltapsychgroup.com
jbrazlavsky@gmail.com

Brazzini, Mijanou, MPSY, LMHC ■
13205 Southwest 137th Avenue
suite 126
Miami, FL 33186
(786) 713-0383
Digital Contact Information:
http://yjwcare.com
mbrazzini61@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Brecht, Melinda S, MA, LMHC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Breske, Kristen, MA, LMHC ■
FL
(786) 258-8499
Digital Contact Information:
http://www.virtual-counseling.com
kpatterson.lmhc@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Breva-Ratnasekera, Theresa, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Brierre, Danae E, MD ■
3601 Federal Hwy
Miami, FL 33137
(305) 576-6611
Digital Contact Information:
http://www.borinquenhealth.org
yamesa@borinquenhealth.org

and
708 NE 125th St
North Miami, FL 33161
(305) 576-6611
Digital Contact Information:
yamesa@borinquenhealth.org
Other Languages Spoken by Provider or Office Staff Creole, Spanish

Brignoni, Candace I, MS, LMHC ■
10689 N Kendall Dr
Ste 314
Miami, FL 33176
(305) 558-7400
Digital Contact Information:
tiffflo@aol.com

Brimm, James, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
attaulllah.azz@gmail.com

Bringas, Charilyn, MSN, APRN, NP ■
770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
Not Available

and
7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
Not Available

and
5201 Blue Lagoon Dr
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
Not Available

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
Not Available

and
80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
Not Available

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
Not Available

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

and
830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
Not Available

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(888) 684-2779
Digital Contact Information:
Not Available

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff Tagalog, English

Brinones, Keilan, MSW, LCSW ■
33550 South Dixie Highway
106
Florida City, FL 33034
(786) 601-7712
Digital Contact Information:
sunshinecommunitybs@gmail.com

and
7171 Southwest 24th Street
Suite 417
Miami, FL 33155
(305) 200-3488
Digital Contact Information:
sunshinecommunitybs@gmail.com

Brito, Keity, LCSW, MSW ■
FL
(909) 442-0618
(202) 410-5972
(305) 209-5141
Digital Contact Information:
http://www.joinuplift.co
support@tryminded.com
Other Languages Spoken by Provider or Office Staff Spanish

Broadnax, Jaytavia, PSYD, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Broadwater, India, MSN, APRN ■
2801 Northeast 213th Street
Suite 1215
Aventura, FL 33180
(833) 769-3524
Digital Contact Information:

http://lifestance.com
fl-credentialing@lifestance.com

Brock, Hannah, DO ●
3081 Salzedo Street
Suite 202
Coral Gables, FL 33134
(786) 250-6240
Digital Contact Information:
http://www.sunflowerpsychiatry.com
sunflowerpsychiatry@gmail.com

Brodsky, Gwyneth, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole, Haitian, Spanish

Brook, Robin, PHD, LMHC ■
111 Northeast 1st Street
FL 8
Miami, FL 33132
(888) 344-4549
Digital Contact Information:
rbrooks@transformationalhealth.net
Other Languages Spoken by Provider or Office Staff
English, Creole, Haitian, French, Spanish

Brookes, Ingrid, MS, LMHC ■
10300 Southwest 72nd Street
275d
Miami, FL 33173
(888) 853-7908
Digital Contact Information:
http://www.bettermindtherapycorp.com
vasallojane@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Brooks, Lyssa, MSN, APRN, CNS ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
fl-patientaccess@harmonybaywellness.com

Brooks, Maria, PSYD, LP ■
3625 Northwest 82nd Avenue
400 3
Doral, FL 33166
(305) 209-6399
Digital Contact Information:
luke@revive-rcm.com

and
1125 Northeast 125th Street
112
North Miami, FL 33161
(305) 209-6399
Digital Contact Information:
http://mindsetsolutionsctc.com/
luke@revive-rcm.com

Broomer, Rachelle, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Brosco, Jeffrey P, MD ■
1150 NW 14th St
411
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
Not Available

and
1150 Northwest 14th Street
710
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
Not Available

and
1611 NW 12th Ave
Miami, FL 33136
(305) 585-7040
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Brown, Ariel, MD ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Brown, Dustin Q, MC, LMHC ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
myschoolpsychologist@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Brown, Georgiette, MSN, APRN ■
FL
(305) 771-1302
Digital Contact Information:
https://drghealthandwellness.com/
drghealthandwellness@gmail.com

Brown, Gillian R, MSW, LCSW ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Brown, Kala M, MSW, LCSW ■
FL
(786) 212-0289
Digital Contact Information:
admin@mentalmovement.org

Brown, Kameka L, PHD, APN, APRNCNP, ARNP ■
FL
(508) 202-1011
Digital Contact Information:
office@cartwheelcare.org

Brown, Kathryn, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/payors@emorahealth.com

Brown, Sophia A, MSW, LCSW ■
295 Biscayne Boulevard
300
Miami, FL 33131
(561) 289-7995
Digital Contact Information:
sophia.brown@soebrownclinicalservices.org

Brown, Thraese, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
hello@joinblossomhealth.com

Browning, Jennifer, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
members@wellnite.com

Brudowsky, Laura K, MED, LMHC, LPC, LPCC ■
FL
(508) 202-1011
Digital Contact Information:
support@sevenstarling.com

Bruno, Eliz, MS, LMFT ■
FL
(305) 804-9121
(202) 410-5972
(786) 505-4543
Digital Contact Information:
amimft85@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Bruno Harrold, Gania, MSW, LCSW ■
17166 Northeast 19th Avenue
North Miami Beach, FL 33162
(954) 247-4603
Digital Contact Information:
intherapywetrust101@gmail.com
Other Languages Spoken by Provider or Office Staff English

Bruno, Julie D, PSYD, LP ■
1550 Madruga Avenue
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
http://www.abc4s.com
support@abc4s.com

Brunson, Donna F, PMHNP ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
info@mindstronghealth.com

and
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
info@mindstronghealth.com

and
255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
info@mindstronghealth.com

and
370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
info@mindstronghealth.com

and
333 Southeast 2nd Avenue
Suite #2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
info@mindstronghealth.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@mindstronghealth.com

and
3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
info@mindstronghealth.com

and
350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
info@mindstronghealth.com

and
429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
info@mindstronghealth.com

and
323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
info@mindstronghealth.com

Bryant, Melissa, MA, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
info@hupcfl.com

Bucco, Breanna M, DNP, APRN, CNP ■
FL
(305) 902-6347
Digital Contact Information:
start@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Buchhalter, Maya I, MSN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Buckridge, Krystal, MSN, APN, APRN, NP ■
1504 Bay Road
2003 2003
Miami Beach, FL 33139
(646) 374-2827
Digital Contact Information:
credentialing.4@scribealign.com

Bueno, Abel, MN, PMHNP ■
FL
(786) 878-4962
Digital Contact Information:
abelbgz@hotmail.com
Other Languages Spoken by Provider or Office Staff
French, Spanish

Bugaj, Erika L, MSW, LICSW ■
FL
(202) 531-5385
Digital Contact Information:
hello@dandelioncounselingcare.com

Buigas, Kristen, PSYD, LP ■
11645 Biscayne Boulevard
STE 408
Miami, FL 33181
(305) 538-8835
Digital Contact Information:
https://mbchc.org/
lvgonzalez@hcnetwork.org

and
710 Alton Rd
Miami Beach, FL 33139
(305) 538-8835
Digital Contact Information:
lvgonzalez@hcnetwork.org

and
1221 71st St
Miami Beach, FL 33141
(305) 538-8835
Digital Contact Information:
https://mbchc.org/
lvgonzalez@hcnetwork.org
Other Languages Spoken by Provider or Office Staff
Spanish

Bulin, Alicia, MSN, APRN, NP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(786) 422-1636
Digital Contact Information:
http://www.bonmente.com
contact@bonmente.com

Bulla, Maria I, MC, LMHC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
mabu820@hotmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Bullock-Funches, Tenecia, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app

insurance@wellnite.com

Bunker, Nacona, PSYD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
hello@emorahealth.com

Bunten, Claritza, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Burchett, Kiana, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Bure-Reyes, Annelly, PHD, CP ■
1150 NW 14th St
Ste 604
Miami, FL 33136
(305) 243-7529
Digital Contact Information:
Not Available

and
1150 NW 14th St
Ste 609
Miami, FL 33136
(305) 243-7529
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Burghardt, Elizabeth M, MS, LMHC ■
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
morecounseling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Burgos, Elektra, MSW, LCSW ■
22133 South Dixie Highway
Miami, FL 33170
(786) 504-3119
Digital Contact Information:
credentialing@joinuplift.co

and
13155 Southwest 134th Street
202
Miami, FL 33186
(786) 504-3119
Digital Contact Information:
credentialing@joinuplift.co

Burguera, Mayra, PSYD, LP ■
1110 Brickell Ave
Ste 407
Miami, FL 33131
(786) 558-4526
Digital Contact Information:
http://www.lucidminds.com
dr.burguera@gmail.com

Burley, Todd D, MS, LMFT ■
8600 SW 92nd Street
#203
Kendall, FL 33156
(305) 595-6633
Digital Contact Information:
todddburley@gmail.com

Burns, Cheyanne K, MSN, APN, APRN, ARNP, CNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
enrollment@wellpsyche.com

Burns, Lonnie, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Burr, Tamara, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Burrell, Allison, PHD, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Burrell, D'Arthana, MSN, APRN, ARNP, NP ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
credentialing.6@extendedhealthservices.us

and
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing.6@extendedhealthservices.us

and
255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing.6@extendedhealthservices.us

and
370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
credentialing.6@extendedhealthservices.us

and
333 Southeast 2nd Avenue
Suite #2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing.6@extendedhealthservices.us

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing.6@extendedhealthservices.us

and
3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
credentialing.6@extendedhealthservices.us

and
350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
credentialing.6@extendedhealthservices.us

and
429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
credentialing.6@extendedhealthservices.us

and
323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
credentialing.6@extendedhealthservices.us

Burrell, Lovell C, MSN, APRN, PMHNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Burton, Jessica, MSN, APRN ■
FL
(305) 902-6347
Digital Contact Information:
info@learningtoachievewellness.com

Bush, Jeffrey H, MC, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Bush, Rebeca, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
jenny.silverio@lifechg.org

Bussey-Martin, Shantara L, MSW, LCSW ■
FL
(786) 751-1565
Digital Contact Information:
https://www.teatimets.com/sbusseymartin@teatimets.com

Bustillo, Eduardo, DNP, APRN ■
12060 Southwest 129th Court
201
Miami, FL 33186
(786) 615-3349
Digital Contact Information:
office@neurobehavioral.health

and
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
office@neurobehavioral.health

and
8900 Southwest 117th Avenue
Building C SUITE 205
Miami, FL 33186
(305) 640-8600
Digital Contact Information:
http://totustuushealth.com
office@neurobehavioral.health

and
FL
(305) 640-8600
Digital Contact Information:
http://totustuushealth.com
office@neurobehavioral.health
Other Languages Spoken by Provider or Office Staff
Spanish

Bustillo, Linette, MSN, APRN ■
14221 SW 120th St
Ste 129
Miami, FL 33186
(786) 977-8817
Digital Contact Information:
urmentalwellnesspllc@gmail.com

Bustos, Josue C, MSW, LCSW ■
FL
(800) 567-5433
Digital Contact Information:
hello@emorahealth.com

Butcher, Stefanie, MSW, LISW-CP ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
provider.enroll@curnahelth.com

Butler, Shelley T, MSN, APRN ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
shelleybutleraprn@gmail.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
shelleybutleraprn@gmail.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
shelleybutleraprn@gmail.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
shelleybutleraprn@gmail.com

Byars, Chelsie D, MS, LMHC ■
13155 Southwest 134th Street
202
Miami, FL 33186
(786) 504-3119
Digital Contact Information:
telehealth@mindfultherapygroup.com
Other Languages Spoken by Provider or Office Staff English

Byrd, Michele, MSN, APRN ■
FL
(786) 885-4885
Digital Contact Information:
mbyrd08@icloud.com

Cabal, Dayanis, PSYD, LP ■
11645 Biscayne Boulevard
STE 408
Miami, FL 33181
(305) 538-8835
Digital Contact Information:
https://mbchc.org/
lvgonzalez@hcnetwork.org

and
710 Alton Rd
Miami Beach, FL 33139
(305) 538-8835
Digital Contact Information:
lvgonzalez@hcnetwork.org

and
1221 71st St
Miami Beach, FL 33141
(305) 538-8835
Digital Contact Information:
https://mbchc.org/
lvgonzalez@hcnetwork.org
Other Languages Spoken by Provider or Office Staff English

Caballero De Pina, Nallyvis, MSN, APRN ■
13170 Southwest 128th Street
200
Miami, FL 33186
(786) 852-5198
Digital Contact Information:
clarityhealth@approachteam.com

Caballero, Lourdes, MSN, PMHNP ■
14221 Southwest 120th Street
109
Miami, FL 33186
(786) 803-8826
Digital Contact Information:
aprashad@advantumhealth.com

Caballero, Marianela, PSYD, LMHC ■
2550 NW 72nd Ave
Ste 309
Miami, FL 33122
(786) 703-2828
Digital Contact Information:
guidanceandinsightinc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Caballero, Oslaida, MSN, APRN ■
8370 W Flagler St
Ste 232
Miami, FL 33144
(786) 803-8517
Digital Contact Information:
oslaidacaballero@gmail.com

and
7700 North Kendall Drive
807 i
Miami, FL 33156
(305) 792-8552
Digital Contact Information:
oslaidacaballero@gmail.com

and
FL
(305) 792-8552
Digital Contact Information:
oslaidacaballero@gmail.com

and
7374 Southwest 93rd Avenue
201
Miami, FL 33173
(786) 753-7467
Digital Contact Information:
oslaidacaballero@gmail.com

and
9380 Sunset Drive
b240
Miami, FL 33173
(786) 534-4979
Digital Contact Information:
oslaidacaballero@gmail.com

Cabrera, Erik A, MD ■
8500 SW 92nd Street
202
Miami, FL 33156
(305) 697-7924
Digital Contact Information:
ecabreramd5@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Cabrera, Gabriela M, MMH, LMHC ■
10691 Southwest 88th Street
Suite 110
Miami, FL 33176
(305) 595-5485
Digital Contact Information:
compuexbilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cabrera, Maria M, MD ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
swashburn@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
swashburn@compass.md

Cabrera, Xenia M, MSW, LCSW ■
15476 Northwest 77th Court
112
Miami Lakes, FL 33016
(786) 229-9919
Digital Contact Information:
xcabrera@xmcmentalwellness.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cabrera, Yalile T, MSN, APRN ■
2450 Southwest 137th Avenue
Suite# 230
Miami, FL 33175
(305) 459-3207
Digital Contact Information:
http://www.hidalgopsychiatry.com
hidalgopsychiatry@gmail.com

and
2460 Southwest 137th Avenue
250
Miami, FL 33175
(786) 449-4707
Digital Contact Information:
http://www.hidalgopsychiatry.com
hidalgopsychiatry@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cabrera-Lopez, Jennifer, MSN, APRN ■
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(954) 361-2669
Digital Contact Information:
mominshah@lanocepsychiatry.com

Caceres, Daniris, MMH, LMHC ■
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
morecounseling@gmail.com

Cagigas, Ariel, MSN, APRN ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
http://banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
Other Languages Spoken by Provider or Office Staff
Spanish

Caines, Jeveyne, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@thriveworks.com

Cajuste, Kathia, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
Not Available

and
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
Not Available

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com

Calderin, Claudia, MSN, APRN ■
12001 Southwest 128th Court
Suite Suite 104
Miami, FL 33186
(786) 868-0505
Digital Contact Information:
clarityhealth@approachteam.com

and
13170 Southwest 128th Street
200
Miami, FL 33186
(786) 852-5198
Digital Contact Information:
https://clarityapproach.com/
clarityhealth@approachteam.com

and
14201 Southwest 120th Street
suite 110
Miami, FL 33186
(786) 238-7492
Digital Contact Information:
clarityhealth@approachteam.com

and
14221 Southwest 120th Street
223
Miami, FL 33186
(786) 690-2296
Digital Contact Information:
clarityhealth@approachteam.com
Other Languages Spoken by Provider or Office Staff
Spanish

Calderon, Eileen C, PSYD, LP ●
100 Miracle Mile
330
Coral Gables, FL 33134
(305) 445-9554
Digital Contact Information:
wellpathbehavior@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Calderon, Patricia, PHD, LMHC ■
6262 Bird Rd
Ste 2F
Miami, FL 33155
(305) 266-3200
Digital Contact Information:
dadecounseling@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Calejo, Maria, MSED, LEP ■
1601 NW 12th Ave
Miami, FL 33136
(305) 243-3669
Digital Contact Information:
Not Available

and
1120 Northwest 14th Street
RM 1213
Miami, FL 331362107
(305) 243-6660
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Calimano-Barnes, Emelly, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
hello@emorahealth.com

Calixte, Robinta, MA, LMHC ■
1 Alhambra Plaza
Miami, FL 33134
(888) 588-8995
Digital Contact Information:
info@meridian-counseling.com

Calleja, Katia, MSN, APRN ■
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
solutiondrivenconsulting@gmail.com

and
8200 SW 117th Ave
Ste 301
Miami, FL 33183
(305) 279-1501
Digital Contact Information:
solutiondrivenconsulting@gmail.com

and
FL
(260) 202-4860
Digital Contact Information:
solutiondrivenconsulting@gmail.com

Calloway, Crystal, MSW, LCSW ■
FL
(704) 298-9914
Digital Contact Information:
http://www.asehealingcenter06.org
setzertherapist22@gmail.com

Calvet, Dellanira, MSW, LCSW ■
8330 Southwest 40th Street
Miami, FL 33155
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
ebcg-support@findoctave.com

Calvo, Darcy, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Spanish

Calvo Estevez, Jennifer, MSN, APRN ■
8950 Southwest 74th Court
1911
Miami, FL 33156
(786) 637-0907
Digital Contact Information:
http://southfloridapsychiatry.co
info@rushcredentialing.com

Calvo, Greta, MMH, LMHC ●
6175 NW 153rd St
Ste 205
Miami Lakes, FL 33014
(305) 814-8558
Digital Contact Information:
http://www.thrivepsychological.com
gcalvo@thrivepsychological.com
Other Languages Spoken by Provider or Office Staff
Spanish

Calzadilla, Sandra, MS, LMHC ■
2464 Southwest 22nd Street
Miami, FL 33145
(305) 204-9355
Digital Contact Information:
http://ampmentalhealth.com
ampmentalhealth@gmail.com

and
FL
(305) 204-9355
Digital Contact Information:
http://ampmentalhealth.com
ampmentalhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Camejo, Stephanie, PSYD, LP ■
8500 SW 92nd Street
206
Miami, FL 33156
(786) 332-4478
Digital Contact Information:
http://livewelltherapygroup.com
sasha@livewelltherapygroup.com

Camille, Anael, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff Creole

Campagna Bonomo, Samantha E, MS, LMHC ■
1550 Madruga Ave
Ste 509
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
campagnatherapy@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Campbell, Mary L, MCAP, LCAS ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
birches@withassured.com

Campbell, Sarah, PHD, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770

Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Campbell, Valencia L, MSW, LCSW, LICSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Camper, Cherrie, MS, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@joinuplift.co

Camperlengo, Anastasia, MSN, APRN, APRNCNP, NP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Campez-Pardo, Mileini, PHD, LP ■
1601 NW 12th Ave
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
Not Available

Campos, Catherine, MSSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/payors@emorahealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Campos, Ivy, MS, LMHC ■
2103 Coral Way
Ste 405
Miami, FL 33145
(305) 445-9554
Digital Contact Information:
herrerasoffice@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Camps, Juan C, MSW, LCSW ■
11615 Pinkston Dr
Miami, FL 33176
(541) 671-9748
Digital Contact Information:
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
English, Spanish

Canales, Jenny, MA, LPC ■
FL
(305) 902-6347
Digital Contact Information:
http://www.bebravehealth.com
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff English

Canavaciolo, Heidy, MSN, APRN ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
http://www.dgphealthandwellness.com
info@dgphealthandwellness.com

and
3621 SW 107th Ave
Miami, FL 33165
(786) 534-8366
Digital Contact Information:
http://serenitycommunitycenter.com
info@dgphealthandwellness.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Cancemi, Alexis, PHD, LMHC ■
FL
(754) 201-4741
Digital Contact Information:
http://www.alexismentalhealth.com
acancemi7099@yahoo.com

Cancio, Jose A, MSN, APRN ■
12550 Biscayne Boulevard
STE 507
North Miami, FL 33181
(305) 204-1209
Digital Contact Information:
jac-pmhnp@assertivecare.net
Other Languages Spoken by Provider or Office Staff
English, Spanish

Canetti, Lisandra A, MSW, LCSW ■
8955 SW 87th Ct
Ste 112
Miami, FL 33176
(305) 722-7210
Digital Contact Information:
ofajardo@miamimedresearch.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cantave, Marie Jean Isabelle, MS, LMFT ■
1404 NW 22nd St
Miami, FL 33142
(305) 325-1050
Digital Contact Information:
http://vitaehs.com
redentialing@vitaehealthportal.com

Cantor, Andrea, MSW, LCSW ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
info@riviamind.com

Capote, Anna M, MSW, LCSW ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
perla@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla@dadefamily.com

Capote, Lindsey, MC, LMHC ■
14401 Old Cutler Road
Miami, FL 33158
(305) 722-5380
Digital Contact Information:
http://www.wellspringmiami.org
insurance@wellspringmiami.org

Capriata, Olga J, MSW, LCSW ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
http://lotuscounseling.com
admi@lotuscounseling.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
http://www.lotuscounseling.com
admi@lotuscounseling.com

and
7811 Coral Way
106
Miami, FL 33155
(305) 412-0138
Digital Contact Information:
admi@lotuscounseling.com

and
13930 SW 47th St
Ste 202
Miami, FL 33175
(305) 387-7850
Digital Contact Information:
admi@lotuscounseling.com

and
5600 SW 135th Ave
Ste 116
Miami, FL 33183
(305) 387-7850
Digital Contact Information:
admi@lotuscounseling.com
Other Languages Spoken by Provider or Office Staff
Spanish

Carabantes, Mariana, PSYD, LP ■
4675 Ponce de Leon
303
Coral Gables, FL 33146
(786) 554-3868
Digital Contact Information:
http://drmarianacarabantes.com
miamipsychologist@drmarianacarabantes.com

and
FL
(786) 554-3868
Digital Contact Information:
http://drmarianacarabantes.com
miamipsychologist@drmarianacarabantes.com
Other Languages Spoken by Provider or Office Staff
Spanish

Carballo, Clarisa, MS, LMHC ■
5901 Northwest 183rd Street
Suite 128
Hialeah, FL 33015
(786) 409-4872
Digital Contact Information:
http://onesoulcmh.com
onesoulbilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Carballo, Grettel, MC, LMHC ■
1901 West Flagler Street
7
Miami, FL 33135
(786) 612-5973
Digital Contact Information:
grettel2587@gmail.com

and
13195 Southwest 134th Street
101
Miami, FL 33186
(786) 227-6830
Digital Contact Information:
http://esperanzagroup.net
grettel2587@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Carballo, Mercedes, MC, LMHC ■
10689 N Kendall Dr
Ste 215
Miami, FL 33176
(305) 310-4245
Digital Contact Information:
http://mentalwellness.care
mercy.carballo@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Carcache, Luis, MD ■
800 SW 108th Ave
100
Miami, FL 33174
(305) 348-3627
Digital Contact Information:
fiucred@fiu.edu
Other Languages Spoken by Provider or Office Staff
Spanish

Cardenas, Carlos, MSED, LMFT ■
10689 SW 88th St
Ste 305
Miami, FL 33176
(305) 975-9449
Digital Contact Information:
mgme.cc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cardentey, Maidelin, MMH, LMHC ■
11300 Northwest 87th Court
149
Hialeah Gardens, FL 33018
(786) 518-3452
Digital Contact Information:
gardenshc@gmail.com

Cardona, Diana C, MS, LMHC ■
5201 Blue Lagoon Dr
Ste 848
Miami, FL 33126
(855) 634-0984
Digital Contact Information:
contact@influentialtherapy.com

Cardona, Maria E, MBS, LPC ■
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
osaker@ibhflorida.com

Cardosa, Navila, MS, LMHC ■
FL
(786) 519-1419
Digital Contact Information:
navilacredentialing27@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Cardoso, Ericka, MS, LMHC ■
12595 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 701-9992
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
17340 Northwest 27th Avenue
Miami Gardens, FL 33056
(786) 255-0613
Digital Contact Information:
http://synergywellnessc.com
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Careaga, Dioskora, MS, BCBA, LMHC ■
2828 Coral Way
Ste 460
Coral Gables, FL 33145
(732) 523-2327
Digital Contact Information:
http://www.hinesandassociates.net
dioskorac@msn.com

and
12550 Biscayne Boulevard
STE 306
North Miami, FL 33181
(305) 642-5255
Digital Contact Information:
http://www.hinesandassociates.net
dioskorac@msn.com
Other Languages Spoken by Provider or Office Staff
Spanish

Carey, Gabrielle, MHS, LMHC ■
12000 Biscayne Boulevard
Miami, FL 33181
(786) 490-5988
Digital Contact Information:
gabbycaresofsouthfl@gmail.com

and
FL
(786) 490-5988
Digital Contact Information:
http://www.gabbycares.com
gabbycaresofsouthfl@gmail.com

Carey, Penny, MA, LMHC ■
66 W Flagler St
900
Miami, FL 33130
(786) 244-7690
Digital Contact Information:
admissions@advancedrecoverysystems.com

Carey, Rashawnda, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@joinuplift.co
Other Languages Spoken by Provider or Office Staff Sign Lang Amer

Carey, Robert, PSYD, LP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

Carhuayo, Sheyla, MSCC, LMHC ■
3100 SW 62nd Ave
Fl 2
Miami, FL 33155
(305) 663-8439
Digital Contact Information:
payer.credentialing@nicklaushealth.org

Carlisle, Muriell, MS, LMHC ■
FL
(786) 224-7111
Digital Contact Information:
muriellcarlisle@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Carlyon, Corey, MA, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Carmody, Jaclyn, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Carmona, Marta, PSYD, LP ■
7600 South Red Road
200
South Miami, FL 33143
(786) 508-2207
Digital Contact Information:
nicole.squire@leehealth.org

Carne, Taylor, MA, LMFT ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Carney-Paine, Victoria, MSW, LCSW ■
255 University Drive
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
info@coralgablescounseling.com

and
2550 Douglas Road
Ste #301
Coral Gables, FL 33134
(305) 456-1014
Digital Contact Information:
info@coralgablescounseling.com

and
2600 S Douglas Rd
Ste 1003
Coral Gables, FL 33134
(305) 445-0477
Digital Contact Information:
http://www.coralgablescounseling.com
info@coralgablescounseling.com

and
FL
(561) 567-8795
Digital Contact Information:
info@coralgablescounseling.com

Caro, Marjorie, MD ■
5860 W Flagler St
Miami, FL 33144
(305) 264-7808
Digital Contact Information:
drcaro@hotmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Carr, Michelle, LMHC, MA ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com
Other Languages Spoken by Provider or Office Staff Spanish

Carr, Satara, MA, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
blisscounseling2019@outlook.com
Other Languages Spoken by Provider or Office Staff English

Carrascal, Jonh, MS, LMHC ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Carrion, Bethania, PSYD, LP ■
175 Fontainebleau Boulevard
Miami, FL 33172
(786) 860-2468
Digital Contact Information:
http://www.guidedinsightpsychology.com
drcarrionb@guided-insight.com
Other Languages Spoken by Provider or Office Staff Spanish

Carrita, Nicole, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
carritacounseling@gmail.com
Other Languages Spoken by Provider or Office Staff Italian

Carroll, Christian, MS, LMFT, LMHC, LPC, LPCMH ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Carrow, Norma Jean, MSW, LCSW, LICSW ■
1951 NW 7th Ave
Ste 600
Miami, FL 33136
(800) 567-5433
Digital Contact Information:
info@totallife.com

and
FL
(800) 567-5433
(617) 249-6854
Digital Contact Information:
https://totallife.com/
info@totallife.com

Carroza, Mirna H, MPSY, LMHC ■
782 Northwest Le Jeune Road
329
Miami, FL 33126
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
ebcg-support@findoctave.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff Italian, Spanish

Carson, Tammy A, MSW, LCSW, LICSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@thriveworks.com

Cartaya, Andres, PSYD, LP ■
10691 N Kendall Dr
Ste 105
Miami, FL 33176
(305) 668-6018
Digital Contact Information:
cartayagroup@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Cartaya, Rosa M, MA, LMHC ■
9370 Southwest 72nd Street
Suite #A-213
Miami, FL 33173
(305) 972-9530
Digital Contact Information:
rmcartay@hotmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Carter, Carol, MSW, LCSW ■
FL
(305) 400-8511
Digital Contact Information:
http://www.cbhwestcoast.com
credentialing@hcsflorida.com
Other Languages Spoken by Provider or Office Staff English

Carter, Dana, PHD, LMHC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com

Carter, Michelle, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Casal, Beatriz T, MSW, LCSW ■
9010 SW 137th Ave
Ste 236
Miami, FL 33186
(305) 279-4966
Digital Contact Information:
munlily217@aol.com
Other Languages Spoken by Provider or Office Staff Spanish

Casanova Lopez, Gerardo, MSN, PMHNP ■
12001 Southwest 128th Court
101
Miami, FL 33186
(786) 200-6657
Digital Contact Information:
https://www.sunissup.com/home
g.casanovalopez15@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Casas, Joanna, MC, LMHC ■
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
http://www.btpmentalhealth.com
info@btpmentalhealth.com
Other Languages Spoken by Provider or Office Staff Spanish

Casas-Justice, Libia T, MSW, LCSW ■
10631 North Kendall Drive
Suite 1201
Miami, FL 33176
(305) 270-6100
Digital Contact Information:
libiacasas@bellsouth.net
Other Languages Spoken by Provider or Office Staff Spanish

Casiano, Ada L, MS, LMFT ■
7765 SW 87th Ave
Ste 104
Miami, FL 33173
(305) 494-0956
Digital Contact Information:
acasiano@bellsouth.net
Other Languages Spoken by Provider or Office Staff Spanish

Casper, Jeffrey, MS, LCMHC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
help@joinuplift.co

Cassamajor, Nathalie, DNP, APRN ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and

20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Cassidy, Toni, MSN, APNP, APRNCNP, CNP, CRNP, NP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(503) 427-8094
Digital Contact Information:
http://happierliving.com
providers@empathyhealthclinic.com
Other Languages Spoken by Provider or Office Staff English

Castaneda, Alexa, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
referrals@chrysalishealth.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
referrals@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Sign Lang Amer, Spanish

Castaneda Ramirez, Santiago, MD ■
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
https://www.compasshealthsystems.com/credentialing@compass.md

and
FL
(305) 891-0050
Digital Contact Information:
https://www.compasshealthsystems.com/credentialing@compass.md

Castaneira, Yamile, MSN, APRN ■
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
lgarcia@keraltybh.com
Other Languages Spoken by Provider or Office Staff
Spanish

Castano, Isabel, MHR, LSW ■
1601 NW 12th Ave
Miami, FL 33136
(305) 243-3669
Digital Contact Information:
Not Available

and
1120 Northwest 14th Street
RM 1213
Miami, FL 331362107
(305) 243-6660
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Casteleiro, Vickie, PHD, LP ■
7950 W Flagler St
Ste 106
Miami, FL 33144
(305) 269-3900
Digital Contact Information:
http://www.healthymindspsy.com
drgmartinez.psychologist@gmail.com

and
7950 West Flagler Street
Suite 101
Miami, FL 33144
(305) 239-7725
Digital Contact Information:
http://www.healthymindspsy.com
drgmartinez.psychologist@gmail.com

and
FL
(305) 239-7725
Digital Contact Information:
http://www.healthymindspsy.com
drgmartinez.psychologist@gmail.com

Castellanos, Adiana, MSN, APRN ■
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
healingtouchinc@msn.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
healingtouchinc@msn.com

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
9020 Southwest 137th Avenue
STE 250
Miami, FL 33186
(786) 536-7588
Digital Contact Information:
healingtouchinc@msn.com
Other Languages Spoken by Provider or Office Staff
Spanish

Castellanos, Ivette, MS, LMHC ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
laurap@azzurrahcc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Castellon, Nestor, MS, LMHC ■
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
fl-credentialing@lifestance.com
Other Languages Spoken by Provider or Office Staff
Spanish

Casthely, Patrick, MC, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Castilla, Kattia, MS, LMHC ■
9010 Southwest 137th Avenue
223
Miami, FL 33186
(786) 483-0606
Digital Contact Information:
http://www.therapyhelps.net
therapyhelpsmiami@gmail.com

Castillo, Edmundo, MSW, LCSW ■
4445 West 16th Avenue
STE 100
Hialeah, FL 33012
(786) 876-5087
Digital Contact Information:
kmauricio@regahealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Castillo, Fiorella Paola, MC, LMHC ●
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
info@elevatepsychiatry.com

and
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
info@elevatepsychiatry.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Castillo, Karina, MA, LMHC ■
FL
(786) 258-8499
Digital Contact Information:
http://www.virtual-counseling.com
service@virtual-counseling.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Castillo Llanes, Lisandra, MSN, APRN ■
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
contact@balancedwellbeingllc.com

and
5607 NW 27th Ave
1
Miami, FL 33142
(239) 278-3660
Digital Contact Information:
contact@balancedwellbeingllc.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(786) 833-7633
Digital Contact Information:
contact@balancedwellbeingllc.com

and
20612 Northwest 27th Avenue
Miami Gardens, FL 33056
(305) 637-6400
Digital Contact Information:
contact@balancedwellbeingllc.com

Castillo, Oscar B, MSN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff
Spanish

Castillo, Sandra, PSYD, LP ■
3081 Salzedo Street
Suite 202
Coral Gables, FL 33134
(786) 567-8160
Digital Contact Information:
castillo043@gmail.com

and
11385 Southwest 32nd Street
Miami, FL 33165
(786) 567-8160
Digital Contact Information:
castillo043@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Castillo-Benitez, Beatriz, MSN, APRN ■
FL
(305) 549-0094
Digital Contact Information:
beatrizcastillob2018@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Castillo-Fundora, Evelyn T, EDS, LSP ■
10300 Southwest 72nd Street
#123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://myschoolpsychologistinc.com
info@myschoolpsychologistinc.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Casto, Kristina D, MS, PMHNP ■
FL
(305) 902-6347
Digital Contact Information:
start@bebravehealth.com

Castro, Anthony M, PHD, LP ■
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
1404A
Miami, FL 33136
(305) 243-4782
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
Fl 14
Miami, FL 33136
(305) 243-4782
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
Fl 3
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Castro Cordoba, Juan Luis B, MD ■
4960 SW 72nd Ave
Ste 303
Miami, FL 33155
(305) 554-1700
Digital Contact Information:
intake@compass.md

and
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
https://www.compasshealthsystems.com
intake@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
https://www.compasshealthsystems.com
intake@compass.md

Castro, Georgia K, MS, LMHC ■
111 NW 183rd St
Ste 404
Miami, FL 33169
(786) 524-4001
Digital Contact Information:
fl-credentialing@lifestance.com

and
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
fl-credentialing@lifestance.com

Castro, Julio C, MD ■
9745 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 701-2401
Digital Contact Information:
nicoles@medicalbill.com

Other Languages Spoken by Provider or Office Staff Spanish

Castro, Katia, MED, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
credentialing@thriveworks.com
Other Languages Spoken by Provider or Office Staff English, Sign Lang Amer, Spanish

Castro, Kenia, MD ■
4160 W 16th Ave
Ste 301
Hialeah, FL 33012
(305) 690-0332
Digital Contact Information:
keniacastromdpa@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Castro, Mabel, MSW, LCSW ■
20535 NW 2nd Ave
Ste 204
Miami, FL 33169
(305) 900-3566
Digital Contact Information:
http://www.merakiliving.net
mcastro@merakiliving.net
Other Languages Spoken by Provider or Office Staff Spanish

Castro, Mairelis, MS, LMHC ■
2450 Southwest 137th Avenue
Suite# 230
Miami, FL 33175
(305) 459-3207
Digital Contact Information:
http://www.hidalgopsychiatry.com
calvarez@blueangelcare.net

and

2460 Southwest 137th Avenue
250
Miami, FL 33175
(305) 459-3207
Digital Contact Information:
http://www.hidalgopsychiatry.com
calvarez@blueangelcare.net

and

11890 Southwest 8th Street
STE 309
Miami, FL 331841710
(305) 220-6060
Digital Contact Information:
http://www.blueangelcare.net
calvarez@blueangelcare.net

Castro, Quisha, MC, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Castro, Yahaira, PHD, LMHC ■
13335 Southwest 124th Street
Miami, FL 33186
(786) 738-6468
Digital Contact Information:
frontdesk@mentalhealthofmiami.com

and

FL
(786) 738-6468
Digital Contact Information:
http://mentalhealthofmiami.com
frontdesk@mentalhealthofmiami.com
Other Languages Spoken by Provider or Office Staff Spanish

Cata, Karina, MN, ARNP ■
4982 Palm Avenue
Hialeah, FL 33012
(305) 479-3262
Digital Contact Information:
kcata@kcm.health
Other Languages Spoken by Provider or Office Staff Spanish

Catenacci, Kathryn Y, MS, LCPC, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Catoe, Whitney, MA, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Caver Jackson Adams, Latoya D, MA, LMHC, LPCC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
ebcg-support@findoctave.com

Cazeau, B Winnifred, MSW, LCSW-C ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Ceballo, Mayelin, MPSY, LMHC ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
office@neurobehavioral.health

and

12060 Southwest 129th Court
201
Miami, FL 33186
(786) 615-3349
Digital Contact Information:
office@neurobehavioral.health
Other Languages Spoken by Provider or Office Staff Spanish

Ceballos Marin, Veronica I, MMH, LMHC ■
14221 Southwest 120th Street
225
Miami, FL 33186
(786) 373-7359
Digital Contact Information:
inspirationaljourneymhc@gmail.com
Other Languages Spoken by Provider or Office Staff English

Cednan, Isis, MSN, APRN ●
12651 South Dixie Highway
Suite 320
Miami, FL 33156
(305) 300-3121
Digital Contact Information:
bhanks@mwhc.net

and

8950 Southwest 74th Court
Suite 1808
Miami, FL 33156
(305) 300-3121
Digital Contact Information:
bhanks@mwhc.net

and

FL
(305) 300-3121
Digital Contact Information:
bhanks@mwhc.net

Cejas, Ivette, PHD, LP ■
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-3564
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff Spanish

Cendejas, Marisol, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
members@wellnite.com
Other Languages Spoken by Provider or Office Staff Spanish

Centeno, Jousseliett, MSW, LCSW ■
9425 Sunset Dr
Ste 267
Miami, FL 33173
(305) 981-6806
Digital Contact Information:
joussecenteno@gmail.com
Other Languages Spoken by Provider or Office Staff English

Center, Steve S, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
anne.lawson@bowencenter.org

Centurion, Ana M, PSYD, LP ■
FL
(305) 684-3690
Digital Contact Information:
anamcenturionpsyd@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Cepero, Ariel, MSN, NP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
william_dubose@futurepsychsolutions.com

Cereste, Lineda, MSN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@elitednatherapy.com

Cerne Constantin, Kery, MMH, LMHC ■
16800 Northeast 15th Avenue
304 304
North Miami Beach, FL 33162
(305) 419-6446
Digital Contact Information:
http://www.plscaw.com
ddunn@unifiedcm.com

Ceus, Angelina, MSN, APRN ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and

1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and

801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and

117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and

FL
(602) 562-7383
Digital Contact Information:
credentialing@happierliving.com

Chacin, Cecilia, MS, LBA ■
1120 Northwest 14th Street
RM 1213
Miami, FL 331362107
(305) 243-6660
Digital Contact Information:
Not Available

Chacon Asusta, Leonardo, MS, BCBA, LCSW ■
8500 Southwest 8th Street
Ste 258
Miami, FL 33144
(305) 810-8869
Digital Contact Information:
http://www.raisegroup.us
contact@raisegrp.com

and

22133 South Dixie Highway
Miami, FL 33170
(786) 504-3119
Digital Contact Information:
https://fpmflorida.org/
contact@raisegrp.com

and

13155 Southwest 134th Street
202
Miami, FL 33186
(786) 504-3119
Digital Contact Information:
contact@raisegrp.com

Chahin, Lourdes, MD ■
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
hello@talkiatry.com

and

Home Based Services Only
Virginia Gardens, FL 33166
(786) 522-7203
Digital Contact Information:
hello@talkiatry.com

Chama, Humphrey, MSN, APRNCNP ■
FL
(305) 902-6347
Digital Contact Information:
handmhealthcareoftx@gmail.com

Chamberlain, Bradley A, MSSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@thriveworks.com
Other Languages Spoken by Provider or Office Staff Spanish

Chambers, Brittany, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Chambre, Karen F, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
wardchambre@gmail.com
Other Languages Spoken by Provider or Office Staff Afar

Chan, Wai Y, MSN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
info@riviamind.com

Chance Kayd, Quenton, MS, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
kaydquenton@gmail.com

Chang, Joshua, MD ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
intake@compass.md

and

1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:

intake@compass.md

and

FL
(305) 891-0050
(305) 279-5535
(954) 771-7743
(954) 447-0010
(561) 752-9490
Digital Contact Information:
intake@compass.md

Chaparro, Gabriella, MSN, APRN ■
FL
(305) 903-2031
Digital Contact Information:
Not Available

Chappell, Theotis, MSN, APRN ■
2820 Northeast 214th Street
Ste 801
Aventura, FL 33180
(256) 500-8688
Digital Contact Information:
blossom@withassured.com

and

1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
blossom@withassured.com

Chaquinga, John, MS, LMHC ■
5881 Northwest 151st Street
Suite: 103
Miami Lakes, FL 33014
(786) 703-4154
Digital Contact Information:
peaceofmindmhs@hotmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Charlemagne, Leila T, PSYD, LP ■
100 NE 38th St
Ste 5
Miami, FL 33137
(305) 576-1599
Digital Contact Information:
cbolivar@borinquenhealth.org
Other Languages Spoken by Provider or Office Staff
Spanish

Charles, Abbdady, MSN, APRN ■
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
help@joinuplift.co

Charles, Jean P, MA, LBA ■
1120 Northwest 14th Street
RM 1213
Miami, FL 331362107
(305) 243-6660
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Creole, French

Charles, Patrick H, MSN, APRNCNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Chasteen, Heather, MN, APRN, APRNCNP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
credentialing@flatherapy.com
Other Languages Spoken by Provider or Office Staff
English

Chatelain, Mitsouko, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
referrals@ffmhs.com

and

15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
referrals@ffmhs.com

Chatman, Sheila, MC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Chavannes, Nastacia K, MD ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and

2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and

255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and

370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and

333 Southeast 2nd Avenue
Suite #2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and

801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

and

3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and

350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and

429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and

323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com
Other Languages Spoken by Provider or Office Staff
Spanish

Chaves, Yelitza, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Chavez, Katerin, MC, LMHC ■
FL
(786) 490-6828
Digital Contact Information:
https://www.psychologytoday.com/profile/467192
katerin0_01@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Chavez, Roxana, BA, LCSW ■
1120 Northwest 14th Street
1212
Miami, FL 33136
(305) 243-6660
Digital Contact Information:
Not Available

and

1601 NW 12th Ave
Miami, FL 33136
(305) 243-3669
Digital Contact Information:
Not Available

Chavez, Yoany, MS, LMHC ■
33550 South Dixie Highway
106
Florida City, FL 33034
(305) 200-3488
Digital Contact Information:
http://www.sunshinecommunitybs.com
sunshinecommunitybs@gmail.com

and

1150 Northwest 72nd Avenue
ph 2
Miami, FL 33126
(786) 542-5043
Digital Contact Information:
http://1stcarecms.com
sunshinecommunitybs@gmail.com

and

7171 Southwest 24th Street
Suite 417
Miami, FL 33155
(305) 200-3488
Digital Contact Information:
sunshinecommunitybs@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Chelak, Elizabeth, MSW, LCSW ■
1110 Brickell Ave
Ste 407
Miami, FL 33131
(561) 501-3092
Digital Contact Information:
info@traumatherapywpb.com
Other Languages Spoken by Provider or Office Staff
Russian

Chemerinsky, Graciela, MPSY, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com

and

160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Chen, Phillip A, MSN, APRN ■
1120 NW 14th St
1477
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
Not Available

and

1695 NW 9th Ave
3308
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
English

Chernov, Valeriy M, MD ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
svetcher@optonline.net

and

1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
svetcher@optonline.net

and

1065 Northeast 125th Street
300
North Miami, FL 33161
(888) 852-6672
Digital Contact Information:
http://www.compasshealthsystems.com
svetcher@optonline.net
Other Languages Spoken by Provider or Office Staff
Russian

Cherry, Patricia, MED, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
steven.smith@mangalaminfotech.com

Chevalier, Naomi, MD ■
2 South Biscayne Boulevard
103 32
Miami, FL 33131
(786) 556-7688
Digital Contact Information:
smithvl6@upmc.edu
Other Languages Spoken by Provider or Office Staff
Hebrew, English

Chhabra, Divya K, MD ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
start@bebravehealth.com

Chiarenza, Daniella, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Chiarini, Stephan G, MSED, LMFT ■
10241 SW 103rd Ct
Miami, FL 33176
(305) 790-2899
Digital Contact Information:
ovichsan@yahoo.com

and

9010 SW 137th Ave
Ste 212
Miami, FL 33186
(305) 790-2899
Digital Contact Information:
ovichsan@yahoo.com

Chico, Heidi, MS, LMHC ■
7821 Coral Way
100
Miami, FL 33155
(786) 409-5690
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Childers, Janice L, MA, LMHC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
English

Chin, Dhaima, MSW, LCSW, LICSW ■
4005 Northwest 114th Avenue
22 22
Doral, FL 33178
(305) 260-6913
Digital Contact Information:
miamigardenscounseling@gmail.com

and
8950 SW 74th Ct
Ste 2201
Miami, FL 33156
(786) 577-3427
Digital Contact Information:
miamigardenscounseling@gmail.com

and
2720 Southwest 97th Avenue
C-105
Miami, FL 33165
(786) 332-4330
Digital Contact Information:
miamigardenscounseling@gmail.com

and
2740 Southwest 97th Avenue
111a a 111
Miami, FL 33165
(786) 332-4330
Digital Contact Information:
miamigardenscounseling@gmail.com

and
20295 NW 2nd Ave
Ste 302
Miami, FL 33169
(305) 900-3475
Digital Contact Information:
miamigardenscounseling@gmail.com

and
20535 NW 2nd Ave
Ste 204
Miami, FL 33169
(305) 900-3475
Digital Contact Information:
miamigardenscounseling@gmail.com

and
20535 Northwest 2nd Avenue
suite 125
Miami, FL 33169
(305) 900-3504
Digital Contact Information:
miamigardenscounseling@gmail.com

and
14221 Southwest 120th Street
126
Miami, FL 33186
(786) 577-3427
Digital Contact Information:
miamigardenscounseling@gmail.com

and
10201 Hammocks Boulevard
Suite 122
Miami, FL 33196
(786) 557-3427
Digital Contact Information:
miamigardenscounseling@gmail.com

Chinea, Marianela, MSN, APRN ■
3971 Southwest 8th Street
STE 206
Coral Gables, FL 33134
(786) 633-5960
Digital Contact Information:
agauna@bmsbill.com

and
FL
(786) 980-7496
Digital Contact Information:
http://www.vidahealthcarenetworks.com
agauna@bmsbill.com

and
13590 Southwest 134th Avenue
201
Miami, FL 33186
(786) 227-6258
Digital Contact Information:
agauna@bmsbill.com

Chipollini, Ana, MSN, APRN ■
5911 Northwest 173rd Drive
6
Hialeah, FL 33015
(786) 380-9229
Digital Contact Information:
admin@believeandtrustcm.com

and
12030 Southwest 129th Court
Suite 211
Miami, FL 33186
(786) 380-9229
Digital Contact Information:
http://www.believeandtrusttcm.com
admin@believeandtrustcm.com

Chiu, Chantel, PHD, LP ■
15325 Northwest 60th Avenue
#105
Miami Lakes, FL 33014
(305) 512-5388
Digital Contact Information:
docs@trinitycmhc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Chiuchiolo, Marisa, MS, LMHC ■
7875 Northwest 12th Street
110
Doral, FL 33126
(786) 317-4478
Digital Contact Information:
https://crystalabatherapy.com/

Chocron, Eva, MS, LMFT ■
2627 NE 203rd St
Ste 214
Miami, FL 33180
(415) 941-4109
Digital Contact Information:
ebcg-support@findoctave.com

Chou, Vincent, DO ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
providerscred@bridgestreetmedpractice.com

Choute, Daphne, MS, LMHC ■
FL
(305) 804-9121
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Choute-Edouard, Sonia, APRN, MSN, NP ■
66 West Flagler Street
Miami, FL 33130
(347) 875-0473
Digital Contact Information:
admins@wholenesstradition.com

and
1031 Ives Dairy Rd
Ste 228
Miami, FL 33179
(786) 477-6179
Digital Contact Information:
admins@wholenesstradition.com

and
12550 Biscayne Boulevard
STE 800
North Miami, FL 33181
(788) 442-5021
Digital Contact Information:
admins@wholenesstradition.com

Christensen, Latisha S, MSW, LCSW, LCSW-C, LISW-CP ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
birches@withassured.com

Christensen, Molly, MSN, APRN ■
801 Brickell Avenue
8
Miami, FL 33131
(516) 505-7200
Digital Contact Information:
https://mindful.care/
palopolianastasiya@yahoo.com
Other Languages Spoken by Provider or Office Staff English

Christiansen, Kenneth, PSYD, LP ■
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(305) 801-4388
Digital Contact Information:
alliancepsych21@gmail.com

Christophe, Louna, MSW, LCSW ■
1601 NW 12th Ave
Miami, FL 33136
(305) 243-3669
Digital Contact Information:
Not Available

and
1120 Northwest 14th Street
RM 1213
Miami, FL 331362107
(305) 243-6660
Digital Contact Information:
Not Available

Chung, See, MSN, APNP, APRN, CNS, CRNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Ciabattoni, Lissette, MSW, LCSW ■
FL
(407) 494-0465
(954) 998-2623
Digital Contact Information:
lissette214@gmail.com

and
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
lissette214@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cicetti, Lisa, PSYD, LMHC, LP ■
1100 Southwest 57th Avenue
Suite 100
Miami, FL 33144
(786) 556-7688
Digital Contact Information:
lisacicetti@yahoo.com

Cid, Arturo A, MSW, LCSW ■
11900 Biscayne Blvd
Ste 504
Miami, FL 33181
(305) 804-7843
Digital Contact Information:
cidcounseling@gmail.com

and
17071 West Dixie Highway
103 103
North Miami Beach, FL 33160
(305) 804-7843
Digital Contact Information:
cidcounseling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cid Medina, Lissette, MSN, APRN ■
14411 Commerce Way
330
Hialeah, FL 33016
(786) 701-8416
Digital Contact Information:
http://nossmedicalcorp.com/
genesisconsultingservices39@gmail.com

and
1150 Northwest 72nd Avenue
ph 2
Miami, FL 33126
(786) 542-5043
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
3898 West Flagler Street
Miami, FL 33134
(954) 280-2056
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
7821 Coral Way
100
Miami, FL 33155
(786) 409-5690
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
10511 Southwest 88th Street
c103
Miami, FL 33176
(786) 530-7427
Digital Contact Information:
genesisconsultingservices39@gmail.com

Cieply, Tanisha, MSN, APRN ■
FL
(407) 906-6116
Digital Contact Information:
cieplyt@gmail.com

Ciminero, Anthony R, PHD, LP ■
7685 SW 104th St
Ste 100
Pinecrest, FL 33156
(305) 666-8000
Digital Contact Information:
tciminero@aol.com

Cintra Marin, Andres, MSN, APRN ■
4090 Northwest 97th Avenue
300
Doral, FL 33178
(786) 332-4705
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
395 Northwest 14th Avenue
2
Homestead, FL 33030
(786) 349-4350
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
1800 Southwest 27th Avenue
505
Miami, FL 33145
(786) 542-9914
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
7821 Coral Way
100
Miami, FL 33155
(786) 409-5690
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
15715 South Dixie Highway
332
Miami, FL 33157
(786) 323-7228
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cioffi, George V, MSN, ARNP ■
1300 Coral Way
Ste 208
Miami, FL 33145
(305) 929-8542
Digital Contact Information:
klopez@miamipersonalmanagement.com

and
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
http://www.miamipersonalmanagement.com
klopez@miamipersonalmanagement.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cipolla, Anthony, MSW, LCSW ■
2500 SW 107TH AVE
42
Miami, FL 33165
(786) 615-3334
Digital Contact Information:

http://www.abcsfl.com
info@abcsfl.com

and
FL
(415) 941-4109
(909) 442-0618
(202) 410-5972
(415) 342-6011
(786) 615-3334
Digital Contact Information:
http://www.joinuplift.co
info@abcsfl.com
Other Languages Spoken by Provider or Office Staff English

Cipriani, Donna C, PHD, LMHC, LP ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
dr.donnacipriani@gmail.com
Other Languages Spoken by Provider or Office Staff Italian

Clark, Altheresa, MSW, LCSW ■
111 NW 183rd St
Ste 404
Miami, FL 33169
(786) 524-4001
Digital Contact Information:
altheresa.clark@yahoo.com

Clark, Daniel, MSN, APRN ■
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
info@opabh.com

Clark, Jennifer, MA, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/payors@emorahealth.com

Clark, Robert E, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app

Clarke, Jabbar, MSN, APRN ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Clavareza, Jehremi, MSW, LCSW ■
2000 S Dixie Hwy
Ste 104
Miami, FL 33133
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
support@tryminded.com
Other Languages Spoken by Provider or Office Staff Spanish

Clayton, Lakeytha, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
lakeytha@lgmrestorationwellness.org

Clerkin, Amanda, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Cliche, Rachelle, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Spanish

Clicque, Chelsea A, PSYD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
support@dallastherapeutic.com

Closner, Jonathan, MC, LCPC, LMHC, LPC ■
1000 5th St
Ste 200
Miami Beach, FL 33139
(786) 389-0094
Digital Contact Information:
jonathan@turningpointsandbeyond.com

Cloud, Kayla, MC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Cnobel Massion, Monica, MC, LCPC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Codling, Marion, MS, APRN ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(954) 369-4111
Digital Contact Information:
referrals@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff English, Haitian Creole, Spanish

Coffey, Barbara J, MD ■
1120 NW 14th St
1477
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
Not Available

and
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-6400
Digital Contact Information:
Not Available

and
1611 NW 12th Ave
Miami, FL 33136
(305) 585-1111
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
1404A
Miami, FL 33136
(305) 355-7077
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
Fl 14
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
Not Available

Coffman, Alexander, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff English, Creole, Haitian, Spanish

Cofino Matos, Karol, MSN, APRN ■
9849 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 664-4540
Digital Contact Information:
lisbetrodriguez@llbillingoffice.com
Other Languages Spoken by Provider or Office Staff Spanish

Cohen, Hershenta, MD ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
hello@talkiatry.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
hello@talkiatry.com

Cohen, Iris R, MSW, LCSW ■
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-2279
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff Hebrew

Cohen, Jennifer, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/payors@emorahealth.com

Cohen, Michelle, MSN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Cohen, Sari, MC, LMHC ■
1951 Northwest 7th Avenue
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
sari.creativepathllc@gmail.com

and
FL
(305) 902-6347
(352) 515-0000
Digital Contact Information:
sari.creativepathllc@gmail.com

Cohen, Sonia, MSSW, LCSW ■
12000 Biscayne Boulevard
303
Miami, FL 33181
(305) 933-9820
Digital Contact Information:
http://www.jcsfl.org
insurance@jcsfl.org

and
12000 Biscayne Boulevard
609
Miami, FL 33181
(305) 899-1587
Digital Contact Information:
http://www.jcsfl.org
insurance@jcsfl.org
Other Languages Spoken by Provider or Office Staff Spanish

Cohen, Yuka, PSYD, LP ■
FL
(786) 949-0001
Digital Contact Information:
http://www.curectneuro.com
credentialing@curectneuro.com

Coizeau, Henri, PSYD, CP ■
1360 South Dixie Highway
355
Coral Gables, FL 33146
(305) 648-9344
Digital Contact Information:
southcoastpsychotherapy@gmail.com

and
FL
(800) 567-5433
Digital Contact Information:
https://totallife.com/
southcoastpsychotherapy@gmail.com

Cole, Tila, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Coleman, Lora A, DSW, LCSW ■
10750 Caribbean Boulevard
203
Cutler Bay, FL 33189
(305) 298-6561
Digital Contact Information:
lcinnervisions@aol.com
Other Languages Spoken by Provider or Office Staff English

Collado, Linda M, MD ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
mentalrealm@outlook.com

and
401 Coral Way
208a
Coral Gables, FL 33134
(786) 925-6206
Digital Contact Information:
https://www.theagapenetwork.org/linda-collado
mentalrealm@outlook.com

and
1204 Theo Dickinson Drive
Coral Gables, FL 33146
(305) 243-6414
Digital Contact Information:
mentalrealm@outlook.com

and
7855 Northwest 12th Street
221
Doral, FL 33126
(305) 648-7174
Digital Contact Information:
mentalrealm@outlook.com

and
4896 Northwest 7th Street
Unit S
Miami, FL 33126
(786) 534-2023
Digital Contact Information:
mentalrealm@outlook.com

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
mentalrealm@outlook.com

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:

mentalrealm@outlook.com

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
mentalrealm@outlook.com

and
1120 NW 14th St
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
mentalrealm@outlook.com

and
1120 NW 14th St
1477
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
mentalrealm@outlook.com

and
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-6400
Digital Contact Information:
mentalrealm@outlook.com

and
1400 NW 12th Ave
2005
Miami, FL 33136
(305) 689-1352
Digital Contact Information:
mentalrealm@outlook.com

and
1400 NW 12th Ave
E
Miami, FL 33136
(305) 689-1352
Digital Contact Information:
mentalrealm@outlook.com

and
1611 NW 12th Ave
Miami, FL 33136
(305) 585-7040
Digital Contact Information:
mentalrealm@outlook.com

and
1695 NW 9th Ave
Miami, FL 33136
(305) 355-7000
Digital Contact Information:
mentalrealm@outlook.com

and
1695 NW 9th Ave
3200
Miami, FL 33136
(305) 355-7000
Digital Contact Information:
mentalrealm@outlook.com

and
7171 Southwest 24th Street
Suite 417
Miami, FL 33155
(305) 200-3488
Digital Contact Information:
mentalrealm@outlook.com

and
7481 Southwest 40th Street
Miami, FL 33155
(786) 536-9143
Digital Contact Information:
mentalrealm@outlook.com

and
7821 Coral Way
100
Miami, FL 33155
(786) 409-5690
Digital Contact Information:
mentalrealm@outlook.com

and
13226 SW 8th St
Miami, FL 33184
(786) 518-3353
Digital Contact Information:
mentalrealm@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Collazo, Melanie, MC, LMHC ■
5040 Northwest 7th Street
Suite 660
Miami, FL 33126
(305) 900-2361
Digital Contact Information:
bridgeforlife4@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Collazo-Amador, Aylem, MS, LMHC ■
306 Alcazar Avenue
200
Coral Gables, FL 33134
(305) 967-8725
Digital Contact Information:
http://www.ajmmedicalcenter.com
sunshine-advantage@mbhpays.com

and
8500 West Flagler Street
Office 107A
Miami, FL 33144
(786) 907-5141
Digital Contact Information:
sunshine-advantage@mbhpays.com

and
13301 Southwest 132nd Avenue
209 209
Miami, FL 33186
(786) 713-5553
Digital Contact Information:
sunshine-advantage@mbhpays.com

and
FL
(305) 632-3892
Digital Contact Information:
sunshine-advantage@mbhpays.com
Other Languages Spoken by Provider or Office Staff
Spanish

Collins, Danielle, MSN, APRN ●
FL
(954) 295-7333
Digital Contact Information:
bluebutterflypsychserv@gmail.com

Collins, Eddie, MA, LMHC, LPC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
hello@bircheshealth.com

Collins, Marjorie, MSN, APRN ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Collins-Fox, Lorraine, MSN, PMHNP ■
2801 Northeast 213th Street
Suite 1215
Aventura, FL 33180
(786) 648-6161
Digital Contact Information:
http://lifestance.com
fl-credentialing@lifestance.com

Coloccia, Elinor G, PSYD, CP, LP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
admin@psychologyaz.com

Colon Del Toro, Cristina, MD ■
8001 West 26th Avenue
2 2
Hialeah, FL 33016
(786) 360-2630
Digital Contact Information:
vanessa@livingcaretherapy.com

and
8001 West 26th Avenue
6 6
Hialeah, FL 33016
(786) 372-3262
Digital Contact Information:
vanessa@livingcaretherapy.com

and
5080 Northwest 74th Avenue
Miami, FL 33166
(786) 372-3262
Digital Contact Information:
vanessa@livingcaretherapy.com

and
10511 Southwest 88th Street
c103
Miami, FL 33176
(786) 530-7427
Digital Contact Information:
vanessa@livingcaretherapy.com

and
5600 Southwest 135th Avenue
STE 216
Miami, FL 33183
(786) 536-6196
Digital Contact Information:
vanessa@livingcaretherapy.com

and
14221 Southwest 120th Street
223
Miami, FL 33186
(786) 690-2296
Digital Contact Information:
vanessa@livingcaretherapy.com

Colon Rodriguez, Lyllymar, PHD, LP ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 661-5511
Digital Contact Information:
dr.ingridroman1@gmail.com

and
100 NE 15th St
Ste 101D
Homestead, FL 33030
(833) 779-8646
Digital Contact Information:
dr.ingridroman1@gmail.com

and
7950 W Flagler St
Ste 105
Miami, FL 33144
(305) 661-5511
Digital Contact Information:
dr.ingridroman1@gmail.com

and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 661-5511
Digital Contact Information:
dr.ingridroman1@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Colson, Carrie, MSN, APRNCNP, APRNPMH ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
ccolson@wbma.cc
Other Languages Spoken by Provider or Office Staff
Spanish

Colunga, Eduardo, MSN, APRN ■
900 East 9th Street
Hialeah, FL 33010
(305) 381-5294
Digital Contact Information:
info@cbhwestcoast.com
Other Languages Spoken by Provider or Office Staff
Spanish

Comas, Alejandro, DNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Comerford, Elaine, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Comesana Lopez, Marisleydis, MSN, APRN ■
14261 Southwest 120th Street
Suite #113
Miami, FL 33186
(786) 597-4696
Digital Contact Information:
emotionlifecarecenter@gmail.com

and
9010 Southwest 137th Avenue
101
Miami, FL 33186
(786) 803-8826
Digital Contact Information:
http://amorementalhealthcorp.com
emotionlifecarecenter@gmail.com

and
13205 Southwest 137th Avenue
STE 132
Miami, FL 331865334
(786) 478-6369
Digital Contact Information:
http://dominguezcommunitycenter.com
emotionlifecarecenter@gmail.com

Commella, Noreen, PSYD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@healthyyoungminds.com

Companioni, Maria, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
ashley@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Concepcion, Raquel F, PHD, LP ■
1601 NW 12th Ave
2060
Miami, FL 33136
(305) 243-6631
Digital Contact Information:
Not Available

and
1601 Northwest 12th Avenue
2047
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
Not Available

and
FL
(305) 243-6857
Digital Contact Information:
Not Available

Concepcion, Sailys, MA, LMHC, LPC ■
FL
(508) 202-1011
Digital Contact Information:
sailysc@pm.me

and
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
sailysc@pm.me

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
sailysc@pm.me

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
sailysc@pm.me

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
sailysc@pm.me

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
sailysc@pm.me

and
2222 Ponce de Leon
Miami, FL 33134

(888) 684-2779
Digital Contact Information:
sailysc@pm.me

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
sailysc@pm.me

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
sailysc@pm.me

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
sailysc@pm.me

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
sailysc@pm.me
Other Languages Spoken by Provider or Office Staff
Spanish

Consolo, Jennifer, MSW, LCSW ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Constant, Marie L, MSN, APRN ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Contos, David E, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Contreras, Alejandra, LMHC, MMH ■
5901 Northwest 183rd Street
310
Hialeah, FL 33015
(786) 418-9790
Digital Contact Information:
info@oasismentalhealthcenter.com
Other Languages Spoken by Provider or Office Staff
Spanish

Contreras, Janile, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
telehealthsupport@cheservices.com

Contreras, Joseph L, MS, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentailing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentailing@banyanhealth.org

and
18901 Southwest 106th Avenue
229
Miami, FL 33157
(786) 506-9008
Digital Contact Information:
credentailing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
credentailing@banyanhealth.org

and
9867 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 732-2287
Digital Contact Information:
credentailing@banyanhealth.org
Other Languages Spoken by Provider or Office Staff
Spanish

Contreras-Schwartz, Joanna, PHD, LCSW, LCSW-R, LISW-CP, LMSW ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
ajcheney@sosapartners.com

Cook, Chaz, MS, LMHC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
http://sunbeamfamilyservices.org
drandall@teampathways.com

Cook, Shawndrika, MS, LMHC, PC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Cooley-Neals, Shakeela, MS, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Cooper, Catherine, MC, LPC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Cooper, Courtney, MS, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
acc@advancedclientcare.org

Corbeille, Lisette, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
https://www.bebravehealth.com

Cordero-Torres, Nelson E, MD ■
2000 Northwest 87th Avenue
Suite 201
Doral, FL 33172
(954) 561-6222
Digital Contact Information:
ventemedical@gmail.com

and
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
ventemedical@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cordiano, Kiera, MS, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Cordova, Carlos A, MS, LMHC ■
2141 SW 1st St
Ste 103
Miami, FL 33135
(305) 644-6024
Digital Contact Information:
help@coralcmhc.net
Other Languages Spoken by Provider or Office Staff
Spanish

Cordoves, Lazaro H, MD ■
1150 Northwest 72nd Avenue
350
Miami, FL 33126
(786) 228-7801
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
1150 Northwest 72nd Avenue
540
Miami, FL 33126
(786) 228-7801
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Coringrato, Brian, DO ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Coriolan, Melanie, MA, LMHC, LPC ■
FL
(508) 202-1011
Digital Contact Information:
https://www.sevenstarling.com
support@sevenstarling.com

Cornelison, Trina M, EDS, LCMHC, LMHC, LPC ■
FL
(508) 202-1011
Digital Contact Information:
support@sevenstarling.com

Corniffe, Khadine, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
pandatherapycircle@gmail.com

Corona, Kathleen, MPSY, LCSW ■
11890 Southwest 8th Street
403
Miami, FL 33184
(305) 433-1396
Digital Contact Information:
brightsyhealth@gmail.com

and
11890 Southwest 8th Street
Suite 207
Miami, FL 33184
(786) 362-5981
Digital Contact Information:
brightsyhealth@gmail.com

and
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
brightsyhealth@gmail.com

Corona Martinez, Delaney, MS, LCPC, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
home@christianpsychological.org

Correa, Larisa A, MSW, CSW, LCSW, LICSW, LISW-CP ■
FL
(561) 567-8795
(347) 738-1199
(315) 873-2936
Digital Contact Information:
http://www.joinuplift.co
mpowercounselingpllc@gmail.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
mpowercounselingpllc@gmail.com

and
FL
(561) 567-8795
(347) 738-1199
(315) 873-2936
Digital Contact Information:
http://www.joinuplift.co
mpowercounselingpllc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Correa, Richard, MSW, LCSW, LMFT ■
123 N Krome Ave
Ste 201
Homestead, FL 33030
(786) 339-0686
Digital Contact Information:
richardcorrea2@aol.com

and
15792 Southwest 145th Terrace
Miami, FL 33196
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
richardcorrea2@aol.com

Corredor, Raul G, MD ■
3661 S Miami Ave
Ste 504
Miami, FL 33133
(305) 988-0687
Digital Contact Information:
brainsintegrative@outlook.com

and
3785 Northwest 82nd Avenue
STE 312
Miami, FL 33166
(305) 988-0687
Digital Contact Information:
http://www.brainsintegrativehealth.com
brainsintegrative@outlook.com

Corrieri, Arthur, MS, LMHC ■
9425 SW 72nd St
Ste 265
Miami, FL 33173
(305) 279-8400
Digital Contact Information:
acorrieri_@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Corrigan, Alon, MSN, APRN, NP ■
360 Northwest 27th Street

Miami, FL 33127
(888) 684-2779
Digital Contact Information:
credentialing@psychplus.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@psychplus.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@psychplus.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
credentialing@psychplus.com

Corson, Dejuanna H, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
help@joinuplift.co

Cortada, Maria X, MSW, LCSW ■
10250 Southwest 56th Street
Miami, FL 33165
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff English

Cortazar, Lissette D, MD ■
3659 South Miami Avenue
Suite 5002
Miami, FL 33133
(305) 815-0055
Digital Contact Information:
lissettecortazar@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cortes, Edmi Y, MD ■
1295 NW 14th St
Ste E
Miami, FL 33125
(305) 689-1352
Digital Contact Information:
Not Available

and
1120 NW 14th St
1477
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
Not Available

and
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-6400
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
1404A
Miami, FL 33136
(305) 355-9155
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
3308
Miami, FL 33136
(305) 355-7148
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
Fl 3
Miami, FL 33136
(305) 355-9006
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Cortez Ladino, Alberto, MD ■
FL
(305) 535-3300
Digital Contact Information:
kowens@msmc.com

Cortez, Nancy, MED, LMHC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
http://www.bebravehealth.com
help@joinuplift.co

Corzo, Samantha R, MS, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
credentialing@banyanhealth.org

Cos Salmon, Hugo, MSN, APRN ■
1671 West 37th Street
Suite #3
Hialeah, FL 33012
(305) 728-4880
Digital Contact Information:
hcos@chwcm.org
Other Languages Spoken by Provider or Office Staff
English, Spanish

Costa, Merly, MSN, APRN, NP ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
cacosta@telemed2u.com

and
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
cacosta@telemed2u.com

and
255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
cacosta@telemed2u.com

and
370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
cacosta@telemed2u.com

and
333 Southeast 2nd Avenue
Suite 2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
cacosta@telemed2u.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
cacosta@telemed2u.com

and
3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
cacosta@telemed2u.com

and
350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
cacosta@telemed2u.com

and
429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
cacosta@telemed2u.com

and
323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
cacosta@telemed2u.com

Cotayo, Michael J, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
http://www.wellnite.com
Other Languages Spoken by Provider or Office Staff English

Coto, Jennifer, PHD, CP ■
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-6400
Digital Contact Information:
Not Available

and
1601 NW 12th Ave
Miami, FL 33136
(305) 585-5635
Digital Contact Information:
Not Available

and
1601 NW 12th Ave
Fl 5
Miami, FL 33136
(305) 585-5635
Digital Contact Information:
Not Available

and
1601 Northwest 12th Avenue
2047
Miami, FL 33136
(305) 243-9225
Digital Contact Information:
Not Available

and
1611 NW 12th Ave
Miami, FL 33136
(305) 243-5302
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Couper, Sarah, MSN, APRN ■
4300 Biscayne Boulevard
STE 203
Miami, FL 33137
(877) 400-0540
Digital Contact Information:
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Cox, Ashley N, MS, LMHC, LPC ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
ghines@hinesandassociates.net

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
ghines@hinesandassociates.net

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
ghines@hinesandassociates.net

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
ghines@hinesandassociates.net

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
ghines@hinesandassociates.net

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
ghines@hinesandassociates.net

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
ghines@hinesandassociates.net

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
ghines@hinesandassociates.net

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
ghines@hinesandassociates.net
Other Languages Spoken by Provider or Office Staff
Spanish

Cox, Ester, MSW, CSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Cox, Tatiana, PSYD, LP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Crabtree, Amanda, MC, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Crane, Damarys, MS, LMHC ■
3750 West 16th Avenue
140u
Hialeah, FL 33012
(786) 609-1765
Digital Contact Information:
vdacommunitycenter@gmail.com

and
5941 Northwest 173rd Drive
2 2
Hialeah, FL 33015
(754) 701-0221
Digital Contact Information:
vdacommunitycenter@gmail.com

and
15325 Northwest 60th Avenue
101

Miami Lakes, FL 33014
(786) 703-8085
Digital Contact Information:
vdacommunitycenter@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Crane, Katrina L, MSN, ARNP, PMHNP ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Crawford, Cecilia, PSYD, LP ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com

Crawford, Marsae, MSW, LCSW, LISW ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
start@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Crenshaw, Kristen H, PSYD, CP ■
1695 NW 9th Ave
Fl 3
Miami, FL 33136
(305) 355-7148
Digital Contact Information:
Not Available

Crespo, Johanna, MSN, APRN ■
1221 Brickell Avenue
ste 900
Miami, FL 33131
(833) 377-2526
Digital Contact Information:
http://www.healthandpsychiatry.com
billing101@healthandpsychiatry.com

and
FL
(833) 377-2526
Digital Contact Information:
http://www.healthandpsychiatry.com
billing101@healthandpsychiatry.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(833) 377-2526
Digital Contact Information:
http://www.healthandpsychiatry.com
billing101@healthandpsychiatry.com

and
1688 Meridian Avenue
STE 600
Miami Beach, FL 33139
(833) 377-2526
Digital Contact Information:
http://www.healthandpsychiatry.com
billing101@healthandpsychiatry.com

Crespo Padron, Julio, MSN, APRN ■
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
lfortun@keraltybh.com
Other Languages Spoken by Provider or Office Staff
Spanish

Crews, Grant Shane, MS, LMHC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
billing@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Crider, Tiffany, MS, LMHC ■
FL
(305) 812-6018
Digital Contact Information:
http://www.prevailandprogress.com
tiffanysimone@prevailandprogress.com

Crisp, Nicholas S, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
info@improvinglivescounseling.com

Crocco, Elizabeth A, MD ■
1150 NW 14th St
Ste 609
Miami, FL 33136
(305) 243-6732
Digital Contact Information:
Not Available

and
1150 NW 14th St
Ste 711
Miami, FL 33136
(305) 355-7077
Digital Contact Information:
Not Available

and
1150 Northwest 14th Street
FL 7
Miami, FL 33136
(305) 355-7077
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
3308
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
Fl 3
Miami, FL 33136
(305) 355-9006
Digital Contact Information:
Not Available

and
2111 Sole Mia Way
North Miami, FL 33181
(305) 243-0214
Digital Contact Information:
Not Available

Crocker, Gayle, PSYD, LMHC ■
16400 NW 2nd Ave
Ste 100
Miami, FL 33169
(954) 588-3612
Digital Contact Information:
gaylecrocker@hotmail.com

and
FL
(954) 588-3612
Digital Contact Information:
gaylecrocker@hotmail.com

Cronin, Kathleen, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
scheduling@happierliving.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
scheduling@happierliving.com

Croskey, Luvernice, PHD, LCSW, LMFT ■
12955 Biscayne Boulevard
STE 204
Miami, FL 33181
(305) 895-3307
Digital Contact Information:
luvernicecroskey@gmail.com
Other Languages Spoken by Provider or Office Staff English

Crosley, Aishah, LPC, MC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
hello@emorahealth.com

Cross, Kamilah, MSW, LCSW ■
1425 Northwest 193rd Terrace
Miami Gardens, FL 33169
(954) 825-8500
Digital Contact Information:
yourworthllc@gmail.com

Crowdis, Marissa A, DO ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
ehoyos@lotuscounseling.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
ehoyos@lotuscounseling.com

Crumbley, Kristin, MS, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com

Cruz, Amy, MA, LMHC ■
4302 Alton Rd
Ste 500
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Cruz Delgado, Eliayne, PHD, CP ■
1120 Northwest 14th Street
RM 1213
Miami, FL 331362107
(305) 243-6660
Digital Contact Information:
Not Available

Cruz, Francisco, MD ■
4601 Ponce De Leon Blvd
Ste 100
Coral Gables, FL 33146
(786) 758-3875
Digital Contact Information:
fucruz7@gmail.com

Cruz, Grace Marlyn, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Cruz, Jose, MD ■
4302 Alton Rd
Ste 820
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com

and
4304 Alton Rd
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com

and
4304 Alton Rd
Fl 1
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com

Cruz, Rosalie, MSW, LCSW ■
100 NE 38th St
Ste 5
Miami, FL 33137
(305) 576-1599
Digital Contact Information:
Not Available

and
3000 Biscayne Blvd
Fl 5
Miami, FL 33137
(305) 576-6611
Digital Contact Information:
Not Available

Cruz, Yaimara, MSN, APRN ■
FL
(305) 510-0111
Digital Contact Information:
Not Available

Cruz-Torres, Nichole, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
nichole@therapywithnichole.com

Cuadra, Anai M, PHD, LP ■
1601 NW 12th Ave
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
French, Spanish

Cue, Liz, MSW, LCSW ■
5901 Southwest 74th Street
408
Miami, FL 33143
(305) 735-3555
Digital Contact Information:
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff
Spanish

Cue, Zandra, MPSY, LMHC ■
3191 Coral Way
Ste 402
Miami, FL 33145
(786) 218-4039
Digital Contact Information:
zandracue@yahoo.com

Cueto, Christina, MA, LMFT ■
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
info@btpmentalhealth.com

Cuevas, Nardelis, MPSY, LMFT ■
4982 Palm Avenue
Hialeah, FL 33012
(305) 479-3262
Digital Contact Information:
admin@kcm.health

and
215 Westward Dr
Miami Springs, FL 33166
(305) 887-4494
Digital Contact Information:
admin@kcm.health
Other Languages Spoken by Provider or Office Staff
Spanish

Cuevas Rojas, Maytee R, MSN, APRN ■
10440 Northwest 37th Terrace
Doral, FL 33178
(305) 603-7139
Digital Contact Information:
http://www.dgphealthandwellness.com
info@dgphealthandwellness.com

and
1469 NW 36th St
Miami, FL 33142
(305) 635-7444
Digital Contact Information:
info@dgphealthandwellness.com

and
17325 Northwest 27th Avenue
Suite 105
Miami Gardens, FL 33056
(786) 819-0209
Digital Contact Information:
info@dgphealthandwellness.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Curbelo, Luis, MSN, APRN ■
9350 Sunset Drive
151

Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
infinitywellnessgroup21@gmail.com

and
14471 S Dixie Hwy
Miami, FL 33176
(786) 803-8826
Digital Contact Information:
http://www.amorementalhealthcorp.com
infinitywellnessgroup21@gmail.com

and
13701 Southwest 88th Street
306
Miami, FL 33186
(786) 842-1489
Digital Contact Information:
infinitywellnessgroup21@gmail.com

and
9010 Southwest 137th Avenue
101
Miami, FL 33186
(786) 803-8826
Digital Contact Information:
http://amorementalhealthcorp.com
infinitywellnessgroup21@gmail.com

Curiel, Rosie E, PSYD, LP ■
1120 NW 14th St
1477
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
rwinokur@med.miami.edu

and
1695 NW 9th Ave
1404A
Miami, FL 33136
(305) 355-9155
Digital Contact Information:
rwinokur@med.miami.edu
Other Languages Spoken by Provider or Office Staff Spanish

Curras, Glender, MPSY, LMHC ■
1125 Northeast 125th Street
300 7n
North Miami, FL 33161
(786) 487-3948
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff English, Spanish

Curras, Michelle M, MSSW, LCSW ■
1000 Brickell Avenue
Miami, FL 33131
(786) 536-5702
Digital Contact Information:
laibehavior@gmail.com

and
981 NW 132nd Ave W
Miami, FL 33182
(786) 536-5702
Digital Contact Information:
laibehavior@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Currier, Maria B, MD ■
8900 N Kendall Dr
Miami, FL 33176
(786) 596-2000
Digital Contact Information:
beatrizcur@baptisthealth.net

Curtis, Jasmine, MSN, APRN, NP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
cred@bayshoreintegratedhealth.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
cred@bayshoreintegratedhealth.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
cred@bayshoreintegratedhealth.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
cred@bayshoreintegratedhealth.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
cred@bayshoreintegratedhealth.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
cred@bayshoreintegratedhealth.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
cred@bayshoreintegratedhealth.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
cred@bayshoreintegratedhealth.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
cred@bayshoreintegratedhealth.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
cred@bayshoreintegratedhealth.com
Other Languages Spoken by Provider or Office Staff English

Curtis, Kormasah K, MMFT, LMFT ■
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
contactus@embracecounselingusa.com

Custidiano, Leonardo, MA, LMHC ■
3580 Mystic Pointe Drive
Aventura, FL 33180
(415) 941-4109
Digital Contact Information:
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Cyronak, Ashley R, MSN, PMHNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
coastalpsych@gmail.com

D'Agostino, Leah, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

D'Meza, Ruth, BA, LCSW ■
1120 Northwest 14th Street
RM 1213
Miami, FL 331362107
(305) 243-6660
Digital Contact Information:
Not Available

D'Souza, Connolly G, MSW, CAP, LCSW ■
2929 SW 3rd Ave
Ste 510
Miami, FL 33129
(305) 858-0662
Digital Contact Information:
healingsolutionllc@att.net
Other Languages Spoken by Provider or Office Staff Indian, Spanish

DO Valle, Monika, DO ■
1065 Southwest 8th Street
570
Miami, FL 33130
(888) 903-5505
Digital Contact Information:
pioneering100@gmail.com
Other Languages Spoken by Provider or Office Staff Portuguese

Da Silva, Leonardo, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff Portuguese, Spanish

Daaga, Isis, EDS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@elemy.com

Dagher, Ibrahim, DO ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Dagobert, Nathalie, MSN, APRN, APRNPMH, CNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
caqh@dogwoodmedgroup.com

Dahab, Faten, MPSY, LMHC ■
9822 Northeast 2nd Avenue
2
Miami Shores, FL 33138
(786) 505-7502
Digital Contact Information:
fatima@mindfuldirectionscc.com

and
FL
(786) 505-1145
Digital Contact Information:
fatima@mindfuldirectionscc.com
Other Languages Spoken by Provider or Office Staff Spanish

Dahan, Shoshana, MSW, LCSW ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
http://banyanhealth.org
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
credentialing@banyanhealth.org

Daino, Giamarie, PSYD, LP ■
12700 Biscayne Boulevard
301
North Miami, FL 33181
(305) 467-4597
Digital Contact Information:
https://www.drdainotherapy.com/
drdaino@protonmail.com

Dale, Chelsea, PHD, LP ■
1120 NW 14th St
1477
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
Not Available

Daley, Rosalind, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
john@cecomputech.com

Damayo, Mizyl, MD ■
8323 Northwest 12th Street
108
Doral, FL 33126
(305) 400-8511
Digital Contact Information:
http://www.cbhwestcoast.com
support@paradisebehavioral.com

Damron, Heather, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff Bulgarian

Damus, Harry, PSYD, LP ■
8200 SW 117th Ave
Ste 306
Miami, FL 33183
(305) 274-0640
Digital Contact Information:
hdamus@therapeuticbehavioral.com
Other Languages Spoken by Provider or Office Staff Creole

Danauy Del Toro, Yesmin, MN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
office@myrtleridge.us
Other Languages Spoken by Provider or Office Staff Spanish

Dangla, Marjorie, MSW, LCSW ■
Doral
Doral, FL 33178
(305) 926-6106
Digital Contact Information:
blissfulsoultherapy01@gmail.com

Danois, Miguel, MSW, LCSW ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
admin@lotuscounseling.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
admin@lotuscounseling.com

Danon, Emily, PSYD, LP ■
FL

(508) 202-1011
Digital Contact Information:
https://www.sevenstarling.com
support@sevenstarling.com

Dao, Quynh, MSN, APRN, APRNCNP, ARNP, CNS, CRNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@elitedna.com

Darby, Icolin, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
melissa@blueumbrellapsychiatry.com

Darcy-Dowler, Jaimie, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Dashevsky, Jessica, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff Russian

Davidson, Iyana, MS, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff English

Davila, Francisco, MSW, LCSW, LMSW ■
801 Brickell Avenue
8
Miami, FL 33131
(516) 505-7200
Digital Contact Information:
https://mindful.care/
dtarasiuk@mindful.care

Davis, Adrienne, MSN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@crossfunctionalcare.com

Davis, Asha, MD ■
1065 NE 125th St
Ste 206
Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
davisasha1@gmail.com

and
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
davisasha1@gmail.com

Davis, Christina, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
billing@regionalpsychiatry.com

Davis, Dario D, MSN, APRN ■
1120 NW 14th St
1477
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
Not Available

Davis, Jasmine M, PHD, LP ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
ehoyos@lotuscounseling.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
http://www.lotuscounseling.com
ehoyos@lotuscounseling.com

Davis, Joy J, MSW, LCSW ●
150 NW 79th St
342
Miami, FL 33150
(305) 230-4598
Digital Contact Information:
http://www.affirmingyouth.org
joy@affirmingyouth.org
Other Languages Spoken by Provider or Office Staff English, Spanish

Davis, Leilani, MSN, APRN ■
790 Northwest 107th Avenue
Suite 107
Miami, FL 33172
(770) 492-2960
Digital Contact Information:
cheryl@qualitycredentialinginc.com

Davis, Shane, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Davis, Shareefah M, DNP, NP ■
66 W Flagler St
900
Miami, FL 33130
(754) 223-9062
Digital Contact Information:
http://www.woosahwellness.org/
shareefahmarie@gmail.com

Davis, Shelena, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Davis-Pope, Jordyn, MSW, LCSW ■
5335 Northwest 87th Avenue
Doral, FL 33178
(786) 551-9550
Digital Contact Information:
info@monarchcounselinggroup.com
Other Languages Spoken by Provider or Office Staff English

Davis-Rosario, Safiyah R, MSW, LCSW ■
FL
(786) 318-1591
Digital Contact Information:
http://www.sanctuarytcs.com
safiyahdv@hotmail.com

Davis-Young, Sandra K, MSN, APN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
ecochran@panolamed.com

Davrichachvili-Simo, Brittany, MS, LMHC ■
22400 Old Dixie Highway
Miami, FL 33170
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff English, French

De Aguayo, Andrea, PSYD, LP ■
3625 Northwest 82nd Avenue
400o
Doral, FL 33166
(786) 407-3375
Digital Contact Information:
drandrea@srfhealinghelp.com

De Carvalho, Marcello, MSN, APRN ■
3081 Salzedo Street
202 e3
Coral Gables, FL 33134
(786) 755-4801
Digital Contact Information:
hailey.welsh@credentialing.com

and
13540 SW 135th Ave
Miami, FL 33186
(786) 231-0800
Digital Contact Information:
hailey.welsh@credentialing.com
Other Languages Spoken by Provider or Office Staff Spanish

De Castro-Quiros, Adrian, MD ■
11760 Bird Rd
Ste 539
Miami, FL 33175
(305) 228-6200
Digital Contact Information:
drdcqoffice@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

De La Llama, Vanessa A, MS, LMHC ■
4445 West 16th Avenue
STE 602
Hialeah, FL 33012
(813) 999-1524
Digital Contact Information:
info@nationalhealthcareoperations.com

and
3416 West 84th Street
100
Hialeah, FL 33018
(786) 468-9677
Digital Contact Information:
info@nationalhealthcareoperations.com

and
1401 Southwest 1st Street
210
Miami, FL 33135
(786) 334-5663
Digital Contact Information:
info@nationalhealthcareoperations.com

and
330 Southwest 27th Avenue
307 309
Miami, FL 33135
(786) 762-2644
Digital Contact Information:
info@nationalhealthcareoperations.com

and
330 Southwest 27th Avenue
STE 307
Miami, FL 33135
(786) 253-9971
Digital Contact Information:
info@nationalhealthcareoperations.com

and
8181 Northwest 154th Street
STE 112
Miami Lakes, FL 33016
(407) 572-8053
Digital Contact Information:
info@nationalhealthcareoperations.com

and
1190 Northwest 95th Street
307
Miami Shores, FL 33150
(407) 572-8053
Digital Contact Information:
info@nationalhealthcareoperations.com
Other Languages Spoken by Provider or Office Staff Spanish

De La Nuez, Laura, PSYD, LP ■
2100 Ponce de Leon
STE 1015
Coral Gables, FL 33134
(786) 797-7788
Digital Contact Information:
lauradelanuez@bellsouth.net

De La Paz, Adriel, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com

De La Portilla, Manuel, MC, LMHC ■
2650 Southwest 27th Avenue
Suite 305
Miami, FL 33133
(786) 353-9812
Digital Contact Information:
http://www.harmonyatthegablesclinic.com
mdlport@yahoo.com

and
FL
(305) 389-2374
Digital Contact Information:
mdlport@yahoo.com

and
15660 Southwest 72nd Street
Miami, FL 33193
(786) 697-1150
Digital Contact Information:
http://www.miraclecbc.com
mdlport@yahoo.com

and
15668 Southwest 72nd Street
Miami, FL 33193
(786) 697-1150
Digital Contact Information:
http://www.miraclecbc.com
mdlport@yahoo.com
Other Languages Spoken by Provider or Office Staff Spanish

De La Prida, Yohandra, MC, LMHC ■
2500 Northwest 79th Avenue
Suite 227
Doral, FL 33122
(305) 456-9396
Digital Contact Information:
healthymindsmc@outlook.com

and
3785 Northwest 82nd Avenue
307
Doral, FL 33166
(305) 898-5420
Digital Contact Information:
healthymindsmc@outlook.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 255-6203
Digital Contact Information:
healthymindsmc@outlook.com

and
8100 Northwest 155th Street
100
Miami Lakes, FL 33016
(786) 615-2531
Digital Contact Information:
healthymindsmc@outlook.com
Other Languages Spoken by Provider or Office Staff English, Spanish

De Leon, Carlos, MSN, APRN ■
901 E 10th Ave
Ste 39
Hialeah, FL 33010
(305) 637-6400
Digital Contact Information:
contact@balancedwellbeingllc.com

and
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
contact@balancedwellbeingllc.com

and
5607 NW 27th Ave

1
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
contact@balancedwellbeingllc.com

and
20612 Northwest 27th Avenue
Miami Gardens, FL 33056
(305) 637-6400
Digital Contact Information:
contact@balancedwellbeingllc.com

De Leon, Karel M, MD ■
2100 Ponce de Leon
#1240
Coral Gables, FL 33134
(786) 471-3535
Digital Contact Information:
consulting@fdgmso.com
Other Languages Spoken by Provider or Office Staff
Spanish

De Sautu-Dominguez, Erika, MS, LMHC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
credentialing@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com
Other Languages Spoken by Provider or Office Staff
Spanish

De Souza, Maria B, PSYD, LP ■
FL
(954) 629-0248
Digital Contact Information:
http://www.drbetinadesouza.com
betina@drbetinadesouza.com

DeFilippo, Antonio F, MD ■
9350 Sunset Drive
118
Miami, FL 33173
(786) 713-2440
Digital Contact Information:
dianna@infinitebehavioral.com
Other Languages Spoken by Provider or Office Staff Italian

Deamezola, Morgan, MS, LCPC, LMHC ■
8400 Northwest 33rd Street
Suite 310
Doral, FL 33122
(305) 834-4313
Digital Contact Information:
ashley@newnanrcmsolutions.com

and
218 Northwest 24th Street
Miami, FL 33127
(305) 834-4313
Digital Contact Information:
ashley@newnanrcmsolutions.com

and
2916 North Miami Avenue
Miami, FL 33127
(305) 834-4313
Digital Contact Information:
ashley@newnanrcmsolutions.com

and
14 Northeast 1st Avenue
1403 1258
Miami, FL 33132
(970) 680-4143
Digital Contact Information:
ashley@newnanrcmsolutions.com

and
1680 Michigan Ave
Ste 700
Miami Beach, FL 33139
(305) 834-4313
Digital Contact Information:
ashley@newnanrcmsolutions.com

and
15450 New Barn Road
200
Miami Lakes, FL 33014
(305) 834-4313
Digital Contact Information:
ashley@newnanrcmsolutions.com

and
16135 Biscayne Boulevard
North Miami Beach, FL 33160
(305) 834-4313
Digital Contact Information:
ashley@newnanrcmsolutions.com

and
8971 Southwest 182nd Terrace
Palmetto Bay, FL 33157
(315) 873-2936
Digital Contact Information:
ashley@newnanrcmsolutions.com

Dean, Brooke, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Dearmas, Vanessa M, MMH, LMHC ■
FL
(305) 505-7558
Digital Contact Information:
empoweringmindsetllc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Deblasio, Kristie, PHD, LCP ■
FL
(800) 567-5433
Digital Contact Information:
southcoastpsychotherapy@gmail.com
Other Languages Spoken by Provider or Office Staff English

Debord, Renee R, MA, LMHC ●
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Debrady, Denise, MSSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ddebrady@yahoo.com

Decastelli, Florencia, MS, LMHC ■
Home Based Services Only
Miami Gardens, FL 33014
(305) 417-1535
Digital Contact Information:
newhopecasemanagementservices@gmail.com
Other Languages Spoken by Provider or Office Staff English

Decker, Sallee, MSW, LCSW, LICSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
noah@medsolercm.com

Decosta, Emily, MS, LMHC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
http://www.behavioralaid.com
info@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
info@behavioralaid.com
Other Languages Spoken by Provider or Office Staff
Spanish

Dedge, Jessica K, MSN, APRN ■
255 Giralda Avenue
Coral Gables, FL 33134
(470) 944-5699
Digital Contact Information:
cred04@zmedsolutions.net

Deforges, Laure, MC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Degraff, Stephane B, MD ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
victoria.l.oswald@powershealth.org
Other Languages Spoken by Provider or Office Staff Creole

Dejesus, Gisella, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Dejimenez, Emily, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Del Cid, Maryann, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

Del Llano Lemus, Laura, MSN, APRN ■
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(954) 361-2669
Digital Contact Information:
laura051289@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Del Rio, Giannina, MMFT, LMFT ■
610 Española Way
Miami Beach, FL 33139
(305) 899-1587
Digital Contact Information:
insurance@jcsfl.org

Del Risco, Sahily, MSN, APRN ■
7950 Northwest 53rd Street
STE 237
Doral, FL 33166
(786) 464-0063
Digital Contact Information:
ducongemd@betterminds.care

and
5979 Northwest 151st Street
STE 120
Hialeah, FL 33014
(786) 536-4420
Digital Contact Information:
ducongemd@betterminds.care

and
8300 Southwest 40th Street
Miami, FL 33155
(305) 537-9635
Digital Contact Information:
ducongemd@betterminds.care

and
2450 Southwest 137th Avenue
206
Miami, FL 33175
(305) 381-5420
Digital Contact Information:
ducongemd@betterminds.care

and
2450 Southwest 137th Avenue
Suite 233
Miami, FL 33175
(305) 537-9635
Digital Contact Information:
ducongemd@betterminds.care

Del Toral-Suarez, Michelle, MSW, LCSW ■
11700 Southwest 113th Place
Miami, FL 33176
(786) 529-1199
Digital Contact Information:
lbicknell.mtca@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Del Valle, Ariel, DNP, APRN ■
790 Northwest 107th Avenue
Suite 107
Miami, FL 33172
(770) 492-2960
Digital Contact Information:
credentialing@ormbs.com

Delamater, Alan M, PHD, LP ■
1601 NW 12th Ave
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
Not Available

Delaney, Carol J, PSYD, LP ■
9425 SW 72nd St
Ste 265
Miami, FL 33173
(305) 279-8400
Digital Contact Information:
http://www.safeharbormhc.com
drdelaney2644@att.net
Other Languages Spoken by Provider or Office Staff
Spanish

Deleon, Orlando, MSSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
providerenrollment5@deeroaks.com
Other Languages Spoken by Provider or Office Staff
Spanish

Delgadillo, Noel E, MD ■
8700 N Kendall Dr
Ste 218
Miami, FL 33176
(305) 598-7001
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Delgado Alvarez, Guadalupe, MS, APRN ■
4300 Biscayne Boulevard
STE 203
Miami, FL 33137
(877) 400-0540
Digital Contact Information:
globalbehavioralhealthgroup@gmail.com

and
7951 Southwest 40th Street
suite 200-a
Miami, FL 33155
(305) 876-6960
Digital Contact Information:
globalbehavioralhealthgroup@gmail.com

Delgado, Beatriz, MSSW, LCSW ■
1550 Madruga Ave
Ste 509
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
http://www.abc4s.com
admin@abc4s.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Delgado, Elizabeth, MSW, LCSW ■
Home Based Services Only

Doral, FL 33122
(305) 591-7898
Digital Contact Information:
newhopecasemanagementservices@gmail.com

and
8180 Northwest 36th Street
Suite #307
Doral, FL 33166
(305) 591-7898
Digital Contact Information:
newhopecasemanagementservices@gmail.com

and
12150 Southwest 128th Court
222
Miami, FL 33186
(786) 701-8164
Digital Contact Information:
newhopecasemanagementservices@gmail.com

Delgado, Miguel, MED, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/payors@emorahealth.com
Other Languages Spoken by Provider or Office Staff Spanish

Delgado, Sandra M, MSN, APRN ■
1550 Madruga Avenue
Suite 406
Coral Gables, FL 33146
(210) 864-2466
Digital Contact Information:
infodesk@bregmanmedicalgroup.com
Other Languages Spoken by Provider or Office Staff Spanish

Delicio, Elizabeth, MMH, LMHC ■
7789 Northwest 48th Street
375
Doral, FL 33166
(786) 409-3800
Digital Contact Information:
zulma.alvarado@dynastymentalhealth.com

and
1840 W 49th St
Ste 517
Hialeah, FL 33012
(786) 558-8465
Digital Contact Information:
zulma.alvarado@dynastymentalhealth.com

and
1840 W 49th St
Ste 605
Hialeah, FL 33012
(305) 456-7785
Digital Contact Information:
zulma.alvarado@dynastymentalhealth.com

and
3701 Southwest 107th Avenue
Miami, FL 33165
(305) 553-8343
Digital Contact Information:
zulma.alvarado@dynastymentalhealth.com

and
8200 Northwest 41st Street
Suite 200
Miami, FL 33166
(786) 587-9432
Digital Contact Information:
zulma.alvarado@dynastymentalhealth.com

and
760 Northwest 107th Avenue
110
Miami, FL 33172
(786) 409-3800
Digital Contact Information:
zulma.alvarado@dynastymentalhealth.com
Other Languages Spoken by Provider or Office Staff Spanish

Deller, Cletus, MS, LMHC, LPCC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Delouche, Agenia, PHD, LP ■
6262 Sunset Drive
Suite 500
Miami, FL 33143
(305) 669-6503
Digital Contact Information:
payer.credentialing@nicklaushealth.org

and
3100 SW 62nd Ave
Miami, FL 33155
(305) 663-8439
Digital Contact Information:
payer.credentialing@nicklaushealth.org

Delva, Shirley, PHD, LP ■
2020 Northeast 163rd Street
300f
North Miami Beach, FL 33162
(305) 209-1014
Digital Contact Information:
http://behavioralsolutionsmiami.com
sdelva92@gmail.com
Other Languages Spoken by Provider or Office Staff English, Creole, Haitian

Demerritt, Magda, MSW, LCSW ■
FL
(786) 906-8656
Digital Contact Information:
referrals@wonderfulcounselorllc.com
Other Languages Spoken by Provider or Office Staff Creole

Denis, Carl Ivan, MSN, APRN ■
1150 Northeast 125th Street
North Miami, FL 33161
(305) 403-0654
Digital Contact Information:
llong@dgcmhc.org

Denis, Denisleydis, MSW, LCSW ■
7925 Northwest 12th Street
118
Doral, FL 33126
(786) 536-2143
Digital Contact Information:
http://psrmindandbodyrehab.com
genesisconsultingservices39@gmail.com

and
4090 Northwest 97th Avenue
300
Doral, FL 33178
(786) 332-4705
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
705 East 8th Avenue
201
Hialeah, FL 33010
(786) 655-0774
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
15600 Northwest 67th Avenue
204 208
Hialeah, FL 33014
(786) 542-6127
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
5911 Northwest 173rd Drive
6 6
Hialeah, FL 33015
(786) 380-9229
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
1800 Southwest 27th Avenue
505
Miami, FL 33145
(786) 542-9914
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
1460 Northwest 107th Avenue
41n
Miami, FL 33172
(305) 640-8342
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
13255 Southwest 137th Avenue
ste 217
Miami, FL 33186
(305) 502-3760
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
13701 Southwest 88th Street
306
Miami, FL 33186
(786) 842-1489
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
11285 Southwest 211 Street
207
Miami, FL 33189
(786) 217-8510
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
9999 Northeast 2nd Avenue
203
Miami Shores, FL 33138
(786) 580-5131
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Denis, Vyonka A, MSW, LCSW ■
8390 West Flagler Street
220
Miami, FL 33144
(305) 402-4835
Digital Contact Information:
http://newmooncmhc.com
nicanoragent83@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Denson-Strong, Nikki, MSN, APRN ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
carolynm@embracingbehavioralhealth.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
carolynm@embracingbehavioralhealth.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
carolynm@embracingbehavioralhealth.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
carolynm@embracingbehavioralhealth.com

Derico, Ryan, MC, LMHC ■
14040 Biscayne Boulevard
103 103
North Miami Beach, FL 33181
(786) 309-3442
Digital Contact Information:
http://hwcounseling.net
ryand@hwcounseling.net

Derinor, Mara-Joanne S, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@mindfulhc.com

Deris Atassi, Sandra, PSYD, LP ■
3100 SW 62nd Ave
Miami, FL 33155
(305) 669-6503
Digital Contact Information:
payer.credentialing@nicklaushealth.org

Derius, Francesca, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
hello@joinblossomhealth.com

Desantis, Danielle L, PSYD, LMFT, LP ■
FL
(401) 371-0223
Digital Contact Information:
http://www.drdanielledesantis.com
drdanielledesantis@gmail.com

Desantis, Tracey, MSW, LCSW, LICSW, LMSW ■
FL
(508) 202-1011
Digital Contact Information:
https://www.sevenstarling.com
support@sevenstarling.com

Desarmes, Michelle, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
finn.garrison@bellmedex.com

Deshmukh, Parikshit, MD ■
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
Not Available

Desilva, Caleen, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Desir, Fallon, PSYD, CP, LP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
117 Northeast 1st Avenue
Miami, FL 33132

(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Desire, Fabiola, MSSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
credentialing@joinuplift.co
Other Languages Spoken by Provider or Office Staff Creole

Desire, Junie, MSN, APRN ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Spanish

Desousces, Sergelyne, MSN, APRN ■
2820 Northeast 214th Street
Ste 801
Aventura, FL 33180
(256) 500-8688
Digital Contact Information:
blossom@withassured.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(503) 427-8094
Digital Contact Information:
blossom@withassured.com

Desroches, Moramed, MSN, APRN, CRNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com
Other Languages Spoken by Provider or Office Staff English, Haitian Creole, French, Spanish

Devale, Jeri, PSYD, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
fbmadmin@fbm-fl.com

Dewashrayee, Krishna M, MSN, PMHCNS ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
info@riviamind.com

Dey, Joel P, MD ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
credentialing@yacoubmd.com

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
credentialing@yacoubmd.com

Deyoe, Jenifer, MSN, APRN ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff English, Haitian Creole, Haitian, Spanish

DiLuigi, Argentino A, MD ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
https://www.compasshealthsystems.com
intake@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
https://www.compasshealthsystems.com
intake@compass.md
Other Languages Spoken by Provider or Office Staff Spanish

Diarra, Sory I, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
in-credentialing@lifestance.com

Diaz, Alexis, MS, LMHC ■
1550 Madruga Ave
Ste 509
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
http://www.abc4s.com
alex.diaz@abc4s.com
Other Languages Spoken by Provider or Office Staff Spanish

Diaz, Arlene E, MS, LMHC ■
1360 South Dixie Highway
355
Coral Gables, FL 33146
(305) 342-9761
Digital Contact Information:
arly07@aol.com
Other Languages Spoken by Provider or Office Staff Spanish

Diaz, David, MS, LMFT ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
http://www.behavioralaid.com
info@behavioralaid.com
Other Languages Spoken by Provider or Office Staff Spanish

Diaz, Elisa, PSYD, LP ■
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-2301
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
Miami, FL 33136
(305) 355-7000
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
1404A
Miami, FL 33136
(305) 355-7777
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
Fl 14
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
Not Available

Diaz, Ibrahim, MSN, APRN ■
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
kenia.rodriguez@ffmhs.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com

Diaz, Laura, MN, APRN ■
14722 Southwest 56th Street
Miami, FL 33185
(305) 456-0572
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
13190 Southwest 134th Street
106
Miami, FL 33186
(786) 209-0023
Digital Contact Information:
genesisconsultingservices39@gmail.com

and
17325 Northwest 27th Avenue
Suite 105
Miami Gardens, FL 33056
(786) 819-0209
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Diaz, Lazaro, MSW, LCSW ■
313 Palm Avenue
Hialeah, FL 33010
(786) 470-9144
Digital Contact Information:
jxross12@gmail.com

and
3420 West 84th Street
104
Hialeah, FL 33018
(786) 409-3338
Digital Contact Information:
jxross12@gmail.com

and
317 North Krome Avenue
Homestead, FL 33030
(305) 257-8065
Digital Contact Information:
jxross12@gmail.com

and
3080 W Flagler St
Miami, FL 33135
(786) 547-2832
Digital Contact Information:
jxross12@gmail.com

and
8360 West Flagler Street
201
Miami, FL 33144
(786) 870-5487
Digital Contact Information:
jxross12@gmail.com

and
10021 Southwest 40th Street
Miami, FL 33165
(786) 464-0673
Digital Contact Information:
jxross12@gmail.com

and
10300 Southwest 72nd Street
414
Miami, FL 33173
(813) 468-7905
Digital Contact Information:
jxross12@gmail.com

and
9600 Southwest 8th Street
47
Miami, FL 33174
(305) 456-9035
Digital Contact Information:
jxross12@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Diaz, Michael, MSN, NP ■
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
credentialing@essenmed.com

Diaz, Miguel, MSN, ARNP ■
8323 Northwest 12th Street
108
Doral, FL 33126
(305) 400-8511
Digital Contact Information:
http://www.cbhwestcoast.com
communitybehavioralh@gmail.com

Diaz Palmero, Yuranis, MPSY, LMHC ■
3785 Northwest 82nd Avenue
307
Doral, FL 33166
(305) 266-2949
Digital Contact Information:
info@oasismentalhealthcenter.com

and
Northwest 92nd Avenue
Doral, FL 33172
(305) 266-2949
Digital Contact Information:
info@oasismentalhealthcenter.com

and
5901 Northwest 183rd Street
310
Hialeah, FL 33015
(786) 418-9790
Digital Contact Information:
https://oasismentalhealthcenter.com
info@oasismentalhealthcenter.com

and
1250 Southwest 27th Avenue
Suite 506
Miami, FL 33135
(786) 536-9278
Digital Contact Information:
info@oasismentalhealthcenter.com

and
330 Southwest 27th Avenue
STE 609
Miami, FL 33135
(786) 743-0801
Digital Contact Information:
info@oasismentalhealthcenter.com

and
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
info@oasismentalhealthcenter.com

and
9125 SW 87th Ave
Miami, FL 33176
(305) 735-3919
Digital Contact Information:
info@oasismentalhealthcenter.com
Other Languages Spoken by Provider or Office Staff Spanish

Diaz Rodriguez, Tahnee, MSN, APRN ■
13055 Southwest 42nd Street
205
Miami, FL 33175
(786) 417-9395
Digital Contact Information:
https://onemorelight.org/
omlhspsychiatry@gmail.com

and
FL
(786) 417-9395
Digital Contact Information:
https://onemorelight.org/
omlhspsychiatry@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Diaz, Rosmery, MSN, APRN ■
8950 Southwest 74th Court
1911
Miami, FL 33156
(786) 637-0907
Digital Contact Information:
http://southfloridapsychiatry.co
info@rushcredentialing.com

Diaz Vivo, Yandi, MSN, APRN ■
8332 Southwest 8th Street
Miami, FL 33144
(305) 262-8282
Digital Contact Information:
garciahealthbilling@gmail.com

and
261 Westward Drive
suite 108-109
Miami, FL 33166
(305) 200-5176
Digital Contact Information:
garciahealthbilling@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Diaz, Yiranda, MN, APRN ■

4601 Ponce De Leon Blvd
Ste 100
Coral Gables, FL 33146
(786) 758-3875
Digital Contact Information:
http://www.greenbrooktms.com
greenbrook@sutherlandglobal.com

Diaz-Amaran, Yosvel, MSW, LCSW ■

3901 Northwest 79th Avenue
STE 120
Doral, FL 33166
(786) 310-4480
Digital Contact Information:
yosveld@yahoo.es

and
640 W Palm Dr
Ste D
Homestead, FL 33034
(786) 601-7757
Digital Contact Information:
yosveld@yahoo.es

and
640 West Palm Drive
c
Homestead, FL 33034
(305) 793-4701
Digital Contact Information:
yosveld@yahoo.es

and
1150 Northwest 72nd Avenue
220
Miami, FL 33126
(786) 558-4899
Digital Contact Information:
yosveld@yahoo.es

and
1150 Northwest 72nd Avenue
350
Miami, FL 33126
(786) 228-7801
Digital Contact Information:
yosveld@yahoo.es

and
1150 Northwest 72nd Avenue
540
Miami, FL 33126
(786) 228-7801
Digital Contact Information:
yosveld@yahoo.es

and
7805 Coral Way
Ste 131
Miami, FL 33155
(786) 307-2066
Digital Contact Information:
yosveld@yahoo.es

and
7811 Coral Way
Ste 130
Miami, FL 33155
(786) 307-2066
Digital Contact Information:
yosveld@yahoo.es

and
280 Westward Drive
Miami Springs, FL 33166
(786) 391-0744
Digital Contact Information:
http://www.rosswellnesscenters.com
yosveld@yahoo.es

and
Home Based Services Only
Naranja, FL 33032
(786) 953-3599
Digital Contact Information:
yosveld@yahoo.es
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz-Diaz, Veronica M, PHD, CP ■

2500 Northwest 107th Avenue
Suite 102
Doral, FL 33172
(786) 605-9400
Digital Contact Information:
fl-credentialing@lifestance.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diaz-Llorens, Rigoberto B, MSN, APRNPMH ■

2828 Coral Way
Ste 460
Coral Gables, FL 33145
(305) 642-5255
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net

and
8765 Northwest 110th Street
Hialeah Gardens, FL 33018
(786) 389-2691
Digital Contact Information:
ghines@hinesandassociates.net

and
12550 Biscayne Boulevard
STE 306
North Miami, FL 33181
(305) 642-5255
Digital Contact Information:
http://www.hinesandassociates.net
ghines@hinesandassociates.net

Diaz-Paniagua, Panny, MED, LMHC ■

7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
credentialing@compass.md

and
9900 Southwest 107th Avenue
STE 101
Miami, FL 33176
(305) 964-5381
Digital Contact Information:
credentialing@compass.md

and
Home Based Services Only
Miami Lakes, FL 33016
(561) 764-7093
Digital Contact Information:
credentialing@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com
credentialing@compass.md
Other Languages Spoken by Provider or Office Staff
Spanish

Dieguez, Ivette, MSN, APRN ■

3901 Northwest 79th Avenue
250
Doral, FL 33166
(239) 342-6516
Digital Contact Information:
info@laluzmentalhealth.com

and
12700 Southwest 128th Street
STE 108
Miami, FL 33186
(786) 732-0865
Digital Contact Information:
info@laluzmentalhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Dieguez, Nora, PHD, LP ■

385 Alhambra Circle
suite c
Coral Gables, FL 33134
(305) 445-9554
Digital Contact Information:
http://wearemindtherapy.com
info@mindpromanagement.com
Other Languages Spoken by Provider or Office Staff
Spanish

Dieppa, Jessica B, MS, LMHC ●

10815 Southwest 145th Place
Miami, FL 33186
(305) 989-0493
Digital Contact Information:
http://www.guidedpathstherapy.com
jessica.dieppa22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Dieppa, Renan, MS, LMHC ■

8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-2822
Digital Contact Information:
http://www.mgmbehavioral.com
mgmbehavioral@gmail.com

and
13301 Southwest 132nd Avenue
209 209
Miami, FL 33186
(786) 713-5553
Digital Contact Information:
mgmbehavioral@gmail.com

Dietsch, Taimara, MS, LMHC ■

7745 Northwest 146th Street
F1
Miami Lakes, FL 33016
(786) 633-5992
Digital Contact Information:
vidamentalhealth@gmail.com

Dieujuste, Jakiya, MSW, LCSW ■

801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
registration@happierliving.com

and
FL
(888) 684-2779
Digital Contact Information:
http://happierliving.com
registration@happierliving.com

Diez, Aileen, MMH, LMHC ■

1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(305) 439-4434
Digital Contact Information:
aileen.diez10@gmail.com

Diez De Sollano, Carina, MSW, LCSW ■

2100 Coral Way
Coral Gables, FL 33145
(786) 320-1677
Digital Contact Information:
http://www.ydzm.org
rossconsultingandcredentialing@gmail.com

and
7925 Northwest 12th Street
225
Doral, FL 33126
(305) 456-4378
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
3750 West 16th Avenue
208 210
Hialeah, FL 33012
(305) 301-3283
Digital Contact Information:
https://www.serenitytms.com/
rossconsultingandcredentialing@gmail.com

and
2100 West 76th Street
201 206
Hialeah, FL 33016
(786) 353-2324
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
5590 W 20th Ave
Ste 404
Hialeah, FL 33016
(305) 826-9330
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
FL
(305) 338-6219
Digital Contact Information:
rossconsultingandcredentialing@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Diggs, Teanna, MSW, LCSW ●

1065 Southwest 8th Street
1136
Miami, FL 33130
(703) 772-5097
Digital Contact Information:
https://www.postpartumwell.com
info@postpartumwell.com

and
FL
(703) 772-5097
Digital Contact Information:
https://www.postpartumwell.com
info@postpartumwell.com

Dillingham, Brenda, MS, LMFT ■

801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
dr.brendawdillinghamlmft@gmail.com

and
FL
(352) 340-5321
Digital Contact Information:
dr.brendawdillinghamlmft@gmail.com

Dimitrjevitch, Sasha, MS, LMHC ■

11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
billing@peaktherapycenter.com

Direny, Richelle A, MSW, LCSW, LISW, LMSW ■

2163 West 73rd Street
4
Hialeah, FL 33016
(954) 716-1718
Digital Contact Information:
sw@mswservices.org

Dixon, Passion, MA, LMHC ■

FL
(305) 902-6347
Digital Contact Information:
ortiz4professionalservicesllc@gmail.com

Dixon, Yvette, MA, LMHC ■

2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
lifematterscounselingcenter@gmail.com

Dobano Amador, Oscar A, MSN, APRN ■

10031 Southwest 40th Street
Miami, FL 33165
(786) 442-9628
Digital Contact Information:
admin@medicalwellnesscent.com

and
3621 SW 107th Ave
Miami, FL 33165
(786) 534-8366
Digital Contact Information:
http://serenitycommunitycenter.com
admin@medicalwellnesscent.com

Dobie, Patricia A, MS, LCMHC, LCPC, LMHC, LPC ■

2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
appointments@meetmarvin.com

Dobkowski, Jonathan, PSYD, LP ■

300 West 41st Street
223
Miami Beach, FL 33140
(347) 693-4975
Digital Contact Information:
ashleighmuhlrad@gmail.com

Docteur, Judeline, MSN, APRN ■

FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
start@bebravehealth.com

Dogan, Louise J, MSW, LCSW ■

901 E 10th Ave
Ste 39
Hialeah, FL 33010
(305) 637-6400
Digital Contact Information:
onehuntwenfive@yahoo.com

and
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:

https://www.jtchs.org/
onehuntwenfive@yahoo.com

and
1100 NW 71st St
Miami, FL 33150
(305) 637-6400
Digital Contact Information:
onehuntwenfive@yahoo.com

and
1190 NW 95th St
Ste 100
Miami, FL 33150
(305) 637-6400
Digital Contact Information:
onehuntwenfive@yahoo.com

and
20612 Northwest 27th Avenue
Miami Gardens, FL 33056
(305) 637-6400
Digital Contact Information:
onehuntwenfive@yahoo.com

and
490 Opa Locka Blvd
100
Opa Locka, FL 33054
(646) 262-1389
Digital Contact Information:
onehuntwenfive@yahoo.com

Doiron, Victoria E, MA, LMHC ■
1951 NW 7th Ave
Fl 3
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Dole, Kathryn, PSYD, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Domenech, Alvaro, MSSW, LCSW ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
gina@lotuscounseling.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 644-6024
Digital Contact Information:
gina@lotuscounseling.com

and
2141 SW 1st St
Ste 103
Miami, FL 33135
(305) 644-6024
Digital Contact Information:
gina@lotuscounseling.com

and
FL
(786) 369-9254
Digital Contact Information:
http://deepwaterstherapeuticservices.com
gina@lotuscounseling.com

Dominguez, Arturo, MMH, LMHC ■
FL
(305) 967-9201
(786) 233-6127
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
8551 Northwest South River Drive
Medley, FL 33166
(305) 603-9344
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
8660 West Flagler Street
209
Miami, FL 33144
(305) 603-9985
Digital Contact Information:
http://www.newhealthrehab.com
rossconsultingandcredentialing@gmail.com

and
15715 South Dixie Highway
226
Miami, FL 33157
(305) 849-4186
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
10300 Sunset Drive
Suite 310
Miami, FL 33173
(786) 238-7063
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
5600 Southwest 135th Avenue
STE 216
Miami, FL 33183
(786) 536-6196
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

Dominguez, Ashley, MS, LMHC ■
FL
(305) 497-4998
Digital Contact Information:
https://thecounselorcare.com
ashley@thecounselorcare.com
Other Languages Spoken by Provider or Office Staff
Spanish

Dominguez, Doris M, MSW, LCSW ■
9010 SW 137th Ave
Ste 236
Miami, FL 33186
(305) 772-9681
Digital Contact Information:
doris@dmdtherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Dominguez, Kathryn, MS, LMHC ■
1 Alhambra Plaza
PH # 1451
Miami, FL 33134
(510) 926-6677
Digital Contact Information:
http://www.foresightmentalhealth.com
kathryndominguez.lmhc@gmail.com

Dominguez, Rebecca A, MS, LMHC ■
14645 Northwest 77th Avenue
101
Miami Lakes, FL 33014
(833) 769-3524
Digital Contact Information:
http://lifestance.com
fl-credentialing@lifestance.com

Dominguez-Baute, Ileana D, MSN, PMHNP ■
14707 South Dixie Highway
Ste 201
Miami, FL 33176
(786) 250-3475
Digital Contact Information:
http://www.psychiatryandbeyond.com
psychiatry.beyond@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Dominique-Sturrup, Joan, MSW, LCSW ■
FL
(508) 202-1011
Digital Contact Information:
Not Available

and
1400 Northeast Miami Gardens Drive
103
Miami, FL 33179
(954) 265-6966
Digital Contact Information:
http://infinitewaysnetwork.org

Don, Arturo, MC, LMHC ■
17670 Northwest 78th Avenue
STE 113
Hialeah, FL 33015
(716) 558-4565
Digital Contact Information:
sseastcoast22@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 380-2734
Digital Contact Information:
sseastcoast22@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Donado Giovannetti, Carlos A, MPSY, LMHC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
http://www.behavioralaid.com
info@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
info@behavioralaid.com
Other Languages Spoken by Provider or Office Staff
Spanish

Donaldson, Kaeron, MSW, LCSW ■
2124 Northeast 123rd Street
STE 220
North Miami, FL 33181
(786) 828-0947
Digital Contact Information:
https://blossomfl.com
info@blossomfl.com
Other Languages Spoken by Provider or Office Staff
Hebrew, Spanish

Donghia Coutinho, Beatriz H, MD ■
800 SW 108th Ave
100
Miami, FL 33174
(786) 595-8040
Digital Contact Information:
managedcarecredentialing@baptisthealth.netth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Doolittle, Mary, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@medpsych.net

Doran, Brianna, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
help@joinuplift.co

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Dorfman, Urszula, MSN, APRN ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole, Spanish

Dorr, Angela M, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff English

Dorrough-Ewing, Elisa W, MSW, LCSW, LICSW ■
FL
(305) 902-6347
(239) 652-0260
Digital Contact Information:
https://bebravehealth.com/
roxanne.jubithana@aspirehp.org
Other Languages Spoken by Provider or Office Staff English

Dougery, Jonelle K, MS, LMHC ■
9010 SW 137th Ave
Ste 212
Miami, FL 33186
(305) 710-2599
Digital Contact Information:
jonelle.dougery@gmail.com

and
9010 Southwest 137th Avenue
Ste 216
Miami, FL 33186
(305) 710-2599
Digital Contact Information:
jonelle.dougery@gmail.com

Douglas, Katherine A, MS, LMFT ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
http://www.behavioralaid.com
info@behavioralaid.com

Douglas, Sharayne, MS, LMFT ■
1601 NW 12th Ave
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
Not Available

and
1601 NW 12th Ave
4046
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
Not Available

Dowd, David, MSW, LCSW ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
arscredentialing@advancedrecoverysystems.com
Other Languages Spoken by Provider or Office Staff
Spanish

Dowell, Lavern, MSN, APRN ■
848 Brickell Avenue
5
Miami, FL 33131
(904) 765-0665
Digital Contact Information:
egood@ahawc.org

Downes, Eric C, MD ■
2801 Northeast 213th Street
Suite 1215
Aventura, FL 33180
(833) 769-3524
Digital Contact Information:
deubanks@myflbh.com

Downs, Darrell L, PHD, LP ■
5825 Sunset Drive
STE 205
South Miami, FL 33143
(305) 663-0704
Digital Contact Information:
dldphd@gmail.com

Downum, Jana, LMHC, LPC, MA, PHD ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Doyley-Green, Natalie S, MSN, APRN, NP ■

2820 Northeast 214th Street
Aventura, FL 33180
(256) 500-8688
Digital Contact Information:
hello@joinblossomhealth.com

and
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
http://happierliving.com
hello@joinblossomhealth.com

and
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com

and
255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com

and
370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://happierliving.com
hello@joinblossomhealth.com

and
333 Southeast 2nd Avenue
Suite #2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
hello@joinblossomhealth.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
hello@joinblossomhealth.com

and
3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
http://happierliving.com
hello@joinblossomhealth.com

and
350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com

and
429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com

and
323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
hello@joinblossomhealth.com

Drago, Prince R, MMH, LMHC ■
2780 Southwest 37th Avenue
Suite 206
Miami, FL 33133
(786) 351-0836
Digital Contact Information:
hc@healthyconnectionscmhc.org

Drake, Maureen Z, MC, LMHC ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
diana.casciato@outlook.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
http://www.lotuscounseling.com
diana.casciato@outlook.com

Dreher, Faatimah, MS, LMHC ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
acc@advancedclientcare.org

Drouet-Tutiven, Karin, MSN, APRN ■
11440 N Kendall Dr
Ste 208
Miami, FL 33176
(305) 898-0849
Digital Contact Information:
callisiabilling@gmail.com

and
FL
(305) 898-0849
Digital Contact Information:
callisiabilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Duan Low, Yi, MSN, NP, PMHNP ■
FL
(305) 902-6347
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Chinese, English

Duarte, Eliette, MS, LMHC ■
8785 SW 165th Ave
Ste 103
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
yamile@behavioralfamilysolutions.com

and
8785 SW 165th Ave
Ste 104
Miami, FL 33193
(786) 206-6500
Digital Contact Information:
yamile@behavioralfamilysolutions.com

Duarte, Lisette, MSN, APRN ■
22133 South Dixie Highway
Miami, FL 33170
(786) 504-3119
Digital Contact Information:
https://fpmflorida.org/
admin@fpmagency.com

Duba, William J, MS, LMHC ■
1666 79th Street Causeway
211
North Bay Village, FL 33141
(305) 244-0090
Digital Contact Information:
billduba@gmail.com

and
7525 East Treasure Drive
1016 1016
North Bay Village, FL 33141
(305) 244-0090
Digital Contact Information:
billduba@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Dube, Alok, MD ■
1710 Northwest 7th Street
5
Miami, FL 33125
(239) 250-9411
Digital Contact Information:
infinitywellnessgroup21@gmail.com

and
1495 NW 54th St
Miami, FL 33142
(305) 205-4328
Digital Contact Information:
infinitywellnessgroup21@gmail.com

and
760 Northwest 107th Avenue
208
Miami, FL 33172
(786) 458-1665
Digital Contact Information:
infinitywellnessgroup21@gmail.com

and
9350 SW 72nd St
Ste 116
Miami, FL 33173
(305) 992-9768
Digital Contact Information:
infinitywellnessgroup21@gmail.com

and
9125 SW 87th Ave
Miami, FL 33176
(305) 735-3919
Digital Contact Information:
infinitywellnessgroup21@gmail.com

and
13701 Southwest 88th Street
306
Miami, FL 33186
(954) 217-2444
Digital Contact Information:
infinitywellnessgroup21@gmail.com

Dubner, Rebecca, LP, PSYD ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(410) 538-2574
Digital Contact Information:
Not Available

Dubose, Joseph W, MSN, APRN ■
1951 NW 7th Ave
Fl 3
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
joerocks70@gmail.com

and
1951 Northwest 7th Avenue
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
joerocks70@gmail.com

and
FL
(305) 902-6347
Digital Contact Information:
joerocks70@gmail.com

Ducey, Rhiannon R, PHD, LP ■
FL
(832) 301-9992
Digital Contact Information:
http://www.adgcares.com
help@prosperhealth.io

Duconge Munarriz, Yeisell, MD ■
8300 Southwest 40th Street
Miami, FL 33155
(305) 537-9635
Digital Contact Information:
ducongemd@betterminds.care
Other Languages Spoken by Provider or Office Staff
Spanish

Ductan, Patricia, MA, LCMHC, LMHC, LPC ■
FL
(508) 202-1011
Digital Contact Information:
http://www.newperspectivesmhc.org
support@sevenstarling.com

Dudley, Brent T, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Duenas, Barbara, MS, LMFT ■
FL
(786) 671-4939
Digital Contact Information:
http://www.duenasmentalhealth.com
barbara@duenasmentalhealth.com

Dufresne, Rachel, MSW, LCSW ■
FL
(786) 505-4485
Digital Contact Information:
rdufresnelcsw@gmail.com

Dumenigo, Bianca, MSN, APRN ■
7951 Southwest 40th Street
suite 200-a
Miami, FL 33155
(786) 244-9911
Digital Contact Information:
global@medviz.ai

Dumenigo, George, MSW, LCSW ■
1150 NW 14th St
Ste 609
Miami, FL 33136
(305) 243-6732
Digital Contact Information:
Not Available

Dumenigo, Natasha, PSYD, LP ■
8850 NW 122nd St
Hialeah, FL 33018
(786) 607-8924
Digital Contact Information:
Not Available

and
2525 SW 75th Ave
Miami, FL 33155
(786) 607-8924
Digital Contact Information:
Not Available

Dumenigo, Rhaisa A, MD ■
78 SW 13th Ave
Ste 201
Miami, FL 33135
(305) 644-5600
Digital Contact Information:
radumenigomd@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Dumond, Ena, MSN, APRN ■
901 E 10th Ave
Ste 39
Hialeah, FL 33010
(305) 637-6400
Digital Contact Information:
help@joinuplift.co

and
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
help@joinuplift.co

and
20612 Northwest 27th Avenue
Miami Gardens, FL 33056
(305) 637-6400
Digital Contact Information:
help@joinuplift.co

Dunn, Amie, MC, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com

Dupera, Kelvin, MSN, APRN, CRNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
billing@healthhavenllc.org

Duran, Gladys A, MSW, LCSW ●
FL
(305) 321-9998
Digital Contact Information:
http://pivotalbeginnings.com
gduran@pivotalbeginnings.com
Other Languages Spoken by Provider or Office Staff
Spanish

Durand Marticorena, Dante M, MD ■
1295 NW 14th St
Ste E
Miami, FL 33125
(305) 689-1352
Digital Contact Information:
rwinokur@med.miami.edu

and
1120 NW 14th St
1477
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
rwinokur@med.miami.edu

and
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-6400
Digital Contact Information:
rwinokur@med.miami.edu

and
1611 NW 12th Ave
Miami, FL 33136
(305) 585-1111
Digital Contact Information:
rwinokur@med.miami.edu

and
1695 NW 9th Ave
1404A
Miami, FL 33136
(305) 355-7147
Digital Contact Information:
rwinokur@med.miami.edu

and
1695 NW 9th Ave
3308
Miami, FL 33136
(305) 355-7000
Digital Contact Information:
rwinokur@med.miami.edu

and
1695 NW 9th Ave
Fl 3
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
rwinokur@med.miami.edu
Other Languages Spoken by Provider or Office Staff Spanish

Durand, Tekisha, MSW, LCSW ■
FL
(305) 833-3203
Digital Contact Information:
https://headway.co/providers/tekisha-durand
yourswagteam@gmail.com
Other Languages Spoken by Provider or Office Staff Creole

Durham, Ellen K, PSYD, LP ■
7600 South Red Road
200
South Miami, FL 33143
(786) 508-2207
Digital Contact Information:
http://www.lunapsychology.com
ylunad@lunapsychology.com

Durkin, Michelle L, MA, LCPC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
mdurkin@riseabovecs.com

Dutton, Amber C, MSW, LCSW ■
FL
(415) 424-4266
Digital Contact Information:
credentialing@hazel.co

Duvalier, Leanne J, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
ljdtherapy@ljdtherapy.onmicrosoft.com

Duvall, Charsie, MS, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
Not Available

Duverseau, Ermiole, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Duvert, Nathaniel, MMFT, LMFT ■
1065 Southwest 8th Street
1287
Miami, FL 33130
(617) 333-8740
Digital Contact Information:
http://www.joinhopscotch.com
nduvert2005@yahoo.com
Other Languages Spoken by Provider or Office Staff Creole

Dysert, Morgan A, MSN, APRN ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
info@riviamind.com

Eagle, Kandace A, MSN, ARNP ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
http://www.compasshealthsystem.com
credentialing@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystem.com
credentialing@compass.md

Earley, Christina, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@daybreakhealth.com
Other Languages Spoken by Provider or Office Staff English

Ebert, Linda C, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
referrals@chrysalishealth.com

Ebert, Maryellen, EDS, LMHC ■
5001 SW 74th Ct
Ste 104
Miami, FL 33155
(305) 663-0013
Digital Contact Information:
leleebert@hotmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Echanove, Ainara, PSYD, LP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
bill@lalunacenter.com

and
FL
(800) 567-5433
Digital Contact Information:
https://totallife.com/
bill@lalunacenter.com
Other Languages Spoken by Provider or Office Staff English

Echemendia Lozano, Nasihely, MSN, APRNPMH ■
5881 Northwest 151st Street
Suite: 103
Miami Lakes, FL 33014
(786) 703-4154
Digital Contact Information:
lozanopsychnp@sanchez-md.com

and
9725 South Dixie Highway
Pinecrest, FL 33156
(305) 209-0144
Digital Contact Information:
lozanopsychnp@sanchez-md.com

Echemendia, Maikel, MSN, APRN ■
1111 Northwest 22nd Avenue
Miami, FL 33125
(305) 530-8164
Digital Contact Information:
jgonzalez@fdgmso.com

and
10371 Southwest 60th Street
Miami, FL 33173
(305) 799-7676
Digital Contact Information:
jgonzalez@fdgmso.com
Other Languages Spoken by Provider or Office Staff Spanish

Echenique, Maria I, PSYD, LP ■
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-2301
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
2423
Miami, FL 33136
(305) 355-8255
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff Spanish

Echizarraga, Carmen J, MSN, APRN ■
2424 Southwest 137th Avenue
Miami, FL 331756311
(786) 655-0831
Digital Contact Information:
http://www.miamihealthmedicalcenter.us
miamihealthmental@gmail.com

Eckard, Sarah, MS, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Edmonson, Diana, DNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Edouard, Wisline, MSW, LCSW ■
66 W Flagler St
900
Miami, FL 33130
(954) 543-0450
Digital Contact Information:
credentialing@joinuplift.co
Other Languages Spoken by Provider or Office Staff Haitian Creole

Edu, Samantha, MS, LPC ■
FL
(508) 202-1011
Digital Contact Information:
support@sevenstarling.com

Edwards, Chavekka, MC, LMHC ■
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
http://www.btpmentalhealth.com
info@btpmentalhealth.com

Edwards, Madeline, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Edwards, Raina, MS, LMHC, LPC ■
FL
(202) 410-5972
(786) 273-7736
Digital Contact Information:
info@strengthsandsolutions.com

Edwards, Rebecca, MSW, LCSW, LICSW ■
FL
(508) 202-1011
Digital Contact Information:
http://www.rebeccasolomonlcsw.com
mcables@chcrr.org

Edwards, Shanica, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
comptherapeutic@gmail.com

Egan, Arlana, MSN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
credentialing@riviamind.com

Ehrentreu, Dana, MSW, LCSW ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
nj-patientaccess@harmonybaywellness.com

Eiriz, Jessica, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Eisenstein, Irene M, MPSY, LMHC ■
3850 Mystic Pointe Dr
Miami, FL 33180
(305) 525-6306
Digital Contact Information:
http://psicoterapiaespanol.com
ireneeisenstein@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Eklund, Melissa, MMH, LMHC ■
8200 Northwest 41st Street
Suite 200
Miami, FL 33166
(754) 202-2565
Digital Contact Information:
https://savinglives.clientsecure.me/
melissa@savinglivescounselingcenter.com

Elder, Carol, MS, LMFT ■
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(561) 609-2996
Digital Contact Information:
http://www.pandatherapycircle.com/
pandatherapycircle@gmail.com

Elder, Michelle D, MSW, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app

insurance@wellnite.com

Elias, Rachela, MD ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
nwittenborn@riviamind.com

Elkin, Belkys, PSYD, LP ■
2655 South Le Jeune Road
ph 2 # a-10
Coral Gables, FL 33134
(305) 928-1466
Digital Contact Information:
http://www.doctorelkin.com
belkysandy@msn.com
Other Languages Spoken by Provider or Office Staff Spanish

Elliott, Avedon, MS, LPC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
hello@talkiatry.com
Other Languages Spoken by Provider or Office Staff English

Ellis, Andrea, MSN, APN, CNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@cerebral.com

Elma, Linda S, MSW, LCSW ■
11601 Biscayne Boulevard
303
Miami, FL 33181
(954) 278-0487
Digital Contact Information:
http://lsmsmentalhealth.com
info@lindaelmalcsw.com
Other Languages Spoken by Provider or Office Staff Creole

Elowe, Rebecca, MA, LMHC ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
info@riviamind.com

Emerson, Amanda S, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
amanda@alignhw.net

Emmerich, Eva-Mae, MMFT, LMFT ■
804 Northwest 21st Terrace
Suite 203
Miami, FL 33127
(612) 568-0868
Digital Contact Information:
https://www.heartandsoulwellnessmn.com/evaemmerich@heartandsoulwellnessmn.com

and
FL
(612) 568-0868
Digital Contact Information:
https://www.heartandsoulwellnessmn.com/evaemmerich@heartandsoulwellnessmn.com

Enamorado, Lizaida, MSN, APNP, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
info@kaiwellhealth.com

and
111 Northeast 1st Street
FL 8
Miami, FL 33132
(602) 562-7383
Digital Contact Information:
info@kaiwellhealth.com

and
15321 South Dixie Highway
Suite 203
Miami, FL 33157
(786) 707-4934
Digital Contact Information:
info@kaiwellhealth.com

and
12985 Southwest 130th Court
102-2
Miami, FL 33186
(786) 707-4934
Digital Contact Information:
http://www.kaiwellhealth.com
info@kaiwellhealth.com

and
FL
(602) 562-7383
(305) 707-4394
(786) 707-4934
Digital Contact Information:
http://www.kaiwellhealth.com
info@kaiwellhealth.com
Other Languages Spoken by Provider or Office Staff Spanish

Enamorado, Yanko, MD ■
4302 Alton Rd
Ste 820
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com

and
4304 Alton Rd
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com

and
4304 Alton Rd
Fl 1
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com

Encio, Reina, MS, LMHC ■
12360 Southwest 132nd Court
Unit 113
Miami, FL 33186
(305) 588-4143
Digital Contact Information:
http://www.lifehealthsystem.org
jenny.silverio@lifehealthsystem.org
Other Languages Spoken by Provider or Office Staff Spanish

Enea, Cassie, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

England, Kelly L, DNP, APN, APRN, APRNCNP, CNP, NP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Eppes, Alexis J, MSN, ARNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
apc123@bellsouth.net

Ergin, Bahattin, MSN, APRN ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.co

and
203 Poinciana Island Drive
Sunny Isles Beach, FL 33160
(410) 236-0305
Digital Contact Information:
credentialing@wellnite.co

Ernst, Nicole, MA, LMHC ■
9010 SW 137th Ave
Miami, FL 33186
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
ebcg-support@findoctave.com

Ervin, Tracy, MSN, APRN ■
4300 Biscayne Boulevard
STE 203
Miami, FL 33137
(877) 400-0540
Digital Contact Information:
https://forallmentalhealth.com
aubrey@drcred.com

Esang, Michael, MD ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
providerscred@bridgesstreetmedpractice.com

Escalona, Ana, MMH, LMHC ■
10700 Caribbean Boulevard
Suite 101
Cutler Bay, FL 33189
(305) 777-3883
Digital Contact Information:
escalonalmhc@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Eshgh, Cameron, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Eslait, Maria M, MPSY, LMHC ■
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
info@acaciahealthgrp.com

and
8950 SW 74th Ct
Ste 2201
Miami, FL 33156
(786) 577-3427
Digital Contact Information:
info@acaciahealthgrp.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
info@acaciahealthgrp.com

and
14221 Southwest 120th Street
126
Miami, FL 33186
(786) 577-3427
Digital Contact Information:
info@acaciahealthgrp.com

and
10201 Hammocks Boulevard
Suite 122
Miami, FL 33196
(786) 557-3427
Digital Contact Information:
info@acaciahealthgrp.com

Espinal, Daylied, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Espinosa, Carmen, MD ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
gmcscorp@bellsouth.net

and
13500 SW 88th St
Ste 195
Miami, FL 33186
(305) 753-7350
Digital Contact Information:
gmcscorp@bellsouth.net

and
4471 Northwest 36th Street
SUITE #230
Miami Springs, FL 33166
(786) 238-7335
Digital Contact Information:
gmcscorp@bellsouth.net
Other Languages Spoken by Provider or Office Staff English, Spanish

Espinosa, Hugo, MD ■
4982 Palm Avenue
Hialeah, FL 33012
(305) 479-3262
Digital Contact Information:
madyryanllc@gmail.com

and
1975 West 76th Street
Hialeah, FL 33014
(305) 479-3262
Digital Contact Information:
http://www.kcmhealthcare.com
madyryanllc@gmail.com

and
5965 Southwest 8th Street
Miami, FL 33144
(305) 479-3262
Digital Contact Information:
http://www.kcm.healthcare.com
madyryanllc@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Espinosa, Kristina, PSYD, LP ■
8900 N Kendall Dr
Miami, FL 33176
(786) 596-2000

Digital Contact Information:
managedcarecredentialing@baptisthealth.net

Espinosa, Maura P, MS, LMHC ■
2030 Douglas Road
STE 215
Coral Gables, FL 33134
(305) 263-9066
Digital Contact Information:
maurapatricia2001@gmail.com
and
10540 Northwest 26th Street
STE G201
Doral, FL 33172
(786) 879-8040
Digital Contact Information:
maurapatricia2001@gmail.com
and
3750 West 16th Avenue
218
Hialeah, FL 33012
(786) 409-3231
Digital Contact Information:
maurapatricia2001@gmail.com
and
1000 Brickell Avenue
Miami, FL 33131
(786) 537-7016
Digital Contact Information:
maurapatricia2001@gmail.com
and
7950 W Flagler St
Ste 105
Miami, FL 33144
(305) 661-5511
Digital Contact Information:
http://appliedbhs.com
maurapatricia2001@gmail.com
and
7950 West Flagler Street
STE 108
Miami, FL 33144
(305) 263-9066
Digital Contact Information:
http://appliedbhs.com
maurapatricia2001@gmail.com
and
13301 Southwest 132nd Avenue
209 209
Miami, FL 33186
(786) 713-5553
Digital Contact Information:
maurapatricia2001@gmail.com
and
14221 Southwest 120th Street
223
Miami, FL 33186
(786) 690-2296
Digital Contact Information:
maurapatricia2001@gmail.com

Espinosa, Natalie A, PSYD, LP ■
1601 NW 12th Ave
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Espinosa-Paccini, Juan, MD ■
17501 Biscayne Boulevard
340
Aventura, FL 33160
(305) 935-3344
Digital Contact Information:
yinet@espinosamd.com
Other Languages Spoken by Provider or Office Staff
Spanish

Espinoza Marin, Ennyluz, MMH, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
http://www.facetofacemhs.com
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Esquenazi, Moises, MD ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
credentialer@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Essen, Laura A, MSW, LCSW ■
401 Miracle Mile Ste 204
Miami, FL 33134
(305) 823-3438
Digital Contact Information:
laura@lauraessen.com
and
6460 Main St Apt 110
110
Miami Gardens, FL 33014
(305) 823-3438
Digital Contact Information:
laura@lauraessen.com
and
15485 Eagle Nest Lane
#130
Miami Lakes, FL 33014
(305) 823-3438
Digital Contact Information:
laura@lauraessen.com

Estevez, Mercy M, MSW, LCSW ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
lifelinecounseling2225@gmail.com
and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
http://www.lotuscounseling.com
lifelinecounseling2225@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Estevez Monteagudo, Yanisleidy, MSN, APRN ■
2100 Coral Way
Coral Gables, FL 33145
(786) 320-1677
Digital Contact Information:
hilda@universalcommunityservices.com
and
3750 West 16th Avenue
208 210
Hialeah, FL 33012
(305) 301-3283
Digital Contact Information:
hilda@universalcommunityservices.com
and
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
http://universalcommunityservices.com
hilda@universalcommunityservices.com
and
7392 Northwest 35th Terrace
301
Miami, FL 33122
(786) 353-2329
Digital Contact Information:
hilda@universalcommunityservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Estinvil, Rosemery, MSN, APRN ■
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
lgarcia@keraltybh.com

Estrada, Carlos, MD, APRN ■
13590 Southwest 134th Avenue
201
Miami, FL 33186
(786) 227-6258
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Estrada, Giselle, MS, LMHC ■
250 Catalonia Avenue
Suite 702
Coral Gables, FL 33134
(321) 405-2805
Digital Contact Information:
https://harvestingjoypsychologicalservices.com
harvestingjoycounseling@gmail.com

Estrada Molina, Evelio, MSN, APN ■
15260 SW 280th St
Ste 205
Homestead, FL 33032
(305) 707-7237
Digital Contact Information:
http://www.familybehaviorservices.org
yny.behavioralservices@gmail.com
and
790 Northwest 107th Avenue
Suite 110
Miami, FL 33172
(305) 964-5426
Digital Contact Information:
yny.behavioralservices@gmail.com
and
13590 Southwest 134th Avenue
201
Miami, FL 33186
(786) 227-6258
Digital Contact Information:
yny.behavioralservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Estrada, Paola, MSW, LCSW ■
6175 NW 153rd St
Ste 404
Miami Lakes, FL 33014
(305) 558-7400
Digital Contact Information:
kim@appliedbehavior.net

Estupinan, Monica V, MSN, APRN ■
9220 Sunset Drive
104
Miami, FL 33173
(786) 724-4224
Digital Contact Information:
admin@vita-cog.com
and
12595 Southwest 137th Avenue
STE 110
Miami, FL 33186
(305) 465-9379
Digital Contact Information:
admin@vita-cog.com

Etheridge, Schonna, MSN, NP ■
FL
(508) 202-1011
Digital Contact Information:
https://www.sevenstarling.com
support@sevenstarling.com

Ettienne, Genesis D, MSCC, LMHC ■
7925 Northwest 12th Street
405
Miami, FL 33126
(786) 401-7278
Digital Contact Information:
fenixmentalhealthgroup@gmail.com
and
129 Southwest 42nd Avenue
9
Miami, FL 33134
(786) 542-9914
Digital Contact Information:
fenixmentalhealthgroup@gmail.com
and
1800 Southwest 27th Avenue
505
Miami, FL 33145
(786) 542-9914
Digital Contact Information:
fenixmentalhealthgroup@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Eusebio, Julia, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Evans, Megan, MSW, LCSW ■
20200 West Dixie Highway
Suite 902
Aventura, FL 33180
(678) 466-0972
Digital Contact Information:
help@joinuplift.co

Evans-Gean, Amy, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Ewald, Claudia, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
and
585 Northwest 116th Street
Miami, FL 33168
(305) 244-0971
Digital Contact Information:
https://www.evernorth.com/behavioral-care
insurance@wellnite.com
and
1400 Northeast Miami Gardens Drive
103
Miami, FL 33179
(305) 244-0971
Digital Contact Information:
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Exum, Angela L, PHD, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(341) 888-7637
Digital Contact Information:
Not Available

Exume-Noel, Estherline, DNP, APRN, PMHNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
info@crossfunctionalcare.com

Eze, Perpetua, MSN, PMHNP ■
FL
(305) 902-6347
(855) 446-8628
Digital Contact Information:
http://telemed2u.com
ksullivan@spchealth.com

Eziagwu, Blessing, MSN, APRNCNP ■
FL
(305) 902-6347
Digital Contact Information:
eziagwub@yahoo.com

Fabal, Kali, MSW, LCSW ■
111 NW 183rd St
Ste 404
Miami, FL 33169
(786) 524-4001
Digital Contact Information:
http://www.inspire4purpose.com
info@inspire4purpose.com

Facey, Ayanna, LMHC ■
14645 Northwest 77th Avenue
101
Miami Lakes, FL 33014
(833) 769-3524
Digital Contact Information:
referrals@chrysalishealth.com

Factor, Edie, MSW, LCSW ■
3231 McDonald Street
Miami, FL 33133
(305) 318-2231
Digital Contact Information:
edifac305@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fajardo, Marianela, MSW, LCSW ■
9245 Southwest 157th Street
Suite 203
Miami, FL 33157
(305) 642-7600
Digital Contact Information:
http://www.regishouse.org
credentialing@regishouse.org
Other Languages Spoken by Provider or Office Staff
Spanish

Fall, Kevin, PHD, LP ■
FL
(800) 567-5433
Digital Contact Information:
https://totallife.com/
frontdesk@insighttherapy.us

Fallon, Christine, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Famakinwa, Michelle, MD ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
333 Southeast 2nd Avenue
Suite 2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

and
3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

Fang, Tianbin, MS, LMHC ■
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
http://brightsyhealthfl.com
brightsyhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Mandarin

Fantauzzi, Mariela, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Farinas, Hosanna, MSN, APRN ■
4445 West 16th Avenue
STE 405
Hialeah, FL 33012
(786) 233-6721
Digital Contact Information:
admin@ampmentalhealth.com

and
5901 Southwest 74th Street
208
Miami, FL 33143
(954) 884-5626
Digital Contact Information:
http://www.santanamhs.com
admin@ampmentalhealth.com

and
5901 Southwest 74th Street
211
Miami, FL 33143
(786) 228-6892
Digital Contact Information:
http://www.santanamhs.com
admin@ampmentalhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Farrell-Turner, Kristen, PHD, LP ■
7685 Southwest 104th Street
Pinecrest, FL 33156
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
ebcg-support@findoctave.com

Farrelly, Janet, MSN, NP ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Fattori, Joseph D, MMH, LMHC, LPC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
ebcg-support@findoctave.com

Fauerbach, Kayla, MC, LMHC ■
10700 Caribbean Boulevard
UNIT 203
Cutler Bay, FL 33189
(415) 941-4109
Digital Contact Information:
ebcg-support@findoctave.com

Fay, Robert A, MS, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

Fearday, Frederick, MSW, LCSW ■
1 Alhambra Plaza
Miami, FL 33134
(888) 588-8995
Digital Contact Information:
ciga-office@foresightmentalhealth.com

Fedd, Roslyn, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Federick, Jasmine, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Federico, Angela D, MSW, LCSW ■
25 Southeast 2nd Avenue
550
Miami, FL 33131
(910) 375-1124
Digital Contact Information:
sydney.neighbors@credentialing.com

Feinberg, Abby E, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
dnorment@seniorcaretherapy.com

Feldman, Marina P, MC, LMHC ■
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
info@talcmhc.org

Feldmann, Denise, MS, LMHC ■
3580 Mystic Pointe Drive
Aventura, FL 33180
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
ebcg-support@findoctave.com

Feliciano, Emily N, MSN, APRN ■
8950 North Kendall Drive
Suite 403W
Miami, FL 33176
(786) 596-3876
Digital Contact Information:
managedcarecredentialing@baptisthealth.net

Feliciano, Vanessa, PSYD, LP ■
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-6400
Digital Contact Information:
Not Available

Felix, Emilienne, MSN, APRN ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Fellas, Cheryl D, MA, LMHC ■
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
tranquillivingcounseling@outlook.com
Other Languages Spoken by Provider or Office Staff English

Fenby, Malia, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Feng, Jojo, MSW, LCSW, LCSW-R ■
FL
(347) 687-8895
Digital Contact Information:
jojo.feng@protonmail.com
Other Languages Spoken by Provider or Office Staff
Chinese, Russian, Mandarin

Ferguson, Camira, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Fernandes, Florinda, PA, PA_C ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
intake@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://:www.compasshealthsystems.com
intake@compass.md
Other Languages Spoken by Provider or Office Staff
Cantonese, Spanish

Fernandez, Carla A, MS, LMHC ■
999 Ponce de Leon
102
Coral Gables, FL 33134
(844) 309-6676
Digital Contact Information:
http://www.yourwholehealth.net
info@yourwholehealth.net

and
FL
(844) 309-6676
Digital Contact Information:
http://www.yourwholehealth.net
info@yourwholehealth.net

Fernandez, Daniela, MS, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
ebcg-support@findoctave.com

and
3625 Northwest 82nd Avenue
400
Doral, FL 33166
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
ebcg-support@findoctave.com

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
ebcg-support@findoctave.com

and
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
ebcg-support@findoctave.com

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
ebcg-support@findoctave.com

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
ebcg-support@findoctave.com

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez De Castro, Erika, MSW, LCSW ■
1450 Madruga Avenue
407
Coral Gables, FL 33146
(786) 395-9162
Digital Contact Information:
morecounseling@gmail.com

and
FL
(786) 395-9162
Digital Contact Information:
morecounseling@gmail.com

and
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
morecounseling@gmail.com

Fernandez, Isabel, MSN, APRN ■
15450 New Barn Road
200
Miami Lakes, FL 33014
(305) 900-3970
Digital Contact Information:
http://www.neurozenpsychiatry.com
isabelfernandezrn@gmail.com

and
FL
(305) 900-3970
Digital Contact Information:
http://www.neurozenpsychiatry.com
isabelfernandezrn@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Ismarie, MSW, LCSW ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
ismarie.fernandez@gmail.com

and
2999 Northeast 191st Street
600
Miami, FL 33180
(786) 981-0640
Digital Contact Information:
ismarie.fernandez@gmail.com

Fernandez, Janelle M, MPSY, LMHC ■
14225 SW 42nd St
Miami, FL 33175
(305) 221-8200
Digital Contact Information:
arvida712@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez Jimenez, Barbara E, MSN, APRN ■
9000 Southwest 137th Avenue
Suite 103
Miami, FL 33186
(305) 671-3503
Digital Contact Information:
bccsoperations@doctorsccs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Juan, MSN, APRN ■
901 E 10th Ave
Ste 39
Hialeah, FL 33010
(305) 637-6400
Digital Contact Information:
contact@balancedwellbeingllc.com

and
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
contact@balancedwellbeingllc.com

and
5607 NW 27th Ave
1
Miami, FL 33142
(305) 805-1700
Digital Contact Information:
contact@balancedwellbeingllc.com

and
20612 Northwest 27th Avenue
Miami Gardens, FL 33056
(305) 637-6400
Digital Contact Information:
contact@balancedwellbeingllc.com

Fernandez, Lianny, MPSY, LMHC ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
yavila@avilahealthgroup.com

and
113 Curtiss Parkway
Miami Springs, FL 33166
(786) 522-7203
Digital Contact Information:
yavila@avilahealthgroup.com

and
306 Westward Dr
Miami Springs, FL 33166
(786) 588-7894
Digital Contact Information:
yavila@avilahealthgroup.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Lino B, MD ■
6141 Sunset Drive
402
South Miami, FL 33143
(305) 967-8144
Digital Contact Information:
office@linofernandezmd.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Nacin, MSW, LCSW ■
12030 Southwest 129th Court
206
Miami, FL 33186
(786) 334-8099
Digital Contact Information:
reception@sanmiguelwellnesscenter.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Norys T, MSW, LCSW ■
9055 Southwest 73rd Court
1003 1003
Miami, FL 33156
(786) 473-9252
Digital Contact Information:
norysfernandez@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez Paul, Katheryn, MSN, APRN ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
tnovoa@believetherapycenter.com

and
7765 SW 87th Ave
Ste 105
Miami, FL 33173
(786) 550-7176
Digital Contact Information:
tnovoa@believetherapycenter.com

and
15413 Southwest 137th Avenue
Miami, FL 33177
(305) 964-5594
Digital Contact Information:
tnovoa@believetherapycenter.com

Fernandez, Rafael R, MSN, APRN ■
633 N Krome Ave
1
Homestead, FL 33030
(305) 763-4007
Digital Contact Information:
relatedmedicalgibilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Rebeca P, MC, LMHC ■
7100 Southwest 99th Avenue
STE 201
Miami, FL 33173
(305) 607-9248
Digital Contact Information:
fernandezcounseling@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Shujen T, MSN, APRN ■
FL
(347) 875-0473
Digital Contact Information:
credentialing@mindfulhc.com
Other Languages Spoken by Provider or Office Staff English

Fernandez, Soraya, MMH, LMHC ■
2300 West 84th Street
STE 104
Hialeah, FL 33016
(305) 903-3168
Digital Contact Information:
cgomezbmcmhc@gmail.com

and
13416 Southwest 128th Street
Miami, FL 33186
(786) 732-0247
Digital Contact Information:
cgomezbmcmhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez, Yaimara, PSYD, LMHC ■
10700 Caribbean Boulevard
UNIT 402
Cutler Bay, FL 33189
(786) 250-3040
Digital Contact Information:
newlifemhccc@gmail.com

and
5455 Southwest 8th Street
230
Miami, FL 33134
(786) 629-8836
Digital Contact Information:
newlifemhccc@gmail.com

and
760 Northwest 107th Avenue
110
Miami, FL 33172
(786) 409-3800
Digital Contact Information:
newlifemhccc@gmail.com

and
18522 Southwest 136th Court
Miami, FL 33177
(305) 416-8189
Digital Contact Information:
newlifemhccc@gmail.com

and
11780 Southwest 89th Street
Suite 201
Miami, FL 33186
(786) 536-5765
Digital Contact Information:
newlifemhccc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez-Calienes, Ismel F, MSN, APRN ■
4810 Southwest 8th Street
Suite 103/104
Coral Gables, FL 33134
(786) 803-8306
Digital Contact Information:
https://vdzleading.com/
ksmedicalbilling1@gmail.com

and
801 Monterey Street
202
Coral Gables, FL 33134
(786) 927-8048
Digital Contact Information:
ksmedicalbilling1@gmail.com

and
5757 Waterford District Drive
Unit 172
Miami, FL 33126
(786) 524-2880
Digital Contact Information:
http://www.lifetimesolutionsagency.com
ksmedicalbilling1@gmail.com

and
8532 Southwest 8th Street
STE 290
Miami, FL 33144
(786) 927-8048
Digital Contact Information:
ksmedicalbilling1@gmail.com

Fernandez-Gregson, Beatriz, MSN, APRN ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
info@elevatepsychiatry.com

and
363 S Homestead Blvd
Homestead, FL 33030
(305) 908-1115
Digital Contact Information:
info@elevatepsychiatry.com

and
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
info@elevatepsychiatry.com

Fernandez-Guzman, Natasha V, MMH, LMHC ■
15715 South Dixie Highway
Suite 320
Miami, FL 33157
(786) 475-2309
Digital Contact Information:
natashafdez@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fernandez-Ledon, Enedyes, MS, LMHC ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
kwhite@healthhavenllc.org

Ferradaz-Lago, Melissa, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ferran, Ana M, MS, LMHC ■
10631 N Kendall Dr
Ste 110
Miami, FL 33176
(305) 774-9570
Digital Contact Information:
jitmedical@bellsouth.net

and
10631 North Kendall Drive
Ste 1210
Miami, FL 33176
(305) 774-9570
Digital Contact Information:
jitmedical@bellsouth.net

Ferrandiz, George, MSW, LCSW ■
101 Majorca Avenue
Coral Gables, FL 33134
(305) 448-6988
Digital Contact Information:
fer101@msn.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ferrari, Taiane, MD ■
FL
(212) 498-8970
Digital Contact Information:
http://www.mybiopsych.com
eric.tate@medibillmd.com

Ferrer, Lariza, MSN, APRN ■
8955 SW 87th Ct

Ste 112
Miami, FL 33176
(305) 722-7210
Digital Contact Information:
ofajardo@miamimedresearch.com

and
13500 SW 88th St
Ste 195
Miami, FL 33186
(786) 602-7838
Digital Contact Information:
ofajardo@miamimedresearch.com

and
FL
(786) 602-7838
Digital Contact Information:
ofajardo@miamimedresearch.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ferrer Martinez, Yannier, MD ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
yny.behavioralservices@gmail.com

and
731 East 9th Street
Hialeah, FL 33010
(305) 863-2067
Digital Contact Information:
yny.behavioralservices@gmail.com

and
600 Northwest 35th Avenue
202 203
Miami, FL 33125
(786) 907-4984
Digital Contact Information:
yny.behavioralservices@gmail.com

and
1150 Northwest 72nd Avenue
350
Miami, FL 33126
(786) 228-7801
Digital Contact Information:
yny.behavioralservices@gmail.com

and
1150 Northwest 72nd Avenue
540
Miami, FL 33126
(786) 228-7801
Digital Contact Information:
yny.behavioralservices@gmail.com

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
yny.behavioralservices@gmail.com

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
yny.behavioralservices@gmail.com

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
yny.behavioralservices@gmail.com

and
1850 Southwest 8th Street
suite 209
Miami, FL 33135
(786) 953-7516
Digital Contact Information:
yny.behavioralservices@gmail.com

and
790 Northwest 107th Avenue
Suite 110
Miami, FL 33172
(305) 964-5426
Digital Contact Information:
yny.behavioralservices@gmail.com

and
9020 Southwest 137th Avenue
210
Miami, FL 33186
(786) 558-5042
Digital Contact Information:
yny.behavioralservices@gmail.com

and
9020 Southwest 137th Avenue
STE 250
Miami, FL 33186
(786) 536-7588
Digital Contact Information:
yny.behavioralservices@gmail.com

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
yny.behavioralservices@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ferrer, Nicole, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Ferro, Maria J, MSW, CEAP, LCSW, LMFT ■
9370 Southwest 72nd Street
Suite #A-213
Miami, FL 33173
(305) 205-4244
Digital Contact Information:
http://psychologytoday.com
psychotherapy@humanpotentialinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fesperman, Patricia, MC, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Fiallo, Irma R, MSW, LCSW ■
FL
(909) 442-0618
(202) 410-5972
(786) 471-7485
Digital Contact Information:
http://orendapsych.com
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
Spanish

Fiallo, Liset, MSW, LCSW ■
401 Coral Way
Ste # 105
Coral Gables, FL 33134
(786) 534-4979
Digital Contact Information:
autonomyoffice@gmail.com

and
401 Miracle Mile
#105
Coral Gables, FL 33134
(786) 534-4979
Digital Contact Information:
autonomyoffice@gmail.com

and
7855 Northwest 12th Street
221
Doral, FL 33126
(305) 648-7174
Digital Contact Information:
autonomyoffice@gmail.com

and
8500 SW 92nd Street
106b
Kendall, FL 33156
(305) 720-6118
Digital Contact Information:
autonomyoffice@gmail.com

and
330 Southwest 27th Avenue
307 309
Miami, FL 33135
(786) 762-2644
Digital Contact Information:
autonomyoffice@gmail.com

and
8260 West Flagler Street
2E
Miami, FL 33144
(305) 427-7906
Digital Contact Information:
autonomyoffice@gmail.com

and
1797 Coral Way
Miami, FL 33145
(786) 464-0673
Digital Contact Information:
autonomyoffice@gmail.com

and
1800 Southwest 27th Avenue
505
Miami, FL 33145
(786) 542-9914
Digital Contact Information:
autonomyoffice@gmail.com

and
10300 Southwest 72nd Street
250b
Miami, FL 33173
(787) 433-7751
Digital Contact Information:
autonomyoffice@gmail.com

and
12595 Southwest 137th Avenue
176
Miami, FL 33186
(786) 701-9992
Digital Contact Information:
autonomyoffice@gmail.com

and
12595 Southwest 137th Avenue
Suite 106
Miami, FL 33186
(786) 701-9992
Digital Contact Information:
autonomyoffice@gmail.com

and
13195 Southwest 134th Street
102
Miami, FL 33186
(305) 964-5236
Digital Contact Information:
autonomyoffice@gmail.com

and
9000 Southwest 137th Avenue
STE 211
Miami, FL 33186
(786) 515-7106
Digital Contact Information:
autonomyoffice@gmail.com

and
14865 South Dixie Highway
Palmetto Bay, FL 33176
(786) 732-2176
Digital Contact Information:
autonomyoffice@gmail.com

and
7500 Sw A St # 203
West Miami, FL 33144
(786) 542-5244
Digital Contact Information:
autonomyoffice@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fickey, Melissa Dawn, MD ■
2600 Douglas Road
Suite 711
Coral Gables, FL 33134
(813) 662-5919
Digital Contact Information:
https://embracinglifetoday.com
mfvilardebo@gmail.com

and
FL
(813) 662-5919
Digital Contact Information:
https://embracinglifetoday.com
mfvilardebo@gmail.com

Fiel, Esmilce, MSN, APRN ■
2141 Southwest 1st Street
204
Miami, FL 33135
(786) 515-4935
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Fields, Maria, MA, LCSW, LICSW ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
mariafields@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
mariafields@dadefamily.com

and
10691 N Candle Dr # 110
Miami, FL 33176
(305) 774-9570
Digital Contact Information:
mariafields@dadefamily.com

and
10691 N Kendall Dr
Ste 110
Miami, FL 33176
(305) 774-9570
Digital Contact Information:
mariafields@dadefamily.com
Other Languages Spoken by Provider or Office Staff
Spanish, Greek

Fields, Melanie, MS, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/ebcg-support@findoctave.com

Figuereo Sabeta, Solange, MC, LMHC ■
10300 Florida 986
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
info@myschoolpsychologistinc.com
Other Languages Spoken by Provider or Office Staff
Spanish

Figueroa, Bianca, MC, LMHC ■
7875 SW 104th St
Ste 101
Miami, FL 33156
(305) 899-1587
Digital Contact Information:
Not Available

and
12000 Biscayne Boulevard
303
Miami, FL 33181
(305) 899-1587
Digital Contact Information:
http://www.jcsfl.org
Other Languages Spoken by Provider or Office Staff
Hebrew, English, Russian, Spanish

Filkins, Kaitlin, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Findley, Yewande, MA, LMFT ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
findleyy@yahoo.com
Other Languages Spoken by Provider or Office Staff English

Fischer, Tara M, MSN, APRN ■
FL
(305) 984-8209
Digital Contact Information:
tara.fisch326@gmail.com

Fishbain, David A, MD ■
1201 NW 16th St
Miami, FL 33125
(305) 575-7000
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
Miami, FL 33136
(305) 355-7777
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
1404A
Miami, FL 33136
(305) 243-4782
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
Fl 14

Miami, FL 33136
(305) 243-4782
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
Fl 3
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Russian, Spanish

Fitzgerald, Caitlyn, MD ■
10540 Northwest 26th Street
STE G201
Doral, FL 33172
(786) 879-8040
Digital Contact Information:
advancedcaresfl@outlook.com

and
33497 South Dixie Highway
103b
Florida City, FL 33034
(786) 444-6003
Digital Contact Information:
advancedcaresfl@outlook.com

and
FL
(786) 444-6003
Digital Contact Information:
advancedcaresfl@outlook.com

and
777 E 25th St
Ste 306
Hialeah, FL 33013
(786) 838-6092
Digital Contact Information:
advancedcaresfl@outlook.com

and
1401 Northwest 17th Avenue
Miami, FL 33125
(813) 816-8075
Digital Contact Information:
advancedcaresfl@outlook.com

and
2100 Southwest 22nd Street
502
Miami, FL 33145
(786) 963-0128
Digital Contact Information:
advancedcaresfl@outlook.com

and
13195 Southwest 134th Street
102
Miami, FL 33186
(305) 964-5236
Digital Contact Information:
advancedcaresfl@outlook.com

and
8785 SW 165th Ave
Ste 104
Miami, FL 33193
(786) 703-1538
Digital Contact Information:
advancedcaresfl@outlook.com

Fitzpatrick, Panayiota, MED, LMHC ■
360 Northwest 27th Street
Miami, FL 33127
(929) 209-6109
Digital Contact Information:
fl-patientaccess@harmonybaywellness.com

Fleisher, Rebecca, MSN, APRN ■
5915 Ponce de Leon
23 26
Coral Gables, FL 33146
(786) 664-7810
Digital Contact Information:
https://southfloridaintegrativemed.com
vfalu@healthassets.com

Fletcher, Casey M, MSW, LCSW ■
1951 Northwest 7th Avenue
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
office@srcc.email

and
FL
(305) 902-6347
Digital Contact Information:
office@srcc.email

Fletcher, Jeffrey, MS, LPC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Creole, Haitian, Spanish

Fleurme, Giorvanie, MSN, APRN ■
FL
(305) 902-6347
(305) 200-6090
Digital Contact Information:
giorvanie@gmail.com
Other Languages Spoken by Provider or Office Staff
Hebrew, German, Haitian Creole, Creole, French, Spanish

Flores, Aida A, MS, LMHC ■
FL
(305) 494-9791
Digital Contact Information:
aflores@kaaficounseling.com
Other Languages Spoken by Provider or Office Staff
Spanish

Flores, Alexis, MPSY, LMHC ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
perla.delosrios@dadefamily.com

Flores, Christian, MSW, LCSW ■
2915 Biscayne Boulevard
Suite 300-4
Miami, FL 33137
(786) 398-4747
Digital Contact Information:
contactus@miamivibescounselingcenter.com
Other Languages Spoken by Provider or Office Staff
Spanish

Flores, Miguel A, MD ■
8200 SW 117th Ave
Ste 301
Miami, FL 33183
(305) 279-1501
Digital Contact Information:
mfmd75@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Floriano, Beatriz, MSN, NP, PMHNP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Fogel, Vivian, MS, LMFT ■
21290 Biscayne Boulevard
Aventura, FL 33180
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
growthllc@growthcounselingandtherapy.com

and
3580 Mystic Pointe Drive
Aventura, FL 33180
(415) 941-4109
Digital Contact Information:
growthllc@growthcounselingandtherapy.com

and
1001 North Miami Beach Boulevard
North Miami Beach, FL 33162
(786) 320-5559
Digital Contact Information:
growthllc@growthcounselingandtherapy.com
Other Languages Spoken by Provider or Office Staff
Spanish

Foley, Diane, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
newhope32937@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fong, Bridgette, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/payors@emorahealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fonseca, Joanna, MS, LMHC ■
8600 Northwest South River Drive
222
Medley, FL 33166
(415) 941-4109
Digital Contact Information:
info@dadefamily.com

and
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

Fonseca, Martha L, MSW, LCSW ■
FL
(833) 233-7773
Digital Contact Information:
http://www.heal-psychotherapyservices.com
mfonseca@healpsychotherapyservices.com
Other Languages Spoken by Provider or Office Staff
Spanish

Font Garcia, Luis E, MN, APRN ■
15536 Northwest 77th Court
Hialeah, FL 33016
(305) 621-8051
Digital Contact Information:
dreduardo305@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fontanes, Paula, MS, LMFT ■
FL
(786) 378-4565
Digital Contact Information:
paulafontanes10@gmail.com

and
9745 Southwest 184th Street
Palmetto Bay, FL 33157
(786) 378-4565
Digital Contact Information:
paulafontanes10@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Force, Ali-Reza, MD ■
5911 Northwest 173rd Drive
6 6
Hialeah, FL 33015
(786) 380-9229
Digital Contact Information:
extwebsupport@hcdpbc.org
Other Languages Spoken by Provider or Office Staff Haitian Creole, Spanish

Forero, Michelle, MPSY, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@behavioralaid.com
Other Languages Spoken by Provider or Office Staff
Spanish

Forman, Bruce D, PHD, LP ■
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(415) 840-8911
Digital Contact Information:
rise@withassured.com

Forman, Katrina, MSW, LCSW ■
7270 Northwest 12th Street
430
Miami, FL 33126
(786) 615-2843
Digital Contact Information:
info@universalcwfl.com

and
FL
(800) 567-5433
Digital Contact Information:
info@universalcwfl.com

Formul, Dieunane, MSW, LCSW ■
1580 NW 10th Ave
Miami, FL 33136
(305) 243-4546
Digital Contact Information:
invictusbhealth@gmail.com

and
9425 SW 72nd St
Miami, FL 33173
(501) 747-1448
Digital Contact Information:
invictusbhealth@gmail.com

and
9425 SW 72nd St
Ste 267
Miami, FL 33173
(305) 243-2245
(954) 601-3445
Digital Contact Information:
invictusbhealth@gmail.com
Other Languages Spoken by Provider or Office Staff Creole

Fort Martinez, Gilza M, MS, LMFT ■
7765 SW 87th Ave
Ste 104
Miami, FL 33173
(305) 412-8440
Digital Contact Information:
gmfort1@aol.com
Other Languages Spoken by Provider or Office Staff
Spanish

Forte, Parker, MC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
contact@fortifiedcounseling.com

Foster, James J, MSN, ARNP ■
3661 South Miami Avenue
Suite 806
Miami, FL 33133
(786) 497-4000
Digital Contact Information:
ahfcredentialing@practiceworkz.com

Fox, Iris T, MSW, LCSW ■
3580 Mystic Pointe Drive
Aventura, FL 33180
(786) 414-1574
Digital Contact Information:
iris@ifoxtherapy.com

Fox, James, MSN, APN, APRN, APRNCNP, CNS, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:

http://happierliving.com
scheduling@happierliving.com

Fox, Starr, MSN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
hello@joinlavender.com

Frade-Eguaras, Silvia, MA, LCSW ■
1601 NW 12th Ave
Miami, FL 33136
(305) 243-3669
Digital Contact Information:
Not Available

and
1120 Northwest 14th Street
RM 1213
Miami, FL 331362107
(305) 243-6660
Digital Contact Information:
Not Available

Fraguela, Eduardo R, MHS, LMHC ■
8300 West Flagler Street
STE 258C
Miami, FL 331446002
(786) 592-8470
Digital Contact Information:
olympushcs@gmail.com

and
10691 North Kendall Drive
312
Miami, FL 33176
(786) 592-8470
Digital Contact Information:
olympushcs@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fraguela-Lam, Mayren, MSSW, LCSW ■
10691 North Kendall Drive
312
Miami, FL 33176
(786) 592-8470
Digital Contact Information:
bmhealthserv@gmail.com

and
FL
(786) 592-8470
Digital Contact Information:
bmhealthserv@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Francis, Ashley, MSW, LCSW, LISW ■
FL
(508) 202-1011
Digital Contact Information:
hello@havenroomtherapy.com
Other Languages Spoken by Provider or Office Staff English

Francisco, Leonor, MMH, APN, APRN ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@therapies4kids.com

Franco, Evelyn, MA, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
cedentialing@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
cedentialing@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
cedentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
cedentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
cedentialing@banyanhealth.org
Other Languages Spoken by Provider or Office Staff
Spanish

Franco, Maritere, PHD, LMHC ■
17931 Northwest 85th Avenue
Hialeah, FL 33015
(786) 556-5507
Digital Contact Information:
maritere.franco@icloud.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(786) 622-5743
Digital Contact Information:
maritere.franco@icloud.com

and
1000 Brickell Avenue
Miami, FL 33131
(305) 960-7124
Digital Contact Information:
maritere.franco@icloud.com

and
175 Fontainebleau Boulevard
Miami, FL 33172
(305) 960-7124
Digital Contact Information:
maritere.franco@icloud.com

and
FL
(305) 912-1135
Digital Contact Information:
maritere.franco@icloud.com
Other Languages Spoken by Provider or Office Staff
Spanish

Francois, Natacha, MSN, APRN ■
12955 Biscayne Blvd
Ste 320
North Miami, FL 33181
(305) 895-3231
Digital Contact Information:
credentialing@madrelle.com

Frank, Hedrick E, MC, LMHC ■
8323 Northwest 12th Street
108
Doral, FL 33126
(305) 400-8511
Digital Contact Information:
http://www.cbhwestcoast.com
rick.frank53@gmail.com

Frank, Randi, MC, LMHC ■
9822 Northeast 2nd Avenue
2
Miami Shores, FL 33138
(786) 505-7502
Digital Contact Information:
http://www.mindfuldirectionscc.com
randi@mindfuldirectionscc.com

Frasier, Hazel D, MSN, APRN, LNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
hazel.frasier@ncgcommunity.com

Frazer, Kadian, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Frazier, Susan, MSW, LCSW ■
1825 Northwest 167th Street
SUITE 102
Opa-locka, FL 330564838
(305) 624-7450
Digital Contact Information:
susanyfrazier@gmail.com

Freede, Amy, MSW, LCSW ■
FL
(831) 920-7907
Digital Contact Information:
https://www.mammha.com/
ebcg-support@findoctave.com
Other Languages Spoken by Provider or Office Staff English

Freire, Anthony, MA, LMHC ■
14211 Southwest 120th Street
107
Miami, FL 33186
(917) 592-2345
Digital Contact Information:
anthonyfreire@gmail.com

Friedman, Rachel, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Frigerio, Ailema, PSYD, LP ■
10300 Sunset Drive
123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
info@myschoolpsychologistinc.com

Froah, Cristina, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
http://www.bebravehealth.com
start@bebravehealth.com

Froehler, Luisa V, MMH, LMHC ■
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
http://www.miamipersonalmanagement.com
klopez@miamipersonalmanagement.com

Frontczak-Armstrong, Karen, MC, LMHC, LPC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
help@joinuplift.co

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff English

Fruge, Candace, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Fuchs, Ashley D, MD ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
enrollment@volunteerhealthassoc.com

Fuentes, Monica M, MMH, LMHC ■
18901 Southwest 106th Avenue
#224
Miami, FL 33157
(786) 732-0071
Digital Contact Information:
http://www.peaceofmindmh.com
monicafuentes@peaceofmindmh.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fuentes, Stephanie, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole, Spanish

Fuentes, Yasmani, MSW, LCSW ■
14400 Northwest 77th Court
#100
Miami Lakes, FL 33016
(786) 916-6073
Digital Contact Information:
http://www.arcmentalhealth.com
yisabel@arcmentalhealth.com

Fujita, Sandra J, MSN, APRN ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
mstoker@nhcmhc.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
mstoker@nhcmhc.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
mstoker@nhcmhc.org

and
1469 NW 36th St
Miami, FL 33142
(305) 635-7444
Digital Contact Information:
mstoker@nhcmhc.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
mstoker@nhcmhc.org
Other Languages Spoken by Provider or Office Staff
Spanish

Fuller, Lisa B, PSYD, LP ■
1450 Madruga Avenue
300
Coral Gables, FL 33146
(786) 202-0474
Digital Contact Information:
doctorfuller@mail.com

and
2627 NE 203rd St
Ste 113
Miami, FL 33180
(786) 202-0474
Digital Contact Information:
doctorfuller@mail.com

and
FL
(786) 202-0474
Digital Contact Information:
doctorfuller@mail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fuller, Omar, MSN, NP ■
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(770) 810-5836
Digital Contact Information:
robinlwhitlow@highlandrivers.org

Fumero, Norialys, MS, LMHC ■
FL
(772) 361-8581
Digital Contact Information:
norialysfumero@gmail.com

and
17670 Northwest 78th Avenue
STE 113
Hialeah, FL 33015
(716) 558-4565

Digital Contact Information:
norialysfumero@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Fundora, Gladys, MMH, BCBA, LMHC ■
1000 Brickell Avenue
Miami, FL 33131
(786) 817-2356
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
5901 Southwest 74th Street
#414
Miami, FL 33143
(786) 238-2008
Digital Contact Information:
http://kidsspotrehab.com
rossconsultingandcredentialing@gmail.com

and
19100 Southwest 106th Avenue
12 12
Miami, FL 33157
(786) 360-2852
Digital Contact Information:
rossconsultingandcredentialing@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Fundora, Yulianis, MS, LMHC ■
2500 Northwest 107th Avenue
Suite 102
Doral, FL 33172
(786) 605-9400
Digital Contact Information:
yfundora@managedmentalhealth.com

and
4445 West 16th Avenue
STE 405
Hialeah, FL 33012
(786) 233-6721
Digital Contact Information:
yfundora@managedmentalhealth.com

Funes, Catherine F, PSYD, LP ■
1900 North Bayshore Drive
108
Miami, FL 33132
(954) 362-8677
Digital Contact Information:
bh@hgdoctors.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gabot, Sandrine, MSN, APRN ■
770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
5201 Blue Lagoon Dr
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

and
830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
scheduling@happierliving.com

Gabriel, Geraldine, MSN, APN ■
13727 Southwest 152nd Street
161
Miami, FL 33177
(973) 283-5985
Digital Contact Information:
info@embracepwc.com

Gaddis, Virginia B, MA, LMHC, LPC ■
299 Alhambra Circle
STE 210
Coral Gables, FL 33134
(786) 558-5729
Digital Contact Information:
credentialing@growtherapy.com

and
FL
(786) 244-7690
(786) 558-5729
Digital Contact Information:
credentialing@growtherapy.com

and
26023 South Dixie Highway
Homestead, FL 33032
(786) 504-3365
Digital Contact Information:
credentialing@growtherapy.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@growtherapy.com

and
3898 West Flagler Street
Miami, FL 33134
(954) 280-2056
Digital Contact Information:
credentialing@growtherapy.com

Gainza Mayo, Mariela D, MSN, APRN ■
7971 Bird Road
15
Miami, FL 33155
(786) 504-5620
Digital Contact Information:
kenia.rodriguez@ffmhs.com

and
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
http://lifestance.com
kenia.rodriguez@ffmhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Galiboglu, Samet, MD ■
1110 Brickell Avenue
STE 400
Miami, FL 33131
(201) 389-2729
Digital Contact Information:
sametgaliboglumd@gmail.com

and
999 Brickell Avenue
410
Miami, FL 33131
(201) 389-2729
Digital Contact Information:
sametgaliboglumd@gmail.com
Other Languages Spoken by Provider or Office Staff Turkish

Gallimore, Ingrid, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Gallimore, Lloyd, MSN, APN, APRN, CNP, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Gallucci, Felicia G, MD ■
1120 NW 14th St
1447
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
Not Available

and
1120 NW 14th St
1477
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
Not Available

and
1120 Northwest 14th Street
1464
Miami, FL 33136
(305) 243-2301
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
3200
Miami, FL 33136
(305) 355-7000
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
3308
Miami, FL 33136
(305) 355-7000
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
English, Italian

Galvez, Gema, MS, LPC ■
10300 Southwest 72nd Street
275d
Miami, FL 33173
(888) 853-7908
Digital Contact Information:
http://www.bettermindtherapycorp.com
gemagalvez@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Galvez, Maria, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Spanish

Galvez Piedra, Reinier, MSN, APRN ■
901 E 10th Ave
Ste 39
Hialeah, FL 33010
(305) 637-6400
Digital Contact Information:
contact@balancedwellbeingllc.com

and
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
contact@balancedwellbeingllc.com

and
20612 Northwest 27th Avenue
Miami Gardens, FL 33056
(305) 637-6400
Digital Contact Information:
contact@balancedwellbeingllc.com

Gambino, Kimberly R, DNSC, APRN ■
FL
(305) 902-6347
Digital Contact Information:
sybecrdrequest@sybe.com

Gammage, Traci, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Gao, Yanjuan, MSED, LMHC ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
info@riviamind.com
Other Languages Spoken by Provider or Office Staff
Mandarin

Garces Rodriguez, Oneida, MSN, APRN ■
22133 South Dixie Highway
Miami, FL 33170
(786) 504-3119
Digital Contact Information:
https://fpmflorida.org/
admin@fpmagency.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Albert L, MSN, APRN ■
2700 Southwest 27th Avenue
Miami, FL 33133
(305) 942-5246
Digital Contact Information:
info@doctorsccs.com

and
10661 North Kendall Drive
216
Miami, FL 33176
(786) 631-4158
Digital Contact Information:
info@doctorsccs.com

and
9000 Southwest 137th Avenue
Suite 103
Miami, FL 33186
(305) 671-3503
Digital Contact Information:
info@doctorsccs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Anthony N, MC, LMHC ■
1951 Northwest 7th Avenue
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
Not Available

Garcia, Armando, MSSW, LCSW ■
8200 Northwest 41st Street
Suite 200
Miami, FL 33166
(305) 613-2842
Digital Contact Information:
https://savinglives.clientsecure.me/
melissa@savinglivescounselingcenter.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Garcia Bonhomme, Carla, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Garcia, Calixto, PHD, LP ■
2001 Northwest 107th Avenue
412
Doral, FL 33172
(786) 548-8322
Digital Contact Information:
drcgarciaphd@gmail.com

and
8390 West Flagler Street
107
Miami, FL 33144
(305) 856-9090
Digital Contact Information:
drcgarciaphd@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Carla, MSN, APRN ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
info@elevatepsychiatry.com

and
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
info@elevatepsychiatry.com

and
12550 Biscayne Boulevard
STE 800
North Miami, FL 33181
(788) 442-5021
Digital Contact Information:
info@elevatepsychiatry.com

Garcia, Christabel, MSN, APRN ■
8950 Southwest 74th Court
1911
Miami, FL 33156
(786) 637-0907
Digital Contact Information:
info@rushcredentialing.com

Garcia, Dainelys, PHD, LP ■
1601 NW 12th Ave
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
Not Available

Garcia De Porto, Marieta, MMH, LMHC ■
7925 Northwest 12th Street
118
Doral, FL 33126
(786) 536-2143
Digital Contact Information:
http://psrmindandbodyrehab.com
correamentalhealth@gmail.com

and
650 Northeast 22nd Terrace
212 214
Homestead, FL 33033
(786) 312-4478
Digital Contact Information:
correamentalhealth@gmail.com

and
13205 Southwest 137th Avenue
#212
Miami, FL 33186
(786) 732-6298
Digital Contact Information:
correamentalhealth@gmail.com

and
13205 Southwest 137th Avenue
206 208
Miami, FL 33186
(786) 592-2063
Digital Contact Information:
correamentalhealth@gmail.com

and
FL
(786) 385-9838
Digital Contact Information:
correamentalhealth@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Dennise, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Garcia Diaz, Marta, MSN, APRN ■
7490 Southwest 23rd Street
201
Miami, FL 33155
(786) 953-8221
Digital Contact Information:
medilineinc@yahoo.com

and
7315 Northwest 36th Street
Miami, FL 33166
(786) 345-7734
Digital Contact Information:
medilineinc@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Gertrudis, MMFT, LMFT ■
1414 Northwest 107th Avenue
204
Doral, FL 33172
(305) 225-8711
Digital Contact Information:
toplifecaresolutions@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 536-7470
Digital Contact Information:
toplifecaresolutions@gmail.com

and
175 Fontainebleau Boulevard
Miami, FL 33172
(305) 960-7124
Digital Contact Information:
toplifecaresolutions@gmail.com

and
10677 North Kendall Drive
ste 5-a
Miami, FL 33176
(305) 225-8711
Digital Contact Information:
http://toplifecaresolutions.com
toplifecaresolutions@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Garcia, Glenda, MSN, APRN ■
15260 Southwest 280th Street
113 114
Homestead, FL 33032
(305) 998-7885
Digital Contact Information:
infogarciahs@gmail.com

and
13370 Southwest 131st Street
Suite 110
Miami, FL 33186
(786) 250-4571
Digital Contact Information:
infogarciahs@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, James, MSW, LCSW ■
4689 Ponce de Leon Boulevard
Suite 200
Coral Gables, FL 33146
(786) 803-8025
Digital Contact Information:
jamesgarcia2013@fau.edu

and
10700 Caribbean Boulevard
Suite 214
Cutler Bay, FL 33189
(786) 740-0516
Digital Contact Information:
http://www.genesiswellnesscorp.com
jamesgarcia2013@fau.edu

and
5901 Northwest 183rd Street
310
Hialeah, FL 33015
(786) 803-2664
Digital Contact Information:
jamesgarcia2013@fau.edu

and
1480 Northwest North River Drive
2010
Miami, FL 33125
(786) 375-7882
Digital Contact Information:
jamesgarcia2013@fau.edu

and
2311 Northwest 7th Street
Miami, FL 33125
(786) 706-2246
Digital Contact Information:
jamesgarcia2013@fau.edu

and
8390 West Flagler Street
220
Miami, FL 33144
(305) 402-4835
Digital Contact Information:
http://newmooncmhc.com
jamesgarcia2013@fau.edu

and
10379 Southwest 186th Street
Miami, FL 33157
(720) 314-4727
Digital Contact Information:
jamesgarcia2013@fau.edu

and
790 Northwest 107th Avenue
Suite 303
Miami, FL 33172
(786) 605-1660
Digital Contact Information:
jamesgarcia2013@fau.edu

and
FL
(786) 605-1660
Digital Contact Information:
jamesgarcia2013@fau.edu

and
9600 SW 8th St
Ste 16
Miami, FL 33174
(786) 803-8827
Digital Contact Information:
jamesgarcia2013@fau.edu

and
12150 Southwest 128th Court
Suite 233
Miami, FL 33186
(786) 238-7666
Digital Contact Information:
jamesgarcia2013@fau.edu
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Jose A, MS, LCSW ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
esrehabpc@gmail.com

and
5600 Southwest 135th Avenue
STE 203
Miami, FL 33183
(786) 953-4962
Digital Contact Information:
esrehabpc@gmail.com

and
5600 Southwest 135th Avenue
STE 216
Miami, FL 33183
(786) 536-6196
Digital Contact Information:
esrehabpc@gmail.com

and
11981 Southwest 144th Court
202
Miami, FL 33186
(786) 640-0613
Digital Contact Information:
esrehabpc@gmail.com

Garcia, Karina, MSN, APRN ■
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
yvette@stellarhealthfl.com

and
8001 West 26th Avenue
2 2
Hialeah, FL 33016
(786) 360-2630
Digital Contact Information:
yvette@stellarhealthfl.com

and
8001 West 26th Avenue
6 6
Hialeah, FL 33016
(786) 372-3262
Digital Contact Information:
yvette@stellarhealthfl.com

and
8591 Northwest South River Drive
Medley, FL 33166
(305) 456-3000
Digital Contact Information:
yvette@stellarhealthfl.com

and
5080 Northwest 74th Avenue
Miami, FL 33166
(786) 372-3262
Digital Contact Information:
yvette@stellarhealthfl.com

and
13701 Southwest 88th Street
306
Miami, FL 33186
(786) 842-1489
Digital Contact Information:
yvette@stellarhealthfl.com

and
6141 Sunset Drive
402
South Miami, FL 33143
(786) 507-8300
Digital Contact Information:
yvette@stellarhealthfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Lauren, MED, LMHC ■
2212 Northwest 91st Street
4058
Miami, FL 33147
(341) 888-7637
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
lauren.garcia371@gmail.com

Garcia, Lisette, MC, LMHC ■
12030 Southwest 129th Court
Suite 211
Miami, FL 33186
(305) 639-8760
Digital Contact Information:
http://www.believeandtrusttcm.com
info@believeandtrusttcm.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Manuel Antonio, MD ■
1695 Northwest 110th Avenue
309
Miami, FL 33172
(305) 551-2828
Digital Contact Information:
magmdoffice@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Maria, MS, LMHC ■
15715 S Dixie Hwy
Ste 403
Miami, FL 33157
(305) 707-5966
Digital Contact Information:
movingtowardagape@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Maria J, MS, LMFT ■
8040 Northwest 155th Street
Hialeah, FL 33016
(305) 827-2822
Digital Contact Information:
tashaneb@4kids.us

and
17801 Northwest 2nd Avenue
202
Miami, FL 33169
(954) 979-7911
Digital Contact Information:
tashaneb@4kids.us
Other Languages Spoken by Provider or Office Staff
English, Spanish

Garcia, Marianela, MSW, LCSW ■
FL
(786) 493-2351
Digital Contact Information:
rocafirme@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Mario, MDIV, LMHC ■
12280 Southwest 100th Street
Miami, FL 33186
(305) 480-5800
Digital Contact Information:
http://www.neurostrategiccoach.com
drmario@neurostrategiccoach.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Mercedes, MSN, APRN ■
FL
(786) 370-1740
Digital Contact Information:
mercedesgarcia2007@yahoo.com
and
664 East 25th Street
102
Hialeah, FL 33013
(786) 409-5361
Digital Contact Information:
mercedesgarcia2007@yahoo.com
and
7815 Coral Way
Ste 108
Miami, FL 33155
(305) 264-1344
Digital Contact Information:
mercedesgarcia2007@yahoo.com
and
10677 North Kendall Drive
ste 5-a
Miami, FL 33176
(786) 296-2773
Digital Contact Information:
http://toplifecaresolutions.com
mercedesgarcia2007@yahoo.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Garcia, Orlando, MMFT, LMFT ■
FL
(202) 410-5972
(786) 260-3985
Digital Contact Information:
http://www.choosingtherapy.com
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff
English, Spanish

Garcia Ruiz, Anabel, MSSW, LCSW ■
10200 Northwest 25th Street
211
Doral, FL 33172
(305) 381-0346
Digital Contact Information:
management@jagcommunityhealth.com

Garcia Sanchez, Felipe I, MSN, APRN ■
13155 Southwest 134th Street
221
Miami, FL 33186
(786) 652-9880
Digital Contact Information:
info@communityconnectionflorida.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia Serrano, Lisandra, MSN, APRN ■
2720 Southwest 97th Avenue
C-105
Miami, FL 33165
(786) 332-4330
Digital Contact Information:
lisandragarcia1985@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Sonia, MSN, APRN ■
7301 Northwest 36th Street
Miami, FL 33166
(239) 220-5039
Digital Contact Information:
empathybhsbilling@gmail.com
and
7315 Northwest 36th Street
Miami, FL 33166
(786) 345-7734
Digital Contact Information:
empathybhsbilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Garcia, Sonia, DNP, APRN ■
7990 Southwest 117th Avenue
132
Miami, FL 33183
(786) 294-0123
Digital Contact Information:
https://www.chgpsychiatry.com/
coastalhcbilling@gmail.com

Garcia, Tiffany, MN, PMHNP ■
2650 Southwest 27th Avenue
Suite 305
Miami, FL 33133
(786) 353-9812
Digital Contact Information:
billingheritagewellness@gmail.com
and
20824 W Dixie Hwy
Miami, FL 33180
(407) 851-5121
Digital Contact Information:
billingheritagewellness@gmail.com

Garcia, Yadisnay, MSN, APRN ■
770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com
and
7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com
and
5201 Blue Lagoon Dr
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com
and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com
and
80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com
and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com
and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com
and
830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com
and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com
and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

Garcia, Yunaysis E, MPSY, LMHC ■
15413 Southwest 137th Avenue
Miami, FL 33177
(305) 964-5594
Digital Contact Information:
solutiondrivenconsulting@gmail.com

Garcon, Jose Nadine, PSYD, LP ■
419 W 49th St
Ste 219
Hialeah, FL 33012
(954) 404-7052
Digital Contact Information:
dr.garcon@comcast.net
Other Languages Spoken by Provider or Office Staff Creole

Gardey, Alison, MMFT, LMFT ■
FL
(916) 402-4254
Digital Contact Information:
http://alisongardey.com
alisongardey@gmail.com

Garrett, Khalilah, MSW, LCSW ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
support@thriveworks.com
and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
support@thriveworks.com
Other Languages Spoken by Provider or Office Staff English

Garriott, Jennifer, MSW, CSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
contractsma@elliementalhealth.com

Garthwaite, Rebecca L, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com

Garza, Gabriel R, MD ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
Not Available
and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
Not Available

Garzon, Diane, MA, LBA ■
1120 Northwest 14th Street
RM 1213
Miami, FL 331362107
(305) 243-6660
Digital Contact Information:
Not Available

Gaston-Toussaint, Gloriann, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Gatliff, Benjamin, MS, BCBA, LMHC, LPC ■
66 W Flagler St
900
Miami, FL 33130
(610) 306-2618
Digital Contact Information:
delegation@psychplus.com
and
777 Brickell Ave
Ste 500
Miami, FL 33131
(786) 490-2181
Digital Contact Information:
http://rockerhealth.org
delegation@psychplus.com
and
2915 Biscayne Boulevard
Suite 300
Miami, FL 33137
(561) 289-7995
Digital Contact Information:
http://pandatherapycircle.com
delegation@psychplus.com

Gautam, Ashwin, PHD, LP ■
FL
(800) 567-5433
Digital Contact Information:
https://totallife.com/
inquiries@insightttherapy.us
Other Languages Spoken by Provider or Office Staff Hindi

Gazabon, Shirley A, PHD, LP ■
3650 NW 82nd Ave
Ste 302
Doral, FL 33166
(305) 689-1910
Digital Contact Information:
Not Available
and
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-2301
Digital Contact Information:
Not Available
and
1695 NW 9th Ave
Miami, FL 33136
(305) 355-7777
Digital Contact Information:
Not Available
and
1695 NW 9th Ave
1404A
Miami, FL 33136
(305) 355-7777
Digital Contact Information:
Not Available
and
1695 NW 9th Ave
Fl 3
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
Not Available
and
1695 Northwest 9th Avenue
FL 2
Miami, FL 33136
(305) 355-7077
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Gbadamosi, Adebisi, MC, LMHC ■
1000 Brickell Avenue
Miami, FL 33131
(848) 241-0860
Digital Contact Information:
contact@prevailandprogress.com

Gear, Steven, PHD, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
http://www.bebravehealth.com
credentialing@bebravehealth.com

Geier, Nicole, APRN, DNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Gelin, Vanessa, MSN, APRN ■

FL
(305) 902-6347
(510) 201-0190
Digital Contact Information:
http://forefronttelecare.com
support@thriveworks.com

Genen, Lawrence R, MD ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
provider@3peaksmedical.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
provider@3peaksmedical.com
Other Languages Spoken by Provider or Office Staff English

Georgescu, Manuela, MD ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
Not Available

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
Not Available

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
http://banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
Other Languages Spoken by Provider or Office Staff
Spanish

Gerber, Melanie A, MC, LCMHC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Gerenz, Matthew, MD ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
js@mdgain.com

Gerstein, Myriam, MSW, LCSW ■
901 E 10th Ave
Ste 39
Hialeah, FL 33010
(305) 637-6400
Digital Contact Information:
http://www.jtchs.org
mgerstein@jtchs.org

and
5361 NW 22nd Ave
Miami, FL 33142
(305) 637-6400
Digital Contact Information:
http://jtchs.org
mgerstein@jtchs.org

and
5607 NW 27th Ave
1
Miami, FL 33142
(305) 805-1700
Digital Contact Information:
mgerstein@jtchs.org

and
1100 NW 71st St
Miami, FL 33150
(305) 637-6400
Digital Contact Information:
mgerstein@jtchs.org

and
1190 NW 95th St
Ste 100
Miami, FL 33150
(305) 637-6400
Digital Contact Information:
mgerstein@jtchs.org

and
FL
(305) 637-6400
Digital Contact Information:
mgerstein@jtchs.org

and
20612 Northwest 27th Avenue
Miami Gardens, FL 33056
(305) 637-6400
Digital Contact Information:
http://jtchs.org
mgerstein@jtchs.org

and
490 Opa Locka Blvd
Opa Locka, FL 33054
(305) 637-6400
Digital Contact Information:
http://www.jtchs.org
mgerstein@jtchs.org
Other Languages Spoken by Provider or Office Staff
Spanish

Gevorkyan, Mishela I, MSN, APN, APRN, NP ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
info@diana.health
Other Languages Spoken by Provider or Office Staff
Russian, Spanish

Ghold, Naiylla J, MPSY, BCBA ■
1000 Brickell Avenue
Miami, FL 33131
(786) 991-3213
Digital Contact Information:
kristina@amrextherapypm.com

Gibala, Virginia, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@refreshmentalhealth.com

Gibbons, Denise, MC, LMHC ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
info@hupcfl.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
info@hupcfl.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
info@hupcfl.com

Gibbons, Mercedes J, MSN, APRN, PMHNP ■
1951 NW 7th Ave
Fl 3
Miami, FL 33136
(305) 902-6347
Digital Contact Information:
fl-credentialing@lifestance.com

Gibbs, Charles C, PHD, LP ■
7590 NW 186th St
Ste 208
Hialeah, FL 33015
(305) 362-8326
Digital Contact Information:
gola1863@gmail.com

Giblin, Jennifer, MA, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole, Spanish

Gibson, Mary E, MSW, LCSW ●
FL
(305) 779-8565
Digital Contact Information:
https://www.comprehensive-assessment.com/
info@comprehensive-assessment.com

Gil, Lissette, MC, LMHC ■
1000 Brickell Avenue
Miami, FL 33131
(305) 903-3505
Digital Contact Information:
glorialissettegil@gmail.com

and
10661 North Kendall Drive
Suite 228
Miami, FL 33176
(305) 595-5485
Digital Contact Information:
glorialissettegil@gmail.com

and
10691 Southwest 88th Street
Suite 110
Miami, FL 33176
(305) 595-5485
Digital Contact Information:
glorialissettegil@gmail.com

and
12150 Southwest 128th Court
Suite 233
Miami, FL 33186
(786) 238-7666
Digital Contact Information:
glorialissettegil@gmail.com

and
12485 Southwest 137th Avenue
STE 109
Miami, FL 33186
(786) 592-2748
Digital Contact Information:
glorialissettegil@gmail.com

and
8765 Southwest 165th Avenue
203
Miami, FL 33193
(786) 238-7666
Digital Contact Information:
glorialissettegil@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gil, Margarita I, PHD, LP ■
419 W 49th St
Ste 218
Hialeah, FL 33012
(786) 277-9565
Digital Contact Information:
psychology@drmargaritagil.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gil, Yanelis, MSN, APRN ■
13195 Southwest 134th Street
102
Miami, FL 33186
(305) 964-5236
Digital Contact Information:
advancedcaresfl@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gillems, Tina, MSW, LCSW ■
18117 Biscayne Boulevard
1229
Miami, FL 33160
(305) 900-3836
Digital Contact Information:
tinagillems@gmail.com

Gillespie, Marjorie, PHD, APRN ■
64 W 63rd St
B202
Hialeah, FL 33012
(954) 431-7676
Digital Contact Information:
dr.gillespie@hotmail.com

and
16400 NW 2nd Ave
Ste 100
Miami, FL 33169
(954) 431-7676
Digital Contact Information:
dr.gillespie@hotmail.com

Gillon, Canisha, MSN, APRN, NP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
appts@aimergency.org
Other Languages Spoken by Provider or Office Staff
English, Creole, French

Gillyard, Brittney L, MSN, APRNCNP, NP ■
FL
(305) 902-6347
Digital Contact Information:
brittney318@outlook.com
Other Languages Spoken by Provider or Office Staff English

Gimenez, Roberto, DNP, PMHNP ■
3908 West 12th Avenue
Hialeah, FL 33012
(305) 400-8904
Digital Contact Information:
fiucred@fiu.edu

and
3383 Northwest 7th Street
FL 2
Miami, FL 33125
(305) 643-4797
Digital Contact Information:
fiucred@fiu.edu

and
711 Northwest 23rd Avenue
Ste 301
Miami, FL 33125
(305) 643-4797
Digital Contact Information:

fiucred@fiu.edu

and
330 Southwest 27th Avenue
STE 609
Miami, FL 33135
(786) 743-0801
Digital Contact Information:
fiucred@fiu.edu

and
8348 Southwest 40th Street
Miami, FL 33155
(786) 528-6770
Digital Contact Information:
fiucred@fiu.edu

and
800 SW 108th Ave
100
Miami, FL 33174
(786) 595-8040
Digital Contact Information:
fiucred@fiu.edu
Other Languages Spoken by Provider or Office Staff
Spanish

Gingerich, Elizabeth A, MSS, LCSW ■
7855 Northwest 12th Street
217
Doral, FL 33126
(786) 473-0632
Digital Contact Information:
alicia@credentialingconsultants.com
Other Languages Spoken by Provider or Office Staff
Spanish

Ginyard, Domoniquie, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Girlie, Marcelline, MSN, APRN, APRNCNP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
help@joinuplift.co

and
FL
(602) 562-7383
(202) 410-5972
Digital Contact Information:
help@joinuplift.co
Other Languages Spoken by Provider or Office Staff Creole, Spanish

Gitlin, Karina, MSN, APRN ■
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(954) 369-4111
Digital Contact Information:
credentialer@gmail.com
Other Languages Spoken by Provider or Office Staff
Hebrew, Russian

Gladney, Lidia V, DNP, NP ■
218 Northwest 24th Street
FL 2-3
Miami, FL 33127
(305) 433-7147
Digital Contact Information:
http://www.sharlynncares.com
sharlynncares@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Glasgow, Carla D, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@simplibill.io

Glasper, Tiffany, MSW, LCSW ■
7400 Southwest 88th Street
Miami, FL 33156
(786) 414-6666
Digital Contact Information:
http://www.memorytrainingflorida.com
adavis.mtca@gmail.com

Glazer, Caleigh M, MA, LMHC ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
info@riviamind.com

Gobbi, Erika B, MSW, LCSW, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
hello@emorahealth.com
Other Languages Spoken by Provider or Office Staff Italian

Godoy, Amneris, MSW, LCSW ■
9555 Southwest 175th Terrace
Suite 223
Palmetto Bay, FL 33157
(786) 370-4198
Digital Contact Information:
everlastingachievements@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Godoy Duran, Karina, MS, LMFT ■
879 East 28th Street
Hialeah, FL 33013
(786) 326-2260
Digital Contact Information:
innerwellnessaba@gmail.com

and
704 Washington Avenue
Homestead, FL 33030
(305) 481-2198
Digital Contact Information:
innerwellnessaba@gmail.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(786) 580-2204
Digital Contact Information:
innerwellnessaba@gmail.com

and
13590 Southwest 134th Avenue
104
Miami, FL 33186
(305) 896-8161
Digital Contact Information:
innerwellnessaba@gmail.com

Goicoechea, Alejandro, MPSY, LMHC ■
15190 SW 136th St
Ste 25
Miami, FL 33196
(786) 626-3970
Digital Contact Information:
https://www.evernorth.com/behavioral-care
alegoicoe@yahoo.com

Goitia, Ariel J, MD ■
4475 Southwest 8th Street
Coral Gables, FL 33134
(786) 536-2872
Digital Contact Information:
general@floridashs.com

and
4810 Southwest 8th Street
Suite 103/104
Coral Gables, FL 33134
(786) 803-8306
Digital Contact Information:
general@floridashs.com

and
3625 Northwest 82nd Avenue
Suite 408
Doral, FL 33166
(786) 217-8510
Digital Contact Information:
general@floridashs.com

and
705 East 8th Avenue
201
Hialeah, FL 33010
(786) 655-0774
Digital Contact Information:
general@floridashs.com

and
15600 Northwest 67th Avenue
204 208
Hialeah, FL 33014
(786) 542-6127
Digital Contact Information:
general@floridashs.com

and
5911 Northwest 173rd Drive
6 6
Hialeah, FL 33015
(786) 380-9229
Digital Contact Information:
general@floridashs.com

and
395 Northwest 14th Avenue
2
Homestead, FL 33030
(786) 349-4350
Digital Contact Information:
general@floridashs.com

and
15260 Southwest 280th Street
113 114
Homestead, FL 33032
(305) 998-7885
Digital Contact Information:
general@floridashs.com

and
5757 Waterford District Drive
Unit 172
Miami, FL 33126
(786) 353-2616
Digital Contact Information:
general@floridashs.com

and
13012 Southwest 85th Avenue Road
Miami, FL 33156
(305) 456-1549
Digital Contact Information:
general@floridashs.com

and
15715 South Dixie Highway
226
Miami, FL 33157
(305) 849-4186
Digital Contact Information:
general@floridashs.com

and
790 Northwest 107th Avenue
Suite 110
Miami, FL 33172
(305) 964-5426
Digital Contact Information:
general@floridashs.com

and
790 Northwest 107th Avenue
Suite 303
Miami, FL 33172
(786) 605-1660
Digital Contact Information:
general@floridashs.com

and
FL
(786) 980-7496
(786) 605-1660
Digital Contact Information:
general@floridashs.com

and
10300 Southwest 72nd Street
250b
Miami, FL 33173
(787) 433-7751
Digital Contact Information:
general@floridashs.com

and
10511 Southwest 88th Street
c103
Miami, FL 33176
(786) 530-7427
Digital Contact Information:
general@floridashs.com

and
14740 Southwest 26th Street
STE 107
Miami, FL 33185
(305) 388-1118
Digital Contact Information:
general@floridashs.com

and
12448 Southwest 127th Avenue
Miami, FL 33186
(786) 864-1030
Digital Contact Information:
general@floridashs.com

and
11285 Southwest 211 Street
207
Miami, FL 33189
(786) 217-8510
Digital Contact Information:
general@floridashs.com

and
11285 Southwest 211 Street
305
Miami, FL 33189
(786) 980-7496
Digital Contact Information:
general@floridashs.com

Gold, Stuart G, PHD, LP ■
1900 North Bayshore Drive
108
Miami, FL 33132
(954) 362-8677
Digital Contact Information:
lrengifo@hgdoctors.com

Gold, Suzanne, MSW, LCSW ■
9990 Southwest 77th Avenue
217
Miami, FL 33156
(305) 323-1994
Digital Contact Information:
suzy@goldcounseling.net

Goldberg, Lawrence, MSW, LCSW ■
1 Alhambra Plaza
Miami, FL 33134
(888) 588-8995
Digital Contact Information:
creds@foresightmentalhealth.com

Goldman, Gabriella D, MC, LMHC ■
9245 Southwest 157th Street
Suite 203
Miami, FL 33157
(305) 642-7600
Digital Contact Information:
http://www.regishouse.org
referrals@regishouse.org

Goldstein, Eric, PHD, LP ■
5975 Sunset Drive
803
South Miami, FL 33143
(305) 662-5299
Digital Contact Information:
egold1953@gmail.com

Gomez, Ashley, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole, Haitian, Spanish

Gomez, Christie, MC, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
payors@emorahealth.com

and
160 Northwest 176th Street
344
Miami Gardens, FL 33169
(305) 816-6300
Digital Contact Information:
payors@emorahealth.com

Gomez, Claudia, MC, LMHC ■
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
lifetherapycoach@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gomez Garcia, Victor E, MS, LMHC ■
12030 Southwest 129th Court
Suite 211
Miami, FL 33186
(305) 639-8760

Digital Contact Information:
http://www.believeandtrusttcm.com
admin@believeandtrusttcm.com

Gomez, Hany, MSN, APRN ■
17900 Southwest 143rd Court
Miami, FL 33177
(305) 979-1395
Digital Contact Information:
hanygomezaprn@gmail.com

Gomez, Jessica M, PHD, LP ■
5555 Ponce De Leon Blvd
Coral Gables, FL 33146
(305) 355-9028
Digital Contact Information:
Not Available

and
5555 Ponce De Leon Blvd
Fl 4
Coral Gables, FL 33146
(305) 355-9028
Digital Contact Information:
Not Available

and
1120 NW 14th St
1477
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
Not Available

and
1400 NW 12th Ave
2005
Miami, FL 33136
(305) 689-1352
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
Miami, FL 33136
(305) 355-7777
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
3200
Miami, FL 33136
(305) 355-7000
Digital Contact Information:
Not Available

and
8932 SW 97th Ave
E
Miami, FL 33176
(305) 243-5302
Digital Contact Information:
Not Available

Gomez, Kelly R, MS, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
credentialing@banyanhealth.org

Gomez, Lissette, MA, LMFT ■
2500 SW 107TH AVE
42
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
info@abcsfl.com

and
FL
(786) 615-3334
Digital Contact Information:
info@abcsfl.com
Other Languages Spoken by Provider or Office Staff
English, Creole, Spanish

Gomez, Luis M, MSN, APRN ■
14400 Northwest 77th Court
#100
Miami Lakes, FL 33016
(786) 916-6073
Digital Contact Information:
soflabillers@gmail.com

Gomez-Abrue, Carmen B, MSW, LCSW ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and
7400 Southwest 88th Street
Miami, FL 33156
(786) 414-6666
Digital Contact Information:
http://www.memorytrainingflorida.com
info@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and
14505 Commerce Way
Ste 750
Miami Lakes, FL 33016
(305) 362-9989
Digital Contact Information:
info@dadefamily.com
Other Languages Spoken by Provider or Office Staff
Spanish

Goncalves, Emily, MD ■
8333 Northwest 53rd Street
Doral, FL 33166
(305) 243-4129
Digital Contact Information:
hello@talkiatry.com

and
1321 Northwest 14th Street
206
Miami, FL 33125
(305) 355-7000
Digital Contact Information:
hello@talkiatry.com

and
1121 NW 14th St
Fl 1
Miami, FL 33136
(305) 243-4129
Digital Contact Information:
hello@talkiatry.com

and
1400 NW 12th Ave
2005
Miami, FL 33136
(305) 689-1352
Digital Contact Information:
hello@talkiatry.com

and
1475 Northwest 12th Avenue
c021
Miami, FL 33136
(305) 243-4129
Digital Contact Information:
hello@talkiatry.com

and
1695 NW 9th Ave
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
hello@talkiatry.com

and
2111 Sole Mia Way
North Miami, FL 33181
(305) 243-0214
Digital Contact Information:
hello@talkiatry.com
Other Languages Spoken by Provider or Office Staff English

Gonzales Rocca, Patricia U, MA, LMFT ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gonzalez, Adriana, MSN, APRN ■
11440 N Kendall Dr
Ste 208
Miami, FL 33176
(305) 898-0849
Digital Contact Information:
callisiabilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez Buigas, Nubia, DNP, APRN ■
1454 Southwest 1st Street
Suite #130
Miami, FL 33135
(786) 353-2872
Digital Contact Information:
nubiagonzalez2002@yahoo.com

and
6724 West Flagler Street
Suite B
Miami, FL 33144
(786) 353-2872
Digital Contact Information:
https://psiquiatriajungiana.com
nubiagonzalez2002@yahoo.com

and
FL
(786) 353-2872
Digital Contact Information:
https://psiquiatriajungiana.com
nubiagonzalez2002@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Daniel, MSN, APRN ■
1120 NW 14th St
1447
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
Not Available

and
FL
(305) 243-0214
Digital Contact Information:
Not Available

Gonzalez, Danyer, MSN, APRN ■
654 NE 9th Pl
Homestead, FL 33030
(305) 248-3488
Digital Contact Information:
tmedina@hbccmhc.com

and
11440 North Kendall Drive
e208
Miami, FL 33176
(786) 889-0467
Digital Contact Information:
tmedina@hbccmhc.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gonzalez Diaz, Tania, MSN, APRN ■
2100 Coral Way
Coral Gables, FL 33145
(786) 320-1677
Digital Contact Information:
diana.vega@serenitympb.com

and
3901 Northwest 79th Avenue
STE 120
Doral, FL 33166
(786) 310-4480
Digital Contact Information:
diana.vega@serenitympb.com

and
3621 SW 107th Ave
Miami, FL 33165
(786) 534-8366
Digital Contact Information:
http://serenitycommunitycenter.com
diana.vega@serenitympb.com

and
4155 Southwest 130th Avenue
114
Miami, FL 33175
(956) 293-5008
Digital Contact Information:
diana.vega@serenitympb.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez Diaz, Vivian D, PSYD, LP ■
3271 NW 7th St
Ste 203
Miami, FL 33125
(786) 220-6902
Digital Contact Information:
http://www.outpatientpsycare.com
viviangonzalezdiaz@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Elizabeth, MPSY, LMHC ●
FL
(727) 712-7014
Digital Contact Information:
elizabethahcf@gmail.com

Gonzalez, Eva C, MS, LMHC ■
1430 South Dixie Highway
STE 204
Coral Gables, FL 33146
(305) 856-9442
Digital Contact Information:
admin@ampmentalhealth.com

and
1411 Coral Way
Miami, FL 33145
(305) 204-9355
Digital Contact Information:
admin@ampmentalhealth.com

and
2464 Southwest 22nd Street
Miami, FL 33145
(305) 204-9355
Digital Contact Information:
http://ampmentalhealth.com
admin@ampmentalhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Francisca, MS, LMHC ■
777 E 25th St
Ste 212
Hialeah, FL 33013
(786) 409-7329
Digital Contact Information:
laluzmentalhealthservices@gmail.com

and
5911 Northwest 173rd Drive
6 6
Hialeah, FL 33015
(786) 380-9229
Digital Contact Information:
laluzmentalhealthservices@gmail.com

and
6187 Northwest 167th Street
STE H26
Hialeah, FL 33015
(305) 705-5666
Digital Contact Information:
laluzmentalhealthservices@gmail.com

and
11401 Southwest 40th Street
#345
Miami, FL 33165
(305) 603-7063
Digital Contact Information:
http://bridgeofcaregroup.com
laluzmentalhealthservices@gmail.com

and
5600 Southwest 135th Avenue
100
Miami, FL 33183
(305) 603-9104
Digital Contact Information:
laluzmentalhealthservices@gmail.com

and
12311 Southwest 133rd Court

23
Miami, FL 33186
(786) 257-7423
Digital Contact Information:
laluzmentalhealthservices@gmail.com

and
12700 Southwest 128th Street
STE 108
Miami, FL 33186
(786) 732-0865
Digital Contact Information:
laluzmentalhealthservices@gmail.com

and
13416 Southwest 128th Street
Miami, FL 33186
(786) 732-0247
Digital Contact Information:
laluzmentalhealthservices@gmail.com

and
5391 Northwest 36th Street
Miami Springs, FL 33166
(305) 418-0580
Digital Contact Information:
laluzmentalhealthservices@gmail.com

and
7500 Sw A St # 203
West Miami, FL 33144
(786) 542-5244
Digital Contact Information:
laluzmentalhealthservices@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gonzalez Garcia, Freysdman, MSW, LCSW ■
900 West 49th Street
B001
Hialeah, FL 33012
(305) 850-3316
Digital Contact Information:
credentialing@billimd.com

and
900 West 49th Street
b505
Hialeah, FL 33012
(786) 663-2822
Digital Contact Information:
credentialing@billimd.com

and
10300 Southwest 72nd Street
261d
Miami, FL 33173
(786) 327-3694
Digital Contact Information:
credentialing@billimd.com

and
12595 Southwest 137th Avenue
STE 110
Miami, FL 33186
(305) 465-9379
Digital Contact Information:
credentialing@billimd.com

Gonzalez Gil, Manuel, MSCC, LMHC ■
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Gloria, PHD, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
professional_counseling@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez Ibarra, Maria L, MS, LMHC ■
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
http://www.hscflorida.com
credentialing@hcsflorida.com

and
4090 Northwest 97th Avenue
300
Doral, FL 33178
(786) 332-4705
Digital Contact Information:
credentialing@hcsflorida.com

and
900 East 9th Street
Hialeah, FL 33010
(305) 381-5294
Digital Contact Information:
credentialing@hcsflorida.com

and
8001 West 26th Avenue
6 6
Hialeah, FL 33016
(786) 372-3262
Digital Contact Information:
credentialing@hcsflorida.com

and
7392 Northwest 35th Terrace
301
Miami, FL 33122
(786) 666-0475
Digital Contact Information:
credentialing@hcsflorida.com

and
7392 Northwest 35th Terrace
Suite 302
Miami, FL 33122
(786) 353-2792
Digital Contact Information:
credentialing@hcsflorida.com

and
1800 Southwest 27th Avenue
505
Miami, FL 33145
(786) 542-9914
Digital Contact Information:
credentialing@hcsflorida.com

and
9350 SW 72nd St
Ste 116
Miami, FL 33173
(305) 992-9768
Digital Contact Information:
credentialing@hcsflorida.com

and
7500 Sw A St # 203
West Miami, FL 33144
(786) 542-5244
Digital Contact Information:
credentialing@hcsflorida.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Jacqueline, MSSW, LCSW ■
11050 N Kendall Dr
Ste 102
Miami, FL 33176
(786) 332-4478
Digital Contact Information:
sasha@livewelltherapygroup.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gonzalez, Jamie, MMH, LMHC ■
17801 Northwest 2nd Avenue
202
Miami, FL 33169
(954) 979-7911
Digital Contact Information:
Not Available

Gonzalez, Juan Carlos, MMFT, LMFT ■
7765 SW 87th Ave
Ste 104
Miami, FL 33173
(786) 229-2614
Digital Contact Information:
jc@jcgcounseling.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Karina, MSW, LCSW ■
1951 NW 17th Ave
Miami, FL 33125
(305) 774-9570
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

and
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
info@dadefamily.com

Gonzalez, Luis, DNP, APRN ■
8725 Northwest 18th Terrace
Suite 202
Doral, FL 33172
(305) 487-2532
Digital Contact Information:
eternitylives24@gmail.com

and
7270 Northwest 12th Street
430
Miami, FL 33126
(786) 615-2843
Digital Contact Information:
eternitylives24@gmail.com

and
12001 Southwest 128th Court
Suite Suite 104
Miami, FL 33186
(786) 868-0505
Digital Contact Information:
eternitylives24@gmail.com

and
13170 Southwest 128th Street
200
Miami, FL 33186
(786) 852-5198
Digital Contact Information:
eternitylives24@gmail.com

and
9010 Southwest 137th Avenue
101
Miami, FL 33186
(786) 803-8826
Digital Contact Information:
http://amorementalhealthcorp.com
eternitylives24@gmail.com

Gonzalez, Maria, MS, LMFT ■
2020 Ponce de Leon
Suite 1201
Miami, FL 33134
(305) 917-5414
Digital Contact Information:
http://www.psychologybeyond.com
mariatgonzalez.lmft@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Maria C, DMFT, LMFT ■
306 Alcazar Avenue
200
Coral Gables, FL 33134
(305) 967-8725
Digital Contact Information:
cristalchcl1@gmail.com

and
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(786) 362-5981
Digital Contact Information:
http://www.azzurrahcc.com
cristalchcl1@gmail.com

and
8245 Northwest 36th Street
#3
Doral, FL 33166
(786) 326-6308
Digital Contact Information:
cristalchcl1@gmail.com

and
1840 W 49th St
Ste 607
Hialeah, FL 33012
(305) 828-9980
Digital Contact Information:
cristalchcl1@gmail.com

and
2100 West 76th Street
#209
Hialeah, FL 33016
(786) 201-1088
Digital Contact Information:
cristalchcl1@gmail.com

and
5353 Southwest 8th Street
Miami, FL 33134
(786) 452-0149
Digital Contact Information:
cristalchcl1@gmail.com

and
8080 West Flagler Street
1a
Miami, FL 33144
(786) 615-2640
Digital Contact Information:
cristalchcl1@gmail.com

and
8500 West Flagler Street
Office 107A
Miami, FL 33144
(786) 907-5141
Digital Contact Information:
cristalchcl1@gmail.com

and
7420 Southwest 48th Street
a
Miami, FL 33155
(786) 362-5981
Digital Contact Information:
cristalchcl1@gmail.com

and
10300 Southwest 72nd Street
414
Miami, FL 33173
(813) 468-7905
Digital Contact Information:
cristalchcl1@gmail.com

and
11890 Southwest 8th Street
Suite 207
Miami, FL 33184
(786) 362-5981
Digital Contact Information:
cristalchcl1@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Martha L, MS, LCSW ■
1120 Northwest 14th Street
RM 1213
Miami, FL 331362107
(305) 243-6660
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Maylin, MS, LMHC, LPC ■
1550 Madruga Ave
Ste 509
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
kenia.romero@abc4s.com

and
4649 Ponce de Leon
STE 404
Coral Gables, FL 33146
(786) 536-9714
Digital Contact Information:
kenia.romero@abc4s.com

and
1150 Northwest 72nd Avenue
640
Miami, FL 33126
(786) 497-3444
Digital Contact Information:
kenia.romero@abc4s.com

and
15715 South Dixie Highway
Suite 320
Miami, FL 33157
(786) 761-1709
Digital Contact Information:
http://www.strongmindmh.com
kenia.romero@abc4s.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez Rodriguez, Mileisy, MSCC, LMHC ■
26027 South Dixie Highway
Homestead, FL 33032
(786) 601-7344
Digital Contact Information:
vitaly.credentialing@gmail.com

and
7805 Coral Way

Ste 131
Miami, FL 33155
(786) 307-2066
Digital Contact Information:
vitaly.credentialing@gmail.com

and
7811 SW 24th St
Ste 120
Miami, FL 33155
(305) 916-4310
Digital Contact Information:
vitaly.credentialing@gmail.com

and
FL
(786) 970-6385
Digital Contact Information:
vitaly.credentialing@gmail.com

and
10300 Southwest 72nd Street
414
Miami, FL 33173
(786) 483-7535
Digital Contact Information:
http://www.happydreamsofkids.com
vitaly.credentialing@gmail.com

and
10300 Southwest 72nd Street
300
Miami, FL 33173
(786) 418-9730
Digital Contact Information:
http://www.happydreamsofkids.com
vitaly.credentialing@gmail.com

and
14471 S Dixie Hwy
Miami, FL 33176
(786) 803-8826
Digital Contact Information:
http://www.amorementalhealthcorp.com
vitaly.credentialing@gmail.com

and
9010 Southwest 137th Avenue
101
Miami, FL 33186
(786) 803-8826
Digital Contact Information:
http://amorementalhealthcorp.com
vitaly.credentialing@gmail.com

and
11285 Southwest 211 Street
207
Miami, FL 33189
(786) 217-8510
Digital Contact Information:
vitaly.credentialing@gmail.com

Gonzalez, Sabrina, DSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Gonzalez Santana, Gleidys, MS, LMHC ■
142 E 49th St
Hialeah, FL 33013
(305) 333-9166
Digital Contact Information:
gleidysgs80@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 899-0429
Digital Contact Information:
gleidysgs80@gmail.com

and
10691 North Kendall Drive
312
Miami, FL 33176
(786) 592-8470
Digital Contact Information:
gleidysgs80@gmail.com

and
11272 Southwest 137th Avenue
Miami, FL 33186
(786) 600-4809
Digital Contact Information:
http://www.generalmhs.com
gleidysgs80@gmail.com

and
13550 SW 88th St
Ste 180
Miami, FL 33186
(305) 385-9919
Digital Contact Information:
gleidysgs80@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Gonzalez, Victor, MSN, APRN ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
info@opabh.com

and
3661 S Miami Ave
Ste 503
Miami, FL 33133
(305) 546-4578
Digital Contact Information:
info@opabh.com

and
1901 West Flagler Street
7
Miami, FL 33135
(786) 612-5973
Digital Contact Information:
info@opabh.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gonzalez, Yolanda, MS, LMHC ■
7221 SW 24th St
Ste 206
Miami, FL 33155
(786) 648-4447
Digital Contact Information:
http://www.fmhpllc.com
yoly@fmhpllc.com

and
7221 SW 24th St
Ste 213
Miami, FL 33155
(786) 239-4405
Digital Contact Information:
http://www.fmhpllc.com
yoly@fmhpllc.com

Gonzalez-Joya, Diana, MSW, LCSW ■
3081 Salzedo Street
Suite 202
Coral Gables, FL 33134
(786) 229-6074
Digital Contact Information:
tdjoya@msn.com

Gooden, Lashawn, CP, LP, PSYD ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

Goodrich, Kenny, MC, LMHC ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
perla.delosrios@dadefamily.com

Goodrow, Courtney, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-1008
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole, Haitian, Spanish

Goolkasian, Alexis, MC, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Gordillo, Dorelys, MPSY, LMHC ■
3741 Northwest 11th Street
Miami, FL 33126
(305) 927-5422
Digital Contact Information:
http://palomamentalhealth.com
info@palomamentalhealth.com

and
12368 SW 82nd Ave
Miami, FL 33156
(786) 227-6570
Digital Contact Information:
http://www.pinecrestcounseling.com
info@palomamentalhealth.com

and
9745 Southwest 184th Street
Palmetto Bay, FL 33157
(305) 927-5422
Digital Contact Information:
info@palomamentalhealth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gordon, Natalie, MSW, LCSW, LMFT ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
melissa1amaya@yahoo.com

Gorham, Tania, MMFT, LMFT ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
gorhamtania@gmail.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
gorhamtania@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gorman, Douglas P, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@thriveworks.com

Goss, Jerron, MSCC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
http://www.wellnite.com
admin@blkhaven.com

Gosset, Stephanie M, MS, LMHC ■
2600 S Douglas Rd
Ste 1003
Coral Gables, FL 33134
(305) 445-0477
Digital Contact Information:
niegosset@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Gotthold, Bessie, MS, LMHC ■
7915 NW 2nd St
Miami, FL 33126
(305) 262-0099
Digital Contact Information:
westmiamicmhc@bellsouth.net
Other Languages Spoken by Provider or Office Staff
Spanish

Gould, Emily L, MSW, LCSW ■
3625 Northwest 82nd Avenue
400 3
Doral, FL 33166
(305) 209-6399
Digital Contact Information:
julie.berger@drcred.com

and
1125 Northeast 125th Street
112
North Miami, FL 33161
(305) 209-6399
Digital Contact Information:
julie.berger@drcred.com

Gould, Felicia, PHD, LP ■
1120 NW 14th St
1447
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
Not Available

and
1120 NW 14th St
1450
Miami, FL 33136
(305) 243-6400
Digital Contact Information:
Not Available

and
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-6400
Digital Contact Information:
Not Available

Grabowitz, Ellen, MD ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Graham Deans, Ardene M, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com

Graham, Morgan, MSW, LCSW ■
7600 South Red Road
200
South Miami, FL 33143
(786) 508-2207
Digital Contact Information:
angelo@lunapsychology.com
Other Languages Spoken by Provider or Office Staff
Spanish

Grana, Antonella, MSN, APRN ■
5915 Ponce de Leon
26
Coral Gables, FL 33146
(786) 664-7810
Digital Contact Information:
jtayntor@healthassets.com
Other Languages Spoken by Provider or Office Staff
Spanish

Grand, Cristina, PSYD, LP ■
4770 Biscayne Blvd
Ste 1440
Miami, FL 33137
(305) 596-4663
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Granja, Karen, MS, LMHC ■
5805 Blue Lagoon Dr
Ste 440
Miami, FL 33126
(800) 767-4411
Digital Contact Information:
Not Available

Grant, Amanda, MSW, LCSW ■
14247 Southwest 42nd Street
Miami, FL 33175
(786) 238-6031
Digital Contact Information:
genesisconsultingservices39@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Grant, Carla, MSN, APRN ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
http://www.compasshealthsystems.com
none@gmail.com

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystems.com

none@gmail.com

Grant, Sydney, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
cwithers@luriechildrens.org
Other Languages Spoken by Provider or Office Staff
Spanish, Polish

Gratia, Vladymir, MSN, APRN ■
11440 N Kendall Dr
Ste 208
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
gratiaadvancedhealth@gmail.com

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
gratiaadvancedhealth@gmail.com
Other Languages Spoken by Provider or Office Staff Haitian Creole

Grava, Lilian, MS, LMFT ■
385 Alhambra Circle
suite c
Coral Gables, FL 33134
(305) 445-9554
Digital Contact Information:
http://wearemindtherapy.com
info@behavioralaid.com

and
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
http://www.behavioralaid.com
info@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
info@behavioralaid.com
Other Languages Spoken by Provider or Office Staff
Portuguese, Spanish

Graypel, Ernest A, MD ■
1395 Brickell Avenue
Suite #800
Miami, FL 33131
(954) 247-8790
Digital Contact Information:
office@emergeandsee.com
Other Languages Spoken by Provider or Office Staff
English, Russian

Green, E'Ula, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Green, Gwendolyn P, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(877) 644-6008
Digital Contact Information:
https://appointment.wellnite.com
insurance@wellnite.com

Green, Lindolyn, MS, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Green, Nikole, MC, LCPC, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Green, Sari, MS, LCMHC, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Green, Shawn, MSN, PMHNP ■
FL
(305) 902-6347
Digital Contact Information:
shawnkgreen1@gmail.com
Other Languages Spoken by Provider or Office Staff English

Green-Scott, Alicia, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
allygreen66@aol.com

Green-Scott, Dashima, MSED, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@wellnite.com

Greenblatt, Jodi, MS, LMFT ■
2915 Biscayne Boulevard
UNIT 303
Miami, FL 33137
(561) 779-0748
Digital Contact Information:
https://www.advancedclientcare.org
acc@advancedclientcare.org
Other Languages Spoken by Provider or Office Staff
Afrikaans

Greene, Danielle N, MSW, LCSW ■
1531 Northwest 173rd Terrace
Miami, FL 33169
(415) 941-4109
(786) 487-8331
Digital Contact Information:
https://www.evernorth.com/behavioral-care
evolvetherapeuticsolutionsllc@gmail.com

and
14645 Northwest 77th Avenue
101
Miami Lakes, FL 33014
(833) 769-3524
Digital Contact Information:
http://lifestance.com
evolvetherapeuticsolutionsllc@gmail.com

Greenstein, Yakov, MD ■
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
credentialing@retreatmail.com
Other Languages Spoken by Provider or Office Staff
Hebrew, Yiddish

Gregory, Alysa M, MSSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Grenier, Ivan, MSN, APRN ■
2001 Northwest 107th Avenue
412
Doral, FL 33172
(786) 548-8322
Digital Contact Information:
xavier@southhealthmed.com

and
7959 NW 2nd St
Miami, FL 33126
(305) 267-6060
Digital Contact Information:
xavier@southhealthmed.com

and
3080 W Flagler St
Miami, FL 33135
(305) 456-1600
Digital Contact Information:
xavier@southhealthmed.com

and
5673 Southwest 137th Avenue
Miami, FL 33183
(305) 385-3949
Digital Contact Information:
xavier@southhealthmed.com
Other Languages Spoken by Provider or Office Staff
Spanish

Griff, Richard, PSYD, LP ■
3081 Salzedo Street
Suite 202
Coral Gables, FL 33134
(305) 330-0588
Digital Contact Information:
griff_psych@yahoo.com

and
3625 Northwest 82nd Avenue
400
Doral, FL 33166
(305) 330-0588
Digital Contact Information:
griff_psych@yahoo.com

and
19300 West Dixie Highway
2 2
Miami, FL 33180
(305) 330-0588
Digital Contact Information:
griff_psych@yahoo.com

Griffith, Tina, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com

Griffiths, Kimberly, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Grigorova, Marina, MS, LMHC ■
FL
(646) 453-6777
Digital Contact Information:
marinag2804@gmail.com
Other Languages Spoken by Provider or Office Staff
Bulgarian

Grodie, Alexandria, DNP, APRN ■
FL
(305) 902-6347
Digital Contact Information:
http://www.blueskypsychiatrists.com
mercypho@mercy.net

Grosse-Cardinale, Veronica, PSYD, LP ■
1900 North Bayshore Drive
108
Miami, FL 33132
(954) 362-8677
Digital Contact Information:
bh@hgdoctors.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Grossfeld, Brooke L, MMH, LMHC ■
FL
(305) 501-1674
Digital Contact Information:
https://www.psychologytoday.com/us/therapists/broo
brookegtherapy@gmail.com

Guadagnino, Jeanette, MPSY, LMHC ■
848 Brickell Avenue
5
Miami, FL 33131
(904) 765-0665
Digital Contact Information:
gscounseling@outlook.com

Guardo, Estela, MSCC, LMHC ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
perla.delosrios@dadefamily.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Guas, Valeria, MS, LMHC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
11890 Southwest 8th Street
STE 309
Miami, FL 331841710
(305) 220-6060
Digital Contact Information:
http://www.blueangelcare.net
credentialing@happierliving.com

Guemez, Maidember, MMH, LMHC ■
13335 Southwest 124th Street
Suite 212
Miami, FL 33186
(786) 515-4569
Digital Contact Information:
mguemez@sfcounselinggroup.org

and
13590 Southwest 134th Avenue
STE 202
Miami, FL 33186
(786) 515-4569
Digital Contact Information:
mguemez@sfcounselinggroup.org
Other Languages Spoken by Provider or Office Staff
Spanish

Gueron, Orly, MSED, LMFT ■
2999 NE 191st St
Ste 705
Miami, FL 33180
(305) 924-6555
Digital Contact Information:
orly@orlygueron.com
Other Languages Spoken by Provider or Office Staff
Hebrew

Guerra Alfonso, Tamara, MD ■
15935 Northwest 57th Avenue
Hialeah, FL 33014
(786) 953-5506
Digital Contact Information:
tamaraguerramd@gmail.com

and
1900 Sw 106th St Unit 12b
Miami, FL 33157
(786) 760-9173
Digital Contact Information:
tamaraguerramd@gmail.com

and
19100 Southwest 106th Avenue
12 12
Miami, FL 33157
(786) 360-2852
Digital Contact Information:
tamaraguerramd@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Guerra, Evelyn, MS, LMHC ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com

and
15924 SW 92nd Ave
Miami, FL 33157
(305) 964-5824
Digital Contact Information:
credentialing@behavioralaid.com

and
9415 Sunset Drive
Suite 123
Miami, FL 33173
(786) 762-2952
Digital Contact Information:
credentialing@behavioralaid.com

Other Languages Spoken by Provider or Office Staff Spanish

Guerra, Roberto, MBS, APRN ■
4302 Alton Rd
Ste 820
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com

and
4304 Alton Rd
Miami Beach, FL 33140
(305) 674-2876
Digital Contact Information:
kowens@msmc.com

Guerra-Valencia, Jose A, MD ■
11009 Southwest 186th Street
Cutler Bay, FL 33157
(786) 732-7979
Digital Contact Information:
garzola@larkinhospital.com

and
900 East 9th Street
Hialeah, FL 33010
(786) 409-4428
Digital Contact Information:
garzola@larkinhospital.com

and
789 Northwest 27th Avenue
Miami, FL 33125
(772) 241-9222
Digital Contact Information:
garzola@larkinhospital.com

and
8300 West Flagler Street
124
Miami, FL 33144
(305) 877-6650
Digital Contact Information:
garzola@larkinhospital.com

and
8370 W Flagler St
Ste 232
Miami, FL 33144
(786) 663-2822
Digital Contact Information:
garzola@larkinhospital.com

and
10031 Southwest 40th Street
Miami, FL 33165
(786) 442-9628
Digital Contact Information:
garzola@larkinhospital.com

and
10250 SW 56th St
Ste D201
Miami, FL 33165
(786) 362-5707
Digital Contact Information:
garzola@larkinhospital.com

and
6801 Northwest 77th Avenue
107
Miami, FL 33166
(786) 536-2364
Digital Contact Information:
garzola@larkinhospital.com

and
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
garzola@larkinhospital.com

and
8100 Northwest 155th Street
100
Miami Lakes, FL 33016
(786) 615-2531
Digital Contact Information:
garzola@larkinhospital.com

and
6140 SW 70th St
Fl 2
South Miami, FL 33143
(305) 284-7577
Digital Contact Information:
garzola@larkinhospital.com

Guerrelus, Elange, MC, LMHC ■
2801 Northeast 213th Street
Suite 1215
Aventura, FL 33180
(833) 769-3524
Digital Contact Information:
fl-credentialing@lifestance.com
Other Languages Spoken by Provider or Office Staff English, French

Guerrero, Andre, MSN, APRN ■
8950 Southwest 74th Court
1911
Miami, FL 33156
(786) 637-0907
Digital Contact Information:
http://southfloridapsychiatry.co
info@rushcredentialing.com
Other Languages Spoken by Provider or Office Staff Spanish

Guerrero, Mariel, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Spanish

Guevara, Heidi, MC, LMHC ■
250 Catalonia Avenue
Suite 702
Coral Gables, FL 33134
(321) 405-2805
Digital Contact Information:
https://harvestingjoypsychologicalservices.com
harvestingjoypsyservices@gmail.com

and
250 Catalonia Avenue
suite 403
Coral Gables, FL 33134
(321) 405-2805
Digital Contact Information:
https://harvestingjoypsychologicalservices.com
harvestingjoypsyservices@gmail.com

and
3833 Southwest 8th Street
Coral Gables, FL 33134
(321) 405-2805
Digital Contact Information:
harvestingjoypsyservices@gmail.com

and
5901 Northwest 183rd Street
120a
Hialeah, FL 33015
(786) 409-4872
Digital Contact Information:
http://onesoulcmh.com
harvestingjoypsyservices@gmail.com

and
5901 Northwest 183rd Street
Suite 128
Hialeah, FL 33015
(786) 409-4872
Digital Contact Information:
http://onesoulcmh.com
harvestingjoypsyservices@gmail.com

Guevara Vazquez, Vladimir A, MD ■
7855 Northwest 12th Street
217
Doral, FL 33126
(786) 473-0632
Digital Contact Information:
imhotepcxinc@gmail.com

and
6187 Northwest 167th Street
STE H26
Hialeah, FL 33015
(305) 705-5666
Digital Contact Information:
imhotepcxinc@gmail.com

and
3408 West 84th Street
STE 301
Hialeah, FL 33018
(786) 661-2971
Digital Contact Information:
imhotepcxinc@gmail.com

and
1150 Northwest 72nd Avenue
220
Miami, FL 33126
(786) 558-4899
Digital Contact Information:
imhotepcxinc@gmail.com

and
1495 NW 54th St
Miami, FL 33142
(305) 205-4328
Digital Contact Information:
imhotepcxinc@gmail.com

and
8550 West Flagler Street
Suite 113
Miami, FL 33144
(305) 755-2200
Digital Contact Information:
imhotepcxinc@gmail.com

and
14261 Southwest 120th Street
Suite #113
Miami, FL 33186
(786) 558-4169
Digital Contact Information:
imhotepcxinc@gmail.com

and
5391 Northwest 36th Street
Miami Springs, FL 33166
(786) 636-1310
Digital Contact Information:
imhotepcxinc@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Guilbe, Angelika, MSCC, LMHC ■
FL
(754) 307-6860
Digital Contact Information:
http://www.solrivercounseling.com
angie_guilbe@yahoo.com

Guillen, Wendy, MA, BCBA ■
Home Based Services Only
Doral, FL 33126
(305) 433-5489
Digital Contact Information:
sasha@mestre-behavior.com

Guiribitey-Rodriguez, Patricia, MD ■
2601 SW 37th Ave
Ste 903
Miami, FL 33133
(305) 204-9799
Digital Contact Information:
trudy@medvaultconsultants.com

Guntin, Yamile, MSW, LCSW ■
3191 Coral Way
607
Miami, FL 33145
(786) 397-7926
Digital Contact Information:
https://headfulloffoliage.com
guntinaleman@gmail.com

and
FL
(786) 397-7926
Digital Contact Information:
https://headfulloffoliage.com
guntinaleman@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Guskovict, Kristen, MSW, LCSW ■
FL
(917) 628-6231
Digital Contact Information:
kguskovict@heartofaidwork.com

Guthrie, Allison P, MSN, APRN ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Gutierrez, Azucena R, MC, LMHC ■
12039 Southwest 132nd Court
4 4
Miami, FL 33186
(754) 281-3662
Digital Contact Information:
nicanoragent83@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Gutierrez, Beatriz, MSN, APRN ■
FL
(954) 765-6505
Digital Contact Information:
https://optimalmindandwellness.com/our-focus
beatriz@optimalmindandwellness.com

Gutierrez, Damian, MC, LMHC ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
credentialing@banyanhealth.org

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
credentialing@banyanhealth.org

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
credentialing@banyanhealth.org

Gutierrez, Rina L, MS, LMFT ■
10229 Northwest 9th Street Circle
204 204
Miami, FL 33172
(786) 457-9963
Digital Contact Information:
http://rinagutierrez.com
lic.rinagutierrez@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Gutierrez, Silvia, MSW, LCSW ■
489 East Okeechobee Road
Hialeah, FL 33010
(305) 390-7992
Digital Contact Information:
contact@balancedwellbeingllc.com

and
5040 Northwest 7th Street
Suite 660
Miami, FL 33126
(305) 900-2361
Digital Contact Information:
contact@balancedwellbeingllc.com

and
11055 Southwest 186th Street
#101
Miami, FL 33157
(305) 342-4893
Digital Contact Information:
contact@balancedwellbeingllc.com

and
FL
(305) 342-4893
(305) 390-7992
Digital Contact Information:
contact@balancedwellbeingllc.com

Guzman, Francisco J, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
providerenrollment@geodehealth.com
Other Languages Spoken by Provider or Office Staff Spanish

Guzman, Jennifer, MED, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
paige@daybreakhealth.com

Guzman, Marlene D, BA, CPC ■
1601 NW 12th Ave
Miami, FL 33136
(305) 243-3669
Digital Contact Information:
Not Available

and
1120 Northwest 14th Street
RM 1213
Miami, FL 331362107
(305) 243-6660
Digital Contact Information:
Not Available

Guzman, Teresa, MSW, LCSW ■
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-6400
Digital Contact Information:
Not Available

and
1611 NW 12th Ave
Miami, FL 33136
(305) 585-7040
Digital Contact Information:
Not Available

Gwaro, Agnes, MSN, APRNCNS ■
FL
(305) 902-6347
Digital Contact Information:
http://www.bebravehealth.com
start@bebravehealth.com

Haber, Alberto H, MHS, LMHC ■
1045 Kane Concourse
207-208
Bay Harbor Islands, FL 33154
(305) 866-3866
Digital Contact Information:
ahaberlmhc@aol.com

and
1045 Kane Concourse
207
Bay Harbor Islands, FL 33154
(305) 866-3866
Digital Contact Information:
ahaberlmhc@aol.com
Other Languages Spoken by Provider or Office Staff Portuguese, Spanish

Hadjikyriakou, Maria, MD ■
1120 NW 14th St
1463
Miami, FL 33136
(305) 243-6400
Digital Contact Information:
Not Available

and
1121 NW 14th St
Fl 1
Miami, FL 33136
(305) 243-4129
Digital Contact Information:
Not Available

and
1400 NW 12th Ave
E
Miami, FL 33136
(305) 689-1352
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff Spanish

Hagstrom, Morgan, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Haider, Shamshad, MED, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff Farsi, Urdu, Arabic, Hindi

Hakiel-Calcaterra, Judy, MA, LMHC ■
2999 Northeast 191st Street
Suite 709F
Aventura, FL 33180
(305) 915-5748
Digital Contact Information:
jhctherapy@gmail.com

and
2121 Southwest 3rd Avenue
101
Miami, FL 33129
(305) 915-5748
Digital Contact Information:
jhctherapy@gmail.com

Haldeman, Melissa, DNP, APRN, NP, PMHNP ■
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

Hale, Mecia, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
rcm_enrollment@eastersealsmorc.org

Hall, Karla, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
hello@joinblossomhealth.com

Hall, Magenta V, MSN, APRN ■
1000 Brickell Avenue
Miami, FL 33131
(561) 231-2594
Digital Contact Information:
providercredentialing@aimmccs.com
Other Languages Spoken by Provider or Office Staff English

Hall, Stephanie, MSW, LCSW, LICSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
info@kbtcounseling.com

Halliday, Anna, MED, LMHC ■
3580 Mystic Pointe Drive
Suite 108
Aventura, FL 33180
(305) 205-3810
Digital Contact Information:
support@hstherapycollective.com

and
820 Northeast 143rd Street
North Miami, FL 33161
(305) 205-3810
Digital Contact Information:
http://hstherapycollective.com
support@hstherapycollective.com

Halpern, David, MD ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
Other Languages Spoken by Provider or Office Staff Hebrew, English

Hamid, Ahsan, PA, PA_C ■
66 West Flagler Street
Miami, FL 33130
(347) 875-0473
Digital Contact Information:
ldiaz@mindfulhc.com

Hamilton, Andrea, MC, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
help@joinuplift.co

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Hamilton, Losarnia S, MSN, APRN ■
5901 Southwest 74th Street
408
Miami, FL 33143
(954) 561-6222
Digital Contact Information:
http://www.ventremedical.com
info@ventremedical.com
Other Languages Spoken by Provider or Office Staff Spanish

Hamilton, Richard A, PHD, LP ■
8900 N Kendall Dr
Miami, FL 33176
(786) 596-2000
Digital Contact Information:
hamiltonphd@hotmail.com

and
8950 N Kendall Dr
Ste 104W
Miami, FL 33176
(305) 665-8700
Digital Contact Information:
hamiltonphd@hotmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Hamner, Becky, MSN, NP ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
veda.joshi@televerohealth.com
Other Languages Spoken by Provider or Office Staff English

Hampton, Megan, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Hampton, Valerie, MSN, APN, APRN, APRNCNP, CNS, NP ■
770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
5201 Blue Lagoon Dr
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Hansard, Tahsha, MS, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
insurance@wellnite.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com
Other Languages Spoken by Provider or Office Staff English

Hansen, Angela M, MSW, LCSW ■
395 Northwest 14th Avenue
2
Homestead, FL 33030
(786) 349-4350
Digital Contact Information:
supramedicalbilling@gmail.com

and
8300 West Flagler Street
124
Miami, FL 33144
(305) 877-6650
Digital Contact Information:
supramedicalbilling@gmail.com

and
4995 Southwest 72nd Avenue
401
Miami, FL 33155
(786) 558-5860
Digital Contact Information:
supramedicalbilling@gmail.com

and
10300 SW 72nd St
Ste 230
Miami, FL 33173
(786) 536-5710
Digital Contact Information:
supramedicalbilling@gmail.com

and
10300 Southwest 72nd Street
Suite 350
Miami, FL 33173
(305) 603-9204
Digital Contact Information:
supramedicalbilling@gmail.com

and
10677 North Kendall Drive
ste 5-a
Miami, FL 33176
(786) 296-2773
Digital Contact Information:
supramedicalbilling@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Hanson, Jaitesha, MS, LMHC ■
FL
(305) 902-6347

Digital Contact Information:
credentialing@bebravehealth.com

Haramboure, Yuliet, MSN, APRN ■
12030 Southwest 129th Court
Suite 211
Miami, FL 33186
(305) 639-8760
Digital Contact Information:
http://www.believeandtrusttcm.com
admin@believeandtrusttcm.com

Hargrove, Chelsea N, MSN, APRN ■
770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
vijay@cardiacsi.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
vijay@cardiacsi.com

and
5201 Blue Lagoon Dr
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
vijay@cardiacsi.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
vijay@cardiacsi.com

and
80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
vijay@cardiacsi.com

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
vijay@cardiacsi.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
vijay@cardiacsi.com

and
830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
vijay@cardiacsi.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(888) 684-2779
Digital Contact Information:
vijay@cardiacsi.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
vijay@cardiacsi.com

Harker, Kim Kimberly, MPSY, LAC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
grant@soulful-recovery.com

Harmon, Aprill, MSSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Harmon, Portia, MC, LMHC, LPCC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Harper, Jannet, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
help@joinuplift.co

Harper, Tina, DNP, APRN, NP ■
2875 Northeast 191st Street
STE 500
Aventura, FL 33180
(888) 684-2779
Digital Contact Information:
credentialing@talbertsmedical.com

and
2332 Galiano Street
floor 2
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing@talbertsmedical.com

and
255 Giralda Avenue
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing@talbertsmedical.com

and
370 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
credentialing@talbertsmedical.com

and
333 Southeast 2nd Avenue
Suite #2000
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@talbertsmedical.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@talbertsmedical.com

and
3390 Mary Street
#116
Miami, FL 33133
(888) 684-2779
Digital Contact Information:
credentialing@talbertsmedical.com

and
350 Lincoln Road
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
credentialing@talbertsmedical.com

and
429 Lenox Ave
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
credentialing@talbertsmedical.com

and
323 Sunny Isles Boulevard
FL 7
Sunny Isles Beach, FL 33160
(888) 684-2779
Digital Contact Information:
credentialing@talbertsmedical.com

Harris, Brian, MA, LMHC ■
FL
(786) 733-6422
Digital Contact Information:
http://www.elliementalhealth.com
fl-credentialing@lifestance.com

Harris, Dawnchele, MSW, LCSW ■
FL
(508) 202-1011
Digital Contact Information:
Not Available

Harris, Gail L, MSW, LCSW ■
975 Arthur Godfrey Rd
Ste 303
Miami Beach, FL 33140
(786) 210-4814
Digital Contact Information:
gailkayharris@gmail.com

Harris, Glenda C, PHD, LP ■
1475 NW 12th Ave
C-023A
Miami, FL 33136
(305) 243-1470
Digital Contact Information:
Not Available

Harris, Keith, MSW, LMSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Harris, Teresa Q, MA, LPC ■
FL
(650) 761-9770
Digital Contact Information:
psychoanalyst42@protonmail.com

Harris, Thais T, MSW, LCSW, LISW-CP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
sc-credentialing@lifestance.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
sc-credentialing@lifestance.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
sc-credentialing@lifestance.com

Harrison, Doris, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Harrison, Michelle, MS, LMHC, LPC ■
FL
(305) 902-6347
Digital Contact Information:
http://www.bebravehealth.com
start@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Hart, Monique, MSW, LCSW, LICSW ■
FL
(508) 202-1011
Digital Contact Information:
http://orendapsych.com
mohart@3qhartcounseling.com

and
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
mohart@3qhartcounseling.com

Hart, Phyllis, EDD, LMHC, MA ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Harvey, Hope, MC, LMHC ■
8750 Southwest 144th Street
Ste 207
Miami, FL 33176
(561) 790-8072
Digital Contact Information:
hello@jwrgrp.com

Harvey, Philip D, PHD, LP ■
1120 NW 14th St
1450
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
Not Available

and
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-6400
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
3308
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
Fl 3
Miami, FL 33136
(305) 355-9006
Digital Contact Information:
Not Available

Hasboun, Alexandra, MSED, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
hello@talkiatry.com
Other Languages Spoken by Provider or Office Staff Haitian Creole

Hasbun, Rene, MSED, LMHC ■
7000 Southwest 70th Avenue
600
Miami, FL 33143
(305) 284-7577
Digital Contact Information:
rhasbun@larkinhospital.com

Hashmi, Abia, MA, LCPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
abia@talktherapywithabia.com
Other Languages Spoken by Provider or Office Staff Urdu

Hass, Natasha, MA, LMFT ■
FL
(305) 345-3385
Digital Contact Information:
natasha.hass7@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Hassan, Hamlet R, MD ■
4475 Southwest 8th Street
Coral Gables, FL 33134
(786) 536-2872
Digital Contact Information:
bcd.ahcs@outlook.com

and
3146 Coral Way
FL 2
Coral Gables, FL 33145
(786) 953-8874
Digital Contact Information:
bcd.ahcs@outlook.com

and
1905 Northwest 82nd Avenue
Doral, FL 33126
(786) 420-5924
Digital Contact Information:
bcd.ahcs@outlook.com

and
11402 Northwest 41st Street
Unit 206
Doral, FL 33178
(305) 373-3424
Digital Contact Information:
https://avilahealthgroup.com
bcd.ahcs@outlook.com

and
664 E 25th St
Hialeah, FL 33013
(786) 409-2651
Digital Contact Information:
bcd.ahcs@outlook.com

and
664 East 25th Street
102
Hialeah, FL 33013
(786) 409-5361
Digital Contact Information:
bcd.ahcs@outlook.com

and
7490 Southwest 23rd Street
201
Miami, FL 33155
(786) 953-8221
Digital Contact Information:
bcd.ahcs@outlook.com

and
760 Northwest 107th Avenue
110
Miami, FL 33172
(786) 409-3800
Digital Contact Information:
bcd.ahcs@outlook.com

and
10511 North Kendall Drive
c201
Miami, FL 33176
(305) 274-5319
Digital Contact Information:
bcd.ahcs@outlook.com
Other Languages Spoken by Provider or Office Staff Spanish

Hassell-Walker, Leigh, MSW, LCSW ■
FL
(305) 902-6347
Digital Contact Information:
https://bebravehealth.com/
credentialing@bebravehealth.com

Hatcher, Laurie A, MSW, LCSW ■
770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
Not Available

and
7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
Not Available

and
5201 Blue Lagoon Dr
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
Not Available

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
Not Available

and
80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
Not Available

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
Not Available

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com

and
830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
Not Available

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(888) 684-2779
Digital Contact Information:
Not Available

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff English

Haughton, Verona, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
hello@joinblossomhealth.com

Havemann, Katherine, MA, LMHC ■
5805 Blue Lagoon Dr
Ste 440
Miami, FL 33126
(800) 767-4411
Digital Contact Information:
Not Available

Hawkins, Erin, MSW, LCSW ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
sanderson@medicalbillingwholesaler.com

Hayes, Karen O, MSW, LCSW ■
FL
(352) 530-3344
Digital Contact Information:
kpomiami@gmail.com

Hayes, Lakisha, MA, LPC ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(503) 427-8094
Digital Contact Information:
info@findbestself.com

Haynes, Azhany, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian

Hazan, Jack, MC, LMHC ■
1504 Bay Road
2003
Miami Beach, FL 33139
(917) 453-9306
Digital Contact Information:
clientcae@moderntherapygroup.com
Other Languages Spoken by Provider or Office Staff English

Heard, Chelsea, MSSW, LCSW ■
1414 Northwest 107th Avenue
Suite #109
Doral, FL 33172
(786) 762-2952
Digital Contact Information:
chelseaheardcounseling@gmail.com

Hecht, Kaleigh, DNP, APN, APRN, CNP, NP ■
1230 Southwest 2nd Avenue
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
credentialing@eastwardmedical.com

and
150 SE 2nd Ave
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@eastwardmedical.com

and
201 S Biscayne Blvd
Fl 28
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@eastwardmedical.com

and
47 Southeast 15th Road
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@eastwardmedical.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@eastwardmedical.com

and
2222 Ponce de Leon
Miami, FL 33134
(888) 684-2779
Digital Contact Information:
credentialing@eastwardmedical.com

and
1901 Southwest 8th Street
Miami, FL 33135
(888) 684-2779
Digital Contact Information:
credentialing@eastwardmedical.com

and
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(888) 684-2779
Digital Contact Information:
credentialing@eastwardmedical.com

and
1688 Meridian Avenue
STE 700
Miami Beach, FL 33139
(888) 684-2779
Digital Contact Information:
credentialing@eastwardmedical.com

and
1801 NE 123rd St
Ste 314
North Miami, FL 33181
(888) 684-2779
Digital Contact Information:
credentialing@eastwardmedical.com

Hecker, Jillanne K, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
arscredentialing@advancedrecoverysystems.com

Heinz, Valentina, MS, LMHC ■
1601 NW 12th Ave
Miami, FL 33136
(305) 243-3669
Digital Contact Information:
Not Available

and
1120 Northwest 14th Street
RM 1213
Miami, FL 331362107
(305) 243-6660
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff Spanish

Heit, Stacey, MD ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com
Other Languages Spoken by Provider or Office Staff English

Helmi, Jehan F, MD ■
1501 Biscayne Boulevard
#501
Miami, FL 33132
(818) 600-2034
Digital Contact Information:
amanda.kudoba@uhsinc.com
Other Languages Spoken by Provider or Office Staff English, Turkish, Arabic

Henderson, Davetta A, EDD, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
insurance@wellnite.com

Henderson, Kimberly, MSW, LCSW ■
FL
(305) 804-9121
Digital Contact Information:
http://www.sfacounseling.org
info@sfacounseling.org

Hendricks-Marx, Donna H, MS, LMHC ■
1175 Northeast 125th Street
320
Miami, FL 33161
(954) 372-0423
Digital Contact Information:
http://www.marriagefamilyservices.com
donnamarx@yahoo.com

Hendrickson, Michael E, PHD, LP ■
8600 SW 92nd Street
#203
Kendall, FL 33156
(786) 247-5575
Digital Contact Information:
michaelhendricksonphd@gmail.com

Henning, Rebecca, MSN, APRN, NP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
credentialing@happierliving.com

Hennings, Sydne, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Henriquez, Maribi, MSW, LCSW ■
14261 Southwest 120th Street
108 628
Miami, FL 33186
(786) 372-0096
Digital Contact Information:
contact@projectchula.com

and
FL
(786) 372-0096
Digital Contact Information:
contact@projectchula.com

Henry, Joseph H, MD ■
1120 NW 14th St
1477
Miami, FL 33136
(305) 243-0214
Digital Contact Information:
Not Available

and

1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-6400
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
3308
Miami, FL 33136
(305) 243-6400
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
Fl 14
Miami, FL 33136
(305) 243-4782
Digital Contact Information:
Not Available

and
1695 NW 9th Ave
Fl 3
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
Not Available

and
FL
(305) 243-6400
(305) 243-0214
Digital Contact Information:
Not Available

Henry, Reed F, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Henry, Sheryl, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Herbert, Queenesha G, MA, LCPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
credentialing@wellnite.com

Hernandez, Alfredo, MS, LMHC ■
7700 North Kendall Drive
807
Miami, FL 33156
(415) 941-4109
Digital Contact Information:
nicholas@md-access.net

Hernandez Alvarez, Nylen, MSN, APRN ■
5901 Southwest 74th Street
211
Miami, FL 33143
(786) 228-6892
Digital Contact Information:
http://www.santanamhs.com
admin@santanamhs.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Amy M, MD ■
3750 West 16th Avenue
126u
Hialeah, FL 33012
(786) 609-1765
Digital Contact Information:
lfmcbilling@gmail.com

and
3750 West 16th Avenue
140u
Hialeah, FL 33012
(786) 609-1765
Digital Contact Information:
lfmcbilling@gmail.com

and
640 W Palm Dr
Ste D
Homestead, FL 33034
(786) 601-7757
Digital Contact Information:
lfmcbilling@gmail.com

and
640 West Palm Drive
c
Homestead, FL 33034
(305) 793-4701
Digital Contact Information:
lfmcbilling@gmail.com

and
2199 West Flagler Street
Miami, FL 33135
(305) 643-0550
Digital Contact Information:
http://www.lafamiliamiami.com
lfmcbilling@gmail.com

and
1797 Coral Way
Miami, FL 33145
(786) 464-0673
Digital Contact Information:
lfmcbilling@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Anabelle, MMFT, LMFT ■
11055 Southwest 186th Street
306
Miami, FL 33157
(786) 224-6884
Digital Contact Information:
annabellehernandez@brightsyhealthfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Ania, MS, BCBA ■
12060 Southwest 129th Court
Suite 205
Miami, FL 33186
(786) 864-9113
Digital Contact Information:
Not Available

Hernandez, Arlenys, MD ■
801 Monterey Street
202
Coral Gables, FL 33134
(786) 803-8306
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
900 West 49th Street
STE 400
Hialeah, FL 33012
(305) 587-2231
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
5911 Northwest 173rd Drive
6 6
Hialeah, FL 33015
(786) 380-9229
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
5455 Southwest 8th Street
235
Miami, FL 33134
(305) 794-8218
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
4995 Southwest 72nd Avenue
401
Miami, FL 33155
(786) 558-5860
Digital Contact Information:
rossconsultingandcredentialing@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Hernandez, Belkis, MS, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
office@cartwheelcare.org

Hernandez Cardenache, Rene D, PSYD, LP ■
1295 NW 14th St
Ste E
Miami, FL 33125
(305) 689-1352
Digital Contact Information:
ccardenache@yahoo.com

and
1120 NW 14th St
Fl 14
Miami, FL 33136
(305) 243-2301
Digital Contact Information:
ccardenache@yahoo.com

and
1695 NW 9th Ave
1404A
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
ccardenache@yahoo.com

and
1695 NW 9th Ave
Fl 14
Miami, FL 33136
(305) 243-4782
Digital Contact Information:
ccardenache@yahoo.com

and
1695 NW 9th Ave
Fl 3
Miami, FL 33136
(305) 355-9028
Digital Contact Information:
ccardenache@yahoo.com

and
12955 SW 42nd St
Miami, FL 33175
(305) 559-0050
Digital Contact Information:
ccardenache@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Cibeles, PHD, LP ■
3400 Coral Way
Ste 402
Miami, FL 33145
(305) 567-0270
Digital Contact Information:
chernandezphd@bellsouth.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Cristina, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole, Haitian, Spanish

Hernandez Cruz, Lisandra, MSN, APRN ■
770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
mentalwellnessflorida@gmail.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
mentalwellnessflorida@gmail.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
mentalwellnessflorida@gmail.com

and
80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
mentalwellnessflorida@gmail.com

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
mentalwellnessflorida@gmail.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
mentalwellnessflorida@gmail.com

and
830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
mentalwellnessflorida@gmail.com

and
3661 S Miami Ave
Ste 503
Miami, FL 33133
(305) 546-4578
Digital Contact Information:
mentalwellnessflorida@gmail.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(888) 684-2779
Digital Contact Information:
mentalwellnessflorida@gmail.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
mentalwellnessflorida@gmail.com
Other Languages Spoken by Provider or Office Staff English

Hernandez, Diana, MC, LMHC ■
2500 Southwest 107th Avenue
41
Miami, FL 33165
(786) 615-3334
Digital Contact Information:
http://www.abcsfl.com
info@abcsfl.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez Escajadillo, Gloria, MS, LMHC ■
8175 Northwest 12th Street
Suite 119
Doral, FL 33126
(415) 941-4109
Digital Contact Information:
http://www.azzurrahcc.com
hdezescajadillo@yahoo.com

Hernandez, Greter, MSCC, LMHC ■
361 West Park Drive
2 2
Miami, FL 33172
(786) 543-0406
Digital Contact Information:
greaterh305@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Hernandez, Janet, MA, LPC ■
801 Brickell Avenue
8
Miami, FL 33131
(866) 487-5850
Digital Contact Information:
birches@withassured.com

Hernandez, Juan D, MED, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
contracting@confidanthealth.com

Hernandez, Julieta P, PHD, LP ■
1601 NW 12th Ave
Miami, FL 33136
(305) 243-6857
Digital Contact Information:
Not Available
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Karla P, MS, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131

(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
info@mindworkstx.com
Other Languages Spoken by Provider or Office Staff English

Hernandez, Lecsy, MA, BCBA, LMHC ■
770 Ponce de Leon
307
Coral Gables, FL 33134
(786) 344-8757
Digital Contact Information:
mtherapy@hushmail.com

and
770 Ponce de Leon
Ste 305
Coral Gables, FL 33134
(786) 344-8757
Digital Contact Information:
mtherapy@hushmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 695-8672
Digital Contact Information:
mtherapy@hushmail.com

and
4155 Southwest 130th Avenue
108
Miami, FL 33175
(786) 695-8672
Digital Contact Information:
mtherapy@hushmail.com

Hernandez, Madeline, PHD, LMHC ■
3408 W 84th St
Ste 317
Hialeah, FL 33018
(305) 822-6772
Digital Contact Information:
mhernandezpsyd@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Maria, MC, LMHC ■
4649 Ponce de Leon
STE 404
Coral Gables, FL 33146
(786) 653-3719
Digital Contact Information:
kenia.romero@abc4s.com

and
3498 Northwest 7th Street
Miami, FL 33125
(786) 653-3719
Digital Contact Information:
kenia.romero@abc4s.com

and
Home Based Services Only
South Miami, FL 33146
(786) 536-9714
Digital Contact Information:
kenia.romero@abc4s.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Hernandez, Nelson A, MD ■
11430 North Kendall Drive
106
Miami, FL 33176
(305) 279-5535
Digital Contact Information:
http://www.compasshealthsystem.com
intake@compass.md

and
1065 NE 125th St
Ste 206
North Miami, FL 33161
(305) 891-0050
Digital Contact Information:
http://www.compasshealthsystem.com
intake@compass.md

Hernandez, Nelson D, MD ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
klopez@miamipersonalmanagement.com

and
7990 Southwest 117th Avenue
Ste 215
Kendall, FL 33183
(786) 963-9770
Digital Contact Information:
klopez@miamipersonalmanagement.com

and
140 Northwest 59th Street
Miami, FL 33127
(305) 774-3400
Digital Contact Information:
klopez@miamipersonalmanagement.com

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
klopez@miamipersonalmanagement.com

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
klopez@miamipersonalmanagement.com

and
1300 Coral Way
Ste 208
Miami, FL 33145
(305) 854-7952
Digital Contact Information:
klopez@miamipersonalmanagement.com

and
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
http://www.miamipersonalmanagement.com
klopez@miamipersonalmanagement.com

and
4225 Southwest 72nd Avenue
Miami, FL 33155
(305) 854-7952
Digital Contact Information:
http://www.miamipersonalmanagement.com
klopez@miamipersonalmanagement.com

and
22133 South Dixie Highway
Miami, FL 33170
(786) 504-3119
Digital Contact Information:
klopez@miamipersonalmanagement.com

and
14271 Southwest 42nd Street
Miami, FL 33175
(786) 431-1180
Digital Contact Information:
klopez@miamipersonalmanagement.com

and
13155 Southwest 134th Street
202
Miami, FL 33186
(786) 504-3119
Digital Contact Information:
klopez@miamipersonalmanagement.com

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
klopez@miamipersonalmanagement.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Neylen, MSN, APRN ■
14649 Southwest 42nd Street
Miami, FL 33175
(305) 332-3608
Digital Contact Information:
https://www.onementalhealth.us/
onementalhealthllc@gmail.com

Hernandez Ruiz, Katiana E, MS, LMHC ■
5901 Southwest 74th Street
Suite 201
South Miami, FL 33143
(786) 638-9074
Digital Contact Information:
hummingmindsmia@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Yandy, MMH, LMHC ■
1250 Southwest 27th Avenue
207
Miami, FL 33135
(786) 522-7203
Digital Contact Information:
cabehavior@gmail.com

and
Home Based Services Only
Virginia Gardens, FL 33166
(786) 522-7203
Digital Contact Information:
cabehavior@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez, Yanet, MSN, APRN ■
FL
(239) 244-2022
(786) 440-0904
Digital Contact Information:
http://www.mdpsclinic.com
consulting@fdgmso.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Hernandez, Yanio, MSN, APRN ■
FL
(786) 409-5503
Digital Contact Information:
yhernandez@miami-ps.com

and
12260 SW 8th St
Ste 154
Miami, FL 33184
(786) 409-5503
Digital Contact Information:
yhernandez@miami-ps.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernandez-Cuevas, Maria, MS, LMHC ■
10691 Southwest 88th Street
Suite 110
Miami, FL 33176
(305) 595-5485
Digital Contact Information:
mariahcuevas@gmail.com

Hernandez-Diaz, Victoria, MSN, APRN ■
4385 W 16th Ave
Hialeah, FL 33012
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

and
15100 Northwest 67th Avenue
STE 203
Hialeah, FL 33014
(305) 824-0637
Digital Contact Information:
healingtouchinc@msn.com

and
12905 Southwest 42nd Street
Suite 103
Miami, FL 33175
(305) 824-0637
Digital Contact Information:
https://healingtouchcc.net
healingtouchinc@msn.com

Hernando, Roberto A, MD ■
9350 Sunset Drive
151
Miami, FL 33173
(786) 548-1022
Digital Contact Information:
http://www.dadefamily.com
martinez.mhpartners@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hernando-Valdes, Carmen, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff
English, Haitian Creole, Haitian, Spanish

Herran, Onilda, MD ■
2001 Northwest 107th Avenue
412
Doral, FL 33172
(786) 548-8322
Digital Contact Information:
Not Available

and
551 East 49th Street
Hialeah, FL 33013
(305) 534-0076
Digital Contact Information:
Not Available

and
151 NW 11th St
Ste E102
Homestead, FL 33030
(305) 534-0076
Digital Contact Information:
Not Available

and
3080 W Flagler St
Miami, FL 33135
(305) 456-1600
Digital Contact Information:
Not Available

and
7500 SW 8th St
Miami, FL 33144
(305) 534-0076
Digital Contact Information:
Not Available

and
9611 SW 40th St
Miami, FL 33165
(305) 534-0076
Digital Contact Information:
Not Available

and
8756 Southwest 8th Street
Miami, FL 33174
(786) 223-9751
Digital Contact Information:
Not Available

and
1200 Alton Rd
Miami Beach, FL 33139
(305) 534-0076
Digital Contact Information:
Not Available

and
12625 West Dixie Highway
North Miami, FL 33161
(305) 777-2554
Digital Contact Information:
Not Available

and
12550 Biscayne Blvd
Ste 100
North Miami, FL 33181
(305) 534-0076
Digital Contact Information:
Not Available

Herrera, Anouk, MSW, LCSW ■
380 Giralda Avenue
507w
Coral Gables, FL 33134
(786) 277-2938
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
10200 Northwest 25th Street
211
Doral, FL 33172
(305) 381-0346
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
900 West 49th Street
STE 400
Hialeah, FL 33012

(305) 587-2231
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
1150 Northwest 72nd Avenue
700
Miami, FL 33126
(305) 815-1277
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
7270 Northwest 12th Street
Suite 810
Miami, FL 33126
(786) 718-2390
Digital Contact Information:
http://www.globalrehab.com
rossconsultingandcredentialing@gmail.com

and
1000 Brickell Avenue
Miami, FL 33131
(786) 832-6630
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
11401 Southwest 40th Street
#345
Miami, FL 33165
(305) 603-7063
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
4995 Northwest 72nd Avenue
102
Miami, FL 33166
(786) 360-3584
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
12700 Southwest 128th Street
STE 108
Miami, FL 33186
(786) 732-0865
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
13205 Southwest 137th Avenue
224 225
Miami, FL 33186
(786) 290-9192
Digital Contact Information:
rossconsultingandcredentialing@gmail.com

and
13335 Southwest 124th Street
STE 214
Miami, FL 33186
(786) 429-1495
Digital Contact Information:
rossconsultingandcredentialing@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Herrera, Carolina, MA, LMHC ■
FL
(786) 770-0618
(315) 873-2936
Digital Contact Information:
cherrera@youremotionsmatter.org
Other Languages Spoken by Provider or Office Staff
Spanish

Herrera, Isabella M, MA, LMHC ■
3625 Northwest 82nd Avenue
400
Doral, FL 33166
(954) 372-7584
Digital Contact Information:
http://isabellaherrera.com
isabellaherreramg@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Herrera, Lourdes L, PSYD, LMHC ■
9370 Southwest 72nd Street
240
Miami, FL 33173
(305) 968-8640
Digital Contact Information:
lourdesherrera180@yahoo.com
Other Languages Spoken by Provider or Office Staff
Spanish

Herrera, Ludim E, MSN, APRN ■
1710 Northwest 7th Street
STE 5-6-7
Miami, FL 331253500
(786) 409-2568
Digital Contact Information:
novosbhc@gmail.com
Other Languages Spoken by Provider or Office Staff
Spanish

Herrera Martinez, Daysi, MSSW, LCSW ●
12540 Northeast 8th Avenue
North Miami, FL 33161
(786) 731-6492
Digital Contact Information:
dherrera@altamiracommunity.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hershman, Kelley P, MA, LMHC ■
14211 Southwest 120th Street
107
Miami, FL 33186
(917) 592-2345
Digital Contact Information:
khershman@thesohocenter.com
Other Languages Spoken by Provider or Office Staff
Spanish

Heseltine, Jenifer L, MSW, LCSW ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
info@riviamind.com

Hester, Karina, MS, LMFT ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Hicks, Beth, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
http://happierliving.com
hello@emorahealth.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
hello@emorahealth.com

Hidalgo, Alen, MD ■
1150 Northwest 72nd Avenue
350
Miami, FL 33126
(786) 228-7801
Digital Contact Information:
hidalgopsychiatry@gmail.com

and
1150 Northwest 72nd Avenue
540
Miami, FL 33126
(786) 228-7801
Digital Contact Information:
hidalgopsychiatry@gmail.com

and
2450 Southwest 137th Avenue
Suite# 230
Miami, FL 33175
(786) 228-7801
Digital Contact Information:
http://www.hidalgopsychiatry.com
hidalgopsychiatry@gmail.com

and
2460 Southwest 137th Avenue
250
Miami, FL 33175
(305) 459-3207
Digital Contact Information:
http://www.hidalgopsychiatry.com
hidalgopsychiatry@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Hidalgo, Rebecca M, MSN, APRN ■
1840 West 49th Street
Ste 408
Hialeah, FL 33012
(305) 964-5013
Digital Contact Information:
bmwellnesscenter24@gmail.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Hidalgo, Sused, MSN, APRN ■
8200 Northwest 41st Street
STE 300
Doral, FL 33166
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
cmontedeoca@myadvixor.com

and
3250 Mary Street
Suite 300
Miami, FL 33133
(305) 908-1115
Digital Contact Information:
http://elevatepsychiatry.com
cmontedeoca@myadvixor.com

and
5245 Northwest 36th Street
Unit 209
Miami Springs, FL 33166
(786) 453-6812
Digital Contact Information:
cmontedeoca@myadvixor.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hierholzer, Autumn, MSW, LCSW ■
2999 Northeast 191st Street
600
Miami, FL 33180
(786) 981-0640
Digital Contact Information:
ga1@turnwell.com

Higginbottom, Lawonna M V, MS, LPCC ■
FL
(216) 354-5355
Digital Contact Information:
rightfocused@gmail.com

Hill, Amanda J, MS, LPC ■
FL
(305) 902-6347
Digital Contact Information:
start@bebravehealth.com
Other Languages Spoken by Provider or Office Staff English

Hill, Felicia M, MA, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@lifestance.com

Hill, Marchita, MS, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@happierliving.com

Hincapie, Diana, PSYD, LP ■
1900 North Bayshore Drive
108
Miami, FL 33132
(954) 362-8677
Digital Contact Information:
bh@hgdoctors.com
Other Languages Spoken by Provider or Office Staff
English, Spanish

Hinderscheid, Alex, MSN, APRN ■
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(256) 500-8688
Digital Contact Information:
http://joinblossomhealth.com
hello@joinblossomhealth.com

Hirschman, Annie, LCSW, MSW ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
info@riviamind.com

Ho, Kalai, MA, LMHC ■
FL
(305) 902-6347
Digital Contact Information:
credentialing@bebravehealth.com

Hodge, Maggie, MC, LMHC, LPC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
mburns@cfs-saginaw.org

Hodgson, Sidney, MS, LMHC ■
10300 Southwest 72nd Street
#123
Miami, FL 33173
(305) 302-4776
Digital Contact Information:
http://www.myschoolpsychologistinc.com
myschoolpsychologist@outlook.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hodgson, Tiffany Y, MSW, LCSW ■
9408 Southwest 87th Avenue
Suite 102
Miami, FL 33176
(833) 769-3524
Digital Contact Information:
admin@ampmentalhealth.com

Hoffmann, Adriana, MC, LMHC ■
4215 Southwest 72nd Avenue
Miami, FL 33155
(305) 377-3297
Digital Contact Information:
http://www.miamipersonalmanagement.com
klopez@miamipersonalmanagement.com
Other Languages Spoken by Provider or Office Staff
Spanish

Hollinger, Julia M, PSYD, LP ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
payors@emorahealth.com

Holloway, Marcia, MSN, APN, APRN, NP ■
360 Northwest 27th Street
Miami, FL 33127
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

and
117 Northeast 1st Avenue
Miami, FL 33132
(888) 684-2779
Digital Contact Information:
scheduling@happierliving.com

Other Languages Spoken by Provider or Office Staff English

Honore, Lucenda L, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
info@heightsadc.com

and
1221 Brickell Avenue
Suite 900
Miami, FL 33131
(503) 427-8094
Digital Contact Information:
https://www.emorahealth.com/
info@heightsadc.com
Other Languages Spoken by Provider or Office Staff Haitian

Hood, Linda, PHD, LMHC ■
1351 Meridian Avenue
Miami Beach, FL 33139
(415) 941-4109
Digital Contact Information:
https://www.evernorth.com/behavioral-care
ebcg-support@findoctave.com

Hooks, Sylvia, MS, LMHC ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Hope, Maria M, MS, LMHC ■
13054 Southwest 133rd Court
FL 2
Miami, FL 33186
(305) 407-8165
Digital Contact Information:
mercyb.familytherapy@gmail.com
Other Languages Spoken by Provider or Office Staff Spanish

Hopkins, Sharon B, PHD, LP ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
cpadilla@deeroaks.com
Other Languages Spoken by Provider or Office Staff French

Hopps, Allison M, MSN, APRN ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Horning, Lori A, MSW, LCSW ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
credentialing@elemy.com

Horwitz, Andrea, MSW, LCSW ■
3733 W Flagler St
Coral Gables, FL 33134
(305) 774-3400
Digital Contact Information:
contact@daopl.rog

and
3800 West Flagler Street
Miami, FL 33134
(305) 774-3400
Digital Contact Information:
contact@daopl.rog

and
3850 West Flagler Street
Miami, FL 33134
(305) 757-0602
Digital Contact Information:
contact@daopl.rog

and
10720 Caribbean Boulevard
420
Miami, FL 33189
(786) 293-9544
Digital Contact Information:
http://banyanhealth.org
contact@daopl.rog

Houston, Mark, MSW, LCSW ■
FL
(305) 859-1272
Digital Contact Information:
https://305therapy.com
info@305therapy.com

Howard, Beverley, MSN, PMHNP ■
FL
(347) 875-0473
Digital Contact Information:
carlag@ppbh.org

Howard, Lynn A, MSN, APRN, PMHNP ■
770 Ponce de Leon
Coral Gables, FL 33134
(888) 684-2779
Digital Contact Information:
delegation@psychplus.com

and
7900 Oak Ln
400
Hialeah, FL 33016
(888) 684-2779
Digital Contact Information:
delegation@psychplus.com

and
5201 Blue Lagoon Dr
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
delegation@psychplus.com

and
6303 Blue Lagoon Dr
Ste 400
Miami, FL 33126
(888) 684-2779
Digital Contact Information:
delegation@psychplus.com

and
80 Southwest 8th Street
100
Miami, FL 33130
(888) 684-2779
Digital Contact Information:
delegation@psychplus.com

and
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
http://happierliving.com
delegation@psychplus.com

and
601 Brickell Key Dr
Ste 700
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
delegation@psychplus.com

and
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
delegation@psychplus.com

and
830 Brickell Plaza
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
delegation@psychplus.com

and
9100 S Dadeland Blvd
Ste 1500
Miami, FL 33156
(888) 684-2779
Digital Contact Information:
delegation@psychplus.com

and
8333 NW 53rd St
Ste 450
Miami, FL 33166
(888) 684-2779
Digital Contact Information:
delegation@psychplus.com

Hoyos, Julieth, MS, LMHC ■
1175 Northeast 125th Street
320
Miami, FL 33161
(786) 842-0444
Digital Contact Information:
http://www.marriagefamilyservices.com
marriagefamilyservices@comcast.net

Hubbard, Katheryn G, MSW, LCSW ■
FL
(508) 202-1011
Digital Contact Information:
support@sevenstarling.com

Huber, Rose, PSYD, LP ■
7330 Southwest 62nd Place
STE 210
South Miami, FL 33143
(786) 801-3883
Digital Contact Information:
info@miamivipsurgery.com

Huberman, Milagros, MS, LMHC ■
20801 Biscayne Blvd
Ste 403
Miami, FL 33180
(305) 562-9585
Digital Contact Information:
lmhcnccpa@gmail.com
Other Languages Spoken by Provider or Office Staff English, Spanish

Huezo, Adriana, MSW, LCSW ■
815 Northwest 57th Avenue
480
Miami, FL 33126
(888) 587-0335
Digital Contact Information:
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Creole, Haitian, Spanish

Huff, Jessica, MS, LMHC ■
FL
(305) 902-6347
(315) 873-2936
Digital Contact Information:
credentialing@bebravehealth.com

Huff, John M, MD ■
2125 Biscayne Boulevard
FL 3
Miami, FL 33137
(212) 203-1773
Digital Contact Information:
https://riviamind.com/find-a-provider/?_patients=y
info@riviamind.com

Hughes, Nicole, MSN, ARNP ■
1150 NW 14th St
Ste 609
Miami, FL 33136
(305) 243-6732
Digital Contact Information:
Not Available

and
1150 Northwest 14th Street
FL 7
Miami, FL 33136
(305) 355-7077
Digital Contact Information:
Not Available

Hughes, Shelby, DNP, APRN ■
FL
(508) 202-1011
Digital Contact Information:
https://www.sevenstarling.com
support@sevenstarling.com

Hulsizer, Lisa, MSW, LCSW ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
credentialing@joinuplift.co

Humphery, Hugh, MD ●
5915 Ponce de Leon
23 26
Coral Gables, FL 33146
(786) 664-7810
Digital Contact Information:
vfalu@healthassets.com

Hunnicutt, Jessica, MSN, APRN, CNP ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
credentialing@happierliving.com

Hunt, Edith, MC, LPC ■
801 Brickell Ave
Ste 900
Miami, FL 33131
(888) 684-2779
Digital Contact Information:
http://happierliving.com
scheduling@happierliving.com

Hunt, Jennifer L, MS, LMHC ■
1 Alhambra Plaza
Miami, FL 33134
(888) 588-8995
Digital Contact Information:
billing@regionalpsychiatry.com

Hunt, Megan, MA, LMHC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Huss, Margaret R, MC, LCMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
https://www.emorahealth.com/
credentialing@thriveworks.com

Hussain, Jasmine, MA, LMHC, LPC ■
2212 Northwest 91st Street
Miami, FL 33147
(650) 761-9770
Digital Contact Information:
https://www.wellnite-cigna.lovable.app
insurance@wellnite.com

Hutchinson, Tracey-Ann, MS, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
credentialing@chrysalishealth.com
Other Languages Spoken by Provider or Office Staff Haitian Creole, Haitian, Spanish

Hutson, Kai, MA, LMHC ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(786) 600-3353
Digital Contact Information:
https://www.emorahealth.com/
help@joinuplift.co

Ibarra, Melissa J, MS, LMHC ■
9220 Sunset Drive
104
Miami, FL 33173
(786) 724-4224
Digital Contact Information:
admin@vita-cog.com

and
FL
(786) 497-3375
Digital Contact Information:
https://www.srfhealinghelp.net/
admin@vita-cog.com
Other Languages Spoken by Provider or Office Staff English

Ibe, Daluchukwu, MSN, APN, APRN ■
1000 Brickell Avenue
Suite 715
Miami, FL 33131
(888) 700-8993
Digital Contact Information:
http://happierliving.com
admissions@traversetherapyservices.com

and
801 Brickell Ave
Ste 900

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